

Women's Treatment Program



WOMEN'S ADMISSION GUIDELINES FOR REFERENT
September 2014

General Considerations

Valley Vista is a twenty-four hour, medically monitored, intensive inpatient alcoholism and chemical dependency treatment facility. The program is designed to treat patient with co-existing medical and or psychiatric diagnoses. It is not equipped to care for patients in need of complex medical management of these conditions.

Any patient referred to Valley Vista for treatment must have the capacity to fully participate in key program activities. Accommodations, consistent with the program structure and staffing capabilities, will be made for person with disabilities.

Patient must have a home to which they can return following treatment. A guaranteed bed in a continuing treatment program or halfway house meets this requirement.

Though patients may arrive for admission to the facility after business hours, referents should make every attempt to plan and arrange all admissions through the Admissions Office during the regular business hours of 8-5:00 PM. Inquiries and phone screenings for admissions may be done through the charge nurse after regular business hours.

Ineligibility for Admission

By virtue of the program design and staffing capabilities, the following patients are not eligible for admission:

1. People with complicated medical or psychiatric diagnoses beyond the scope of services at Valley Vista.
2. People with a history of any of the following :
 - a. Rape or other sexual crime
 - b. Arson
 - c. Violent Crime
 - d. History of assault of staff or patients in a treatment facility
 - e. After careful review of the history and with the approval of the Medical, Clinical or Executive Directors, a person with a history of violence committed while under the influence of drugs or alcohol may, under some circumstances, be granted admission.
3. People who have no home or guaranteed bed in a continuing treatment facility.



Women's Program

Patient

Hand Book

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Admissions Inventory

You will need to bring these items with you into the facility:

- Appropriate clothing for season (*i.e. Winter Boots*)
- Appropriate footwear for activities (*i.e. Sneakers*)
- Please bring your own toiletry items – including shampoo, conditioner, soap, lotion, toothpaste, toothbrush, hair products, and feminine products.
- Money for incidentals (*\$30.00 max, any amount of money above this will need to be put in the safe.*)
- If you are allergic to specific laundry soap – please bring your own (*will be kept in laundry*)
- All patients' sharps will be placed in the Sharps Cabinet. This cabinet will be open daily from 6:30 am to 7:45 am and then again from 9:00 pm until 10:00 pm.

Please do not bring these type of items into the facility:

Mesh or see through clothing

Low cut, strapless or inappropriate clothing

Uniforms or scrub suits

T-Shirts depicting drugs/alcohol, violence or gangs

Perfume or Body Spray

No loose powder substances

Curling irons or flat irons

Scissors, knives, or weapons

Games, cards, or posters

Nail polish or remover

Radios, Beepers, Cell Phones, TV's, Tablets or Computers

Makeup CANNOT be in glass containers or contain mirrors.

No Aerosol cans-Only pump sprays that are alcohol free (*hair gels & mud are ok if new & sealed*)

No opened tobacco products. All tobacco products must be new and unopened.

No Cigars (*black & tans, etc...*)

No Cameras

No Bleach

No Glass

No Bedding (*sheets, pillows, blankets...*)

No Stuffed Toys

No Food (*Not to include gum. All Candy must be individual wrapped.*)

No Keys (*Will be kept in safe*)

No Bandana's (*Hats are allowed other than in groups or at meal times*)

No High Heels

No Pocket Books, Knapsacks, or Wallets (*all luggage will be kept in Security*)

No Towels

No Shoe polish

No Floss Picks or Dental Floss (*these will be kept in the Sharps Cabinet*)

No Products containing Alcohol as their first two main ingredients (*will be placed back in belongings*).

No IPODS with internet access (*IPODS and MP3 players will be allowed at Primary Therapist Discretion*)

You will be given a 3 ring binder when you arrive at the facility, including a notebook, pencil, loose leaf paper & envelopes. If you would like to bring in your own pens (any color other than black), stationary, stamps, etc, you may. Please do not bring your own envelopes and/or stickers.

Other materials and/or items may not be allowed per staff discretion.

OUR MISSION

To provide state of the art quality chemical dependency treatment to women and adolescents, in a safe secure environment conducive to recovery.

To accomplish our mission: Valley Vista offers inpatient adult and adolescent treatment. Our goal is to provide intervention, assessment, treatment and rehabilitation services. Valley Vista assists individuals who are alcohol or drug dependent by initiating medically monitored abstinence based Twelve Step recovery, and improving their personal, physical, emotional, mental, spiritual, familial and social functioning.

VALLEY VISTA'S CODE OF ETHICS

The facility will not permit practices or condone attitudes which are discriminatory on the basis of:

- Age
- Disabilities
- Ethnicity
- Gender
- Race
- Religion
- Sexual Orientation

The enforcement of the following outlined procedures is to ensure compliance.

1. The Executive Director will assure that in the facility's management, supervisory, programmatic, and operational systems and activities there are no discriminatory practices.
2. Particular efforts will be made to assure that there is no discrimination in the following areas:
 - a) Employment: recruitment, hiring, and personnel practices.
 - b) Treatment: admission and care of patients.
 - c) Outreach and Marketing.
 - d) Business: relationships with vendors, communities, and agencies.
3. The Executive Director is charged with the responsibility for understanding the expectations of the Americans with Disabilities Act of 1991 and its subsequent iterations, and assuring compliance.
4. When patients in need of treatment have handicapping, limiting, or disabling conditions, steps are taken to:
 - a) Provide for their safety.
 - b) Reasonably accommodate to such conditions so as to facilitate treatment gains and benefits.
 - c) Make referrals to alternate services in those limited cases in which (a) and (b) cannot be assured.

WELCOME TO VALLEY VISTA

Now that you have decided to enter treatment, you have taken a courageous first step in your journey towards recovery, and we would like to welcome you to Valley Vista.

We understand that you may be feeling anxious, angry, confused or discouraged at this point. These are normal and understandable feelings. We understand the pain and hurt that the disease of chemical dependency inflicts on individuals, their families, and friends. You are not alone. If you allow us, we will help you through this difficult time.

OVERVIEW OF YOUR TREATMENT EXPERIENCE

Here at Valley Vista you have the opportunity to make a fresh start at sobriety. Whether it is alcoholism or drug addiction, we understand this disease brought you here. The disease of addiction can be treated. We are dedicated to helping you to prepare for long term recovery. Although it will be hard work, this process will go smoother with your active cooperation and dedication. Being honest, open and willing are three of the most important components to your treatment. Give yourself the opportunity and take advantage of the experience, strength, and hope offered.

This handbook is designed to give you the basic information about what to expect during your stay here with us at Valley Vista. Additional information will be provided to you along the way. Every patient differs in one way or another so as questions arise, please feel free to ask so that the staff can understand how to give you the necessary and appropriate treatment.

Please read the handbook thoroughly. It will answer many of your questions. We want to emphasize that the treatment program and all of our efforts are designed to assist you and those with whom you share your recovery. We have developed expectations for your benefit. By following the simple guidelines in this handbook you will help us to maintain an atmosphere of healing.

THE BASICS

The first tradition of recovery tells us that our common welfare comes first; personal recovery depends upon working together towards a common goal. Our goal is recovery. To reach that goal, we ask that you take this opportunity to look at yourself as a whole person, your actions, personality and behaviors. Ask yourself, "Do my actions come close to representing the kind of recovering person I want to be?" It is sometimes difficult to recognize these behaviors while you are sick. Staff and your peers are here to help you and to observe these behaviors. They will point them out to

you. Your challenge is to remain receptive to suggestions. Remember everyone is here to help you to begin a lifetime of recovery.

TREATMENT FOUNDATION

Your length of stay here at Valley Vista is determined by a number of factors related to your medical, psychiatric, clinical, nutritional and financial status. All patients are placed on primary care status for at least the first twenty-four hours of their stay. Some patients may need to be on primary care status longer due to detoxification or need of close nursing supervision. All other time spent here will be in intermediate care. Patients needing special care for medical concerns may be transferred to another facility to accommodate those needs. Your withdrawal period is likely to be the most physically challenging time you spend in treatment. Your body and mind will go through many changes as you become free from drugs and/or alcohol. Remember, we are here to do everything we can to help.

If at any time your discomfort as a result of withdrawal becomes too overwhelming let staff know. We will do what is medically necessary to assist you. It is very important and in your best interest not to give in to cravings at this time. This will only prolong your pain and recovery.

There are helpful slogans that are particularly comforting during withdrawal:

ONE DAY AT A TIME

THIS TOO SHALL PASS

LET GO, LET GOD

You will learn other helpful slogans and recovery language during your stay.

YOUR COMMUNITY

You are now a member of a unique community. Please remember to be considerate and respectful at all times, have a positive attitude towards recovery, and respect the rights of other patient's privacy and confidentiality. No matter the age, race, color, gender, culture, or sexual orientation you are all here for the same purpose: To come to terms with your chemical dependence and pursue recovery. Any bias or prejudice you may feel has to be put aside to focus on yourself and your sobriety. Feeling accepted by others is important to you and it is as important to every other member of the Valley Vista community. Your positive support is needed. It may surprise you that the people you least expect anything from may contribute the most in helping you recover.

YOUR MEDICAL/NURSING TEAM

The medical and nursing staff work together to ensure you will complete a safe withdrawal (detox) period. Following your safe detox period, the medical and nursing staff will continue to be involved with your treatment. Some of you may have ongoing medical issues that will be monitored throughout your stay. Should a medical concern arise that needs further assessment, the medical/nursing team will see that your needs are met and you receive the care that your condition requires. If you have any concerns in this area you may make an appointment to meet with the Director of Nursing, Michelle Hollis, to discuss them.

YOUR CLINICAL/COUNSELING TEAM

You will be assigned, upon admission, a clinical team composed of a Primary Therapist and a Co-Primary. Your Primary Therapist is the primary person responsible for coordinating services that will support your treatment. He or she will communicate with your family, out patient counselors, probation and anyone else directly involved with your recovery process. Your Primary Therapist will develop your treatment plan and assist in helping you stay focused on your goals and objectives. You are entitled to (2) 20 minute sessions or (1) 40 minute session with your Primary Therapist per week. Your Co-Primary will assist you with daily questions and/or concerns within the milieu and assist in your aftercare development.

PEER MENTORSHIP

Each wing will have a designated Peer Mentor. The Peer Mentor will be determined by the wing and influence from clinical team members. The Peer Mentor is a peer with leadership qualities who has demonstrated a strong commitment to their recovery efforts while showing genuine compassion and empathy for others. The Peer Mentor will assist in new patient orientation to the wing and be a point person for guidance and support.

PERSONAL SPACE AND HYGIENE

Good health includes attention to personal hygiene. Included in the maintenance of your personal hygiene is keeping your room and personal area neat and clean as well. The following guidelines have been established to assist, please remember to:

1. Wash your hands with soap and water after using the bathroom and before and after each meal.
2. Use your own towels, washcloths, and bed linens.
3. Clean linens may be obtained daily if needed.
4. Deposit soiled linens into the "Used Linen" receptacles.
5. Articles of personal hygiene such as toothbrushes, lipsticks, and deodorant should not be shared.

All sharps are located for safety purposes in the sharps cabinet. Please sign out and sign back in all sharps with a Recovery Aide. Never use another patient's razor.

6. Dispose of soiled tissues and sanitary napkins in appropriate receptacles located in every bathroom as indicated by a red bag.
7. In the event you have a cold, dispose of tissues properly. Remember to wash your hands thoroughly.
8. Refrain from any and all interactions with others in which oral secretion such as saliva could be exchanged. This would include, sharing clothing, beverages, silverware, food, and cigarettes.
9. All dirty laundry is to be placed in the hamper that corresponds with your bed number.
10. Valley Vista will not be responsible if personal items are lost or damaged during laundering.
11. Personal hygiene and/or toiletries are to be kept organized.
12. Food of any kind is prohibited outside the dining room. This includes any unopened food packages.
13. All drinks outside of the dining room must be in a covered container. Only water is allowed outside of the dining room without a covered container.
14. ONLY WATER is allowed in your bedroom.

You are responsible for the upkeep of your room. This includes making your bed, changing your linen, keeping your personal belongings neat and off the floor. Housekeeping will provide you with clean linens weekly, or as needed. Clean towels and face cloths are available on each wing as well. Housekeeping will provide laundry services 2 times per week two loads per week as assigned by wing.

Our community is considered to be in a high risk group for potential infection by HIV, Hepatitis C & B, and TB to name a few. We strongly urge you to refrain from any activity that may put you or your peers at risk for potential infection.

NOTE: These measures have been designed to help you on your way to recovery and to maintain good health. They are particularly important while living in a community setting. If you have any questions, feel free to consult the nursing staff.

DRESS CODE

- Crop tops (half tops) and strapless clothing is prohibited.
- Clothing that promotes gangs, alcohol, drugs or violence is prohibited.
- Changing should only be done in either your bathroom or your bedroom with the door closed.
- Towels, bathrobe, pajamas and/or slippers are not allowed to be worn in the community.
- Hats are not allowed to be worn in group or during meal times.
- Hoods are not allowed to be worn at any time.

- Sunglasses are not allowed to be worn in the community.
- Remain fully clothed when out of your bathroom or bedroom area.
- Footwear is to be worn at all times inside and outside of the building.
- No High Heel Footwear.
- Shower Shoes are not to be worn in the community.
- No bandanas are allowed.
- In addition the staff reserves the right to determine what clothing or behavior is inappropriate for this facility.

IDENTIFYING UNAUTHORIZED AREAS

- Patient rooms other than your own.
- Kitchen, Maintenance, Staff Lounge and facility Laundry area.
- Staff offices when staff is not present.
- Inside the nurses station and/or the medication room.
- Housekeeping closets.
- Outside areas other than unit courtyard and activity areas which require staff supervision.
- Administrative Offices/ Adolescent Wing/ Men's Unit

POLICIES

DRUG SCREEN: Random drug screens may be requested at any time during your treatment. There will be no drug or alcohol use at any time while attending the program. Use of drugs or alcohol and/or a positive drug screening will result in discharge.

SMOKING: Smoking is authorized during identified "Optional Outside Breaks" in designated areas. Smoking is not allowed in the building at any time. If you have been excused by nursing to miss group, due to illness, you will not be eligible to participate in the next offered smoke break. If you are caught smoking during a non-smoke break time some or all of your smoking privileges may be revoked. This could include having your cigarettes taken for three days (you will receive one cigarette for each assigned smoke break). Failure to comply with smoking policy could result in your discharge.

RELATIONSHIPS: Sexual, romantic, or exclusive relationships between patients are prohibited. While on the premises sexual contact between patients or guests is also prohibited. Failure to comply will result in discharge.

VIOLENCE: All violence is prohibited. This includes physical actions or verbal threats, as well as any behavior which could undermine the cooperative atmosphere of the facility. Any acts of violence will be grounds for immediate discharge.

WEAPONS: Weapons of any kind are prohibited on Valley Vista property. Any possession and/or use of a weapon are grounds for immediate discharge.

BELONGINGS: You are responsible for your personal belongings and possessions during your stay. Please place permanent initials on your personal belongings to identify them. We do have a safe for valuables, cash, and car keys. Selling and/or lending of personal items (money, clothes, cigarettes, toiletries, etc.) are prohibited. Valley Vista is not responsible for lost, stolen, or damaged items.

ACCESS TO THE SAFE & STORE PURCHASES: Access to the safe is available Monday through Friday from 11:30 to 11:45 am. To make a purchase for stamps (Monday-Friday) please complete a store slip. Once you have completed the slip return it, along with payment, to a Recovery Aid by 10:30 am.

MONEY: Cash is always allowed. It is recommended not to keep more than \$30.00 on your person. All other cash should be placed in the safe located in the security office. Money Orders and Bank Checks of \$25.00 or less can be cashed. Personal Checks will not be accepted.

MAIL/PACKAGES: All mail is distributed at approximately 5:00 p.m. Mon.-Sat. Mail is opened by staff in your presence. Your Primary Therapist will arrange for you to receive any packages of personal items you may need. Packages can not be dropped off unless you have made specific arrangements with your Primary Therapist. Anything brought into the building must be pre-approved by your Primary Therapist. Please refer to the Admissions Inventory List for approved items. Please bring all outgoing mail to a Recovery Aide. Flowers must be delivered directly from a florist. Glass vases, stuffed toys, balloons, art projects from children, and/or crayon colored pictures are not allowed.

USE OF TV AND/OR RADIOS: The community TV may be used in the morning to watch national news only. During the evening hours TV may be watched during designated downtime. Please refer to the posted approved TV channels. Radios may be used in lounges during designated downtime. Please be mindful of music content and volume. Staff has the discretion to discontinue use at anytime.

PATIENT VISITATION

All patient visitations are held on every Saturday and Sunday as approved by you Primary Therapist. Please refer to the Visitation Schedule as listed below:

SATURDAY'S CHILDREN'S VISITATION

- Visits for children under age 18 are scheduled on every Saturday.
- All visits must be approved by your Primary Therapist the Thursday before your visit.
- Children's visits are two hours long.
- All visitors must arrive at 1:30 pm and leave by 3:30 pm.

- All visits are supervised by Valley Vista staff.

SUNDAY'S ADULT VISITATION

- Adult visits are for guests ages 18 and older scheduled on every Sunday.
- You are allowed two visitors at a time as approved by your Primary Therapist.
- All visits must be approved by your Primary Therapist the Thursday before your visit.
- Adult visits are two hours long.
- All visitors must arrive at 1:30 pm and leave by 3:30 pm.
- All visits are supervised by Valley Vista staff.

SPECIAL VISITATION

- Any special visit needs are arranged through your Primary Therapist and supervised by the Primary Therapist or designee.
- No packages or presents are to be brought in by visitors, but cash, cigarettes and phone cards are acceptable or as approved by your Primary Therapist.
- Please remember that staff discretion can be used to cancel any/all visitations.

FIRE PROCEDURE

- Be familiar with exits in your area.
- **All exits are clearly marked with red exit signs.**
- At the sound of a fire alarm, listen for instructions over the intercom system or follow staff instructions if there is no announcement.
- Leave the building in an orderly fashion through the nearest safe exit.
- Once you have exited the area stay in a group and wait for staff direction.
- Do not go back into the building or leave your designated area until staff authorizes the return to the building.
- Roll call will be taken once patients are located a safe distance from the building. Talking is not allowed while roll call is being taken.
- Smoking is prohibited during a fire drill.

OUTSIDE APPOINTMENTS

In order to spend the maximum time possible getting treatment, most outside appointments scheduled prior to your admission, must be postponed. This will be determined on an individual basis. Valley Vista staff will help you work with outside legal or medical agencies to be certain that you will not be placed in any legal or medical jeopardy as a result of re-scheduling, postponing or otherwise altering any previously scheduled appointments. Your responsibility will be to notify your Primary Therapist and/or your wing nurse of any appointments you have pending.

PHONE CALLS

Limited personal phone calls are permitted during your stay here with us at Valley Vista. These calls will happen from 12:30 p.m. – 10:00 p.m. every other day for duration of fifteen minutes. There are designated times and days you are permitted to make phone calls.

Business calls can be made during the day. These calls must be pre-approved by your Primary Therapist.

****Please note.**** The day upon which you are admitted to Valley Vista you will receive a FREE phone call to family or sober support.

MEAL TIMES

Meal times are identified in your Program Schedule. Attendance is required for all assigned meal times. All patients eat in the dining room and food may not be brought back to your room or wing. All drinks outside of the dining room must be in a covered container. Only water is allowed outside of the dining room without a covered container. Only water is allowed in your room. Special dietary needs can be met. Please speak directly to medical staff if you have any special dietary needs. Patients are expected to be respectful and considerate to the Metz dietary staff. Patients are never allowed behind the serving line please ask a Metz server for assistance.

THERAPEUTIC RECREATION AND ACTIVITIES

Leisure time is very important in your recovery life. In treatment you will evaluate and address your need for healthy leisure and recreational activities. You will explore constructive activities with your peers as part of your journey to wellness on your road to recovery. It will be important for you to explore new leisure options to meet your individual leisure needs. These leisure options can be explored during the identified “**GET ACTIVE**” time as identified on the patient schedule and/or as assigned by staff. Get Active is NOT a time to read, complete assignments, and/or sleep but instead a time to get your mind and body working! Be prepared to try something new!

Due to your lifestyle change and choice of recovery you will need a plan in order to adjust to this new way of living. Boredom can be a significant trigger. You will learn to be creative and active in order to address these needs appropriately. Taking these issues seriously will allow you to maximize your chances for a successful recovery.

Leisure education and activities will be offered to all Valley Vista patients. Some activities will be therapeutic and/or educational and will be included as part of your treatment. Your participation in these groups is mandatory.

Some activities will be offered as optional experiences and will vary based on programming issues and patient/staff interests. Medical restrictions will only affect the level of your participation in an activity.

Using program materials is a privilege. Speak with a Recovery Aide regarding procedures for signing out program materials and supplies.

The basic expectations for use of Valley Vista materials and equipment include but are not limited to:

1. Dress appropriately (i.e. Old clothes for messy crafts, loose clothing for exercise, appropriate footwear).
2. Use equipment appropriately.
3. Clean up after yourself.
4. Return things as you found them or BETTER.
5. Maintain a supportive/NON-competitive environment. Focus on FUN!
6. Late, damaged or missing returns will affect your borrowing privileges. If this becomes an issue it will affect everyone's borrowing privileges.

GENERAL INFORMATION REGARDING THE TREATMENT PROCESS

Addiction is a disease of attitudes and behaviors. You will be expected to examine your attitudes and behaviors that don't support recovery. There may be times during treatment when specific measures will be taken to help you recognize attitudes and behaviors that are triggers to relapse.

THERAPEUTIC PATIENT INTERVENTIONS

As mentioned earlier, recovery is hard work that requires your active cooperation and dedication. Sometimes negative behaviors surface and take the focus away from treatment. Staff will usually recognize these behaviors before you do. You may not realize the negative impact these behaviors have on your recovery process. Depending on the behavior, and your motivation for change, several interventions may be utilized to assist in getting you "back on track".

1. **Therapeutic Staffing**: This intervention involves a meeting with you and several staff members (including your Primary Therapist) to give you feedback regarding the behavior, its impact on you, your recovery, and your community. You may be asked to complete an assignment and/or hold a meeting with your peers.
2. **Therapeutic Contract**: This intervention involves placing you on a written contract that lists replacing old (negative) behaviors with new (positive) recovery oriented behaviors. This contract will become part of your treatment plan and may be changed or revised weekly. You will be active in resolving this contract as new positive behaviors emerge.

3. **Loss of Rights and/or Privileges:** Valley Vista may exercise the right to restrict specific patient rights and/or privileges as consequence of certain patient events, behaviors, and attitudes. Primary Therapists will inform a patient of a Treatment Team designated means for the patient to regain rights and/or privileges once they have been restricted. Once patients have completed their clinical obligations, the Treatment Team will determine the patient's eligibility to regain their rights and/or privileges. Outlined below are behavioral expectations as well as specific events, behaviors, and attitudes that may be grounds for loss of rights and/or privileges. Also outlined, are specific rights and/or privileges that may be revoked and specific interventions that may be used. Please orientate yourself to the following:

PATIENT BEHAVIORAL EXPECTATIONS

- Respect for self
- Respect for others
- Honoring the confidentiality and privacy of other patients
- Common sense
- Honesty
- Awareness of consequences of behavior
- Compliance with dress code
- On time and prepared for scheduled activities
- Active participation in group sessions
- Reporting abuse and neglect when observed or experienced
- Reporting to staff when one does not feel well or senses that one might lose control or harm oneself
- Maintaining personal hygiene
- Keeping one's bed, personal area, and belongings neat and clean
- Leaving the bathroom neat and clean for the next person's use
- **Patient(s) must get the approval by Nursing and/or Primary Therapist if you wish to miss an assigned group prior to the start of group.**

PROHIBITED PATIENT BEHAVIORS

- Use of drugs and/or alcohol
- Violence or threats of violence
- Sexual contact, sexual harassment, or sexual innuendo
- Hazing or physical harassment
- Bullying
- Food and beverages stored or used in bedrooms and/or lounges
- Property damage
- Slurs, innuendo, or actions regarding race, ethnicity, beliefs, and customs of others
- Breaching of confidentiality

- Exclusive patient to patient relationships
- Interaction between adult patients (men) and adolescent patients
- Swearing and other abusive or disrespectful language or gestures
- Screaming or yelling
- Running, except during planned activities
- Horseplay
- Leaving program, building, or property except when accompanied by staff
- Smoking:
 - Adults: Prohibited indoors at all times. Permitted outdoors at scheduled times and in designated areas.
 - All Patients: Prohibited in facility vans and during recreational off-site outings.

PROHIBITED PATIENT POSSESSIONS

- Alcohol, drugs, and/or medications
- Drug paraphernalia
- Photos, clothing, or materials depicting drug use, sexually explicit content, gang related, or degrading behaviors or attitudes
- Razors will be kept in the locked cabinet and dispensed by Recovery Aide staff when needed.
- No sharp items: pins, needles, scissors, or mirrors are allowed.
- Weapons, or items which could be used as such
- Mouthwash, Perfumes, colognes, aftershave, aerosol cans, and personal care items that are alcohol-based will be kept locked and dispensed when needed.
- Radios, electronic games, beepers, cell phones, cards, or dice.
- Please refer to the Admissions Inventory (page 3) for a detailed list.

PATIENT LOSS OF RIGHTS AND/OR PRIVILEGES

- Loss of phone privileges
- Loss of visitation
- Loss of specific peer to peer contact
- Loss of Recreational Activities Outside of Valley Vista
- Loss of 12 Step Meetings Outside of Valley Vista

APPROVED PATIENT INTERVENTIONS

- Calling for police assistance
- Facility-approved therapeutic intervention and passive restraint methodologies (such as T.C.I. or C.P.I.) by trained and certified staff
- Using reasonable and necessary force to quell a disturbance, obtain possession of dangerous objects, protect persons including oneself
- Assigning of consequences consistent with the level or seriousness of the misbehavior
- Time-out or isolation in an unlocked room, in accord with protocols regarding duration, observation, and supervision
- Restriction from certain patient activities, as consequences for behaviors

PROHIBITED PATIENT INTERVENTIONS

- Administering physical restraint unless for approved reasons of safety and unless by staff currently trained and certified in facility-approved methodology
- Degrading, demeaning, disrespectful, or humiliating treatment of patients
- Denial of privacy or such basic comforts and necessities as meals, water, rest, sleep, toilet, beds, bedding, shelter, clothing, movement, exercise, etc
- Corporal punishment, including hitting, pinching, shaking, spanking, or aggressive physical contact
- Mechanical restraint
- Confinement to locked space
- Chemical restraint
- Physical, verbal, or sexual harassment
- Hazing
- Bullying
- Excessive withholding of emotional response or social interaction
- Physical exercise as punishment
- Forcing one to maintain uncomfortable positions, such as squatting or bending, or to perform repeated physical movements, solely for disciplinary purposes
- Denial, solely for discipline, of contact with family, clergy, or attorney
- Denial, solely for discipline, of participation in essential program services
- Excessive or punitive consequences for misbehavior
- Discipline or consequences which are intended to frighten
- Financial or material fines (patients may be billed for property damage)
- Staff inconsistency (shift to shift, day to day, staff to staff, staff to patients) regarding behavioral expectations and consequences

- Except in the case of intervention by qualified public officers such as police, discipline, passive restraint, or consequences are not to be administered by persons not known to the patient
- Any act defined by state or federal statute as constituting abuse or neglect.

NON-ROUTINE DISCHARGES

The goal is for you to complete your treatment experience successfully. As mentioned earlier, situations may occur that require therapeutic interventions. Unfortunately, at times, these interventions may not be successful and the treatment team may decide to Administratively Discharge you. Once being administratively discharged, you may reapply to Valley Vista after 30 days from discharge.

If you choose to leave treatment prematurely and against the advice of the treatment team you will be leaving treatment “AMA”, Against Medical Advice. Please remember by leaving AMA you are taking a chance at losing a valuable opportunity to address your chemical dependency. If you choose to leave treatment “AMA” you may have the opportunity to return to Valley Vista. You must contact Valley Vista’s admissions office to reapply. The clinical team will then determine if your immediate return to Valley Vista is appropriate. You may reapply to Valley Vista at any time.

Please review these considerations carefully if you find yourself contemplating an early departure from treatment.

YOUR TRANSITION TO A SUCCESSFUL DISCHARGE

Inpatient treatment is the first big step in your journey. You’re Primary Therapist and the clinical treatment team will work together with you to help you prepare for your new life. Clear and practical goals and objectives for aid in your transition to continued recovery will be identified. Specific referrals for aftercare, to Alcoholics Anonymous and/or Narcotics Anonymous, or other self-help groups will be made. Finally, any other ongoing professional help that may be needed will be arranged. If you are in need of alternative housing, that need must be identified shortly after your arrival in order for the staff to begin the necessary steps to arrange appropriate placement. Your Primary Therapist helps you to handle all aftercare plans.

Prior to your discharge day, you will be asked to fill out a **Patient Questionnaire**. You will also be requested to complete a Behavioral Health Outcome Study Release in an effort to assist Valley Vista in tracking patient outcomes after leaving our treatment facility. Since you have completed treatment your input is extremely valuable in helping us continue to provide the highest quality of Inpatient Chemical Dependency Treatment to women.

On the day of your discharge, there will be a short ceremony in your honor. You will receive a Valley Vista coin, and a certificate of successful completion.

PATIENT'S BILL OF RIGHTS

As a Patient at Valley Vista, you have the right, consistent with law to:

1. Receive treatment that is free from bias or prejudice;
2. Respect for your privacy and to have access to personal belongings that are acceptable within program structure;
3. Prompt and attentive services that take into consideration your individual needs;
4. Expect a reasonable response time to your request for review of your records and to have access to consultation;
5. Confidential and discrete treatment regarding the handling and discussion of your records;
6. Continuity of care that is considerate of your health care needs as they relate to your on-going recovery;
7. Know of Valley Vista's professional affiliations as they concern the provision of your treatment needs;
8. Be informed of regulations defining your expected conduct and responsibilities;
9. Maintain or withdraw consent for receiving treatment and to be familiar with the reasons for and the risks associated with the services that you receive;
10. Receive treatment in a safe and sanitary environment that shows concern for your individual needs;
11. Refuse to participate in any activity that you may find threatening or that violates your right to confidential care;
12. Be able to communicate with your family and/or friends within the context of the program structure.

This is an abbreviated format of the patient Bill of Rights. Detailed listings are displayed in the Admissions Office, The Main and Admissions Lobbies, the Nursing Station, and on the Adolescent Unit. You should have received and signed a copy of detailed listing during the first part of your admissions process.

After you have left Valley Vista, staff is still bound by confidentiality laws. Staff will not initiate conversation with you if you are to see them outside (in a public place) after you leave Valley Vista. Please understand this is to protect your confidentiality. Should you initiate conversation first with the staff member, they will then be able to engage in conversation.

Feel free to speak with any of the professional staff about your rights.

VALLEY VISTA PATIENT COMPLAINT & FORMAL GRIEVANCE PROCEDURE

Patients should expect that they can register complaints and grievances without fear of reprisal, and that such will be addressed consistently, adequately, and promptly.

Please orientate yourself with the following three step procedure to Valley Vista's complaint and grievance process.

STEP #1 VERBAL COMPLAINT

When patients or their family member's express dissatisfaction, concerns, or complaints, they should feel free to discuss the matter with the patient's Primary Therapist or Nurse. If the Primary Therapist or Nurse cannot be accessed in a timely manner, they should be directed to the staff person in charge of the patient's wing.

This step is vital as it must occur before a written complaint can be completed. Staff and patients need to verbally discuss any possible resolutions to the problem. If the complaint cannot be verbally resolved please go to Step #2.

STEP #2 WRITTEN COMPLAINTS

If the matter remains unresolved to the patient's satisfaction, they should ask to file a written complaint.

If the patient chooses to file a complaint, she will be given a copy of the Patient Complaint Form. Valley Vista staff can assist should the patient feel unable for any reason to complete the form.

The staff person receiving the completed Patient Complaint Form should immediately deliver it to the Appropriate Director. Within two working days of receipt of a Patient Complaint Form, the Director will complete a review of the complaint and provide the patient with a written response and plan for resolving the complaint.

The Primary Therapist will convey the facility's response to the patient.

If for any reason the complaint is not completed to patient satisfaction the patient may write a Formal Grievance. Please note that Step #1 & Step #2 must be carried out in their entirety before a Formal Grievance can be written.

STEP #3 FORMAL GRIEVANCES

If the patient indicates continued dissatisfaction with the response, the Primary Therapist will advise the patient of the procedures for filing a Formal Grievance.

If the patient chooses to file a Formal Grievance, she will be given a copy of the Patient Grievance Form and an offer to assist should the patient feel unable for any reason to complete the form.

The Grievance Form is forwarded the Clinical Director by way of the Program Director or Nursing Director.

Within five working days of receipt of a Patient Grievance Form, the Clinical Director will complete a review of the grievance and submit a written response and plan for resolving the complaint.

The Primary Therapist will present the facility's response to the patient, review the issue with the patient, and document the session.

If the patient indicates continued dissatisfaction with the response, the Primary Therapist will advise the patient of the procedures for filing a second and final formal grievance. The same form and procedure referenced in Step #3 should be used.

The Primary Therapist forwards the second Patient Grievance Form directly to the Executive Director, and informs the Program Director, Nursing Director, and Clinical Director of this action.

Within ten working days of receipt of a Patient Grievance Form, the Executive Director will complete a review of the second formal grievance and respond in writing to the grievant.

In an individual counseling session the Primary Therapist will present the facility's final response to the grievance, review the issue with the patient.

This represents the facility's final response to the grievant, and there is no further recourse within the facility.

Note: Throughout, and following, these processes the patient retains the right to notify the State and/or Federal Agencies noted in the Patient Bill of Rights.

Note: If the person presenting the Complaint or Formal Grievance is a family member, the procedures remains the same.

Note: In individual cases the complaint and formal grievance procedures may be modified so as to be consistent with the policies and procedures of patients' private insurance plans with which the facility contracts.

We will never retaliate against you for filing a complaint.

YOUR LEGAL RIGHTS

Right to request confidential communications. You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you proved a means for us to process payment transactions.

Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your protected health information. The revocation will not affect any previous use of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request.

At your request, we will make a copy of your record for you. We will charge .75 per page for this service.

Right to append record. If you believe your record contains an error, you may ask us to append it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to

the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

Right to an accounting. You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made in the preceding six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

Right to a paper copy of this Notice. You have the right to a paper copy of any Notice of Privacy Practices posted on our web site.

HOW TO EXERCISE YOUR RIGHTS

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Privacy Officer.

Our Contact Person is: Maegan Kosakowski (802) 222-5201 x311.

Personal Representatives: A “personal representative” of a patient may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are “mature minors” may make their own decisions about receiving treatment and disclosure of protected health information along with their parents to release protected health information. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

If you have a complaint that you are unable to resolve through Valley Vista staff, you may register a complaint with the following:

State Level:

Vermont Division of Alcohol and Drug Abuse Programs (ADAP)
PO Box 70
Burlington, Vermont 05402-0070
(802) 651-1550

Vermont Department of Aging and Independent Living
103 South Main Street – Weeks Building
Waterbury, VT 05671-1601

(802) 241-2401

If you know of or suspect abuse or neglect of a vulnerable person you should contact the VT Department of Aging and Independent Living (DAIL), Adult Protective Services (APS) 1-800-564-1612 or 802-871-3317.

Federal Level:

Office for Civil Rights
U.S. Department of Health & Human Services
JFK Federal Building - Room 1875
Boston, MA 02203

We will never retaliate against you for filing a complaint.

ADVANCE DIRECTIVES

As part of your admission intake process, you were asked if you had an Advance Directive and if you had one, where it was located. If you do not have one, would like one and need help in creating one, you can make an appointment with the Director of Nursing and Admissions to receive information on where you can obtain help to complete this process.

Effective Date: 08/23/04

Revised: 03/31/2016 DT

OAS LLC, was founded in 2003. Its principals, however, have over 45 years experience in the addictions field and over 35 years experience with residential treatment. It is owned and operated by OAS LLC, a for profit Vermont company.

My signature below attests to the fact that I have read and understood the material contained in the Women's Program Patient Handbook. I have had an opportunity to ask questions regarding the material. I agree to the conditions stated within it.

Patient Name (PLEASE PRINT)_____

Patient Signature_____

Date_____