Welcome to Nystrom & Associates, Ltd. (NAL) Co-Occurring Substance Use Disorder (CO/SUD) Treatment Program. Our goal is to provide you with the best possible professional counseling and therapy services available and to assist you in reaching your goals. This begins by each participant reading and understanding the intake materials. This packet contains important information for you to know as a client and these areas are listed below. Please take 15-30 minutes to read through the documents.

If you have concerns during your treatment process that you wish to discuss directly with the Program Director, you may call 651-628-9566. NAL wishes to make it known to participants that if you require services in other life areas or are dissatisfied with our services, other services are available in the community. In such cases, NAL staff will direct you to other services. A list of numbers can be found at mn.state/dhs/crisis, or, in the metro area, call **CRISIS (274747) from a mobile phone. Finally, text crisis services are available 24/7 by texting MN to 741741 or you may obtain information from your counselor about other services at NAL or in the community.

This packet contains the following important program information and documents for your review and understanding:

- Application for Admission & Payment Agreement
- Client Rights
- Program Description and Structure
- Program Eligibility Requirements
- Risks for Client’s in Treatment
- Adult Program Schedule and Adolescent Program Schedule
- Substance Use Agreement
- Program Expectations and Client Responsibilities
- Group Participation Expectations
- Drug Screening Requirements
- Personal Electronic Devices Policy
- Maltreatment of Minors Policy
- Maltreatment of Vulnerable Adults Policy
- Program Abuse Prevention Plan
- Client Grievance Procedure
- Emergency Procedures
- Tuberculosis, HIV, Infection Disease Policy
- Options for Opioid Treatment in Minnesota and Overdose Prevention
- Drug and alcohol use during pregnancy education

Disclaimers & Release of Responsibility

By signing below I acknowledge that I have received and understand the preceding list of information / documents reviewed with me today and that I have been oriented to NAL’s COSUD Treatment Program. By signing below I accept full responsibility for myself while off the premises of Nystrom & Associates, Ltd [NAL] and I release NAL, its physicians, employees and/or contracting providers of any liability or responsibility resulting from any deterioration of my condition while registered as a client/patient at this facility.

By signing and initialing below I acknowledge that I have had the Maltreatment of Vulnerable Adult and Minors Reporting Policy explained to me and by initialing here (one area only) I do_____ / I do NOT_____, give staff permission to make a report to the Minnesota Adult Abuse Reporting Center if necessary on my behalf, as stated in Federal Regulations (42 CFR part 2). This release will remain in effect for one year from the date of signature. I have a right to revoke this authorization in writing at any time, except to the extent information has been released according to this authorization.

Client Signature: __________________________________________________________ Date: ___________________
Medication Agreement
To provide the best possible care, safety, and accurate drug screening it is important for your counselor to be informed of medications you are taking including medical medication related to medical conditions, psychiatric medication for mental health, and other general wellness medications. To achieve this, please complete the following by your next appointment (initial next to each):

_____ Provide your counselor with a list from your prescriber or pharmacy of all prescribed medications including medication, dosage, frequency and condition it is prescribed for.
_____ Sign a Release of Information to the physician prescribing your medication to enable your counselor to speak with them if needed.
_____ Agree to update your counselor regarding any change/additions/discontinuations in your medications or dosages.

Service Rates
NAL accepts payment for CO/SUD treatment services through County Rule 25 funding, State insurance / PMAP’s, and most commercial insurance companies. If you have difficulty paying for services contact your counselor and/or our billing department to have a payment agreement considered. Please note, clients/parents are only responsible for charges not covered by insurance.

Program Materials: Clients will be charged for replacement program materials that are lost.
Instant-Cup Drug Screen: $20 per cup. – not billable to insurance and will be billed to you at the time of the screen
Instant Saliva Test: – $25 per strip - not billable to insurance and will be billed to you at the time of the screen
Alcohol Dip Stick: $5 per strip - not billable to insurance and will be billed to you at the time of the screen

Client Initials Parent Initials

Losing Your Insurance Coverage: If you are on Minnesota Care (PMA), it is very important that you turn in your required paperwork and premium (if applicable) each month. If not, your coverage could end and your treatment interrupted.

Application of Services Signature:

Full Name of Applicant (printed):

Last 4 Digits of SS #: __________ DOB: __________

Signature of Applicant: ___________________________ Date: __________

Signature of Witness: ___________________________ Date: __________

Print Parent/Guardian name: __________________________

Signature of Parent/Guardian: __________________________ Date: __________
**Client Bill of Rights**

It is the policy of NAL COSUD to protect client rights and to follow the client bill of rights and health care bill of rights as required by section 148F.165, 144.651 and 144.652.

The client bill of rights shall be prominently displayed on the premises of Nystrom & Associates, Ltd, or provided as a handout to each client. The client bill of rights is as follows. Consumers of alcohol and drug counseling services have the right to:

1. Expect that the provider meets the minimum qualifications of training and experience required by state law;
2. Examine public records maintained by the Board of Behavioral Health and Therapy that contain the credentials of the provider;
3. Report complaints to the Board of Behavioral Health and Therapy;
4. Be informed of the cost of professional services before receiving the services;
5. Privacy as defined and limited by law and rule;
6. Be free from being the object of unlawful discrimination while receiving counseling services;
7. Have access to their records as provided in sections 144.92 and 148F.135, subdivision 1, except as otherwise provided by law;
8. Be free from exploitation for the benefit or advantage of the provider;
9. Terminate services at any time, except as otherwise provided by law or court order;
10. Know the intended recipients of assessment results;
11. Withdraw consent to release assessment results, unless the right is prohibited by law or court order or was waived by prior written agreement;
12. A nontechnical description of assessment procedures; and
13. A nontechnical explanation and interpretation of assessment results, unless this right is prohibited by law or court order or was waived by prior written agreement.
14. Stereotyping: The provider shall treat the client as an individual and not impose on the client any stereotypes of behavior, values, or roles related to human diversity.
15. Misuse of client relationship. The provider shall not misuse the relationship with a client due to a relationship with another individual or entity.
16. Exploitation of client. The provider shall not exploit the professional relationship with a client for the provider’s emotional, financial, sexual, or personal advantage or benefit. This prohibition extends to former clients who are vulnerable or dependent on the provider.
17. Sexual behavior with client. A provider shall not engage in any sexual behavior with a client including: (1) sexual contact, as defined in section 604.20, subdivision 7; or (2) any physical, verbal, written, interactive, or electronic communication, conduct, or act that may be reasonably interpreted to be sexually seductive, demeaning, or harassing to the client.
18. Sexual behavior with a former client. A provider shall not engage in any sexual behavior as described in subdivision 6 within the two-year period following the date of the last counseling service to a former client. This prohibition applies whether or not the provider has formally terminated the professional relationship. This prohibition extends indefinitely for a former client who is vulnerable or dependent on the provider.
19. Preferences and options for treatment. A provider shall disclose to the client the provider’s preferences for choice of treatment or outcome and shall present other options for the consideration or choice of the client.
20. Referrals. A provider shall make a prompt and appropriate referral of the client to another professional when requested to make a referral by the client.
Client Rights Continued

1. You may obtain a copy of the rules and statutes relating to disciplinary and professional conduct from the Board of Behavioral Health and Therapy website at www.bbht.state.mn.us or you may call to request the board send you copies of the regulations at 612-548-2177.

2. You may report complaints to the Board of Behavioral Health and Therapy by downloading the complaint form located on their website: https://mn.gov/boards/behavioral-health/public/complaints-discipline.jsp. Please complete the form and mail it to the Board office at 2829 University Ave. SE, Suite #210, Minneapolis, MN 55414. If you prefer to have the form mailed to you, please call the Board office at (612) 548-2177.

3. You have the right to reasonable notice regarding changes in counseling services or charges.

4. You have the right to complete and current information concerning the counselor’s assessment and recommend to course of treatment, including the expected duration of treatment.

5. You may expect courteous treatment and to be free from physical, verbal, or sexual abuse.

6. Your records and transactions with the counselor are confidential unless release of these records is authorized in writing by you, or otherwise provided by law.

7. You have a right to be allowed access to records and written information from records according to Minnesota Statutes, 144.92 and 148F.135.

8. You have a right to choose freely from among available counselors, and to change counselors after services have begun, within the limits of health insurance, medical assistance, or other payment programs or agreements.

9. You have a right to coordinated transfer when there will be a change in the provider of services.

10. You may refuse services or treatment, unless otherwise provided by law.

11. You may assert your rights without retaliation.
Nystrom & Associates, Ltd
Intensive Outpatient Co Occurring Substance Use Disorder Treatment
SUD Program Intake & Orientation

Program Description and Structure

Relevant Statutes: Minnesota Statute 245G.20, 245G.18, subd 3, 254G.01 Subd 28, 245G.07, Statute 254B.05 subd 5 (g)

Definitions

Day of Service Initiation: the day the license holder begins the provision of treatment service.

Treatment Week: the treatment program week starts on a Monday and ends on a Sunday.

Group Counseling: a professionally led psychotherapeutic substance use disorder treatment that is delivered in an interactive group setting. These groups are facilitated by the Licensed Alcohol and Drug Counselor and are geared to address the many individual factors identified in the comprehensive assessment. These groups are a place for clients to share their assignments which are geared to break through denial, and move individuals from admittance to acceptance of their disease. Most individuals have issues as a result of their addiction which produce feelings of shame, guilt, anger and isolation to name a few. These groups address the complex issues of addiction and provide a therapeutic environment to work through these issues.

Nystrom & Associates, Ltd. Co-Occurring Treatment Programs are licensed by the Minnesota Department of Human Services under 245G and are supported by our Rule 29 mental health multidisciplinary staff. Staff consists of Licensed Alcohol and Drug Counselors (LADC’s) and mental health professionals (MHP’s). We treat Substance Use Disorder and mental health issues with an integrated approach by also utilizing marriage and family therapists, psychologists, psychiatrists, DBT specialists, nutritionists, nursing staff, social workers, and ARMHS/CTSS staff as needed. Clients can be referred for additional services as agreed upon needs arise.

At NAL each client has a SUD evaluation, is approved for admission by staff and admitted into one of 3 levels. Core programming utilizes Motivational Interviewing, Stage Wise Treatment, CBT, DBT skills education, 12 step Program exploration, psycho-education, group activities and interactive journaling assignments; delivered through lectures, group discussion and individual counseling sessions that help participants re-develop their personal core values and to meet personal goals including a life without harmful Substance Use, and management of mental health and emotional problems.

Each client admitted to any level will complete a comprehensive assessment process to establish an individualized treatment plan designed to meet each client’s goals by utilizing specific strategies to address each clients identified areas of need. Clients will gain insight into the fundamentals of addiction and their own addictive process in 6 life dimensions. Clients will gain new personal insights, and work toward developing acceptance of their disease, maintaining hope in recovery and gaining effective coping skills for abstinence, emotional regulation, ultimately improving their satisfaction and quality of life. Individual family sessions are included with treatment planning, along with assistance for establishing an ongoing community support system. The program is open ended and members can start at any time with groups having a maximum of 16 clients.

NAL’s SUD Programs operate on an abstinence based philosophy with harm and symptom reduction as a process toward a goal of total abstinence. It is understood that each client’s ability to abstain completely and process to achieve abstinence is different and will be addressed as such.

Intensive Outpatient – ASAM Level 2.1: Is designed to meet the needs of individuals evaluated with moderate to high acuity substance abuse problem, who may also have or be experiencing mild to moderate mental health issues that are primarily stable.

Outpatient – ASAM Level 1.0: Is designed to meet the needs of individuals who are evaluated with low acuity mental illness and substance abuse disorder; requiring continuing care with emphasis on relapse and/or recovery environment
issues. It is designed to meet the needs of individuals who have had previous treatment. This level is primarily a step down from ASAM Level 2.1 Intensive Outpatient or used as a continuing care option for clients coming from other programs. It emphasizes continued practice and internalization of new skills and insights already gained.

**Treatment Intensity & Duration:** On average, each intensity lasts approximately 10 weeks. However, duration is also based on a client’s engagement and progress in treatment, risk levels and needs. A client’s level of motivation, attendance, and participation highly influence the duration of care. Clients will step down from high, to medium, to low as a normal course of treatment unless progress is such that it is not clinically necessary. These factors are evaluated consistently by your SUD counselor and treatment team.

**Additional SUD Treatment Programming Features:**

**Family (or Concerned Person) Involvement:** Healthy relationships are key to a client’s recovery and loved ones often lack understanding and insight into what a substance abuser is going through and how to support them in recovery. We recommend each client to complete a release for NAL to invite and open dialogue with at least one family member or concerned person to participate in the client’s treatment. Family members are vital to helping support long-term sobriety and wellness, please encourage their participation.

**Psychoeducational Lecture Series:** Gaining knowledge on recovery related ideas and surrounding topics is imperative to entering and maintaining recovery. Programming incorporates psycho educational groups facilitated by an Alcohol and Drug Counselor (LADC) that focus on educating clients about their substance use/disorder and teaching them ideas to assist them in their recovery process through planned presentations and activities. The goal of these groups is to educate the client on strategies to avoid inappropriate substance use and health problems related to substance use and make the necessary lifestyle changes to regain and maintain health.

Psychoeducational lectures will include the presentation of information on required topics as well as topics that have been deemed a necessity for recovery by the NAL treatment team. This is not a full accounting of educational material being provided, please see the educational schedule for a complete listing. Topics include, but are not limited to:

1. Tuberculosis
2. Human immunodeficiency virus according to section 245A.19, and other sexually transmitted diseases, hepatitis
3. Drug and alcohol use during pregnancy
4. Integrating gains made during treatment into daily living
5. Symptoms of mental illness, the possibility of comorbidity, the need for continued medication compliance while recovering from a substance use disorder
6. Relationship Dynamics
7. Sober Recreation
8. Stress Management
9. Independent Living Skills
10. Employment/Financial/Education Skills
11. Social Skills Development
12. Healthy Boundaries
13. Exploring Emotions/Feelings
14. Communication
15. Relapse Prevention
16. Denial/Acceptance
17. Self Esteem
18. Family Dynamics
19. Support Group

**Medication Assisted Treatment (MAT) with Suboxone (Adult):** NAL offers MAT treatment using Suboxone for clients’ evaluated with severe opiate use disorders who meet criteria for this type of care. Clients interested in Suboxone must attend a medical intake appt. and be approved by NAL’s prescribing medical doctor(s) before MAT treatment can begin. Clients should be aware of NAL’s MAT agreement which contains stringent expectations and protocols that will need to
be agreed to and signed at orientation. Please ask your counselor for a copy in advance. NAL requires clients in this program to be willing to work with their prescribing doctor to eventually taper off their Suboxone. Please inquire with you counselor if you feel you may be a fit for MAT with Suboxone.

Clients on MAT from other Providers (Adult): NAL accepts most clients who are on a MAT protocol from another provider, as long as NAL is able to collaborate with that provider. These clients may be admitted to NAL COCD treatment programming under the following conditions: 1. Client signs an open release to the clinic, doctor and counselor prescribing the Suboxone, Methadone (or other medication) to assist them in recovery. 2. Client must provide a release of information to for NAL to obtain an official copy of all medications being prescribed / taken. 3. Client must follow all program rules, including those for client receiving MAT from another provider.

Peer Led Alumni Group (Adult): Peer Led Alumni Group is a non-professional, free service provided at NAL led by volunteers who have successfully completed and graduated from NAL’s SUD Outpatient Treatment Program. Alumni group leaders have sustained sobriety, are active in recovery and are trained to facilitate the group. Peer Led Alumni Groups are held once weekly for one hour at most NAL locations. Research shows that the longer we have support, the longer we stay sober and the higher the quality of recovery.

External Support Group Engagement: Getting and staying engaged in consistent, supportive recovery groups and activities are key to a client’s growth, ongoing recovery and satisfaction in life. Support groups promote use of continued recovery skills, compassion, comradeship and a framework in which clients can help others who struggle by sharing their own story. Clients / addicts, who relapse, site the number one reason as having disengaged from their support system. Therefore, during NAL SUD Treatment clients will be asked to immediately begin looking into and attending support groups in their area in order to find a fit and build a solid ongoing support network. Clients will also be asked to begin looking for and establish a mentor or sponsor who can be available as needed to assist in recovery.

Other Available Services:

Psychiatry: NAL offers child, adolescent and adult psychiatry and medication management. NAL psychiatric prescribers are trained in different backgrounds and have the capabilities to assess, diagnose, treat and prescribe medication for psychiatric disorders.

Psychological Testing: NAL offers psychological testing and individualized recommendations for children (ages 3+), adolescents, and adults that will help determine the correct mental health diagnosis. After the intake appointment, either one or two, 2-hour testing sessions on different days will be scheduled (neuropsychological evaluations may consist of either two, 3-hour testing appointments or three, 2-hour testing appointments). Following completion of testing, patients will return for a results session where the evaluation report will be reviewed and recommendations will be discussed.

Therapy: NAL offers counseling and psychotherapy from professionals from the fields of psychology, clinical social work, marriage and family therapy, who are committed to helping persons experiencing personal, emotional, marriage, family, or psychological problems.

Dialectical Behavioral Therapy (DBT): DBT is an evidence-based treatment proven effective in treating a wide array of mental health disorders – personality disorders, chronic depression, and anxiety disorders, eating disorders and addictions. DBT is a treatment designed for individuals who struggle to regulate their behaviors and emotions effectively. This can look like suicidal thinking, self-harm (cutting, etc.), addiction, difficulty with anger/rage, chronic depression and anxiety, eating disorders, intense shame, and unresolved trauma to name a few. Clients who would most benefit from DBT are those where “treatment as usual” (traditional psychotherapy) has not been effective and/or their behaviors and emotions cause severe impairment to their quality of life.
Nutrition Counseling: Due to the fact that nutrition significantly impacts our mood, behavior, and emotional health, we offer a holistic approach to treatment in our program. Our Registered Dietitians work with all age groups and individualize the nutrition goals for that client based on medical condition, social setting, and financial situation. Dietitians not only have the knowledge as to what foods and habits can help patients make changes, but utilize behavior modification tailored to individuals’ needs to make lasting changes versus a “quick fix.” Nutrition Therapy emphasizes that adequate sleep and physical activity are incorporated into overall wellness in addition to healthy eating.

Adult Mental Health Day Treatment (ADT): Nystrom & Associates, Ltd. Adult Day Treatment (ADT) program offers an intensive group psychotherapy experience for clients to help reduce the effects of mental illness and provide skills training to empower clients to live in the community independently. It is client-centered; focusing on individual participant needs as well as offering added support and learning through the group dynamics. ADT is an entirely group therapy treatment and is considered a higher level of care. Participants will have the opportunity to connect with peers who can relate to and understand their mental health concerns in a non-judgmental supportive environment.

Community Based Adult Rehabilitative Mental Health Services (ARMHS): This program is a DHS regulated community based mental health program that provides services to qualified individuals in their home. Clients who have county or state insurance, a diagnosis of a mental health issue, along with significant and / or unique barriers to wellness and recovery in their environment (work, family, school, kids, etc.) can be helped significantly by applying for an ARMHS worker that can come and work with the client in their home or community to overcome those barriers. This program is covered by Minnesota Care, MA so the cost to you may be minimal or none.

Behavioral Health Home (BHH): BHH is a case management program that serves adults 18 years and older who have a mental health disorder and would benefit from getting connected to different resources and services. The case management team consists of a Case Manager, an RN, and a Peer Support Specialists. This team works together to connect individuals to supports that target their overall health and wellness, including their mental health, physical health, and substance use. This holistic approach to treatment focuses on all areas in an individual’s life that would help them become more successful, with a focus on those who have chronic health conditions. We have several BHH teams at NAL and you can call any of our offices to inquire if we have BHH out of that specific office location. We also have a BHH team that works with children and families when a child has a mental health diagnosis.

Adult In Home Therapy: Adult in Home Therapy serves adults ages 18 years and older who would benefit from receiving therapy for their mental health symptoms in the home. The key criteria for adult in home therapy is that the individual must have a specific barrier for getting to the office and therefore, would only be able to receive therapy services if it were in their home. Examples of barriers include mental health symptoms like agoraphobia or significant medical issues that make it difficult for them to leave their home. Barriers like transportation and child care may indicate eligibility but only if there are no other options (family member driving them to the office, medical rides, family/friends providing child care, etc.).

Community Based Children’s Therapeutic Supportive Services (CTSS): Similar to ARMHS for adults, CTSS can provide in-home skills and therapy for children and families. This includes individual skills, family skills, individual therapy, and family therapy. CTSS works with the entire family system to identify the needs of the family and therefore, parent/guardian involvement is essential to the success of CTSS.
Nystrom & Associates, Ltd
Intensive Outpatient Co Occurring Substance Use Disorder Treatment
SUD Program Intake & Orientation

SUD Program Eligibility Requirements

<table>
<thead>
<tr>
<th>Adult</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age 18 or older</td>
<td>• Age 12-18</td>
</tr>
<tr>
<td>• Are physically and mentally capable of participating in group</td>
<td>• 18 year old clients must be living with parents/guardian and dependent upon them; engaged in high school/GED; are developmentally appropriate for adolescent group</td>
</tr>
<tr>
<td>• Are willing to engage in building support system and attend support groups outside of treatment</td>
<td>• Are physically and mentally capable of participating in group</td>
</tr>
<tr>
<td>• Actively seeking constructive activities (employed, actively seeking work, family, housing)</td>
<td>• Are willing to engage in building support system and explore support groups outside of treatment</td>
</tr>
<tr>
<td>• Adequately safe – not imposing a threat to the health of safety of others</td>
<td>• Actively seeking constructive activities (enrolled in education, actively working toward expanding vocational and recreational activities)</td>
</tr>
<tr>
<td>• Are willing to have at least one family member or concerned person participate in their treatment</td>
<td>• Adequately safe – not imposing a threat to the health of safety of others</td>
</tr>
<tr>
<td>• Be free of serious health conditions that impairs their ability to participate in programming</td>
<td>• Be free of serious health conditions that impairs their ability to participate in programming</td>
</tr>
<tr>
<td>• Able to pay for services</td>
<td>• Able to pay for services</td>
</tr>
<tr>
<td>• Willing sign releases to communicate with pertinent care givers and any legal authorities as required</td>
<td>• Are willing to have at least one family member or concerned person participate in their treatment</td>
</tr>
<tr>
<td>• Willing to commit to the full treatment process and participate in treatment planning</td>
<td>• Willing to commit to the full treatment process and participate in treatment planning</td>
</tr>
<tr>
<td>• Willing to follow rules and guidelines of NAL Programs</td>
<td>• Willing to follow rules and guidelines of NAL Programs</td>
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</tbody>
</table>

Risks and Responsibilities for Client’s in Treatment

1. Risk that client’s confidentiality could be broken. Staff is mandated by law to protect your confidentiality; however, no guarantee can be given that another client would not talk outside of treatment. Each client is informed of possible sanctions of breaking confidentiality.
2. Therapeutic discussions and education in treatment may cause some anxiety.
3. We cannot guarantee your complete safety in every circumstance; however, the program has preventative safeguards in place in the event of an emergency such as fire or tornado or crisis.
   a. Emergency exit routes are posted throughout the facility, you’ll be orientated to these; please familiarize yourself with these routes.
   b. If someone in group should become violent client should not try to intervene, but rather leave the group room and proceed to the lobby.
4. Clients are responsible for notifying your counselor about any unexpected change in your health.
5. Clients are responsible for letting us know immediately if you do not understand instructions, or if you feel that they are such that you cannot follow them. If you have difficulty reading or writing, or have a learning disability that impacts your ability to comprehend we will read and explain you responsibilities to you. Reasonable accommodations will be made for clients who cannot read or who have communication impairments and those who do not read or speak English.
6. Clients are responsible for fulfilling the financial obligations for your health care.
7. Clients are responsible for loss or damage to clinic property.

Special Needs Accommodations
Any client or family member who may have special needs because of difficulty with reading or writing, or other physical or mental disability is asked to inform your counselor and or staff. Every effort will be made to adjust the treatment curriculum to meet those needs. If we are unable to do so an appropriate referral will be made.
## Adult Program Schedule

<table>
<thead>
<tr>
<th>Clinic Location</th>
<th>ASAM 2.1 Intensive Outpatient Day</th>
<th>ASAM 2.1 Intensive Outpatient Evening</th>
<th>ASAM 1.0 Outpatient Day</th>
<th>ASAM 1.0 Outpatient Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley</td>
<td>M, T, Th</td>
<td>9 am - 12 pm</td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<tr>
<td></td>
<td>6 pm - 9 pm</td>
<td></td>
<td>Wednesday pm</td>
<td>9 am - 12 pm</td>
</tr>
<tr>
<td>Baxter</td>
<td>M, T, Th</td>
<td>11 am - 2 pm</td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<tr>
<td></td>
<td>6 pm - 9 pm</td>
<td></td>
<td>11 am - 2 pm</td>
<td>6 pm - 9 pm</td>
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<tr>
<td>Big Lake</td>
<td>N/A</td>
<td></td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<tr>
<td></td>
<td>6 pm - 9 pm</td>
<td></td>
<td>N/A</td>
<td>6 pm - 9 pm</td>
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<tr>
<td>Bloomington</td>
<td>M, T, Th</td>
<td>9 am - 12 pm</td>
<td>M, T, Th</td>
<td>Tuesday</td>
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<tr>
<td></td>
<td>6 pm - 9 pm</td>
<td></td>
<td>11 am - 2 pm</td>
<td>6 pm - 9 pm</td>
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<tr>
<td>Cambridge</td>
<td>N/A</td>
<td></td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<td></td>
<td>6 pm - 9 pm</td>
<td></td>
<td>N/A</td>
<td>6 pm - 9 pm</td>
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<tr>
<td>Coon Rapids</td>
<td>M, T, Th</td>
<td>9 am - 12 pm</td>
<td>1: M, T, Th</td>
<td>Wednesday</td>
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<td></td>
<td>6 pm - 9 pm</td>
<td>2: M, W, Th</td>
<td>Wednesday pm</td>
<td>9 am - 12 pm</td>
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<td>6 pm - 9 pm</td>
<td>6 pm - 9 pm</td>
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<tr>
<td>Duluth</td>
<td>M, W, Th</td>
<td>9 am - 12 pm</td>
<td>M, W, Th</td>
<td>Tuesday</td>
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<td></td>
<td>6 pm - 9 pm</td>
<td></td>
<td>11 am - 2 pm</td>
<td>6 pm - 9 pm</td>
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<tr>
<td>Eden Prairie</td>
<td>M, T, Th</td>
<td>9 am - 12 pm</td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<tr>
<td></td>
<td>5:30 pm - 8:30 pm</td>
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<td>9 am - 12 pm</td>
<td>6 pm - 9 pm</td>
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<tr>
<td>Mankato</td>
<td>N/A</td>
<td></td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<tr>
<td></td>
<td>6 pm - 9 pm</td>
<td></td>
<td>N/A</td>
<td>6 pm - 9 pm</td>
</tr>
<tr>
<td>Maple Grove</td>
<td>M, T, Th</td>
<td>9 am - 12 pm</td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<td></td>
<td>9 am - 12 pm</td>
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<td>9 am - 12 pm</td>
<td>6 pm - 9 pm</td>
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<td>6 pm - 9 pm</td>
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<tr>
<td>Minnetonka</td>
<td>M, T, Th</td>
<td>9 am - 12 pm</td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<tr>
<td>Moorhead</td>
<td>N/A</td>
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<td>M, T, Th</td>
<td>Wednesday</td>
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<td>6 pm - 9 pm</td>
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<td>N/A</td>
<td>6 pm - 9 pm</td>
</tr>
<tr>
<td>New Brighton</td>
<td>M, W, Th</td>
<td>9 am - 12 pm</td>
<td>M, W, Th</td>
<td>Tuesday or Thursday</td>
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<td></td>
<td>9 am - 12 pm</td>
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<td>6 pm - 9 pm</td>
<td>Tuesday or Thursday</td>
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<tr>
<td>Otsego</td>
<td>M, T, Th</td>
<td>9 am - 12 pm</td>
<td>1: M, W, Th</td>
<td>Thursday</td>
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<td></td>
<td>9 am - 12 pm</td>
<td>2: M, T, Th</td>
<td>9 am - 12 pm</td>
<td>6 pm - 9 pm</td>
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<tr>
<td></td>
<td>6 pm - 9 pm</td>
<td>9 am - 12 pm</td>
<td>6 pm - 9 pm</td>
<td>6 pm - 9 pm</td>
</tr>
<tr>
<td>Rochester</td>
<td>N/A</td>
<td></td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<tr>
<td></td>
<td>6 pm - 9 pm</td>
<td></td>
<td>N/A</td>
<td>6 pm - 9 pm</td>
</tr>
<tr>
<td>Sartell/ St. Cloud</td>
<td>M, W, Th, 9 am - 12 pm</td>
<td>M, W, Th</td>
<td>Tuesday</td>
<td>Thursday</td>
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<td></td>
<td>9 am - 12 pm</td>
<td>9 am - 12 pm</td>
<td>6 pm - 9 pm</td>
<td>6 pm - 9 pm</td>
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<tr>
<td></td>
<td>M, W, TH 1 pm - 4 pm</td>
<td></td>
<td>9 am - 12 pm</td>
<td>6 pm - 9 pm</td>
</tr>
<tr>
<td>Woodbury</td>
<td>M, T, Th</td>
<td>9 am - 12 pm</td>
<td>M, T, Th</td>
<td>Wednesday</td>
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<tr>
<td></td>
<td>6 pm - 9 pm</td>
<td></td>
<td>9 am - 12 pm</td>
<td>6 pm - 9 pm</td>
</tr>
</tbody>
</table>

**ASAM 2.1 Intensive Outpatient**
- Duration: 10 weeks approximately
- Group sessions: 3, 3 hour groups weekly = 90 hours
- Individual sessions: 1, 1 hour session weekly = 10 hours
- Total hours: 100

**ASAM 1.0 Outpatient**
- Duration: 10 weeks approximately
- Group sessions: 1, 3 hour group weekly = 30 hours
- Individual sessions: 1, 1 hour session weekly = 10 hours
- Total hours: 40

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**Nystrom & Associates, Ltd**

Intensive Outpatient Co Occurring Substance Use Disorder Treatment

**SUD Program Intake & Orientation**
### Adolescent Program Schedule

<table>
<thead>
<tr>
<th>Clinic Location</th>
<th>ASAM 2.1 Intensive Outpatient</th>
<th>ASAM 1.0 Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Duration: 10 weeks</td>
<td>Duration: 10 weeks</td>
</tr>
<tr>
<td></td>
<td>Group sessions: 3, 2 hour groups a week = 60 hours</td>
<td>Group sessions: 1, 2 hour group a week = 20 hours</td>
</tr>
<tr>
<td></td>
<td>Individual sessions: 1, 1 hour session a week = 10 hours</td>
<td>Individual sessions: 1, 1 hour session a week = 10 hours</td>
</tr>
<tr>
<td></td>
<td>Total hours: 70</td>
<td>Total hours: 30</td>
</tr>
<tr>
<td>Apple Valley</td>
<td>M, T, Th 4 pm - 6 pm</td>
<td>Wednesday 4 pm - 6 pm</td>
</tr>
<tr>
<td>Baxter</td>
<td>M, W, Th 4 pm - 6 pm</td>
<td>Tuesday 4 pm - 6 pm</td>
</tr>
<tr>
<td>Big Lake</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Bloomington</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cambridge</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Coon Rapids</td>
<td>M, T, Th 4 pm - 6 pm</td>
<td>Wednesday 4 pm - 6 pm</td>
</tr>
<tr>
<td>Dakota County Juvenile Services Center</td>
<td>N/A</td>
<td>T, TH 2:30 - 4:15 pm</td>
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<tr>
<td></td>
<td>M, W, Th 4 pm - 6 pm</td>
<td>M, W, F 8:30 - 9:30 am</td>
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<td></td>
<td></td>
<td>M, W 10:45 - 12:45 pm</td>
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<tr>
<td>Duluth</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Eden Prairie</td>
<td>M, T, Th 4 pm - 6 pm</td>
<td>Wednesday 4 pm - 6 pm</td>
</tr>
<tr>
<td>Mankato</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Maple Grove</td>
<td>M, T, Th 4 pm - 6 pm</td>
<td>Wednesday 4 pm - 6 pm</td>
</tr>
<tr>
<td>Minnetonka</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Moorhead</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>New Brighton</td>
<td>M, W, Th 4 pm - 6 pm</td>
<td>Tuesday 4 pm - 6 pm</td>
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<tr>
<td>Otsego</td>
<td>M, T, Th 4 pm - 6 pm</td>
<td>Wednesday 4 pm - 6 pm</td>
</tr>
<tr>
<td>Rochester</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Sartell/ St. Cloud</td>
<td>M, T, Th 4 pm - 6 pm</td>
<td>Wednesday 4 pm - 6 pm</td>
</tr>
<tr>
<td>Woodbury</td>
<td>M, T, Th 4 pm - 6 pm</td>
<td>Wednesday 4 pm - 6 pm</td>
</tr>
</tbody>
</table>
Substance Use Agreement: symptom reduction towards abstinence

1. I agree that during my treatment with NAL, I will abstain from the use of mood altering substances, including alcohol, unless prescribed by a licensed physician.
2. I agree to make available a copy of all my prescriptions to NAL staff within the first week of treatment, and if I am required to take a prescribed medication during treatment I will provide my counselor with a copy of the prescription.
3. I agree that if I have a slip or relapse during treatment (one time use or prolonged use of alcohol or drugs) I will inform my counselor immediately.
4. I understand that each case of “substance use” while in treatment will be evaluated independently and a decision about continuation in the program will be based on my circumstances and progress in treatment to date, and what is considered to be clinically appropriate.
5. Trust and honesty are the foundation of recovery. I agree that knowing of substance use by other group members is information that should be shared with my counselor, and by not disclosing this information I jeopardize my own treatment and may be discharged and/or suspended.
6. Bringing drugs and other illegal substances onto treatment property, regardless of the circumstances, are grounds for discharge. This is a reportable felony. Law enforcement will be contacted should this occur.

Program Expectations and Client Responsibilities

1. **Smoke Free Facility:** NAL is a smoke free facility. Smoking, including the use of mechanical or vapor cigarettes, is prohibited within the facility and 100 feet from the building; and is allowed in designated areas only by adult clients.
   a. Smoking or chewing tobacco or the use of mechanical e-cigarettes is prohibited by participants of the Adolescent Program. If you are under age 18, it is against the law for you to possess tobacco. If tobacco is discovered, the counselor will confiscate the tobacco product and dispose of it. It will not be returned to you. Your parent(s)/guardian will be informed.
2. **Be on time for group:** If you are more than 15 minutes late for group, you may NOT be allowed to attend group and it may be considered an unexcused absence. Clients are responsible for scheduling and attending appointments.
3. **Check-in at the front desk:** prior to coming to each session. Co-pays are due at the time of check in. Clients are expected to stay on the premises during treatment sessions and groups.
4. **Excused Absences:** Clients must not exceed 3 *excused absences* during Medium Intensity, and 2 during Low Intensity. This includes group and individual sessions.
   a. Please call your counselor’s direct extension for absences and leave a detailed message including reason for absence.
   b. If you do not call in to your location to cancel and explain your absence, it will be considered an unexcused absence and may result in suspension or discharge. Your counselor and the clinical team will determine what is considered an excused absence.
5. **Unexcused absences:** will be addressed in the following manner;
   a. Upon a client’s first no call no show; a client must explain to the counselor the reason for not calling in that they would be absent. This will be recorded in the client’s record.
   b. Subsequent unexcused absences and (no call no show) will require an individual session be scheduled with client’s counselor before the client can return to group; a change plan, a behavioral contract, or other interventions, including possible discharge from the program will be determined.
   c. If you have a second unexcused absence and attempt admission to group, you may be redirected by support staff to schedule an individual session with your primary counselor.
6. **Medical issues, injury or illness related absences**: If you will be absent from treatment for these reasons we will require a physician’s verification. In many instances we can give up to 2 weeks medical leave but your treatment will be extended. After 2 weeks we may have to discharge you but you are welcome to return when your health improves.

7. **Family vacations**: are generally not considered excused absences. If a vacation is planned that will conflict with the first phase of treatment (Medium Intensity), you will not be admitted until after the vacation. Vacation requests during the second phase of treatment (Low Intensity) will require pre-approval with your counselor.

8. **Dress Code**: A general dress code is enforced to avoid unnecessary distractions during the therapeutic process. Avoid clothing containing racial, sexual, gang related, or drug or alcohol related remarks/designs.

9. **Group Rooms**: Let’s leave the group room the way we found it. Store liquids in a container with a lid/top while in group. If you have a mishap, please take steps to clean it up to avoid damage to the carpet. Please clean up after yourself.

10. **Safety**: Violence, either verbal or physical, including sexual harassment, will not be tolerated and may be grounds for immediate suspension and or discharge from the program. Weapons of any kind are not allowed on NAL property or on your person while in group.

11. **Phones/Photographic Devices**: Cell phones or other photographic, video, or audio capable equipment are NOT allowed to be used in the facility. No photos, video, or audio of clients/peers are allowed. If you need to make a phone call please do so outside or use a public phone.

12. **Recovery Community Support Meetings**: I agree to attend a minimum of 1 AA/NA or other approved support group weekly during the course of my treatment and document attendance. I understand that refusal to do so may be grounds for suspension and/or discharge. Counseling staff may require a signed verification of attendance and a release of information to validate the signature.
   a. I also understand the importance of obtaining a same-gender sponsor and will attempt to do so by the time I step down to low intensity as this is an integral party of my treatment.

13. **Medications**: Discussion of medications is prohibited outside of your individual session with your counselor, and could result in suspension and/or discharge.

**Group Participation Expectations**

1. **Confidentiality**: People you see and discussions that occur in treatment must remain confidential. Participants must not disclose the identity of their peers or details about others’ discussions in treatment to anyone. Violations will result in immediate suspension or termination of treatment.

2. **Respect**: Clients are responsible for being considerate of other clients.

3. **Relationships with other clients**: Because peers share unusually personal topics not typically encountered in the general public, romantic and/or sexual relationships with your peers while participating in treatment are forbidden and may result in discharge.
   a. Furthermore, fraternization between adult and adolescent clients is prohibited.
   b. Persons 18 and over who become sexually involved with a minor could be charged with a crime. If it is learned by staff that an adult has had a sexual relationship with a minor; it will be reported to the proper authorities allowed under the law.
   c. Inform your counselor if you are struggling in this area. Your focus needs to be on you and your recovery.

4. **Come prepared to participate**: have requested materials; reading and assignments completed.

5. **Active Listening**: avoid crosstalk including talking over a peer, or talking when another group member is sharing.
6. **Giving feedback to peers:** Once you are comfortable and feel safe, we encourage you to take a risk and become involved by offering non-judgmental feedback when appropriate. Feedback is statements about how one is impressed and/or can relate and/or feels, personally, about what our peers have just share with us. It is not judging the peers’ statements as being right or wrong.
   a. When giving feedback use “I” statements. For instance: “John, when I heard you talking about hanging around old using friends, I felt concerned for you because I did this and ended up having a long relapse.”
   b. We also use non-judgmental feedback to challenge each other’s distorted thinking and contradictions, between what we say (words), and what we actually do (actions) in an honest, caring, genuine way. For instance: “Joann, you told us you set a goal to stay away from your drug using, abusive ex, but you are here today telling us how you spent the weekend together again and I am concerned for your recovery and safety.”
   c. Use positive language and speech. Racist, sexist, religious, or sexual orientation related derogatory comments will not be tolerated and may result in suspension or discharge.

7. **Group issues:** that affect the group should be discussed in group. Therefore, group members must refrain from discussing issues with other peers outside of the group process, such as talking about a peer “behind their back” or developing exclusive social relationships with peers that distract from treatment.

8. Gang related signs or representation is prohibited; discussions of gang involvement are not appropriate for the group setting; if needed please address with your counselor during individual session.

**Drug Screening Requirements**

1. I agree to cooperate with drug screens (DS). I understand that I am ultimately responsible for the cost of this service.

2. I understand that periodically staff may request an instant test drug screen that shows immediate results. This may be in the form of a saliva strip, an instant-cup urine sample, an alcohol dip-stick or a breathalyzer test. The cost of the Instant Saliva Test is $25.00 per strip, the Instant-Cup Drug Screen is $20 and the Alcohol Dip Stick is $5.00 per strip. This is not billable to insurance and will be billed to you after the service is provided.

3. I understand that prior to DS, NAL staff may ask you to remove your shoes, jacket, wallet, purse, or any other non-essential clothing or accessories to prevent adulteration of samples. Staff may complete a basic “pat down” or observed “self-pat down” or look inside your shoes or have you empty your pockets while giving a sample.

4. I understand that DS are strictly confidential and that NAL uses them strictly for therapeutic purposes and does not use legal chain-of-custody procedure. Clients and referral agencies should not depend on these results for legal purposes or litigation, and do not replace DS requirements made by the courts or probation.

5. I understand that refusal to test or cooperate with DS may be grounds for discharge and/or suspension.

6. I understand if a decision is made to discharge me from treatment as a result of a positive DS, I have the right to obtain an independent test within 24 hours of test confirmation and submit the results to the program director with a request for readmission within 10 days of the original test.

7. I understand that if I come to group under the influence I may be asked to leave the group and call for an alternative ride. Driving away from the facility while under the influence is illegal and should not be attempted. Law enforcement will be contacted if this occurs.
Personal Electronic Devices Policy

Intensive Outpatient Treatment Policy: It is the intention of NAL SUD/CO to protect client privacy by prohibiting the use of any equipment including cameras, cell phones, or audio recording devices etc. by clients or staff that have photograph, video, audio recording and/or transmitting capability. NAL does not take photos of clients for identification purposes.

Intensive Outpatient Treatment Procedure: All clients and staff will be oriented to this policy. Any use video or audio taping by staff for research or education will be done with the express written consent of the client. Each client has the right to refuse being photographed or recorded. If video or audio equipment is identified as being used by a client to record within a confidential setting such as group, staff will immediately prompt the client to stop. The device will be confiscated until it is determined that no images of a client have been taken.

Dakota County Juvenile Services Center (JSC) Policy and Procedure: Due to this program being located within a correctional based setting, video recordings (with no sound recorded) are mandatory for the facility. Dakota County leadership staff/control center staff have access to viewing these for security and safety reasons. All JSC clients and staff will be oriented to this policy upon admission.

Informed Consent: Clinical Graduate Interns
Nystrom & Associates, Ltd. (NAL) and Family Support Services, INC. (FSSI) is an organization that works with clinical graduate interns. While you are a client here you may work or come in contact with a clinical graduate intern as NAL has agreements with graduate schools nationwide.

This means NAL and FSSI collaborates with educational institutions to provide clinical graduate interns with an opportunity to practice their new skills from their graduate education as well as continue to learn and expand their skill set as they enter into the helping field. NAL and FSSI have clinical graduate interns within the areas of psychiatry, nursing, psychological testing, skills based work, mental health, family counseling, alcohol and drug counseling, and dialectical behavioral therapy. Each of these clinical graduate interns are supervised by an NAL licensed professional. The clinical graduate interns are held to the same standards as an NAL employee; including confidentiality and professionalism.

Clinical graduate interns may be involved in client appointments in the fashion of observing/shadowing, co-counseling sessions, co-leading groups, and or conducting sessions independently while under close supervision of their NAL supervisor. NAL has agreements with graduate schools nationwide.

MALTREATMENT OF MINORS REPORTING POLICY

Who Should Report Child Abuse and Neglect
Any person may voluntarily report abuse or neglect. If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

Where to Report
If you know or suspect that a child is in immediate danger, call 911. All reports concerning suspected abuse or neglect of children occurring in a licensed facility should be made to the Department of Human Services. Licensing Division’s
Maltreatment Intake line at (651) 431-6600. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at:

1. Apple Valley Clinic: Dakota County Social Services Agency at (952) 891-7459 or Apple Valley Police at (952) 953-2700.
2. Baxter Clinic: Crow Wing County Social Services Agency at (218) 824-1140 or local law enforcement at (218) 829-4749.
3. Big Lake Clinic: Sherburne County Social Services at 763-765-4000 or local law enforcement at (763) 263-2500.
4. Bloomington Clinic: Hennepin County Social Services agency at (612) 348-3552, Hennepin County Sheriff at (612)-348-3744.
5. Cambridge Clinic: Isanti County Family Services at (763) 689-1711, Isanti County Sheriff at (763) 689-2141.
6. Coon Rapids Clinic: Anoka County Child Protection Intake at (763) 427-1212, the Coon Rapids Police at (763) 767-6481, or the Anoka County Sheriff's Department at (763) 323-5000.
7. Dakota County Juvenile Services Center: Dakota County Social Service at (952) 891-7459 or the Department of Human Services, Licensing Division’s Maltreatment Intake line at (651) 431-6600.
8. Duluth Clinic: St. Louis County Social Services Agency at (218) 726-2012 in Southern St. Louis County, (218) 749-7128 in Northern St. Louis County, or local law enforcement at (218) 727-8770 in Southern St. Louis County or (218) 749-6010 in Northern St. Louis County.
9. Eden Prairie Clinic: Hennepin County Social Services agency at (612) 348-3552, or the Hennepin County Sheriff at: (612)-348-3744.
10. Mankato Clinic: Blue Earth Child and Family Services at (507) 304-4222 or Blue Earth County Justice Center at: (507) 304-4800.
11. Maple Grove Clinic: Hennepin County Social Services agency at (612) 348-3552 or the Hennepin County Sheriff at: (612)-348-3744.
12. Minnetonka Clinic: Hennepin County Family Services 612-348-3552 or Minnetonka Police at (952) 939-8500.
13. Moorhead Clinic: Clay County Social Services Child Intake Line at (218) 299-7139 or Moorhead Police at (218) 299-5120.
14. New Brighton Clinic: Ramsey County Social Services Agency at 651-266-4500 or local law enforcement at (651) 483-6666.
15. Otsego Clinic: Wright County Social Services Agency at (763) 682-7449 or local law enforcement at (763) 682-1162.
17. Sartell Clinic: Stearns County Human Services at (320) 656-6225, the St. Cloud Police at (320) 345-4444, or the Stearns County Sheriff’s Department at (320) 259-3700.
18. Woodbury Clinic: Washington County Social Services Agency at (651) 430-6457, the Woodbury Police at (651) 439-9381, or the Washington County Sheriff’s Department at (651) 439-9381.

If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

What to Report
Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and are attached to this policy. A report to any of the above agencies should contain enough information to identify the child involved, and persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident. An oral report of
suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

**Retaliation Prohibited**
An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minor Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

**Failure to Report**
A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

**Internal Review**
When Nystrom Associates Ltd. has reason to know that an internal or external report of alleged or suspected maltreatment has been made, Nystrom Associates Ltd. will complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review will include an evaluation of whether: related policies and procedures were followed; the policies and procedures were adequate; there is a need for additional staff training; the reported event is similar to past events with children or the services involved; and there is a need for corrective action by Nystrom Associates Ltd. to protect the health and safety of children in care.

**Primary and Secondary Person or Position to Ensure Internal Reviews Are Completed**
The internal review will be completed by your clinical supervisor. If this individual is involved in the alleged or suspected maltreatment, the SUD Program Director will be responsible for completing the internal review.

**Documentation of the Internal Review**
Nystrom Associates Ltd. will document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner’s request.

**Correction Action Plan**
Based on the results of the internal review, Nystrom and Associates Ltd. will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or Nystrom Associates Ltd., if any.

**Staff Training**
Nystrom Associates Ltd. will provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota statutes, section 626.566). The Nystrom Associates Ltd. will document the provision of this training and individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245 A.04, subdivision 14.
MALTREATMENT OF VULNERABLE ADULTS REPORTING POLICIES AND PROCEDURES

As a mandated reporter identified by law (MS 626.5572 Subd. 16), if you have reason to believe that the abuse, neglect of financial exploitation of a vulnerable adult has occurred, you must report it immediately (within 24 hours).

WHERE TO REPORT

You must report suspected maltreatment of a vulnerable adult to the Minnesota Adult Abuse Reporting Center at 1-844-880-1574 which is open 24 hours a day, seven days a week.

Mandated reporters—including law enforcement, educators, doctors, nurses, social workers and other licensed professionals—can use a web-based reporting system. Reports will be promptly submitted to the appropriate investigative agencies.

Mandated reporters can use an online reporting tool. Instructions on how to use the tool will be provided through licensing agencies, boards and professional organizations. Use of the mandated reporting form is self-explanatory and does not require training or experience. The form asks for information about the vulnerable adult, suspected maltreatment and alleged perpetrator. When the completed form is submitted, mandated reporters will receive a report reference number for their records. Mandated reporters can download, save and print a copy of their report. Reporting by phone remains an option for mandated reporters.

You may also report internally to your clinical supervisor. If that individual is involved in the alleged or suspected maltreatment, you must report to the SUD Program Director.

INTERNAL REPORT

When an internal report is received, the Program Director is responsible for deciding if the report must be forwarded to the MN Adult Abuse Reporting Center. If that person is involved in the suspected maltreatment, the President/CEO or designate, will assume responsibility for deciding if the report must be forwarded to MN Adult Abuse Reporting Center. The report must be forwarded within 24 hours.

If you have reported internally, you will receive, within two working days, a written notice that tells you whether or not your report has been forwarded to MN Adult Abuse Reporting Center. The notice will be given to you in a manner that protects your identity. It will inform you that, if you are not satisfied with Nystrom & Associates, Ltd. decision on whether or not to report externally, you may still make the external reports to MN Adult Abuse Reporting Center yourself. It will also inform you that you are protected against any retaliation if you decide to make a good faith report to MN Adult Abuse Reporting Center.

INTERNAL REVIEW

When Nystrom & Associates, Ltd. has reason to know that an internal or external report of alleged or suspected maltreatment has been made, Nystrom & Associates, Ltd. will complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of vulnerable adults.

The internal review must include an evaluation of whether:
   i. related policies and procedures were followed;
   ii. the policies and procedures were adequate;
   iii. there is a need for additional staff training;
   iv. the reported event is similar to past events with the vulnerable adults or the services involved;
   v. there is need for corrective action is necessary to protect the health and safety of vulnerable adults.

PRIMARY & SECONDARY PERSON OR POSITION TO ENSURE INTERNAL REVIEWS ARE COMPLETED

The internal review will be completed by the clinical supervisor. If this individual is involved in the alleged or suspected maltreatment, the SUD Program Director will be responsible for completing the internal review.
DOCUMENTATION OF THE INTERNAL REVIEW
Nystrom & Associates, Ltd. will document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner’s request.

CORRECTIVE ACTION PLAN
Based on the results of the internal review, Nystrom & Associates, Ltd will develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or Nystrom & Associates, Ltd., if any.

STAFF TRAINING
Nystrom & Associates Ltd. will ensure that each new mandated reporter receives an orientation within 72 hours of the first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of the Minnesota Statutes, section 245A.65, and Minnesota Rule 9555.7100-9555.7700, Nystrom & Associates Ltd.'s program abuse prevention plan, and all internal policies and procedures related to prevention and reporting of maltreatment of individuals receiving services.

Nystrom Associates Ltd. will document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota statutes, section 245A.04, and subdivision.

Vulnerable Adults & Minors Program Abuse Prevention Plan

Relevant Statute: 245A.65, subd 2, (a), (6) & 245G.21, sub 5, MN Statute 626.557, subd 14 (a),

Policy: It is the policy of Nystrom & Associates, Ltd., CO/SUD Program to have a plan that identifies factors which may encourage or permit abuse. Adolescents who turn 18 in treatment will be oriented to this policy. This policy will be reviewed annually by the program director and governing body of NAL.

Procedure:
1. Assessment of the population and evaluation of age, gender/transgender, mental functioning, physical and emotional health and behavior of the client. The general description of our population includes adults ages 18 or over and adolescents ages 12 to 19 who meet service initiation criteria. In general, this population should have enough support or resources in the community to function with outpatient structure. The target population consists of male and female adults and adolescents grouped developmentally. This population may include those with serious mental illness and substance abuse problems. They may have a background of criminality or legal problems. Some may have varying degrees of mental health and/or substance use disorder acuities. NAL CO/SUD may refer clients with exceptional needs to more appropriate agencies. Factors that may permit or encourage use include clients:
   a. With mental illness problems and/or substance use disorders;
   b. Taking medications under their own supervision;
   c. That may, or may not, have a physical disability;
   d. Who are under the age of 18 (minors) particularly if they interact with adults;
   e. Have a prior history of substance use.
2. All LADCs will receive 12 hours of Co-Occurring training if not already completed prior to hiring and additional ongoing training on treating co-occurring disorders. NAL CO/SUD will provide ongoing training and education, through in-services, workshops, etc., to continue to meet the needs of all its clients including review of this plan.
3. Enforce inter-program fraternization guidelines to education clients about the risk of interacting with their peers on an interpersonal level outside of treatment.
4. Obtain through evaluation and assessment process any previous abuse that is relevant to minimizing the risk of abuse.

5. NAL will have one LADC available at all times while SUD Clients are on site for programming. NAL will have one LAC available per SUD group being run who is responsible for the care of those group members. SUD Group will not exceed 16 clients per DHS regulations. All clients are required to remain on treatment facility grounds during breaks. Adult and minor clients will not be allowed to intermingle during programming unless parental consent is obtained prior to entering group.

6. Internal Programming includes, but is not limited to, Motivational Interviewing techniques, Cognitive Behavioral Therapy, basic DBT skills, and 12 Step education/skills. Staffing is a minimum of one LADC plus appropriate support staff. Our staff espouses a Christian belief system and is open to discuss Christianity if the client wishes to do so. Clients from any faith background are welcome to discuss their faith openly within our program.

7. LADCs will provide education on not abusing medications and check in on medication adherence when applicable.

8. LADCs will continue to monitor clients’ mental health stability while in the program and make appropriate referrals as necessary.

9. All clients will receive orientation to the program abuse prevention plan which includes information on factors which encourage or permit abuse (items a-g below). If applicable, the client’s legal representative will be notified. The orientation will take place within the first two sessions of the outpatient program.

10. NAL CO/SUD governing body will review the program abuse prevention plan annually to review incidents and make necessary changes. Individual Abuse Prevention Plans will be evaluated continuously to assess vulnerability and/or substantiate any maltreatment that may have occurred.

11. Documentation of review of the plan will be dated and signed by participants.

12. The program abuse prevention plan will be posted in a prominent location and will also be included in the client orientation packet.

13. NAL CO/SUD clinics and programs, facility and grounds are described below per location:

**NAL CO/SUD Apple Valley Clinic:** Located at 7300 W 147th St., Suite #204 in Apple Valley, MN. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm. The facility is on the bus line, surrounded by other businesses. The grounds and terrain are landscaped or paved and free of danger. Parking is paved & plentiful and lot is well lighted. It has no secluded parking ramps. Smoking is not permitted in the building. The program is located on the 2nd floor of a 6 story office complex, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the **Apple Valley Clinic** are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:

- **Empty offices:** Clients are instructed to stay out of empty offices.
- **Rest rooms:** Clients are instructed to use the restroom on the ground floor and to not enter the restroom with someone with whom they feel uncomfortable.
- **Parking lot:** Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
- **Stairway:** Clients are instructed to walk with someone you know is safe or take the elevator.
- **Elevator:** Clients are instructed to not go in the elevator with someone they are not comfortable with.
- **Leaving premises:** Clients are instructed at orientation that they may not leave the premises during treatment time.
NAL CO/SUD Baxter Clinic: Located at 13045 Falcon Drive, Suite #100 in Baxter, MN in a highly traveled business and residential area. The hours of operation are 7am to 9pm. The facility is surrounded by other businesses. The grounds and terrain are landscaped and free of danger. Parking is paved and the lot is well lighted. It has no secluded parking ramps. Smoking is not permitted in the building. The program is located on the main floor of the building which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The treatment area has easy access to restrooms and exits in case of an emergency. Clients will not live on site since it is an outpatient program.

The following areas at the Baxter Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:

a. Empty offices: Clients are instructed to stay out of empty offices.
b. Rest rooms: Clients are instructed to use the restroom on the ground floor and to not enter the restroom with someone with whom they feel uncomfortable.
c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Big Lake Clinic: Located at 207 Jefferson Blvd in Big Lake, MN. The clinic is located in a highly traveled, commercial area just off of Highway 10. The hours of operation are 8am to 9pm. The facility is surrounded by other businesses. The grounds and terrain are landscaped or paved and free of danger. Parking is paved & plentiful and lot is well lit. It has no secluded parking ramps. Smoking is not permitted in the building. The building is newly remodeled and up to code. The program is located on the ground floor, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. All rooms required for entry by the clients are handicap accessible. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the Big Lake Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:

a. Empty offices: Clients are instructed to stay out of empty offices.
b. Rest rooms: Clients are instructed to use the restroom on the ground floor and to not enter the restroom with someone with whom they feel uncomfortable.
c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
e. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.
f. Water: Clients are instructed to avoid going near the water at the back of the building.
g. Highway 10: Clients are instructed to avoid walking toward or across Highway 10 to the South of the building.

NAL CO/SUD Bloomington Clinic: Located at 1101 E 78th St., Suite #100 in Bloomington, MN. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm. The facility is near the bus line, and surrounded by other businesses. The grounds and terrain are landscaped or paved and free of danger. Parking is paved & plentiful and lot is well lighted. It has no secluded parking ramps. Smoking is not permitted in the building. The program is located on the ground floor, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The
treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the Bloomington Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:

a. Empty offices: Clients are instructed to stay out of empty offices.
b. Rest rooms: Clients are instructed to use the restroom on the ground floor and to not enter the restroom with someone with whom they feel uncomfortable.
c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Cambridge Clinic: Located at 817 N. Main Street Cambridge, MN 55008. The clinic is located in a mixed setting with residential and some business surrounding the facility. The hours of operation are from 7 am to 9 pm. There are businesses nearby including a veterinarian, senior living facility, and truck and auto repair. The grounds and terrain are landscaped or paved and free of danger. Parking is paved and plentiful and the lot is well lit. It has no secluded parking ramps. Smoking is not permitted within 100 feet of the building. The building is one story and is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The treatment area has easy access to restrooms and exits in case of emergency. Clients will not live on site since it is an outpatient program. There are cameras on location.

The following areas at the Cambridge Clinic are difficult to supervise and in order to minimize abuse clients are made aware of them upon admission and advised that they should avoid them if possible:

a. Empty offices: Clients are instructed to stay out of empty offices.
b. Rest rooms: A single stall, private bathrooms. Clients are instructed not to enter restrooms with someone with whom they feel uncomfortable.
c. Parking Lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
d. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
e. Leaving Premises: Clients are instructed at orientation that they may not leave the premises during treatment time.
f. Railroad: Clients are instructed to cross the railroad following the street sign directives at the intersection with Main Street North and Emerson Street North.

NAL CO/SUD Coon Rapids Clinic: Located at 11660 Round Lake Boulevard NW, Coon Rapids, MN 55434. The clinic is located in a highly traveled, commercial area. The hours of operation are 7 am to 9 pm. The facility is near the bus line, and surrounded by other businesses. The grounds and terrain are landscaped or paved and free of danger. The rear of the building is not as readily visible to the public, but is lighted also. Parking is paved & plentiful and lot is well lighted. It has no secluded parking ramps. Clients are encouraged to park in the front of the building. Smoking is not permitted within 100 feet of the building. The program is located on both floors of the building, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. Restrooms are located in the lobby, which is accessible by the public. Clients will not live on site since it is an outpatient program.

The following areas at the Coon Rapids Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:
a. Empty offices: Clients are instructed to stay out of empty offices.
b. Rest rooms: Located on both floors. Clients are instructed to not enter the restroom with someone with whom they feel uncomfortable.
c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it's dark. Clients should contact staff or security with safety concerns.
d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Dakota County Juvenile Services Center (JSC): Located at 1600 Highway 55 Hastings, MN 55033. NAL provides Outpatient SUD Treatment Services to clients involved with the Dakota County JSC. Within their program, JSC provides both residential (secured side) and non-residential (non-secured side) behavioral programming separate from NAL’s 245G SUD Outpatient Treatment Services. It is located in a highly traveled, commercial area. The hours of operation: secured side is staffed by Dakota County JSC Staff 24 hours day, non-secured side is staffed 8-430pm. The facility is near the bus line and local high school, and is surrounded by other businesses. The grounds and terrain are landscaped or paved and free of danger. The rear of the building is not as readily visible to the public, but is lighted also. Parking is paved & plentiful and the parking lot is well lighted. It has no secluded parking ramps. Smoking is not permitted within 100 feet of the building. The program is located on the main level on both the secured and non-secured side of the juvenile service center, which is handicap accessible. There are no waiting rooms as clients are in JSC programming until called upon for SUD services. There are impediments to accessing treatment areas in some occasions due to rooms used for treatment services being locked and requiring a key/badge to enter. On the non-secured side clients are able to exit the room to the hallway without impediments. Restrooms are located in the main lobby of the building, which is accessible to the public. There are also restrooms located within the non-secured side that require a facility badge to enter. On the secured side, restrooms are located in the area outside of the group room, not accessible to the public. Due to this program being located within a correctional based setting, video recordings (with no sound recorded) are mandatory for the facility. Dakota County leadership staff/control center staff have access to viewing these for security and safety reasons. Spaces, for example the visiting rooms area, where clients meet with counseling staff on the secured side, have clear windows where client’s presence in SUD treatment programming could be identified visually by others at the facility including other residents, staff and visitors of the JSC.

The following areas at the Dakota County Juvenile Services Center (JSC) are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:
   a. Empty offices: Clients are instructed to stay out of empty offices and generally doors to unoccupied offices are locked.
   b. Rest rooms: Clients are instructed to not enter the restroom with someone with whom they feel uncomfortable.
   c. Parking lot: Clients are instructed to be escorted by staff to and from the building to their bus. Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
   d. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Duluth Clinic: Located at 332 W. Superior St., Suite #300. Duluth, MN. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm. The facility is near the bus line, and surrounded by other businesses. The grounds and terrain are paved and free of danger. The exterior of the building is well lighted and parking is available. Smoking is not permitted the building. The program is located in a 6 story complex and is located on the 3rd and 5th floors, which are handicap accessible. There are no impediments to accessing the waiting rooms and
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Treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. Restrooms are located on the 2nd and 4th floors, and are handicap accessible. Clients will not live on site since it is an outpatient program.

The following areas at the Duluth Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:

- Empty offices: Clients are instructed to stay out of empty offices.
- Rest rooms: Clients are instructed to use the restroom on the ground floor and to not enter the restroom with someone with whom they feel uncomfortable.
- Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
- Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
- Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
- Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Eden Prairie Clinic: Located at 11010 Prairie Lakes Dr., in Eden Prairie, MN. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm. The facility is near the bus line, and surrounded by other businesses. The grounds and terrain are landscaped or paved and free of danger. Parking is paved & plentiful and lot is well lighted. It has no secluded parking ramps. Smoking is not permitted within 100 feet of the building. The program is located on the 3rd floor, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the Eden Prairie Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:

- Empty offices: Clients are instructed to stay out of empty offices.
- Rest rooms: Clients are instructed to use the restroom on the second floor and to not enter the restroom with someone with whom they feel uncomfortable.
- Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
- Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
- Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
- Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Mankato Clinic: Located at 201 North Broad Street, Mankato MN in a highly traveled business and residential area. The hours of operation are 7am to 9pm. The facility is surrounded by other businesses. The grounds and terrain are landscaped and free of danger. Parking is paved and the lot is well lighted. It has no secluded parking ramps. Smoking is not permitted in the building. The program is located on the second floor of the building which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The treatment area has easy access to restrooms and exits in case of an emergency. Clients will not live on site since it is an outpatient program. The following areas at the Mankato Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:

- Empty offices: Clients are instructed to stay out of empty offices.
- Rest rooms: Clients are instructed to use the restroom on the second floor and to not enter the restroom with someone with whom they feel uncomfortable.
c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Maple Grove Clinic: Located at 13603 80th Circle N., in Maple Grove, MN. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm. The facility is near the bus line, and surrounded by other businesses. The grounds and terrain are landscaped or paved and free of danger. Parking is paved & plentiful and lot is well lighted. It has no secluded parking ramps. Smoking is not permitted in the building. The program is located on the lower, ground and 2nd floors, which are handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the Maple Grove Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:
   a. Empty offices: Clients are instructed to stay out of empty offices.
   b. Rest rooms: Clients are instructed to use the restroom on the ground floor and to not enter the restroom with someone with whom they feel uncomfortable.
   c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
   d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
   e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
   f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Minnetonka Clinic: Located at 13100 Wayzata Boulevard, Suite 200, Minnetonka MN 55305. The clinic is located in a mixed setting with residential nearby and some business surrounding the facility. The hours of operation are 7am to 9pm. The facility is near the bus line, and there is a grocery store and restaurant nearby. The grounds and terrain are landscaped or paved and free of danger. Parking is paved and plentiful and the lot is well lighted. It has no secluded parking ramps. Smoking is not permitted within 100 feet of the building. The program is located on the second floor which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program. There are cameras on location.

The following areas at the Minnetonka clinic are difficult to supervise and in order to minimize abuse clients are made aware of them upon admission and advised that they should avoid them if possible:
   a. Empty offices: Clients are instructed to stay out of empty offices.
   b. Rest rooms: Clients are instructed to use the restroom on the second floor and to not enter the restroom with someone with whom they feel uncomfortable.
   c. Parking Lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
   d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
   e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
f. Leaving Premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Moorhead Clinic: Located at 2405 8th Street South, Moorhead, MN. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm. The facility is close to the bus line, surrounded by other businesses. The grounds and terrain are paved and free of danger. Parking is paved and plentiful and lot is well lighted. It has no secluded parking ramps. Smoking is not permitted in the building. The program is located on the 2nd floor of a 3 story office complex, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the Moorhead Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:
   a. Empty offices: Clients are instructed to stay out of empty offices.
   b. Rest rooms: Clients are instructed to not enter the restroom with someone with whom they feel uncomfortable.
   c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
   d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
   e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
   f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD New Brighton Clinic: Located at 1900 Silver Lake Rd., in New Brighton, MN. The clinic is located in a highly traveled, residential area. The hours of operation are 7am to 9pm. The facility is near the bus line, and surrounded by homes, churches and a golf course. The grounds and terrain are landscaped or paved and free of danger. Parking is paved & plentiful and lot is well lighted. It has no secluded parking ramps. Smoking is not permitted within 100 feet of the building. The program is located on the 2nd floor, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the New Brighton Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:
   a. Empty offices: Clients are instructed to stay out of empty offices.
   b. Rest rooms: Clients are instructed to use the restroom on the ground floor and to not enter the restroom with someone with whom they feel uncomfortable.
   c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
   d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
   e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
   f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.
   g. Water: Clients are instructed to avoid going near the water at the back of the building.
NAL CO/SUD Otsego Clinic: Located at 9245 Quintrelle Ave., in Otsego, MN. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm. The facility is near the intersection of 90th St. NE and Highway 101 in a highly visible business development adjacent to Coldstone Creamery. It is surrounded by other businesses. The grounds and terrain are landscaped or paved and free of danger. Parking is paved & plentiful and lot is well lighted. It has no secluded parking ramps. Smoking is not permitted in the building. The program is located on the 2nd floor, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the Otsego Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:
   a. Empty offices: Clients are instructed to stay out of empty offices.
   b. Rest rooms: Clients are instructed to use the restroom on the ground floor and to not enter the restroom with someone with whom they feel uncomfortable.
   c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
   d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
   e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
   f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Pillager School: Located at 323 East 2nd Street, in Pillager, MN. NAL will provide substance use disorder services for the students registered at the Pillager High School, at the above listed address. The services offered are: individual and group therapy, client and educational strategies, assessment and diagnosis, case management, referrals, treatment coordination, life skills advocacy, socialization skills, co-occurring education, and family and relationship skills. Pillager is a moderately traveled and business and residential area. The hours of operation are 8:20 am to 3:10 pm. The facility is surrounded by other businesses and residential houses. The grounds and terrain are landscaped and free of danger. Parking is paved and the lot is well lighted. It has no secluded parking ramps. Smoking is not permitted in the building or on the grounds of the Pillager School. The program is located on the main floor of the building which is handicap accessible. The room being utilized at the Pillager School is a confidential room. There are no windows in the room being utilized at the Pillager School. The school area has easy access to restrooms and exits in case of an emergency. Clients will not live on site as it is a secondary educational setting.

The following areas at the NAL CO/SUD Pillager School are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:
   a. Empty offices: Clients are instructed to stay out of empty offices/classrooms.
   b. Rest rooms: Clients are instructed to not use the restroom with someone with whom they feel uncomfortable.
   c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff with safety concerns.
   d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
   e. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment/school time.
   f. Clients/students are to walk directly to their assigned bus at the beginning and end of the school day.

NAL CO/SUD Rochester Clinic: located at 401 16th Street SE, Rochester, MN 55904. The clinic is located in a mixed setting with residential nearby and some business surrounding the facility. The hours of operation are from 7 am to 9 pm. The facility is near the bus line, and there are businesses nearby including a credit union, educational services center
and pet store. The grounds and terrain are landscaped or paved and free of danger. Parking is paved and plentiful and the lot is well lit. It has no secluded parking ramps. Smoking is not permitted within 100 feet of the building. The program is located in a 2 story complex and is located on the first floor and part of the second floor which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program. There are cameras on location.

The following areas at the Rochester clinic are difficult to supervise and in order to minimize abuse clients are made aware of them upon admission and advised that they should avoid them if possible:

a. Empty offices: Clients are instructed to stay out of empty offices.

b. Rest rooms: Clients are instructed to use the restroom on the first floor and to not enter the restroom with someone with whom they feel uncomfortable.

c. Parking Lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.

d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.

e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.

f. Leaving Premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

g. Railroad: Clients are instructed to cross the railroad following the street sign directives at the intersection with 16th St SE; and to not independently cross on the west side of the building.

NAL CO/SUD Sartell Clinic: Located at 101 Dehler Drive, Sartell MN. 56377, MN. The clinic is located in a highly traveled, business area. The hours of operation are 7am to 9pm. The facility is near the bus line, and surrounded by businesses and quite a few are medical. The grounds and terrain are landscaped or paved and free of danger. Parking is paved & plentiful and lot is well lighted. It has no secluded parking ramps. Smoking is not permitted within 100 feet of the building. The program is located on the 2nd floor, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program. There are cameras on location.

The following areas at the Sartell Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:

a. Empty offices: Clients are instructed to stay out of empty offices.

b. Rest rooms: Clients are instructed to use the restroom on the second floor and to not enter the restroom with someone with whom they feel uncomfortable.

c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.

d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.

e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.

f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Woodbury Clinic: Located at 1811 Weir Dr., Suite #270 in Woodbury, MN. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm. The facility is near the bus line, with Woodwinds Hospital to the South, McDonald’s Restaurant to the North, a small strip mall to the West, and Interstate 494 to the East... The grounds and terrain are landscaped or paved and free of danger. Parking is paved & plentiful and lot is well lighted. It has no secluded parking ramps. Smoking is not permitted within 40 feet of the building. The program is located on the 2nd floor, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. The elevators are handicap accessible as are all rooms required for entry by the clients. The treatment
area has easy access to restrooms and the stairs in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the Woodbury Clinic are difficult to supervise and in order to minimize abuse; clients are made aware of them upon admission and advised that they should avoid them if possible:

a. Empty offices: Clients are instructed to stay out of empty offices.
b. Restrooms: Clients are instructed to use the restroom on the ground floor and not enter the restroom with someone with whom they feel uncomfortable.
c. Parking lot: Clients are instructed to stay in lighted areas or walk with someone when it’s dark. Clients should contact staff or security with safety concerns.
d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.
f. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.
g. Interstate 494: Clients are instructed to avoid walking toward or across Interstate 494 to the East of the building.

Grievance Policy and Procedure

Relevant Statute: 245G.15, subd 2

Policy: It is the intention of Nystrom & Associates, Ltd (NAL) Substance Use Disorder (SUD)/Co-Occurring (CO) to provide opportunity for clients to express concerns or grievances based on their experience with our staff. Moreover, they are encouraged to voice grievances to their counselor and to the clinic administration. Therefore, a grievance procedure has been established to receive and provide a response to client’s expressed grievance.

Although other grievance policies are outlined in the Minnesota Data Privacy Act which precedes this section, this procedure deals specifically with NAL SUD/CO complaints or grievances. We have established this procedure for receiving and responding to your grievances. Staff will be available to help clients and former clients develop and process a grievance.

In compliance with the Department of Human Services 245G, Nystrom & Associates Ltd. gives notice to all clients that a grievance mechanism exists within the facility to process complaints or grievance related to the client’s bill of rights. A written response will be made to complaints regarding these or other rights. Clients are encouraged to express their concerns, recommendations, and complaints to their therapists/counselors first. If they do not receive a satisfactory response the following procedures will govern the steps clients may take:

Procedure
1. All clients will receive a copy of the NAL SUD/CO Grievance Policy and Procedure in their intake packet and this will be explained to them during orientation.
2. Telephone numbers and addresses of the Department of Human Services, Licensing Division; the office of Ombudsman for Mental Health and Developmental Disabilities; the Minnesota Board of Behavioral health and Therapy; Alcohol and Drug Licensing entity, when applicable must be made available to a client and they have the right to submit a grievance directly to any of the above stated agencies, should they chose to do so.
3. The Grievance Policy and Procedure will be posted in the client waiting room and/or group area.
4. Clients desiring to express a grievance should do so in written form addressing it to their NAL SUD/CO counselor.
5. NAL staff receiving the form will immediately scan and email the grievance to the NAL SUD/CO Counselor, Counselor Supervisor, and Program Manager.
6. The client’s SUD counselor will review the grievance and respond to the client within 3 days.
7. If the client is satisfied with the resolution, SUD NAL/CO Counselor will document the resolution on the grievance form, sign and date, and scan to the Counselor Supervisor and Program Manager.
8. If the grieving client is not satisfied with the response to the grievance, the grievance will be submitted to client’s SUD Counselor’s Supervisor for consideration and resolution.
9. If the grieving client is not satisfied with the Counselor Supervisor’s response to the grievance, the grievance may be submitted to the SUD Program Manager for consideration and resolution.
10. In all cases, resolution of grievance will be documented on the grievance form by the staff making the resolution. This staff person is responsible for signing and dating the form, and scanning to Program Managers.
11. Staff responsible for resolution of grievance will document in a Free Note in the client record of the grievance and resolution.
12. If the client is not satisfied with the response to the grievance they may at any time submit their grievance by contacting the Minnesota Department of Human Services, Licensing Division, 651-431-6500; or contact the Minnesota Board of Behavioral Health and Therapy at 2829 University Avenue SE, Suite 210, Minneapolis, MN 55414, 612-548-2177 or The Office of Ombudsman of Mental Health and Developmental Disabilities: 121 7th Place E., Suite 420, St. Paul, MN 55101-2117 Voice: 651-757-1800 or 1-800-657-3506 Fax: 651-797-1950 TTY/voice – Minnesota Relay Service 711 Email: ombudsman.mhdd@state.mn.us.
13. If a grievance involves a counselor or therapist, that provider’s direct supervisor will review the grievance with the counselor/ therapist and his/her supervisor and, if deemed justifiable, appropriate action will be taken.

Emergency Policy

Relevant Statute: Minnesota Statute 254G.16, 245G.10 subd 5

1. NAL SUD/CO follows the written procedures below when responding to a client who exhibits behavior that is threatening to the safety of the client or others. Emergency procedures will not be used to enforce facility rules or for the convenience of staff. Emergency procedures will not be part of any client’s treatment plan or used at any time for any reason except in response to specific current behaviors that threaten the safety of the client or others. NAL SUD/CO, emergency policy does not include seclusion or restraint.

2. While clients are present there will be at least one staff member on the premises who has a current American Red Cross (or equivalent) first aid certification, and at least one staff person on the premises who has a current American Red Cross Community, American Heart Association, or equivalent CPR certificate.

3. Intoxicated clients can pose a threat to themselves, other clients, and the public (see intoxicated client policy).

4. It is the policy of NAL SUD/CO to have a plan to safeguard whenever reasonable, clients and staff from injury do to natural disasters, fire, bomb threats, or other events that may occur such as terrorism.

Procedure

1. Prevention of harm to self or others.
   a. Staff will utilize initial screening and assessment procedures to determine whether or not a client’s medical and/or psychological issues present imminent danger and will make a referral to the appropriate level of care as necessary.
   b. If a client seems medically and psychologically stable but has a history of medical emergencies, staff will work with the client to compose a “no-harm” or similar type contract which details actions the client must take to cope with potential crisis.
c. Staff will utilize group counseling and individual sessions as a way to discuss issues that could potentially lead to emergency and assist the client in preventing emergency and/or crisis.

2. Contact information for emergency resources that staff must consult when a client’s behavior cannot be controlled by the procedures established in the plan. For protection of staff and clients, if a client exhibits behavior that needs immediate diffusion or attention; staff may contact the following law enforcement agency depending upon location:

1. Apple Valley Police: (952) 953-2700
2. Baxter Police: (218) 454-5090
3. Big Lake Police: (763) 263-2500
4. Bloomington Police: (952) 563-4900
5. Cambridge Police: (763) 689-9567
6. Coon Rapids: (763) 427-1212
7. JSC Hastings Police: (651) 480-2300
8. Duluth Police: (218) 727-8770
9. Eden Prairie Police: (952) 949-6200
10. Mankato Police: (507) 304-4800
11. Maple Grove Police: (763) 494-6100
12. Minnetonka Police: (952) 939-8500
13. Moorhead Police: (218) 299-5120
14. New Brighton Police: (651) 767-0640
15. Otsego Police: (763) 682-1162
16. Rochester Police: (507) 328-6800
17. Sartell Police: (320) 251-8186
18. Woodbury Police: (651) 439-9381

a. All staff will be trained in first aid and CPR and will handle medical issues necessary in addition to contacting 911.

b. If it is determined that the situation warrants a transfer, staff will either contact the client’s designated emergency contact or call 911.

c. After 911 is called, staff will call the Program Director, Clinical Manager, and/or supervisor immediately informing them of the clients' psychiatric or physical emergency.

3. Types of situations that may appear.

a. If a client shows signs of obvious medical issues that need to be addressed or if a client verbally reports medical issues that need immediate attention.

b. If a client verbally threatens staff or others and cannot be de-escalated by staff.

c. If a client becomes physically aggressive with others.

d. If a client reports suicidal ideations or talks about harming self and/or other.

e. If a client smells of alcohol, or appears intoxicated or under the influence of drugs staff should refer to intoxicated client policy and procedure in this manual.

4. All staff of NAL SUD/CO are authorized to implement emergency procedures. Administrative staff should allow counseling staff to address behavioral issues if available.

5. If a behavioral emergency exists, the client will be directed by an authorized and trained staff person such as the office manager, available LADC or program director to a safe place and made comfortable.

**Natural Disasters (weather), Fire, Bomb Threat, or Terrorist Threat**

In the event of weather, fire, bomb scare, or terrorism emergencies, staff and clients are instructed on evacuation procedures. Upon identification of an emergency situation, staff will call 911.
Evacuation
Fire exits are marked. Staff will take a count of the client census of the group/session they are facilitating, and calmly direct them to the appropriate exits, walking single file and avoiding elevators – blocked or dangerous areas. In the event of fire, staff will close all doors behind them as they leave if possible. Occupants of the building are instructed to assemble at the following locations per clinic:

1. Apple Valley Clinic: Northeast corner of the parking lot
2. Baxter Clinic: Across the street (Falcon Drive) near the chiropractor office
3. Big Lake Clinic: Northwest corner of the parking lot
4. Bloomington Clinic: Southwest corner of the parking lot
5. Cambridge: Southeast corner of the parking lot
6. Coon Rapids: Southwest corner of the parking lot
7. JSC Hastings: Southwest corner of the parking lot
8. Duluth Clinic: Across the street in front of Starbucks coffee shop
9. Eden Prairie Clinic: Southwest corner of the corporate center parking lot
10. Mankato Clinic: Corner of Mulberry and Broad street in the parking lot
11. Maple Grove Clinic: Southwest corner of the parking lot
12. Moorhead Clinic: Southeast corner of the parking lot
13. New Brighton Clinic: Church parking lot just off the north end of the parking lot
14. Otsego Clinic: Southwest corner of the parking lot
15. Rochester Clinic: Southeast corner of the parking lot
16. St. Cloud Clinic: Northeast corner of the parking lot
17. Woodbury Clinic: Northeast corner of parking lot, toward McDonalds restaurant
18. Minnetonka Clinic: Northeast corner of the parking lot

Tornado/severe weather/Emergencies

1. Seek a small interior room or hallway on the lowest floor possible.
2. Stay away from doors, windows, and outside walls.
3. Stay in the center of the room, and avoid corners because they attract debris.
4. Rooms constructed with reinforced concrete, brick or block with no windows and a heavy concrete floor or roof system overhead.
5. Avoid auditoriums, cafeterias and gymnasiums that have flat, wide-span roofs.
6. In the event of a bomb threat, staff and clients must leave the building immediately using the emergency fire exists and assemble at their respective evacuation locations.
7. In the event staff witnesses a client or other person behaving suspiciously such as hiding a weapon, planting a package in an unusual place, or otherwise behaving in a manner that might suggest the commission of a crime, they will call and notify the office manager or nearest supervisor immediately.
8. In the event of in-climate weather such as snow storm or blizzard; clients are encouraged to use their own judgment regarding travel safety in bad weather. They will not receive discipline for missing groups/sessions due to reasonably confirmed weather events.
9. Clients must call and inform NAL staff/counselor, they will not attend due to weather.
10. If NAL SUD/CO must cancel a specific group/program due to weather, a representative will call each client to inform them of cancelled groups.

Pandemic
In the event of a pandemic, Nystrom & Associates will respond in the following ways:

1. Cooperate with directives from the governor, including peacetime emergency act.
2. Allow able staff to provide therapeutic services from home via telehealth.
3. Allow clients to receive therapeutic services via telehealth from home.
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a. Counselors will gain client’s consent to therapeutic services via telehealth which will be documented in the clinical record. Verbal consent will be accepted.

4. Any necessary forms, information and policies will be made available online, including electronic Releases of Information and orientation information, etc. Counselors will guide clients to accessing and completing.

5. Allow client’s verbal attestation to serve as client’s signature on forms including, but not limited to Releases of Information (ROI) and Treatment Plan Reviews, especially in the circumstance that client does not have access to appropriate technology/equipment to access online resources. The counselor will document client’s verbal attestation on the form in the clinical record.

6. Accept Releases of Information from other entities with client’s verbal consent in order to avoid delaying continuation of care.

7. As SUD treatment is deemed an essential service, staff who elect to work in-office will adhere to the following measures developed by the Center for Disease Control and Health Department:
   a. Stay a minimum of six feet away from others.
   b. Wear a face mask when in groups of people, especially when a group is more than 10.
   c. Disinfect surfaces daily to reduce the spread of the disease.
   d. Cover coughs and sneezes with elbow or sleeve, or a tissue and then throw the tissue in the trash and wash hands afterwards.
   e. Washing your hands often with soap and water for 20 seconds, especially after going to the bathroom or before eating. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
   f. Avoid touching face – especially eyes, nose and mouth – with unwashed hands.
   g. Staying home when experiencing cold- or flu-like symptoms, for 10 days after illness onset and three days after fever resolves without fever reducing medicine (whichever is longer), and avoid close contact with people who are sick.

8. NAL will continue to get up-to-date guidance from the Department of Health on recommended community mitigation strategies here during pandemic situations.

Emergency Hospitalization Policy

Relevant Statute: Minnesota Statute 254G.16

Policy: It is the policy of NAL SUD/CO to have access for its clients to hospital admission for care, emergency medical care, and to provide the access when needed.

Procedure:

1. Emergency hospitalizations should go through a hospital capable of admitting, where the insurance company requires, or where the client chooses.

2. If you have a client that must be hospitalized immediately, LADC should reference this list and call the hospital to inform the intake nursing team:
   a. Apple Valley Clinic, call Apple Valley Medical Center......................... (952)432-5161
   b. Baxter Clinic, call St. Joseph’s Hospital............................(218) 828-2880
   c. Big Lake Clinic, call Monticello-Big Lake Hospital...................(763) 295-2945
   d. Bloomington Clinic, call Fairview Southdale Hospital............(952) 924-5000
   e. Cambridge Clinic, call Cambridge Medical Center..............(763) 689-7700
   f. Coon Rapids Clinic, call Mercy Hospital..........................(763) 236-6000
   g. JSC Hastings, call Allina Regina Hospital......................(651) 404-1000
   h. Duluth Clinic, call St. Luke’s Hospital...............................(218) 249-5555
   i. Eden Prairie Clinic, call Fairview-University Medical Center.... (612) 672-6600
   j. Mankato Clinic, call Mayo Clinic Health System.................(507) 625-4031
   k. Maple Grove Clinic, call Maple Grove Hospital...................(763) 581-1000
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I. Minnetonka Clinic, call Methodist Hospital .................................(952) 993-5000
m. Moorhead Clinic, call Sanford Hospital, Moorhead Campus...... (701) 234-3200
n. New Brighton Clinic, call Unity Hospital.........................................(763) 236-5000
o. Otsego Clinic, call Fairview Northland Medical Center.............(763) 389-1313
p. Rochester Clinic, call Mayo Clinic St. Mary’s Campus ..........(507) 255-5123
q. Sartell Clinic, call St. Cloud Hospital............................................(320) 251-2700
r. Woodbury Clinic, call Woodwinds Hospital...............................(651) 232-0228

3. Tell the hospital representative who you are, from NAL SUD/CO, and give triage nurse necessary information.

4. Remember to document your interventions in the clients’ medical record.

5. Discharged clients may return to NAL SUD/CO for follow-up care.

Tuberculosis

Relevant Statute: 245G.12, subd 3

Policy: NAL SUD/CO will implement the following reporting if knowledgeable about existing tuberculosis within the program.

Procedure:

1. Mandatory reporting. A licensed health professional must report to the commissioner or a disease prevention officer within 24 hours of obtaining knowledge of a reportable person as specified in subdivision 3, unless the licensed health professional is aware that the facts causing the person to be a reportable person have previously been reported. Within 72 hours of making a report, excluding Saturdays, Sundays, and legal holidays, the licensed health professional shall submit to the commissioner or to the disease prevention officer a certified copy of the reportable person’s medical records relating to the carrier’s tuberculosis and status as an endangerment to the public health if the person is reportable under subdivision 3, clause (3), (4), or (5). A reporting facility may designate an infection control practitioner to make reports and to send certified medical records relating to the carrier’s tuberculosis and status as an endangerment to the public health under this subdivision.

2. Voluntary reporting. A person other than a licensed health professional may report to the commissioner or a disease prevention officer if the person has knowledge of a reportable person as specified in subdivision 3, or has probable cause to believe that a person should be reported under subdivision 3.

3. Reportable persons. A licensed health professional must report to the commissioner or a disease prevention officer if the licensed health professional has knowledge of:

   (1) a person who has been diagnosed with active tuberculosis;
   (2) a person who is clinically suspected of having active tuberculosis;
   (3) a person who refuses or fails to submit to a diagnostic tuberculosis examination when the person is clinically suspected of having tuberculosis;
   (4) a carrier who has refused or failed to initiate or complete treatment for tuberculosis, including refusal or failure to take medication for tuberculosis or keep appointments for directly observed therapy or other treatment of tuberculosis; or
   (5) a person who refuses or fails to follow contagion precautions for tuberculosis after being instructed on the precautions by a licensed health professional or by the commissioner.

4. Reporting information. The report by a licensed professional under subdivision 1 or by a person under subdivision 2 must contain the following information, to the extent known:

   (1) the reportable person’s name, birth date, address or last known location, and telephone number;
Client will receive the Minnesota Department of Health TB Fact Sheet during orientation and be given a copy of written NAL COSUD Policy and Procedures.

**HIV Policy and Procedure**

**Relevant Statute:** [Minnesota Statute 245A.19](#)

**Policy:** It is the policy of NAL SUD/CO to demonstrate compliance with HIV minimum standards and avoid exposure by staff and clients to blood borne pathogens. Blood and other bodily fluids can carry pathogens, which are capable of causing diseases in others. This includes HIV, which leads to AIDS and hepatitis. Because we cannot tell by looking at a person if they are infected with a pathogenic disease, we must take precautions following an illness or injury when bodily fluids are released by any staff or client. All new and existing staff will be educated on HIV standards upon hire and annually in accordance with the Department of Human Services standard using the HIV Training in Substance Use Disorder Treatment Programs, 2015 edition. (Appendices I)

**Procedure:**

1. In the event of a person losing bodily fluids, stay away from the area and warn others to do the same. You can still stay close to the ill/injured person to support him/her, just be sure to stay out of contact of any bodily fluids.
2. In the event that you find spilled bodily fluids, a syringe, or other medically contaminated materials, do not attempt clean up by yourself. Call your office manager immediately for instructions.
3. Orientation on minimum HIV standards will be given to all new staff within 72 hours of employment, and all existing staff on an annual basis in accordance with the Department of Human Services standard using the HIV Training in Substance Use Disorder Treatment Programs, 2015 edition. (See appendices I) Nystrom & Associates, Ltd., will maintain records of training and attendance.
4. All clients will receive orientation on minimum HIV standards within 72 hours of admission, and all staff within 72 hours of hire.
5. NAL SUD/CO will maintain and provide to every client upon admission a list of HIV referral services for individual counseling and other resources, and it will be updated annually. The list will be endorsed and dated by staff verifying it is current (See appendices C).

6. NAL SUD/CO will provide HIV education to clients at least once per treatment cycle, which will include information on the nature and action of HIV, facts about transmission, and personal reduction strategies.

7. NAL SUD/CO will provide information about HIV testing.

8. NAL SUD/CO will maintain strict confidentiality other than mandated by law of any or all HIV clients.

9. NAL SUD/CO employs nurses within the clinic where the programs are located. They have resources to assist with infection control in the event of a blood spill and body fluid contact precautions, infection control stations.

10. NAL SUD/CO does not discriminate against clients with HIV and will provide equal access to services.

Waiver of privilege. A person who is the subject of a report under subdivision 1 is deemed to have waived any privilege created in section 595.02, subdivision 1, paragraphs (d), (e), (g), (i), (j), and (k), with respect to any information provided under this section.

Infectious Diseases
Infectious diseases are illnesses that can easily be spread from one person to another. There are many different kinds of infectious diseases, and they can be spread in different ways. This education handout describes three infectious diseases that are caused by viruses: the hepatitis B virus, the hepatitis C virus, and the human immunodeficiency virus (HIV). These diseases are spread by contact with contaminated blood or other body fluids. Each of these diseases is serious, can harm a person’s health and well-being, and can even result in death. This handout explains the following:

- How to avoid contact with these viruses
- Whether a person should be tested for the diseases
- The treatment option for the diseases
- If someone has a disease, how to avoid spreading it to others

HOW COMMON ARE INFECTIOUS DISEASES?
Infectious diseases are more common in some places than others, and in some years compared to others. In the United States, about 5% of people are infected with hepatitis B virus, and about 2% have hepatitis C virus. HIV is less common; about 1 person in 200 (0.5%) is infected with HIV.

Some people are more likely to get infectious diseases than others. People who have severe mental illness and alcohol or drug problems (that is, dual disorders) are more likely to have an infectious disease than people who do not have dual disorders. Among people with dual disorders, almost 5% have HIV.

People with dual disorders are more likely to have hepatitis B virus, hepatitis C virus or HIV.

HEPATITIS
Hepatitis hurts the liver. To understand hepatitis, it is helpful to know what the liver does. The liver is a very important organ of the body. The liver is part of the digestive tract. It helps filter out toxic materials; builds proteins for the body; stores vitamins, minerals and carbohydrates. A person needs a functioning liver to stay alive.

When a person has hepatitis, the liver becomes sick or inflamed because it has been infected with a virus. The sickness or inflammation can cause more serious liver problems, including cirrhosis (permanent scarring of the liver reduces...
blood flow), liver failure (the liver is unable to function), and the liver cancer (cancer cells attack the liver). Any of these diseases can make the person sick and cause him or her to die.

There are many kinds of hepatitis viruses, but the most common and most serious ones are hepatitis B and hepatitis C. Preventing hepatitis B virus and hepatitis C virus, or taking care of oneself if one has either virus, is important to prevent damage to the liver.

1. The liver is an important organ of the human body.
2. Hepatitis is a disease of the liver.
3. Hepatitis B virus and Hepatitis C virus are the most common and serious types of hepatitis.

HIV AND AIDS

HIV is a virus that attacks and destroys special white blood cells in the body, called T-cells. T-cells are a part of the immune system, which helps the body fight infection and stay healthy. When HIV destroys these cells, the immune system breaks down and is unable to fight infections. This means that normally mild infections can grow to be very serious, causing the person to get very sick and even to die. Acquired immunodeficiency syndrome (AIDS) is the disease someone gets after HIV has destroyed the immune system and the body cannot fight infections.

HIV is a disease that attacks the immune system, leading to AIDS.

TRANSMISSION OF HEPATITIS B VIRUS, HEPATITIS C VIRUS, AND HIV

All three of these viruses pass from one person to another through exposure to infected or contaminated blood. For an uninfected person to get hepatitis B virus, hepatitis C virus or HIV, the blood of an infected person needs to enter his or her bloodstream. HIV can also be transmitted from the sex fluids (such as semen or vaginal secretions) of an infected person into the bloodstream of an uninfected person when the two people have sex.

Here are some of the ways people get exposed to the contaminated blood of other people and develop these infectious diseases:

- Sharing injection needles with other people
- Sharing straw or snorting cocaine, amphetamine, or heroin with others
- Having unprotected sex (without a condom) with many partners or with people they do not know well
- Having blood transfusion, hemodialysis, or organ transplant from an infected source before 1992 (for hepatitis B virus or hepatitis C virus) before 1985 (for HIV)
- Having body piercings or tattoos with improperly sterilized needles.
- Using personal articles (such as razor, toothbrush, nail file, or nail clippers) that have been used by someone else with the infection
- Being born to a mother with the infection

None of these three viruses can be spread through insect bites, kissing, hugging or using public toilet seats, unless there is direct contact with other people’s body fluids.

Hepatitis B virus, hepatitis C virus, and HIV are transmitted by exposure to infected blood.

TESTS FOR HEPATITIS B VIRUS, HEPATITIS C VIRUS, AND HIV

Most people who have one of these viruses do not have symptoms until a long time after they get the virus. People who have chronic hepatitis B virus or hepatitis C virus infection may experience tiredness (fatigue), loss of appetite,
abdominal pain, nausea or vomiting, dark urine, or jaundice (yellow skin). People who have early symptoms of AIDS may experience sores and difficulty fight off infections, such as a cough that will not go away.

Blood tests can tell whether a person has hepatitis B virus, or hepatitis C virus, or HIV. Since most infected people have no symptoms, who should be tested for the viruses? A person should get tested if he or she had any of the risk factors listed in the previous section, such as sharing needles or having unprotected sex with multiple partners.

Blood tests can detect hepatitis B virus, hepatitis C virus, and HIV.

**TREATMENT**

**Hepatitis B Virus**
A vaccine can prevent hepatitis B virus if the person gets the vaccine before he or she is exposed to the virus. This vaccine is free and widely available.

Most people who get hepatitis B virus recover on their own. However, about 1 in 10 people (10%) get a chronic illness. People who have chronic hepatitis B virus may improve from treatment with injections into the muscles over a 16-week period.

People infected with hepatitis B virus who are then infected with a different virus, the hepatitis A virus, can then get sick with fulminant hepatitis- a very serious disease that can be fatal. To prevent this people with hepatitis B virus need to get a vaccination for hepatitis A.

1. A vaccine can prevent hepatitis B
2. Most people with hepatitis B virus recover on their own
3. Interferon treatment helps people infected with chronic hepatitis B virus.
4. Vaccination for hepatitis A can prevent fulminant hepatitis in people infected with chronic hepatitis B.

**Hepatitis C Virus**
There is no vaccine that protects a person from getting hepatitis C virus, unlike hepatitis B virus. Another difference from hepatitis B virus is that about 85% of people with hepatitis C virus carry the virus for life unless they are treated.

Some treatments help people with hepatitis C. One treatment is taking interferon for up to 48 weeks. Another treatment is taking interferon with another medication (a combination of drugs called Rebetron) over 6 months. These treatments completely get rid of hepatitis C virus for some infected people (between 20% and 50%).

Treatments for hepatitis C virus can cause side effects, such as flu-like symptoms or depression. Therefore, the decision to treat hepatitis C virus is based on how sick someone is. Researchers are developing new medications for treating hepatitis C virus.

Similar to people with hepatitis B virus, people with hepatitis C virus who are then infected with the hepatitis A virus can develop fulminant hepatitis, a deadly disease. This can be prevented by taking a vaccine for hepatitis A.

1. Most people with hepatitis C virus do not get well on their own.
2. Treatment is helpful for hepatitis C.
3. Vaccination for hepatitis A can prevent fulminant hepatitis in people infected with chronic hepatitis C.
HIV and AIDS
No vaccine or cure exists for HIV or AIDS. However, medications can slow down the illness. In addition, new medications are being developed and tested for HIV and AIDS that may help in the future.

1. There is no cure for HIV or AIDS
2. Different medications are effective in managing HIV and AIDS.

TAKING CARE OF ONESELF
When a person has one of these viruses, good self-care can help this person stay well. Alcohol is a toxic, or poisonous, to the liver. Since hepatitis also harms the liver, people infected with hepatitis B virus and hepatitis C virus should avoid drinking alcohol, or drink little as possible.

These are several other things people with hepatitis B virus, hepatitis C virus, and HIV can do to help themselves:
- Getting a medical care provider (such as a doctor) who can monitor health and discuss treatment options
- Taking medication as prescribed
- Getting enough rest
- Eating healthy foods
- Avoiding using street drugs

1. People with hepatitis B virus and hepatitis C virus should avoid alcohol.
2. Taking care of oneself can lessen the effects of all three viruses.

HOW DO AVOID SPREADING HEPATITIS VIRUS, HEPATITIS C VIRUS, AND HIV TO OTHERS
There are several ways people can avoid spreading these infectious disease:
- Not sharing needles with other people
- If a person has to share needles with other people, sterilizing the “works” by immersing them in bleach for 30 seconds at least three times.
- Always using a latex condom when engaging in sexual relations
- Not sharing personal items (such as a razor, tooth brush, nail file, or nail clippers) with others

People can take steps to avoid giving others hepatitis B virus, hepatitis C virus or HIV.


Basic HIV Information Available in Minnesota
For additional information on HIV, call the MN AIDS Project AIDS line at (612) 373-AIDS or 1 (800) 248-AIDS. The AIDS line will supply information on HIV/AIDS and recommend organizations to contact for more information. Statistical and epidemiological HIV data for the state of Minnesota is available from the Minnesota Department of Health at (612) 676-5698.

Also providing basic HIV information in Minnesota is the Minnesota Department of Health (612- 676-5698) and the Minnesota Family Planning and STD Hotline (1-800-738-2287).
HIV Treatment Resources in Minnesota
For more information on HIV medical assistance and treatment, call the MN AIDS Project AIDS line at (612) 373-AIDS or 1 (800) 248-AIDS. The AIDS line will provide information about HIV medical providers, treatment education/adherence and clinical trial opportunities in Minnesota.

HIV Mental Health Providers in Minnesota
Information on mental health providers that specialize in working with individuals with HIV can be obtained by calling the MN AIDS Project AIDS line at (612) 373-AIDS or 1 (800) 248-AIDS.
DAANES

Notification of Data Collection

This program will be collecting and disclosing the statistical information specified below to the Minnesota Department of Human Services (DHS) as required by Minnesota Statutes § 254A.03, subd. 1(d) and Title 42 Parts 2.52 and 2.53 of the Code of Federal Regulations.

The information includes age, race, sex, living arrangement, education, occupation, previous treatment, chemical use, legal status, and referral information and for publicly funded clients, Minnesota health care programs placement information. **None of the forms will have your name on them; a confidential code will be used.**

This information will be used by DHS for internal research, program evaluation and auditing purposes only. Federal confidentiality regulations (42 C.F.R. Part 2) prohibit the disclosure of client data obtained in the course of these data collection efforts for purposes other than the original purposes for which it was intended. Unless otherwise allowed or required by law, no identifying information about you will be released without your express written authorization.

If you have any questions about this notice you may contact DHS at (651) 431-2470.

You will be given a copy of this notice to keep. Thank you.

(To be filled out by program staff)

Client Name: ___________________________  Program Name: ___________________________

This notice was given and explained to the client on ___________________________  Date  ___________________________  Program Staff Initials
Nystrom & Associates, Ltd
Intensive Outpatient Co-Occurring Substance Use Disorder Treatment
SUD Program Intake & Orientation

Peer Led Alumni Group Participant Guidelines

Peer Led Alumni Group is a non-professional, free service provided at NAL led by volunteers who have successfully completed and graduated from NAL’s SUD Outpatient Treatment Program. Alumni group leaders have sustained sobriety, are active in recovery and are trained to facilitate the group. Peer Led Alumni Groups are held once weekly for one hour at most NAL locations. Research shows that the longer we have support, the longer we stay sober and the higher the quality of recovery.

This free service is provided to give added support for recovery and assist with personal growth. It is not professional treatment, but professional counselors are on the premises at all times and may be contacted for support, questions, and concerns.

General Expectations:

1. Out of respect for others, I will be on time for groups, and that I will show respect by calling to let the facilitator/staff know if I will not attend.

2. In order to develop solid support when I am finished with alumni group, I will maintain reasonable attendance in a self help groups (such as AA).

3. I agree that I will maintain total abstinence from all mood-altering chemicals.

4. This group operates on honesty and self-reporting regarding any substance use. In the event that I were to relapse I can seek support with my group facilitator or any counseling staff at NAL.

5. I understand that smoking is not allowed in the building and only in designated areas on NAL property. Please do not smoke in the front of the building where people enter/exit. I further understand that weapons are not allowed in the building or on your person while in the facility.

6. I understand that my personal information is confidential and records are protected by law, however, there is no guarantee that another group member would not talk about your participation outside of group. Violators risk being terminated from group.

7. I understand that no cell phones or other photographic devices are permitted at any time, and that taking photos of other group members is prohibited.
Options for Opioid Treatment in Minnesota and Overdose Prevention

People who have an opioid use disorder should know about treatment options that are available. Here is a brief description of some of the options.

Counseling
Individual and group counseling often focus on getting a person to stop using drugs. Treatment then shifts to helping the person stay free of drugs. The counselor tries to help the person:

- See the problem and make changes
- Repair damaged relationships
- Build new community with people who do not use drugs

Members of counseling groups support each other and help find ways to live without using drugs. Group members also share their experiences and talk about their feelings and problems, and many find that others have similar problems. Counseling groups may also explore spirituality and its role in recovery.

Education groups help people learn about their illness and how to manage it. People learn about the effects of drug abuse on their brains and bodies. Training can include learning and practicing employment skills, leisure activities, communication skills, social skills, anger management, stress management, goal setting, and money and time management.

Medication-assisted therapy
Medications, in combination with counseling and other behavioral therapies, are an important element of treatment for many patients. Medications that can help individuals addicted to heroin or other opioids stabilize their lives and reduce illicit drug use include:

- Buprenorphine
- Methadone
- Naltrexone

Because methadone and buprenorphine are themselves opioids, some people view these treatments for opioid dependence as substitutions of one addictive drug for another. However, taking these medications as prescribed allows people to hold jobs, avoid street crime and violence, and reduce their exposure to HIV by stopping or decreasing injection drug use and drug-related high-risk sexual behavior. Patients stabilized on these medications can also engage more readily in counseling and other behavioral interventions essential to recovery.

Mental health groups
Emotional problems are common among those with substance use disorders, such as depression, anxiety, or posttraumatic stress disorder. By treating both the substance use and mental disorders at the same time, the odds of recovery increase. Programs may provide mental health care within the program or may refer people to other sites for this care. Mental health care may include the use of medications, such as anti-depressants.

Programs provide mental health education through lectures, discussions activities and group meetings. Some programs provide counseling for families or couples, which can be especially helpful. Parents need to be involved in treatment planning and follow-up care decisions for adolescents.
Self-help groups
Self-help groups have been shown to help people maintain recovery. Participants in self-help groups encourage one another to live without drugs. Twelve-step programs may be the best known. Alcoholics Anonymous is widely known and available, and some individuals with opioid addiction have found help there. Other self-help groups include:

- Narcotics Anonymous (NA)
- SMART (Self-Management and Recovery Training) Recovery
- Women for Sobriety
- Secular Organizations for Sobriety (SOS)

Self-help group members themselves run these groups, not trained counselors.

Self-help groups are not the same as treatment. However, many treatment programs recommend or require attendance at self-help groups. Some treatment programs encourage people to find a “sponsor,” who has been in the group for a while and can offer personal support and advice. Self-help groups for family members also exist and there are self-help groups for people with particular needs.

Opiate Overdose
Opiate overdoses interfere with a person’s ability to distribute oxygen throughout the body. Signs and symptoms of an opiate overdose include:

- Unconsciousness
- Irregular or stopped breathing
- Turning blue

Overdose Risk Factors and Prevention Techniques There are several things that increase a person’s risk for overdosing and ways to prevent them. These include:

Changes in the quality or purity of opiates—try to use the same dealer Changes in tolerance, especially after a period of abstinence—use less than you did before

Mixing drugs—never mix opiates with benzo’s, alcohol or other opiates

Using alone—make sure somebody knows you are going to use.

Naloxone (Narcan)
Naloxone, brand name Narcan, is a non-addictive, harmless and effective medication that reverses an opiate overdose. Within minutes after Naloxone is administered, this life saving medication allows the affected person to breathe again. There are two ways that Naloxone can be administered, a shot in the muscle with a needle or a nasal spray. Naloxone is not a controlled substance, has no abuse potential and can be administered by ordinary citizens with little or no formal training.

Immunity from prosecution
A person in need of medical assistance or an individual who calls 911 during a drug overdose cannot be prosecuted for possession of drugs or for possession of drug paraphernalia.

Obtaining Naloxone
To obtain Naloxone you can visit your primary care provider or contact the following agencies:

- Valhalla Place
- The Minnesota AIDS Project
- Rural AIDS Action Network
- Sacred Spirits
- Steve Rummler Hope Foundation
- Fargo/Moorhead Good Neighbor Project
- HCMC Addiction Medicine Clinic
- Mercy Hospital/Allina Health Emergency Dept. in Coon Rapids Abbott Northwestern/Allina Health Emergency Dept. in Minneapolis

More information is available at:

- Principles of Drug Addiction Treatment
- What is Substance Abuse Treatment Booklet for Families
- Contact the Minnesota Department of Human Services, Alcohol and Drug Abuse Division, by email at dhs.adad@state.mn.us or by calling 651-431-2460
- Naloxone for Overdose Prevention
- Opioid Overdose Prevention Toolkit
- Medication-Assisted Treatment for Opioid Addiction facts for families and friends
Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

1-800-358-0377

This information is available in accessible formats for individuals with disabilities by calling 651-431-2460 or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.
How does opioid use disorder (OUD) treatment affect pregnancy?

- Your chances of becoming pregnant increase as your OUD treatment becomes more effective.
- An unplanned pregnancy can impact your recovery because it can add complications to your life when you are already dealing with many changes.
- If you want to wait until you are better prepared to become pregnant, your care team can help you find out about your family planning options.
- You will need to start taking 1 milligram of folic acid or a prenatal vitamin with 1 milligram of folic acid daily:
  - Before you become pregnant.
  - If you are pregnant.
- Babies exposed to opioids before birth may develop withdrawal signs called neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS). Longer term effects of OUD medicine on the infant are possible, but more research needs to be done to understand these longer term effects.
- Your OUD medicine dose may change during your pregnancy:
  - Your dose may need to be temporarily increased during your third trimester when your body changes the most.
  - You should never change your medicine routine unless you have talked to your care team first.
  - Changing your dose will NOT change the severity of NAS/NOWS for your baby.
- Your pregnancy will be safest if:
  - You are living in a calm, stable place.
  - You know you can maintain your recovery.
  - You take care of yourself and are ready to be a mother.

What should you do if you become pregnant while being treated for OUD?

- Talk to your care team about questions you may have.
- Begin prenatal care with your healthcare provider as soon as possible. Regular medical prenatal visits can provide pregnancy screenings for conditions that should be treated to ensure good health for you and your baby.
- Don’t assume that your treatment medicines like methadone or buprenorphine are dangerous. They can be used safely during pregnancy.
- Discuss your treatment options with your care team. The risk for relapse is high when people stop taking their treatment medicines, so it is important for many women to continue taking them. Any decisions about OUD medicine should be made carefully with you and your provider.

What should you consider when planning a pregnancy?

- Discuss how to prepare for pregnancy with your care team.
  - They can help you quit smoking and drinking alcohol and offer other suggestions to help you.
  - If you don’t have an OB/GYN provider, your care team can recommend one.
- At your first appointment with your OB/GYN provider, discuss all your medicines, including those you are taking for OUD.
- Talk to your care team about safe options for treating pain during or shortly after delivery.
- Think about seeking additional counseling or another form of support.
  - Pregnancy and parenting can be stressful and overwhelming.
  - Counseling can help you make good decisions about your health.
- Your care team can work with you to stay on track with your recovery.
What do you need to do when you are pregnant?

As soon as you find out you are pregnant

- Contact your OUD care team immediately to let them know of your pregnancy.
  - They will advise you about any potential changes in your treatment.
  - They can help you find an OB/GYN provider if you don’t have one.
- Make your first medical appointment with an OB/GYN provider for prenatal care and follow the schedule of visits that your OB/GYN provider recommends.
- Talk with your OB/GYN provider about your medical history, especially if you suffer from anxiety, depression, bipolar disorder, attention deficit hyperactivity disorder, hypertension, or diabetes.
- Ask your care team about which medicines are safe to use during pregnancy and which are not safe; you might need to make some changes.
- Stop using alcohol and tobacco and drugs that are harmful to pregnancy.
  - Quitting smoking and drinking while in (or getting into) treatment may improve your chances of recovery from other substances.
  - Smoke-free environments and abstaining from drinking alcohol during pregnancy are best for your child’s lifelong health.

During your pregnancy

- Learn about NAS/NOWS.
  - Find out what you can expect during your pregnancy and after delivery to reduce NAS/NOWS severity.
  - Ask your care team about breastfeeding, safe sleep practices, and other ways to comfort your baby and keep your baby healthy.
- Participate in childbirth classes before the baby is born and parenting classes during and after pregnancy.
- Learn as much as you can about how to provide a safe and healthy home for your baby.
- Remember that help is available to you and your baby after birth.
  - Your pediatric provider can answer your questions about your baby’s development.
  - Early childhood programs (e.g., State Pre-K, Head Start, Early Head Start, Model Early Childhood Programs, Nurse Home Visiting) are available for all family members.

Identify people you can count on before and after your baby is born

- Think about who is in your circle of friends and family now.
  - Will people in your circle help you during the pregnancy and after your baby arrives?
  - Will they help you provide a safe environment to raise your baby?
- If you answer no to either of these questions, talk with your care team about finding support before, during, and after your baby arrives.
- Ask for help whenever you need it.
  - Pregnancy can add a lot of stress to your life and may impact your ability to stay in recovery.
  - Your group or individual therapy classes can help you while you are pregnant and afterward.
  - Counseling or other types of support can keep you on track with recovery and prepare you for the rewards and challenges of being a mother.
- Stay connected and ask your care team for help when you feel sad or depressed.

Take care of yourself. A healthy mother means a healthy baby!

Disclaimer: Nothing in this flier constitutes a direct or indirect endorsement by SAMHSA or HHS of any non-federal entity’s products, services, or policies, and any reference to non-federal entity’s products, services, or policies should not be construed as such.
Women who are pregnant or who may be pregnant should not drink alcohol. This includes women who are trying to get pregnant and women who are at risk of becoming pregnant because they do not use effective contraception (birth control).

Alcohol use during pregnancy is dangerous

Drinking alcohol during pregnancy can cause lifelong physical, behavioral, and intellectual disabilities.

Alcohol in the mother's blood passes to the baby through the umbilical cord. Drinking alcohol during pregnancy can cause miscarriage, stillbirth, and a range of lifelong physical, behavioral, and intellectual disabilities. These disabilities are known as fetal alcohol spectrum disorders (FASDs).

Fetal alcohol syndrome (FAS) is the most involved condition among the range of FASDs. A baby born with FAS has a small head, weighs less than other babies, and has distinctive facial features.

Some of the behavioral and intellectual disabilities of people with FASDs include:

- Difficulty with learning or memory
- Higher than normal level of activity (hyperactivity)
- Difficulty with attention
- Speech and language delays
- Low IQ
- Poor reasoning and judgment skills

People born with FASDs can also have problems with their organs, including the heart and kidneys.

Any amount of alcohol during pregnancy is harmful

There is no known safe amount of alcohol use during pregnancy or when trying to get pregnant.

All types of alcohol are dangerous during pregnancy

Drinking any type of alcohol can affect the baby's growth and development and cause FASDs. This includes all types of wine, beer, and mixed drinks.

A 5-ounce glass of red or white wine (12% alcohol) has the same amount of alcohol as a 12-ounce can of beer (5% alcohol) or a 1.5 ounce shot of hard liquor (40% alcohol).

There is no safe time for alcohol use during pregnancy

Alcohol can cause problems for a developing baby throughout pregnancy, including before a woman knows she is pregnant.
The chart below shows important times during pregnancy when birth defects can happen.

**Alcohol use while trying to get pregnant is risky**

If a woman is trying to get pregnant, she might already be pregnant. A woman could get pregnant and not know it for up to 4 to 6 weeks. This means she might be drinking and exposing her developing baby to alcohol. The best advice is for women to stop drinking alcohol when they start trying to get pregnant.

**Even if a woman is not trying to get pregnant...**

A woman should not drink alcohol if she is sexually active and does not use effective contraception (birth control). This is because a woman might get pregnant and expose her baby to alcohol before she knows she is pregnant. Nearly half of all pregnancies in the United States are unplanned. Most women who get pregnant will not know they are pregnant for up to 4 to 6 weeks.

**For More Information**

The organizations and resources below can provide more information on alcohol use during pregnancy and FASDs:

- Centers for Disease Control and Prevention [www.cdc.gov/fasd](http://www.cdc.gov/fasd) or call 800–CDC–INFO
- Substance Abuse and Mental Health Services Administration (SAMHSA) FASD Center for Excellence [www.fasdcenter.samhsa.gov](http://www.fasdcenter.samhsa.gov)
- National Institute on Alcohol Abuse and Alcoholism [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

If you are pregnant or trying to get pregnant and cannot stop drinking, the following organizations and resources can help:

- National Organization on Fetal Alcohol Syndrome (NOFAS) [www.nofas.org](http://www.nofas.org) or call 800–66–NOFAS (66327)
- Substance Abuse Treatment Facility Locator [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov) or call 800–622–HELP (4357)
- Alcoholics Anonymous [www.aa.org](http://www.aa.org)
- National Council on Alcoholism and Drug Dependencies, Inc. (NCAAD) [www.ncadd.org/get-help](http://www.ncadd.org/get-help)
Smoking, Marijuana and Pregnancy

Why is smoking dangerous during pregnancy?
When a woman smokes cigarettes during pregnancy, her fetus is exposed to many harmful chemicals. Nicotine is only one of 4,000 toxic chemicals that can pass from a pregnant woman to her fetus. Nicotine causes blood vessels to narrow, so less oxygen and fewer nutrients reach the fetus. Nicotine also damages a fetus’s brain and lungs. This damage is permanent.

How can smoking during pregnancy put my fetus at risk?
Several problems are more likely to occur during pregnancy when a woman smokes. These problems may include preterm birth. Babies that are born too early may not be fully developed. They may be smaller than babies born to nonsmokers, and they are more likely to have colic (uncontrollable crying and irritability). These babies are at increased risk of sudden infant death syndrome (SIDS). They also are more likely to develop asthma and obesity in childhood.

If you are smoking when you find out you are pregnant, you should stop. The American Lung Association offers information on how to quit on its website: www.lung.org. You also can contact 1-800-QUIT-NOW, a national network that can connect you to a counselor in your state.

Why should I avoid secondhand smoke during pregnancy?
Secondhand smoke—other people’s smoke that you inhale—can increase the risk of having a low-birth-weight baby by as much as 20%. Infants who are exposed to secondhand smoke have an increased risk of SIDS. These babies are more likely to have asthma attacks and ear infections. If you live or work around smokers, take steps to avoid secondhand smoke.

Are e-cigarettes safe to use during pregnancy?
Electronic cigarettes (known as “e-cigarettes”) are used by some people as a substitute for traditional cigarettes. Using e-cigarettes is called “vaping.” E-cigarettes contain harmful nicotine, plus flavoring and a propellant that may not be safe for a fetus. E-cigarettes are not safe substitutes for cigarettes and should not be used during pregnancy.

Recreational marijuana is legal where I live. Can I use it during pregnancy?
Although it is legal in some states, marijuana should not be used in any form during pregnancy. Marijuana used during pregnancy is associated with attention and behavioral problems in children. Marijuana may increase the risk of stillbirth and the risk that babies will be smaller in length and weigh less than babies who are not exposed to marijuana before birth.

I use medical marijuana. Can I keep using it during pregnancy?
Some women use medical marijuana with a prescription ordered by a health care professional. The American College of Obstetricians and Gynecologists recommends that pregnant women and those planning to get pregnant stop using medical marijuana. You and your ob-gyn or other health care professional can discuss alternative treatments that will be safe for your fetus.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant in which the cause is unknown.

Preterm: Less than 37 weeks of pregnancy.

Stillbirth: Birth of a dead fetus.
Good news! Now everyone in Minnesota can take advantage of a stop smoking program that offers personal support.

There’s no cost to you – whether you’re covered by a health plan or not. And even better, research shows that you’ll be much more likely to succeed when you use a phone counseling program.

Everyone has a number – call today and get started.

### Minnesota’s Tobacco Phone Counseling Programs

If you have one of these health plans, call the number listed:

- **Blue Cross® and Blue Shield® of Minnesota and Blue Plus®**: 1-888-662-BLUE
- **CCStpa**: 1-888-662-QUIT
- **HealthPartners**: 1-800-311-1052
- **Medica**: 1-866-905-7430
- **PreferredOne**: 1-800-292-2336
- **UCare**: 1-855-260-9713

**For everyone else:**

QUITPLAN® Services

1-888-354-PLAN (7526)

www.quitplan.com

TTY and language interpretation available through most phone counseling lines.
Quit Partner™ is Minnesota’s free way to quit nicotine, including smoking, vaping and chewing. We can support your quit with one-on-one coaching and other helpful tools. Whenever you need us, we’re here to help 24/7.

**Helpful Tools**
Quit your way by choosing which free tools you’d like to try.

- Quit medications like patches, gum or lozenges.*
- Text messages with tips and advice.**
- Helpful emails to support you along the way.**

**Quit Coaching**
Get one-on-one quit coaching over the phone or online from trained coaches who help people just like you every day. Just by signing up, you’ll get to use these helpful tools for free:

- Coaching over the phone or online
- Patches, gum or lozenges*
- Text messaging**
- Email support**
- Welcome package

**Ready to quit?**
We’re ready to help.

1-800-QUIT-NOW QuitPartnerMN.com

*18+  **13+
## MN DHS Minnesota Health Care Providers (MHCP)

### Non-Emergency Medical Transportation (NEMT) Contact Numbers

For overall questions related to the MNET program: **1-866-467-1724**

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<thead>
<tr>
<th>Provider Name</th>
<th>Twin Cities Phone</th>
<th>Outstate MN Phone</th>
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<tbody>
<tr>
<td><strong>Blue Cross / Blue Shield of Minnesota &quot;Blue Plus&quot;</strong></td>
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<td>Blue Advantage (BCBS Medical Assistance / BCBS PMAP, MinnesotaCare, Minnesota Senior Care Plus)</td>
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<td>Secure Blue (Minnesota Senior Health Options - MSHO), Care Blue</td>
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<td><strong>HealthPartners</strong></td>
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<td>HealthPartners (HP Medical Assistance / HP PMAP, Minnesota Care, Minnesota Senior Care Plus)</td>
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<td>Health Partners (Minnesota Senior Health Options - MSHO)</td>
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<td><strong>Hennepin Health</strong></td>
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<td>Hennepin Health (Available only to certain low income adults with children)</td>
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<td><strong>Itasca Medical Care</strong></td>
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<td>IMCare (Itasca Medical Care Medical Assistance / PMAP, Minnesota Care, Minnesota Senior Care Plus)</td>
<td>1-800-843-9536</td>
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<td>IMCare Classic (Minnesota Senior Health Options - MSHO)</td>
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<td><strong>Metropolitan Health Plan</strong></td>
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<tr>
<td>MHP Minnesota Senior Care Plus, Minnesota Senior Health Options - MSHO, and Cornerstone Solutions (Special Needs BasicCare - SNBC)</td>
<td>1-888-562-8000</td>
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<td><strong>PrimeWest Health</strong></td>
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<td>PWH Advantage (PrimeWest Medical Assistance / PMAP, Minnesota Care, Minnesota Senior Care Plus, Speical Needs BasicCare - MA only)</td>
<td>1-866-431-0801</td>
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<td>PrimeWest Senior Health Care Complete (Minnesota Senior Health Options - MSHO)</td>
<td>1-800-366-2906</td>
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<td>PrimeWest Complete (Speical Needs BasicCare - MA and Medicare Integrated)</td>
<td>1-877-600-4913</td>
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<td><strong>South Country Health Alliance</strong></td>
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<td>South Country Health Alliance (SCHA Medical Assistance / PMAP, Minnesota Care, and Senior Care Plus)</td>
<td>1-866-567-7242</td>
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<td>Senior Care Complete (Minnesota Senior Health Options - MSHO) and AbilityCare (Special Needs BasicCare - SNBC)</td>
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<td>Ucare (Ucare Medical Assistance / PMAP, Minnesota Care, and Minnesota SeniorCare Plus)</td>
<td>1-800-203-7225</td>
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<td>Minnesota Senior Health Options - MSHO</td>
<td>1-866-280-7225</td>
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<td>Ucare Connect (Speical Needs BasicCare - SNBC)</td>
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<td>Minnesota Health Care Programs Member Help Desk (including transportation coordinaton for people with Medical Assistance without an identified provider plan)</td>
<td>1-800-657-3709</td>
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</tbody>
</table>

*Updated 2/13/2019*