



Substance Use Disorder Treatment SUD Orientation

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
- Alcohol and drug 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 initialing, I acknowledge that I have had the Maltreatment of Vulnerable Adult and Minors Reporting Policy explained to me and - ***I do INITIAL HERE: _____ / I do NOT (only initial here is you do not agree) _____***, 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.

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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 take 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

Losing Your Insurance Coverage: If you are on Minnesota Care (PMAP), 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: _____

(Client copy)



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Program Expectations

The Basics

1. **Attendance:** In order to benefit from treatment, attendance is key. Timely attendance to all scheduled appointments is expected.
 - a. **Excused absences:** Please call your counselor's direct extension for absences and leave a detailed message including reason for absence. Not calling may be considered an unexcused absence and may result in intervention or discharge.
 - b. **Unexcused absences:** when a client doesn't attend or call in to communicate an absence it is considered an unexcused absence. Multiple unexcused absences can result in intervention or discharge. Missed sessions may result in treatment being extended.
 - c. **Medical issues, injury or illness related absences:** If you will be absent from treatment for these reasons we may require a physician's verification. There are instances we can give up to 2 weeks medical leave. This may result in your treatment being extended. If medical leave goes beyond 2 weeks of missing treatment, we may have to determine a different treatment plan. Discuss details with your counselor.
 - d. **Family vacations:** are generally discouraged during treatment and not considered excused absences. If a vacation is planned that will conflict with treatment please discuss the circumstances with your counselor to develop an agreed upon plan.
 - e. **Attendance interventions:** you may experience when absent -
 - i. Counselor follow up via phone
 - ii. Finding solutions to attendance barriers with your counselor
 - iii. Counselor consultation with client's professional team members (PO, SW, therapist, psychiatrist, doctor, ect.)
 - iv. Hold on attending group until an individual session occurs
 - v. Drug Screens as clinically necessary
 - vi. Recovery Success Plan
 - vii. Family Session
 - viii. Staffing with professional team
 - ix. Counselor follow up via phone to emergency contact
 - x. Attendance Warning Letter
 - xi. Discharge
2. **Safety:** Violence, either verbal or physical, including sexual harassment, will not be tolerated and may be grounds for intervention and/or discharge from the program. Weapons of any kind are not allowed on property.
3. **Healthy Boundaries/Relationships with other clients:** Because peers share about unusually personal topics not typically encountered in the general public, romantic and/or sexual relationships with peers while participating in treatment are not allowed and may result in intervention and/or discharge. Please discuss any issues that arise in this area with your counselor as they can offer guidance to help the focus remain on recovery.
 1. Furthermore, fraternization between adult and adolescent clients is prohibited.
 2. 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.
4. **Phones/Photographic Devices:** 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. Cell phone use for texting or phone calls should be kept to minimum and outside of therapeutic sessions.



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5. **Dress Code:** Please avoid clothing containing racial, sexual, gang related, or drug or alcohol related remarks/designs to avoid unnecessary distractions during the therapeutic process.
6. **Common Areas/Group Rooms:** Please clean up after oneself and ensure common areas/group rooms are in working condition for the next people to use.
7. **Recovery Community Support Meetings:** NAL recommends attendance of at least 1 community support meeting weekly, such as AA, NA, Smart Recovery, ect. Counseling staff may require a signed verification of attendance and a release of information to validate the signature.
8. **Sponsorship:** NAL recommends gaining a same-gender sponsor for recovery support.

Substance Use

1. **Abstinence:** Abstain from the use of mood altering substances, including alcohol, unless prescribed by a licensed physician.
 - a. Practice active honesty with staff if continued substance use occurs.
 - b. Any occurrence of substance use while in treatment will be consulted with the treatment team and a decision about continuation in the program will be based on the circumstances of the use, client's progress in treatment and towards treatment plan goals, and client's continued clinical needs.
 - c. Provide staff with a copy of medical and psychiatric prescriptions being taken.
2. **Honesty:** Help protect each other's recovery and treatment experience, by practicing active honesty with staff in situations of peers using substances.
3. Bringing drugs, alcohol, and other illegal substances onto treatment property is not allowed and will be grounds for intervention and/or discharge.
4. **Smoke Free Facility:** the clinics are smoke free facilities. Smoking, including the use of mechanical or vapor cigarettes, is prohibited within the facility and 100 feet from the building; and is only allowed in designated areas.

Group Participation

1. **Confidentiality:** 'What we see here, what we say here, let it stay here.' Participants must not disclose the identity of their peers or details about others' discussions in treatment to *anyone*.
2. **Respect:** Clients are responsible for being considerate of other clients in group.
3. **Be on time for group:** If you are more than 15 minutes late for group, you may not be allowed into group until the next break which may be considered an unexcused absence.
4. **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.
5. **Come Prepared:** Bring requested materials. Have any reading and/or assignments completed.
6. **Positive Communication:** Use positive language and speech. Racist, sexist, religious, or sexual orientation related derogatory comments will not be tolerated and may result in intervention and/or discharge.
7. **Be an Active Listener:** Avoid crosstalk including talking over a peer, or talking when another group member is sharing.
8. **Give and Receive Feedback with 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 includes statements about how one is impressed and/or can relate and/ or feels, personally, about what a peer has just shared 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."



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- 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: "John, 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."
- 9. **Medications/Gangs:** Discussion regarding medications and/or gangs is best to have during individual sessions with your counselor, not in the group setting.
- 10. **Group issues:** that affect the group are best discussed IN group. Therefore, please 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.

Drug Screens

- 1. NAL staff will request drug screens from clients as clinically necessary.
 - a. This may be in the form of a saliva test, instant cup urine sample or a breathalyzer.
 - b. To avoid tampering with urine samples, staff may request non-essential clothing and items be removed and may search the client.
- 2. Drug screen results will be shared therapeutically by staff with the client.
- 3. Drug screens are confidential and intended for therapeutic purposes only. Clients and referral agencies are not to depend on these results for legal purposes or litigation, and they do not replace drug screen requirements made by courts or probation.
- 4. Refusal to cooperate with a drug screen request will be considered a presumptive positive and will be discussed with the treatment team for intervention.



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Adult Program Schedule

ASAM 2.1 Intensive Outpatient	ASAM 1.0 Outpatient
<ul style="list-style-type: none"> ▪ Three four hour groups a week. ▪ One individual session a week to discuss treatment plan goals and core issues. ▪ Length of programming is dependent on clinical progress, average length is approximately 10 weeks. 	<ul style="list-style-type: none"> ▪ One four hour group a week. ▪ One individual session a week to discuss treatment plan goals and core issues. ▪ Length of programming is dependent on clinical progress, average length is approximately 10 weeks.

Group Structure: Group will start and end promptly at the times noted. 10 minute breaks at the top of each hour will be provided. During four hour groups, there will be three ten minute breaks.

Clinic Location	ASAM 2.1 Intensive Outpatient Day	ASAM 2.1 Intensive Outpatient Evening	ASAM 1.0 Outpatient Day	ASAM 1.0 Outpatient Evening
Alexandria	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Apple Valley	M, T, Th 8 am - 12 pm	M, T, W 5 pm - 9 pm	Tuesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Baxter	M, T, Th 11 am - 3 pm	M, W, Th 5 pm - 9 pm	Wednesday 11 am - 3 pm	Tuesday 5 pm - 9 pm
Bemidji	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Big Lake	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Blaine	1: M, W, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Tuesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Bloomington	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Cambridge	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Chaska	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Coon Rapids	1: M, T, TH 8 am - 12 pm 2: M, W, TH 8 am - 12 pm 3: M, W, TH 1 pm - 5 pm	1: M, T, TH 5 pm - 9 pm	Wednesday 8 am - 12 pm	1: Wednesday 2: Tuesday 5 pm - 9 pm
Cottage Grove	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Duluth Downtown	1: M, T, TH 8 am - 12 pm 2: M, W, TH 8 am - 12 pm	M, W, Th 5 pm - 9 pm	1: Tuesday* 8 am - 12 pm	Tuesday 5 pm - 9 pm
Duluth Mall	M, W, Th 8 am - 12 pm	M, W, Th 5 pm - 9 pm	Tuesday 8 am - 12 pm	Tuesday 5 pm - 9 pm
Eden Prairie	M, T, Th 8 am - 12 pm	M, W, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Tuesday 5 pm - 9 pm
Edina	M, W, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday* 8 am - 12 pm	Tuesday * 5 pm - 9 pm



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Hugo	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Hutchinson	M, W, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Tuesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Lakeville	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Mankato	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Tuesday* 8 am - 12 pm	Wednesday 5 pm - 9 pm
Maple Grove	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Maplewood	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Mendota Heights	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Minnnetonka	M, W, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Tuesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Moorhead	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Monday* 8 am - 12 pm	Wednesday 5 pm - 9 pm
New Brighton	M, W, Th 8 am - 12 pm	M, W, Th 5 pm - 9 pm	Tuesday 8 am - 12 pm	Tuesday or Thursday 5 pm - 9 pm
Otsego	M, T, Th 8 am - 12 pm	1: M, W, Th 5 pm - 9 pm 2: M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	1: Tuesday 5 pm - 9 pm 2: Wed 5 pm - 9 pm
Redwing	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Rochester	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Tuesday* 8 am - 12 pm	Tuesday * 5 pm - 9 pm
Roseville	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Sartell/ St. Cloud	M, W, Th 8 am - 12 pm	M, W, Th 5 pm - 9 pm	Monday 8 am - 12 pm	Tuesday 5 pm - 9 pm
Stillwater	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm
Woodbury	M, T, Th 8 am - 12 pm	M, T, Th 5 pm - 9 pm	Wednesday 8 am - 12 pm	Wednesday 5 pm - 9 pm



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Adolescent Program Schedule

ASAM 2.1 Intensive Outpatient	ASAM 1.0 Outpatient
<ul style="list-style-type: none"> ▪ Three three hour groups a week. ▪ One individual session a week to discuss treatment plan goals and core issues. ▪ Length of programming is dependent on clinical progress, average length is approximately 10 weeks. 	<ul style="list-style-type: none"> ▪ One three hour group a week. ▪ One individual session a week to discuss treatment plan goals and core issues. ▪ Length of programming is dependent on clinical progress, average length is approximately 10 weeks.

Group Structure: Group will start and end promptly at the times noted. 10 minute breaks at the top of each hour will be provided. During three hour groups, there will be two ten minute breaks.

Clinic Location	ASAM 2.1 Intensive Outpatient	ASAM 1.0 Outpatient
Alexandria	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Apple Valley	M, T, Th 3:30 pm – 6:30 pm	Tuesday 3:30 pm – 6:30 pm*
Baxter	M, W, Th 4 pm - 7 pm	Tuesday 4 pm - 7 pm*
Bemidji	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Big Lake	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Blaine	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Bloomington	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Cambridge	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Chaska	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Coon Rapids	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Cottage Grove	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Duluth Downtown	M, W, Th 4 pm - 7 pm	Monday 4 pm - 7 pm*
Duluth Mall	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Eden Prairie	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Edina	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Hugo	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Hutchinson	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Lakeville	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Mankato	M, T, Th 4 pm - 7 pm	Tuesday 4 pm - 7 pm*
Maple Grove	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Maplewood	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Mendota Heights	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Minnetonka	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Moorhead	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
New Brighton	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Otsego	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Rochester	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Redwing	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Roseville	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Sartell/St. Cloud	M, T, Th 4 pm - 7 pm	Tuesday 4 pm - 7 pm*
Stillwater	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm
Woodbury	M, T, Th 4 pm - 7 pm	Wednesday 4 pm - 7 pm



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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



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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.

NYSTROM & ASSOCIATES, LTD.

Client Grievance

Client Name: _____	Occurrence Date: ____/____/____
Home Address: _____ _____	Date Complaint Received: ____/____/____
Telephone Number: _____	Received By: _____
Primary Counselor: _____	

Issue:

- Communication/Behavior
- Coordination of Care
- Technical Competence/Appropriateness of Service
- Facility/Environment Concerns
- Benefit Coverage, Financial Concerns
- Other _____

Description of Issue:

Summary of Investigation and Resolution:

Date Resolved: ____/____/____	Resolved By: _____
Date Client Notified: ____/____/____	Client Accepting of Resolution? Yes No* N/A
	*Client informed of appeal rights? Yes No N/A
Signature: _____	Date: ____/____/____



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Emergency Procedures

Relevant Statute: [Minnesota Statute 254G.16, 245G.10 subd 5](#)

Policy

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:

Alexandria Police	(320) 763-6631
Apple Valley Police	(952) 953-2700
Baxter Police	(218) 454-5090
Bemidji Police	(218) 751-9111
Big Lake Police	(763) 263-2500
Blaine Police	(763) 785-6168
Bloomington Police	(952) 563-4900
Cambridge Police	(763) 689-9567
Chaska Police	(952) 448-4200
Coon Rapids Police	(763) 767-6481
Cottage Grove	(651) 458-2850
Dakota County/Hastings Police	(651) 480-2300
Duluth Police	(218) 730-5400
Eden Prairie Police	(952) 949-6200
Edina Police	(952) 826-1610
Hugo Police	(651) 439-9381



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Hutchinson Police	(320) 587-2242
Lakeville Police	(952) 985-2800
Mankato Police	(507) 304-4800
Maple Grove Police	(763) 494-6100
Maplewood Police	(651) 777-8191
Mendota Heights Police	(651) 452-1366
Minnetonka Police	(952) 939-8500
Moorhead Police	(218) 299-5120
New Brighton Police	(651) 767-0640
Otsego Police	(763) 682-1162
Redwing Police	(651) 385-3155
Roseville Police	(651) 792-7008
Rochester Police	(507) 328-6800
Sartell Police	(320) 251-1200
Stillwater Police	(651) 351-4900
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

1. 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

1. 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:

Alexandria Clinic:	Northeast area of shared parking lot
Apple Valley Clinic:	Northeast corner of the parking lot
Baxter Clinic:	Across the street (Falcon Drive) near the chiropractor office



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Bemidji Clinic:	Straight of the parking lot, to the parking lot towards 2 nd St NW
Big Lake Clinic	Northwest corner of the parking lot
Blaine Clinic:	Northwest corner of the parking lot
Bloomington Clinic:	Southwest corner of the parking lot
Cambridge:	Southeast corner of the parking lot
Chaska:	Southeast corner of parking lot towards Hundertmark Rd
Cottage Grove:	Corner of parking lot in front of building, near Arbor Ln/Pine Arbor Dr
Coon Rapids:	Southwest corner of the parking lot
JSC Hastings	Southwest corner of the parking lot
Duluth Clinic:	Across the street in front of Starbucks coffee shop
Duluth II Clinic:	Panera Bread, ½ block directly West at 2108 Maple Grove Rd
Eden Prairie Clinic:	Southwest corner of the corporate center parking lot
Edina Clinic:	North corner of parking lot
Hugo Clinic:	North corner of parking lot towards Frenchman Rd
Hutchinson Clinic:	Northeast corner of the parking lot
Lakeville Clinic:	East through parking lot to Ace Hardware at 17729 Juniper Path
Mankato Clinic:	Corner of Mulberry and Broad street in the parking lot
Maple Grove Clinic:	Southwest corner of the parking lot
Maplewood Clinic:	East of building, towards Sherwin Williams Paint Store
Mendota Heights Clinic:	Northeast corner of the parking lot
Minnnetonka Clinic:	Northeast corner of the parking lot
Moorhead Clinic:	Southeast corner of the parking lot
New Brighton Clinic:	Church parking lot just off the north end of the parking lot
Otsego Clinic:	Southwest corner of the parking lot
Redwing:	South end of parking lot, near Econo Foods
Rochester Clinic	Southeast corner of the parking lot
Roseville Clinic:	South corner of the parking lot, towards Olive Garden
St. Cloud Clinic:	Northeast corner of the parking lot
Stillwater Clinic:	Southwest of building across side street to business parking lot
Woodbury Clinic:	Northeast corner of parking lot, toward McDonalds restaurant

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 exits 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.



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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.
 - 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, ect. Counselors will guide clients to accessing and completing.
5. May 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. NAL will consider DHS directives regarding client signatures as well.
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.
9. NAL may modify and waive the requirement to have at least one staff person present at the program who is CPR/First Aid certified including the in person assessment by a certifying agency being waived due to likely lack of availability of in person trainings during a pandemic.
10. Also see NAL general [COVID 19 Preparedness Plan](#).

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.

Procedures:

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



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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:

Alexandria Clinic, call Douglas County Hospital	(320)762-1511
Apple Valley Clinic, call Apple Valley Medical Center	(952) 432-5161
Baxter Clinic, call St. Joseph's Hospital	(218) 828-2880
Bemidji Clinic, call Sanford Health Hospital	(218) 751-5430
Big Lake Clinic, call Monticello-Big Lake Hospital	(763) 295-2945
Blaine Clinic, call Mercy Hospital Unity Campus	(763) 236-5000
Bloomington Clinic, call Fairview South dale Hospital	(952) 924-5000
Cambridge Clinic, call Cambridge Medical Center	(763) 689-7700
Chaska Clinic, call Two Twelve Medical Center	(952) 361-2447
Coon Rapids Clinic, call Mercy Hospital	(763) 236-6000
Cottage Grove Clinic, call Regions Hospital	(651) 254-3456
Dakota County JSC, call Allina Health Regina Hospital	(651) 404-1000
Duluth Clinics, call St. Luke's Hospital	(218) 249-5555
Eden Prairie Clinic, call Fairview-University Medical Center	(612) 672-6600
Edina Clinic, call M Health Fairview South dale Hospital	(952) 924-5000
Hugo Clinic, call M Health Fairview St. John's Hospital	(651) 232-7000
Hutchinson Clinic, call Hutchinson Health Hospital	(320) 234-3290
Lakeville Clinic, call Fairview Ridges Hospital	(952) 892-2000
Mankato Clinic, call Mayo Clinic Health System	(507) 625-4031
Maple Grove Clinic, call Maple Grove Hospital	(763) 581-1000
Maplewood Clinic, call M Health Fairview St. John's	(651) 232-7000
Mendota Heights Clinic, call United Hospital St. Paul	(651) 241-8000
Minnetonka Clinic, call Methodist Hospital	(952)993-5000
Moorhead Clinic, call Sanford Hospital, Moorhead Campus	(701) 234-3200
New Brighton Clinic, call Unity Hospital	(763) 236-5000
Otsego Clinic, call Fairview Northland Medical Center	(763) 389-1313
Redwing Clinic, call Mayo Clinic	(651) 267-5000
Roseville Clinic, call Regions Hospital St. Paul	(651)254-3456
Rochester Clinic, call Mayo Clinic St. Mary's Campus	(507) 255-5123
Sartell Clinic, call St. Cloud Hospital	(320) 251-2700
Stillwater Clinic, call Lakeview Hospital	(651) 439-5330
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.



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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.



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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.



Substance Use Disorder Treatment SUD 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.

Program Description and Structure

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), Peer Recovery Support Specialists (PRSS) 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 an SUD Evaluation/Assessment, is approved for admission by staff and admitted into the appropriate level of care based on their symptomology. NAL offers ASAM Levels of Care – 1.0 Outpatient and 2.1 Intensive Outpatient.

(1115 Demonstration) When levels of care are recommended during the assessment process that NAL does not provide, the client is referred to that level of care at another facility/program. NAL maintains relationships and patient referral arrangement agreements with other treatment facilities to ensure seamless transition of care. These levels of care include:

- a. ASAM 3.1 Clinically Managed Low Intensity Residential Treatment
- b. ASAM 3.2 Clinically Managed Residential Withdrawal Management
- c. ASAM 3.3 Clinically Managed Population Specific High Intensity Residential Treatment
- d. ASAM 3.5 Clinical Managed High Intensity Residential Treatment
- e. ASAM 3.7 Medically Monitored Inpatient Withdrawal Management

Core programming at NAL utilizes evidenced based practices including (1115 Demonstration) Motivational Interviewing, Brief Cognitive Behavioral Therapy (CBT), 12 Step Facilitation Therapy, Dialectical Behavioral Therapy (DBT) skills education, Stage Wise Treatment, 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 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



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quality of life. Family counseling sessions are included with treatment planning, along with assistance for establishing an ongoing community support system.

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.

Outpatient – ASAM Level 1.0: is designed to help achieve changes in substance use or addictive behaviors addressing lifestyle, attitudes, and behaviors that have the potential to undermine the goals of treatment or impact the ability to cope with major life tasks without using substances. Clients may be in early recovery who need education about addiction or in ongoing recovery who need monitoring and continuing disease management.

(1115 Demonstration) Treatment services incorporates ASAM therapies as defined by the ASAM Criteria Manual. For ASAM Level 1.0 Outpatient this includes individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy topics, psychotherapy, and addiction pharmacotherapy. Services are provided in an amount, frequency and intensity appropriate to the client's multidimensional severity and level of function. Motivational enhancement and engagement strategies are used in preference to confrontational approaches.

For clients with mental health conditions, the issues of psychotropic medication, mental health treatment and their relationship to substance use and addictive disorders are addressed as the need arises. Actively addressing, monitoring and managing psychotropic medication, mental health treatment, and the interaction with substance related and addictive disorders including close coordination with case management and assertive community treatment for clients who have severe and chronic mental illnesses. This can include addiction medicine physicians or certified addiction psychiatrists.

Intensive Outpatient – ASAM Level 2.1: provides essential addiction education and treatment components while allowing clients to apply their newly acquired skills within "real world" environments. Clients may also effectively address co-occurring mental health and substance use conditions.

(1115 Demonstration) Treatment services incorporates ASAM therapies as defined by the ASAM Criteria Manual. For ASAM Level 2.1 Intensive Outpatient, this includes individual and group counseling, medication management, family therapy, which involves family member, guardians, or significant other (s) in the assessment, treatment and continuing care of the client, educational groups, occupational and recreational therapy topics, and psychotherapy. Services are provided in an amount, frequency and intensity appropriate to the objectives on the treatment plan.

A planned format of therapies is utilized, delivered on an individual and group basis and adapted to the client's developmental stage and comprehension level. Motivational interviewing, enhancement, and engagement strategies which are used in preference to confrontational approaches.

For clients with co-occurring conditions, services such as intensive case management, assertive community treatment, medication management and psychotherapy may be included in their treatment plan. 256B. 0759, 3, (c), (1)

Treatment Duration: Duration is 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. On average, each level of care is approximately 10 weeks. Clients can transition from one level of care to another based on client's treatment plan and needs. Generally, clients who enter 2.1 Intensive Outpatient, transition to 1.0 Outpatient as they progress for continuing care. Needs are evaluated consistently by your SUD counselor and treatment team.

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Group Therapy: Group therapy is an integral part of SUD treatment. This is led by an Alcohol and Drug Counselor. One hour of each group consists of a structured psycho educational lecture. Psychotherapy through interpersonal processing, skills development and cognitive behavioral processing make up the remaining hours of group. Groups are open ended, meaning individuals can start at any time. Group capacity is a maximum of 16 clients.

Psychoeducational Group Curriculum: Gaining knowledge on recovery related ideas and surrounding topics is imperative to a entering and maintaining recovery. Structured psycho educational lectures focus on educating clients about their substance use/disorder and teaching them ideas to assist them in their recovery process. The goal of these groups is to educate the client on strategies to avoid 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 Groups

Family Program/Family Involvement: (family is meant to inclusively mean those considered to be like family to the client, loved ones, concerned persons, ect.) NAL offers individual family counseling sessions and a structured Family Program. 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.

The Family Program consists of one week of ASAM 2.1 Intensive Outpatient programming. It is a confidential and safe space for client's and their families to expand their awareness of substance use disorders, gain understanding of the impact substance use disorders can have on the family, provide skills, and offer options for resources. Family groups include psycho-educational lectures, discussion, processing and group activities related to:

- a. Addiction and the Family



Substance Use Disorder Treatment SUD Orientation

- i. Understanding Substance Use Disorders
- ii. Parallel Process and the Family Roles
- b. Family Dynamics
 - i. Codependency, Enabling, and Boundaries
 - ii. Resentment and Forgiveness
- c. Family Communication and Rebuilding
 - i. Family Letters
 - ii. Interpersonal Effectiveness using DBT Skills

Treatment Coordination: these services will also be provided to clients one-to-one by an LADC. Treatment coordination services include assistance in coordination with significant others to help in the treatment planning process whenever possible; assistance in coordination with and follow up for medical services as identified in the treatment plan; facilitation of referrals to substance use disorder services as indicated by a client's medical provider, comprehensive assessment, or treatment plan; facilitation of referrals to mental health services as identified by a client's comprehensive assessment or treatment plan; assistance with referrals to economic assistance, social services, housing resources, and prenatal care according to the client's needs; life skills advocacy and support accessing treatment follow-up, disease management, and education services, including referral and linkages to long-term services and supports as needed according to the individual treatment plan which includes consideration of cultural differences and special needs of a client.

Peer Recovery Support Specialists (PRSS): PRSS are individuals who are willing to share their personal recovery experience and lessons learned to offer reassurance, reduce fears, answer questions, support motivation and inspire hope. Peer recovery support services are provided one-to-one by an individual in recovery. Peer support services include education, advocacy, mentoring through self-disclosure of personal recovery experiences, attending recovery and other support groups with a client, accompanying the client to appointments that support recovery, assistance accessing resources to obtain housing, employment, education, and advocacy services, and nonclinical recovery support to assist the transition from treatment into the recovery community. These services will be provided as needed based on the client's treatment plan. These services may be provided in the community including but not limited to churches, community centers and Alano Clubs that community support group meetings are often occur, and county buildings and/or doctor's offices where client appointments occur.

Additional SUD Treatment Programming Features:

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, comradery and a framework in which clients can help others who struggle by sharing their own story. Clients / addicts, who relapse, cite **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.

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.

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



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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.

Other services that clients can be referred to within NAL:

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



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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): ARMHS is a skills-based program for adults 18+ years or older who have a mental health diagnosis. Due to their mental health symptoms, there are barriers in at least 3 areas of functioning like their interpersonal relationships, their employment, community living, or their basic living skills. ARMHS teaches clients how to learn skills so that they can be more successful in their daily living/functioning and can become more self-sufficient. Skills include managing their mental health symptoms, relapse prevention, budgeting and shopping, learning to get around in the community, communication, and more. An ARMHS nurse is available to support clients who may have more medical and health needs. In order to be eligible for ARMHS, clients must have an MA/PMAP product.

Case Management (formerly Behavioral Health Home (BHH)): Case Management is a service provided for individuals who would benefit from getting linked to needed services and supports in their community. Our Case Management Team works with clients to identify their strengths and needs through a holistic approach. This includes paying attention to the medical, substance use, and mental health needs of an individual and helping them gain access to resources that would help them become more successful. Individuals who are struggling to keep up with their appointments, maintain medication compliance, or receive beneficial healthcare services, would likely benefit from case management. Our Case Management team includes a Case Manager, a Peer Support, and a Nurse.

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): CTSS is a skills and therapy program for children ages 18 years old or younger and their families. The child referred must have a mental health diagnosis, an Emotional Disturbance (ED), or meet the criteria for Severe Emotional Disturbance (SED). CTSS teaches children and their families how to manage their mental health symptoms so that the child can be restored to a higher developmental level of functioning. CTSS also involves helping families manage crises or receive crisis assistance. Psychotherapy and skills address the needs of the entire family system so that they can work together to become a more functional, family unit. In order to be eligible for CTSS, clients must have an MA/PMAP product.

SUD Program Eligibility Requirements

Adult

- Age 18 or older
- Are physically and mentally capable of participating in group
- Are willing to engage in building support system and attend support groups outside of treatment
- Actively seeking constructive activities (employed, actively seeking work, family, housing)

Adolescent

- Age 12-18
- 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
- Are physically and mentally capable of participating in group



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- Adequately safe – not imposing a threat to the health of safety of others
- Are willing to have at least one family member or concerned person participate in their treatment
- Be free of serious health conditions that impairs their ability to participate in programming
- Able to pay for services
- Willing sign releases to communicate with pertinent care givers and any legal authorities as required
- Willing to commit to the full treatment process and participate in treatment planning
- Willing to follow rules and guidelines of NAL Programs
- Are willing to engage in building support system and explore support groups outside of treatment
- Actively seeking constructive activities (enrolled in education, actively working toward expanding vocational and recreational activities)
- Adequately safe – not imposing a threat to the health of safety of others
- Be free of serious health conditions that impairs their ability to participate in programming
- Able to pay for services
- Are willing to have at least one family member or concerned person participate in their treatment
- Willing to commit to the full treatment process and participate in treatment planning
- Willing to follow rules and guidelines of NAL Programs

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.



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Personal Electronic Devices Policy

Relevant Statute: **Minnesota Statute 245G.15, subd 3, PREA of 2003 (PL 108-79) (§§ CFR 115.311–115.393).**

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.

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.



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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 or local law enforcement at the following locations per clinic:

1. Alexandria Clinic: Douglas County Social Services at (320)762-2302 or local law enforcement at (320) 763-6631.
2. Apple Valley Clinic: Dakota County Social Services at (952) 891-7459 or Apple Valley Police at (952) 953-2700.
3. Baxter Clinic: Crow Wing County Social Services at (218) 824-1140 or local law enforcement at (218) 829-4749.
4. Bemidji Clinic: Beltrami County Human Services (218) 333-8300 or local law enforcement at (218) 751-9111.
5. Big Lake Clinic: Sherburne County Social Services at (763) 765-4000 or local law enforcement at (763) 263-2500.
6. Blaine Clinic: Eastern Anoka County Human Services at (763) 324-2210 or law enforcement at (763) 236-5000.
7. Bloomington Clinic: Hennepin County Social Services at (612) 348-3552 or Hennepin County Sheriff at (612)-348-3744.
8. Cambridge Clinic: Isanti County Family Services at (763) 689-1711 or Isanti County Sherriff at (763) 689-2141.
9. Chaska Clinic: Carver County Social Services (952) 361-1600 or Chaska Police Department (952) 448-4200.
10. Coon Rapids Clinic: Anoka County Child Protection Intake at (763) 427-1212 or Coon Rapids Police at (763) 767-6481.
11. Cottage Grove: Washington County Social Services (651) 430-6457 or local law enforcement (651) 458-2850.
12. 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.
13. Duluth Clinics: St. Louis County Social Services Agency at (218) 726-2222 in Southern St. Louis County, (218) 749-7128 in Northern St. Louis County, or local law enforcement at (218) 727-8762 in Southern St. Louis County or (218) 749-6010 in Northern St. Louis County.
14. Eden Prairie Clinic: Hennepin County Social Services at (612) 348-3552 or local law enforcement at (612)-348-3744.
15. Edina Clinic: Hennepin County Human Service Center (612) 348-3000 or local law enforcement at (952) 826-1610.
16. Hugo Clinic: Washington County Social Services at (651) 232-7000 or Washington County Sheriff at (651) 439-9381.
17. Hutchinson Clinic: McLeod County Social Services at (320) 864-3144 or local law enforcement at 320-587-2242.
18. Lakeville Clinic: Dakota County Social Services at (952) 891-7480 or local law enforcement (952) 985-2800.
19. Mankato Clinic: Blue Earth Child/Family Services at (507) 304-4222 or Blue Earth County Justice Center at (507) 304-4800.
20. Maple Grove Clinic: Hennepin County Social Services at (612) 348-3552 or local law enforcement at (612)-348-3744.
21. Maplewood Clinic: Ramsey County Social Services at (651) 777-7486 or local law enforcement at (651) 777-8191.
22. Mendota Heights Clinic: Dakota County Social Services Northern Service Center (651) 554-6000 or local law enforcement (651) 452-1366.
23. Minnetonka Clinic: Hennepin County Family Services at (612) 348-3552 or Minnetonka Police at (952) 939-8500.
24. Moorhead Clinic: Clay County Social Services Child Intake Line at (218) 299-7139 or Moorhead Police at (218) 299-5120.
25. New Brighton Clinic: Ramsey County Social Services at 651-266-4500 or local law enforcement at (651) 483-6666.
26. Otsego Clinic: Wright County Social Services at (763) 682-7449 or local law enforcement at (763) 682-1162.
27. Redwing Clinic: Goodhue County Social Services at (651) 385-3200 or Redwing Police Department (651) 385-3155.
28. Rochester Clinic: Olmstead County CPS (507) 328-6400 (day), (507) 281-6248 (night) or sheriff's office (507) 328-6790.
29. Roseville Clinic: Ramsey County Social Services (651) 777-7486 or local law enforcement (651) 792-7008.
30. Sartell Clinic: Stearns County Human Services at (320) 656-6225 or the Stearns County Sheriff's Dept. (320) 259-3700.
31. Stillwater Clinic: Washington County Social Services at (651) 232-7000 or Washington County Sheriff at (651) 439-9381.
32. Woodbury Clinic: Washington County Social Services at (651) 430-6457 or Washington County Sheriff's Dept. (651) 439-9381.



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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, Chapter 260E) 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.

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.

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.

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 Program Manager. 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 & 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.



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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, Chapter 260E). 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.

THIS REPORTING POLICY SHOULD BE POSTED IN A PROMINENT LOCATION AND BE MADE AVAILABLE UPON REQUEST.

MALTREATMENT OF VULNERABLE ADULTS REPORTING POLICIES AND PROCEDURES

Policy and Procedure: As a mandated reporter identified by law (MS 626.5572 Subd. 16), if you have reason to believe that the abuse, neglect or 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 Program Manager. 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, your Program Manager 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 SUD Program Director, 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.



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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 Program Manager. 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, Chapter 260E, and 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 14.

THIS POLICY MUST BE POSTED IN A PROMINENT PLACE, AND BE MADE AVAILABLE UPON REQUEST.

The facility may not prohibit a mandated reporter from reporting externally, and the facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.

Obtaining Consent for Release of Client Information in Maltreatment of Vulnerable Adults Reporting

Relevant Statute: 245G.13, subd 2, (c)



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Policy: Annually each staff member with direct contact will be trained on mandatory reporting as specified in sections [245A.65](#), [626.557](#), and [626.5572](#), and chapter 260E, including specific training covering the license holder's policies for obtaining a release of client information.

Procedure:

1. Consent is sought upon admission at orientation and documented in client's file.
2. If a client declines consent at admission and VA maltreatment is later suspected, consent is sought again and documented in client's file.
3. NAL will not report any client identifying information without consent.
4. Staff will be trained on this policy at new hire and annually.

Program Abuse Prevention Plan

Relevant Statute: [245A.65, subd 2, \(a\), \(6\)](#) & [245G.21](#), sub 5, [MN Statue 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 LADC 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



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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.
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. While other NAL mental health services are offered within the same environment as the 245G services, there are several supports in place to reduce risk and protect client's confidentiality, including:
 - a. The group rooms either don't have windows or have blinds to provide confidentiality.
 - b. Staff offices where individual sessions are conducted have window coverings that support privacy and confidentiality.
 - c. To reduce risk, these areas are generically named/numbered as to not identify the client as receiving substance use disorder services to others.
 - d. Staff escort client to and from the waiting room protecting their confidentiality by avoiding disclosing or vocalizing to the waiting room that the client is receiving substance use disorder services.
 - e. NAL keeps a Group Room Schedule to ensure no overlap of services and allowing time for transitions between services to ensure confidentiality.
14. Peer Recovery Support Services (PRSS) may occur off site to accompany clients to community support group meetings or client appointments at various spaces throughout the community.
 - a. These spaces may include but are not limited to churches, community centers and Alano Clubs that community support group meetings are often held at, and county buildings and doctor's offices where client appointments occur.
 - b. PRSS services are provided one to one by an individual in recovery to provide education, advocacy, mentoring and recovery support.
 - c. The factors that may permit abuse include being exposed to other people within the community.
 - d. The measures that NAL takes to reduce this risk is the one to one nature of the services which indicates consistent supervision, guidance on interaction with others while in the community and safety.
 - e. PRSS certification also requires demonstrated skills and training in the domain of ethics and boundaries contributing to reduce risk.
15. NAL CO/SUD clinics and programs, facility and grounds are described below per location:

NAL CO/SUD Alexandria Clinic: Located at 305 30th Avenue West, Alexandria, MN 56308.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning,



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range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 first floor of a one story office complex, 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 handicapped 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 **Alexandria 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. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Apple Valley Clinic: Located at 7300 W 147th St., Suite #204 in Apple Valley, MN.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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:

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



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- 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 Baxter Clinic: Located at 13045 Falcon Drive, Suite #100 in Baxter, MN.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled business and residential area. The hours of operation are 7am to 9pm Monday through Friday. 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 Bemidji Clinic: Located at 112 First Street West, Bemidji, MN 56601.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and



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level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 first floor of a one story office complex, 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 handicapped 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 **Bemidji 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. 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 population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area just off of Highway 10. The hours of operation are 7am to 9pm Monday through Friday. 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.



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- 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 Blaine Clinic: Located at 10729 Town Square Drive, Blaine MN, 55449.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 building is in good condition. The program is located on the first floor of a one story office complex, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. All rooms 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 **Blaine 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:

- e. Empty offices: Clients are instructed to stay out of empty offices.
- f. Rest rooms: Clients are instructed to not enter the restroom with someone with whom they feel uncomfortable.
- g. 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.
- h. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
- i. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Bloomington Clinic: Located at 1101 E 78th St., Suite #100 in Bloomington, MN.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.



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The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. 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 Monday through Friday. 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.



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- 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 Chaska Clinic: Located at 1107 Hazeltine Blvd, Suite 370, Chaska, MN 55318.

The population that this clinic serves ranges from 12 years and older including all genders. Typical age ranges tends to be 13-18 for adolescents and 19-70 for adults. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, level of vulnerability for abuse, and need for specialized program are all evaluated during assessment. Areas like cognitive functioning are taken into account where younger clients that may not be fully developed cognitively or older adults who may be declining cognitively may require program modifications including increased supervision in group settings or additional individual sessions. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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. East Creek Transit Station is situated 1.8 miles away from the location (South West Transit operates out of this location). Smoking is not permitted in the building. The program is located on the 3rd floor of a four 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 **Chaska 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 are not to leave the premises during treatment time.

NAL CO/SUD Coon Rapids Clinic: Located at 11660 Round Lake Boulevard NW, Coon Rapids, MN 55434.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's



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individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 Cottage Grove Clinic: Located at 6936 Pine Arbor Dr., Cottage Grove, MN 55016.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled area. The hours of operation are 7am to 9pm Monday through Friday. The facility is close to the bus line and near 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 second floor of a three 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. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when



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evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential.

The following areas at the **Cottage 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 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 Duluth Downtown Clinic: Located at 332 W. Superior St., Suite #300, Duluth, MN.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 building is in good condition. 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 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 Downtown 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.



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NAL CO/SUD Duluth Mall Clinic: Located at 1700 Miller Trunk Hwy, Duluth, MN 55811.

The population that this clinic serves ranges from 12 years and older including all genders. Typical age ranges tends to be 13-18 for adolescents and 19-70 for adults. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, level of vulnerability for abuse, and need for specialized program are all evaluated during assessment. Areas like cognitive functioning are taken into account where younger clients that may not be fully developed cognitively or older adults who may be declining cognitively may require program modifications including increased supervision in group settings or additional individual sessions. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. The facility is close to the "8" bus line, and is 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 in Suite 209 on the 2nd floor of a two 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 **Duluth Mall 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 are not to leave the premises during treatment time.

NAL CO/SUD Eden Prairie Clinic: Located at 11010 Prairie Lakes Dr., in Eden Prairie, MN.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.



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The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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:

- 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 Edina Clinic: Located at 6600 France Ave South, Suite 425, Edina, MN.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 building is in good condition. The program is located on the fourth floor of a five story office complex, which is handicap accessible. There are no impediments to accessing the waiting rooms and treatment area. All rooms 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 **Edina 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.



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- e. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.
- f. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with.

NAL CO/SUD Hugo Clinic: Located at 4638 Victor Path North, Suite 900, Hugo, MN 55038.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. The facility is 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 first floor of a one 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 **Hugo 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. Leaving premises: Clients are instructed at orientation that they may not leave the premises during treatment time.

NAL CO/SUD Hutchinson Clinic: Located at 114 Main Street, Suite 201 B, Hutchinson, MN 55350.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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



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ramps. Smoking is not permitted in the building. The program is located on the second floor of two 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 **Hutchinson 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 Lakeville Clinic: Located at 17685 Juniper Path Suite 301 Lakeville MN 55044.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 3rd floor of a two 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 **Lakeville 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 are not to leave the premises during treatment time.



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NAL CO/SUD Mankato Clinic: Located at 201 North Broad Street, Mankato MN.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled business and residential area. The hours of operation are 7am to 9pm Monday through Friday. 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:

- a. a. Empty offices: Clients are instructed to stay out of empty offices.
- b. 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. 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. d. Stairway: Clients are instructed to walk with someone you know is safe or take the elevator.
- e. e. Elevator: Clients are instructed to not go in the elevator with someone they are not comfortable with
- f. 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 population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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.



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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 Maplewood Clinic: Located at 1856 Beam Ave, Suite 200, Maplewood, MN 55109.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. The facility is close to the Metro Transit 54 and 64 bus lines, surrounded by other businesses such as Olive garden and Maplewood Mall. 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 two-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 **Maplewood 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 Mendota Heights Clinic: Located at 1155 Centre Pointe Dr Suite #8, Mendota Heights, MN 55120.



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The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 first floor of a one story office complex, 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 handicapped accessible. The treatment area has easy access to restrooms and the exits in case of emergency. Clients will not live on site since it is an outpatient program.

The following areas at the **Mendota Heights Clinic** 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. 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 population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. 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 Monday through Friday. 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.



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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 population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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.



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The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, residential area. The hours of operation are 7am to 9pm Monday through Friday. 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 Quantrelle Ave., in Otsego, MN.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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



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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 Redwing Clinic: Located at 124 Tyler Road S, Redwing, MN 55066.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's



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individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 lit. It has no secluded parking ramps. Smoking is not permitted in the building. The program is located on the first floor of a one 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 **Redwing 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. 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.

NAL CO/SUD Rochester Clinic: located at 401 16th Street SE, Rochester, MN 55904.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. 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 Monday through Friday. 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.

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.



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- 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 Roseville Clinic: Located at 2680 N. Snelling Ave. Roseville, Minnesota, 55113.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. The facility is close to the Metro Transit 87 and 225 bus lines, surrounded by other businesses such as Olive garden and Rosedale Mall. 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 3rd floor of a three-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 **Roseville 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 Sartell Clinic: Located at 101 Dehler Drive, Sartell MN. 56377, MN.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning,



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range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, business area. The hours of operation are 7am to 9pm Monday through Friday. 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 Stillwater Clinic: Located at 1715 Tower Drive West, Suite 100, Stillwater, MN 55082.

The population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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 first floor of a one story office complex, 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 handicapped 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. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program



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are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential.

The following areas at the Stillwater 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. 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 population that this clinic serves ranges from 12 years and older including all genders. Client's mental functioning, physical functioning, and emotional/behavior health can range from some instability to stable, with general overall ability to function within their home environment in their community. Client's age, gender, range of mental functioning, range of physical functioning, range of emotional/behavior health, and need for specialized program are all evaluated during assessment. Measures taken to minimize risk of abuse are taken into consideration when evaluating the client's individualized needs, areas of vulnerability and potential risk for abuse. When matching multidimensional severity and level of function with type and intensity of service, NAL ensures the client is in the safest level of care for their needs with the least risk of abuse potential. Staff participates in regular training on minor and vulnerable adult mandated reporting as well as continuing education which includes specific culture/population groups.

The building is in good condition. The clinic is located in a highly traveled, commercial area. The hours of operation are 7am to 9pm Monday through Friday. 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. 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. Interstate 494: Clients are instructed to avoid walking toward or across Interstate 494 to the East of the building.



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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.

Substance Use Disorder Treatment SUD Orientation

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 hand out 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

Infectious diseases are illnesses that can be easily spread from one person to another.

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 virus 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

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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.



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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

People with hepatitis B virus and hepatitis C virus should avoid alcohol.

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.

The preceding taken from “Integrated Treatment for Dual Disorders” .-“A Guide to Effective Practice”. Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox. Guilford Press 2003.

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

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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.

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;
 - (2) the date and specific circumstances that cause the person to be a reportable person;
 - (3) the reporting person's name, title, address, and telephone number; and
 - (4) any other information relevant to the reportable person's case of tuberculosis.
5. **Immunity for reporting.** A licensed health professional who is required to report under subdivision 1 or a person who voluntarily reports in good faith under subdivision 2 is immune from liability in a civil, administrative, disciplinary, or criminal action for reporting under this section.



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6. Falsified reports. A person who knowingly or recklessly makes a false report under this section is liable in a civil suit for actual damages suffered by the person or persons reported and for punitive damages.
7. 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.
8. Tuberculosis notification. If an emergency medical services person, as defined in section 144.7401, subdivision 4, is exposed to a person with active tuberculosis during the performance of duties, the treatment facility's designated infection control coordinator shall notify the emergency medical services agency's exposure control officer by telephone and by written correspondence. The facility's designated infection control coordinator shall provide the emergency medical services person with information about screening and, if indicated, follow-up.

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.

Family Program

Family Program Invitation

Date: _____

Dear _____,

As you may know, I've started Substance Use Disorder Treatment at Nystrom & Associates, Ltd. My counselor and I want to invite you to participate in my treatment program as you are a significant person in my life. Part of my treatment and recovery includes the participation and support from people who are close to me. It is our hope that you will take advantage of this opportunity to participate in my recovery process by attending the Family Program. Support like this from family and those close to me helps me to be as successful as possible in my recovery.

In 1956, the American Medical Association acknowledged individuals who had developed a dependency on substances had a disease, which is chronic, progressive, and fatal if not treated and arrested. The good news is that this disease can be put into remission, and people can live happy and healthy lives if we learn to live without mood-altering substances.

Addiction is a family disease that has likely negatively impacted those individuals who are close to me. Although change can be frightening, becoming involved in the treatment process is essential for me to get well and maintain wellness. It also allows us both to learn about the process of recovery in addition to beginning your own recovery journey. You will learn from professionals who understand, have the opportunity to share your experiences, and gain support from peers who have been there.

The Family Program is held one week out of the 10 week treatment schedule consisting of three 4 hour groups with fellow peers and their family members, where we will be educated, participate in activities, share with each other and listen to others. It is a safe, respectful space.

Nystrom & Associates, Ltd. wants to help us create lasting change, so we cordially invite you to attend the Family Program:

Dates: _____

Time: _____

Location: _____

My counselor is available if there are any questions:

Counselor: _____

Phone: _____ ext. _____

Thank you, and I look forward to seeing you.

Signed, _____

NYSTROM & ASSOCIATES, LTD.

Substance Use Disorder Treatment Program

Family Program Confidentiality and Expectations

Welcome!! We appreciate your participation in the Family Program. The support you are providing to your loved one by being here is outstanding! We want to take the time to review the expectations for all participants so that everyone can have the best experience possible.

1. **Confidentiality:** “Everyone you see here, everything you say here, let it stay here”.
 - a. All participants are expected to maintain confidentiality including not disclosing participants’ identities and any information they share to anyone else.
 - b. No photographs or recording of the Family Program or the participants is permitted at any time.
 - c. Violations of confidentiality will be taken seriously and addressed individually.

2. **Safety:**
 - a. The group facilitator is a mandated reporter, meaning they must report incidence of maltreatment to a minor or vulnerable adult, or if there is imminent danger to self or others.
 - b. By initialing on the line, I agree _____, or, I do not agree _____; to allow NAL staff to contact the common entry point to report maltreatment of a vulnerable adult.

3. **Substances:**
 - a. All participants are expected to attend Family Program with a clear mind. Please refrain from attending under the influence of mood-altering chemicals.
 - b. NAL is a smoke free facility. Smoking, including vaping, is prohibited during telehealth group, within the facility, and 100 feet from the building; and is allowed in designated areas only by adult clients.

4. **Group Process:**
 - a. The group process works best when participants are considerate and respectful of each other.
 - b. Taking a break from the group process when conversations escalate or emotions become too strong is an available option that participants can initiate themselves or the group facilitator may request.
 - c. Please be assured that NAL Staff are here to support each participant and individual family counseling sessions are an option to process family dynamics more in depth.

By signing, each participant is indicating understanding of the above expectations.

Client’s Name: _____

Client’s DOB: _____

Participant Printed Name: _____

Participant Signature: _____ Date: _____

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 Statute § 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

HOW IS HIV PASSED?

5 Fluids:

- How infectious? ↑ High
↓ Low
1. Blood
 2. Semen (including pre-cum)
 3. Vaginal fluid
 4. Rectal fluid
 5. Breast milk

HOW STRONG IS HIV?

It's not! It dies within **seconds** of leaving the body. That's why sex & sharing needles are the only behaviors that put you at risk of getting HIV.

Okay, But I'm not gonna use condoms.

Okay. That's your choice.
Here's some ways to reduce your risk:

- ✓ **Get tested for other STIs...** having an STI increases risk 2-5x
- ✓ **Use lube!** It prevents small tears in the vagina or anus where HIV get into the body more easily. It can also make sex feel better!
- ✓ **Know your status** and talk to your partners. A person's viral load is highest in the few weeks after they get HIV, so get tested regularly.
- ✓ **Have less risky kinds of sex.**
- ✓ **Have sex with fewer partners** (if you're into that).
- ✓ **Sober sex!** You are more likely to think about risks & use condoms correctly.
- ✓ **There's a pill for that!** It's called **PrEP**, and can significantly reduce your risk

Anal sex: the most risky
Vaginal Sex: moderate
Oral sex: least risky

HOW CAN I GET HIV?

Sex (91% of cases) OR **Needles** (9% of cases)

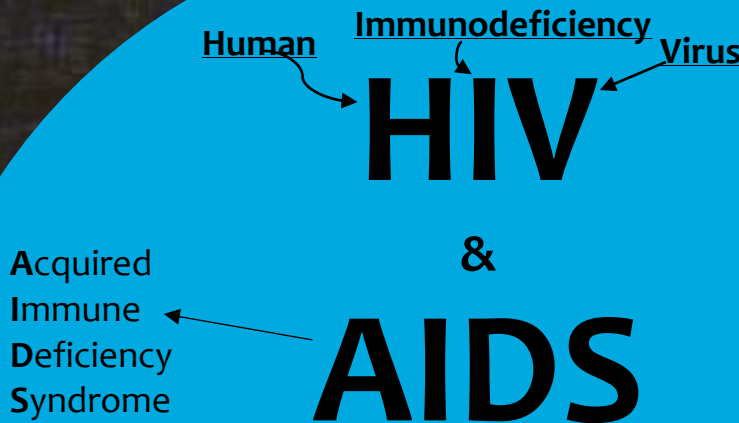
- no condom
- condom breaks

- sharing with someone HIV+
- HIV lives in a syringe for 5-7 days

WHY DO CONDOMS BREAK?

Human error!

- pinch the tip
- get the right size



AIDS is basically **late-stage HIV**. It's when people have very weak immune systems, and get opportunistic infections, like: thrush, certain kinds of cancers, and many others (there's a total of 33)

Undetectable = Untransmittable

If an HIV+ person takes their medication consistently (95% of the time), after 1-6 months they will reach an **undetectable viral load**. This means that there is so little HIV in their body that they cannot transmit it to other people via sex!

Quiz: What organ protects you from HIV more than any other?

A: **SKIN!** HIV cannot pass through your skin, it needs a mucus membrane like: Anus, vagina, tip of the penis, or open wound.

Find a testing location or syringe exchange

justushealth™
Advocacy. Care. Justice. Pride.

Questions? Call the JustUs Health AIDS Line: 612-373-2437

You'll talk to a real person who can answer questions and find resources near you!

Updated 1/4/2019

Alright, I'll go get tested. But where do I go?

Call the AIDS Line: 612-373-2437. They can help you find the closest free testing location.

Why not your doctor?

Most doctors use a more expensive test called the Western Blot. While it is able to detect HIV 2 weeks after exposure, it is often used as a confirmatory test because it is expensive.

Free testing is usually a 28 day or 3 month test. This means that they can tell you what your HIV status was 28-90 days ago, but not currently.

Did you know?



HIPPA means that your HIV status is protected. Staff members cannot tell others about your HIV status except in an emergency.

WAIT. I can take a pill to prevent HIV?

PEP:

Post-Exposure Prophylaxis

PEP is taken within 72 hours after a known exposure to HIV.

Ex:

-Taken after unprotected sex with an HIV+ person.

- It is often prescribed to survivors of sexual assault

Think of this like the “morning after pill” of HIV

Yes! PEP and PrEP are 92+% effective at preventing HIV transmission.

PrEP:

Pre-Exposure Prophylaxis

PEP is taken to prevent acquiring HIV.

Ex:

- People who know they are at higher risk of acquiring HIV often take PrEP.

-Someone who has taken PEP multiple times may be referred to PrEP.

Think of this like the “birth control” of HIV

Quiz: How will you know if you have HIV?

A: You won't! Most healthy people don't experience symptoms related to acquiring HIV for **7-10 years**. That's why it's so important to get tested.

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You'll talk to a real person who can answer questions and find resources near you!

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 is generally immune from prosecution per Minnesota Statutes [604A.05](#), Subd. 2.

Obtaining Naloxone

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

- [City of Minneapolis- Public Health](#) - 612-673-2301
- [Indigenous Peoples Task Force \(IPTF\)](#) - 612-870-1723
- [Ka Joog](#) - 612-255-3524
- [Lutheran Social Services \(LSS\), Street Works](#)
612-354-3345
- [Northwest Indian Community Development Center \(NWICDC\)](#) - 218-759-2022
- [Red Door Clinic](#) - 612-543-5555
- [Rural AIDS Action Network \(RAAN\)](#)
St. Cloud: 800-966-9735
Duluth: 218-481-7225
Mankato: 507-345-1011
- [St. Louis County- Public Health](#) - 218-725-5260
- [Steve Rummler Hope Foundation](#) - 952-943-3937
- [Twin Cities Recovery Project \(TCRP\)](#) – 612-886-2045

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, Behavioral Health Division, by email at dhs.adad@state.mn.us or by calling 651-431-2460
- [Naloxone for Overdose Prevention](#)
- [Opioid Overdose Prevention Toolkit](#)

651-431-2460

Attention. If you need free help interpreting this document, call the above number.

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Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

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LB2 (8-16)

ADA1 (2-18)



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.ADAD@state.mn.us, call 651-431-2460, or use your preferred relay service.

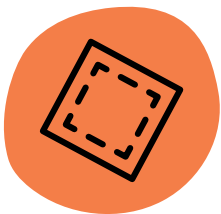
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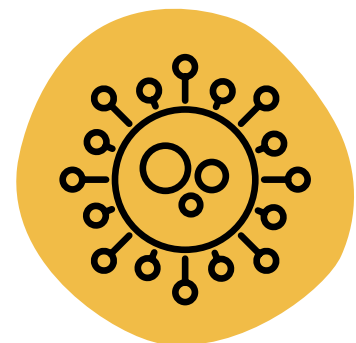
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Know the Risks With COVID-19



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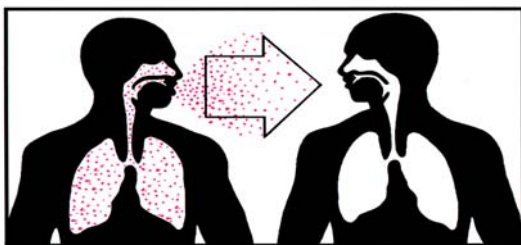
Active TB Disease

If your tests show that you have active tuberculosis, or “TB” disease, here are some facts you should know:

- TB is a serious disease that **can be cured** with the right treatment and medicine.
- Some people with TB disease can spread the disease to other people.

How did I get TB?

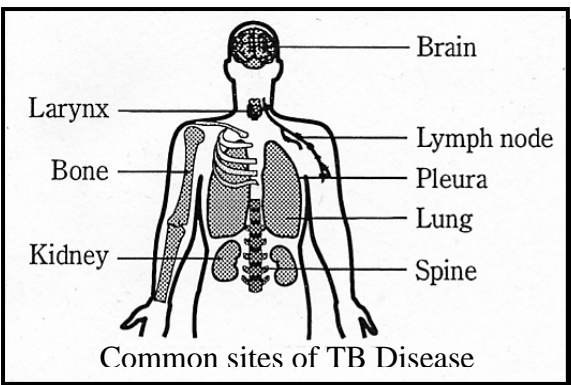
Anyone can get TB. When someone with TB in their lungs coughs, sneezes, or talks, TB germs can be sprayed into the air. Anyone close by can breathe the germs into their lungs. You cannot get TB from shaking hands or from food, dishes, linens or other objects.



When the TB germs got into your body, they went “to sleep.” “Sleeping” TB germs do not hurt your body or make you sick. This is called “**latent TB infection**” or “**LTBI.**” LTBI can last for a short time or many years. You got sick from TB when the germs “woke up” and started to grow and hurt your body. This is called “**active TB disease.**”

How does TB disease affect my body?

TB disease usually affects your lungs (pulmonary TB). TB can hurt other parts of your body too.



People with TB disease may have 1 or more of these **symptoms**:

- Coughing for 3 weeks or longer
- Losing weight
- Poor appetite
- Sweating at night
- Fever
- Chills
- Feeling tired or weak
- Pain in the chest
- Coughing up blood or brown-colored material from your lungs

How do doctors test for TB?

You may need more than 1 test for TB disease:

- A **Mantoux skin test** can tell whether you have TB germs in your body, even if they are “asleep.”
- A **chest x-ray** can tell whether the germs have hurt your lungs.
- **Sputum culture tests** can tell whether TB germs are growing in your lungs.

How can I get better?

- You need to see a doctor and take special **TB medicines** to kill the TB germs.
- **TB germs are strong** and live a long time. You will feel better a few weeks after you start to take the TB medicines. To be sure that all of the TB germs are killed, **you must keep taking TB medicines** for at least 6-9 months.
- It is important to **see your doctor every month** until your TB treatment is finished. The doctor will do tests to be sure you are getting better, ask if you have any problems with the medicines, and answer your questions.

What happens if I don't take the medicine?

TB germs are very strong. If you don't take all of your medicine correctly, you could **become sick again** and **spread TB** to other people.

You must **take all of your medicines** exactly as your doctor tells you to in order to be cured.

Active TB disease – page 2

If you do not take your medicine correctly, your TB could become even stronger. You would have to take stronger medicines for a longer time.

What is DOT?

“DOT” means Directly Observed Therapy. DOT makes it easy to take your pills. DOT is when a nurse or health care worker sees you every day to give you TB medicine. This is the best way to make sure you get all the medicine you need and your treatment is working. If there is a problem with your medication it can be fixed right away.

DOT cures TB!

Can I spread TB to other people?

If TB is in your lungs, you must be careful to protect other people from your TB germs. If TB is in other parts of your body, the TB germs usually cannot spread to other people.

Ask your doctor or nurse whether your TB can spread to others (is contagious). They will tell you what to do to protect people close to you.

After you have been taking medicine for a few weeks and you are feeling better, you can no longer spread TB germs. Your doctor will tell you when you can return to work, school, or other activities.

What else should I know about TB?

- Ask your doctor or nurse about getting **free TB medicine** from the Minnesota Department of Health.
- Tell your doctor or nurse if you plan to move to another city or state. They can help make sure you get TB medicine after you move.
- If you have TB, ask your doctor for an **HIV test**. People with HIV can get very sick from TB. You may need different TB medicines if you have HIV.

Remember TB can be cured!



Tuberculosis (TB) Prevention and Control Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5414, 877-676-5414
www.health.state.mn.us/tb

What should I know about TB medicine?

- The medicines for TB are usually safe, but some people have side effects. **If you have any of these symptoms, call or see your doctor immediately:**
 - Vomiting, pain in stomach
 - Poor appetite
 - Nausea
 - Yellow eyes or skin
 - Tingling fingers or toes
 - Tingling or numb mouth
 - Blurred vision or change in your vision
 - Ringing in your ears
 - Trouble hearing
 - Dizziness
 - Aching joints
 - Fever for more than 3 days
 - Skin rash
 - Bleeding or bruising easily
- Take all of your TB medicine **at the same time every day**.
- Keep taking your TB medicines until you doctor tells you to stop.
- **Don't drink beer, wine or liquor** while taking TB medicines.

Your clinic/doctor/nurse:

Phone #: (____) _____

Your TB pills are:

_____ Isoniazid (“INH”)
_____ Rifampin
_____ Pyrazinamide (“PZA”)
_____ Ethambutol
_____ Vitamin B6

If you require this document in another format such as large print, Braille, or cassette tape, call 651-201-5414. TDD number: 651-201-5797.
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Substance Use While Pregnant and Breastfeeding Excerpt from 'Substance Use in Women Research Report'



Research shows that use of tobacco, alcohol, or illicit drugs or misuse of prescription drugs by pregnant women can have severe health consequences for infants. This is because many substances pass easily through the placenta, so substances that a pregnant woman takes also reach the fetus.⁹¹ Recent research shows that smoking tobacco or marijuana, taking prescription pain relievers, or using illegal drugs during pregnancy is associated with double or even triple the risk of stillbirth.⁹² Estimates suggest that about 5 percent of pregnant women use one or more addictive substances.⁹³

Regular use of some drugs can cause neonatal abstinence syndrome (NAS), in which the baby goes through withdrawal upon birth. Most research in this area has focused on the effects of opioids (prescription pain relievers or heroin). However, data has shown that use of alcohol, barbiturates, benzodiazepines, and caffeine during pregnancy may also cause the infant to show withdrawal symptoms at birth.⁹⁴ The type and severity of an infant's withdrawal symptoms depend on the drug(s) used, how long and how often the birth mother used, how her body breaks the drug down, and whether the infant was born full term or prematurely.⁹⁵

Risks of Stillbirth from Substance Use in Pregnancy

- Tobacco use—1.8 to 2.8 times greater risk of stillbirth, with the highest risk found among the heaviest smokers
- Marijuana use—2.3 times greater risk of stillbirth
- Evidence of any stimulant, marijuana, or prescription pain reliever use—2.2 times greater risk of stillbirth
- Passive exposure to tobacco—2.1 times greater risk of stillbirth

Source: *Tobacco, drug use in pregnancy, 2013*

Symptoms of drug withdrawal in a newborn can develop immediately or up to 14 days after birth and can include⁹⁴:

- blotchy skin coloring
- diarrhea
- excessive or high-pitched crying
- abnormal sucking reflex
- fever
- hyperactive reflexes
- increased muscle tone
- irritability
- poor feeding
- rapid breathing
- seizures
- sleep problems
- slow weight gain
- stuffy nose and sneezing
- sweating
- trembling
- vomiting

Effects of using some drugs could be long-term and possibly fatal to the baby:⁹⁵

- birth defects
- low birth weight
- premature birth
- small head circumference
- sudden infant death syndrome (SIDS)

Risks of Sudden Infant Death (SIDS)

Children born to mothers who both drank and smoked beyond the first trimester of pregnancy have a twelvefold increased risk for sudden infant death syndrome (SIDS) compared to those unexposed or only exposed in the first trimester of pregnancy. [New information from the NIH Safe Passage Study](#) calls for stronger public health messaging regarding the dangers of drinking and smoking during pregnancy.

Marijuana (Cannabis)

More research needs to be done on how marijuana use during pregnancy could impact the health and development of infants, given changing policies about access to marijuana, significant increases in the number of pregnant women seeking substance use disorder treatment for marijuana use, and confounding effects of polysubstance use.⁹⁶ A 2017 opinion posted by the American College of Obstetrics and Gynecology (ACOG) suggests that cannabis effects on fetal growth (e.g., low birth weight and length) may be more pronounced in women who consume marijuana frequently, especially in the first and second trimesters. ACOG recommends that pregnant women or women contemplating pregnancy should be encouraged to discontinue use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data.¹⁹⁰ A recent study suggests that cannabis use more than doubled among pregnant women in the United States from 2010-2017.¹⁹¹ Cannabis use was more common during the first trimester than during the second and third. Between 2002-2003 and 2016-2017, past-month cannabis use increased from 3.4% to 7.0% among pregnant women overall and from 5.7% to 12.1% during the first trimester. The study included information from 467,100 women aged 12-44 who participated in the National Survey on Drug Use and Health (NSDUH). Researchers also concluded that past-month clinician-recommended cannabis use was low among pregnant women, and nonmedical use was lower than among nonpregnant women, possibly reflecting the AGOC recommendations.

Substance Use While Pregnant and Breastfeeding

Excerpt from 'Substance Use in Women Research Report'



There is no human research connecting marijuana use to the chance of miscarriage,^{98,99} although animal studies indicate that the risk for miscarriage increases if marijuana is used early in pregnancy.¹⁰⁰ Some associations have been found between marijuana use during pregnancy and future developmental and hyperactivity disorders in children.¹⁰¹⁻¹⁰⁴ There is substantial evidence of a statistical association between marijuana smoking among pregnant women and low birth weight.¹⁰⁵ Researchers theorize that elevated levels of carbon dioxide might restrict fetal growth in women who use marijuana during pregnancy.¹⁰⁶ Evidence is mixed related to premature birth,¹⁰⁷ although some evidence suggests long-term use may elevate these risks.¹⁰⁸ Given the potential of marijuana to negatively impact the developing brain, the American College of Obstetricians and Gynecologists recommends that obstetrician-gynecologists counsel women against using marijuana while trying to get pregnant, during pregnancy, and while they are breastfeeding.¹⁰⁹

Some women report using marijuana to treat severe nausea associated with their pregnancy;^{110,111} however, there is no research confirming that this is a safe practice, and it is generally not recommended. Women considering using medical marijuana while pregnant should not do so without checking with their health care provider. Animal studies have shown that moderate concentrations of THC, when administered to mothers while pregnant or nursing, could have long-lasting effects on the child, including increasing stress responsivity and abnormal patterns of social interactions.¹¹² Animal studies also show learning deficits in prenatally exposed individuals.^{113,114}

Human research has shown that some babies born to women who used marijuana during their pregnancies display altered responses to visual stimuli, increased trembling, and a high-pitched cry,¹¹⁵ which could indicate problems with neurological development.¹¹⁶ In school, marijuana-exposed children are more likely to show gaps in problem-solving skills, memory,¹¹⁷ and the ability to remain attentive.¹⁰³ More research is needed, however, to disentangle marijuana-specific effects from those of other environmental factors that could be associated with a mother's marijuana use, such as an impoverished home environment or the mother's use of other drugs.¹¹⁸ Prenatal marijuana exposure is also associated with an increased likelihood of a person using marijuana as a young adult, even when other factors that influence drug use are considered.¹¹⁹ More information on marijuana use during pregnancy in NIDA's [Marijuana Research Report](#). More research is needed, but for now, the [Food and Drug Administration](#) recommends that pregnant women should not use any vaping product, regardless of the substance.

Despite various surveys, the precise number of women who use marijuana while pregnant is unclear. One study found that women were about twice as likely to screen positive for marijuana use via a drug test than they state in self-reported measures. This suggests that self-reported rates of marijuana use in pregnant females is not an accurate measure of marijuana use and may be an underestimation.⁹⁷

Very little is known about marijuana use and breastfeeding. One study suggests that moderate amounts of THC find their way into breast milk when a nursing mother uses marijuana.¹²⁰ Some evidence shows that exposure to THC through breast milk in the first month of life could result in decreased motor development at 1 year of age.¹²¹ There have been no studies to determine if exposure to THC during nursing is linked to effects later in the child's life. With regular use, THC can accumulate in human breast milk to high concentrations.¹²⁰ Because a baby's brain is still forming, THC consumed in breast milk could affect brain development. Given all these uncertainties, nursing mothers are discouraged from using marijuana.^{109,122} New mothers using medical marijuana should be vigilant about coordinating care between the doctor recommending their marijuana use and the pediatrician caring for their baby.

[Stimulants \(Cocaine and Methamphetamine\)](#)

It is not completely known how a pregnant woman's cocaine use affects her child, since cocaine-using women are more likely to also use other drugs such as alcohol, to have poor nutrition, or to not seek prenatal care. All of these factors can affect a developing fetus, making it difficult to isolate the effects of cocaine.¹²³

Research does show, however, that pregnant women who use cocaine are at higher risk for maternal migraines and seizures, premature membrane rupture, and placental abruption (separation of the placental lining from the uterus).⁹³ Pregnancy is accompanied by normal cardiovascular changes, and cocaine use exacerbates these changes—sometimes leading to serious problems with high blood pressure (hypertensive crisis), spontaneous miscarriage, preterm labor, and difficult delivery.¹²³ Babies born to mothers who use cocaine during pregnancy may also have low birth weight and smaller head circumferences, and are shorter in length than babies born to mothers who do not use cocaine. They also show symptoms of irritability, hyperactivity, tremors, high-pitched cry, and excessive sucking at birth.¹²⁴ These symptoms may be due to the effects of cocaine itself, rather than withdrawal, since cocaine and its metabolites are still present in the baby's body up to 5 to 7 days after delivery.^{125,126} Estimates suggest that there are about 750,000 cocaine-exposed pregnancies every year.¹²³

Pregnant women who use methamphetamine have a greater risk of preeclampsia (high blood pressure and possible organ damage),¹²⁷ premature delivery, and placental abruption. Their babies are more likely to be smaller and to have low birth weight.¹²⁸ In a large, longitudinal study of children prenatally exposed to methamphetamine, exposed children had increased emotional reactivity and anxiety/depression, were more withdrawn, had problems with attention, and showed cognitive problems that could lead to poorer academic outcomes.^{129,130}

Substance Use While Pregnant and Breastfeeding

Excerpt from 'Substance Use in Women Research Report'



Heroin

Heroin use during pregnancy can result in neonatal abstinence syndrome (NAS) specifically associated with opioid use. NAS occurs when heroin passes through the placenta to the fetus during pregnancy, causing the baby to become dependent on opioids. Symptoms include excessive crying, high-pitched cry, irritability, seizures, and gastrointestinal problems, among others.¹³⁴

Prescription and Over-the-Counter (OTC) Drugs

Pregnancy can be a confusing time for women facing many choices about legal drugs, like tobacco and alcohol, as well as prescription and over-the-counter (OTC) drugs that may affect the developing fetus. These are difficult issues for researchers to study because scientists cannot give potentially dangerous drugs to pregnant women. Here are some of the known facts about popular medications and pregnancy:

There are more than 6 million pregnancies in the United States every year,¹³⁵ and about 9 out of 10 pregnant women take medication.¹³⁶ The U.S. Food and Drug Administration issued rules on drug labeling to provide clearer instructions for pregnant and nursing women, including a summary of the risks of use during pregnancy and breastfeeding, a discussion of the data supporting the summary, and other information to help prescribers make safe decisions.¹³⁷



See [CDC Treating for Two](#) webpage

Even so, we know little about the effects of taking most medications during pregnancy. Fewer than 10% of prescriptions have enough information to determine fetal risks.¹³⁸ This is because pregnant women are often not included in studies to determine safety of new medications before they come on the market.¹³⁸ One study shows that use of short-acting prescription opioids such as oxycodone during pregnancy, especially when combined with tobacco and/or certain antidepressant medications, is associated with an increased likelihood of NAS in the infant.¹³⁹

Although some prescription and OTC medications are safe to take during pregnancy, a pregnant woman should tell her doctor about all prescription and over-the-counter medications, and herbal or dietary supplements she is taking or planning to take. This will allow her doctor to weigh the risks and benefits of a medication during pregnancy. In some cases, the doctor may recommend the continued use of specific medications, even though they could have some impact on the fetus. Suddenly stopping the use of a medication may be more risky for both the mother and fetus than continuing to use the medication while under a doctor's care.¹⁴⁰ This could also include medications to treat substance use disorders—something that is discussed in further detail in the "[Sex and Gender Differences in Substance Use Disorder Treatment](#)."

Some prescription and OTC medications are generally compatible with breastfeeding. Others, such as some anti-anxiety and antidepressant medications, have unknown effects,¹⁴¹ so mothers who are using these medications should consult with their doctor before breastfeeding. Nursing mothers should contact their infant's health care provider if their infants show any of these reactions to the breast milk: diarrhea, excessive crying, vomiting, skin rashes, loss of appetite, or sleepiness.¹⁴²

Alcohol

Alcohol use while pregnant can result in Fetal Alcohol Spectrum Disorders (FASD), a general term that includes Fetal Alcohol Syndrome, partial Fetal Alcohol Syndrome, alcohol-related disorders of brain development, and alcohol-related birth defects. These effects can last throughout life, causing difficulties with motor coordination, emotional control, schoolwork, socialization, and holding a job. More information can be found on the [NIAAA Fetal Alcohol Exposure webpage](#).

Fetal alcohol exposure occurs when a woman drinks while pregnant. Alcohol can disrupt fetal development at any stage during a pregnancy—including at the earliest stages before a woman even knows she is pregnant.

There is currently little research into how a nursing mother's alcohol use might affect her breastfed baby. What science suggests is that, contrary to folklore, alcohol does not increase a nursing mother's milk production, and it may disrupt the breastfed child's sleep cycle.¹⁴³ The American Academy of Pediatrics recommends that alcohol drinking should be minimized during the months a woman nurses and daily intake limited to no more than 2 ounces of liquor, 8 ounces of wine, or two average beers for a 130-pound woman. In this case, nursing should take place at least 2 hours after drinking to allow the alcohol to be reduced or eliminated from the mother's body and milk. This will minimize the amount of alcohol passed to the baby.¹⁴⁴

Substance Use While Pregnant and Breastfeeding Excerpt from 'Substance Use in Women Research Report'



[Nicotine \(Tobacco Products and e-Cigarettes\)](#)

Almost 10 percent of pregnant women in the United States have smoked cigarettes in the past month.¹⁴³ Carbon monoxide and nicotine from tobacco smoke may interfere with the oxygen supply to the fetus. Nicotine also readily crosses the placenta, and concentrations of this drug in the blood of the fetus can be as much as 15 percent higher than in the mother.¹⁴⁵ Smoking during pregnancy increases the risk for certain birth defects, premature birth, miscarriage, and low birth weight and is estimated to have caused more than 1,000 infant deaths each year.¹⁴⁶ Newborns of smoking mothers also show signs of stress and drug withdrawal consistent with what has been reported in infants exposed to other drugs. In some cases, smoking during pregnancy may be associated with sudden infant death syndrome (SIDS), as well as learning and behavioral problems and an increased risk of obesity in children. In addition, smoking more than one pack a day during pregnancy nearly doubles the risk that the affected child will become addicted to tobacco if that child starts smoking.¹⁴⁷ Even a mother's secondhand exposure to cigarette smoke can cause problems; such exposure is associated with premature birth and low birth weight, for example.¹⁴⁸

Research provides strong support that nicotine is a gateway drug, making the brain more sensitive to the effects of other drugs such as cocaine.¹⁴⁹ This shows that pregnant women who use nicotine may be affecting their fetus's brain in ways they may not anticipate. Additionally, e-cigarettes (or e-vaporizers) frequently contain nicotine. Therefore, those products may also pose a risk to the fetus's health. More research is needed, but for now, [The Food and Drug Administration](#) recommends that pregnant women should not use any vaping product, regardless of the substance.

Similar to pregnant women, nursing mothers are also advised against using tobacco. New mothers who smoke should be aware that nicotine is passed through breast milk,¹⁵⁰ so tobacco use can impact the infant's brain and body development—even if the mother never smokes near the baby. There is also evidence that the milk of mothers who smoke smells and may taste like cigarettes. It is unclear whether this will make it more likely that exposed children may find tobacco flavors/smells more appealing later in life.¹⁵¹

Secondhand Smoke

Newborns exposed to secondhand smoke are at greater risk for SIDS, respiratory illnesses (asthma, respiratory infections, and bronchitis), ear infections,⁸⁸ cavities,¹⁵² and increased medical visits and hospitalizations.¹⁵³ If a woman smokes and is planning a pregnancy, the ideal time to seek smoking cessation help is before she becomes pregnant.

NIDA. 2021, June 22. Substance Use While Pregnant and Breastfeeding. Retrieved from <https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/substance-use-while-pregnant-breastfeeding> on 2021, July 30

**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

Blue Cross / Blue Shield of Minnesota "Blue Plus"	
Blue Advantage (BCBS Medical Assistance / BCBS PMAP, MinnesotaCare, Minnesota Senior Care Plus)	Twin Cities: 651-662-5545 Outstate MN: 1-800-711-9862
Secure Blue (Minnesota Senior Health Options - MSHO), Care Blue	Twin Cities: 651-662-6013 Outstate MN: 1-800-740-6013
HealthPartners	
HealthPartners (HP Medical Assistance / HP PMAP, Minnesota Care, Minnesota Senior Care Plus)	Twin Cities: 952-967-7998 Outstate MN: 1-866-885-8880
Health Partners (Minnesota Senior Health Options - MSHO)	Twin Cities: 952-967-7029 Outstate MN: 1-866-820-4285
Hennepin Health	
Hennepin Health (Available only to certain low come adults with children)	1-800-647-0550
Itasca Medical Care	
IMCare (Itasca Medical Care Medical Assistance / PMAP, Minnesota Care, Minnesota Senior Care Plus)	1-800-843-9536
IMCare Classic (Minnesota Senior Health Options - MSHO)	
Medica	
Medica Choice Care (Medica Medical Assistance / PMAP, Minnesota Care, Minnesota Senior Care Plus)	Twin Cities: 952-992-2580
Medical DUAL Solution (Minnesota Senior Health Options - MSHO) and Medica AccessAbility Solution (Special Needs BasicCare and PIN)	Outstate MN: 1-888-347-3630
Metropolitan Health Plan	
MHP Minnesota Senior Care Plus, Minnesota Senior Health Options - MSHO, and Cornerstone Solutions (Special Needs BasicCare - SNBC)	1-888-562-8000
PrimeWest Health	
PWH Advantage (PrimeWest Medical Assistance / PMAP, Minnesota Care, Minnesota Senior Care Plus, Speical Needs BasicCare - MA only)	1-866-431-0801
PrimeWest Senior Health Care Complete (Minnesota Senior Health Options - MSHO)	1-800-366-2906
PrimeWest Complete (Speical Needs BasicCare - MA and Medicare Integrated)	1-877-600-4913
South Country Health Alliance	
South Country Health Alliance (SCHA Medical Assistance / PMAP, Minnesota Care, and Senior Care Plus)	1-866-567-7242
Senior Care Complete (Minnesota Senior Health Options - MSHO) and AbilityCare (Special Needs BasicCare - SNBC)	
Ucare	
Ucare (Ucare Medical Assistance / PMAP, Minnesota Care, and Minnesota SeniorCare Plus)	Twin Cities: 612-676-3200 Outstate MN: 1-800-203-7225
Minnesota Senior Health Options - MSHO	Twin Cities: 612-676-6868 Outstate MN: 1-866-280-7202
Ucare Connect (Speical Needs BasicCare - SNBC)	Twin Cities: 612-676-3395 Outstate MN: 1-877-903-0061
Minnesota Health Care Programs Member Help Desk (including transportation coordinaton for people with Medical Assistance without an identified provder plan)	Twin Cities: 651-431-2670 Outstate MN: 1-800-657-3709