THE PHOENIX CENTER



*RISE - RECOVER - RENEW*

**CLIENT HANDBOOK**

**The PHOENIX Center**

The purpose of The PHOENIX Center is to serve individuals involved in the criminal justice system who struggle with Substance Abuse and Mental Health Disorders. The PHOENIX Center takes a holistic approach to treatment addressing each need that hinders one’s ability to be a successful member of society. The PHOENIX Center will offer residential and outpatient services. The goal of The PHOENIX Center is to build safer communities by assisting its clients in overcoming barriers to success.

The PHOENIX Center will implement a behavior modification program that will utilize positive and negative reinforcement to address behaviors in the moment. This approach is evidence based and proven effective when meeting at minimum a 4:1 ratio. The programming provided will be based on the Cognitive Behavioral Therapy model that addresses thoughts and feelings that influence behaviors.

**Mission Statement:**

The Phoenix Center will build strong communities by helping each client foster healthy relationships and live a drug free life through:

* P- Perseverance
* H- Hope
* O- Openness
* E- Enlightenment
* N- Nurture
* I- Inspire
* X- the cross that you bear

**Vision Statement:**

The Phoenix Center exists to help heal the minds, hearts, and souls of those entrusted to our care.

Rise - Recover- Renew

**RNR Principle**

The PHOENIX Center takes a risk-need-responsivity (RNR) approach towards dealing with clients. The Risk Principle states that a program should match the level of service to the client’s risk to re-offend and/or relapse. The Need Principle states that a program should assess criminogenic needs and target them in treatment. The Responsivity Principle states a program should maximize the client's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the client.

**Applying the Risk Principle**

Clients that are referred to The PHOENIX Center will be assessed to determine a client’s risk of reoffending and relapsing. The PHOENIX Center provides cognitive based treatment (CBT) dosage hours that are commensurate with that particular client’s risk level. This conversely affects the amount of time a client may spend in the program as well.

**Applying the Need Principle**

The PHOENIX Center is client centered and focused on the individual needs of the client. Based on the results of the assessment session, The PHOENIX Center’s program staff will determine how to address (if needed) each of the client’s seven criminogenic needs (antisocial attitudes, antisocial peers, antisocial personality, family, education/employment, prosocial activities and substance abuse). This is accomplished through CBT based groups and classes, as well as by addressing individual community barriers (i.e. employment, housing, financial issues, etc.) through a case planning approach.

**Applying the Responsivity Principle**

 In order to maximize a client’s chance of success, The PHOENIX Center program staff tailors the individual program to the learning style, motivation, abilities and strengths of the client. This is accomplished through gender specific programming, evaluation of academic strengths and weaknesses, and the use of a variety of intervention tools.

**Program Services**

The PHOENIX Center will provide treatment services in the form of individual and group settings, based on the needs of the clients. Services will be provided to address, but not limited to, the following areas:

* Cognitive Restructuring
* Social Skills
* Problem Solving Skills
* Emotion Regulation
* Coping Skills
* Relapse Prevention
* Anger Management
* Parenting Skills
* Healthy Relationships
* Lifestyle Balance
* Employability Skills

**These areas will be addressed through the following:**

**Assessment:** Assessment is the evaluation of an individual to determine the nature and extent of their alcohol or other drug problems or addiction and mental health needs.

**Case Management:** Case management services are provided to assist and support individuals in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. Case management services may include interactions with family members, significant others and/or other individuals or entities. Major components of case management services include coordinating assessments, treatment planning and crisis assistance services, linkage and training for clients in the use of basic community resources, and monitoring overall service delivery. Case Management services are available to all active, inactive, or potential clients of The PHOENIX Center.

**Group Counseling:** Group counseling means to assist two or more individuals in achieving treatment objectives. This occurs through the grouping individuals together who have similar concerns, whether they be addiction or mental health related. Group counseling involves an examination of attitudes and feelings, consideration of alternative solutions and decision making, and the discussion of didactic material with clients. The client to counselor ratio for group counseling shall not be greater than 12:1.

 **Individual Counseling**: Individual counseling involves a face-to-face encounter between a client and a counselor. Individual counseling focuses on assisting an individual to achieve treatment objectives through the exploration of alcohol and other drug problems or addiction and their ramifications as well as coping skills for mental health concerns. Individual counseling involves an examination of attitudes and feelings, consideration of alternative solutions and decision-making, and the discussion of didactic material with clients.

 **Laboratory Urinalysis:** Laboratory urinalysis means the testing of an individual’s urine specimen to detect the presence of alcohol or other drugs.

**Intensive Outpatient:** Intensive Outpatient Program (IOP) consists of individual, group, and case management services provided three to five days a week for three to four hours per day. This program helps clients who may need more support than once a week counseling or may have higher level of needs.

**Medication Assisted Treatment:** Medication assisted treatment means alcohol and other drug addiction services that are accompanied by medication approved by the United States Food and Drug Administration for the treatment of drug addiction, prevention of a relapse of drug addiction, or both.

**Transportation:** Transportation services will be provided. There will be a map of various pickup points and the scheduled pick up times.

**A Holistic Approach to Treatment**

The PHOENIX Center understands the importance of taking a holistic approach to treatment. One must meet the needs of the body, mind, and spirit. Self-love is essential for recovery. Furthermore, educational and vocational skills are critical components of success. While addressing one’s thought process is the foundation of recovery, enhancing and strengthening the individual as a whole increases one’s likeliness to succeed.

Additional Services offered through The PHOENIX Center include:

* Loved Ones Group – The PHOENIX Center provides a two-session meeting with client’s friends and families called Loved Ones Group that helps families understand addiction and CBT.
* Family Outreach – The PHOENIX Center provides special visits for clients to have one-on-one time with their children to rebuild or establish bonds.
* Community Speakers – Ex-clients and other members of the recovery community to come to the center to share their experiences with the client communities.
* AA/NA – The PHOENIX Center has internal AA/NA groups that are held and transports groups of clients to outside AA/NA groups as well.
* Health and Wellness Groups – Different exercise classes, mindfulness, and educational classes will be offered.

**Client Rights**

The PHOENIX Center implements policies and procedures to safeguard the rights of the persons served. The policies and procedures include, but are not limited to, the following:

* 1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy; and to the provision of services in manner that is responsive to unique characteristics, needs, and abilities.
	2. The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment.
	3. The right to service in the least restrictive, feasible environment.
	4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for the clear treatment reasons and required the person’s participation.
	5. The right to be informed of one’s own condition.
	6. The right to be informed of available services.
	7. The right to consent to or refuse any service, treatment, or therapy; informed consent regarding referral and expression of choice regarding service provider, involvement in research projects, access or referral to legal entities, self-help/advocacy support services, adherence to research guidelines and ethics, and investigation and resolution of alleged infringement of rights.
	8. The right to participate in the development, review, and revision of one’s own individualized service plan, and receive a copy of it.
	9. The right to freedom from unnecessary or excessive medications, physical restraint, or seclusion; freedom from physical abuse, sexual abuse, harassment, neglect, physical punishment, and psychological abuse including humiliating, threatening, and exploiting actions, and from financial or other exploitation or retaliation.
	10. The right to be informed of and refuse any unusual or hazardous treatment procedures.
	11. The right to be advised of and refuse observation by others and techniques such as one- way vision mirrors, tape recorders, video recorders, televisions, movies, photographs or other audio and visual technology.
	12. The right to consult with independent treatment specialists or legal counsel, at one’s own expense.
	13. The right to have access to one’s own client record in accordance with program procedures. A client request to review his/her record must be in writing, signed by the client or legal guardian, stating the reason for the request. The request will be reviewed by the Executive Director, Clinical Manager, and CEO to determine whether the request can be granted. Request for access will be granted if requested according to procedure unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client’s treatment plan. “Clear treatment reasons” shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an eminent risk. Should the request be denied, the factual information regarding the client that necessitates the restriction will be explained to the client or legal guardian.
	14. The right to be informed of the reason(s) for terminating participation in a program and to be provided a referral, if available.
	15. The right to be informed of the reasons for denial of service.
	16. The right not to be discriminated against in the provision of service on the basis of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, genetic information, disability, handicaps, HIV infection whether asymptomatic or symptomatic, AIDS, or in any manner prohibited by local, state, or federal laws.
	17. The right to know the cost of services.
	18. The right to be informed of all rights and to receive a written copy upon request.
	19. The right to exercise any and all rights without reprisal.
	20. The right to file a grievance in accordance with program procedures.
	21. The right to have oral and written instructions concerning the procedure for filing a grievance.
	22. The right to confidentiality of communications and personally identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
	23. The right to full explanation regarding the loss or restriction of privileges, and methods to reinstate the privileges.

Privileges can be lost through violation of program rules or a failure to demonstrate progress in treatment. Should restrictions on privileges occur; the purpose of the restriction will be fully explained to the client and will be documented in the case record. The client will also be informed regarding the methods to reinstate restricted or lost privileges.

The rights of clients are non-negotiable, i.e. they cannot be lost by the patient or taken away by the organization. In contrast, privileges may be extended to patients as a result of exceptional conformance to program rules or due to extraordinary progress. Privileges, unlike client rights, can be lost through violations of program rules or a failure to demonstrate progress in treatment.

The PHOENIX Center commits to the recognition of diversity in culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language.

The PHOENIX Center maintains the rights and dignity of the persons served at all times and makes appropriate arrangements available to persons served to meet their need for privacy and safety.

When persons served participate in research, The PHOENIX Center adheres to all governmental regulations, professional ethics, and is approved by the Board of Directors. The PHOENIX Center ensures that the confidentiality of the person served is protected. Written consent from each consumer participating is required. Documentation that the client made an informed choice and that he/she had the right to cease participation with no penalty is required. A written consent from consumers to use, disposition, and release of the data is required.

**Client Grievance Process**

1. If a conflict and/or complaint arises, the staff to whom the complaint/conflict is reported will first attempt to facilitate a resolution (or will direct the client to seek resolution with the staff about which the client is complaining). Should a resolution with staff not occur, the supervisor will intervene and assist in seeking a resolution. If the conflict and/or complaint cannot be resolved at staff /program level, the client may initiate the written grievance process. The following procedure must be met to satisfy notification requirements:

1. Present the grievance in writing to the Chief Program Officer. The grievance shall be dated and signed by the client/griever, the individual filing the grievance on behalf of the client, or have an attestation by the client advocate that the written grievance is a true and accurate representation of the client’s grievance. The Chief Program Officer will assist if assistance is needed to file in writing the grievance. The grievance shall contain the date, time, description of the incident, and names of individuals involved in the complaint. The Chief Program Officer is Shannon Bishop. She is available Monday-Friday 0900-1600 to assist in filing a grievance. She can be contacted at 207-602-8683. In the event the CPO cannot be reached, please contact the CEO, Eddie Philabaun at 740-646-6659 for instructions on how to file a grievance. It is the duty of the Chief Program Officer to inform the client that an investigation of the grievance will be conducted by the CPO on behalf of the client. The CPO will perform an investigation of the grievance on behalf of the client and represent the griever at a hearing if one is requested by the griever.

1. The Chief Program Officer will provide written acknowledgement to the griever of the receipt of the grievance within three (3) working days of the receipt of the grievance. The acknowledgement shall include the following information: Date and time grievance was received, Summary of grievance, Overview of grievance investigation process, Estimated date for completion of investigation and notification of resolution, Chief Program Officer name, address and telephone number.

1. The CEO will make a resolution decision on the grievance and response will be provided to the griever in writing within twenty (20) calendar days of the receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended will be documented and written notification of the needed extension will be given to the client. The written response to the griever regarding the resolution decision of the grievance shall include: Date grievance received, nature of grievance, findings of the investigation, proposed resolution of grievance, notice of the right to appeal and instruction on the appeals process.

If not satisfied with the response from the CEO, the client may then, or at any time, file a complaint with the outside entities that include, but are not limited to, those listed below. Upon request by the client and appropriate release of information executed, information regarding the grievance will be provided to these entities.

The Alcohol, Drug Addiction, & Mental Health Services Board 917 North Seventh St. Portsmouth, OH 45662

Ohio Dept. of Mental Health and Addiction Services (OMHAS), 30 East Broad Street, Columbus, OH 43215 Phone (614) 466-2596

Disability Rights Ohio, 200 South Civic Center Dr. Suite 300 Columbus, OH 43215 Phone 1-614-466-7264

Ohio Counselor & Social Worker Board, 77 S. High St., 16th Floor, Columbus, OH Phone (614) 466-0912

US Dept. of Health & Human Services (US Public Health Service), Office of Civil Rights, Region V, 105 W. Adams St., 17th Floor, Chicago, IL 60603 Phone (312) 886-2359