

UA Code: \_\_\_\_\_

## Orientation Unit Checklist

**Patient Name:** \_\_\_\_\_ **Admission Date:** \_\_\_\_\_

**Checklist needs to be completed within the first 7 days of being on the Orientation Unit.** When completed please return it to Parker, the House Manager. Begin attending the first full day you are here that coordinates with the scheduled group time (for example, you come in on Tuesday – on Wednesday you would start attending, Skills group, and Case management group). If you feel up to it you may attend a group the same day you arrive, or you may take the day to settle in.

**Please get initials from staff in front of every item on the checklist.**

### Complete Orientation to the unit with Recovery Support Staff (RSS)

- \_\_\_ Receive room assignment and linens from RSS
- \_\_\_ Review room expectations
- \_\_\_ Covid Safety rules
- \_\_\_ Laundry Room rules
- \_\_\_ Gym rules
- \_\_\_ Group Room rules
- \_\_\_ Bathroom rules
- \_\_\_ Nicotine Free Campus – please be clear and specific
- \_\_\_ Receive hygiene kit if needed
- \_\_\_ Receive coffee cup from RSS House Manger – Parker
- \_\_\_ Review any food allergies with the RSS team
- \_\_\_ Get your belongings after RSS searches them and arrange for any contraband to be picked up for you within 72 hours (i.e., knives, vapes, chewing tobacco, etc.)

**The RSS who provides you with the Orientation Tour, will initial the above.**

UA Code: \_\_\_\_\_

### **Screening Packet Given to You at Intake**

You were given a screening packet that is in your folder.

**COMPLETE BY THE END OF THE DAY YOU ARRIVE IN ORIENTATION.**

\_\_\_ Screening Packet Completed and Turned in to Admissions

\_\_\_ Turn in Completed Medical Forms

### **Physical Exam with Medical**

\_\_\_ Physical Exam Completed

\_\_\_ Follow Up Exam Needed Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

\_\_\_ No Follow Up Needed

\_\_\_ Establish a Primary Care Provider

### **Meet with Sam the Peer Support Specialist to start your WRAP plan**

\_\_\_ Start WRAP Plan with PSS

\_\_\_ Completed WRAP Plan date \_\_\_\_\_

### **Attend Case Management Education Group within your first 7 days**

\_\_\_ Attend Case Management Group on Wednesday at 10:00 a.m.

\_\_\_ Obtain Nicotine Replacement (NRT) products if needed

\_\_\_ Sign up on the case management sheet in the hall for the items listed that you need help with while in orientation hall (phones, clothes, pick ups, NRT)

### **Attend Med Team Education Group within your first 7 days**

\_\_\_ Review medications with the Med Team

\_\_\_ Get medications transferred to Genoa

\_\_\_ Attend Med Team Education Group

UA Code: \_\_\_\_\_

**IMPORTANT:** EACH CLIENT WILL BE STAFFED BY THE PROGRAM MANAGERS OF EACH FACILITY. ONCE YOU HAVE BEEN ASSIGNED TO A FACILITY, THERE WILL BE NO CHANGES. YOU ARE HERE FOR TREATMENT AND ALL FACILITIES WILL PROVIDE THAT FOR YOU.

**SIGN HERE STATING YOU HAVE READ AND AGREE TO THIS:**

\_\_\_\_\_

## FSH Naloxone Locations

### **Central City Residential:**

**440 S 500 E**

- RSS Office (Main Floor)
- Med Room (Basement)
- In RSS Hip Bags

### **Fairpark Residential: 411 N Grant St**

- RSS Office (Main Floor)
- Med Room (Main Floor)
- In RSS Hip Bags

### **Annex : 406-410 N 800 W**

- Kitchen Area

### **FHSR House: 422 N 800 W**

- Kitchen Area
- Garage

### **Recovery Residences: 474—476 N Grant St., 546 N Grant St., 379 N Redwood Road**

- Kitchen Area

### **REACH Office: 950 E 3300 S**

- RSS Front Desk and along hallways
- In RSS Hip Bags
- In Dining Area

### **Medina Place Apts: 426 S 500 E**

- On every floor

### **FSH Outpatient: 434 S 500 E**

- Front Desk (Main Floor)

### **5th East Apts: 439 S Denver St**

- Inside Janitor Closets (3-5 Floors)
- Community Room (2nd Floor)
- HSS Office (1st Floor)
- In HSS Hip Bags

### **Valor House: 720 Valdez Dr**

- All Kitchens
- RSS Desk (Main Floor)
- Med Room
- Pantry (2nd Floor)

## First Step House

434 S 500 E

439 S Denver St

426 S 500 E

440 S 500 E

411 N Grant St

406 N 800 W

422 N 800 W

474 N Grant St

546 N Grant St

230 W 400 S

950 E 3300 S

720 Valdez Dr

379 N Redwood Rd

Salt Lake City, UT

Phone: 801.359.8862

Fax: 801.359.8510

[www.firststephouse.org](http://www.firststephouse.org)



**First Step House**

*Meaning • Purpose • Recovery*

## How to Recognize an Opioid Overdose and Use Naloxone



## How to Identify an Opioid Overdose\*

- The person will not wake up even if you shake them or say their name
- Breathing slows, is gurgled, or even stops
- Lips and fingernails turn blue or gray
- Skin gets pale, cold, and/or clammy
- Pinpoint pupils
- Slow heartbeat (<50 bpm)

## In Case of Overdose\*

- Call 911
- Administer Naloxone
- Provide rescue breathing and continue breathing for them (follow instructions from 911 dispatcher)
- When breathing, place person on their side in case of vomiting
- Administer 2nd dose of Naloxone after 3 minutes, if person is still unresponsive.
- Remain with them until EMS arrives

\*<http://www.utahnaloxone.org/how-to-use-a-naloxone-rescue-kit-print-and-videos/>

## HOW TO GIVE NALOXONE:

### Nasal Spray\*

#### PEEL



Peel back package to remove the device. Hold the device with your thumb on the bottom of the plunger and two fingers on the nozzle.

#### PLACE



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

#### PRESS



Press the plunger firmly to release the dose into the patient's nose.

\* <https://www.narcan.com/>

### Injectable\*

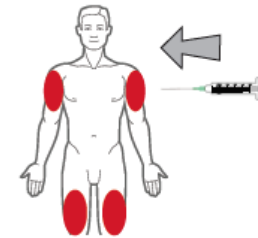
**1** Remove cap from naloxone vial and uncover the needle.



**2** Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.



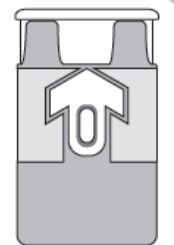
**3** Inject 1 ml of naloxone into an upper arm or thigh muscle.



**4** If no reaction in 3 minutes, give second dose.

### Auto-Injector\*

The naloxone auto-injector needs no assembly and can be injected into the outer thigh, even through clothing. It contains a speaker that provides step-by-step instructions.

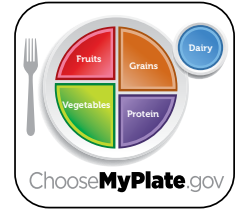


\*<http://www.utahnaloxone.org/how-to-use-a-naloxone-rescue-kit-print-and-videos/>

**10 tips**  
Nutrition  
Education Series



# get the facts to feel and look better

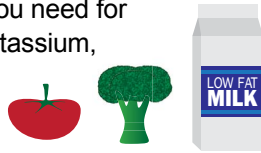


## 10 tips for men's health

Take charge of your eating habits by choosing the types and amounts of foods you need. Make your food choices a priority and be physically active so you can be the healthy man you want to be.

### 1 magic foods do not exist

There's no magic food or way to eat. There are some foods men need to eat such as vegetables; fruits; whole grains; protein foods like beans, eggs, or lean meats; and dairy like 1% milk. You'll get nutrients you need for good health—including magnesium, potassium, calcium, vitamin D, fiber, and protein.



### 2 if it's there, you'll eat it

Keep healthy foods in your kitchen that need little preparation. Keep your fridge filled with carrots, apples, oranges, low-fat yogurt, and eggs. Stock up on fresh, canned, or frozen vegetables and fruits, lean meats, canned beans, and tuna or salmon. Find healthier heat-and-eat options to replace heating up a frozen pizza.

### 3 whole grains help you feel full

Make sure half your grains are whole grains. Whole grains can help give a feeling of fullness and key nutrients. Choose whole-wheat breads, pasta, and crackers; brown rice; and oatmeal instead of white bread, rice, or other refined-grain products.



### 4 build habits that don't add pounds

Cut calories by skipping foods high in solid fats and added sugar. Limit fatty meats like ribs, bacon, and hot dogs. Cakes, cookies, candies, and ice cream should be just occasional treats. Use smaller plates to adjust the amount of food you eat.

### 5 water is your friend

Water is a better choice than many routine drink choices. Beverages can add about 400 calories a day to men's diets. So limit high-calorie beverages, including those with alcohol. Skip soda, fruit drinks, energy drinks, sports drinks, and other sugary drinks.



### 6 find out what men need to eat

Men's energy needs differ from women's needs. Find exactly *how much* and *what* foods you need, based on your height, weight, age, and physical activity level at [www.SuperTracker.usda.gov](http://www.SuperTracker.usda.gov).

### 7 get beyond survival cooking

Start cooking more often. Try steaming vegetables, roasting a chicken, and making a tasty veggie sauce for spaghetti from scratch. Eating your own home-cooked meals allows you to control what and how much you eat.



### 8 wise-up about what's in food

Use both Nutrition Facts and ingredient labels to discover what nutrients foods and beverages contain. Cut back on foods that have sugar or fat as the first ingredient. Use SuperTracker's **Food-A-Pedia** to compare more than 8,000 foods.

### 9 sweat is not bad

Be active whenever you can. Have friends or family join you when you go for a long walk, bike, or jog. Vary activities to stay motivated. Set a goal of 2½ hours or more of moderate physical activity a week. Include strengthening your arms, legs, and core muscles at least 2 days a week. Being active just 10 minutes at a time makes a difference.



### 10 fill your plate like MyPlate

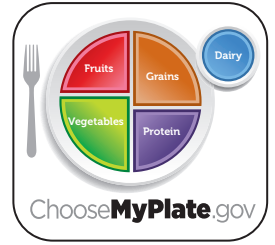
Learn more at [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov). MyPlate is based on the Dietary Guidelines for Americans ([www.DietaryGuidelines.gov](http://www.DietaryGuidelines.gov)).

# 10 tips

Nutrition  
Education Series

# be active adults

10 tips to help adults include  
physical activity into their lifestyle



**Being physically active is important for your health.** Adults who are physically active are less likely to develop some chronic diseases than adults who are inactive. Physical activity is any form of exercise or movement of the body that uses energy. People of all ages, shapes, sizes, and abilities can benefit from a physically active lifestyle.

## 1 start activities slowly and build up over time

If you are just starting physical activity, build up slowly. This will help to prevent injury. After a few weeks, increase how often and how long you are active.



## 2 get your heart pumping

For health benefits, do at least 2½ hours each week of physical activity that requires moderate effort. A few examples include brisk walking, biking, swimming, and skating. Spread activities over the week, but do them at least 10 minutes at a time.



## 3 strength-train for healthy muscles and bones

Do strengthening activities twice a week. Activities that build strength include lifting weights, doing push-ups and sit-ups, working with resistance bands, or heavy gardening.

## 4 make active choices throughout the day

Every little bit of activity can add up and doing something is better than nothing. Take the stairs instead of the elevator, go for a 10-minute walk on your lunch break, or park further away from work and walk.

## 5 be active your way

Mix it up—there are endless ways to be active. They include walking, biking, dancing, martial arts, gardening, and playing ball. Try out different activities to see what you like best and to add variety.

## 6 use the buddy system

Activities with friends or family are more enjoyable than doing them alone. Join a walking group, attend fitness classes at a gym, or play with the kids outside. Build a support network—your buddies will encourage you to keep being active.



## 7 set goals and track your progress

Plan your physical activity ahead of time and keep records. It's a great way to meet your goals. Track your activities with the Physical Activity Tracker on **SuperTracker**.\* Use the My Journal feature to record what you enjoyed so you can build a plan that is right for you.

## 8 add on to your active time

Once you get used to regular physical activity, try to increase your weekly active time. The more time you spend being physically active, the more health benefits you will receive.

## 9 increase your effort

Add more intense activities once you have been moderately active for a while. You can do this by turning a brisk walk into a jog, swimming or biking faster, playing soccer, and participating in aerobic dance.



## 10 have fun!

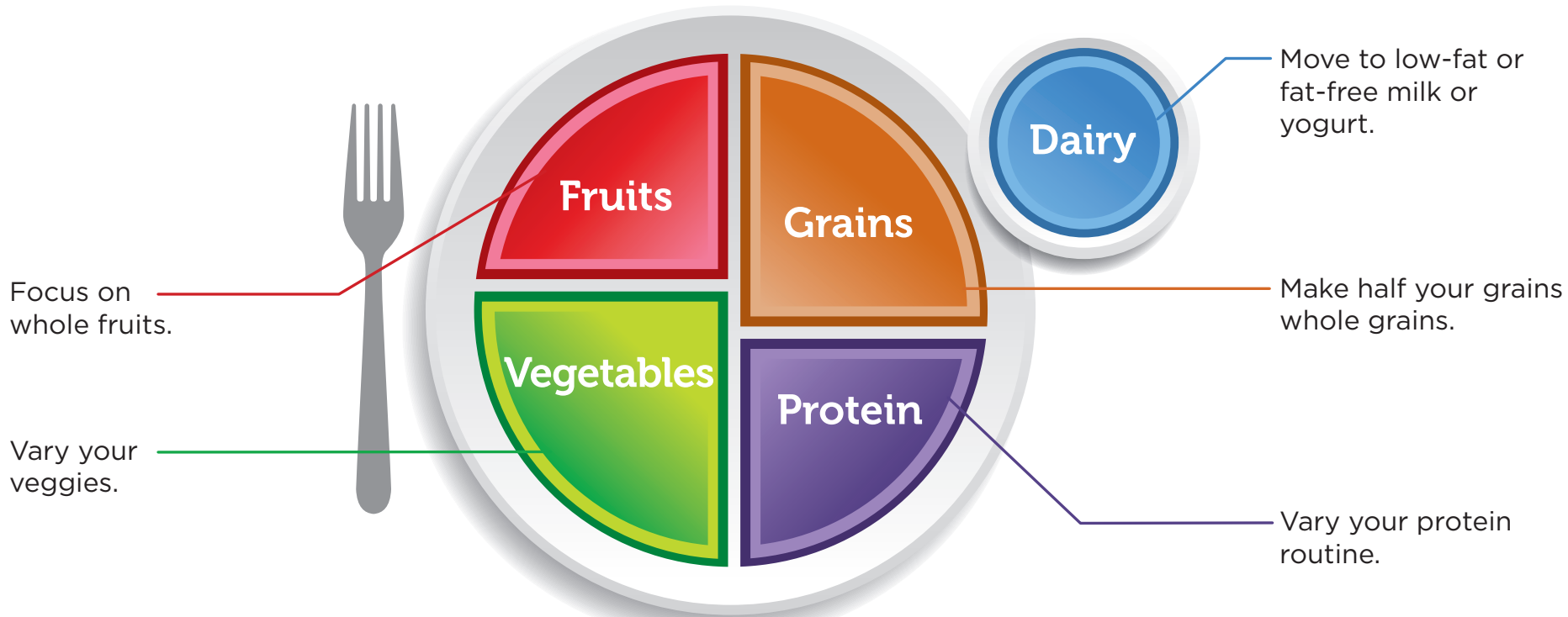
Physical activity shouldn't be a chore. It can help you feel better about yourself and the way you live your life. Choose activities that you enjoy and that fit your lifestyle.

\*Find the SuperTracker at <https://www.supertracker.usda.gov>.



# MyPlate, MyWins: Make it yours

Find your healthy eating style. Everything you eat and drink over time matters and can help you be healthier now and in the future.



Choose **MyPlate.gov**



**Limit**

**Limit the extras.**

Drink and eat beverages and food with less sodium, saturated fat, and added sugars.

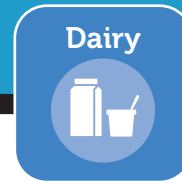


**MyWins**

**Create 'MyWins' that fit your healthy eating style.**

Start with small changes that you can enjoy, like having an extra piece of fruit today.





Focus on whole fruits and select 100% fruit juice when choosing juices.

Buy fruits that are dried, frozen, canned, or fresh, so that you can always have a supply on hand.

Eat a variety of vegetables and add them to mixed dishes like casseroles, sandwiches, and wraps.

Fresh, frozen, and canned count, too. Look for “reduced sodium” or “no-salt-added” on the label.

Choose whole-grain versions of common foods such as bread, pasta, and tortillas.

Not sure if it’s whole grain? Check the ingredients list for the words “whole” or “whole grain.”

Choose low-fat (1%) or fat-free (skim) dairy. Get the same amount of calcium and other nutrients as whole milk, but with less saturated fat and calories.

Lactose intolerant? Try lactose-free milk or a fortified soy beverage.

Eat a variety of protein foods such as beans, soy, seafood, lean meats, poultry, and unsalted nuts and seeds.

Select seafood twice a week. Choose lean cuts of meat and ground beef that is at least 93% lean.

### Daily Food Group Targets — Based on a 2,000 Calorie Plan

Visit [SuperTracker.usda.gov](http://SuperTracker.usda.gov) for a personalized plan.

#### 2 cups

1 cup counts as:

- 1 large banana
- 1 cup mandarin oranges
- ½ cup raisins
- 1 cup 100% grapefruit juice

#### 2½ cups

1 cup counts as:

- 2 cups raw spinach
- 1 large bell pepper
- 1 cup baby carrots
- 1 cup green peas
- 1 cup mushrooms

#### 6 ounces

1 ounce counts as:

- 1 slice of bread
- ½ cup cooked oatmeal
- 1 small tortilla
- ½ cup cooked brown rice
- ½ cup cooked grits

#### 3 cups

1 cup counts as:

- 1 cup milk
- 1 cup yogurt
- 2 ounces processed cheese

#### 5½ ounces

1 ounce counts as:

- 1 ounce tuna fish
- ¼ cup cooked beans
- 1 Tbsp peanut butter
- 1 egg

#### Water



#### Drink water instead of sugary drinks.

Regular soda, energy or sports drinks, and other sweet drinks usually contain a lot of added sugar, which provides more calories than needed.

#### Activity

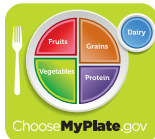


#### Don't forget physical activity!

Being active can help you prevent disease and manage your weight.

Kids ≥ 60 min/day

Adults ≥ 150 min/week



## MyPlate, MyWins

Healthy Eating Solutions for Everyday Life

Choose [MyPlate.gov/MyWins](http://MyPlate.gov/MyWins)

Center for Nutrition Policy and Promotion

May 2016

CNPP-29

USDA is an equal opportunity provider, employer, and lender.

# SALT LAKE/SUMMIT AREA HEALTH RESOURCE LIST 2015



## Salt Lake County General Medical Clinics

### Central City Community Health Center

461 South 400 East, Salt Lake City, UT 84115

**Phone:** 801-539-8617

**Hours:** M – F 8 am – 5 pm

**Fees:** Co-pay or sliding scale. Accepts Medicaid, Medicare, PCN, CHIP, and most private insurance.

**Eligibility Requirements/Area served:** Only accepting new clients with insurance with the exception of pregnant women.

### 4th Street Clinic

409 South 400 West, Salt Lake City, UT 84101

**Phone:** 801-364-0058

**Hours:** M, W, Th 8 am – 6 pm; Tu 8:30 am – 6 pm; F 8 am – 5 pm. Appointment necessary for most services.

**Fees:** None. Accepts Medicaid, Medicare, PCN, CHIP, and private insurance.

**Eligibility Requirements:** Clients must be homeless.

### George E. Wahlen Department of Veterans Affairs

#### Medical Center—VA Salt Lake City Health Care System

500 South Foothill Drive (1800 E), Salt Lake City, UT 84148

**Phone:** 801-582-1565, 1-800-613-4012

**Hours:** Clinics: M – F 8 am – 4:30 pm; Emergency Care Unit: 24/7

**Fees:** Varies by service

**Eligibility Requirements/Area Served:** Honorably discharged veterans. To enroll, contact the enrollment office at **801-584-2585**

### Health Clinics of Utah - Salt Lake

168 North 1950 West Ste 201, Salt Lake City, UT 84116

**Phone:** 801-715-3500

**Hours:** M - F 7 am – 6 pm

**Fees:** Co-pay or Medicaid fees charged for services not covered by benefit plan.

**Eligibility Requirements:** Services are for uninsured clients or those who receive Medicaid, Medicare, PCN, or CHIP benefits.

### Hope Clinic

65 East 6850 South, Midvale, UT 84047

**Phone:** 801-568-6700

**Hours:** Tu & W 9 am – 12 pm, 1 – 4 pm **By Appointment Only**

**Fees:** None

**Eligibility Requirements/Area Served:** Clients at or below 150% of federal poverty guidelines who do not have health insurance.

### Intermountain Lincoln Elementary School Clinic

1090 South Roberta Street (250 E), Salt Lake City, UT 84111

**Phone:** 801-408-3585

**Hours:** M – Th 8:30 am – 4:30 pm; F 8:30 am – 12:30 pm; Closed school holidays

**Fees:** Accepts Medicaid, Medicare, PCN, CHIP, and most private insurance. Sliding scale for uninsured patients based on household size and income.

**Eligibility Requirements/Area Served:** Zip codes 84101, 84102, 84105, 84106, 84107, 84111, and 84115.

### Intermountain North Temple InstaCare

54 North 800 West, Salt Lake City, UT 84116

**Phone:** 801-408-8654

**Hours:** M – Sa 10 am – 7 pm (Jan. – June); 10 am – 7:30 pm (July – Dec.)

**Fees:** Accepts Medicaid, Medicare, PCN, CHIP, and most private insurance. Sliding scale for uninsured patients based on household size and income.

**Eligibility Requirements/Area Served:** Provides **urgent medical care** for patients of all ages and all incomes with no geographical boundary restrictions.

### Intermountain Rose Park Elementary Clinic

1105 West 1000 North, Salt Lake City, UT 84116

**Phone:** 801-408-8626

**Hours:** M 10:30 am – 6:30 pm; W & Th 8:30 am – 4:30 pm; Closed Tu & F

**Fees:** Accepts Medicaid, Medicare, PCN, CHIP, and most private insurance. Sliding scale for uninsured patients based on household size and income.

**Eligibility Requirements/Area Served:** Serves residents of zip code 84103, 84114, 84116, and the students and families of Rose Park Elementary School.

### Maliheh Free Clinic

415 East 3900 South, Salt Lake City, UT 84107

**Phone:** 801-266-3700

**Hours:** M, Tu, Th, F 9 am – 5 pm; W 9 am – 8 pm **By Appointment Only**

**Fees:** None

**Eligibility Requirements/Area Served:** Clients at or below 150% of federal poverty guidelines who do not have health insurance.

### Midtown Community Health Center—South Salt Lake

2253 South State Street, South Salt Lake, UT, 84115

**Phone:** 801-486-0911

**Hours:** M – F 8 am – 6 pm

**Fees:** Accepts Medicaid, Medicare, CHIP, and all major insurance plans. A sliding fee scale is available for individuals who do not have health insurance.

**Eligibility:** Accepts clients with or without health insurance.

### Mid-Valley Health Clinic

8446 South Harrison Blvd, Midvale, UT 84404

**Phone:** 801-417-0131

**Hours:** M, Tu, W, F 8 am – 5 pm; Th 12 noon – 8 pm

**Fees:** Co-pay or a sliding fee based on income. Accepts Medicaid, CHIP, Medicare, and some private insurance.

**Eligibility Requirements/Area Served:** Provides primary health care services to all regardless of their ability to pay.

### Neighborhood Clinic

1388 Navajo Street (1340 W), Salt Lake City, UT, 84104

**Phone:** 801-955-2360

**Hours:** M, Tu, Th, F, 8 am – 5 pm; W 9 am – 5 pm

**Fees:** Accepts Medicaid, Medicare, PCN, CHIP, and most private insurance. Sliding scale for uninsured patients based on household size and income.

**Eligibility Requirements/Area Served:** For patients of all ages and all incomes with no geographical boundary restrictions.

### Oquirrh View Community Health Center

4745 South 3200 West, Salt Lake City, UT 84118

**Phone:** 801-964-6214

**Hours:** M & Tu 8 am - 5 pm; W 9 am - 5 pm; Th & F 8 am - 5 pm

**Fees:** Co-pay or sliding scale. Accepts Medicaid, Medicare, PCN, CHIP, and most private insurance.

**Eligibility Requirements/Area served:** Clients with or without health insurance.

### 72nd Street Community Health Center

220 West 7200 South Ste A, Midvale, UT 84047

**Phone:** 801-566-5494

**Hours:** M, Tu, Th, F 8 am - 5 pm; W 9 am - 7:15 pm

**Fees:** Co-pay or sliding scale. Accepts Medicaid, Medicare, PCN, CHIP, and most private insurances.

**Eligibility Requirements/Area served:** Clients with or without health insurance.

### Stephen D. Ratcliffe Community Health Center

1365 West 1000 North, Salt Lake City, UT 84116

**Phone:** 801-328-5750

**Hours:** M - F 8 am - 5 pm

**Fees:** Co-pay or sliding scale. Accepts Medicaid, Medicare, PCN, CHIP, and most private insurance.

**Eligibility Requirements/Area served:** Clients with or without insurance.

### Urban Indian Center of Salt Lake

*Aids and assists American Indian/Alaskan Native people – promotes and provides access to primary medical care, dental care, and prenatal care.*

120 West 1300 South

Salt Lake City, UT 84115

**Phone:** 801-486-4877, 1-866-OUR-IWIC (687-4942)

**Hours:** M, W, F 8:30 am - 4:30 pm; Tu, Th 8:30 am - 3 pm; Closed 12 - 1 pm Daily

**Fees:** None

**Eligibility Requirements/Area Served:** American Indians/Alaskan Natives in the Salt Lake Area. Census and tribal enrollment numbers are required.





# SALT LAKE/SUMMIT AREA HEALTH RESOURCE LIST 2015



## Summit County General Medical Clinic

### People's Health Clinic

650 Round Valley Drive, Park City, UT 84060

Phone: 435-333-1850

Hours: Tu - Th 8 am - 8 pm; F 9 am - 1 pm

Fees: None. \$20 donation requested.

Eligibility Requirements/Area Served: No health insurance.  
Proof of address in Summit or Wasatch Counties.

## Health Departments

Provide preventative and health supportive services including immunizations, disease and injury prevention, food-handling permits, vital records, and WIC.

### Salt Lake County

#### Ellis R. Shipp Public Health Center

4535 South 5600 West

West Valley, UT 84120

Phone: 385-468-3700

Hours: M - F 8 am - 5pm

#### Rose Park Public Health Center

799 North Redwood Road Ste A

Salt Lake City, UT 84116

Phone: 385-468-4152

Hours: W 10 am - 1 pm; 2 - 6 pm

#### Salt Lake City Public Health Center

610 South 200 East

Salt Lake City, UT 84111

Phone: 385-468-4225

Hours: M - F 8:30 am - 5 pm

#### South East Public Health Center

9340 South 700 East

Sandy, UT 84070

Phone: 385-468-4330

Hours: M - F 8 am - 5pm

#### South Main Public Health Center

3690 South Main Street

Salt Lake City, UT 84115

Phone: 385-468-4000

Hours: M - F 8 am - 5 pm

#### West Jordan WIC Clinic

1740 West 7800 South

West Jordan, UT 84084

Phone: 385-468-4365

Hours: Call for appointment

### Summit County

#### Coalville Office

85 North 50 East

Coalville, UT 84017

Phone: 435- 336-3234

#### Kamas Office

110 North Main Street

Kamas, UT 84036

Phone: 435- 783-3161

#### Park City Office

650 Round Valley Drive

(Quinn's Junction)

Park City, UT 84060

Phone: 435 333-1500

## Specialized Services

### Huntsman Cancer Institute

Provides treatment, education, and awareness for cancer patients and their families.

120 West 1300 South, Salt Lake City, UT 84115

Phone: 801-585-0303, Cancer Info Line: 801-581-6365

Fees: Varies by service

### Planned Parenthood Association of Utah

Provides a full range of professional, personalized, confidential reproductive healthcare services for women, men, and teens regardless of age or income.

Fees: Sliding scale, insurance accepted

#### Salt Lake City

654 South 900 East

Salt Lake City, UT 84102

Phone: 801-322-5571

#### West Valley City

1906 West 3600 South

West Valley, UT 84119

Phone: 801-973-9675

### Shriners Hospitals for Children—Salt Lake City

Provides expert pediatric orthopedic medical care regardless of ability to pay.

500 South Foothill Drive (1800 E), Salt Lake City, UT 84148

Phone: 801-536-3500, 1-800-313-3745

Fees: All care provided regardless of ability to pay.

Eligibility Requirements/Area Served: 18 years or younger with orthopedic or reconstructive plastic surgery needs.

Intake Procedure: Call referral line for appointment: 1-800-314-4283

## Miscellaneous

### Comunidades Unidas

Provides a variety of programs focusing on both community well-being and community organizing to help individuals from the immigrant and refugee communities become healthy, self-reliant, and participatory members of society.

1750 West Research Way ( 2770 S) Ste 102, West Valley City, UT 84119

Phone: 801-487-4143

### Health Access Project (HAP)

Helps uninsured individuals obtain needed health care before it becomes an emergency. Referral needed from HAP provider or 2-1-1 (primary care only).

140 West 2100 South Ste 208, Salt Lake City, UT 84115

Phone: 801-412-3980

### Take Care Utah

Phone: 2-1-1

Website: takecareutah.org

Services: Helps people find and understand their new options for affordable healthcare coverage by connecting them with trained enrollment specialists in their communities and neighborhoods.

## Hospitals

Alta View Hospital (Intermountain).....801-501-2600  
9660 South 1300 East, Sandy, UT 84094

Heber Valley Medical Center (Intermountain) .....435-654-2500  
1485 South Highway 40 Heber, UT 84032

Intermountain Medical Center (Intermountain) .....801-507-7000  
5121 South Cottonwood St., Murray, UT 84157

Jordan Valley Medical Ctr (Iasis Healthcare) .....801-561-8888  
3580 West 9000 South, West Jordan, UT 84088

LDS Hospital (Intermountain).....801-408-1100  
8th Avenue (400 North) "C" Street (300 East), SLC, UT 84143

Lone Peak Hospital (MountainStar) .....801-545-8000  
11925 South State Street, Draper, UT 84020

Park City Medical Center (Intermountain) .....435-658-7000  
900 Round Valley Drive Park City, UT 84060

Pioneer Valley Hospital (Iasis Healthcare) .....801-964-3100  
3460 South Pioneer Parkway (4155 West), WVC, UT 84120

Primary Children's Medical Center (Intermountain) .....801-662-1000  
100 North Mario Capecchi Drive (1750 East), SLC, UT 84113

Riverton Hospital (Intermountain) .....801-285-4000  
3741 West 12600 South, Riverton UT 84065

St. Mark's Hospital (MountainStar) .....801-268-7111  
1200 East 3900 South, SLC UT 84124

Salt Lake Regional Hospital & Medical Center (Iasis Healthcare).....801-350-4111  
1050 East South Temple, SLC, UT 84102

University of Utah Hospital (UUHSC) .....801-581-2121  
50 North Mario Capecchi Drive (1950 East), SLC, UT 84132

Last Update: September 2015

Please visit [www.211ut.org](http://www.211ut.org) for the most current resource lists

**United Way 2-1-1 is the place to call if you need help or want to give help. Callers can be linked to resources available from health and human service programs throughout the state.**



## Medication Assisted Treatment Options

<b>Alcohol</b>	<p><b>Acamprosate</b> reduces symptoms of protracted withdrawal (i.e., insomnia, anxiety, restlessness, and dysphoria) by normalizing brain systems disrupted by chronic alcohol consumption in adults. It is thought to be more effective in patients with severe alcohol use disorders.</p>	<p><b>Disulfiram</b> inhibits an enzyme involved in the metabolism of alcohol, causing an unpleasant reaction (i.e., flushing, nausea, and heart palpitations) if alcohol is consumed after taking the medication. Compliance can be a problem, but among motivated patients this can be very effective.</p>	<p><b>Naltrexone</b> (Vivattrol) blocks receptors involved in the rewarding effects of drinking and in the craving for alcohol similarly to how it blocks the effects of opioids. It reduces relapse of heavy drinking behavior and is highly effective in some but not all patients, where varied outcomes could be due to genetic factors. Naltrexone is available in both oral tablet and long-acting injectable preparations.</p>
<b>Opiates/Opioids</b>	<p><b>Methadone</b> prevents opioid withdrawal symptoms and reduces craving by activating opioid receptors in the brain. It has a long history of use in treatment of opioid dependence in adults, and is available through Project Reality.</p>	<p><b>Buprenorphine</b> reduces or eliminates opioid withdrawal symptoms, including drug cravings, without producing the euphoria or dangerous side effects of heroin and other opioids. It does this by both activating and blocking opioid receptors in the brain. It is available for sublingual (under-the-tongue) administration both in a stand-alone formulation and in combination with another agent called naloxone. The naloxone in the combined formulation is included to deter diversion or abuse of the medication by causing a withdrawal reaction if it is intravenously injected by individuals physically dependent on opioids.</p>	<p><b>Naltrexone</b> is approved for the prevention of relapse in adult patients following complete detoxification from opioids. It acts by blocking the brain's opioid receptors, preventing opioid drugs from acting on them and thus blocking the euphoria the user would normally feel and/or causing withdrawal if recent opioid use has occurred. It can be taken orally in tablets or as a once-monthly injection given in a doctor's office.</p>

<p><b>Nicotine</b></p>	<p><b>OTC nicotine replacement products</b> are approved for sale to persons 18 years of age and older. These products are available under brand names and sometimes as generic products. They include:</p> <ul style="list-style-type: none"> <li>• <b>skin patches</b> known as transdermal nicotine patches. These patches are affixed to the skin, similar to how you would apply an adhesive bandage.</li> <li>• <b>chewing gum</b> also known as nicotine gum.</li> <li>• <b>lozenges</b> also known as nicotine lozenges. Lozenges are taken by dissolving in the mouth.</li> </ul>	<p><b>Prescription-only nicotine replacement products</b> are available only under the brand name Nicotrol and are available both as a nasal spray and an oral inhaler.</p>	<p><b>Products Not Containing Nicotine</b></p> <p>Two medicines that do not contain nicotine have FDA’s approval as smoking cessation products. They are Chantix (varenicline tartrate) and Zyban (bupropion hydrochloride). Both are available in tablet form on a prescription-only basis.</p> <p><b>Chantix</b> acts at sites in the brain affected by nicotine.</p> <p>The precise means by which <b>Zyban</b> aids smoking cessation is unknown.</p>
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Sources: U.S. Food and Drug Administration. (2017, August 23). “FDA 101: Smoking Cessation Products”. Retrieved from: <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm198176.htm>; Frieden, Hyde, Koob, Mann, Volkow. (2014, July 11). “Subject: Medication Assisted Treatment for Substance Use Disorders”. Retrieved from: <https://www.medicare.gov/federal-policy-guidance/downloads/cib-07-11-2014.pdf>

## About First Step House

### Our Mission and Vision

#### **TO HELP PEOPLE IN NEED BUILD LIVES OF MEANING, PURPOSE, AND RECOVERY**

Our mission is to help people build lives of meaning, purpose, and recovery. We do this by providing high-quality treatment, housing, and services. We work closely with local government and the network of service providers to identify community needs and prevent gaps in the social fabric.

To fulfill our mission, First Step House commits to the following vision:

- That people in need have access to the highest quality treatment for substance use disorder and behavioral health conditions.
- That people experiencing mental illness and other struggles have a permanent home and ongoing support.
- That people experiencing homelessness, including Veterans, can access safe, supportive housing.
- That our community experiences fewer recurrent jail stays, visits to the emergency room, and preventable deaths.

### Our Values

#### **INTEGRITY**

We make choices consistent with our principles, keep our promises, and work to earn the trust of our clients, community, staff, and partners.

#### **TRANSPARENCY**

We proactively communicate our practices, policies, and decisions and hold space for the open exchange of ideas. We foster a culture of accountability for leadership, staff, and clients.

#### **IMPROVEMENT**

We rigorously evaluate programs, procedures, and our own performance to identify opportunities for change and growth. We solve problems collaboratively, with enthusiasm and hope, sharing a goal to make our organization better.

#### **EQUITY**

We seek out and welcome clients, staff, and partners from all identities and walks of life. We work to understand and correct disparities in treatment access and health outcomes for people of different backgrounds.

#### **COMPASSION**

We recognize the intrinsic value and humanity of every person we serve and work alongside. We believe every person is worthy of respect, dignity, care, and connection.



## Commonly asked questions regarding Psychiatric Advanced Directive in Utah

1. Can I write a legally binding psychiatric advance directive (PAD)?

Yes. Utah's Substance Abuse and Mental Health Act allows you to appoint an agent to give instructions for you in the event of a mental health crisis. In Utah, the document in which you record your instructions is called a Declaration for Mental Health Treatment.

2. Can I write advance instructions regarding psychiatric medications and/or hospitalization?

Yes. You may use a Mental Health Declaration to express any and all wishes you have about your mental health treatment, including refusals of mental health treatment. You may consent to admission to a psychiatric facility, but only for a period of up to seventeen days.

3. Does anyone have to approve my advance instructions at the time I make them?

No. You are presumed competent to make the Declaration unless you have been found to be incapable of making mental health care decisions or have been committed under involuntary commitment laws. Your Declaration or other document containing your instructions must be signed by two witnesses.

4. Can I appoint an agent to make mental health decisions for me if I become incompetent?

Yes. You may use your Declaration to name any adult with capacity as your agent. The exception is that your attending physician, any employee of your mental health care provider, or an employee of a local mental health authority, may not act as your agent.

5. If I become incompetent, can my agent make decisions for me about medications, and/or hospitalization?

Yes. You may authorize your agent to make decisions about medications and hospitalization.

6. Does my agent have to make decisions as he/she thinks I would make them (known as "substituted judgment"), or does he/she have to make them in my "best interests"?

Your agent must act according to the instructions, if any, you have documented. If your wishes are not documented, he/she must act according to your "best interests".

7. Is there any rule that says that I can only make advanced instructions, only appoint an agent, or that I must do both?

Yes. As explained above, you may not write freestanding instructions.

8. Before following my PAD, would my mental health care providers need a court to determine I am not competent to make a certain decision?

No. Your Declaration ordinarily takes effect when two physicians certify you as incapable of making decisions for yourself.

9. Does the statute say anything about when my mental health providers may decline to follow my PAD?

Yes. Your document may be overridden if you are committed to a local mental health authority or in an "emergency endangering life or health".

10. How long does my PAD remain valid?

Your Declaration remains valid for three years, or until you revoke it, whichever period is the shorter. You may revoke a Mental Health Declaration by communicating your intention to do so to your providers, but you may not do so once you have been declared incompetent.



## Orientation

All new admits will participate in a minimum 14-day (2 week) Orientation period. Orientation is a time during which clients can start treatment at their own pace and a time during which they can acclimate to the treatment environment as additional assessment information is being gathered. During orientation, clients will be provided with a means of communication with their outside parties, but visitation is not allowed. During this time clients are expected to follow all the protocols outlined in the Client Expectations for the Observation Unit. Clients may not leave the property at any time without prior approval from the Med Team and Program Manager.

- Only previously-scheduled medical and legal appointments will be allowed during the Orientation period
- Any such appointments will need to be approved at least 48-hours prior to the appointment date
- All Appointment Approval Forms must be turned in to the nurse (slide under her door or place in the designed location near the RSS Office at least 48 hours before the appointment date and time so transportation can be arranged. Passes will be granted for medical appointments during normal weekday operating hours.
- Clients will be transported by FSH to and from appointments. Clients are approved to go to their appointment only and nowhere else.
- While on passes and on property FSH expects all clients to follow all COVID-19 protocols. Masks are expected to be worn and a physical distance of 6 feet should be maintained; do not touch others.
- Clients must always wear a mask unless actively smoking or eating. Masks must cover mouth and nose to be compliant with FSH expectations.

# Grievance Policy

Client, staff, and stakeholders have the right to initiate a formal grievance. Anyone who believes that they have been mistreated by FSH as an organization, by staff, by contractors, or by any other affiliated entity or has concerns about fraud, waste, and abuse has a right to file a grievance. A filed grievance initiates an investigation and review process.

## Procedure for Filing a Grievance Internally

Grievances can be filed in the following manner:

1. Report your grievance to your individual therapist, case manager, supervisor, or an individual in the Quality Improvement Department and include a detailed written description of your grievance.
2. If you do not feel comfortable addressing the concern with your individual therapist, case manager, supervisor, or an individual in Quality Improvement, or you are unable to contact your individual representative, you can file it with the supervisor, program manager, or director that you feel most comfortable with reporting to. All grievances will be forwarded to the Quality Improvement Department so a formal investigation can be initiated.
3. You will receive updates as to the state of your grievance by a client representative from the Quality Improvement Department.
4. Upon resolution of the grievance review process, a representative from the Quality Improvement Department will contact you to consult as to the state of your concerns and follow up on any further action needed.
5. Please note that First Step House staff cannot discuss matters of the grievance review process that would infringe upon the confidentiality rights of others involved.
6. If you disagree with a grievance determination, you can communicate your disapproval of the grievance decision and request a review by the Board of Directors.
7. If a board hearing is approved, a review date and time will be set.

## Filing a Grievance Anonymously

1. Suggestion boxes are placed in each location with FSH Suggestion, Complaint, and Grievance Forms.
2. Indicate on the Grievance/Suggestion Form that you are filing a formal grievance by circling the word "Grievance".
3. Write your grievance, be as detailed as possible, and place it in one of the secured suggestion boxes. The suggestion box locations are as follows:
  - a. REACH (950 E 3300 S); On wall in the lobby area
  - b. Fairpark Residential (411 N Grant St); Within the community/TV room, between the two, first level therapist's office on the south side.
  - c. Central City Residential (440 S 500 E); Within the basement level, on the wall opposite to the elevator and on the main residential floor hallway next to RSS office door and bulletin board
  - d. Valor House (720 Valdez Dr); Within the front desk area, on the south side.
  - e. Charter (439 S Denver St); outside the HSS office in mail room
  - f. Medina Place (426 S 500 E); outside Supportive Housing Coordinator's office on second floor
  - g. Outpatient (434 S 400 E); near front desk
4. You may also contact any of the previously mentioned representatives via phone, letter, or email. Leave a detailed description of the complaint and do not include your personal information.

## Internal Grievance Review Process

When an internal grievance is filed, the review process will be initiated by the Quality Improvement Department.

1. If a FSH staff member receives a formal grievance, they should inform the individual that the grievance review process will be initiated through the Quality Improvement Department and that someone should be contacting them to discuss their grievance.
2. The FSH staff member receiving the grievance will then forward this to the Quality Improvement Department.
3. The Quality Improvement Department will contact the complainant to let them know that the grievance has been received and determine whether they have any confidentiality preferences related to the grievance.
4. Quality Improvement Department will send the grievance out to management that oversees individuals involved in the grievance.
5. The Quality Improvement Department will investigate the claims made in the grievance and determine whether or not the claim can be substantiated.
6. Upon the completion of investigation, the complainant will be contacted by the Quality Improvement Department to receive information about if the requests can be accommodated.
7. All information related to the investigation and resolution of the grievance will be documented and reviewed quarterly by the Executive Team.
8. All incidences that require reporting to an external agency will be reported by the Quality Improvement Department.
9. All required or suggested improvements will be included in the grievance report and sent out to involved parties.
10. The Quality Improvement Department will follow up to ensure that all required improvements are made.

## Filing a Complaint Outside of First Step House

Other governing entities will have their information posted for their own internal processes within the public posting locations at each facility. Employees will take no disciplinary or punitive action because a client, employee, or other person who provides care, treatment, or services reports safety, quality-of-care concerns or fraud, waste or abuse concerns to FHS staff or any other entity.

### Joint Commission:

Clients and employees can submit a complaint to The Joint Commission by e-mail at [complaint@jointcommission.org](mailto:complaint@jointcommission.org) Your e-mail should include the name and address of the treatment facility, and a thorough explanation of your complaint. The public can also submit a complaint to The Joint Commission via The Joint Commission's website: [https://www.jointcommission.org/report\\_a\\_complaint.aspx](https://www.jointcommission.org/report_a_complaint.aspx)

### Federal Transit Administration:

Clients may also submit a Title VI complaint related to transportation directly to the Federal Transit Administration (FTA) via phone at 888-446-4511 or by mail. The FTA complaint form is located at: [https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/Consolidated\\_Civil\\_Rights\\_Complaint\\_Form.pdf](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/Consolidated_Civil_Rights_Complaint_Form.pdf)

### Americans with Disabilities Act:

You can file an Americans with Disabilities Act (ADA) complaint alleging disability discrimination against a State or local government or a public accommodation (private business including, for example, a restaurant, doctor's office, retail store, hotel, etc.). A complaint can be filed online using the link below, by mail, or by facsimile. Instructions for submitting attachments are on the form. To file an ADA complaint by facsimile, fax the completed ADA complaint form to: (202) 307-1197. To file an ADA complaint online: [Americans with Disabilities Act Discrimination Online Complaint Form](#)

## Office of Civil Rights:

If you feel that your Civil Rights have been violated, you may file a complaint by contacting the Office of Civil Rights at: <https://www.hhs.gov/ocr/complaints/index.html>

## Optum:

If you feel that you have been treated unfairly or discriminated against for any reason, you may file a complaint by contacting Optum Salt Lake County at: 1-877-370-8953.

## Department of Human Services:

If you witness Provider Code of Conduction Violations, call the Department of Human Services at: 801-520-2777.

## U.S. Department of Housing and Urban Development

If you have been discriminated against with regard to Equal Housing Opportunity, you may file a complaint by phone at: 1-800-669-9777 or 1-800-927-9275(TTY).

## U.S. Department of Veterans Affairs

To submit concerns about fraud, waste, or abuse, complete and submit the [Program Integrity Fraud, Waste and Abuse Complaint Form, VA Form 10-0500](#) via email to [OCCProgramIntegrityTeam@va.gov](mailto:OCCProgramIntegrityTeam@va.gov). You can also download, print and return the form by mail or fax to the address and fax number included on the form. We will make every effort to keep all information we receive confidential.

## Medicaid

If you think a Medicaid provider is involved with fraud, please contact: The Utah Office of Inspector General (OIG), Email: [mpi@utah.gov](mailto:mpi@utah.gov), Toll-Free Hotline: 1-855-403-7283

## Client Disclosures

### Discrimination

- No person will be denied services because of race, religion, age, sex, sexual orientation, gender identity, national origin, disability, or being a member of any other protected group.

### Restrictions on Eligibility

- First Step House does not accept for admission, anyone to our **residential** programs who has pending charges for or has been convicted of sex crimes, including, but not limited to: rape/attempted rape or forcible sexual abuse, child sexual abuse/attempted child sexual abuse, enticing minors over the Internet, etc. First Step House does not accept anyone for admission who is registered on the Utah Sex and Kidnap Offender Notification and Registration (SONAR).
- First Step House does not accept for admission, anyone with pending charges for who has been convicted of crimes involving extreme violence (aggravated assault, kidnapping, murder/attempted murder, etc.), or anyone who has charges pending for such crimes. Persons with convictions of or pending charges for other crimes of violence will be evaluated for acceptance on a case-by-case basis.

## Client Guidelines

### Safety

- The physical and emotional safety of our residents and staff is our first priority at all times.
- Physical violence, threats, and/or intimidation are grounds for immediate discharge.
- Residents may not possess weapons of any kind, including pocketknives.

### Grievances

- Comments, concerns, and formal grievances are always accepted, and are addressed immediately.
- Complaints and grievances may be discussed with the client's counselor, in the weekly house meetings, or with Clinical Director.
- Complaints and grievances may be submitted anonymously by placing them in the secure box in the designated locations at each facility.

### Confidentiality

- Client privacy and confidentiality are protected in accordance with Federal regulations.
- Clients are expected to protect the confidentiality of their peers at all times.
- Clients and/or guests may not photograph other clients on FSH property.
- Clients must give written consent for all communication between FSH and other entities.
- Clients who have found to have violated the confidentiality of others will be staffed for immediate discharge.

### Drug, Alcohol Testing

- All FSH clients must agree to urinalysis (UA) and alcohol breathalyzer (AB) testing at any time as a condition of treatment.



- When asked to produce a urine sample, residents must produce a sample within one hour, and must remain within sight of the Recovery Support Staff (RSS) office.
- Collection of all urine samples is observed by UA/RSS staff.
- Residents are encouraged to self-report any drug/alcohol use before being tested.
- When clients are court-ordered and/or required by probation or parole stipulation to participate in treatment, positive UAs and BA tests must be reported within 24 hours.
- Positive drug or alcohol test may be grounds for discharge.
- Missed UA/BA will result in an automatic weekend restriction and assignment which must be presented in group the following day.

## Use of Tobacco and Nicotine Products

- Smoking is allowed only in the designated smoking area.
- Vaping is **not** permitted while in residential treatment at First Step House.
- Chew and smokeless tobacco products may **not** be used anywhere on FSH property.
- Clients may not carry openly or have visible tobacco and nicotine products or paraphernalia in any area other than the designated smoking area.
- Cigarette butts must be placed only in the containers available in the designated smoking area.
- Tobacco & nicotine users will be encouraged to quit while in treatment and will be offered education and resources for doing so. **No Client will be denied treatment based on their choice to continue tobacco/nicotine use.**
- Residents are not permitted to go outside any facility to smoke after lights out

## Medication

- All medications **must** be given to the Recovery Support Staff upon arrival to the facility.
- Residents may not keep any medications, either prescription or over-the-counter, in their possession at any time. This also includes vitamins or other supplements.
- ALL medications must be stored, documented, packaged for daily use, and monitored by FSH nurse.
- Prescription medications will be dispensed only as prescribed and over-the-counter medications will be dispensed only according to the manufacturer's recommendations.
- If a resident needs medical attention while in treatment, they must take with them a letter informing their treating physician of their treatment status and our medication policies. This letter must be signed by the treating physician and given to staff upon return to FSH.
- Residents must wait to take any newly prescribed medications until they return to the house and have them reviewed and documented.
- Medication may be picked up at the med room only at the designated times:

### 411 North Grant Street (Fairpark)

- Morning 6:00am to 6:45am
- Noon 11:30pm to 12:00pm
- Evening 5:00pm to 5:30pm
- Bedtime 8:00pm to 9:00pm

### 440 S. 500 E. (Central City)

- Morning 6:00am to 6:45am
- Noon 11:30pm to 12:00pm
- Evening 4:30pm to 5:00pm
- Bedtime 8:30pm to 9:30pm



**REACH 950 E 3300 S**

- Morning 6:00am to 6:45am
- Noon 11:30pm to 12:00pm
- Evening 5:00pm to 5:30pm
- Bedtime 8:30pm to 9:30pm

**Mealtimes****411**

## Breakfast:

Monday-Friday 7:00 to 8:00am  
 Saturday-Sunday 6:30 to 10:00am

## Lunch:

Monday-Friday 12:00 to 1:00pm  
 Saturday-Sunday 12:30 to 1:30pm

## Dinner:

Daily 5:00 to 6:00pm

**440**

## Breakfast:

Monday-Friday 7:00 to 7:30am  
 Saturday-Sunday 6:30 to 10:00am

## Lunch:

Monday-Friday 12:00 to 12:30pm  
 Saturday-Sunday 12:30 to 1:30pm

## Dinner:

Daily 5:00 to 5:30pm

**REACH**

## Breakfast:

Monday-Friday 7:00 to 7:30am  
 Saturday-Sunday 6:30 to 10:00am

## Lunch:

Monday-Friday 12:00 to 12:30pm  
 Saturday-Sunday 12:30 to 1:30pm

## Dinner:

Daily 5:00 to 5:30pm

**Holiday Mealtimes****411**

## Breakfast:

Daily 9:00 to 10:00am





Lunch:  
Daily 1:00 to 2:00pm

Dinner:  
Daily 5:00 to 6:00pm

#### 440

Breakfast:  
Daily 9:00 to 10:30am

Lunch:  
Daily 12:30 to 1:00pm

Dinner:  
Daily 5:00 to 5:30pm

#### REACH

Breakfast:  
Daily 9:00 to 10:30am

Lunch:  
Daily 12:30 to 1:00pm

Dinner:  
Daily 5:00 to 5:30pm

#### Observed Holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents' Day
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Pioneer Day
- Labor Day
- Veterans' Day
- Thanksgiving
- The Day after Thanksgiving
- Christmas Day
- The Day before OR the Day after Christmas (varies depending on calendar)

## Orientation

All new admits will participate in a 14-day (2 week) Orientation period. Orientation is a time during which clients can start treatment at their own pace and a time during which they can acclimate to the treatment environment as additional assessment information is being gathered. During orientation, clients will be provided with a means of communication with their outside parties, but visitation is not allowed. During those 14 days clients are expected to follow all the protocols outlined in the Client Expectations for the Observation Unit. Clients may not leave the property at any time without prior approval from the Med Team and Program Manager.



- Only previously-scheduled medical and legal appointments will be allowed during the Orientation period
- Any such appointments will need to be approved at least 48-hours prior to the appointment date
- All Appointment Approval Forms must be turned in to the nurse (slide under her door or place in the designed location near the RSS Office at least 48 hours before the appointment date and time so transportation can be arranged. Passes will be granted for medical appointments during normal weekday operating hours.
- Clients will be transported by FSH to and from appointments. Clients are approved to go to their appointment only and nowhere else.
- While on passes and on property FSH expects all clients to follow all COVID-19 protocols. Masks are expected to be worn and a physical distance of 6 feet should be maintained; do not touch others.
- Clients must always wear a mask unless actively smoking or eating. Masks must cover mouth and nose to be compliant with FSH expectations.

## Restriction

During treatment, residents may be placed on restriction for accumulating rule redirections, Clinical or safety reasons. Residents on restriction may not leave the property without a written pass approved by their counselor and must be escorted by another client who is off restriction. These passes shall be granted for medical, and legal/court appointments only.

Residents may not have visitors while on restriction.

## Passes

- Residents must have a pass approved by the Program Manager and the Med Team to be absent from groups/classes for any reason.
- Residents are expected to plan and have their pass approved by their counselor at least 48 hours before they are to leave the property.
- Residents absent from the property during groups, classes or after curfew must have a pass approved by their therapist whether they are on restriction or not.
- Residents must inform their therapist of their outside appointments at least 72 hours in advance (preferably as soon as you know) so it can get put on the appointment calendar for verification. Otherwise, your pass may not be approved.
- If you have an appointment during group hours you must also put your name on the excused roster, located outside the med room, for any group(s) to be missed or you may receive a redirection.
- FSH reserves the right to deny a pass for any reason, including pandemic conditions such as COVID-19

## Sign Out/In

- Residents must sign out each time they leave the property, indicating where they're going and cell phone number, or other number where they can be reached.
- Residents must sign back in when returning to the house.

## Curfew

"Lights Out" is at 10:00 pm on weeknights and 12:00 am on weekend.

Clients are expected to be within the facility by the hours listed below:

Sunday-Thursday: 8:00 pm



Friday-Saturday: 10:00 pm

No passes will be given for late curfew, unless the pass is work-related. Clients will be encouraged to set a regular sleep schedule all nights of the week. Smoking after lights out is not allowed without express permission from support staff.

## Community TV

- Mornings 5:00 am to 8:00 am
- Evenings 5:00 pm to 10:00 pm. Weekends may allow for extended time, but clients will be encouraged to go to bed.
- Personal TVs may NOT be kept in personal living quarters.

## Client Visits

- No visitors are allowed until the client's counselor has approved their visitors list, client has turned in a Visitor Request Form and consent has been given.
- Visitors must check-in with the Recovery Support Staff and present a valid ID, sign in/out on the Visitors log, and sign the Visitor's Confidentiality Agreement.
- Visitors and residents must always maintain social distancing.
- Visitors must always wear a mask on FSH property.
- Residents are responsible for their visitors and must always be with them while on the property.
- Visitors are allowed in the common areas of the building. This includes the cafeteria, the community room, and outside areas, **never** in resident living areas, bathrooms, or group rooms.
- Visits may not take place in any vehicle, either on the street or in the FSH parking lot.
- Residents are expected to always behave appropriately with visitors.
- Visitors (within reason) may join residents for meals with advance notice to kitchen staff.

### Visiting Hours:

Monday-Friday: 3:30 - 8:00 pm

Saturday-Sunday: 12:30 - 5:00 pm

## Mail

- Clients may use the First Step House address as their mailing address while they reside here and are responsible for forwarding their mail when they move. Clients receiving food stamps must list their address as noted below.

### Fairpark Address

411 North Grant St.

Salt Lake City, UT 84116

### Central City Address

440 S. 500 E.

Salt Lake City, UT. 84012

### REACH Address

950 E 3300 S

Millcreek, UT 84106



## Food Stamps

PO Box 1290  
Salt Lake City, UT. 84110

- **All packages must be opened in front of Recovery Support Staff.**

## Employment/Housing Search

- All employment schedules must be approved by the counselor. Clients will not begin job search without approval from the clinical team.
- Residents must begin planning for appropriate post-treatment housing as quickly as possible.
- Therapists will help set up housing appointments when appropriate.

## Searches

- Residents must agree to the search (by authorized staff) of their person, living space, belongings, and personal vehicles parked on FSH property at any time.
- Items considered contraband will be confiscated, and consequences will be determined by the counselor and/or Clinical staff.
- **Contraband includes, but is not limited to, the following items:**
  - Any intoxicant: drugs (including prescriptions), alcohol, and legal or herbal highs of any kind.
  - Other drugs: Over-the-counter medications, prescription medications, supplements (no supplements are allowed other than those we provide).
  - Vaping devices
  - Chew, tobacco pouches, snuff, or snus
  - Paraphernalia.
  - Weapons of any kind.
  - Pornography in print, and/or stored on cell phones and personal electronic devices.
  - Another resident's belongings.
  - Food, drinks, protein powder.
- Living areas and common areas are inspected daily.
- ***Supplements, pre-workout, protein powders and testosterone boosters are not allowed on any FSH site.***

## Relationships

- Clients may not engage in romantic/sexual relationships with other clients, or with present or past staff.

## Inspection

- Living areas and common areas are inspected daily.
- Residents must keep their living area clean and orderly.
- Beds must be made by 8:00 am. Clothing may not be hung on bed frames, due to possible fire hazard.

## Clothing/Dress/Hygiene

- Clients must always wear shirts, shoes, and pants/dress/skirt.
  - Sleeveless shirts, crop tops, mesh tops and tank tops may NOT be worn.
  - Shoes must be functional
    - While in FSH facilities, footwear should be safe for emergencies, running if necessary. When leaving the facility, clients may wear more stylish or "dress" footwear.



- If shorts, skirts, or dresses are worn, they should extend to either right above or right below the kneecaps
- Unacceptable clothing styles: gang-inspired clothing, bandanas, sagged pants, and clothing with themes others may find offensive such as substance use, sexual themes, violence, profanity, and other themes found inappropriate by staff, as determined by a facility's Program Manager.
- Window blinds must be closed when undressing/changing clothes.
- Residents must keep their living area clean and orderly.
- Bed linens must be washed weekly.
- Beds must be made by 8:00 am.
- Clothing/bedding may not be hung on bed frames due to possible fire hazard.
- Residents may not be sleeping between 8:00 am and 6:00 pm, Monday-Friday, unless they are using one of the four bed passes that are given to them by their therapist.

## Phones, Personal Electronic Devices

- Residents may use personal cell phones while in treatment and must make their number available to the staff.
- Patients may have personal laptops, tablets, or other personal electronic devices. Internet access will not be provided.
- Patients may talk on cell phones only in their personal rooms and in the smoking area. Patients may not talk on their phones when in the hallways, waiting rooms, the dining room, group rooms, community room or in the lobby.
- Do not bring your cell phones to house meeting, groups, or classes, leave in your room. If it repeatedly goes off in any of the previously mentioned situations it may result in a redirection, redirection assignment, loss of privileges, or clinical staff intervention.
- Texting/instant messaging or listening to/viewing media on personal devices may be done in all common areas and in your rooms, but earbuds/headphones must always be used outside your room. In your room, there must be consensus between all residents of that room.
- Patients may not photograph or video other residents. FSH expects all residents to respect the confidentiality of other residents.
- Use of personal electronic devices is a privilege that may be withdrawn if it distracts the patient or others from treatment activities, or if patients disregard established safety and courtesy rules, or engage in illegal online activity such as gambling, pornography, inappropriate communication with minors, or any type of fraud.
- Consequences of misuse of cell phones or electronic devices: redirection, reflection assignment, loss of privileges or clinical staff intervention.
- If a patient needs to place a quick long-distance phone call, or is placing a call of a sensitive nature, RSS Staff will assist Patient to place the call.
- Clients may not bring cell phones to house meeting, groups, or classes. If a cell phone goes off in any of the previously mentioned situations it may result in a redirection, loss of privileges, or clinical staff intervention.
- **Consequences of misuse of cell phones or electronic devices:** Redirection, reflection assignment, loss of privileges, clinical staff intervention or restriction

## House Phone

- A house phone is available for client use. This accepts incoming calls only and are answered only by clients.



- Clients answering these phones are expected to be courteous, find the requested client if possible, and take messages when necessary.
- Clients making calls from the house phone are expected to keep their conversations to 10 minutes.
- For confidentiality reasons, clients must answer the phone by saying, “Hello,” not “First Step House,” and not provide the name or status of any Client, including themselves.

## Other Electronic Devices

- Alarm clocks are not allowed in the dorm; no cell phone alarms. Residents may request a wake-up from the Recovery Support Staff
- Clients may have alarm clocks in small rooms outside of dorm settings.
- Clients may use personal devices such as MP3 players, handheld games, and laptop computers, with headphones only. Headphone volume must never be audible to others.
- When leaving room or dorm, all electric devices must be turned off and unplugged.
- Unattended electric devices may be confiscated.

## Personal Vehicles

- Residents may use personal vehicles while in treatment if they can verify that:
  - They have a valid driver’s license.
  - The vehicle is legally registered; if the vehicle is registered to someone other than the resident, the resident must provide a letter from the vehicle’s registered owner verifying permission to use and park it at FSH.
  - The vehicle is legally insured.
- Residents will be asked to provide copies of driver’s license, registration, and insurance card. Once they provide these, they will be issued a permit to park the vehicle in the FSH parking lot.
- All authorized vehicles must be parked in the FSH parking lot. Any exceptions must be cleared by the Director of Operations.
- Residents may each have one (1) authorized vehicle only on FSH property.
- Residents choosing to keep their vehicles at FSH do so at their own risk; FSH is not responsible for theft of or damage to vehicles or vehicle contents.
- Personal vehicles are subject to search at any time.
- A bicycle may be kept in the bicycle area or other approved areas, by facility.

## Leadership Team

### 411

- The house will maintain six members of leadership, who will be referred to as Team Leaders.
- Team Leaders will demonstrate and practice healthy communication skills, model integrity in their values and actions and support other clients in bettering themselves.
- New residents will be placed in a Team when they enter treatment and will be oriented to the program by their Team Leader.
- Teams will meet weekly to check in, support each other and build cohesion amongst the members to support recovery principles of fellowship and brotherhood.

### 440

- The house will maintain four members of leadership, who will be referred to as Squad Leaders.
- Squad Leaders will demonstrate and practice healthy communication skills, model integrity in their values and actions and support other clients in bettering themselves.



- New residents will be placed in a Squad when they enter treatment and will be oriented to the program by their Squad Leader.
- Squads will meet every morning for house meeting to start the day, obtain updates and to support structure in daily planning while in treatment.
- Squads will also meet on Sundays to check in, support each other and build cohesion amongst the members to support recovery principles of fellowship and brotherhood.

## REACH

### House Duties/Chores

- Residents are assigned a daily house chore.
- Chores are given to all residents to support recovery principles of personal daily structure, accountability and being of service.
- Residents are assigned to a chore weekly by the House Manager. Cleaning your living area is a daily responsibility and expectations are outlined on the Room Health and Wellness Check form.
- If a resident is unable to complete their chore assignment, it is their responsibility to arrange for another resident to do it.
- Once an assignment has been completed, it must be reported to the RSS Staff. Chore assignments are posted in the cafeteria. (At 440 in the south hallway)
- If chores are not completed consequences can be redirections, reflection assignments, loss of privileges or clinical staff intervention.

### Neighborhood Relations

- Residents are urged to drive courteously and within the speed limit in the streets surrounding FSH.
- Clients are expected to be polite and respectful towards neighbors, and must not disturb, harass, or engage in any negative or unwelcome interactions with them. If conflicts with neighbors occur, they must be reported to FSH staff immediately.
- Residents may not smoke near neighboring buildings.

### Report to Staff (RTS)

- Report to Staff is a situation where you need to meet with your therapist or a specific staff member (designated on the form) to discuss your behavior or a recent event in your treatment.
- If an RTS is issued you will be restricted to the property until you meet with your therapist/staff member and may be required to produce a UA/BA.

## Redirection Consequence Structure

- One rule infraction will result in one redirection.
  - Repeat redirections result in increased Behavioral Consequences, including Written Assignments, Full or Partial Restrictions, and Refocus.
  - 5 Infection Control-Related Redirections or blatant disregard of Infection Protocols results in being staffed for discharge
  - 3 redirections for the same unwanted behavior in 30-days results in a Refocus
  - 5 redirections for different unwanted behaviors in a 30-day period results in a Refocus
  - Continued unwanted behaviors after Refocus results in being staffed for discharge.
- Redirections are used to call attention to rules being broken and or repeated behaviors that you may need to address. Please use the redirection system to help you be more mindful of where you are missing things.





need to course correct or are breaking rules. Awareness is everything and nothing can change if you don't know you are doing it.

## Behaviors Warranting Redirection (aka, The Rules)

### Residential Treatment

- Late coming back from a pass
- Leaving without pass/permission or making unapproved changes to pass, blaming others for failure to have a pass signed
- Dirty/messy living area, including dirty bed linens and unmade bed.
- Not completing chores/following house cleanliness/hygiene rules
- Removing dishes, cups, silverware, or other kitchenware from the dining room.
- Having unapproved food in any area outside the dining room.
- Failure to sign - or fraudulently signing - in and out
- Not handing in all meds before taking them
- Entering another client's room or unit without permission
- Being late for med pass or requesting meds after missing a med pass
- Failure to turn in meds to RSS staff or the med room.
- Failure to go to bed at curfew, excessive noise past curfew, or watching TV after-hours
- Refusal to leave to/from activities promptly or at all
- Smoking or vaping inside
- Exiting the back door, setting the alarms off, or propping a door open

### General Treatment (Residential and Outpatient)

- Arriving late to groups, classes, individual sessions, or required meetings
- Failure to attend required groups, classes, and meetings
- Missing a UA
- Refusing a UA
- Use of street-names, gang-names, etc.
- Not following group rules and norms; eating or drinking during group, classes, or required meetings; phones going off during group, classes, or required meetings. Use of electronic devices in groups, classes, or required meetings.
- Derogatory or discriminatory jokes or language
- Having cigarettes in view or able to be seen in any way outside the smoking area. Smoking in unauthorized areas/use of smokeless tobacco (Chew, Zyn, etc.) or throwing cigarette butts on the ground
- Glorifying inappropriate or past undesired behaviors.
- Unauthorized visitors/Visitors in unauthorized areas
- Possession of Substances, Intoxicants, Paraphernalia, Weapons, or Other Controversial Items
- Improper dress; sagging pants; backwards, sideways, or otherwise cocked hats; clothing depicting drug use, sexualization or objectification of any person, and/or violence; and other items or styles of clothing determined to be inappropriate by staff.
- Relapse
- Harassment or inappropriate behavior/ language towards anyone.
- Verbal Aggression or Threats
- Dishonesty



- Staff Splitting
- Failure to complete homework assignments or behavioral interventions.
- Playing music or other audio devices without headphones.
- Intentionally violating another client's confidentiality.
- Talking on cell phones in unauthorized areas.

### **INFECTION CONTROL RELATED REDIRECTIONS:**

- Not wearing a mask.
- Wearing a mask improperly.
- Smoking cigarettes butts out of the can.
- Not social distancing.
- Missing house meeting and COVID announcements.
- Not following COVID protocol during visits.



## Client Medication Guidelines

This document explains the guidelines for medications usage and management at First Step House (FSH)

***Please remember that all medication information is considered confidential and should not be shared in groups or with other clients.***

- 1) Medications must be turned in to the medication room or to a staff member as they arrive at the facility. Medications, including over the counter medication, cannot be kept in client rooms or on clients while on FSH property.
- 2) Medications will be available as prescribed by your medical provider.
  - a. Your medication administration record (MAR) will be based on your current prescription bottle(s).
  - b. Changes to your prescriptions can only be made with:
    - i. A written note from your medical provider on letterhead, official prescription tablet or a new prescription bottle.
    - ii. A change discussed with the FSH registered nurse.
- 3) Clients will have three established times a day to take their medications; AM, NOON, and BEDTIME. An evening time will be allowed for client's with specific instructions on their prescription. Your medication will be assigned a time based on your prescription. (Once daily=AM)
- 4) Medications must be self-administered while being observed by a staff member:
  - a. Staff will watch client take the medication with a drink of water.
  - b. Clients are not allowed to pocket for later.
  - c. Mouth check with every medication: staff will ask you to open your mouth so that staff can verify that the medication was swallowed or dissolved.
- 5) If clients miss their dose, the clinical team will be notified, and your treatment plan may include taking medications as prescribed.
- 6) Please take your medications consistently at the time of day agreed upon or otherwise specified on your prescription bottle.
  - a. Medications work best when they are taken at the same time daily.
  - b. Medications may not be taken outside of medication room hours without permission from the FSH RN.
- 7) Medications can only be taken off property as a "Takeaway" with the therapists' approval and a pass. The client will need to plan and notify medication room staff they will need a "takeaway" 24 hours in advance if possible. Controlled medications cannot be given as a "takeaway."
- 8) Any concerns for medication abuse could result in a violation and/or discharge. Abuse will be reported to the client's assigned therapist and possibly shared with the client's provider. Medication abuse is defined as the use of a prescription medication in a way not intended by the prescribing doctor. This includes not turning in all prescriptions, pocketing medications, or providing your medications to others.
- 9) All incoming medications will be held in the incoming drawer and will be processed as soon as possible.
  - a. After 12:00pm on Friday your medications will have to wait the weekend to be processed.
  - b. If there is a serious need deemed by the FSH registered nurse, the client and staff will fill out a temporary prescription log.

- 10) The client's weekly supply of medication will be locked separately from their monthly supply bottles in a separate cassette.
  - a. The RSS team and Medical team will have access to the weekly cassette.
  - b. Medication cassettes will be filled once weekly on the same time and day by the medical team.
  - c. The client's monthly supply bottles will be locked in a separate filing cabinet that only the medical team will have access to.
- 11) Medications that are regulated by the DEA and "clinically controlled" by FSH, will need approval by your treatment team before they will be given. Medications that are not allowed are benzodiazepines, opioids, stimulants, sedatives, amphetamines, testosterone, gabapentin, pseudoephedrine, dextromethorphan and over the counter medications. If you have questions about a prescription and if it is allowed, please discuss with the nurse.
- 12) Please discuss medication assisted therapy needs (Suboxone, Methadone, and Vivitrol) with your therapist or FSH medical team. All MAT will be referred to the appropriate community partner program. Prior approval is required to obtain MAT medications.
- 13) Refill notification will be given to the client 3 to 10 days within the client running out of the medication.
  - a. This will be indicated by three XXX's starting on the day the client will run out of medications.
  - b. The date the client received this notification will be dated in the margins of the MAR.
  - c. The client will also receive a refill cover sheet containing all prescription information.
  - d. It is the client's responsibility to refill their medications, it is the medication technician's responsibility to inform the client when they will need refills.
- 14) Any concerns or questions with your medication may be addressed to the nurse or medication technician. The recovery support staff or peer support cannot change medications or MARs. You can speak to the medication technician during med times or open office hours. You may also leave a voicemail on the nurse line with medication questions or concerns.

I hereby confirm that I have read over the "Client Medication Guidelines" set forth by First Step House and have had the opportunity to review these guidelines with a member of the FSH Medical Team.

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

# 440 Delivery Protocols

## Personal Deliveries

Personal deliveries to FSH facilities are permitted. **Each client can only have one delivery per week.** Note that **NO** outside food deliveries or energy drinks can be delivered to clients at FSH facilities.

### Approved Items -

- Clothes
- Hygiene items
- Games
- Books
- Electronic devices
- Candy and snack items (must be single serve, ready to eat, non-perishable, dry goods) that fit into a 1-gallon zip lock bag
- Trail mix, nuts, and granola bars (max of 6 bars, 1-quart size bag of nuts or trail mix)
- Beef Jerky in a resealable package
- 6-pack of soda per week, case water 24 per week, pre-mix protein drinks (i.e., muscle milk, premiere protein) max 8 per week, instant coffee one container per week
- One carton of Cigarettes/rolling paper/loose tobacco per week is also allowed to be dropped off.

Personal deliveries will occur on the following days, please plan according for times as exceptions will not be made.

**Tuesdays, Thursdays and Saturdays from 9:15 – 11:30 AM**

**Thursdays from 7:00 – 8:30 PM**

Individuals dropping items off for clients are to contact the House Manager at (385)-313-4667 upon arriving at the facility. **Individuals dropping off items are required to wear a mask and gloves for the safety of FSH staff and clients. Please clearly mark the outside of the bag who should be receiving the delivery.** A staff member will come outside to meet the individual and search the items. Any items that are not on the above list will be returned to the delivery person. After the delivery has been searched and approved, the individual should leave immediately, and no one should be loitering or visiting clients.

## Deliveries and Mail

Clients may receive packages (FedEx, UPS) and mail deliveries; upon receipt the client is expected to open the package in sight of staff to ensure there is no contraband. Only the above-mentioned approved items are allowed. ***Clients may not receive store, food deliveries, inta-cart, pre-workout, protein powders, testosterone booster, energy drinks etc.*** All deliveries are to be received by the House Manager of the respective facility.

**If these protocols are not followed the client will not be allowed to have the items, may lose delivery privileges and/or may be subject to discharge from the program.** It will be your responsibility to learn the delivery protocols when you leave Orientation and go to your program.

# DELIVERIES

***What you need to know so it doesn't get turned away or thrown out!***

#1

**Read and understand the Delivery Protocol Flyer**

#2

**NO deliveries from stores, insta cart or food delivery services will be accepted.**

**Delivery Times:**

**Tuesday 9:15am – 11:30am  
Thursday 9:15am – 11:30am  
and 7:00pm – 8:30pm  
Saturday 9:15am – 11:30am**

#3

**You must follow the delivery times exceptions will not be made.**

#4

**Any items that are not on the approved list will be rejected and sent back with your delivery person.**



Deliveries are being allowed to support you being able to get comfort items from home or so family/friends can drop off items for you if you do not have money for the store runs.

You will be able to go on group passes when you transfer to your permanent facility.

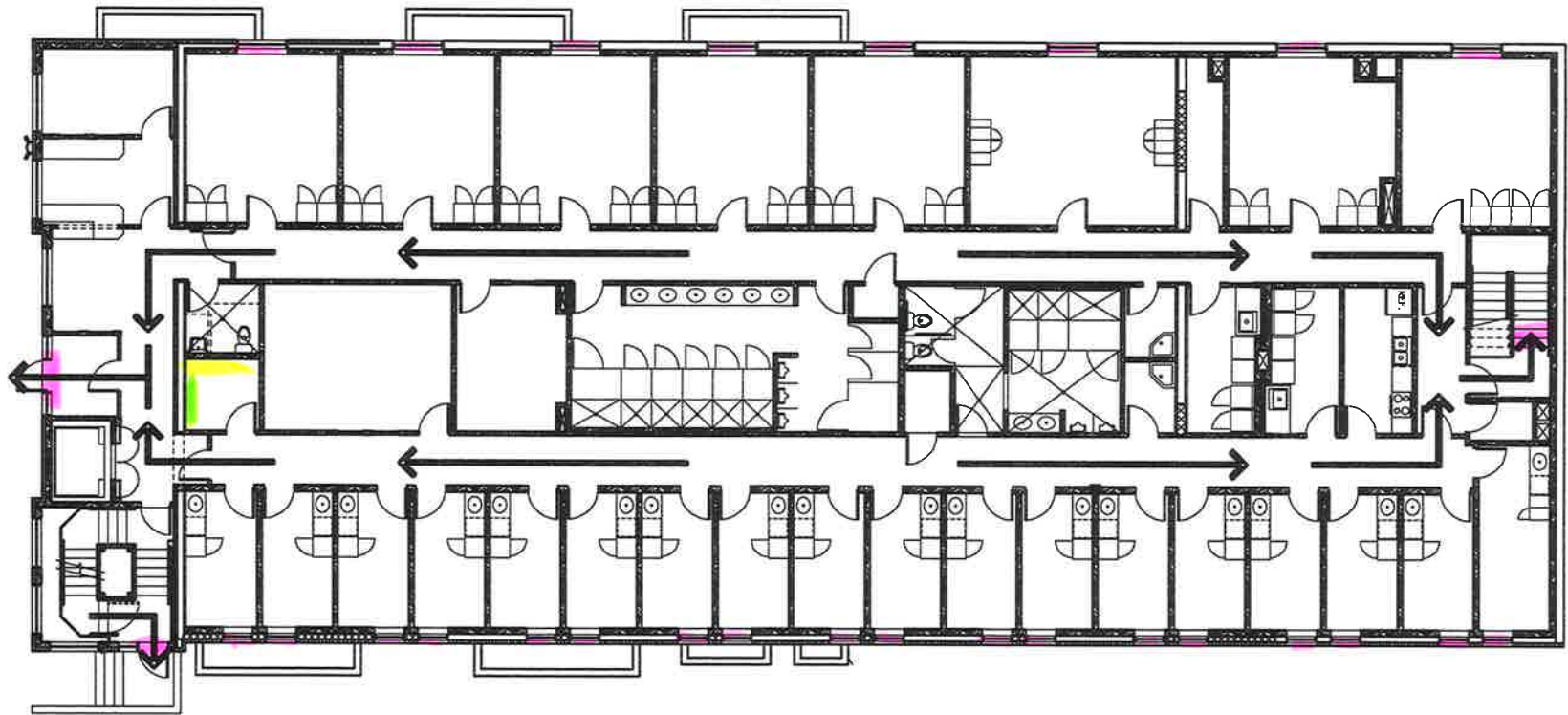
Please respect the time of our staff and only use the posted times so we can all better serve you.

If you do not follow the delivery rules you may lose your delivery and/or your delivery privilege.

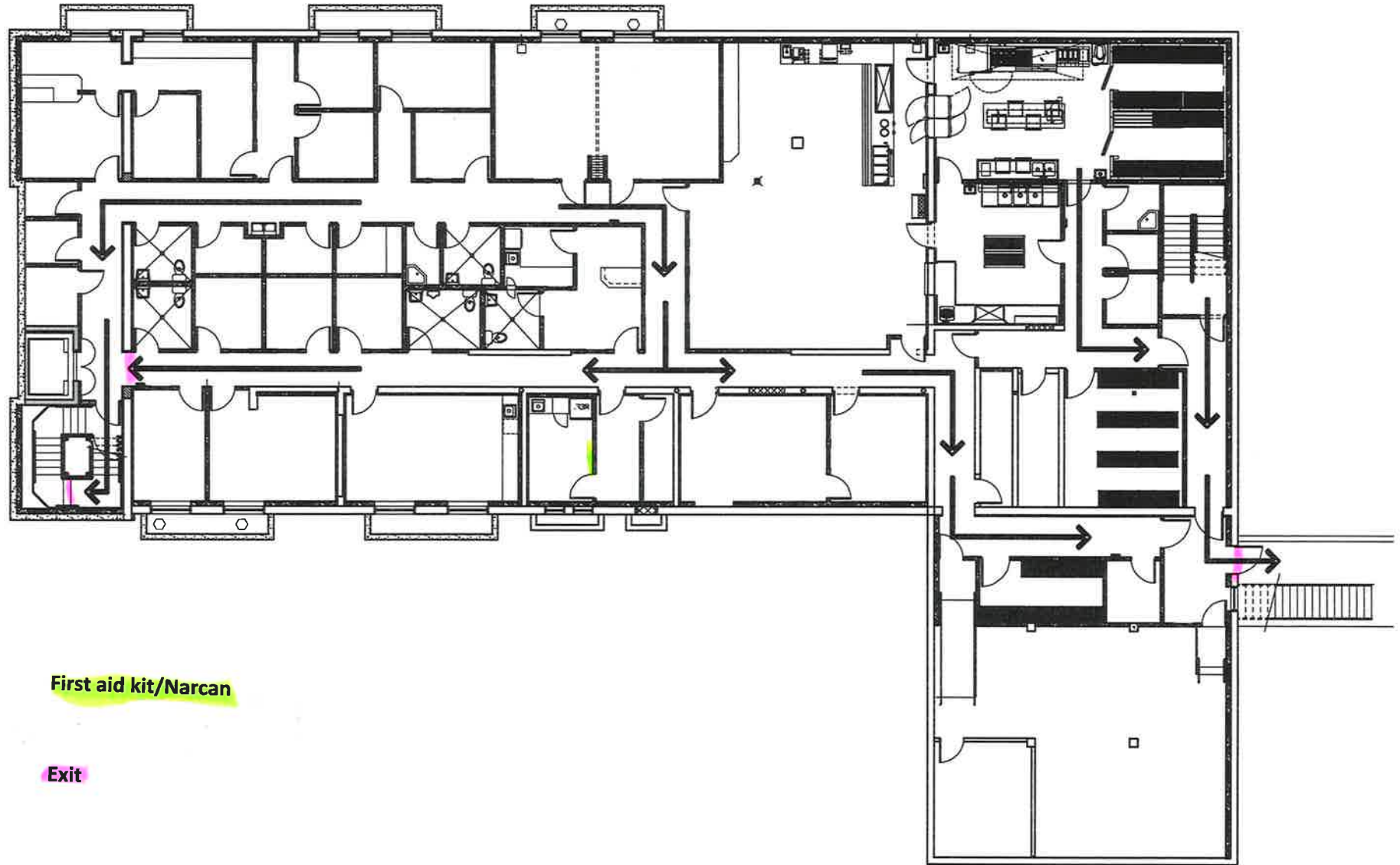
First aid kit/Narcan

Exit

AED device



MAIN LEVEL EVACUATION PLAN



First aid kit/Narcan

Exit

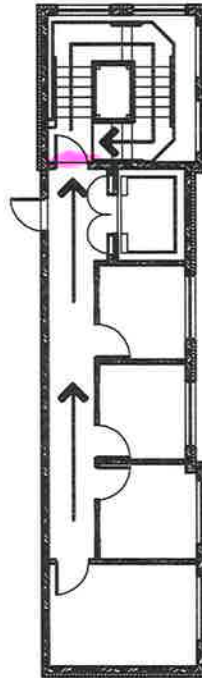
BASEMENT LEVEL EVACUATION PLAN



# SECOND LEVEL FLOOR PLAN

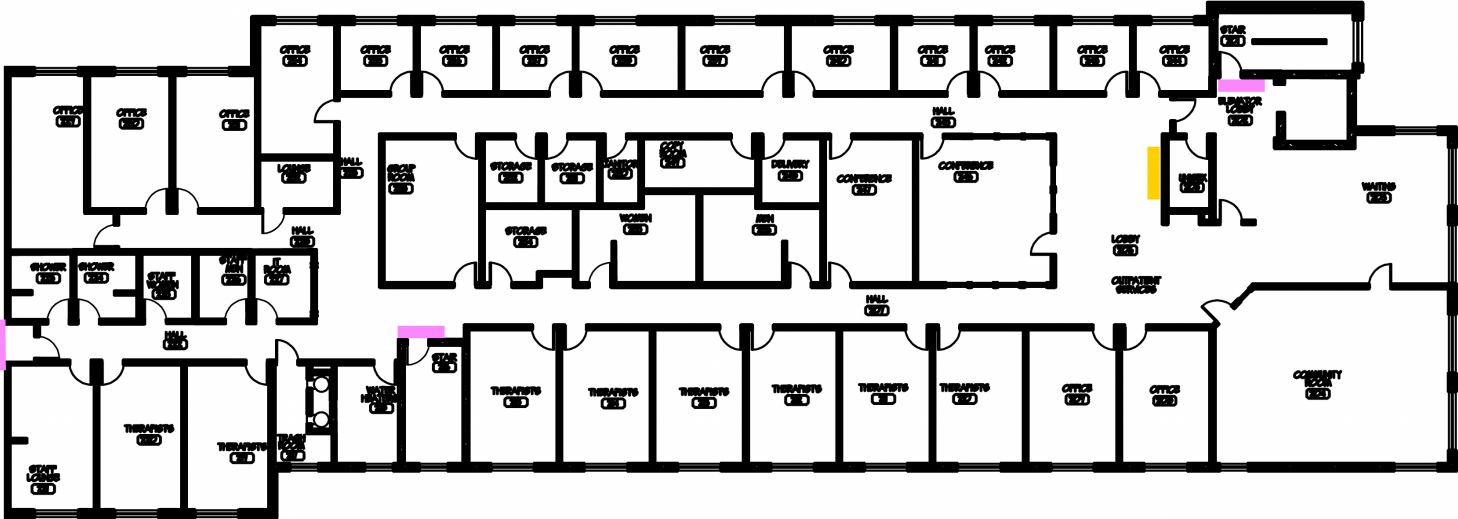
1211r.db/apf1.dr

DOWN STAIRS  
TO EXIT



Exit

# Outpatient Floor Plan



Exit  
First Aid/Narcan

## NOTICE OF PRIVACY PRACTICES

THIS NOTE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

*Effective 4/14/2003*

First Step House is committed to protecting your medical information. First Step House is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

### HOW WE USE YOUR HEALTH INFORMATION

When you receive services from First Step House, protected health information about those services is created. Because we are a federally funded substance abuse treatment provider, that information becomes private and is protected by federal law. We may not release it to anyone without your written permission except in limited circumstances. We may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:

**Treatment** – We keep records of the care and services provided to you. Health care and service providers use these records to deliver quality care to meet your needs. For example, an employee of First Step House may share your information with other treatment professionals who may assist in your treatment. Some health records, including confidential communications with a mental health professional, may have additional restrictions for use and disclosure under state and federal laws.

**Payment** – We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party, such as Salt Lake County Division of Substance Abuse, the Veterans Administration, or other funding agencies. We may also contact your insurance company (if applicable) to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company.

**Health Care Operations** – We use health information to improve the quality of care, train staff and students, provide customer service, manage codes, conduct required business duties, and make plans to better serve the community. For example, we may use your health information to evaluate the quality of treatment and services provided by our counselors, case managers, and others who provide for your treatment.

### OTHER SERVICES WE PROVIDE

We may use your health information to recommend treatment alternatives, tell you about health services and products that may benefit you, share information with family or friends involved in your case, or payment for your care and share information with third parties who assist us with treatment, payment, and health care operations.

### YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial. \*
- Request corrections or additions to your health information. \*
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. Except for the costs of photocopying, the first accounting is free but a fee will apply if more than one request is made in a 12-month period. \*
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (\*) must be made in writing. Contact the First Step House privacy officer for the appropriate form for your request.



**SHARING YOUR HEALTH INFORMATION**

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid program and the following:

- For public health purposes such as reporting communicable diseases, work-related illnesses, reporting births and deaths.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, inspections, and administrative actions.
- For lawsuits and similar proceedings.
- When otherwise required by law.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners, and funeral directors.
- For organ and tissue donation.
- For research approved by our review process under strict federal guidelines.
- To reduce or prevent a serious threat to public health and safety.
- To reduce or prevent a serious threat to public health and safety.
- For workers' compensation or other similar programs if you are injured at work.
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement, except for authorized releases that have already been made. Releases to law enforcement cannot be revoked.

**OUR PRIVACY RESPONSIBILITIES**

First Step House is required by law to:

- Maintain the privacy of your health information.
- Provide the notice that describes the ways we may use and share your health information.
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in the security office and in the front hallway. You may also request a copy of any notice directly from the First Step House privacy officer.

**CONTACT US**

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, please contact Jared Ferguson who is the designated First Step House privacy officer.

**We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights at:**

200 Independence Avenue, S.W.  
Room 509 F HHH Bldg.  
Washington, DC, 20201



## Outpatient Client Rules and Expectations

### Program Requirements and Attendance

- Program requirements and attendance policies are subject to change without prior notification.
- Clients must attend group and individual therapy sessions as-specified in their treatment plans.
- Clients must attend the *entire* 3-hour group session on the days they are scheduled to attend.
- Clients are responsible for scheduling their individual therapy appointments.
- A no-show for a scheduled appointment with a therapist could result in immediate discharge.
- Clients are expected to be on time for group services: **Groups take place Monday, Tuesday, Wednesday and Thursday from 6:00 p.m. – 9:00 p.m.**
- No client will be permitted to enter the group room later than ten minutes past the hour.
- Clients are asked to leave the group room only at scheduled breaks.
- Late clients must wait for the next break to enter the group room.
- Three late arrivals count as a no-show.
- If there is a planned reason that makes it necessary to miss any part of a scheduled service, clients must call the group facilitator **at least 24 hours prior** to the scheduled group to make arrangements. Failure to call ahead will result in a no-show.
- Absences due to a verifiable medical emergency: The absence is considered a no-show unless the client provides the OP Therapist with a doctor's note within 24 hours of the incident.
- **Three or more absences – excused or unexcused – could result in immediate discharge.**

### Drug and Alcohol Testing

- All clients must submit to random urinalysis and breathalyzer tests.
- All clients must submit to testing on their randomly-assigned day, and as per UA procedures (see below).
- **Failure to submit to testing as-required is considered a positive UA result.**
- **A diluted or adulterated urine sample is considered a positive UA result.**
- In case of a positive UA: Clients must meet with a therapist to discuss results prior to attending any further groups. Clients who test positive complete a clinical review, or **Incidence of Use**. While the Clinical staff will generally determine the treatment course following an Incidence of Use, clients are involved in any decisions regarding the continuation of groups, case management, and/or referral to a higher level of care.

### UA Procedures

- Each client is assigned a UA code upon admission to First Step House.
- **Call 801-999-0811 EVERY DAY OF THE WEEK** to hear a recorded message that announces the UA codes and testing date. The recording is updated nightly at 11:00 p.m. with the codes for the next day. **If there are any issues with the phone system, leave a message at 801-359-8862 extension 2110.**
- When your UA code is called, report to First Step House Residential facility at **411 N. Grant Street (740 West), Salt Lake City, UT 84116**, or the Veterans' Treatment Facility at **440 S. 500 E. Salt Lake City, UT 84102** or FSH Outpatient Treatment Facility **2200 S. State Street (2<sup>nd</sup> Floor) Salt Lake City, UT 84115**. **Please see the Outpatient Urine Analysis Procedure for available days and times to UA.**
- Clients must test on their assigned day, without exception.
- First Step House will accept your UA or BA **on MONDAY - FRIDAY, 12:01 a.m. to 9:30 p.m.** and **SATURDAY and SUNDAY, 12:01 a.m. to 9:30 p.m.** **You may UA at Outpatient Monday-Thursday 4:30 p.m. – 6:00 p.m.**
- **Clients must produce a urine sample within 15 minutes of arrival. Otherwise, the UA result is marked *refused*.**

### Use of Tobacco and Nicotine Products

- Tobacco and e-cigarette smoking are allowed **only** in the southwest corner of the parking lot. By law, all smoking at that location must be at least 25 feet away from the entrance.
- **Smokeless tobacco products may not be used at any First Step House facility.**
- Smoking paraphernalia may not be carried openly in any area other than designated smoking areas.
- Place cigarette butts only in the containers available in designated smoking areas.
- Clients who smoke are encouraged to quit while in treatment. Smoking cessation education and resources are provided to all First Step Clients who use nicotine.



### Medication and Medical Procedures

- Any prescription and non-prescription medications, as well as any dietary or herbal supplements that clients are taking or plan to take while in treatment must be disclosed to the client's assigned therapist and admissions staff.
- Clients must notify the therapist immediately of any medications changes.
- Clients must notify the therapist **at least 2 weeks in advance** of any scheduled medical or dental procedure, and within 24 hours following a medical emergency. Notification must include a letter from the client's health care provider that verifies the procedure and which medications are administered and/or prescribed.

### Client Safety and Confidentiality

- The physical and emotional safety of clients and staff is first priority at all times.
- Client privacy and confidentiality are protected in accordance with Federal regulations.
- Clients are expected to protect the confidentiality of their peers at all times.
- Clients and/or guests may not photograph other clients on First Step House property.
- Clients must give written consent for all communication between First Step House and other entities.
- Physical violence, threats, or intimidation are grounds for immediate discharge.
- The following items are prohibited at all First Step House facilities:
  - Any intoxicant: drugs (including prescriptions), alcohol, and legal or herbal highs of any kind
  - Other drugs: Over-the-counter medications, prescription medications, supplements
  - Paraphernalia
  - Weapons of any kind
  - Pornography

### Discrimination

- No person will be denied services because of race, religion, age, sex, sexual orientation, gender identity, national origin, disability, or being a member of any other protected group.
- Though First Step House provides assessment and referral services for both men and women, we provide treatment services only for men. Upon assessment, women seeking treatment services will be referred to the appropriate agencies.

### Grievances

- Comments, concerns, and formal grievances are always accepted, and are addressed immediately.
- Complaints and grievances may be discussed with the therapist, the Clinical Director, or Board of Directors.
- Complaints and grievances may be submitted anonymously by placing them in the secure box outside the Clinical Director's office at our outpatient facility.

### Relationships

- Clients may not engage in romantic/sexual relationships with other clients, or with present or past staff.

### Clothing/Dress/Hygiene

- Residents must wear shirts (no tank tops), shoes, and pants at all times.
- Unacceptable clothing styles: gang-inspired clothing, sagged pants, and clothing with themes others may find offensive such as substance use, sexual themes, violence, profanity.



## **First Step House**

### **Department of Workforce Services (DWS) Correspondence Agreement**

In order to expedite and process food stamp and medical assistance applications, it is necessary that a staff member of First Step House be appointed as your food stamp representative while you are in residential treatment with us.

The food stamp representative is responsible for ensuring that all the information that is needed to process your application for food stamps and Medicaid are submitted to the DWS office (known as ARC for residential facilities).

Coordination of these activities requires that all mail that concerns food stamp or medical assistance information be opened by the FSH food stamp representative. Your signature on the attached document will allow the representative to receive and open all mail that is designated as requiring information pertaining to your case.

**It is vital that you do not update or adjust your address from the designated mailing address throughout your residential treatment episode. All DWS correspondence is sent to the address listed so that the food stamp representative can open and review correspondence to ensure you receive the benefits that assist in funding your treatment at First Step House. All DWS programs are integrated, including unemployment and your work profile. Please do not change your address across the DWS platforms from the PO box listed below.**

PO Box 1290  
Salt Lake City, UT 84110

Signing this form in no way authorizes anyone to open any mail other than the mail that comes from the Department of Workforce Services and concerns food stamps or medical assistance.

If your income changes while you are at First Step House, DWS needs the information about your income or employment. Any requested forms must be completed accurately and returned to DWS ARC within 10 business days. If you do not provide DWS with this information, or if you provide inaccurate information, your Medicaid and Food Stamp benefits may be suspended or terminated.

If you are eligible for Targeted Adult Medicaid (TAM), this benefit is good for one year regardless of your income. After one year, you must meet the same eligibility requirements. Adult Medicaid Expansion has an income limit of \$1,467/mos or \$17,608/year. The income limit for food stamps (SNAP) is \$1,383/mos.

**Please be sure to update your address with DWS once you leave residential treatment by calling 801-526-0950.**

I have read, or had read and explained to me, this information and understand that my Medicaid and Food Stamp benefits are an important piece of my treatment with First Step House and commit to cooperating in the coordination of obtaining and maintaining these benefits throughout my treatment episode. I may ask my case manager or the case manager supervisor for help with this, if necessary. Your consideration in this matter is greatly appreciated.



## GENERAL CONSENT FOR MEDICAL TREATMENT AND RELEASE OF INFORMATION

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

1. Consent: I, the undersigned patient or authorized representative of the patient, hereby voluntarily request, consent to, and authorize First Step House Clinic ("P r a c t i c e") and its staff to provide medical care including treatments, examinations, diagnostic procedures, and the administration of medications as deemed necessary and advisable by the Practice and its healthcare providers to me.

2. Release of information. I hereby authorize the Practice to release and disclose to any third party payer, or its representative, which may be responsible for payment in my case, or as required by law, such information from my patient records as is necessary in order to receive reimbursement for any healthcare services rendered to me by the Practice. I also authorize release and disclose of my patient records to other healthcare providers who may, in the opinion of the Practice, be of assistance in providing treatment or the most appropriate medical care to me.

3. Physician Referral: I understand that if my health insurance is provided by a managed care plan, I am responsible for contacting my primary care physician and obtaining necessary referrals for any services rendered at this office. Failure to do so will result in my being financially responsible for said services.

4. Payment: I understand that I am responsible for any health insurance deductibles and/or co-payments. I understand that I am financially responsible for the cost of services at the time they are rendered unless prior arrangements have been made. I understand that if my medical insurance plan (or other third party benefit plan) denies payment of services or the services are not covered under such plan, I will be responsible for payment of said services and I agree to pay all charges submitted by the Practice for the care given to me. I authorize my medical insurance plan (or other third party benefit plan) to make payments directly to the practice for any services the Practice furnishes to me.

5. Accuracy & Integrity: I hereby acknowledge the information I provided on the patient information form and patient history to be true and correct and completed to the best of my ability.

6. No Guarantees: I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees are made as to the result of the care and treatment which I have hereby authorized.

7. **Contact Authorization**: I \_\_\_\_\_ do \_\_\_\_\_ do not (**check one**) authorize information to be left on my voicemail.

We will ordinarily contact you using your home phone number and home address. If you want us to contact you in another manner, please provide us with specific instructions about how we may contact you.

I have read this form or it has been read to me and I am satisfied that I understand the entire contents and significance of this form, and all my questions (if any) have been answered. Further, I understand that this consent will be deemed continuing and I am free to revoke my consent at any time.

**Date of Visit**: \_\_\_\_\_

**Signature of Patient**/Guardian: \_\_\_\_\_

If patient is unable to consent, please complete the following:

Patient is a minor, \_\_\_\_\_ years of age

Patient is unable to sign because:

\_\_\_\_\_

Note: To be filed and retained for a minimum of seven (7) years





## First Step House Client Rights

As a First Step House client, you are assured of the following rights:

1. The right to humane treatment in an atmosphere of dignity and respect.
2. The right to protection from threats, intimidation, and acts of violence.
3. The right to receive treatment services regardless of race, religion, age, sexual orientation, gender, gender identity, national origin, disability, or being a member of any other protected group.
4. The right to discuss any complaints or concerns you have with your counselor and the clinical staff, and to initiate a formal grievance procedure.
5. The right to refuse treatment and to be made aware of any potential legal consequences of doing so.
6. The right to a written explanation of the reasons for involuntary discharge and the criteria for re-admission to treatment.
7. The right to an explanation of the cost of treatment and a copy of your fee agreement. You will not be denied treatment based on inability to pay; however, you may be referred to outside agencies to determine eligibility for funding assistance. Refusal to pay fees as agreed does not constitute inability to pay.
8. The right to privacy and confidentiality of your treatment records.
9. The right to review your treatment records upon written request.
10. The right to consult with outside professionals such as physicians, attorneys, therapists, or religious advisors.
11. The right to associate with family and other individuals, except when such association is restricted by court order or judged to be clinically inappropriate.
12. The right to send and receive mail provided that general health and safety requirements are met.
13. The right to have access to a telephone and to provide one at your own expense. I understand that I may be asked to surrender my phone or other communication device if staff determines that I have misused the device.
14. The right to be informed of the privileges, responsibilities, and sanctions of being a client. Maximum possible sanctions may include reports to legal supervising entities, involuntary discharge from treatment, and legal charges if crimes are committed on property.



## Waiver and Release for Support Services

- A. FSH may from time to time pay for certain services as an accommodation to Client. Such services may include, but are not limited to, moving services, bus fare, transportation, rent, rental deposits, medical services, clothing, employment assistance, purchase of needed or required items, and such other services as may be specifically granted (“Services”). Whether FSH provides such accommodation is within the sole discretion of FSH, and taking into consideration need and whether grant or other funding permits payment for such Services. Services do not include treatment programs, housing or other contractual arrangements between Client and FSH.
- B. Client recognizes that there may be certain actions, liability or claims or causes of action which may arise in connection with or related to such Services.
- C. As a condition to the providing of these Services and continuing to provide such Services, Client agrees as follows:
- 1. Indemnification and Release.** In consideration of FSH providing Services, Client agrees to indemnify, release and hold FSH harmless from any liability, claim or cause of action, injuries, losses, wages and compensation and/or damages of any kind and character, whether known or unknown, which may arise as a result of providing Services, arrangement for Services, or in any way related to the Services. This Release shall apply to Client on behalf of him/herself and heirs, executors, administrators, or assigns, both past and present. The Release shall apply to FSH, its agents, directors, officers, clients, and representatives.
  - 2. Waiver.** By signing this agreement and by accepting Services, Client will have waived any right to bring a legal action or procedure against FSH related to the Services.



## First Step House Suboxone and Methadone Contract

I agree to the following rules regarding Suboxone and Methadone Medication Assisted Therapy (MAT) prescriptions while in residential treatment at FSH.

- It is required that any Methadone or Suboxone prescription is transferred to Project Reality for dosing and management while I am in residential treatment at FSH.
- The FSH team will arrange for a Project Reality intake appointment for me. Until this appointment, I will be allowed to dose in-house according to my current prescription.
- If I do not qualify for Project Reality dosing and management, I may continue receiving the MAT prescribed by my private provider. The MAT prescription must be written as once daily dosing. The MAT dosing at FSH will be at noon each day.
- If Suboxone is prescribed specifically for pain management, my prescriber will be notified by the FSH medical team that they prefer that I taper off Suboxone and start an alternative treatment.
- If my prescriber submits documentation that Suboxone is necessary for pain management, it will be considered by FSH. Suboxone dosing for pain management will be allowed once or twice daily. Twice daily dosing will only be allowed if I present documentation from my prescriber stating that the prescription is for pain management and that twice daily dosing is required. All documentation must be verified by the FSH medical team prior to approval.
- If I have a private MAT prescriber, I will be responsible for attending all scheduled appointments for MAT management and dosing. I am also responsible for getting my medications picked up from the pharmacy or coordinating pick up with staff.
- Bridge prescriptions will not be provided by the FSH APRN if I miss my MAT appointments.
- Bridge prescriptions will only be provided for Suboxone if, upon admission, I need a bridge for my current prescription and cannot get in to see my usual provider before I have my intake at Project Reality. If there is evidence of diversion of my Suboxone prescription on the Utah Controlled Substance Database, the FSH APRN will not provide a bridge.
- If I run out of medication due to lack of refills or missing scheduled appointments, I may be required to go to VOA for detox. I am not allowed to experience withdrawals in the FSH facility.
- If I desire to taper off MAT, I will be required to do so with a taper prescription. I am not allowed to “self-taper”. All medications must be taken as prescribed.
- Sudden or abrupt stops of MAT are not allowed. If I stop taking MAT without a taper, I may be staffed for discharge or sent to the VOA for the detox and withdrawal process.
- If I miss an MAT dose, I will have to wait until the next scheduled dose unless I have prior approval from the medical team. Dose times may be adjusted if I have an appointment or pass.

