

**ITS PROGRAM DESCRIPTION/
PLAN FOR OPIOID AND SUBSTANCE USE DISORDERS TREATMENT
PROGRAM**

Intensive Treatment Systems, L.L.C. (ITS) is an outpatient program providing person centered, Opioid and Substance Use Disorder Treatment, behavioral health counseling, and related services for Substance Use Disorders including opiate dependent patients. ITS has three clinics in the Phoenix area, ITS Main, ITS North, and ITS West. ITS fourth location is in San Tan Valley.

ITS is licensed by the Arizona Department of Health Services, Office of Behavioral Health Licensure. The agency is a provider of services for Title XIX and state-funded patients through Arizona Health Care Cost Containment System (AHCCCS), SABG (Substance Abuse Block Grant) and TriWest.

MISSION STATEMENT

The mission of Intensive Treatment Systems is to provide effective treatment services and advocacy in a supportive recovery environment that enhances the quality of life for dependent individuals.

PROGRAM PHILOSOPHY AND GOALS

A primary objective of the ITS Programs is shifting patients from dysfunctional patterns of drug abuse to ultimately, with the assistance of integrated support services, it is our goal to guide patients toward a drug free lifestyle with improved personal and vocational functioning, and responsible citizenship.

SERVICES

Services are designed and implemented to support the recovery and/or stabilization of the patients, enhance their quality of life, reduce symptoms, restore and/or improve functioning, and support the integration of the patients into the community.

CRITERIA FOR ADMISSION TO MAT

In order to be eligible for Medication Assisted Treatment (MAT), patients must meet the ASAM (American Society of Addiction Medicine) criteria for Opioid Treatment. State and Federal regulations state that a patient receiving Methadone Treatment must be 18 years or older, have current identification, and

consent in writing to voluntary participation in Methadone treatment. Patients also receive a medical screening by an ITS medical practitioner. One-year opioid dependency is not required for pregnant women, patients released from a penal institution within the last six months, or patients previously treated for opioid dependence within the last two years. Priority admission will be given to all pregnant women and applicants who have tested positive for HIV.

PSYCHOSOCIAL ASSESSMENT

A comprehensive psychosocial assessment is completed which includes both current and past issues concerning medical, psychiatric, substance use, legal, family, social, cultural, education and employment. This process also provides the counselor an opportunity to assess patients' immediate needs in order to make referrals to appropriate services.

POSITIVE SCREEN FOR OPIOID DEPENDANCE LEADS TO A MEDICAL ASSESSMENT

Once the screening process is complete, patients receive a thorough medical screening to determine appropriateness for this modality of treatment. The medical screening includes a history and physical, TB test, RPR blood tests as required and initial drug test. As part of the intake medical assessment, patients are screened for cardiac risks. Patients are educated on the dangers associated with the combination of methadone with other substances, illicit or prescribed. Patients are also educated on the importance of regular wellness visits with PCPs in order to promote health and wellbeing. Patients are fully informed about methadone and the dosing process. This is often the only contact methadone patients have with professional health care providers, and the screening frequently leads to appropriate referrals for conditions that are picked up incidentally (i.e. infectious disease, systemic illness, etc.)

METHADONE MAINTENANCE (OPIOID TREATMENT)

ITS offers a Methadone Maintenance program. This involves transferring opiate addiction to a controllable substance which blocks the effect of the narcotic "high." Dosage levels are adjusted according to individual patient needs. Methadone Maintenance means that the client receives methadone as an opioid agonist treatment medication at stable dosage levels for a period in excess of 21 calendar days.

Methadone Maintenance Treatment (MMT) is designed to replace the craving for opiate drugs; during treatment, patients are strongly encouraged to participate in a variety of psychosocial services designed to help them modify their attitudes, change dysfunctional behaviors, and develop insight into their previously harmful

lifestyles. Positive family members and other support providers are essential to the recovery process and patients are encouraged to include those individuals in counseling services.

A comprehensive array of community services is made available to the patients and assistance is provided facilitating their access to them. On-going case management is also provided to ensure coordination of care.

Many patients are stabilized and have used Methadone Maintenance and counseling to their advantage. Patients are considered “stabilized” when they are living free from drug abuse, have made improvements in their relationships with family and friends, function well as a parent, worker or caregiver and are involved in constructive activities such as support groups, organizations, recreations or hobbies.

Those patients who are prescribed methadone will dose daily for a minimum of 90 days. To assure patient safety to dose, at the time of dosing each member will be assessed by the dosing nurse. The nurse will assess for possible impairment. Patients may be asked to provide a breathalyzer sample if alcohol use is suspected. If a patient is suspected to be impaired the patient will be asked to provide a urine sample prior to dosing. If the urine screen is positive for illicit substances patients will need to be cleared by the provider before dosing. If there is a risk of adverse interactions the member may not be dosed that day. Take home privileges will be reduced and the patient will need to be in the clinic for dosing and will need to follow ITS guidelines in earning privileges back as according to the federal regulations published by the Substance Abuse and Mental Health Services Administration and enforced by the Drug Enforcement Agency. To adjust a patient’s medication dose, the patient must attend an appointment with their medical provider.

Buprenorphine (Suboxone)

Buprenorphine is prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs. When taken as prescribed, buprenorphine is safe and effective.

Buprenorphine has unique pharmacological properties that help:

- Lower the potential for misuse
- Diminish the effects of physical dependency to opioids, such as withdrawal symptoms and cravings
- Increase safety in cases of overdose

Buprenorphine is an opioid partial agonist. This means that, like opioids, it produces effects such as euphoria or respiratory depression. With

buprenorphine, however, these effects are weaker than those of full drugs such as heroin and methadone.

Buprenorphine's opioid effects increase with each dose until at moderate doses they level off, even with further dose increases. This "ceiling effect" lowers the risk of misuse, dependency, and side effects. Also, because of buprenorphine's long-acting agent, many patients may not have to take it every day.

Buprenorphine treatment happens in three phases:

1. **The Induction Phase** is the medically monitored startup of buprenorphine treatment performed in the provider's office using approved buprenorphine products. The medication is administered when a person with an opioid dependency has abstained from using opioids for 12 to 24 hours and is in the early stages of opioid withdrawal. It is important to note that buprenorphine can bring on acute withdrawal for patients who are not in the early stages of withdrawal and who have other opioids in their bloodstream.
2. **The Stabilization Phase** begins after a patient has discontinued or greatly reduced their misuse of the problem drug, no longer has cravings, and experiences few, if any, side effects. The buprenorphine dose may need to be adjusted during this phase. Because of the long-acting agent of buprenorphine, once patients have been stabilized, they can sometimes switch to alternate-day dosing instead of dosing every day.
3. **The Maintenance Phase** occurs when a patient is doing well on a steady dose of buprenorphine. The length of time of the maintenance phase is tailored to each patient and could be indefinite. Once an individual is stabilized, an alternative approach would be to go into a medically supervised withdrawal, which makes the transition from a physically dependent state smoother. People then can engage in further rehabilitation—with or without MAT—to prevent a possible relapse.

Switching between methadone and buprenorphine

Patients can possibly switch from methadone to buprenorphine treatment, but because the two medications are so different, patients may not always be satisfied with the results. Studies indicate that buprenorphine is equally as effective as moderate doses of methadone. However, because buprenorphine is unlikely to be as effective as more optimal-dose methadone, it may not be the treatment of choice for patients with high levels of physical dependency.

A number of factors affect whether buprenorphine is a good choice for someone who is currently receiving methadone. Patients receiving buprenorphine can possibly be switched to methadone. Patients

interested in learning more about switching their treatment should discuss this with their doctor.

Patients who are inducted to buprenorphine will present to the clinic daily initially to receive their medication. To adjust medications patients must attend an appointment with the medical provider. Patients can earn take home privileges by attending an appointment with the prescribing medical provider is required at a minimum of once per month.

NALTROXONE (Vivitrol) for Opioid Use Disorder

Naltrexone blocks the euphoric and sedative effects of drugs such as heroin, morphine, and codeine. It works differently in the body than buprenorphine and methadone, which activate opioid receptors in the body that suppress cravings. Naltrexone binds and blocks opioid receptors and is reported to reduce opioid cravings. There is no abuse and diversion potential with naltrexone.

If a person relapses and uses the problem drug, naltrexone prevents the feeling of getting high. People using naltrexone should not use any other opioids or illicit drugs; drink alcohol; or take sedatives, tranquilizers, or other drugs.

Patients on naltrexone may have reduced tolerance to opioids and may be unaware of their potential sensitivity to the same, or lower, doses of opioids that they used to take. If patients who are treated with naltrexone relapse after a period of abstinence, it is possible that the dosage of opioid that was previously used may have life-threatening consequences, including respiratory arrest and circulatory collapse.

As with all medications used in medication-assisted treatment (MAT), naltrexone is to be prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs.

Members who are on Naltrexone/Vivitrol will present to the clinic monthly to meet with the medical provider and to receive their medication. Patients are expected to engage in behavioral treatment as outlined in the Individual Service Plan.

Naltrexone for Alcohol Dependence

When used as a treatment for alcohol dependency, naltrexone blocks the euphoric effects and feelings of intoxication. This allows people with alcohol addiction to reduce their drinking behaviors enough to remain motivated to stay in treatment and avoid relapses. Naltrexone is not addictive, nor does it react adversely with alcohol.

Long-term naltrexone therapy extending beyond three months is considered most effective by researchers, and therapy may also be used indefinitely.

Members who are on Naltrexone/Vivitrol will present to the clinic monthly to meet with the medical provider and to receive their medication. Patients are expected to engage in behavioral treatment as outlined in the Individual Service Plan.

INDIVIDUAL AND FAMILY COUNSELING

Counseling is provided by either a Behavioral Health Technician (BHT) or a Behavioral Health Professional (BHP). Individual counseling is provided face to face at ITS in accordance with the patient's treatment plan. Family counseling is provided face to face with members of patients' families also conducted at the clinic when requested by the patient.

Counseling specifically focuses on patient substance abuse issues, including addiction to opiates and other illicit substances, underlying issues surrounding their addiction, and relapse prevention. Patients also receive counseling on life-skills, such as obtaining needed housing, employment and financial assistance, and reaching various community services specific to their needs.

Counseling is provided to the patients per their treatment plan. Counseling services are available six days a week at most clinics and the West Clinic offers 24/7/365 counseling. Each patient is expected to participate in at minimum 1 hour of counseling per month. The type and amount of counseling is tailored to each patient's specific needs and desires. ITS maintains an emergency on-call service for patients and healthcare professionals for after-hours coverage.

In the event a patient presents with issues that require additional services such as psychiatric assessments and/or medication, counselors provide referrals to community agencies that can assist them with those needs.

GROUP COUNSELING

INTENSIVE OUTPATIENT PROGRAM (IOP)

IOP is a 36-session program, 3 hours a day, 3 days a week for adults with co-occurring mental health and or substance use related disorders. Motivational Enhancement therapy (MET), Cognitive Behavioral therapy (CBT), stress management, life skills training, family support services, anger management, coping skills, awareness of triggers and cravings, drug education, relapse management and prevention, and encouragement in community support groups (12 Step, SMART, and Celebrate Recovery).

Gender Specific Groups offered at the West Clinic

Weekly Men's Group

Weekly Women's Group
Weekly DCS Group

CASE MANAGEMENT

Patients may receive case management services provided by their assigned counselor. Case management services focus on continuity of care and promoting patient growth. Case management services may include: assistance in maintaining, monitoring and modifying covered services; brief telephone or face-to-face interactions with a person, family or other involved party; assistance in finding necessary resources other than covered services to meet basic needs; communication and coordination of care with the person's family, behavioral, general medical and dental health care providers, community resources, and other involved supports including educational, social, judicial, community and other state agencies; coordination of care activities related to continuity of care between levels of care (inpatient to outpatient care) and across multiple services (nursing services and family counseling); outreach and follow up of crisis contacts and missed appointments/re-engagement activities; participation in staffing, case conferences or other meetings with or without the person or his/her family participating and any other activities as needed.

A comprehensive array of community services is made available to the patients and assistance is provided facilitating their access to them. On-going case management is also provided to ensure coordination of care

LABORATORY TESTING

ITS has the ability to arrange for appropriate laboratory and toxicology test. ITS uses urine and/or oral swab for drug testing. The lab results are entered into the patient's chart and monitored by program staff. Confirmation of drug tests is available upon request.

TRANSPORTATION

Patients may also receive transportation services to and from the clinic through Metro Valley Transportation Company if no other means of transportation is available to the patient. These services are provided to improve access to program. ITS also provides bus tickets on an as needed basis.

POPULATION SERVED BY ITS

ITS patients are both male and female over the age of 18. ITS does not provide services to individuals less than 18 years of age. Patients under 18 will be screened and referred to appropriate services.

Patients must be dependent on opiates and meet the ASAM criteria for Opioid or Alcohol treatment to receive Medication Assisted Treatment (MAT) services. All patients who meet the DSM 5 criteria for a SUD can utilize IOP, case management, individual, and or group counseling.

The population also includes pregnant women, seriously mentally ill patients and individuals with co-occurring and substance use disorders. Policies and procedures are in place to address special needs of these populations.

BEHAVIORAL HEALTH SERVICES OFF THE PREMISIS

There are no behavioral health services provided off premises.

CRITERIA FOR READMISSION TO MAT

If a patient misses ten (10) consecutive days, they are considered inactive from the MAT program. In order to return, the patient requesting to return to MAT services must be seen by the intake counselor and either a Physician's Assistant or Nurse Practitioner before they can restart the program. If a patient has missed days because of incarceration or hospitalization, they must bring in release paperwork for readmission.

WAITING LIST

There is no waiting list maintained at ITS; however, if the need arises, a policy will be developed at that time.

REFERRALS

Patients are frequently referred to other agencies or entities depending on their needs. There are a wide range of community referrals and services made available to patients upon request. Patients who have behavioral health issues are referred to other area mental health agencies for counseling and psychiatric care as indicated. Patients are also referred to support groups such as 12-step meetings to help supplement their on-going counseling at ITS.

Patients requiring financial assistance are screened for AHCCCS eligibility at ITS and are assisted in filling out the AHCCCS application or are referred to DES or to Social Security as appropriate. ITS receives funding through the SABG

program and patients who are not AHCCCS eligible are screened for eligibility based on the guidelines provided by the SABG program.

ITS patients have a wide range of medical needs and are referred back to their primary care physicians (PCP).

Patients may also need to leave the area and travel away from ITS. Such patients are assisted in locating a methadone clinic near their new destination in order to ensure continuity of care.

DISCHARGE PROCEDURES

Opioid Treatment

A discharge from treatment can either be voluntary or involuntary.

Voluntary termination includes transfer to another organization, successful completion of a program or upon patient request. MAT voluntary termination includes successful detoxification from methadone.

Involuntary termination involves the withdrawal of treatment services due to one or more of the following reasons: suspected diversion of medication doses; repeatedly missing appointments; suspected selling of drugs around the clinic; loitering on the premises and in the surrounding neighborhood; verbal and/or physical abuse of staff or other patients; property damage to program facilities; possession of any drug paraphernalia or alcoholic beverages in or on clinic property; refusal of coordination of care with PCP, prescribers of controlled substance or other providers of services or other non-compliance with treatment rules that place patient or others at an increased risk of danger. Non-payment of fees is considered voluntary withdrawal from the program. Patients will be referred to agencies providing financial assistance and receive a seven (7) day detox.

If a patient displays any violent, disruptive or threatening behavior against him/herself or against another, in the clinic or on the premises, including bringing a weapon into the clinic or onto the clinic premises, will be immediately discharged.

Re-engagement activities, including phone calls and letters will be conducted in an effort to assist the patient in returning to treatment that left prematurely. A Notice of Action will be sent to the last known address via certified mail after 20 days of non-attendance in order to explain patient's rights in regard to restarting services.

TRANSFERS

Opioid Treatment

Patients may request, at any time to transfer to another Medication Assisted Treatment program. Patients are encouraged to call the clinic, with the help of a clinician if necessary, to which he/she is transferring in order to obtain intake times and other eligibility requirements. Once patients have begun intake procedures at the new clinic, they sign a release of information which is faxed to ITS. At this time all pertinent information is faxed to the new clinic and patient can begin receiving services.

DECLINING SERVICES

If patients fail to meet the admission criteria, they will be declined services and referred to a more appropriate level of treatment. If patients cannot afford fee for service, they will be screened for AHCCCS eligibility. ITS staff will assist patients in completing the needed AHCCCS application and refer to the AHCCCS office for further assistance if needed. If a patient is denied AHCCCS, ITS staff will screen the patient for SABG funding as funding is available.

If patients require behavioral health services that cannot be provided within the scope of competence and training of a behavioral health technician or a behavioral health professional at ITS, they are referred to an appropriate behavioral health care provider. Patients are urged to fill out a release of information with the behavioral health agency or provider to ensure continuity of care. Patients will continue to receive substance abuse treatment services through ITS, unless a different level of care is indicated, or they are discharged.

QUALIFICATIONS OF STAFF

ITS staff members hold the qualifications, experience, training and skills and knowledge specific to the behavioral health services offered by ITS. Staff members attend on-going trainings held either at ITS or through other agencies that benefit the growth of the clinician and the patient population. The ITS staff also attends a Cultural Competency training taught by RBHA trainers or ITS clinicians to increase staff awareness of the needs of our diverse patient population.

ITS staff members also receive supervision appropriate to their level of training and experience. The staffing is adequate to address the acuity and number of patients to ensure safety and meet clinical needs.

PROGRAM DIRECTOR/ADMINISTRATOR

The Program Director is responsible for directing and coordinating the activities of ITS in accordance with ITS policies and procedures, and is responsible for the development, direction, coordination, and oversight of clinical aspect of patient care activities. The Program Director acts as the Administrator for the organization. This position requires experience or demonstrated competence in chemical dependency treatment, and demonstrated leadership ability with excellent writing and communication, and facilitation skills. This position has a master's degree or higher and holds independent licensure with the AZ Board of Behavioral Health Examiners. This position oversees all three ITS clinics and provides Clinical Supervision and oversight to the BHT level staff.

CLINIC MANAGER

The Clinic Manager is responsible for the administrative oversight and operations management of the individual ITS clinic. There are three Clinic Managers, one assigned to each clinic. The Clinic Manager is responsible for ensuring that policy and procedure are followed and that directions from the Program Director are carried out. The Clinic Manager is responsible for all facilities management/maintenance issues. The Clinic Manager is a BHT or BHP level staff member and is under direct supervision of the Program Director.

MEDICAL DIRECTOR

The Medical Director is responsible for the oversight of medical aspects of opioid treatment provided at ITS including the supervision of the Nurse Practitioner or Physician Assistant. This position also meets the minimum qualifications of M.D. or D.O. degree and licensed through the Arizona Board of Medical Examiners. They must hold a current DEA license and must be an AHCCCS approved provider or eligible. The Medical Director is available during medication dispensing and clinic operating hours either in person or by telephone. The Medical Director is a physician who provides direction for the opioid treatment services provided.

PHYSICIAN ASSISTANT/NURSE PRACTICIONER

The Physician Assistant/Nurse Practitioner has obtained appropriate licensure, certification, and accreditation as required for the professional practice in the State of Arizona. The Physician Assistant/Nurse Practitioner serves as the primary medical examiner at ITS.

NURSES

Dosing Nurses are under the direct supervision of the Director of Nursing. The position is responsible for the safe and efficient ordering, dispensing and administering of methadone to opiate dependent patients, documentation of medical and clinical records and observations, and accurate record keeping regarding methadone inventory and control. Nurses meet the minimum

qualifications of LPN or RN education from an accredited university or nursing school and are licensed through the Arizona Board of Nursing, with experience in administering Schedule II narcotics.

BEHAVIORAL HEALTH TECHNICIANS (BHT) AND BEHAVIORAL HEALTH PROFESSIONALS (BHP)

BHT's perform duties under the clinical oversight of a BHP, pursuant to the requirements of the Arizona Department of Licensure. BHTs provide counseling and case management services. They conduct assessments, develop treatment plans with patients, and document counseling and case management sessions through progress notes. BHTs receive clinical oversight by a BHP. This is provided through group or individual clinical supervision at least once during a two-week period. The BHP is required to hold an independent license by the AZ Board of Behavioral Health Examiners.

Peer Support Specialist

PSS perform duties under the clinical oversight of the BHP. PSS provide resources, building skills, mentoring, building community and relationships, and educating the public on treatment options as outlined by SAMHSA.

CASE MANAGER

ITS does not employ Case Managers; clinicians are responsible for providing case management services as determined by need according to patient's treatment plan.

PAYMENT SCHEDULE-RECEIVING FEES

ITS provides services to patients through private as well as publicly subsidized funding. Private funding not only reduces the strain on limited public funds, but also encourages and reinforces independent living and patient self-responsibility. Public funding provides an opportunity for treatment of those patients who would otherwise not be able to afford it, including pregnant women and the homeless.

ITS has established a uniform system of charging and collecting patient fees and ensures that the State is the payer of the last resort. Patients are charged for all clinical services provided. The established fee includes the following services: medication; counseling per treatment plan; coordination of care with physicians, probation officers, and others identified in the course of treatment with appropriate releases of information; and mandatory drug screening tests. A pregnant opiate dependent woman will not be denied services because of inability to pay. The fee to be paid by each individual in combination with any third-party payments shall not exceed the maximum charge for the service provided. Notification of fee changes will be clearly posted in the agency at least 30 days in advance.

Fee Schedule

Private Pay for Patients Methadone

\$95 Intake and first week of methadone
\$ 9 Daily
\$63 Weekly
\$252 Monthly based on a 4-week month

Private Pay for Patients Suboxone

\$300 Intake
\$150 Monthly
\$250 Restart
\$250 Transfer Patient

Private Pay Patients Vivitrol injection

\$160 Intake and injection
\$160 Monthly

Private Pay for Patients in IOP

\$ 45 Intake into IOP
\$12 hour (\$3.00 per 15-minute unit)

Funded Patients

SABG

Title XIX patients are not charged directly for services

REFUND POLICY

Patients are made aware of the refund policy at screening and intake. Refunds are not given after services are rendered. This information is also documented in the patient handbook.

Private patients that convert to Title XIX funding during the course of treatment will receive the appropriate refund from the day enrollment becomes effective. Patients paying bi-monthly or monthly may obtain a refund for the remaining days of service/medication.

If ITS is no longer able to serve patients, a cash refund of unused fees will be available to patients within 48 hours of clinic closure. A patient's refund will not be given to a patient's parent, guardian or custodian unless a Release of Information is signed by the patient that specifically states instructions regarding the distribution of the refund.

NON-ENGLISH SPEAKING PATIENTS

There are several Spanish-speaking staff members available to help Spanish-speaking patients who cannot speak or read English. ITS staff who identify themselves as bi-lingual receive certification through ALTA Language Services, a RHBA approved agency to test for language competency. OBHL and RHBA documents are provided in Spanish. ITS contracts for interpretation services with Akorbi to provide all services in the preferred language of the patient. ITS contracts with Valley Center of the Deaf to assist with treatment services for patients with hearing impairments. ITS patients are informed of their right to receive services in their preferred language at intake.

SPECIAL ACCOMMODATIONS

Patients with physical disabilities are able to access the clinic without difficulty since there is no barrier to access. Patients who are immobile and cannot leave their cars will have their dose administered to them by a nurse based on evaluation by a medical provider. If a disabled or immobile patient needs to take a drug test, oral swabs are available. An interpreter can be requested for patients with hearing impairment or language barrier.

AVAILABILITY OF ADEQUATE RESOURCES

ITS has adequate facilities, space, materials and staffing to provide the proper amount of care for the proper length of time, based on the needs of the patients. Confidential medical and counseling offices are available. Space is also identified for group activities.

AVAILABLE HOURS OF COUNSELING AND MEDICATION SERVICES

Administrative/Counseling Hours-West Clinic

24 hours – 7 days a Week

Medication Hours-West Clinic

Monday- Saturday 4am-8:00pm

Administrative/Counseling Hours-North Clinic

Monday – Saturday 4 am – 8:00pm

Sundays Closed

Major holidays on Monday 4 am – 8:00pm

Other holidays Closed

Intensive Treatment Systems

1.A 100
CR: 4.B 100

Medication Hours-North Clinic

Monday- Saturday 4:00 am – 7:30 pm
Sundays Closed
Major Holidays on Mondays 4:00am – 7:30 pm
Other holidays Closed

Administrative/Counseling Hours-Main Clinic

Monday – Saturday 4am – 12:00pm
Sundays Closed
Major holidays on Monday 4am – 12:00pm
Other holidays Closed

Medication Hours-Main Clinic

Monday- Saturday 4:00am – 11:30am
Sundays Closed
Major Holidays on Mondays 4:00am – 11:30am
Other holidays Closed

Administrative/Counseling Hours-San Tan Valley Clinic

Monday – Saturday 5am – 1:00pm
Sundays Closed
Major holidays on Monday 4am – 1:00pm
Other holidays Closed

Medication Hours-San Tan Valley Clinic

Monday- Saturday 5:00am – 12:30pm
Sundays Closed
Major Holidays on Mondays 5:00am – 11:30pm
Other holidays Closed

EMERGENCY SAFETY RESPONSE

ITS does not utilize the practice of seclusion or physical restraint of patients under any circumstances.

Staff members are trained to utilize de-escalation techniques to diffuse the immediate threat. Staff members are trained to call 911 immediately in the instance that safety may be compromised. There is also a panic button in the facility that is linked directly with the police department. The incident will be reported and documented per the incident reporting procedure.

Original Date 10/95 REF: R9-20-201

Intensive Treatment Systems

1.A 100
CR: 4.B 100

Dates Reviewed: 10/96, 10/97, 10/98, 10/99, 10/00, 10/01, 10/02, 10/03, 10/04, 6/05, 02/06,
09/07, 10/08, 5/09, 06/10, 11/11, 11/12, 11/13, 11/14, 11/15, 05/16, 10/17 3/18, 3/19
Dates Revised: 10/98, 10/01, 10/02, 6/05, 02/06, 09/07, 10/08, 6/10, 11/11, 11/12, 11/14, 11/15,
05/16, 10/17, 3/18, 3/19