



JSAS HealthCare, Inc.

"Working Together To Make Life Better"

AGENCY OVERVIEW

OUR MISSION STATEMENT

The management and staff of JSAS HealthCare, Inc., are committed to providing comprehensive treatment of substance use disorders, without discrimination, in an atmosphere that is supportive and respectful of patients' individuality and rights. Our mission is to provide the highest quality of professional care to individuals who are diagnosed with a substance use disorder, so that they may improve the quality of their lives, both as individuals and as members of the community.

OUR TREATMENT PHILOSOPHY

We, at JSAS HealthCare, Inc., believe that substance use disorders are a treatable bio-psychosocial disease. We believe that treatment is most effective when it is individualized and approached in an interdisciplinary and comprehensive manner that addresses the unique characteristics, strengths and weaknesses of each patient. We respect each of our patient's "stage of readiness for change," and work to increase each patient's commitment to treatment and the recovery process.

We accept harm reduction as a valid treatment goal. We encourage 12-Step involvement, but accept that there are other roads to recovery as well. Our goal for each patient is a new freedom of body, mind and spirit that reflects success in the process of treatment and recovery.

We accept medication-assisted treatment (MAT) as effective treatment for opioid dependence in its own right. We support medically supervised withdrawal when clinically appropriate, but fully accept that there is recovery on medication-assisted therapy.

OUR SERVICES AND PROGRAMS

We use a multidisciplinary team approach to provide comprehensive treatment services to a population of over 700 patients. Treatment may include case management services, individual counseling, group counseling, family therapy and medical services.

We provide:

- ◆ Medication-Assisted Treatment (methadone, buprenorphine and Vivitrol®): All patients in treatment have a full range of medical and counseling services included in their individualized treatment plan. Programs are offered to help our patients with co-occurring disorders such as psychiatric disorders, tobacco use disorder, HIV and HCV disease. Educational and support groups offered include: parenting, gender specific counseling, peer support, relapse prevention, and relaxation techniques (including acupuncture).
- ◆ "Choices for Change" – Methadone Intensive Outpatient Program for DCP&P-involved women or high-risk women with dependent children.
- ◆ Perinatal Project is an ambulatory care program for the treatment of pregnant and post-partum women with a substance use disorder and their infants. The medical component of this project includes prenatal and post-partum obstetrical care and "well child" pediatric care. Health education and counseling are an integral part of this program. Substance use disorder treatment includes individual and group counseling. A multidisciplinary team approach provides integrated care and comprehensive services. This project is jointly operated by JSAS HealthCare, Inc. and Jersey Shore University Medical Center. Most services are provided on-site at JSAS HealthCare, Inc.
- ◆ Maternal Wrap Around Program (MWRAP) This program is open to any pregnant or post-partum woman who is addicted to heroin or other opioids. The MWRAP program offers comprehensive case management services and recovery support services. A comprehensive Case Management Assessment is developed that addresses life domains such as housing, finances, transportation, legal services, vocational, employment, health care and family strengths/needs.
- ◆ HIV/AIDS Services: Services include HIV counseling and rapid onsite testing for patients and their partners; onsite medical assessment, early intervention medical treatment and/or referral for patients who are HIV positive/AIDS; case coordination and case management which includes assessment and referral to agencies that provide other needed services. Individual, group and family counseling is provided.



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- ◆ Opioid Overdose Prevention: Free trainings and education on how to administer naloxone to reverse a heroin/opioid overdose will be provided on-site. Trainings are open to anyone who is at risk of an opioid overdose or their family and friends. All eligible participants will receive a FREE Narcan® (naloxone) kit and a treatment voucher for 30 days of free substance abuse treatment to use or distribute to any person that needs medication-assisted treatment. In addition, education is provided on how to administer Narcan® (naloxone) to reverse a heroin/opioid overdose. Trainings last approximately one hour and are held in a small, confidential setting, and participants will receive “hands on” training. All trainings include addiction education and treatment options, overdose prevention techniques, signs and symptoms of overdose, steps to take when an overdose occurs, rescue breathing, how to administer naloxone, self-help, family support and other important resource information.
- ◆ Family Services: Our medical director, Dr. Susan Neshin, hosts an informational session geared to concerned family and friends of our patients. Information regarding FDA approved medications for Medication-Assisted Treatment for the treatment of opioid use disorder, health concerns and treatment interventions are provided. Sessions are held on the first Wednesday of each month at 3:30pm.
- ◆ Short and long term opioid detoxification
- ◆ Tobacco dependency education and smoking cessation
- ◆ Hepatitis A/B/C education and support
- ◆ Nutritional education
- ◆ Acupuncture and relaxation

JSAS HealthCare, Inc. is a CARF-accredited Opioid Treatment Program and is funded by the following:

- ◆ NJ State Department of Health – Division of Mental Health and Addiction Services (DMHAS)
- ◆ DMHAS Fee-For-Service Network (DUII, Drug Court, Co-occurring Services)
- ◆ NJ State Department of Children and Families
- ◆ Monmouth County Division of Mental Health and Addiction Services
- ◆ NJ Medicaid, Family Care and Work First Substance Abuse Initiative
- ◆ Fees generated from treatment programs

Dependent on medical necessity, clinical assessment and certain funding sources, priority admissions and services are given to pregnant women, veterans, individuals reversed from an opioid overdose, individuals being released from incarceration, medically-needy and indigent individuals. At intake, all patients are screened to determine eligibility for publicly-funded substance use disorder treatment services. Patients who are deemed eligible for publicly-funded treatment slots or services through State, County, and local contracts; DMHAS Fee-For-Service initiatives; Medicaid, or WorkFirst SAI will be offered subsidized treatment as long as funds are available.

For more information, please contact:

JSAS HealthCare, Inc.
685 Neptune Boulevard, Suite 101
Neptune, NJ 07753
Phone - 732-988-8877
Fax - 732-988-2572
www.jsashc.org



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NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for illegal drug use will be required at hire and may be required during your employment.

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for: _____ Date of Application: _____

Name: _____ Social Security #: _____

Address: _____

Telephone: _____ Cell _____ E-mail Address: _____

Referral Source (how did you hear about us?): _____

Have you ever been employed here before? If yes, give dates and positions: Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work: _____ What is your desired salary range? \$ _____

Type of employment desired: Full-time Part-time Temporary

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Are you able to perform the essential functions of this job for which you are applying (with or without reasonable accommodation?)

Yes No Need more information about the job's "essential functions" to respond.

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates, and/or computer knowledge that may assist you in performing the position for which you are applying: _____

Have you taken any Certified Alcohol Drug Counselor (CADC) classes? Yes No

If Yes, hours completed: _____



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EMPLOYMENT HISTORY

Starting with your most recent employer, please provide the following

Employer: _____ Phone: _____	Dates employed: _____
Street: _____	Contact for a reference? <input type="radio"/> Yes <input type="radio"/> No
City: _____ State _____	
Immediate supervisor: _____	
Summarize your responsibilities: _____	
Reason for leaving: _____	
Employer: _____ Phone: _____	Dates employed: _____
Street: _____	Contact for a reference? <input type="radio"/> Yes <input type="radio"/> No
City: _____ State _____	
Immediate supervisor: _____	
Summarize your responsibilities: _____	
Reason for leaving: _____	
Employer: _____ Phone: _____	Dates employed: _____
Street: _____	Contact for a reference? <input type="radio"/> Yes <input type="radio"/> No
City: _____ State _____	
Immediate supervisor: _____	
Summarize your responsibilities: _____	
Reason for leaving: _____	

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information:

School – Include City and State	Years Attended	Degree	GPA – Class Rank	Major/Minor
_____ _____	_____	<input type="radio"/> Diploma <input type="radio"/> GED Degree _____ <input type="radio"/> Certification Other _____	_____	_____
_____ _____	_____	<input type="radio"/> Diploma <input type="radio"/> GED Degree _____ <input type="radio"/> Certification Other _____	_____	_____
_____ _____	_____	<input type="radio"/> Diploma <input type="radio"/> GED Degree _____ <input type="radio"/> Certification Other _____	_____	_____

REFERENCES

List name and phone number of three business/work references, preferably supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Contact	Relationship	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, sexual orientation, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to(1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date

Print



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Prospective Employees

We are a drug-free workplace and perform toxicology screening on all newly hired employees. Our corporate policy regarding the hiring of persons in recovery from alcohol and/or drugs is as follows:

As a substance abuse treatment facility, we recognize and respect the value of an individual's personal recovery from alcohol and/or drugs. Following industry standards, we require those in recovery to have two (2) or more years of continuous sobriety. Applicants will be asked to disclose this in accordance with New Jersey Department of Human Services licensure regulations [N.J.A.C.10:161B-3.5(b)].

We are a smoke-free facility. Smoking is prohibited inside the clinic, the surrounding grounds and parking lot. We consider nicotine dependence to be a treatable addiction and we recognize and address this addiction with our patients. We encourage our staff to be smoke-free and offer assistance to nicotine dependent staff desiring to become smoke-free.

I acknowledge that I have read and understand the above statement.

I am in compliance with the agency's policy regarding personal recovery.

Signature of Applicant

Date

Name of Applicant (please print)