

WELCOME

It takes real courage to face your addiction. The BrightView Health staff is here to help guide, support, and encourage you on your journey. Our experienced team of caring and trusted professionals work together to ensure that each patient is given the best possible tools and support to successfully reach their goals. Everyone deserves the opportunity to regain control of their life and return to a productive and meaningful way of living.

Addiction is a chronic, progressive, and potentially fatal disease for which there are effective medical treatments. Given this, BrightView Health is committed to addressing the unique needs of each patient, their family, and the communities we serve. We adhere to the medical model of addiction, recognizing that it needs to be treated on the biological, psychological, and social levels. The goal of life-long remission is the target, and the use of ongoing programs to maintain recovery is necessary. Our individualized treatment plans focus on these issues and are designed to ensure the best possible outcome for each patient.

BrightView's program provides a framework for each patient to apply addiction recovery education to their personal history of substance use. Because addiction not only affects the lives of individuals with the disease but also those around them, BrightView Health offers education for both the patient and the family about the facts of addiction and the consequences of leaving it untreated. Our staff will assist patients in developing recovery skills and help build other tools to address the complex behaviors of addiction. Individual counselors will provide comprehensive case management services tailored to each patient's needs. And for those struggling to obtain stable recovery, we can provide crisis intervention when needed. In addition to our comprehensive services, BrightView Health advocates for community peer-group involvement and encourages patients to utilize these sober support networks.

Please let us know if there is anything we can do to assist in your recovery. Your success is our success...we want to do everything in our power to assist you in reaching your goals.

Sincerely,



Corey Waller, MD, MS
Chief Medical Officer



WHO WE ARE

BrightView was founded to provide accessible, comprehensive, evidence-based addiction treatment. BrightView provides those experiencing substance use disorder, alcohol use disorder, and other chemical dependencies the opportunity to recover in a place where they are welcomed, encouraged, and respected. Through medication assisted treatment, clinical care, and social support, patients are empowered to heal and achieve their recovery goals.

Our RISE Values:

- **RESPECT** - We actively listen and seek to understand. We create a culture of inclusion by treating others with dignity, kindness and respect.
- **INSPIRATION** - We inspire hope and transformation by living our GREAT framework. We invest in ourselves and others, igniting opportunity for growth.
- **SERVICE** - We are one team with a shared vision of success. We work urgently to deliver on our promise to our patients, our partners, and our communities.
- **EXCELLENCE** - We are committed to excellence in all we do. We earn our reputation by doing what is right and taking responsibility for our actions.

Our Standards of Care & Commitment:

- **COMMUNITY** - We are committed to offering the community the best possible addiction medicine and support services.
- **SAFETY** - We will always provide our patients with the safest level of care and treatment available.
- **SERVICE** - We will be stewards of the community by delivering high-quality medical and mental health care in a safe, cost-effective manner.
- **KNOWLEDGE** - We will provide treatment based on the latest scientific and clinical data to be a leader and innovator in patient treatment and care.
- **ETHICS** - We will act with integrity and honesty, upholding the highest professional and ethical standards and ensuring the patient always comes first.
- **TEAMWORK** - We will recognize the contributions and resources of every member of our team and realize that each one is essential to achieving our goals.

UNDERSTANDING THE DISEASE OF ADDICTION

What Causes a Person to Become Addicted?

Nobody starts out intending to develop an addiction, but many people get caught in its snare. Consider the latest government statistics—almost one in 10—are addicted to alcohol or other drugs. Today, we recognize addiction as a chronic disease that changes both brain structure and function. Just as cardiovascular disease damages the heart and diabetes impairs the pancreas, addiction alters and disrupts the normal function of the brain. Although breaking an addiction can be challenging, it can be done.

How is addiction a chronic disease of the brain?

Our brains have specific areas that help us identify everything from what we need to survive to the things that are important to us and bring us pleasure. These areas have the ability to override “rational thinking” to make sure we attain what we need to stay alive or we pursue our greatest desires.

Addiction, in effect, hijacks these systems so that the drugs are perceived to be necessary for survival or even more important to tend to than our family and friends.

Drugs actually alter and adapt the structure and systems of the brain to the point that these substances become necessary to ensure normal brain function. These alterations eventually lead to intense cravings with strong, intrusive, and compulsive thoughts and urges to obtain drugs. Even after “detoxing” off of a substance the brain alterations remain- leaving a “sober” brain still under constant attack from the brain that craves and demand these substances.

How do you treat the disease of addiction?

There is hope in recovery from addiction. Recovery from addiction is reversing, diminishing, and coping with these brain adaptations. In some cases, medication can improve treatment outcomes. In most cases, the combination of therapy and ongoing care medical management provides the best results. Addiction professionals and persons in recovery know the hope that is found in recovery.

Recovery is available even to persons who may not at first be able to perceive this hope.



AN OVERVIEW OF BRIGHTVIEW'S LEVELS OF CARE AND TREATMENT STAGES

Treatment is provided at various levels and is based on the medical and psychosocial needs of each patient. These levels include Intensive Outpatient, Outpatient, and Aftercare. General program length is between 18-24 months. Provider Visit and therapy frequency is individualized and at the discretion of the treatment team.

STAGE 1: ASSESSMENT, INTAKE, AND INDUCTION

Clinical Team: In conjunction with the medical team, assessments are performed to determine the level of treatment needs and appropriateness for treatment. Case management will also begin to coordinate care with outside providers and key individuals in the patient's environment. Additionally, the clinical team begins to place appropriate referrals to address overall physical, mental, and social health.

Medical Team: Once a patient is determined to be appropriate for admission to the program, medical induction is focused on optimal medication utilization to address withdrawal and ongoing maintenance treatment for identified substance use disorders. This is typically done over 2 days with observed dosing. Pharmacologic interventions focused on increasing the success of overall recovery is frequently referred to as Medication Assisted Treatment or MAT.

STAGE 2: STABILIZATION AND MAINTENANCE

Clinical Team: The clinical team assists and motivates individuals to achieve abstinence, wellness and recovery by providing structured treatment services in line with the patient's needs. This occurs through individual counseling, group counseling, and case management. The intensity of services depends on the severity and acuity of the individual. Individuals may progress back and forth through levels of care until they complete this stage.

Medical Team: Providers continue to manage and optimize medication utilization until patients have discontinued or greatly reduced the use of their drug of abuse, no longer has cravings, and is experiencing few or no side effects. In conjunction with the clinical team, providers make recommendation on level of care, frequency of toxicology studies, treatment planning, and work to conduct the team to facilitate the patient's completing treatment goals.

STAGE 3: STEP DOWN & AFTERCARE

Clinical Team: BrightView believes that continuing care is an essential element of the recovery process and relapse prevention. When clinically appropriate our Patients will begin a gradual transition into the community with ongoing support from our staff. The patient would attend one- 1-hour individual therapy session per month or less, one-30-minute case management session per month or less, and 1 time per month of group therapy or less (3 hours).

Medical Team: At this stage providers work with the clinical team to create and manage a treatment plan that allows for the lowest and effective dose of medication and therapy to maintain their treatment gains indefinitely. For some individuals that may mean tapering their medication assisted treatment to the lowest effective dose. Tapering MAT is not an absolute indication and should be individualized for each patient. For some forms of MAT, the vast majority of individuals show greater success while continuing some form of it indefinitely.

PATIENT COMPLAINTS & GRIEVANCES

It is the policy of BrightView to ensure that individuals applying for or receiving substance use services are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights. As part of these rights, patients have the right to file a grievance with the organization.

1. **Any current or former Patient of BrightView may file a grievance with the client advocate of BrightView**, and this may occur at any time before, during, or after receiving services at BrightView. The grievance should include: date, time, description of the incident or situation, and the names of the individuals involved. The client advocate will assist the griever in filing a grievance upon request.
2. **The grievance must be put into writing.** However, if the grievance is made verbally, the client advocate shall be responsible for preparing the written text of the grievance.
3. **The griever may use the BrightView Complaint/Grievance Form.** The form should be signed by the patient or individual filing the grievance on behalf of the patient, and the grievance should be submitted in writing to the client advocate.
4. **BrightView will make a resolution decision on the grievance within 20 business days of receipt unless there are extenuating circumstances indicating a need for extension.** In which case, written notification will be given to the griever.
5. **If the grievance cannot be resolved to the griever's satisfaction through the client advocate, he/she may request a hearing with the Chief Medical Officer.**
6. **At any time, the Patient or his/her designated representative has the option to file a grievance with outside organizations such as:** The Kentucky Cabinet for Health and Family Services, Office of the Ombudsman and Administrative Review by phone at (502) 564-5497 or in writing to 257 E. Main Street, 2E-O, Frankfort, KY 40621 or via email at CHFS.Listens@ky.gov. The Kentucky Cabinet for Health and Family Services, EEO/Civil Rights Compliance Branch by phone at (502) 564-7770 or in writing at 275 E. Main Street, 5C-D, Frankfort, KY 40621. The U.S Department of Health and Human Services by phone at 1-877-696-6775 or in writing at U.S Department of Health and Human Services 200 Independence Avenue, S.W., Washington, D.C. 20201. The Joint Commission by phone at 630-792-5800 or writing at 1 Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.



BrightView Client Advocate

Amy

Compliance Coordinator, Incident Management and Patient Experience

BrightView

4600 Montgomery Road, Suite 400, Cincinnati, OH 45212

513.486.5373 or 833.510.HELP (4357)

Hours of Availability: Mon–Fri from 8am to 5pm EST



PATIENT GRIEVANCE PROCEDURES

It is the policy of BrightView to ensure that individuals applying for or receiving substance abuse services are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights. As part of these rights, patients have the right to file a grievance with the organization. The patient filing the grievance has protection from interference, coercion, discrimination, or reprisal. The grievance procedure shall be conspicuously posted in a public area of the BrightView facility.

Ombudsman

The BrightView AODE ombudsman is the specific AODE Administrator at each BrightView location. The contact information for the ombudsman, including the address and telephone number, will be conspicuously posted at the AODE facility in a public area.

The Cabinet's Administrative Review Ombudsman is: Sherry L. Carnahan. The contact information for the ombudsman including the address and telephone number is:

- Phone: (502) 564-5497; Fax: (502) 564-9523
- Email: CHFS.Listens@ky.gov
- Address: 275 E. Main Street, 2E-O, Frankfort, KY 40621
- Website: <https://chfs.ky.gov/agencies/os/omb/Pages/default.aspx>

Process:

The process for filing a written patient grievance is as follows:

1. All formal grievances by patients shall be submitted in writing. The grievance must be dated and signed by the patient or the individual filing the grievance on behalf of the patient.
2. The grievance shall include the date, approximate time, description of the incident and the names of the individuals involved in the incident or situation.
3. The AODE Administrator at each clinic location shall be available to assist all patients in filing and processing a grievance. The grievance shall be submitted to the AODE Administrator at the patient's home clinic.
4. If the AODE Administrator is involved in the grievance then the Regional Operations Director shall be notified to serve as the patient liaison.
5. Patients shall be informed of the right to obtain outside advice from legal counsel at their own expense or file a grievance with any outside organization as listed below in this procedure.
6. A written acknowledgment of receipt of the grievance shall be provided to the patient filing a grievance by the AODE Administrator receiving the grievance. The written acknowledgment shall be provided to the patient within seven (7) working days of receipt of the grievance and shall include:
 - Date grievance was received
 - Summary of grievance
 - Overview of grievance investigation process
 - Timetable for completion of investigation and notification of resolution
 - Treatment provider contact name, address and telephone number
7. The AODE Administrator shall consult with the Regional Operations Director regarding a resolution plan and shall make a resolution decision on the grievance within twenty-one (21) calendar days of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented in the grievance file and written notification given to the patient. An external review by legal counsel or other professional may be requested and completed based upon the findings of the initial review.
8. Patient notification of resolution plan shall be made by the AODE Administrator taking the initial formal grievance.
9. All formal complaints shall be:
 - Documented by the AODE Administrator
 - Reviewed by the quality committee on an annual basis to determine: trends, areas needing performance improvement, and actions to be taken.

Appeals Process:

If the patient is not satisfied with the outcome or decision of their written patient grievance, the patient has the right to file an appeal. Patients may make a written request to appeal a resolution plan within thirty (30) days of receipt of the notification.



The procedure for filing an appeal is:

1. The patient shall make a written request to appeal the initial grievance decision and/or resolution plan within thirty (30) days of receipt of the notification. The patient shall appeal the initial disposition to the Regional Operations Director. The AODE Administrator shall provide the patient with the necessary contact information for the Regional Operations Director.
2. The appeal must be dated and signed by the patient, or other individual filing the grievance on behalf of the patient. The appeal should include the basis for the appeal, any supporting information, and the patient's reason for appealing the initial decision.
3. Patients shall be informed of the right to obtain outside advice from legal counsel at their own expense or file a grievance with any outside organization as listed below in this procedure.
4. A written acknowledgment of receipt of the appeal shall be provided to the patient filing an appeal by the Regional Operations Director, or designee, receiving the appeal. The written acknowledgment shall be provided to the patient within seven (7) working days of receipt of the appeal and shall include:
 - Date appeal was received
 - Summary of appeal
 - Overview of appeal investigation process
 - Timetable for completion of appeal and notification of resolution
 - Treatment provider contact name, address and telephone number
5. The Regional Operations Director shall make a resolution decision on the appeal within twenty-one (21) calendar days of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented in the appeal file and written notification given to the patient. An external review by legal counsel or other professional may be requested and completed based upon the findings of the initial review.
6. Patient notification of resolution plan shall be made by the Regional Operations Director taking the initial formal grievance.

Protection:

BrightView requires that any patient who files such written grievance will be protected from any interference, coercion, discrimination, or reprisal.

Outside Grievance Bodies:

Patients shall be informed of outside organizations in which they may file a grievance, including but not limited to:

- The Kentucky Cabinet for Health and Family Services, Office of the Ombudsman and Administrative Review by phone at (502) 564-5497 or in writing to 275 E. Main Street, 2E-O, Frankfort, KY 40621 or via email at CHFS.Listens@ky.gov
- The Kentucky Cabinet for Health and Family Services, EEO/Civil Rights Compliance Branch by phone at (502) 564-7770 or in writing to 275 E. Main Street, 5C-D, Frankfort, KY 40621
- The U.S. Department of Health and Human Services by phone at 1-877-696-6775 or in writing at U.S. Department of Health and Human Services 200 Independence Avenue, S.W., Washington, D.C. 20201
- The Joint Commission by phone at 630-792-5800 or in writing at 1 Renaissance Boulevard, Oakbrook Terrace, Illinois 60181



1ST TRIMESTER PRENATAL EDUCATION

WHAT TO EXPECT

- In general your first office visit should be within the first 8-12 weeks of pregnancy.
- Visits should be every 4 weeks during your first 28 weeks of pregnancy.
- Visits should be every 2-3 weeks during the 29th and 36th weeks of pregnancy.
- Visits should be weekly after 36 weeks of pregnancy.
- Your breasts will get larger and firmer. The nipples will get darker and may develop bumps on them.
- Veins in the breasts may become more noticeable. At the 4th or 5th months your nipple may start giving off a clear or cloudy liquid.
- You may feel nauseous during the first half of your pregnancy. You may also have heartburn. These discomforts can be helped by eating more often. For example, rather than eating three regular meals a day, try eating six small meals each day. Also, try to snack on plain crackers, especially early in the morning before getting out of bed.
- Your moods may change. It is not unusual for a pregnant woman to feel happy one minute, then sad soon after without an apparent reason.
- You may notice pains in your lower belly and hip areas. These are caused by the growth of your uterus.
- You may also experience changes in your legs such as mild swelling, leg cramps, and even possibly develop enlarged blood vessels in your legs (varicose veins). Getting off your feet and elevating your legs whenever possible may help.
- You may notice skin changes, such as stretch marks later in the pregnancy.
- You may get become constipated and have to strain to have a bowel movement. Hemorrhoids may develop. Constipation is best prevented or relieved by including more fiber in your diet.
- Regular sexual relations can be continued as long as it is not causing you to have pain or bleeding. For certain problems or conditions, you may be told to avoid having sex.

NUTRITION

- Take a prenatal vitamin with folic acid of 400 micrograms daily and iron. Iron supplementation should include iron of 27mg per day with vitamin and food sources.
- Consume dairy products for calcium by eating dairy products, particularly yogurt and hard cheeses, to 1,000mg daily.
- Ideal weight gain is 15-35 pounds over the course of pregnancy or about 300 extra calories a day.
- No soft cheeses such as Feta, Queso Fresco, Brie, Camembert, Blue Veined, Panela, or fresh Mozzarella.
- Avoid cold cuts, lunch meats, hot dogs, meat spreads, and dry sausage unless they are heated to an internal temperature of 165 degrees just before serving.
- Protein to 2-3 servings a day to include enough protein grams that are half of your pre-pregnant weight. protein.
- Vitamin C to 2 servings a day by eating citrus fruits, tomatoes, strawberries, melons, peppers, and potatoes.
- Vitamin A to 770 micrograms per day by eating leafy green vegetables, deep yellow and orange vegetables, milk, and liver.
- Vegetables to 3 servings a day.
- Fruits to 2 servings a day.
- Whole grains to 3 servings a day.
- Iron foods every day by eating red meats or dark green leafy vegetables.
- Drink 8 glasses of water a day.
- Limit caffeine.

EXERCISE

- Exercise done prior to pregnancy is generally okay. No new exercise programs unless approved by your obstetrical provider.
- Your heart rate should not exceed 130 beats per minute.

PRENATAL TESTING

- Complete blood count (CBC) screens for blood problems such as anemia (low iron).
- RPR screens for syphilis (a sexually transmitted disease).
- Rubella - tests for immunity (protection) against German measles.
- HBSAG - tests for hepatitis B (a liver infection).
- Urinalysis - tests for kidney infection and bladder infection.
- HIV - screens for antibodies in your blood.
- Cystic Fibrosis - screens for the presence of the CF gene.
- Type and screen - determines your blood type and Rh factor* (an antigen or protein on the surface of blood cells that causes an immune system response).
- Sickle cell screen.
- Gonorrhea and chlamydia testing.
- Sequential Screening of an ultrasound and blood testing to determine Down Syndrome and Open Neural Tube Defects.

PREVENTION OF ILLNESS

- Hand washing.
- Stay away from those that are ill with colds, fevers, stomach.
- Meats to be fully cooked and counter tops cleaned. No raw fish products due to Hepatitis concern.
- Do not change a cat litter box and wash hands after handling cats due to Toxoplasmosis..

SAFETY

- Always wear a seatbelt! Lap belt should be dropped across the thighs and not the abdomen..
- Have someone clean your home or work area of any chemicals or objects that could harm your baby.
- Talk with us about receiving help if you are living with domestic violence.
- Call us for any major traumas, abuse, car wrecks, or falls.
- Do not use a ladder or step stool.
- Please discuss any travel plans with your obstetrical provider.
- Please secure in open and loaded firearms in your house.
- No Jacuzzi, whirlpool, or hot tubs due to the heat

MEDICATIONS

- Avoid medications, herbs, and supplements.

VACCINATION

- Vaccinations considered safe to give to pregnant women are Hepatitis B, Influenza, and Tetanus/Diphtheria.

ALCOHOL/TOBACCO/STREET DRUGS

- No alcohol. Drinking alcohol when you are pregnant can cause birth defects, learning disabilities, behavioral problems, and mental retardation in your baby.
- No smoking. If you are a smoker, we advise you to quit. Tell us about your willingness to quit and past quit attempts so we can help understand what works for you. Let's set a quit date together. You may obtain help by calling 1-800-QUITNOW. Pregnancy complications of smoking can include preterm birth, premature rupture of membranes, vaginal bleeding, and placental abruption. It is a proven fact that women who smoke during their pregnancy give birth to babies whose birth weights are lower than average.
- No street or illicit drugs of any type. If you have a drug problem, please share that with us now. Recovery is available and it starts with being honest to us and your baby. Illegal drugs are passed along to your baby and increase the risk of a baby born with an addiction or serious health problem. You may also call the National Drug and Alcohol Treatment Referral Service at 1-800-662-4357.

WHEN TO CALL THE PROVIDER OFFICE

- A fever higher than 100.4 degrees Fahrenheit.
- Heavy bleeding, soaking more than one pad an hour for three hours.
- Unusual or severe cramping or abdominal pain.
- Severe or persistent vomiting and/or diarrhea.
- Fainting spells or dizziness.
- Pain, burning, or trouble urinating.
- Unusual vaginal discharge.
- Swelling in your hands, fingers, or face.
- Blurred vision or spots before your eyes.
- One extremity swollen more than the other.
- Severe headaches.
- Pain or cramping in your arms, legs, or chest.

MEDICATIONS

- No drug can be considered 100% safe during pregnancy.
- Allergy: Benadryl® and Claritan®
- Cold & Flu: Benadryl®, Robitussin®, plain Mucinex®, Vicks Vapor Rub®, Halls Mentho-lyptus® Cough Drops, Tylenol®, Saline nasal spray, and warm salt water gargle.
- Diarrhea: Imodium® (after the 1st Trimester-12 weeks-for 24 hours only)
- Constipation: Citrucil®, Colace®, Fiberall®, Fibercon®, and Metamucil®
- First Aid Ointment: Bacitracin®
- Headache: Tylenol®
- Heartburn: Pepcid AC®, Maalox®, Mylanta®, Titralac®, Tums®, and Zantac®
- Hemorrhoids: Preparation H®, Tucks® pads or ointment, or witch hazel.
- Nausea & Vomiting: Benadryl®, Vitamin B6 100mg tablet, and Sea-Bands®
- Rashes: Benadryl® cream, Hydrocortisone cream or ointment, Aveeno® oatmeal bath
- Sleep: Benadryl®
- Yeast Infection: Monistat®

REFERENCES

The Cleveland Clinic Foundation (1995-2014). First Trimester.
Available: http://my.clevelandclinic.org/ccf/media/files/OB_GYN/First-Trimester.pdf

PREGNANCY:

Methadone and Buprenorphine



HOW SAFE IS IT TO TAKE METHADONE OR BUPRENORPHINE (SUBUTEX®) DURING PREGNANCY?

- In the right doses, both methadone and buprenorphine stop withdrawal, reduce craving, and block effects of other opioids.
- Treatment with either methadone or buprenorphine makes it more likely that the baby will grow normally and not come too early.
- Based on many years of research studies, neither medicine has been associated with birth defects.
- Babies born to women who are addicted to heroin or prescription opioids can have temporary withdrawal or abstinence symptoms in the baby (Neonatal Abstinence Syndrome or NAS). These withdrawal symptoms (NAS) also can occur in babies whose mothers take methadone or buprenorphine.
- Talk with your doctor about the benefits versus the risks of medication treatment along with the risks of not taking medication treatment.

IS METHADONE OR BUPRENORPHINE A BETTER MEDICATION FOR ME IN PREGNANCY?

- A pregnant woman and her doctor should discuss both methadone and buprenorphine. The choice may be limited by which medication is available in your community.
- If a woman is already stable on methadone or buprenorphine and she becomes pregnant, doctors usually advise her to stay on the same medication.

Some women are surprised to learn they got pregnant while using heroin, Oxycontin, Percocet or other pain medications that can be misused (known as opioid drugs). You, along with family and friends, may worry about your drug use and if it could affect your baby.

Some women may want to “detox” as a way to stop using heroin or pain medicines. Unfortunately, studies have shown that 8 out of 10 women return to drug use by a month after “detox.” Therefore, most doctors treat opioid misuse in pregnant women with either methadone or buprenorphine. These are long-acting opioid medications that are associated with improved outcomes in pregnancy.

HOW CAN I GET STARTED ON METHADONE OR BUPRENORPHINE?

- Depending where you live, there may be a special program that offers care to pregnant women who need methadone or buprenorphine. These programs can offer prenatal care and substance use counseling along with your medication.
- Methadone may only be given out by specialized clinics while buprenorphine may also be available from your primary care physician or obstetrician if they have received special training.
- Some women will prefer or benefit from starting these medications while in a residential (inpatient) treatment facility.

WHAT IS THE BEST DOSE OF METHADONE OR BUPRENORPHINE DURING AND AFTER PREGNANCY?

There is no “best” dose of either medication in pregnancy. Every woman should take the dose of methadone or buprenorphine that is right for her.

- The “right” dose will prevent withdrawal symptoms without making you too tired.
- The right dose depends on how your body processes the medications.
- In pregnancy, you process these medications more quickly, especially in the last several months and this affects what dose you need.
- The dose of methadone usually needs to increase with pregnancy—especially in the third trimester and you may need to take methadone more than once a day.
- There is less known about buprenorphine dose changes in pregnancy, but increases may be necessary.
- The dose does not seem to determine how much NAS a baby will have.
- After delivery, the methadone or buprenorphine dose may remain the same or may decrease as your body returns to its non-pregnant state. This can take up to a few months after delivery.

Your dose should be reduced if it begins to cause sedation. Be sure to discuss whether you are feeling too sleepy with your doctors, nurses, and counselors. *For further information, please see brochure [Childbirth, Breastfeeding and Infant Care: Methadone and Buprenorphine](#).*

RESOURCES FOR PARENTING / PARENTING SKILLS

Building good parenting skills help parents to encourage children and adolescents to feel positive about themselves and to become the winners they were meant to be.

These resources offer practical solutions for parents as well as tips for improving communication, building positive relationships and other useful parenting skills.

The goal of parenting is to teach kids to develop self-discipline. When parents learn and apply the three Fs of Effective Parenting using the parenting techniques on this page and other resources available to them, they find that a positive relationship is established.

ADDITIONAL RESOURCES AVAILABLE AT:

<https://childdevelopmentinfo.com/how-to-be-a-parent/parenting/#gs.4mqv8i>
Child Development Institute

<https://childdevelopmentinfo.com/child-psychology/self-esteem/#gs.4n2jvd>
Child Development Institute

<https://www.samhsa.gov/talk-they-hear-you/parent-resources>

<https://www.samhsa.gov/talk-they-hear-you/parent-resources/small-conversations>

GUIDELINES FOR PARENT - CHILD RELATIONSHIPS

- 1) Try to set a side time on a regular basis to do something fun with your child.
- 2) Never disagree about discipline in front of the children.
- 3) Never give an order, request, or command without being able to enforce it at the time.
- 4) Be consistent, that is, reward or punish the same behavior in the same manner as much as possible.
- 5) Agree on what behavior is desirable and not desirable.
- 6) Agree on how to respond to undesirable behavior.
- 7) Make it as clear as possible what the child is to expect if he or she performs the undesirable behavior.
- 8) Make it very clear what the undesirable behavior is. It is not enough to say, "Your room is messy." Messy should be specified in terms of exactly what is meant: "You've left dirty clothes on the floor, dirty plates on your desk, and your bed is not made."
- 9) Once you have stated your position and the child attacks that position, do not keep defending yourself. Just restate the position once more and then stop responding to the attacks.
- 10) Look for gradual changes in behavior.
- 11) Don't expect too much. Praise behavior that is coming closer to the desired goal.
- 12) Remember that your behavior serves as a model for your children's behavior.
- 13) Reward desirable behavior as much as possible by verbal praise, touch or something tangible such as a toy, food or money.
- 14) Both parents should have an equal share in the responsibility of discipline as much as possible.

THE “3 Fs” OF EFFECTIVE PARENTING

Discipline should be:

FIRM:

Consequences should be clearly stated and then adhered to when the inappropriate behavior occurs.

FAIR:

The punishment should fit the crime. Also in the case of recurring behavior, consequences should be stated in advance so the child knows what to expect. Harsh punishment is not necessary. Using a simple Time Out can be effective when it is used consistently every time the behavior occurs. Also, use of reward for a period of time like part of a day or a whole day when no Time Outs or maybe only one Time Out is received.

FRIENDLY:

Use a friendly but firm communication style when letting a children know they have behaved inappropriately and let them know they will receive the “agreed upon” consequence. Encourage them to try to remember what they should do instead to avoid future consequences.

Work at “catching them being good” and praise them for appropriate behavior. Demonstrate in detail how you would like them to behave. Have them practice the behavior. Give them encouragement along with constructive criticism.

Rather than tell them what not to do, teach and show them what they should do. Use descriptive praise when they do something well. Say, “I like how you ____ when you ____.” Be specific. Help your child learn to express how he feels. Say: “You seem frustrated.” “How are you feeling?” “Are you up set?” “You look like you are angry about that.” “It’s O.K. to feel that way.”

Try to see a situation the way your children do. Listen carefully to them. Try to form a mental picture of how it would look to them. Use a soft, confident tone of voice to redirect them when they are upset. Be a good listener: Use good eye contact. Physically get down to the level of smaller children. Don’t interrupt. Ask open ended questions rather than questions that can be answered with a yes or no. Repeat back to them what you heard.

Make sure they understand directions. Have them repeat them back. When possible give them choices of when and how to comply with a request. Look for gradual changes in behavior. Don’t expect too much. Praise behavior that is coming closer to the desired goal. Develop a nonverbal sign (gesture) that your children will accept as a signal that they are being inappropriate and need to change their behavior. This helps them to respond to your prompt without getting upset.

HOW TO HELP CHILDREN AND TEENS DEVELOP HEALTHY SELF-ESTEEM

Self-esteem is how we feel about ourselves, and our behavior clearly reflects those feelings.

A child or teen with high self-esteem will be able to:

- act independently
- assume responsibility
- take pride in his accomplishments
- tolerate frustration
- attempt new tasks and challenges
- handle positive and negative emotions
- offer assistance to others

A child with low self-esteem will:

- avoid trying new things
- feel unloved and unwanted
- blame others for his own shortcomings
- feel, or pretend to feel, emotionally indifferent
- be unable to tolerate a normal level of frustration
- put down his own talents and abilities
- be easily influenced

Parents, more than anyone else can promote their child's self-esteem. It isn't a particularly difficult thing to do. In fact, most parents do it without even realizing that their words and actions have great impact on how their child or teenager feels about himself. Here are some suggestions to keep in mind.

Teach your child about decision-making and to recognize when he/she has made a good decision. Children make decisions all the time but often are not aware that they are doing so. There are a number of ways parents can help children improve their ability to consciously make wise decisions. Help the child clarify the problem that is creating the need for a decision. Ask him questions that pinpoint how he sees, hears, and feels about a situation and what may need to be changed. Brainstorm the possible solutions. Usually there is more than one solution or choice to a given dilemma, and the parent can make an important contribution by pointing out this fact and by suggesting alternatives if the child has none. Allow the child to choose one of the solutions only after fully considering the consequences. The best solution will be one that solves the problem and simultaneously makes the child feel good about himself or herself. Later join the child in evaluating the results of that particular solution. Did it work out well? Or did it fail? If so, why? Reviewing the tactics will equip the child to make a better decision the next time around.

TEN ADDITIONAL STEPS YOU CAN TAKE TO HELP YOUR CHILD DEVELOP A POSITIVE SELF-IMAGE:

- 1) Teach children to change their demands to preferences. Point out to children that there is no reason they must get everything they want and that they need not feel angry either. Encourage them to work against anger by setting a good example and by reinforcing them when they display appropriate irritation rather than anger.
- 2) Encourage your children to ask for what they want assertively, pointing out that there is no guarantee that they will get it. Reinforce them for asking and avoid anticipating their desires.
- 3) Let children know they create and are responsible for any feeling they experience. Likewise, they are not responsible for others' feelings. Avoid blaming children for how you feel.
- 4) Encourage your children to develop hobbies and interests which give them pleasure and which they can pursue independently.
- 5) Let children settle their own disputes between siblings and friends alike.
- 6) Help your children develop "tease tolerance" by pointing out that some teasing can't hurt. Help children learn to cope with teasing by ignoring it while using positive self-talk such as "names can never hurt me," "teases have no power over me," and "if I can resist this tease, then I'm building emotional muscle." (If your child has significant problems getting along with other children check out No One to Play With).
- 7) Help children learn to focus on their strengths by pointing out to them all the things they can do.
- 8) Encourage your children to behave toward themselves the way they'd like their friends to behave toward them.
- 9) Help your children think in terms of alternative options and possibilities rather than depending upon one option for satisfaction. A child who has only one friend and loses that friend is friendless. However, a child who has many friends and loses one, still has many. This same principle holds true in many different areas. Whenever you think there is only one thing which can satisfy you, you limit your potential for being satisfied! The more you help your children realize that there are many options in every situation, the more you increase their potential for satisfaction.
- 10) Laugh with your children and encourage them to laugh at themselves. People who take themselves very seriously are undoubtedly decreasing their enjoyment in life. A good sense of humor and the ability to make light of life are important ingredients for increasing one's overall enjoyment.

PREVENTION OF INFECTIOUS DISEASE

	What are examples of preventable infectious disease?	How are these diseases spread?	How can these diseases be prevented?
Hepatitis B (HBV)* Hepatitis C (HCV)*	Hepatitis B & C are contagious liver viruses that cause liver inflammation & damage. Infection can lead to liver failure, cancer, and death.	Contact with infected blood, semen, and other body fluids primarily through: <ul style="list-style-type: none"> • During birth from mother to child • Sexual contact with an infected person • Sharing of contaminated needles, syringes, or other injection drug equipment • Needlesticks or other sharp instrument injuries 	There is a vaccination for HBV to prevent infection. HCV and HIV do not have vaccinations available, so it is important to do the following to prevent all three diseases: <ul style="list-style-type: none"> • Follow “safer sex” practices (e.g., using condoms) • Avoid direct exposure to blood or blood products • Don’t share personal care items Never share needles Get tested on a yearly basis.
Human Immunodeficiency Virus (HIV)*	HIV is a contagious virus that primarily attacks immune systems cells and can lead to AIDS. Infection can lead to a weakened immune system, severe illness, and death.		
Tuberculosis (TB)*	Tuberculosis is a contagious bacterial infection that usually attacks the lungs but can also damage other parts of the body. Infection can lead to severe respiratory systems, organ failure, and death.	TB is spread through the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these germs and become infected.	If you are exposed to someone that has had TB, let your doctor know. Make sure to have regular follow up with your primary care provider
Syphilis*/STDs	These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV.	You can get an STD by having vaginal, anal or oral sex with someone who has an STD. Anyone who is sexually active can get an STD. You don’t even have to “go all the way” (have anal or vaginal sex) to get an STD. This is because some STDs, like herpes and HPV, are spread by skin-to-skin contact.	<ul style="list-style-type: none"> • Abstinence • Follow “safer sex” practices (e.g., using condoms) • Routine testing

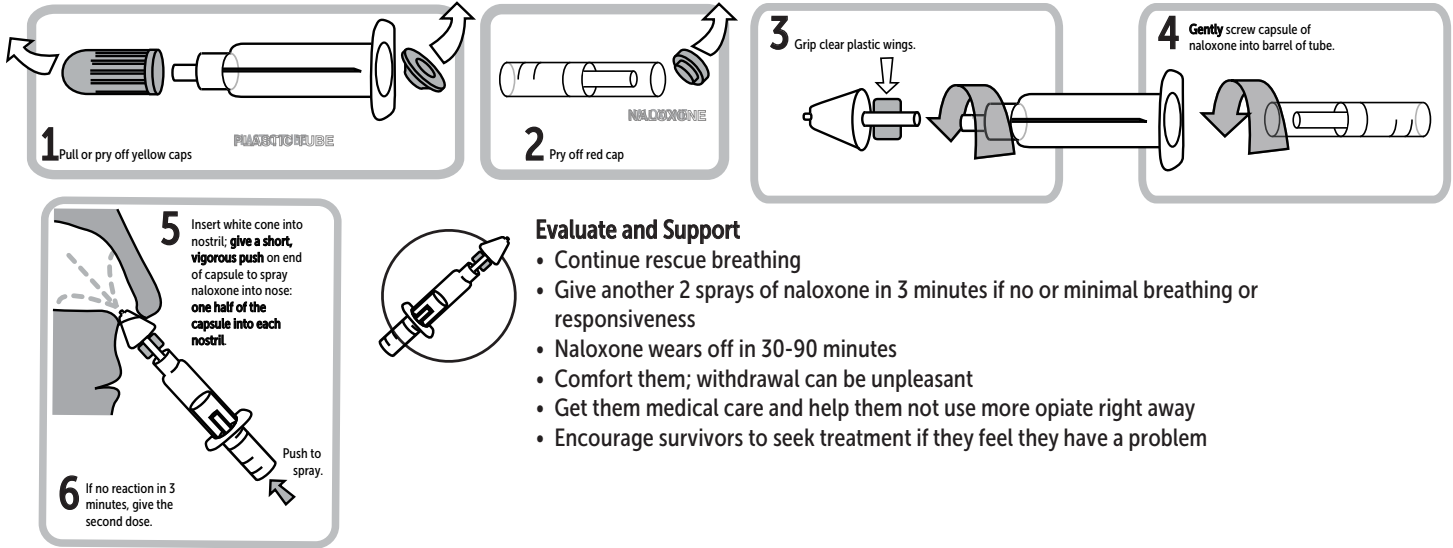
*At BrightView your medical team will obtain baseline labs at induction and every 6 months for these infectious diseases. If any of the tests are positive, then we will assist in referring you to a treatment provider that can create a plan to help manage this aspect of your treatment.

For more information, please contact your local health department or see below:

CDC-INFO Contact Center
 1-800-CDC-INFO (1-800-232-4636)
 TTY: (888) 232-6348

Naloxone Device Instructions

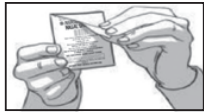
Naloxone Intranasal Atomizing Device



Evaluate and Support

- Continue rescue breathing
- Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

NARCAN Nasal Spray



Give NARCAN Nasal Spray

REMOVE NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.

HOLD the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

GENTLY INSERT THE TIP OF THE NOZZLE INTO EITHER NOSTRIL

Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

PRESS THE PLUNGER FIRMLY to give the dose of NARCAN Nasal Spray.

Remove the NARCAN Nasal Spray from the nostril after giving the dose.



Call for emergency medical help, Evaluate and Support

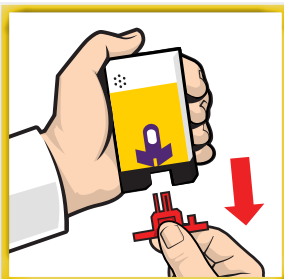
GET EMERGENCY MEDICAL HELP RIGHT AWAY

MOVE THE PERSON ON THEIR SIDE (recovery position) after giving NARCAN Nasal Spray.

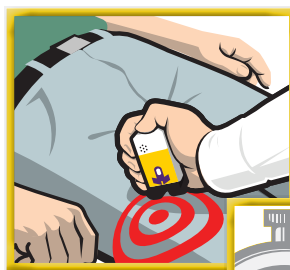
IF THE PERSON DOES NOT RESPOND by waking up, to voice or touch or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

REPEAT STEP 2 USING A NEW NARCAN NASAL SPRAY TO GIVE ANOTHER DOSE IN THE OTHER NOSTRIL. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

Evzio Naloxone HCL Injection



1. PULL OFF THE RED SAFETY GUARD



2. PLACE BLACK END AGAINST OUTER THIGH, THEN PRESS FIRMLY AND HOLD IN PLACE FOR 5 SECONDS



After using EVZIO, get emergency medical help right away.

Information on Naloxone

An overdose is a MEDICAL EMERGENCY! Call 9-1-1 immediately

HOW DO I KNOW IF SOMEONE IS OVERDOSING?

If someone takes more opioids than their body can handle, they can pass out, stop breathing and die. An opioid overdose can take minutes or even hours to occur. A person who is experiencing an overdose may have the following symptoms:

- Slow breathing (less than 1 breath every 5 seconds) or no breathing
- Vomiting
- Face is pale and clammy
- Blue lips, fingernails, or toenails
- Slow, erratic, or no pulse
- Snoring or gurgling noises while asleep or nodding out
- No response when you yell the person's name or rub the middle of their chest with your knuckles

HOW TO RESPOND TO AN OVERDOSE:

1. Try to wake the person up by yelling their name and rubbing the middle of their chest with your knuckles (sternum rub).
2. Call 9-1-1. Indicate the person has stopped breathing or is struggling to breathe.
3. Make sure nothing is in the person's mouth that could be blocking their breathing. If breathing has stopped or is very slow, begin rescue breathing.
4. Give Rescue Breathing
 - a. Step 1: Tilt their head back, lift chin, pinch nose shut.
 - b. Step 2: Give 1 slow breath every 5 seconds. Blow enough air into their lungs to make their chest rise.

5. Use naloxone and continue rescue breathing at one breath every 5 seconds.
6. If the person begins to breathe on their own, put them on their side so they do not choke on their vomit.
7. Continue to monitor their breathing and perform rescue breathing if respirations are below 10 breaths a minute. If vomiting occurs, manually clear their mouth and nose.
8. Stay with the person until EMS arrives.

WHAT IS NALOXONE?

Naloxone (Narcan®) is a prescription medication that can reverse an overdose that is caused by an opioid drug. When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing. It can be given as an injection into a muscle or as a nasal spray.

Naloxone has no potential for abuse. If it is given to a person who is not experiencing an opioid overdose, it is harmless. If naloxone is administered to a person who is experiencing an opioid overdose, it will produce withdrawal symptoms. Naloxone does not reverse overdoses that are caused by non-opioid drugs.

Naloxone should be stored at room temperature and away from light. The shelf life of naloxone is approximately two years.

OVERDOSE RISK FACTORS & PREVENTION

Opioids include both heroin as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Norco), fentanyl (Duragesic, Fentora) and hydromorphone (Dilaudid, Exalgo). The following are some common risk factors for opioid overdose as well as some prevention strategies:

Mixing Drugs

Many overdoses occur when people mix heroin or prescription opioids with alcohol and/or benzodiazepines. Alcohol and benzodiazepines (Xanax, Klonopin, Ativan and Valium) are particularly dangerous because, like opioids, these substances impact an individual's ability to breathe. Avoid mixing opioids with other drugs or alcohol. If prescribed an opioid and a benzodiazepine by a prescriber, take only as directed.

Tolerance

Tolerance is your body's ability to process a drug. Tolerance changes over time so that you may need more of a drug to feel its effects. Tolerance can decrease rapidly when someone has taken a break from using an opioid. When someone loses tolerance and then takes an opioid again, they are at-risk for an overdose, even if they take an amount that caused them no problem in the past. If you are using opioids after a period of abstinence, start at a lower dose.

Physical Health







Your physical health impacts your body's ability to manage opioids. Since opioids can impair your ability to breathe, if you have asthma or other breathing problems you are at higher risk for an overdose. Individuals with liver (hepatitis), kidney problems and those who are HIV-positive are also at an increased risk of an overdose.

Previous Overdose

A person who has experienced a nonfatal overdose in the past, has an increased risk of a fatal overdose in the future. To prevent a fatal overdose, teach your family and friends how to recognize and respond to an overdose.

If you or someone you know needs help, please call 1.833.510.4357 to find an addiction services provider near you.

WHAT YOU SHOULD KNOW ABOUT HIV & AIDS[^]

WHAT IS HIV?	Human Immunodeficiency Virus (HIV) is a virus that weakens your immune system by destroying specific cells that fight infection and disease. HIV is an infection that progresses in three stages:		
	STAGE 1	Acute HIV infection	A person with acute HIV may develop flu-like symptoms within 2-4 weeks of infection, with symptoms that may last for several weeks.
	STAGE 2	Chronic HIV infection	Once a person's body is infected, it is infected for life. However, with proper medical care, a person with HIV may live nearly as long as someone who does not have HIV. Untreated HIV can progress to AIDS, typically 8-10 years after testing positive for HIV.
	STAGE 3	AIDS	Acquired Immunodeficiency Syndrome (AIDS) is the most severe phase of HIV infection. AIDS is diagnosed when the CD4 T cell count falls below 200, or a person experiences an AIDS-defining complication (e.g., serious infection or cancer). Antiretroviral therapy (ART) can prevent HIV from destroying the immune system and advancing to AIDS. Without treatment, people with AIDS can survive about 3 years.
WHAT IS AIDS?			
HOW IS HIV TRANSMITTED?	 Sexual contact (oral, anal, or vaginal intercourse) with an infected person when blood, pre-ejaculation fluid, semen, cervical/vaginal, and/or anal mucus secretions are exchanged  Sharing syringes, needles, cotton, cookers, and other drug injecting equipment with someone who is infected  Receiving contaminated blood or blood products (very unlikely after March 1985)  An infected mother, not on ART, can pass HIV to her unborn child before or during childbirth, or through breastfeeding  Receipt of transplant, tissue/organs, or artificial insemination from an infected donor (very rare)  Needle stick or other sharps injury in a health care setting involving an infected person (very rare)		

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

EARLY DIAGNOSIS OF HIV INFECTION IS IMPORTANT!

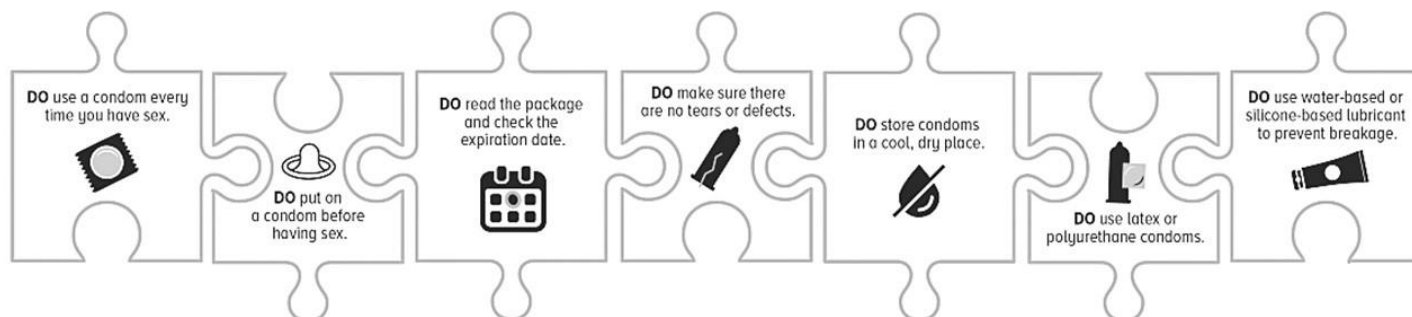
<p>GETTING TESTED FOR HIV:</p>	<p>Everyone should be tested at least once for HIV. The Centers for Disease Control and Prevention (CDC) recommends persons who report any of the activities listed below should be tested at least yearly:</p> <table border="1" data-bbox="305 1564 1507 1827"> <tr> <td>✖</td><td>A man who has had sex with another man*</td></tr> <tr> <td>✖</td><td>Injecting not medically prescribed drugs and sharing needles or other drug equipment</td></tr> <tr> <td>✖</td><td>Exchanging sex for money or drugs</td></tr> <tr> <td>✖</td><td>Diagnosed with or treated for another sexually transmitted infection, hepatitis, or tuberculosis</td></tr> <tr> <td>✖</td><td>Having more than one sexual partner since their last HIV test</td></tr> <tr> <td>✖</td><td>Having unprotected sex or sex with someone who has had unprotected sex</td></tr> </table> <p>* Sexually active men who have sex with men may benefit from more frequent testing (e.g., every 3–6 months)</p> <p>New infections may be identified as early as 4 weeks with new advances in screening tests. Free anonymous and confidential testing and counseling is available at every health department in Kentucky. If you have HIV, seek care immediately and a provider will help determine the best treatment plan. In many cases, early treatment can enhance a person's ability to remain healthy as long as possible.</p>	✖	A man who has had sex with another man*	✖	Injecting not medically prescribed drugs and sharing needles or other drug equipment	✖	Exchanging sex for money or drugs	✖	Diagnosed with or treated for another sexually transmitted infection, hepatitis, or tuberculosis	✖	Having more than one sexual partner since their last HIV test	✖	Having unprotected sex or sex with someone who has had unprotected sex
✖	A man who has had sex with another man*												
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✖	Exchanging sex for money or drugs												
✖	Diagnosed with or treated for another sexually transmitted infection, hepatitis, or tuberculosis												
✖	Having more than one sexual partner since their last HIV test												
✖	Having unprotected sex or sex with someone who has had unprotected sex												

Remember, you cannot tell whether someone has HIV just by looking at them!

HOW CAN I PREVENT HIV?

- ✖ Educate yourself and others about HIV infection and AIDS
- ✖ Do not share needles or other drug paraphernalia
- ✖ Practice "safer" sex:
 - ✓ Abstinence (not having sex of any kind)
 - ✓ Sex only with a person who does not have HIV, does not practice unsafe sex, or inject drugs
 - ✓ Using either a male or female condom or dental dam (for oral sex)
 - ✓ Do not share sex toys
- ✖ Persons at higher risk can help prevent HIV infections through the use of pre-exposure prophylaxis (PrEP)
- ✖ Exercise universal precautions when coming into contact with HIV infected blood, semen, or vaginal fluid

HOW TO CORRECTLY USE A MALE CONDOM:



WHAT IS PrEP?

PrEP means taking HIV medications daily (i.e., Truvada, Descovy) by persons who have not been diagnosed with HIV, but who are at risk of acquiring HIV via sex or injection drug use. When taken daily, this medication can effectively stop HIV infection. Persons taking PrEP should continue to use condom for maximum protection.

WHAT IS PEP?

Post-exposure prophylaxis (PEP) is an HIV medication taken within 72 hours (3 days) of a potential exposure to HIV. Once prescribed, PEP will be dosed 1-2 times daily for 28 days. PEP is intended for persons who have tested negative for HIV or are uncertain of their HIV status and should only be used in emergency situations.

WOMEN AND HIV/AIDS

All pregnant women should have blood tests to check for HIV infection.

Women diagnosed with HIV who are not on treatment can pass HIV infection to their babies during pregnancy, labor and delivery, and through breastfeeding of passing HIV to the baby to 1% or less if they practice all of the following:

- ✖ Take ART daily
- ✖ Give HIV treatment to her baby for 4-6 weeks after giving birth
- ✖ Do not breastfeed or pre-chew her baby's food

UNDETECTABLE = UNTRANSMISSIBLE

Persons with HIV who take their HIV medicine as prescribed may remain virally suppressed or undetectable and healthy, with effectively no risk of sexually transmitting HIV to their HIV-negative partners.

LIVING HEALTHY WITH HIV

Begin treatment as soon as possible and take prescribed medications daily. Maintaining an undetectable viral load is the key to living a longer, healthier life.

- ✖ Healthy living behaviors for the general public are even more important for those living with HIV:
 - ✓ A healthy diet provides energy and nutrients a person's body needs to fight disease and infections (It may also improve absorption of prescribed medications and may help offset potential side effects.)
 - ✓ Exercise strengthens the immune system to better combat infections
- ✖ Discordant couples are at higher risk of HIV transmission:

HIV Negative Partner Should:	<ul style="list-style-type: none"> ○ Be routinely tested for HIV ○ Ask their health care provider about PrEP
HIV Positive Partner Should:	<ul style="list-style-type: none"> ○ Take ART daily as prescribed
Both Partners Should:	<ul style="list-style-type: none"> ○ Use condoms during sex ○ Not engage in sex with other people

THIS AGENCY PROVIDES QUALITY SERVICES TO ALL PATIENTS, REGARDLESS OF HIV STATUS.

IF YOU NEED MORE INFORMATION CALL:

1-800-CDC-INFO (232-4636) | 1-888-232-6348 TTY

Kentucky HIV/AIDS Program 502-564-6539

-or-

Your local health department's HIV/AIDS Coordinator

PATIENT EDUCATION REGARDING OTP TRANSFER PROCESS

If you are currently receiving medication assisted treatment from another program and need to transfer to BrightView you should know the following about the transfer process:

- You will have to sign a release of information (ROI) consent for the purpose of authorizing BrightView to contact the previous program you were enrolled in to notify that previous program that you have applied for admission to BrightView's medication assisted treatment program.
- Once you have authorized the release of information to the previous program BrightView will contact the previous program by phone to notify the previous program that you have applied for admission in BrightView's program.
- BrightView will request information to be transferred from the previous program to BrightView within 72 hours. The information requested will include:
 - Medication type;
 - Medication dosage;
 - Length of time in treatment;
 - Current take home regimen or phase level; and
 - Most recent urine drug screens
- BrightView will also request that the previous program stop providing medication assisted treatment if it has not already done so, and only if BrightView has documentation to verify medication type and dosage.
- BrightView will also request that the previous program provide BrightView with written documentation (either a letter or discharge summary) that the previous program has discharged you as a patient. This information shall be provided within 72 hours of receiving the request from BrightView. If the previous program states that it has already discharged you as a patient, BrightView may then admit you for treatment.
- BrightView will document the following in your record:
 - The name of the previous program contacted;
 - The date and time of the contact;
 - The name of the program staff member contacted at the previous program; and
 - The results of the contact.
- If you state you are a visiting patient approved to receive services on a temporary basis, before BrightView provides medication assisted treatment it will contact your other program to determine that it has not already provided you with medication assisted treatment for the same time period and that it will not do so and BrightView will document the following in your record:
 - The name of the previous program contacted;
 - The date and time of the contact;
 - The name of the program staff member contacted at the previous program; and
 - The results of the contact.
- If you state that you are not currently receiving medication assisted therapy from another program then BrightView will proceed with its patient admission procedures.



TELEHEALTH LOCAL RESOURCES

1. Local suicide prevention hotline
2. Contact information for Local Police
3. Contact information for Local Fire Department,
how to access crisis assistance for equipment malfunction

EVERY VISIT COUNTS

Why is Consistency so Important in Recovery?

Our goal at BrightView is to help patients enjoy successful, long-term recovery. Every time a patient completes an appointment, they are increasing their chances of success and continuing to heal.

We evaluated the visit mix and outcomes of over 25,000 BrightView patients to develop the roadmap to recovery. We want to educate patients on the level of engagement needed to achieve their short- and long-term goals. While these monthly plans reflect the minimum level of engagement, we encourage our patients to participate in more sessions.

Now that BrightView has the data science to support the roadmap for patient engagement, we proactively guide patients who show signs of dropping out. Our research is clear that falling below these benchmarks indicates that patients will drop out of the program within the following 30 days. By following this outline, patients will achieve a minimum of one year of sobriety.

OUTCOMES & BENEFITS

After just 90 days in the program, patients experience:

- **70%** decrease in substance use and **50%** decrease in alcohol use
- **70%** decrease in arrests and **90%** decrease in jail time
- **50%** decrease in unemployment
- **40%** decrease in depression
- **50%** decrease in emergency room visits and **60%** decrease in hospitalizations

833.510.HELP (4357) brightviewhealth.com



PHASE 1 MONTHLY PLAN



- 4** COUNSELING SESSIONS
- 4** MEDICAL APPOINTMENTS
- 2** CASE MANAGEMENT VISITS
- 2** GROUP THERAPY SESSIONS

PHASE 2 MONTHLY PLAN



- 2** COUNSELING SESSIONS
- 2** MEDICAL APPOINTMENTS
- 2** CASE MANAGEMENT VISITS
- 2** GROUP THERAPY SESSIONS

PHASE 3 MONTHLY PLAN



- 1** COUNSELING SESSION
- 1** MEDICAL APPOINTMENT
- 1** CASE MANAGEMENT VISIT
- 1** GROUP THERAPY SESSION



CLINICAL ENGAGEMENT PERKS PROGRAM

You can collect tickets by participating in:

GROUP THERAPY
INDIVIDUAL COUNSELING
CASE MANAGEMENT
PEER SUPPORT

Redeem your tickets and completed punch cards
for recovery support aids and other perks!

Please note that to receive tickets, you must be
on-time and actively engaged in therapy.

Questions about
the program?
Your clinical team
would love to help!





BrightView Self-Pay Bundled OBOT Services	
Service Type	
Admission Medical Visit Follow-Up Medical Visit Clinical Assessment Individual Counseling Group Therapy Urine Pregnancy Screening Drug Screen Confirmatory Lab Testing Case Management Withdrawal Management Smoking Cessation Point of Care Urine Screens Alcohol Breath Tests	
Monthly OBOT Bundle Charge	\$940
Less: Prompt Pay Discount	60%
Less: Credit Card on File Discount	20%
Monthly OBOT Bundle Cost – Post-Discount	\$300

BrightView Self-Pay Bundled OTP Services	
Service Type	
Admission Medical Visit Follow-Up Medical Visit Clinical Assessment Individual Counseling Group Therapy Urine Pregnancy Screening Drug Screen Confirmatory Lab Testing Case Management Withdrawal Management Smoking Cessation Point of Care Urine Screens Alcohol Breath Tests Buprenorphine Administration or Methadone Administration Buprenorphine Dispensed or Methadone Dispensed	
Monthly OTP Bundle Charge	\$1,540
Less: Prompt Pay Discount	60%
Less: Credit Card on File Discount	35%
Monthly OTP Bundle Cost – Post-Discount	\$400

Payment Summary		
	OBOT	OTP
Monthly Option	\$300	\$400
Weekly Option	\$75 per week	\$100 per week
Bi-Weekly Option	\$150 every other week	\$200 every other week

***Please Note: Self Pay/Commercial payment patients are not accepted at the following sites: Erlanger, Covington, Nicholasville, and Louisville.