



BrightView

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brightviewhealth.com

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 Health was established to address a significant area of need for medical care that has been created by the current prescription drug/opiate epidemic that is plaguing our nation. This will be accomplished by providing those who suffer under the burden of opiate addiction and other chemical dependencies the chance to recover in a place where they are welcomed, encouraged, and respected. Through the use of medication-assisted treatment and in conjunction with psychological and social services, we will provide those suffering from addiction to receive the necessary assistance to reach their goals.

Our Core 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 opportunities 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** - Offering the community the best possible medical and mental health services is our goal and commitment.
- **SAFETY** - Providing our patients the safest level of care and treatment available.
- **SERVICE** - Being stewards of the community by delivering high quality medical and mental health care in a safe, cost-effective manner.
- **KNOWLEDGE** - Providing treatment based on the latest scientific and clinical data. Being a leader and innovator in patient treatment and care.
- **ETHICS** - Acting with integrity and honesty. Upholding professional ethical standards and ensuring that the patient always comes first.
- **TEAMWORK** - Recognizing the contributions and resources of every member of our team and realizing that each member is essential to achieving our goals.



BrightView

BrightView Health

Massachusetts Patient Policy Manual

Program Description

BrightView Health operates mental health and substance use disorder treatment clinics which are designed to provide safe, therapeutic, and high-quality clinical environments to enable patients to more effectively gain control over their disease. BrightView Health clinical services are provided on an outpatient level of care designed to meet the individualized treatment needs of patients struggling with substance abuse. These services are provided to individuals actively seeking treatment who are eligible and appropriate for outpatient level of care as noted in our admission requirements and as evaluated by clinical staff.

Specifically, BrightView Health provides medication assisted treatment (MAT) options to suppress withdrawal symptoms and cravings for drug of choice. This allows patients to regain a normal state of mind in order to focus on efforts to make changes in thoughts, behaviors, and the environment to better support recovery. BrightView Health medication assisted treatment medications include Buprenorphine, Methadone, and Naltrexone. In addition, BrightView Health provides counseling and other support services that are designed to address issues and concerns relevant to recovery maintenance and the reduction of harm to physical and emotional health. Services may include but are not limited to Individual, family and group counseling/therapy, case management, referrals to other levels of service, education regarding addiction and recovery, medication management, and aftercare/discharge planning.

The ultimate goal for our patients is to stabilize functioning, abstain from all substances of abuse, and if preferable to the patient, to eventually taper off Medication Assisted Treatment (MAT). Additional individualized treatment goals and interventions will be developed with you in collaboration with your treatment team and included in your individualized treatment plan.

Qualifications of Service Delivery Staff

Our qualified team consists of medical and clinical staff to ensure all patients' needs are met. These may include a Medical Director, Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Licensed Practical Nurses, and Licensed Master's Level Clinicians.

Restrictive Criteria

All persons applying for admission will be individually evaluated by an intake clinician with input from other service providers as necessary. Opiate Use Disorder (OUD) medication assisted treatment (MAT) patients without OUD and persons unable to comply with admission criteria will be excluded. Persons who are assessed as medically or psychiatrically too unstable for treatment in an outpatient setting will be referred to an appropriate service, agency, or provider with the option to re-apply to the program when stabilized.

Scheduling Constrictions

Scheduling restrictions may apply based on insurance coverage, availability of staff, severe weather, payment of outstanding balances, patient availability, and hours of operation.

Program Hours of Operation

BrightView Health Opioid Treatment Programs are open six days a week, excluding holidays. Non opioid

treatment services are offered Monday through Friday. Please see postings in clinic pertaining to dosing and appointment availability around legal and observed holidays.

Overall Hours of Operation for Opioid Treatment Programs:

Monday:	7AM to 5PM
Tuesday:	7AM to 5PM
Wednesday:	7AM to 5PM
Thursday:	7AM to 5PM
Friday:	7AM to 5PM
Saturday:	7AM to 11AM (7AM-9AM at Attleboro location)
Sunday:	Closed

Dosing hours of Opioid Treatment Program (OTP) operation are:

Monday:	7AM to 3PM
Tuesday:	7AM to 3PM
Wednesday:	7AM to 3PM
Thursday:	7AM to 3PM
Friday:	7AM to 3PM
Saturday:	7AM to 11AM (7AM-9AM at Attleboro location)
Sunday:	Closed

Overall Hours of Operation for non-Opioid Treatment Program Services:

Monday:	8:30AM to 5PM
Tuesday:	8:30AM to 5PM
Wednesday:	8:30AM to 5PM
Thursday:	8:30AM to 5PM
Friday:	8:30AM to 5PM
Saturday:	Closed
Sunday:	Closed

Clinical staff will have variability in their scheduled hours to ensure that day, evening, and weekend appointments are available to meet community needs. All sessions with program staff are by appointment only and are subject to the staff member's schedule and availability.

Admission Criteria

Admission to the program is determined by a provider qualified to diagnose by their scope of practice, that the patient is currently dependent on an opioid drug according to the current diagnostic and statistical manual for mental disorders or the international statistical classification of diseases and related health problems.

Additional Opioid Treatment Program Criteria

A requirement that the patient became dependent on an opioid drug at least one year before admission to the program. This requirement may be waived by the medical director or other authorized program physician if the patient has been released from a penal institution within the past six months, is pregnant (as verified by the medical director or other authorized program physician) or has been discharged from a narcotic treatment program within the last two years.

Admission and Intake Procedures

At the time of the intake appointment, patients must provide BrightView Health with a urine specimen for pregnancy testing (if applicable) and drug screening for opiates and other drugs. Patients should be prepared to dedicate a number of hours to the intake process, which involves a biopsychosocial assessment performed by a therapist and a medical intake performed by a physician in collaboration with other qualified healthcare professionals.

At the time of the intake appointment, patients should be prepared to present to BrightView Health staff the following items:

- Positive verification of age with a non-expired state or federal photo identification;
- Written documentation of addiction treatment history if applicable;
- Insurance information including insurance card to determine coordination of benefits with third party payers and subsequent patient payment and fee obligations;
- For self-paying patients wishing to be considered for financial hardship discounts, a copy of their most recent pay stub documenting income level to determine weekly treatment fees and financial discounting.

During the intake appointment, BrightView Health staff will document the patient's history to assess their appropriateness for treatment, evaluating social and economic histories, educational and vocational achievement, legal history, psychosocial history, as well as medical, drug use, and drug treatment histories.

In addition, BrightView Health clinical staff will formulate a plan of care in collaboration with each patient. Each patient will sign their tailored treatment plan to acknowledge that they understand and agree with the planned approach for treatment. Following the initial intake session, patients will be scheduled for appointments with additional services when deemed to be clinically necessary. Authorizations to collect and release the necessary treatment planning information from other agencies and/or to verify narcotic addiction and previous treatment history will be obtained at this time and an appointment will be scheduled for a physical exam.

Patients must provide all current prescriptions in the form of medication printouts received from pharmacies. These printouts are to include the pharmacy's name, patient's name, and a list of medications for the past month at minimum. These prescriptions should be submitted monthly and failure to do so may jeopardize a patient's ability to have take-home doses of buprenorphine or methadone products. All prescriptions will be assessed by BrightView Health staff in relation to the interactions with MAT and other prescribed medication depending on the expected treatment program the patient will be entering and pharmacotherapy the patient will be prescribed. Prior to prescribing any pharmaceutical, BrightView Health medical staff will ensure the medications are not contraindicated by the patient's current prescriptions and will further determine if a component of the patient's treatment program needs to include on-site clinical oversight and review of comorbid mental health related prescriptions.

Qualified medical personnel will conduct the intake and routine lab work will be done in compliance with best practices and state and federal regulations.

Termination of Treatment

Completion of Treatment

A patient must meet all of the following criteria in order to successfully complete the course of treatment:

1. At least 120 days of abstinence from substance use have occurred;
2. Symptoms of substance withdrawal are absent;
3. Completion of medically supervised tapering from Buprenorphine / Naloxone, Methadone (or other substance recovery medication), if applicable.
4. The patient has demonstrated behavior that would allow program staff to reasonably predict that relapse is unlikely to occur. (i.e. extended period of sobriety, participation in treatment, etc.);
5. Thorough planning is in place including, but not limited to, establishing community and family support structures;
6. The patient feels comfortable and competent in managing daily stressors and difficult emotions without the regular direct support of program staff;
7. Members of the patient's treatment team have met and agreed that the patient has received the optimum benefit from treatment.
8. Supervisory staff has been informed of the planned discharge.

Voluntary Discharge

At times, it may be necessary for a planned discharge to occur where the patient has not successfully completed the program. Treatment of patients in the Substance Abuse Program is considered voluntary. If, at any time, a patient wishes to discontinue their treatment in the Substance Abuse Program, they may do so without fear of retribution or of endangering the opportunity for readmission at a later date. In these cases, all efforts will be made to collaborate with patients in planning their discharge.

Involuntary Discharge

Certain conditions and violations of BrightView Health policies may make it necessary for BrightView Health to discontinue the patient's program and to terminate any and or all of the patient's services being provided through BrightView Health clinics. These conditions may include but are not necessarily limited to the following:

- Rude, profane, or threatening language with any BrightView Health staff member at any time.
- Providing any false or misleading information about identity, or any reporting requirements for probation, parole or Children's Protective Services (CPS).
- Providing any false or misleading information about my medical history, any prior treatment for substance abuse including the prescribing of Buprenorphine or Methadone, or any false information regarding the use or prescribing of benzodiazepines (Xanax, Valium, Librium, Serax, Klonopin etc.)
- Attempts to give, buy, or sell medication or drugs to any other person.
- Attempts to alter or falsify a prescription, or a urine drug specimen.
- Refusal to provide a drug screening specimen or come in for a medication count when requested.
- Drug screening result does not show the expected presence of Suboxone (buprenorphine), Methadone, or other medication prescribed by BrightView Health.

- Failure to inform a practitioner that I am on Buprenorphine, Methadone, or other substance use disorder medication and attempts to obtain or obtain a controlled substance from that practitioner.
- Failure to promptly inform BrightView Health staff that I have been prescribed a controlled substance by another practitioner
- Failure to make satisfactory payment arrangements for an outstanding balance of \$500 (five hundred dollars) or more which is more than 30 days past due.
- The to leave program for a medical or other mental health issue.

All patients have the right to request a hearing on BrightView Health's decision to involuntarily terminate treatment.

Program Rules

As a patient of BrightView Health you agree and abide by to the following program rules:

- I agree to work with my treatment team to create an individualized treatment plan and abide by the recommendations of the medical and clinical providers.
- I agree to keep and be on time to all my appointments. If I miss my scheduled appointment, I must call within 24 hours to reschedule.
- I agree to conduct myself in a courteous manner on BrightView Health property and not to conduct any illegal or disruptive activities on BrightView Health property.
- I agree to respect and protect the confidentiality of others regarding the presence and disclosures of all patients.
- I agree to complete the entire program which has been recommended by my treatment providers.
- I agree to accept referral to a higher level of care (i.e. residential or inpatient) if recommended.
- I agree to abstain from all non-prescribed medications, alcohol, opioids, marijuana, cocaine, and other addictive substances [except nicotine].
- I agree not to bring alcohol and drugs, other than those medications properly prescribed or ordered by a practitioner, on the premises.
- I agree to maintain a safe and sober living environment at all times.
- I understand that if I engage in highly dangerous behavior, such as abusing benzodiazepine, a sedative or sleeping medication, or I consume a heavy amount of alcohol while on Buprenorphine/Methadone medication that I may be promptly referred to a higher level of care (hospital or residential) and no further medication will be prescribed to me.
- I agree to provide a urine sample for drug testing at intake, every day that I have appointments, and as requested thereafter and to have my blood alcohol level tested.
- I agree to take my medications exactly as prescribed or ordered. I understand that adjusting my own dosage may result in discharge from the program.
- I agree to keep my medication in a locked, safe, and secure location in my home and out of the reach of children and others at all times.
- I agree to disclose the names of all doctors and dentists who have prescribed a controlled substance (an opioid, benzodiazepine or amphetamine/stimulant) to me in the past year and sign a release of information form so that a BrightView Health physician can coordinate my care with that, or those, prescribers.
- I agree to inform all doctors, dentists and hospitals that treat me while I am in the BrightView Health MAT program that I am prescribed medication for opioid or other substance use disorder and sign a

release of information form so that a BrightView Health physician can coordinate my care with that, or those, providers.

Tobacco Products and Vaping

BrightView Health prohibits the use of tobacco products and vaping in BrightView Health facilities.

Sexual Harassment/Prohibited Interactions

BrightView Health prohibits sexual harassment in any form. Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature. Sexual harassment should be reported immediately to the BrightView Health Client Advocate who will conduct a review/investigation as part of the BrightView Health Patient Grievance process.

In addition, BrightView requires staff to follow certain professional boundaries as part of the delivery of care. These include prohibitions on accepting gifts from patients, personal relationships with patients, and providing patients with personal phone numbers/contact methods.

Patient Rights

BrightView Health guarantees the patient, at a minimum, the following rights:

- Freedom from physical and psychological abuse;
- Freedom from strip searches and body cavity searches;
- Control over his or her bodily appearance; provided, however, on program premises, BrightView Health may prohibit attire and personal decoration which interfere with treatment;
- Access to his or her patient record in the presence of the administrator or designee, unless there is a determination that access to parts of the record could cause harm to the patient
- The right to challenge information in his or her patient record by inserting a statement of clarification or letter of correction signed by both the clinician and the patient
- The right to obtain a copy of the patient's records as specified in 105 CMR 164.083;
- The right to have the confidentiality of his or her records secured as required by 105 CMR 164.084;
- The right to terminate treatment at any time, except in the case of an individual committed to treatment under M.G.L. c. 123, § 35;
- Freedom from coercion;
- Treatment provided on a nondiscriminatory basis;
- Treatment in a manner sensitive to individual needs and which promotes dignity and self-respect;
- Full disclosure regarding fees charged
- The right to grieve actions or decisions of BrightView Health regarding the patient's treatment;
- Freedom to practice his or her religious faith;
- The right to request referral to a facility which provides treatment in a manner to which the patient has no religious objection;
- Drug screens conducted in a manner which preserves the patient's dignity and, when the drug screen is by urine sample, accommodates any medically confirmed inability to give urine by providing for an alternate effective means of screening such as oral swab; and
- The right to contact the Bureau of Substance Abuse Services.

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. **Following submission of a grievance, the client advocate will respond to the griever with a written acknowledgment of receipt of the grievance within a reasonable time of receipt of the grievance.** This written acknowledgment will include: the date the grievance was received; a summary of the grievance; an overview of the grievance investigation process; a timetable for completion of the investigation and notification of resolution; and the treatment provider contact name, address, and telephone number.
5. **BrightView will make a resolution decision on the grievance within a reasonable timeframe of receipt unless there are extenuating circumstances indicating a need for extension.** In which case, written notification will be given to the griever.
6. **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.**
7. **At any time, the Patient or his/her designated representative has the option to file a grievance with outside organizations such as:** The Massachusetts Division of Healthcare Facility and Licensure and Certification, by phone at (800) 462-5540 or in writing at 67 Forest Street, Marlborough, MA 0175; Massachusetts Bureau of Substance Abuse Services, by phone at (617) 624-5175, The Joint Commission by phone at (630) 792-5800 or in writing at 1 Renaissance Boulevard, Oakbrook Terrace, Illinois 60181; the U.S. Department of Health and Human Services, Office for Civil Rights, by phone at (800) 368-1019 or in writing at U.S. Department of Health and Human Services 233 N. Michigan Ave., Suite 240, Chicago, IL 60601.



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

Fee Policies

BrightView Health is committed to providing the best treatment to our patients and our self-pay prices are representative of the usual and customary charges for our area. BrightView Health also accepts public and private health insurance for reimbursement of services. The following is the expected fee schedule for various services for a patient not using insurance to pay for treatment. Payment is due at time of treatment. On a case-by-case basis, needs based fee reductions and payment plans may be made, per the signed patient Fee Agreement and per discretion of the Program Director.

BrightView Self-Pay Bundled OBOT/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 (OTP Only) Buprenorphine Dispensed or Methadone Dispensed (OTP Only)	
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	\$400
Weekly Option	\$100 per week
Bi-Weekly Option	\$200 every other week

Patient Records

Patient specific information is confidential and shall be made available only in conformity with all applicable state and federal laws and regulations regarding the confidentiality of patient records, including but not limited to, 42 CFR Part 2, and 45 CFR Parts 160 and 164 (HIPAA Privacy and security rules). Patient records will also be made available upon patient request with all applicable releases signed. Please see BrightView Health's Notice of Privacy Practices for more information on confidentiality of substance use disorder records.

Family Support Services

Massachusetts supports families in recovery in myriad ways. A centralized solution for accessing a broad array of services is the statewide network of Family Support Centers (FSCs) operating under the auspices of the Department of Developmental Services (DDS). These centers offer services including, but not limited to:

- Information and referral to resources and services available to families (e.g. MassHealth, various forms of financial assistance, and more)
- Individualized assistance navigating government programs to obtain benefits
- Family training
- Parent networking
- Direct financial assistance
- Community connections and resources

Your therapist will be an invaluable resource in helping you to identify which FSC is right for you. The website listed below includes a list of local FSCs and includes contact information. We strongly encourage you to access these services if relevant to your circumstances.

Website: <https://www.mass.gov/info-details/dds-family-support-centers>

Visitation

Family members, spouses, or partners of patients may be on premises only on days where they are attending therapy sessions with the patient or through expressed, written permission. Patients are responsible for the behavior of their guests (family members) at all times. Visitors are subject to the same expectations as patients as it pertains to prohibited items, including, but not limited to weapons, prescription medications, illegal drugs, and illegal drug paraphernalia.

Visitors are not allowed beyond the reception area without permission and must be escorted throughout the facility at all times. While BrightView Health does not provide services to children, we understand that parents will sometimes need to bring their children with them to BrightView Health and BrightView Health will make every effort to provide a safe and supportive environment for parents and their children. Children inside of BrightView Health should be under appropriate parental supervision. The Program Director will have discretion to approve access of children to areas other than the waiting room (i.e., allowing a parent to bring a small child into an exam room).

All individuals other than patients or staff wishing to enter the facility must register with facility staff at the front desk upon arrival. All visitors must remain in the waiting area until BrightView Health personnel have retrieved them and may only go where escorted. Patient visitors may only attend medical or clinical sessions with patients upon approval from the BrightView Health staff. This may require staff to meet with patients prior to providing visitor approval.

American with Disabilities Act (ADA) Compliance

BrightView Health is committed to making our treatment program and services available to as wide a patient base as possible, regardless of patient's race, religion, gender, political beliefs, socioeconomic status, health status, or disability. BrightView Health is ADA compliant and provides assistance to patients and/or their family members with special communication needs including for those who have difficulty making their service needs known, who have hearing or visual impairment, and those who might require translational or interpretive services. Access assistance or alternative settings will be provided to those with complex medical needs who cannot be accommodated in the clinic setting.

Each patient's needs are assessed during the intake process and onsite interview, and BrightView Health attempts to make arrangements to service those needs. Prospective patients are asked to attempt to identify any special communication needs as early as possible in the interview and intake process to best ensure adequate services availability within the BrightView Health network of clinics and providers.

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 may 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 Health 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 RIGHTS

Subject to applicable State and Federal law, BrightView Health will comply with the following Patient Rights to the extent applicable to our program:

- a) Upon request, to obtain from the facility in charge of your care the name and specialty, if any, of the physician or other person responsible for his care or the coordination of his care;
- b) To confidentiality of all records and communications to the extent provided by law;
- c) To have all reasonable requests responded to promptly and adequately within the capacity of the facility;
- d) Upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institution insofar as said relationship relates to your care or treatment;
- e) To obtain from a person designated by the facility a copy of any rules or regulations of the facility which apply to your conduct as a patient or resident;
- f) Upon request, to receive from a person designated by the facility any information which the facility has available relative to financial assistance and free health care;
- g) Upon request, to inspect your medical records and to receive a copy thereof in accordance with section seventy, and the fee for said copy shall be determined by the rate of copying expenses, except that no fee shall be charged to any applicant, beneficiary or individual representing said applicant or beneficiary for furnishing a medical record if the record is requested for the purpose of supporting a claim or appeal under any provision of the Social Security Act or federal or state financial needs-based benefit program, and the facility shall furnish a medical record requested pursuant to a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based benefit program within thirty days of the request; provided, however, that any person for whom no fee shall be charged shall present reasonable documentation at the time of such records request that the purpose of said request is to support a claim or appeal under any provision of the Social Security Act or any federal or state financial needs-based benefit program;
- h) To refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological, or other medical care and attention;
- i) To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;
- j) To privacy during medical treatment or other rendering of care within the capacity of the facility;
- k) To prompt life saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment unless such delay can be imposed without material risk to your health, and this right shall also extend to those persons not already patients or residents of a facility if said facility has a certified emergency care unit;
- l) To informed consent to the extent provided by law;

PATIENT RIGHTS, CONTINUED

- m) Upon request to receive a copy of an itemized bill or other statement of charges submitted to any third party by the facility for care of the patient or resident and to have a copy of said itemized bill or statement sent to the attending physician of the patient or resident;
- n) If refused treatment because of economic status or the lack of a source payment, to prompt and safe transfer to a facility which agrees to receive and treat such patient. Said facility refusing to treat such patient shall be responsible for: ascertaining that the patient may be safely transferred; contacting a facility willing to treat such patient; arranging the transportation; accompanying the patient with necessary and appropriate professional staff to assist in the safety and comfort of the transfer, assure that the receiving facility assumes the necessary care promptly, and provide pertinent medical information about the pertinent medical information about the patient's condition; and maintaining records of the foregoing; and
- (o) If the patient is a female rape victim of childbearing age, to receive medically factually accurate written information prepared by the commissioner of public health about emergency contraception; to be promptly offered emergency contraception; and to be provided with emergency contraception upon request.

Every patient or resident of a facility shall be provided by the physician in the facility the right:

- (a) to informed consent to the extent provided by law;
- (b) to privacy during medical treatment or other rendering of care within the capacity of the facility;
- (c) to refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological or other medical care and attention;
- (d) to refuse to serve as a research subject, and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;
- (e) to prompt life saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of source of payment unless such delay can be imposed without material risk to your health;
- (f) upon request, to obtain an explanation as to the relationship, if any, of the physician to any other health care facility or educational institutions insofar as said relationship relates to your care or treatment, and such explanation shall include said physician's ownership or financial interest, if any, in the facility or other health care facilities insofar as said ownership relates to the care or treatment of said patient or resident;



PATIENT RIGHTS, CONTINUED

(g) upon request to receive an itemized bill including third party reimbursements paid toward said bill, regardless of the sources of payment

No provision herein shall be construed as limiting any other right or remedies previously existing at law.

You have many rights under 105 CMR164.079 related to your care. There are also 'rules' describing how treatment should be provided. You are encouraged to contact the Department of Public Health, Bureau of Substance Addiction Services (BSAS) to report any potential violations of these rights or rules.

- If a provider completes an assessment and determines that this is not the right level of care for you, the provider must make a referral to the appropriate level of care and support you through the referral process.
- You cannot be denied admission based only on the results of a drug screen.
- You cannot be denied admission only because of a medication prescribed to you by a physician. This includes medications such as methadone, buprenorphine, naltrexone, and other medications prescribed for substance use disorder, mental health, or other medical conditions.
- You cannot be denied re-admission to a program based solely on one of the following happening when you were in the program:
 - (1) you left treatment against medical advice;
 - (2) you relapsed while in treatment; or
 - (3) you filed a grievance or complaint either to the program or to the Bureau of Substance Addiction Services regarding any aspect of your treatment.

IF YOU THINK YOUR RIGHTS OR THE ABOVE RULES AROUND TREATMENT HAVE BEEN VIOLATED, PLEASE CALL THE BSAS CONFIDENTIAL COMPLAINT LINE AT (617) 624-5171

HOW IS BUPRENORPHINE PRESCRIBED AT BRIGHTVIEW HEALTH?

If it is determined that the correct medication regimen for you include Buprenorphine you will likely have the first dose in the office observed to ensure tolerance and dosing. Your first prescription will usually be approximately a seven-day supply and ensure that you have enough medication through the following Wednesday.

Buprenorphine prescriptions are commonly written on 7, 14, and 28-day cycles. Prescriptions are usually available at the pharmacy. The length of the prescription is determined by the amount of time you have been in the BrightView Health program and/or your compliance with your individualized treatment plan including appropriate attendance and sensation of drug use. If you miss provider appointments or take medication other than how it is prescribed, your prescription will be disrupted.

IS BUPRENORPHINE TREATMENT TRADING ONE ADDICTION FOR ANOTHER?

No. With successful buprenorphine treatment the compulsive behavior, the loss of control, the constant cravings, and all of the other hallmarks of addiction dissipate. When all signs and symptoms of the disease of addiction dissipate we call that remission not switching addictions. The key to understanding this is knowing the difference between physical dependence and addiction.

Buprenorphine will maintain some of the pre-existing physical dependence but that is easily managed medically. Physical dependence on like addiction is not a dangerous medical condition that requires treatment. Addiction is damaging and life-threatening, while physical dependence is an inconvenience and is normal physiology for anyone taking large doses of opioids for an extended period of time. It is essential to understand the definition of addiction and how it differs from physical dependence or tolerance.

THINGS TO KNOW ABOUT

What is Buprenorphine?

Buprenorphine is an opioid medication. It is not a treatment for physical dependence, but it is a treatment for addiction. The purpose of Buprenorphine is not to assist in detox or to maintain a person's customary substance use, but to suppress the unnatural brain hijacks and the associated debilitating symptoms of cravings and withdrawal that occur as a result of drug use and the disease of addiction.

How is Buprenorphine Taken?

The medication is taken sublingual (held underneath the tongue). Medication that is swallowed does not get absorbed very well at all. Therefore, it is important to take the medication as directed and remember to not smoke or eat before or after taking the medication.

What side effects may occur with Buprenorphine?

Side effects include constipation or sedation. Make sure you assess how you feel before operating a vehicle when you start. Let provider know if you have any change in your bowel movements. Other side effects such as headaches, nausea and vomiting are possible but less likely to occur. Abruptly stopping the medication will lead to signs and symptoms of opioid withdrawal (nausea, vomiting, chills, anxiety, etc.). It is important to continue the medication as prescribed and work with your provider regarding dose changes.

Will Buprenorphine react with any other medications?

This medication can cause life threatening respiratory depression and sedation if it is taken with other CNS sedatives. Other sedatives include, but are not limited to: alcohol, benzodiazepines, sleeping medication, etc. Discuss any substance or medication use with your doctor and be sure to follow your providers instructions. Some other medications may affect the levels of buprenorphine in your body. In general, it is important to discuss any new medication or change with your buprenorphine prescriber. Antibiotics, antifungals, and antiviral medications especially should be discussed with your provider.

How should I store my Buprenorphine or other prescribed medication?

Even a small amount of buprenorphine is extremely dangerous especially to a child. ALWAYS keep these medicines stored in the original container. ALWAYS keep these medicines out of sight and out of reach of children in a locked box or cabinet. CALL Poison Control Center right away at 1-800-222-1222 if someone has ingested these medicines. CALL the Poison Control Center to find out the safest way to dispose of these medicines.

Are there alternative treatments to Buprenorphine?

There are alternative treatment options for buprenorphine in the treatment of opioid use disorder. Methadone, is also an opioid taken daily to address cravings, urges, and other symptoms of addiction. It is dispensed at specially certified programs that initially require daily attendance and onsite dosing. Naltrexone is a non-opioid medication that is given as a daily pill or monthly injection. It is an opioid blocker that inhibits the effects of opioids used in order to break the cycle of addiction. This treatment is available even at some PCP offices and is often covered by insurance .



OPIATE TREATMENT PROGRAM (OTP) TAKE HOME DOSING

Take home doses of a MAT medication are personally furnished by our Physician's and will always be secured in a childproof bottle and caps. Medications are to be in a safe area and away from food and wet areas and out of the reach of children. All clients of the BrightView Health OTP with MAT medication are required to have a working lock bag at the time of the dispensing and always use the locking bag to contain their MAT medication. An OTP facility identification card will be issued and is required for further dosing or take homes at the OTP window.

All BrightView Health OTP clients are required to return empty bottles that are dispensed by the BrightView Health OTP. Returning dispensed bottles are not reused by the BrightView Health OTP. The used bottle is accepted by our dispensary nurse with the client name peeled off before discarding into the trash. All BrightView Health OTP clients are subject to call back pill counts. Once called for a pill count the patient has 24 hours to present for a count, bringing your original bottle the medication was dispensed in, locked in a bag, and with OTP facility identification, during the open hours of the OTP window. A valid, working phone number is the responsibility of the patient. BrightView's inability to reach a patient based on a non-answering, non-working number, or number change is the sole responsibility of the client and results in a missed pill count. A missed pill count may require in facility dosing at the window for some time based on the multidisciplinary treatment team recommendation and physician orders.

Bring all medications to medical appointments at all times. You may do walk in pill counts to the OTP window while here for other appointments if time permitting by the OTP nurse.

Take homes and window dosing appointments are set to better service all patient needs. If a patient misses their assigned appointment time, they are welcome to attempt a walk in but are not guaranteed the visit will be honored as we will service those who are meeting their appointment times first. The patient is welcome to reschedule for the next available appointment times.

Take home medications are a privilege given to the patient by the physician with multidisciplinary treatment team input. At any time, the physician may order in facility dosing to occur. Take home consideration uses the federal guidelines of:

- Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol;
- Regularity of clinic attendance;
- Absence of serious behavioral problems at the clinic;
- Absence of known recent criminal activity, e.g., drug dealing;
- Stability of the patient's home environment and social relationships;
- Length of time in comprehensive maintenance treatment;
- Assurance that take-home medication can be safely stored within the patient's home; and
- Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

SAFE MEDICATION USE WHILE ON BUPRENORPHINE (SUBOXONE)

Patients who are prescribed buprenorphine/naloxone (Suboxone, Zubsolv, etc.) or other medication assisted treatment, may need other medications at times (both prescription and over-the-counter). Many medications interact with buprenorphine/naloxone (Suboxone, Zubsolv, etc.). Some medications raise, and some lower the blood level of buprenorphine. It is essential that patients inform all healthcare providers that they have been diagnosed with opioid dependence and are taking buprenorphine/ naloxone (Suboxone, Zubsolv, etc.) before starting any new medication.

Any mood-altering substance or medication, even if it is not the “drug of choice”, can trigger the reward pathway in the brain and eventually lead the addict back to the behaviors of addiction. This is called cross-addiction. Below are two tables that patients should consult when trying to determine if a medication is safe to take while being on buprenorphine/naloxone (Suboxone, Zubsolv, etc.).

POTENTIAL DRUG INTERACTIONS WITH BUPRENORPHINE (SUBOXONE)			
Drug	Use	Common Name/Brand Names	Potential Effect
Benzodiazepines	Anxiety/Panic Disorder	Xanax, Ativan, Klonopin, Librium, Serax, Tranxene	Can suppress breathing, deaths reported if abused (especially IV)
Alcohol	Recreational	Beer, wine, champagne, liquor	Can suppress breathing, deaths reported with heavy use
Hypnotics	Insomnia	Ambien, Lunesta, Benadryl, Tylenol PM, Nyquil	Can suppress breathing
Naltrexone	Relapse prevention	Revia, Vivitrol	Can cause withdrawal
Erythromycin	Antibiotic	Biaxin, Z-Pack	Can increase levels of buprenorphine
Rifampin	Antibiotic		Can increase levels of buprenorphine
Metronidazole	Antibiotic	Flagyl	Can increase levels of buprenorphine
Fluconazole	Anti-fungal	Diflucan	Can increase levels of buprenorphine
Ketoconazole	Anti-fungal	Nizoral	Can increase levels of buprenorphine
Anti-virals	HIV treatment	Multiple drugs	Can increase levels of buprenorphine
Paroxetine	Anxiety, depression	Paxil	Can increase levels of buprenorphine
Sertraline	Anxiety, depression	Zoloft	Can increase levels of buprenorphine
Fluoxetine	Anxiety, depression	Prozac	Can increase levels of buprenorphine
Carbamazepine	Seizures, Neuropathy	Tegretol	Can decrease levels of buprenorphine
Phenobarbital	Seizures	Phenobarbital	Can decrease levels of buprenorphine
Phenytoin	Seizures	Dilantin	Can decrease levels of buprenorphine
Primidone	Seizures	Mysoline	Can decrease levels of buprenorphine

WHY PARTICIPATE?

HOW THE LIGHTHOUSE CENTRAL REGISTRY CAN HELP YOU

This OTP is licensed by the Department of Public Health (DPH), Bureau of Substance Addiction Services (BSAS). DPH BSAS now requires all Opioid Treatment Programs (OTPs) to participate in the Massachusetts OTP Central Registry System. DPH BSAS chose Lighthouse to run the Massachusetts Central Registry System as they have many years of proven experience in other states.

The Central Registry is designed to help you, the patient, stay safe when your treatment center is closed. If you agree to participate in the Massachusetts Central Registry, you can be notified by text and/or email when your treatment center is closing or has modified hours because of a storm, staff shortages, flooding or other emergency.

THE CENTRAL REGISTRY RESPECTS YOUR RIGHT TO PRIVACY

- Your information is encrypted with the latest standards and technology to ensure it is kept confidential
- The Central Registry complies with all State and Federal laws surrounding confidentiality regarding substance use treatment.
- You will never get any type of advertisement or sales offer from The Central Registry

The Central Registry has helped tens of thousands of patients get their medication in an emergency situation

- You will be able to go to any OTP in of the 16 states currently using The Central Registry and instantly prove you are enrolled in a program, even if you do not have your ID with you.
- No need to contact your home clinic to confirm doses. With your written consent, another participating clinic can access the Central Registry and your current accurate dosing information.
- Our Disaster Assistance Map will show you exactly where OTPs are located, and which ones are open and available to get your medication.
- The emergency communication communications system will allow you to receive up to the minute notices about closures, re-openings and instructions on where to go or what to do when your clinic is forced to close.
- Participation in the Central Registry is free
- When you leave treatment all emergency communications data is deleted from The Central Registry.



EMERGENCY TOOLS AND RESOURCES

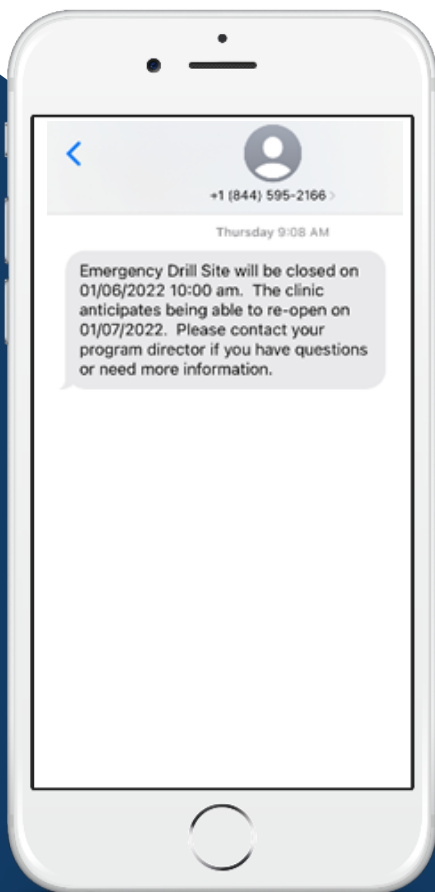


HOW THE CENTRAL REGISTRY CAN ASSIST YOU IN A DISASTER

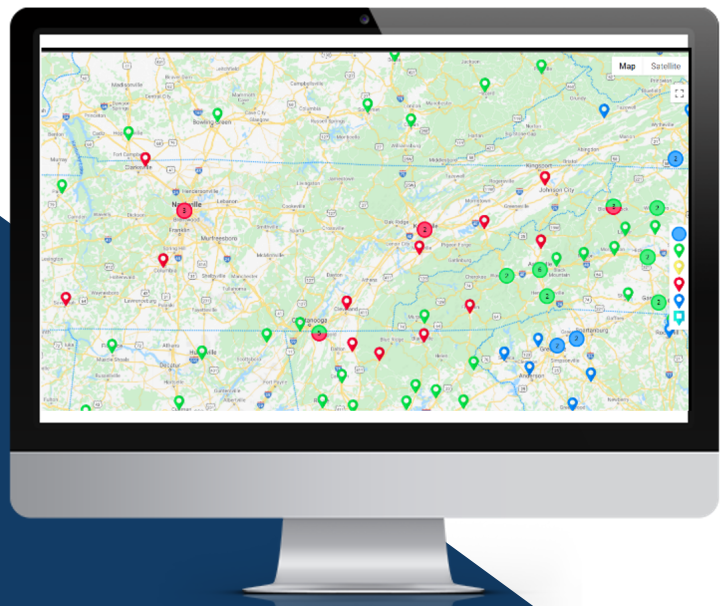
- Help you get access to information in a disaster setting
- Make sure your time, money and resources aren't wasted
- Ensure it is quick and easy to verify your program participation
- Provide accurate, timely information about your medication requirements to an emergency provider
- Help you be treated with respect and dignity

IF YOUR CLINIC IS CLOSED THE CENTRAL REGISTRY CAN HELP BY

- Notifying you of a clinic closure or change of hours by text and/or email
 - Messages will only be sent to you if you approve contact and provide your cell phone number and/or email address
 - Messages never identify you as a patient or contain identifying information
- Send you specific instructions from your clinic
- Help you locate the closest treatment center that is open



**In times of disasters you can get up
to date information about
your clinic's open/close status at:
TheCentralRegistry.com**



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

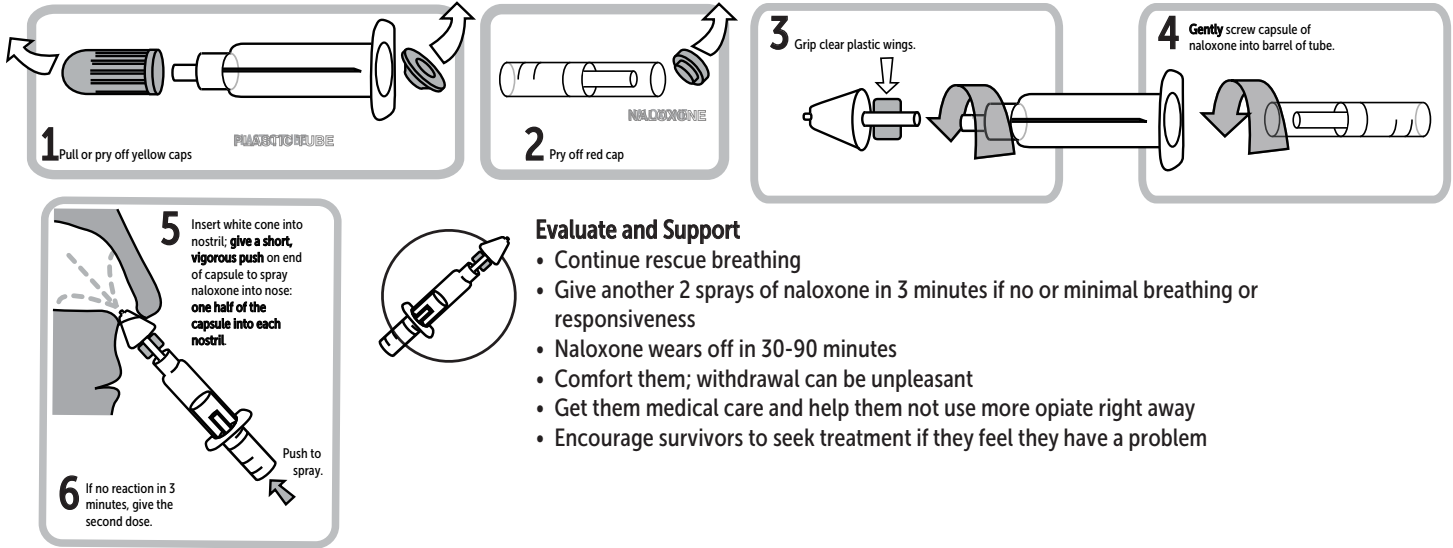
***At BrightView Health your medical team will obtain baseline labs at induction and every 6 months for these infectious diseases. If any of the tests are positive, then we will assist in referring you to a treatment provider that can create a plan to help manage this aspect of your treatment.**

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

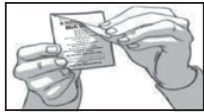
Naloxone Intranasal Atomizing Device



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

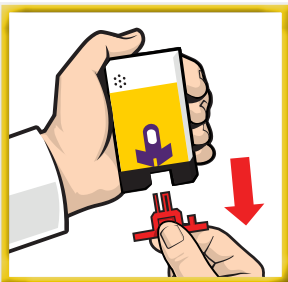
GET EMERGENCY MEDICAL HELP RIGHT AWAY

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.



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

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.

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.

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](#).*

PATIENT EDUCATION REGARDING OTP TRANSFER PROCESS

If you are currently receiving medication assisted treatment from another program and need to transfer to BrightView Health 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 Health 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 Health will contact the previous program by phone to notify the previous program that you have applied for admission in BrightView Health's program.
- BrightView Health will request information to be transferred from the previous program to BrightView Health 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 Health will also request that the previous program stop providing medication assisted treatment if it has not already done so, and only if BrightView Health has documentation to verify medication type and dosage.
- BrightView Health will also request that the previous program provide BrightView Health 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 Health. If the previous program states that it has already discharged you as a patient, BrightView Health may then admit you for treatment.
- BrightView Health 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 Health 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 Health 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 Health will proceed with its patient admission procedures.

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:		
WHAT IS AIDS?	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.
HOW IS HIV TRANSMITTED?	<ul style="list-style-type: none"> ✖ 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!

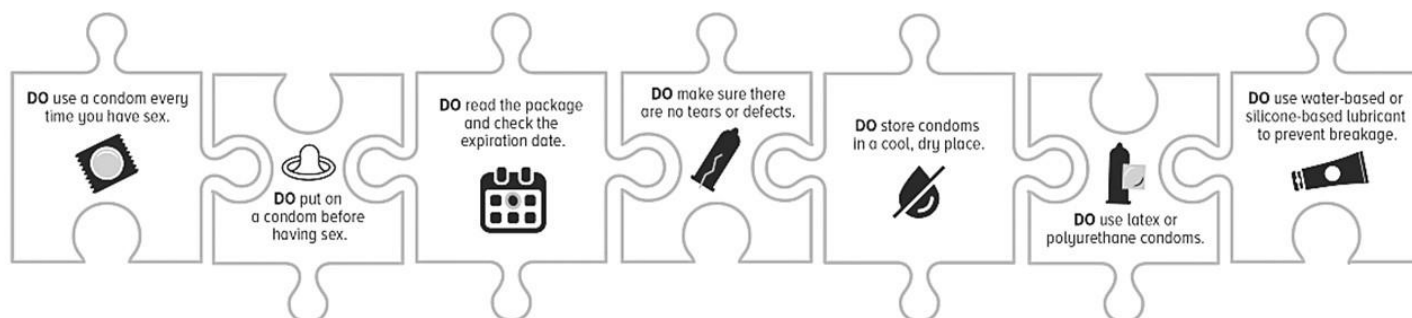
GETTING TESTED FOR HIV:	<p>Everyone should be tested at least once for HIV. The Centers for Disease Control and Prevention (CDC) recommends persons who report any of the activities listed below should be tested at least yearly:</p> <ul style="list-style-type: none"> ✖ A man who has had sex with another 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 <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>		
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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

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.



Notice of Federal Requirements Regarding the Confidentiality of Substance Use Disorder Patient Information

The confidentiality of substance use disorder patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing; **or**
2. The disclosure is allowed by a court order accompanied by a subpoena; **or**
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; **or**
4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program,

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

The releases of information will remain active and valid for one year from the date of signature OR until 90 days after discharge (whichever comes first) OR until a specific date, event, or condition as listed on the form. There are two ways to revoke a release of information: Come in to the BrightView Health facility where you were scheduled to receive treatment and sign the revocation, or fax in a written statement with your name, signature, date and release(s) you would like to be revoked.

(See 42 U.S.C. §290dd-2 for federal law and 42 C.F.R. Part 2 for federal regulations governing Confidentiality of Substance Use Disorder Patient Records.)



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