

WELCOME

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

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

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

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

Sincerely,



Corey Waller, MD, MS
Chief Medical Officer



WHO WE ARE

BrightView was 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** - For our patients, our employees, and our community
- **RESPONSIBILITY** – By patients and employees, for the decisions we make and the actions we take
- **ACCOUNTABILITY** - To our patients and their families, and to our colleagues
- **EXCELLENCE** - In every task we perform, most importantly the care we provide

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.

UNDERSTANDING THE DISEASE OF ADDICTION

What Causes a Person to Become Addicted?

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

How is addiction a chronic disease of the brain?

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

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

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

How do you treat the disease of addiction?

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

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



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

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

STAGE 1: ASSESSMENT, INTAKE, AND INDUCTION

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

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

STAGE 2: STABILIZATION AND MAINTENANCE

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

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

STAGE 3: STEP DOWN & AFTERCARE

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

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



PATIENT RIGHTS

Subject to applicable State and Federal law, BrightView will comply with the following Patient Rights established by the Ohio Department of Mental Health and Addiction Services to the extent applicable to our program:

- 1) The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- 2) The right to reasonable protection from physical, sexual or emotional abuse, neglect, and inhumane treatment;
- 3) The right to receive services in the least restrictive, feasible environment;
- 4) The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
- 5) The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
- 6) The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
- 7) The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
- 8) The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
- 9) The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
- 10) The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
- 11) The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
- 12) The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
- 13) The right to be informed of the reason for denial of a service;



PATIENT RIGHTS, CONTINUED

- 14) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
- 15) The right to know the cost of services;
- 16) The right to be verbally informed of all client rights, and to receive a written copy upon request;
- 17) The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
- 18) The right to file a grievance;
- 19) The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
- 20) The right to be informed of one's own condition; and,
- 21) The right to consult with an independent treatment specialist or legal counsel at one's own expense.

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 Ohio Department of Mental Health and Addiction Services by phone at 614-466-2596 or in writing at OMHAS, 30 E Broad St. Suite 742, Columbus, OH 43215-3430; Disability Rights Ohio by phone at 1-800-282-9181 or in writing at Disability Rights Ohio, 200 S Civic Center Dr. Suite 300, Columbus, Ohio 43215; 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; The Joint Commission by phone at 630-792-5800 or in writing at 1 Renaissance Boulevard, Oakbrook Terrace, Illinois 60181; or the appropriate local/state/federal licensing or regulatory associations at: <https://www.oacbha.org/mappage.php>



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

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 .

HOW IS BUPRENORPHINE PRESCRIBED AT BRIGHTVIEW?

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 by Wednesday at 3 PM. The length of the prescription is determined by the amount of time you have been in the BrightView 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.

MEDICATION GUIDE: BUPRENORPHINE SUBLINGUAL TABLETS, CIII

IMPORTANT:

Keep buprenorphine sublingual tablets in a secure place away from children. Accidental use by a child is a medical emergency and can result in death. If a child accidentally uses buprenorphine sublingual tablets, get emergency help right away.

Read this Medication Guide before you start taking buprenorphine sublingual tablets and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking to your doctor. Talk to your doctor or pharmacist if you have questions about buprenorphine sublingual tablets. Share the important information in this Medication Guide with members of your household.

What is the most important information I should know about buprenorphine sublingual tablets?

- Buprenorphine sublingual tablets can cause serious and life-threatening breathing problems. Call your doctor right away or get emergency help if:
 - You feel faint, dizzy or confused
 - Your breathing gets much slower than is normal for you

These can be signs of an overdose or other serious problems.

- Buprenorphine sublingual tablets contain an opioid that can cause physical dependence.
 - Do not stop taking buprenorphine sublingual tablets without talking to your doctor. You could become sick with uncomfortable withdrawal signs and symptoms because your body has become used to this medicine
 - Physical dependence is not the same as drug addiction
 - Buprenorphine sublingual tablets are not for occasional or “as needed” use
- An overdose, and even death, can happen if you take benzodiazepines, sedatives, tranquilizers, or alcohol while using buprenorphine sublingual tablets. Ask your doctor what you should do if you are taking one of these.
- Call a doctor or get emergency help right away if you:
 - Feel sleepy and uncoordinated
 - Have blurred vision
 - Have slurred speech
 - Cannot think well or clearly
 - Have slowed reflexes and breathing
- Do not inject (“shoot-up”) buprenorphine sublingual tablets.
 - Injecting this medicine may cause life-threatening infections and other serious health problems.
 - Injecting buprenorphine sublingual tablets may cause serious withdrawal symptoms such as pain, cramps, vomiting, diarrhea, anxiety, sleep problems and cravings.

- In an emergency, have family members tell the emergency department staff that you are physically dependent on an opioid and are being treated with buprenorphine sublingual tablets.

What are buprenorphine sublingual tablets?

- Buprenorphine sublingual tablets are a prescription medicine used to begin treatment in adults who are addicted to (dependent on) opioid drugs (either prescription or illegal drugs), as part of a complete treatment program that also includes counseling and behavioral therapy.
- Buprenorphine sublingual tablets are most often used for the first 1 or 2 days to help you start with treatment.

Buprenorphine sublingual tablets are a controlled substance (CIII) because they contain buprenorphine, which can be a target for people who abuse prescription medicines or street drugs. Keep your buprenorphine sublingual tablets in a safe place to protect it from theft. Never give your buprenorphine sublingual tablets to anyone else; it can cause death or harm them. Selling or giving away this medicine is against the law.

- It is not known if buprenorphine sublingual tablets are safe and effective in children.

Who should not take buprenorphine sublingual tablets?

Do not take buprenorphine sublingual tablets if you are allergic to buprenorphine.

What should I tell my doctor before taking buprenorphine sublingual tablets?

Buprenorphine sublingual tablets may not be right for you. Before taking buprenorphine sublingual tablets, tell your doctor if you:

- Have trouble breathing or lung problems
- Have an enlarged prostate gland (men)
- Have a head injury or brain problem
- Have problems urinating
- Have a curve in your spine that affects your breathing
- Have liver or kidney problems
- Have gallbladder problems
- Have adrenal gland problems
- Have Addison's disease
- Have low thyroid (hypothyroidism)
- Have a history of alcoholism
- Have mental problems such as hallucinations (seeing or hearing things that are not there)
- Have any other medical condition
- Are pregnant or plan to become pregnant. It is not known if buprenorphine sublingual tablets will harm your unborn baby. If you take buprenorphine sublingual tablets while pregnant, your baby may have symptoms of withdrawal at birth. Talk to your doctor if you are pregnant or plan to become pregnant.

- Are breast feeding or plan to breast feed. Buprenorphine sublingual tablets can pass into your milk and may harm the baby. Talk to your doctor about the best way to feed your baby if you take buprenorphine sublingual tablets. Breast feeding is not recommended while taking buprenorphine sublingual tablets.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins and herbal supplements. Buprenorphine sublingual tablets may affect the way other medicines work, and other medicines may affect how buprenorphine sublingual tablets works. Some medicines may cause serious or life-threatening medical problems when taken with buprenorphine sublingual tablets.

Sometimes the doses of certain medicines and buprenorphine sublingual tablets may need to be changed if used together. Do not take any medicine while using buprenorphine sublingual tablets until you have talked with your doctor. Your doctor will tell you if it is safe to take other medicines while you are using buprenorphine sublingual tablets.

Be especially careful about taking other medicines that may make you sleepy, such as pain medicines, tranquilizers, sleeping pills, anxiety medicines or antihistamines.

Know the medicines you take. Keep a list of them to show your doctor and pharmacist each time you get a new medicine.

How should I take buprenorphine sublingual tablets?

- Always take buprenorphine sublingual tablets exactly as your doctor tells you . Your doctor may change your dose after seeing how it affects you. Do not change your dose unless your doctor tells you to change it.
- Do not take buprenorphine sublingual tablets more often than prescribed by your doctor.
- If you are prescribed a dose of 2 or more buprenorphine sublingual tablets at the same time:
 - Ask your doctor for instructions on the right way to take buprenorphine sublingual tablets
 - Follow the same instructions every time you take a dose of buprenorphine sublingual tablets
- Put the tablets under your tongue. Let them dissolve completely.



- While buprenorphine sublingual tablets are dissolving, do not chew or swallow the tablet because the medicine will not work as well.
- Talking while the tablet is dissolving can affect how well the medicine in buprenorphine sublingual tablets is absorbed.
- If you miss a dose of buprenorphine sublingual tablets, take your medicine when you remember. If it is almost time for your next dose, skip the missed dose and take the next dose at your regular time. Do not take 2 doses at the same time unless your doctor tells you to. If you are not sure about your dosing, call your doctor.
- Do not stop taking buprenorphine sublingual tablets suddenly. You could become sick and have withdrawal symptoms because your body has become used to the medicine. Physical dependence is not the same as drug addiction. Your doctor can tell you more about the differences between physical dependence and drug addiction. To have fewer withdrawal symptoms, ask your doctor how to stop using buprenorphine sublingual tablets the right way.
- **If you take too much buprenorphine sublingual tablets or overdose, call Poison Control or get emergency medical help right away.**

What should I avoid while taking buprenorphine sublingual tablets?

- **Do not drive, operate heavy machinery, or perform any other dangerous activities until you know how this medication affects you.** Buprenorphine can cause drowsiness and slow reaction times. This may happen more often in the first few weeks of treatment when your dose is being changed, but can also happen if you drink alcohol or take other sedative drugs when you take buprenorphine sublingual tablets.
- **You should not drink alcohol** while using buprenorphine sublingual tablets, as this can lead to loss of consciousness or death.

Buprenorphine sublingual tablets can cause serious side effects including:

- **Respiratory problems.** You have a higher risk of death and coma if you take buprenorphine sublingual tablets with other medicines, such as benzodiazepines.
- **Sleepiness, dizziness, and problems with coordination**
- **Dependency or abuse**
- **Liver problems.** Call your doctor right away if you notice any of these signs of liver problems: Your skin or the white part of your eyes turning yellow (jaundice), urine turning dark, stools turning light in color, you have less of an appetite, or you have stomach (abdominal) pain or nausea. Your doctor should do tests before you start taking and while you take buprenorphine sublingual tablets.
- **Allergic reaction.** You may have a rash, hives, swelling of your face, wheezing, or loss of blood pressure and consciousness. Call a doctor or get emergency help right away.
- **Opioid withdrawal.** This can include: shaking, sweating more than normal, feeling hot or cold more than normal, runny nose, watery eyes, goose bumps, diarrhea, vomiting and muscle aches. Tell your doctor if you develop any of these symptoms.
- **Decrease in blood pressure.** You may feel dizzy if you get up too fast from sitting or lying down.

Common side effects of buprenorphine sublingual tablets include:

- Headache
- Nausea
- Vomiting
- Increased sweating
- Constipation
- Drug withdrawal syndrome
- Decrease in sleep (insomnia)
- Pain

Tell your doctor about any side effect that bothers you or that does not go away. These are not all the possible side effects of buprenorphine sublingual tablets. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store buprenorphine sublingual tablets?

- Store buprenorphine sublingual tablets at 20° to 25°C (68° to 77°F).
- Keep buprenorphine sublingual tablets in a safe place, out of the sight and reach of children.

How should I dispose of unused buprenorphine sublingual tablets?

- Dispose of unused buprenorphine sublingual tablets as soon as you no longer need them.
- Flush unused tablets down the toilet.

General information about the safe and effective use of buprenorphine sublingual tablets:

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use buprenorphine sublingual tablets for a condition for which it was not prescribed. Do not give buprenorphine sublingual tablets to other people, even if they have the same symptoms you have. It may harm them and it is against the law.

This Medication Guide summarizes the most important information about buprenorphine sublingual tablets. If you would like more information, talk to your doctor or pharmacist. You can ask your doctor or pharmacist for information that is written for healthcare professionals.

What are the ingredients in buprenorphine sublingual tablets?

Active Ingredient: buprenorphine hydrochloride **Inactive Ingredients:** anhydrous citric acid, corn starch, crospovidone, lactose monohydrate, magnesium stearate, mannitol, povidone, and sodium citrate

OPIATE TREATMENT PROGRAM (OTP) TAKE HOME DOSING

Take home doses of a buprenorphine 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 OTP with buprenorphine medication are required to have a working lock bag at the time of the dispensing and always use the locking bag to contain their buprenorphine medication. An OTP facility identification card will be issued and is required for further dosing or take homes at the OTP window.

All Brightview OTP clients are required to return empty bottles that are dispensed by the Brightview OTP. Returning dispensed bottles are not reused by the Brightview OTP. The used bottle is accepted by our dispensary nurse with the client name peeled off before discarding into the trash. All Brightview 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.

| | |
|-------|-------|
| Name: | _____ |
| MRN: | _____ |
| DOB: | _____ |

SUBSTANCE USE HISTORY

Have you EVER used the following substances before?

| Drug/Substance | Age First Used | Date Last Used | Amount | How Often | How Was It Used |
|--|----------------|----------------|--------|-----------|------------------------------|
| Heroin/Fentanyl <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral Smoked Injected Snorted |
| Oxycodone or Hydrocodone <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral Injected Snorted |
| Other Opioids <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral Smoked Injected Snorted |
| Benzodiazepines <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral Injected Snorted |
| Gabapentin/Lyrica <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral Snorted |
| Alcohol <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral |
| Methamphetamine <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral Smoked Injected Snorted |
| Cocaine <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral Smoked Injected Snorted |
| Marijuana <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral Smoked |
| Tobacco <input type="radio"/> Yes <input type="radio"/> No | | | | | Oral Smoked |

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 |

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 | 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 |
| 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. | <ul style="list-style-type: none"> • Sharing of contaminated needles, syringes, or other injection drug equipment • Needlesticks or other sharp instrument injuries | <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 <p>Get tested on a yearly basis.</p> |
| Tuberculosis (TB)* | Tuberculosis is a contagious bacterial infection that usually attacks the lungs but can also damage other parts of the body. Infection can lead to severe respiratory systems, organ failure, and death. | TB is spread through the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these germs and become infected. | If you are exposed to someone that has had TB, let your doctor know. Make sure to have regular follow up with your primary care provider |
| Syphilis*/STDs | These include chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), syphilis, and HIV. | You can get an STD by having vaginal, anal or oral sex with someone who has an STD. Anyone who is sexually active can get an STD. You don’t even have to “go all the way” (have anal or vaginal sex) to get an STD. This is because some STDs, like herpes and HPV, are spread by skin-to-skin contact. | <ul style="list-style-type: none"> • Abstinence • Follow “safer sex” practices (e.g., using condoms) • Routine testing |

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

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

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

Naloxone Device Instructions

Naloxone Intranasal Atomizing Device

- 1 Pull or pry off yellow caps** PLASTIC TUBES
- 2 Pry off red cap** NALOXONE
- 3 Grip clear plastic wings.**
- 4 Gently screw capsule of naloxone into barrel of tube.**
- 5 Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril.**
- 6 If no reaction in 3 minutes, give the second dose.** Push to spray.

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

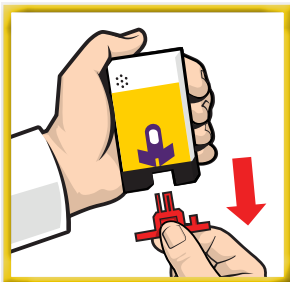
GET EMERGENCY MEDICAL HELP RIGHT AWAY

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.
- 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®, Titalac®, 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.

HOW TO HELP CHILDREN AND TEENS DEVELOP HEALTHY SELF-ESTEEM

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

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

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

A child with low self-esteem will:

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

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

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

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

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

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 you should know the following about the transfer process:

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

WHAT YOU SHOULD KNOW ABOUT HIV & AIDS[^]

| | | | | | | | | | | |
|-----------------------------|--|--|---------------------|---|---------|-----------------------|--|---------|------|--|
| <p>WHAT IS HIV?</p> | <p>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:</p> <table border="1" data-bbox="305 352 1523 743"> <tr> <td data-bbox="305 352 415 422">STAGE 1</td> <td data-bbox="415 352 586 422">Acute HIV infection</td> <td data-bbox="586 352 1523 422">A person with acute HIV may develop flu-like symptoms within 2-4 weeks of infection, with symptoms that may last for several weeks.</td> </tr> <tr> <td data-bbox="305 449 415 548">STAGE 2</td> <td data-bbox="415 449 586 548">Chronic HIV infection</td> <td data-bbox="586 449 1523 548">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.</td> </tr> <tr> <td data-bbox="305 575 415 743">STAGE 3</td> <td data-bbox="415 575 586 743">AIDS</td> <td data-bbox="586 575 1523 743">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.</td> </tr> </table> | 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. |
| 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. | | | | | | | | |
| <p>WHAT IS AIDS?</p> | <p>HOW IS HIV TRANSMITTED?</p> <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!

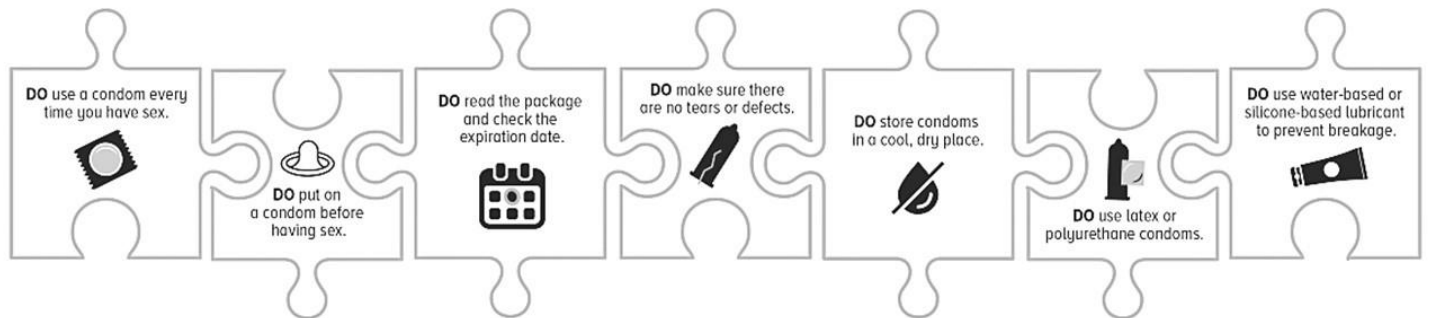
| | |
|---------------------------------------|--|
| <p>GETTING TESTED FOR HIV:</p> | <p>Everyone should be tested at least once for HIV. The Centers for Disease Control and Prevention (CDC) recommends persons who report any of the activities listed below should be tested at least yearly:</p> <ul style="list-style-type: 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> |
|---------------------------------------|--|

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

^retrieved 6/17/2020 from: <https://www.cdc.gov/hiv/basics/>



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

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

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