



Outpatient and Community Based Mental Health and Substance Use Services

An Orientation to Policies, Procedures, and Services for Persons Served

Per 105 CMR 164, policy manual and contact information for the Department's Bureau of Substance Addiction Services complaint line shall be:

- Placed visibly in a public area frequented by all patients or residents or kept at a central location, with a notice of its availability conspicuously posted in a public area frequented by all patients or residents; and
- Given to each new patient or resident during the admission process or subsequently upon his or her request, and to any interested party upon request.

Whenever the Licensed or Approved Provider makes a change in policy, it shall issue a written change to the policy manual; the change shall not take effect until placed in the manual and distributed as provided for in 105 CMR 164.081(B).

When furnishing a patient or resident with a copy of the policy manual or of any changes to the policy manual, the Licensed or Approved Provider shall secure a dated and signed receipt, which shall be placed in the patient or resident record.

Justice Resource Institute works in partnership with individuals, families, communities and government to pursue the social justice inherent in opening doors to opportunity and independence.

SECTION 1: PROGRAM DESCRIPTION

Thank you for choosing JRI. Our Outpatient Clinics and Community Based Programs provide mental health and substance use treatment to children, adolescents, adults, and their families. This packet provides information about our services and outlines policies regarding a number of topics that can impact your services. Please review and speak with your JRI provider if you have questions.

a. Goals and Objectives

The overall goals of our services are to help you with the issues for which you are seeking help; to understand your strengths, needs, abilities and preferences; to work with you on a plan to reduce your symptoms; to lessen the effects of harmful coping strategies and/or substance misuse; to support you in learning and practicing healthy coping strategies and skills to support wellness including family engagement and community support; to reduce risk of relapse and associated harm; and restore or establish overall well-being for individuals and families.

We will continue to work with you to re-assess your progress and needs throughout your time with us so that the services you are getting match your current situation, and may adjust your goals and our interventions if needed. Part of Individualized Action Planning is identifying what will be the “criteria” for discharge – how will both you and your provider know you have met your goals?

b. Types of Services Provided (including aftercare and follow-up)

JRI Behavioral Health Centers offer a variety of services and will work with you to identify the services that best fit your assessed strengths, needs and preferences. Some of the services we offer include Individual Therapy, Group Therapy, and Family Therapy. With your permission, we will consult with other people involved in different parts of your life, such as other clinical and medical providers and school counselors, in order to coordinate the support you receive.

We offer aftercare and follow-up services when you have completed your treatment. This may include working with other providers for home based services and care management.

c. Qualifications for Service Delivery Staff

At intake, we will identify a staff person to provide/coordinate your treatment. If the person is a clinical intern, they will be supervised at all times by a licensed clinician. We base clinician and staff assignment on a combination of your needs and preferences as well as the clinician's skills and expertise, taking into account scheduling preferences.

d. Restrictive Criteria for Receipt of Specific Services

We will not deny admission on the basis of disability, race, color, ethnicity, religious creed, national origin, sex, sexual orientation, gender identity, age, genetic information, ancestry, or status as a veteran; except for if/when an identified service (such as a targeted therapeutic group) is designed for a specific population, e.g., women or adolescents.

JRI's Outpatient Clinics welcome and provide services to pregnant individuals, adolescents, individuals with co-occurring disorders, elderly, and individuals with disabilities.

Individuals meeting medical necessity criteria will be eligible for mental health and/or substance use services. Restrictive criteria will include if any individual is in need of emergent care, detoxification, or other immediate service to ensure their health and ability to participate safely and effectively in outpatient or community based services.

If a person requesting services has previously received services (individually or as a family member) and been involuntarily terminated from care or violated or refused to follow program rules, their participation may also be restricted and will be reviewed by the Program Manager prior to readmission.

e. Scheduling

One of the cornerstones of therapy is the establishment of a working relationship between the therapist and service recipient. In order to develop this working relationship, both the therapist and the person seeking treatment must be committed to full participation in therapy.

When we develop your Individualized Action Plan, IAP, we will identify an agreed upon frequency of visits. Generally therapy is offered once weekly. We will work to set a specific, consistent time for your session. As needed we are able to reschedule your session if you notify us in advance and if they have openings.

A major part of full participation is maintaining scheduled appointments. If there are two late cancellations (less than 24 hrs. notice) or two failures to keep appointments within six months, the agency may terminate services, including visits with the prescriber (if applicable). Our aim is to work with you to eliminate barriers to care and

to find a treatment plan that works so please communicate with us if you are facing challenges in keeping or getting to your scheduled appointments.

f. Overall Hours of Program Operation

- Our offices are open Monday through Friday and some weekend hours are available for urgent appointments. Please see site-specific hours and contact information addendum.
- Our front office is staffed during these hours. We are closed on all Federal and Massachusetts holidays.
- Outside of regular hours of operation we have an on-call clinician available for assistance with urgent needs.
- The on-call clinician may be reached by dialing the main number and following the prompts on the automated greeting. This person may or may not be your assigned clinician.
- Persons served seeking to speak to the on-call clinician must leave a detailed voicemail message including full name, complete contact information, time of call, reason for call, and name of treating clinician. Complete contact information must include a telephone number where you can be reached during the 30 minutes following your call as well as the complete city and street address where you can be located during the interval following your call. Telephone numbers must be able to accept private calls. Your call cannot be returned if your phone blocks private calls. We have Language Line available to us to assist when a call needs to be in a language other than English.
- The on-call clinician can talk with you to support you in navigating your urgent needs and can support setting up an urgent appointment if needed and will relay your needs to your assigned provider.
- **In the event of an emergency, please do not call the on-call clinician or leave a message. Do proceed to the nearest emergency facility if safe to do so or else dial 911.**

SECTION 2: ORIENTATION

Treatment Options

During the assessment process, persons served will identify the areas of their life or situation that they desire change in “now”. We welcome you to prioritize what you need help with most as well as other areas that you might defer for now or that you might be working on with another provider. We offer both mental health and substance use services. A focus of treatment can be on one or both at the same time.

- **Mental Health Services:** Outpatient mental health services are provided in our clinics, as well as other locations including a person’s home, school, or other places in the community. These services, which include individual therapy, group therapy, and

family/couples therapy, help with a variety of mental health issues such as trauma, depression, anxiety, and adjustment disorders.

- **Substance Use and Addiction Services:** If you are assessed to have a primary or secondary diagnosis that includes substance use and you wish to receive services to address this area, you will be enrolled in outpatient Substance Use services. These services include individual, group, and family/couples therapy. We work closely with partners in the community who can support your recovery through medication for addictions treatment. We also will work closely with you to plan aftercare and will request contact information to support our ability to follow up with you after you have ended services with us to help you maintain your recovery and receive the supports you need. Restrictive criteria includes if you are in need of urgent medical services or detoxification, in which case we will work with you to connect with a provider who can support those needs.
- **Psychopharmacology:** Individuals receiving outpatient therapy at JRI are eligible for medication management services through JRI. Prescribers may not be available at all locations. Individuals receiving medication must also be engaged in outpatient therapy and seen at least monthly. If you are receiving medication and miss your appointment with the prescriber, they will not refill prescriptions until you are seen again in the office.
- **Family Support Services:** We believe in wrapping around families to provide support and assistance. Participation of caregivers is required when we are working with youth and with permission we support adults with identifying and incorporating family members into their treatment process as well.
- **Children’s Behavioral Health Initiative (CBHI) Programs:** Your child and family may be eligible to receive CBHI services if you have MassHealth and your child is under 21 years of age and is experiencing serious emotional disturbance. Other private insurers may also pay for certain levels of care. If you would like to learn more about CBHI or the services bulleted below, please ask your provider or visit <https://www.mass.gov/service-details/cbhi-for-families>. JRI offers the full continuum of CBHI Services including the following (not all services available at all sites):
 - **In-Home Therapy:** works with your whole family, not just your child, in your own home and community setting to strengthen relationships and support your child. In-Home Therapy can help your child and family resolve conflicts, learn new ways to talk to and understand each other, create new helpful routines, and find community resources.
 - **Intensive Care Coordination:** may be the right service for you if your child or teen has serious emotional or behavioral needs or if you need help getting all the service

- providers in your child’s life to work together. A care coordinator helps bring everyone together to work toward common goals. You can choose who is on your team, including professionals such as therapists, social workers, teachers, and your personal supports, such as friends or relatives. You may also ask for a “Family Partner,” a parent trained to help you make sure that your voice is heard. Together, the team will help you and your child reach your goals for your family.
- **In-Home Behavioral Services:** Sometimes a child needs help changing behaviors that get in the way of their everyday life. An In-Home Behavioral team will work with you and your child to create a behavior plan that will help your child change these behaviors to improve their daily life.
 - **Other Services:** If your child gets Outpatient Therapy, In-Home Therapy, or Intensive Care Coordination and needs more help, they may also be able to get the following services:
 - **Therapeutic Mentors:** Some children and teens want to get along with others but need help learning how to connect with people. A Therapeutic Mentor can help your child learn social and communication skills and practice them in everyday settings.
 - **Family Support and Training (Family Partners):** guide parents and caregivers in helping their children reach their treatment goals. They are parents or caregivers of children with special needs—they’ve “been there,” understand what families go through, and can share their experiences. Family Partners are not behavioral health professionals, but they understand child and family services and they can coach you as you work to meet your child’s needs.
- **Medication for Addiction Treatment:** If we identify service needs that we do not provide at this site, such as Residential Treatment, Detox, Medication Assisted Treatment, Partial Hospitalization, or more intense services; we will support you with referrals to providers we have identified that could meet those needs.
 - **Trauma Informed Treatment:** All JRI staff are trained in an evidence-based framework called “ARC”, which stands for Attachment, Regulation, and Competency. We believe that if families have positive relationships at home, safe coping skills to manage negative emotions, and things they like about themselves; they can then manage any stress that comes their way. Our mission is to help infuse ARC concepts into treatment so that you can master the skills and make them a part of your family’s life. ***Please find more information about this framework in the Appendix.***
 - **Evidence Based Treatments and Expressive, Nature Based, and Mind-Body Approaches:** JRI values research informed and evidence based practices, as well as interventions that incorporate expressive, nature based, holistic, and mind-body elements. As such, many

different options are available across our sites and programs. In addition to ARC, many of our staff also have advanced training in Cognitive Behavioral Therapy (CBT) and specifically, Trauma-Focused CBT (TF-CBT). Our substance use services are informed by Motivational Interviewing and we have cohorts of team members who offer the Adolescent Community Reinforcement Approach (A-CRA). Our clinics each have specially designed rooms that support delivery of gross motor, sensory, and mind-body approaches. These include but are not limited to Sensory Motor Arousal Regulation Therapy (SMART) and various forms of Expressive and Art Therapy. Additional models include trauma sensitive yoga, horticultural therapy, and evidence-based parenting approaches such as Triple P (the Positive Parenting Program). For more information about any of these models or approaches, please speak with your provider.

SECTION 3: ADMISSION AND INTAKE

The clinician will gather initial information using interviews and standardized measures to complete a comprehensive assessment of your social and behavioral needs. We will be gathering information about why you are seeking services, basic identifying information, family, education/work history, medical history, strengths and supports, risk factors, including your personal goals as they relate to substance use, behavioral health, and trauma.

We then work collaboratively with you to identify specific goals and objectives that will become the focus of your therapy. We will identify the specific services and interventions to support you in meeting those goals and objectives.

SECTION 4: FEE POLICIES

- JRI accepts many health insurance plans to cover services. At the time of intake, please bring in your insurance card and a photo ID. We will validate your insurance to determine the cost to you for your treatment session. In some cases, you will have a co-pay and/or a deductible which will be due at each visit.
- If you do not have insurance or have insurance that does not cover the recommended services, our staff will work with you to identify which insurance plans we do accept and assist you with this and will also share information about our Self-Pay and Sliding Scale Fee Schedule.
- In order to qualify for a sliding fee all requests must be accompanied with a copy of the most recent Federal Tax Return with W-2 Forms (please include all dependents). Or, if no return was filed, a signed statement stating the following “I attest that I did not file a Federal Tax Return for the most recent year which one was due”. In addition, proof of current income such as a copy of a paycheck or statement from employer must be submitted. All fees will remain at the full rate until documentation is submitted. Under

certain extenuating hardships the sliding fees can be reduced. Individuals must submit a letter detailing the extenuating hardships that will be reviewed by the Program Director.

- Individuals are reminded to keep our office informed of changes in address, telephone number, and insurance. Please bring in any new insurance cards so we can copy and file in your record.
- Co-payments are due at the time of visit. A failure to do so could result in a disruption of services.

SECTION 5: RECORDS OF PERSONS SERVED

Privacy of Your Record – HIPAA Privacy Notice Summary

HIPAA is a federal law that gives you some rights about the ways that we use and tell others about your confidential information, including your health information. The purpose of this summary is to let you know what those rights are. These rights are more fully explained in the attached Privacy Notice. This letter does not replace the Privacy Notice, but gives information to help you understand some of it.

The Privacy Notice is about confidential information in any form whether it is on paper, electronic, or just confidential information that we talk about. We provide every person we serve (or their parent/guardian) with a copy of this Notice. Some people will want help in understanding the Notice. This letter is to help you understand your rights under HIPAA. In this summary we are using the term “confidential information” to refer to health, billing, and other confidential information about you, known in HIPAA as “PHI” (Protected Health Information).

We use your information for Treatment, Payment and Operations

For the most part, we will use your confidential information **within** JRI without asking for your permission (authorization). In most cases, if we send your confidential information out of JRI even if it is for your treatment, we will obtain your permission.

Please tell us if there is anyone specifically that you want to have involved in your care, with whom we may discuss your confidential information, and what information we may discuss.

There are times we may communicate to other people about your confidential information without your permission. This includes health care or other emergencies, if we need to by law, to avoid serious threats to your health and safety or that of other people, and at other times listed in the Notice. In some cases, we must try to let you know; in other situations we are not required to do so.

Federal law protects you if you receive treatment from our drug/alcohol abuse programs. This law generally requires us to obtain permission for any disclosure of this information that we might make outside of the programs that you attend even within our agency.

Your Rights to Confidential Information (You must make these requests in writing.)

The Right to Inspect/Copy Records

You have the right to know what confidential information is in your record. Sometimes we will not let you see some of the information. You have the right to appeal a denial in some situations. We will let you know how to do that. If you want a copy of your records we will charge you a reasonable fee for our costs.

The Right to Add Information to Your Record

You may want to add a statement to your record if you think the information we have in it is not correct. A request for amendment may be denied and we have an appeals process for this situation. If we approve this, we will work with you to let other people know about your statement.

The Right to Know with Whom We have Shared Information

You have a right to ask us to tell you about some of the times we give other people information about you.

The Right to Request Restrictions on Disclosures

You have the right to ask that we sometimes not tell others information we have about you. Generally, we will not agree to this unless there is a very good reason or you are requesting that we not disclose information to a health plan about treatment for which you have paid JRI in full (unless required by law)

The Right to Request Confidential Communications

You have a right to ask that we communicate with you in confidential ways. This may mean that we do not call you at home or that we mail bills to another address where you can pick them up confidentially. We will typically agree to these requests unless it would be too difficult to do so.

Complaints

You have a right to report any action we take that you believe is a breach of your Privacy Rights. The report can be made to the Program Director, the JRI General Counsel functioning as Privacy Officer or with the Department of Health and Human Services and we must help you with this complaint. We will not retaliate against you if you file a complaint.

For more information, or if you have questions, contact your Program Director or the Privacy Officer at JRI (privacyofficer@jri.org). You may also obtain a copy of the current full

Notice of Privacy Practices by calling us at 781-559-4900 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.

Confidentiality of Substance Use Records (42 C.F.R., Part 2)

- A.** For persons who have received treatment, diagnosis or referral for treatment from our federally funded substance abuse programs, the confidentiality of substance abuse records is protected by federal law and regulations. As a general rule, we may not tell a person outside the programs that you attend any of these programs, unless:
- you authorize the disclosure in writing; or
 - the disclosure is permitted by a court order; or
 - the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
 - you threaten to commit a crime either at the substance abuse program or against any person who works for our substance abuse programs.
- B.** A violation by us of the federal law and regulations governing substance abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.
- C.** Federal law and regulations governing confidentiality of substance abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities.

What does this mean for me?

As JRI outpatient clinics are licensed by the Bureau of Substance Addiction Services we abide by the regulation listed above. This means that you will need to give specific permission (authorization) for us to disclose (tell, phone, write to) anything about the services you receive except as noted above. We will provide you with documents to approve these disclosures for whomever you wish, such as your PCP, and you can check off on the authorization form the types of information that you will allow.

Confidentiality and Mandated Reporting

Confidentiality is an important part of the relationship between a person served and their treatment provider. Your treatment provider will review the major points about confidentiality and its limitations with you during your initial appointment. A detailed explanation of this information is provided to you below:

What you discuss with Justice Resource Institute staff is confidential information. JRI staff will not share information with other people without your permission, other than with Justice Resource Institute professional colleagues who are serving a consultative or supervisory role. A written record of your services will be kept to aid in planning and tracking progress over time. This record may be shared with another JRI program should you accept services from another

JRI service component. This record, however, will not be released to any outside parties without your specific written permission, unless law or special circumstance, such as the ones outlined below, requires it:

- a) Mandated Reporters are required by law to report certain information to the proper authorities with or without your consent, in order to protect you or other individuals. If information is revealed that a child, an elderly individual, or a disabled person is being harmed, JRI staff will be required to report it to the appropriate state agency.
- b) If you report that you intend to harm yourself or someone else, Justice Resource Institute will be required to report your intention and take appropriate action to protect either you or the individual you intend to harm. Law will also require your therapist to alert anyone whom they feel is in immediate danger of being harmed by you.
- c) If you are involved in court actions that involve your state of mental health, custody issues, or accusations of abuse, the court may subpoena your case records.
- d) If you bring legal action against Justice Resource Institute, its programs, or your therapist, the court may subpoena your treatment records.

Confidentiality of Minors

We offer treatment to minors (under age 18) with the consent of a parent or guardian. We believe that parental support is a critical element in our work with children, and we generally involve parents in the counseling of their children. At the same time, we believe that healthy development involves respect for individual privacy; for this reason, we generally permit all family members some privacy in their individual communication with the treatment provider. If you have questions about the “ground rules” for your family’s involvement in treatment, please be sure to ask your treatment provider for clarification.

Policy Regarding Confidentiality and Legal Issues

Please understand that we consider the therapy relationship and communications to be confidential. To the extent that the law makes exceptions to the rules of confidentiality, it is only where there is a risk or a greater need to be served. In all other cases, every effort will be made to protect the confidentiality of communications and to preserve the integrity of the treatment relationship. Often it is important to the therapeutic relationship to maintain neutrality when legal issues are pending. For further clarification about this policy, please feel free to discuss this with your treatment provider or the Program Director.

SECTION 6: PROGRAM RULES

- To ensure safety and the best possible benefits of treatment, we request persons served and parents/caregivers refrain from the use of substances (with the exception of prescribed medication) before and during visits with our providers. This includes meetings that occur in the office, home, and community settings as well as virtual sessions. If the benefit of

treatment and/or safety is compromised, the meeting may be ended early or cancelled. We will work with you to ensure your safety.

- JRI is a smoke free program – smoking, vaping, e-cigarettes, and other tobacco use are not allowed within the building and only allowed outside the building in designated areas at least 20 feet from the entrance.
- Please provide copies of any restraining orders and/or custody orders that you or your child may have, in order to ensure that the agency is in compliance with the orders. If both parents share legal custody of a child that will be entering into treatment with JRI, both parents must sign the consents and be in agreement with the treatment.
- In most cases people are discharged from treatment when they meet their identified goals. Other reasons a person may voluntarily discharge include moving out of the area or aging out of services (for some services that are age-restricted).
- Treatment may also be terminated involuntarily for violations of clinic rules.
- Zero Abuse Policy: JRI promotes and expects respectful behaviors in our sites. Violent and threatening behavior, either physically or verbally, will not be tolerated and individuals displaying such behavior will be asked to leave immediately. This includes harassment in any form, racist language or behavior, or threats of any kind.
- Sexual Harassment: JRI has Zero Tolerance for sexual harassment, abuse, and sexual misconduct.
- No Weapons Policy: JRI does not allow weapons being brought to school, to the clinic, or to any meeting with JRI staff. A weapon is defined as any object or device that is designed to cause bodily harm to another person, regardless of its original intent. Imitation weapons are also covered under this policy.
- Prohibited Actions Between Staff and Persons Served: To preserve appropriate clinical and professional boundaries, staff and persons served are not allowed to be friends or enter into relationships, either in person or through social media. We maintain the professional boundaries set by JRI as well as the ethics that govern respective professional/clinical licensure.
- If we determine that you or your family has not complied with our program rules we will notify you that your participation in the program will be terminated. You will have an opportunity to respond in a time sensitive manner and we will discuss options for your continued care as applicable.

Grievance Procedures for the Resolution of Problems or Disputes

JRI programs believe in providing supports and listening to feedback and concerns in all areas of services provided. Maximizing these services includes offering an opportunity to communicate any grievances. If you have a complaint regarding a provider or a service provided by the program, please utilize the procedure as described below.

Important – Your complaint will NOT result in retaliation or barriers to services.

- **Speak to the provider directly about the concern if possible and attempt to resolve the issue.**
- If you are uncomfortable speaking directly with the provider, you are encouraged to contact the Program Director to discuss the concern further.
- **If you have attempted to resolve the issue with the provider and do not think that it is resolved, you are encouraged to contact the Program Director and/or Human Rights Officer to discuss the concern further.**
- **You may also submit any complaint in writing.** Complaint forms are available upon request or at the reception desk at any JRI program. There is no time limit for you to file a complaint. JRI will respond to your complaint within 3 business days.
- In addition, you may contact:

<p>JRI Corporate Office</p>	<p>JRI 160 Gould Street, Suite 300 Needham, MA 02494 privacyofficer@JRI.org</p>
<p>The Massachusetts Department of Public Health</p>	<p>Division of Health Care Quality; 10 West St, Boston, MA 02111 617-727-5860 Or Bureau of Substance and Addiction Services; 250 Washington St. Boston, MA 02108 Confidential Complaint: 617-624- 5171</p>
<p>Joint Commission To report the details about your complaint to The Joint Commission, use one of the following options. For more information, call The Joint Commission’s toll free number, (800) 994-6610, available weekdays, 8:30 a.m. to 5 p.m., Central Time</p>	<p>Office of Quality Monitoring The Joint Commission; One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181 complaint@jointcommission.org Fax: 630-792-5636</p>
<p>MBHP Members: The Massachusetts Behavioral Health Partnership (MBHP) is committed to ensuring that all Members are educated about privacy issues and understand that they have the right to file complaints, grievances, and appeals. As a Member, you have the right to file a complaint with MBHP if you are not happy with the treatment you have received.</p>	<p>MBHP: 1-800-495-0086 Written complaint: Quality Management Department, Massachusetts Behavioral Health Partnership; 150 Federal St, 3d Floor Boston, MA 02110</p>

<p>Behavioral Health Care Complaint and Grievance Process for Members of Neighborhood Health Plan of MA and Boston Medical Center HealthNet Plan</p> <p>Any member or provider has a right to file a complaint or grievance with Beacon Health Strategies regarding behavioral health care services or provider. Members or their representatives, who wish to initiate an inquiry, or file a complaint or grievance, should contact Beacon Health Strategies.</p>	<p>Beacon Health Strategies; 500 Unicorn Park Drive Suite 401. Woburn, MA 01801 Attn: Ombudsperson</p> <p>Neighborhood Health: 800-414-2820 BMC HealthNet Plan: 888-217-3501 Fax: 781-994-7642</p>
<p>Department of Mental Health</p> <p>DMH’s Complaint Form may be downloaded at https://www.mass.gov/service-details/complaint-and-investigations-decision-appeal-forms and completed by anyone wanting to make a complaint about dangerous, illegal, and/or inhumane conditions or treatment experienced by a DMH client or anyone receiving services from a program or facility licensed or operated by DMH or contracted with DMH.</p>	<p>Department of Mental Health Central Office of Investigations: 25 Staniford Street Boston, MA 02114; DMH Director of Investigations: 617-626-8108. DMH Information and Resource line at 1-800-221-0053</p>

SECTION 7: ACCESSIBILITY: POLICIES, PRACTICES, AND PROCEDURES TO ENSURE COMPLIANCE WITH ADA

Our physical locations are all ADA compliant and we are available to assist with reasonable accommodations that will increase accessibility for you/your family. Services may be available by clinicians who speak different languages at our various sites. If a provider is not available who speaks your preferred language, we utilize translation services to support you. In addition, telehealth services may be available if you have challenges getting to a physical location.

SECTION 8: PATIENTS’ RIGHTS

Your Rights* (OUTPATIENT/COMMUNITY BASED SERVICES)

1. You have the right to receive services regardless of race, religion, sex, ethnicity, sexual orientation, gender identity, cultural heritage, national origin, source of financial support, homelessness, marital status, age or disability.
2. You have the right to an Individualized Action Plan, reviewed regularly by your multidisciplinary team. You have the right to have input into the development of your Plan as a member of the Team. You have a right to request a review of your Individualized Action Plan, or to request an independent opinion from a consultant at your own expense.

3. You have the right to know any risks, side effects or benefits of medical treatments and clinical interventions. You have a right to know what alternative treatments are available for you.
4. You have a right to know the qualifications of your providers, and to request a change in provider (including clinical interns, all of whom are directly supervised by licensed providers) if necessary.
5. You have the right to know the cost to you of the services you receive, the source of payment, and any limitations placed on the duration of services.
6. You have the right to be informed about discharge planning, and to provide input into these decisions as a Team member.
7. You have a right to refuse treatment. You have a right to refuse to be part of any study or research that is proposed to you.
8. You have a right to present a concern or complaint about the quality of the care you receive and the right to a response.
9. You have the right to be free from mental, physical, sexual, and verbal abuse, neglect, excessive force, psychological or emotional abuse, retaliation, humiliation, and exploitation.
10. You have the right to effective and clear communication about your treatment and rights. You have the right to ask questions about these rights by contacting the Human Rights Officer.

Your Responsibilities*

You have a right to know what is expected of you while receiving services from JRI:

1. Give correct and complete information about your situation and problems, including what you have done in the past to address these problems. Tell us if anything changes regarding your health or situation.
2. Bring identification and insurance information. Tell us if you have moved, have a new telephone number, or new insurance.
3. Pay your co-pay (if applicable) at each appointment.
4. Arrive on time for your appointments. Contact us in advance (as detailed in No Show/Late Cancellation policy) if you need to cancel or reschedule.
5. Treat others with respect. Do not use your cell phone in the waiting room.
6. Let us know if you prefer services in another language; we may need to refer you to a provider who is proficient in that language or arrange for an interpreter *if clinically appropriate*.

7. Ask for help if you do not understand what we say about your care, rights, or responsibilities.

****These rights and responsibilities extend to the parents and guardians in the case of those persons who are minors, have legal guardians, or who are unable to understand their rights because of mental, physical, or emotional limitation.***

SECTION 9: CONTACT INFORMATION FOR THE DEPARTMENT'S BUREAU OF SUBSTANCE ADDICTION SERVICES COMPLAINT LINE

Bureau of Substance and Addiction Services Confidential Complaint: 617-624-5171

APPENDIX A: WHAT IS ARC?

ARC is an evidence-based, strengths-based, and trauma informed treatment approach that provides a framework to help families reach their goals. ARC is strengths-based because it supports providers and family members in recognizing and highlighting a family's strengths. ARC is trauma informed because it recognizes that many of the families we work with have experienced challenges in their lives.

WHY IS IT CALLED ARC?

ARC stands for ATTACHMENT, REGULATION, and COMPETENCY. Each of these three domains is broken up into smaller parts.



ATTACHMENT: Connecting to others in a meaningful way.

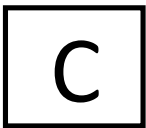
This block includes caregiver affect management, attunement, consistent response, and routines and rituals.

The goal of this domain is to help the caretaker create a home that is calm and predictable so that the child can focus on their goals.



REGULATION: Understanding emotions and how they effect a person's actions.

This block includes affect identification, modulation, and safe expression. The goal of this domain is to support caregivers and children in seeing patterns in behavior. This is done by examining different emotions and their expression so that caregivers and children can practice using coping skills to make sure they are expressed safely.



COMPETENCY: Feeling confident and competent.

This block includes executive functioning and self-development.

The goal of this domain is to help children increase their self-esteem and improve their problem solving skills. This is done through supporting them in taking care of themselves and developing their values/sense of self through engaging in different interests and activities.

APPENDIX B: COMMUNITY RESOURCES AND SUPPORTS

Massachusetts Behavioral Health Helpline	Call or Text 833-773-2445 https://www.masshelpline.com/
Massachusetts Substance Use Helpline	1-800-327-5050 https://helplinema.org/
Massachusetts Gambling Helpline	1-800-426-1234
National Parent Helpline	1-855-4A PARENT
Parental Stress Line	1-800-632-8188
Child At Risk Hotline	1-800-792-5200
Elder Abuse Hotline	1-800-922-2275
988 Suicide & Crisis Lifeline	988
New Hope (Sexual Assault, Domestic Violence)	1-800-323-4673
Department of Children and Families (DCF)	617-748-2000; Child-at-Risk Hotline (to report child abuse or neglect): 800-792-5200
Department of Mental Health (DMH)	24 hr. Support: 833-773-2445 Main: 617-626-8000 DMH Info Line: 800-221-0053
Department of Developmental Services (DDS)	Main: 617-727-5608 Videophone: 857-366-4179
Mobile Crisis Intervention	Call 1-877-382-1609 any time and enter your zip code. You will get the phone number of the closest Mobile Crisis Intervention team that serves your area.
In need of an immediate emergency services response	Call 911 or go to your local emergency room
Handhold	https://handholdma.org/

APPENDIX C: TOBACCO EDUCATION AND RESOURCES

Massachusetts has a tobacco cessation and prevention program (MTCP), which is a statewide public health program focused on comprehensive approaches to reduce tobacco and nicotine use. Its mission is to reduce the health and economic burden of tobacco use by preventing young people from starting to use tobacco and nicotine products, helping current tobacco and nicotine users to quit, protecting children and adults from secondhand smoke, and identifying and eliminating tobacco-related disparities. Comprehensive resources are available at their website: <https://www.mass.gov/massachusetts-tobacco-cessation-and-prevention-program-mtcp>

Ready to quit?

- Contact your **healthcare provider**. Your doctor, nurse practitioner, or other healthcare provider can assist you with medicines to help you quit. They can also refer you to 1-800-QUIT-NOW.
- Check with your **health insurance plan**. Your health insurance should cover medicines and coaching to help you quit. MassHealth does.
- Connect with **1-800-QUIT-NOW (the Massachusetts Quitline)** for FREE support
 - 1-800-QUIT-NOW (1-800-784-8669)
 - Interpretation services provided in 200 languages
 - Spanish: 1-866-DÉJELO-YA (1-866-335-3569)
 - Deaf? Use VRS or for TTY, dial (711) / Hard of Hearing? Call directly or for TTY, dial (711) / Spanish call (866) 930-9252
- Connect with the **Asian Smokers' Quitline** for materials and phone counseling:
 - Chinese: 1-800-838-1987
 - Korean: 1-800-556-5564
 - Vietnamese: 1-800-778-8840

Make a plan

1. **Write down your reason.** Everyone has different reasons for quitting - visualize what you want and look at your reasons often during your quit journey.
2. **Pick a date you will stop using nicotine completely.** A date two to four weeks in the future works well — it gives you time to plan and prepare.
3. **Use your experience.** Most people try several times before they quit for good. Relapses happen. The good news is that with every attempt, you learn more about what works for you. What worked well before? What will you do differently this time?
4. **Know your triggers.** Triggers can be times, places, people, or feelings that make you want to use nicotine. Driving, coffee breaks, and boredom are often triggers. What are some ways you can plan to avoid or deal with them? You may also live in a community with many tobacco and nicotine retailers and advertisements around you. This can make it harder to avoid triggers.
5. **Prepare for withdrawal symptoms.** When you stop using nicotine, you may feel sick or nervous because your body is craving nicotine. You can take medicines to help you with these symptoms.

Get more support

Besides your healthcare providers, let other trusted people know you are quitting and ask for their support and encouragement. This may be your family, friends, counselors, faith leaders, co-workers, and other support groups.

Stressful events such as losing a job, problems with housing, or experiencing daily discrimination in your life can impact your quit journey. Much of this is out of your control. Keep your support network close by for help. You can also reach out to information lines like Mass 2-1-1 for community resources to navigate these stressful situations.

Additional resources for quitting

For adults:

- **1-855-QUIT-VET:** Free coaching to any Veteran who receives health care through the VA.
- **Asian Smokers' Quitline (ASQ):** Free smoking cessation services in Chinese, Korean, and Vietnamese to Asian communities in the U.S.
 - ASQ is open Monday through Friday, 10:00 am to 12:00 midnight (Eastern time) or sign up online: <https://www.asiansmokersquitline.org/smokers/>
 - Chinese: 1-800-838-8917, www.asq-chinese.org
 - Korean: 1-800-556-5564, www.asq-korean.org
 - Vietnamese: 1-800-778-8440, www.asq-viet.org
 - To learn more about ASQ (in English), visit: www.asiansmokersquitline.org.
- **Nicotine Anonymous:** Nicotine Anonymous ("NicA") is a non-profit 12-step fellowship of people helping each other live nicotine-free lives. For more information and to find a local meeting, visit www.nicotine-anonymous.org.
- Smokefree.gov
- [Centers for Disease Control and Prevention's Quit Smoking resources](#)
- [American Cancer Society](#)
- [American Heart Association](#)
- [American Lung Association](#)
- [Order free materials from the Massachusetts Health Promotion Clearinghouse](#)

For youth:

- [Resources to help youth quit](#)
- Additional information and resources are available through teen.smokefree.gov

APPENDIX D: HIV/AIDS INFORMATION

What is HIV?

Human immunodeficiency virus (HIV) weakens a person's immune system by destroying important cells that fight disease and infection. There is no cure for HIV, but it can be controlled with treatment. People with HIV infection who are treated can live long and healthy lives.

How is HIV spread?

HIV is spread by direct contact with blood, vaginal fluid, or semen of a person who has HIV infection.

This can happen through:

- Sexual contact
- Sharing needles, syringes, and other equipment to inject drugs
- During pregnancy, birth, or breast/chestfeeding

HIV cannot be spread by:

- Casual contact such as hugging or handshakes
- Sharing food or drinks, or using toilets
- Coughing or sneezing
- Insects or pets

How is HIV treated?

- There are many medications that are highly effective at controlling HIV and preventing complications. These medications are called antiretroviral therapy (ART).
 - ART is usually a combination of two or more medications from different classes. When taken as prescribed, these medications stop HIV from making more viral copies and reduce the amount of HIV in the bloodstream.
 - Everyone diagnosed with HIV should take ART as soon as possible after diagnosis.
 - The goal of ART is to have an undetectable viral load. Keeping an undetectable viral load will help to keep you healthy.
 - People with HIV infection who achieve and maintain an undetectable viral load reduce the chances of passing HIV infection to sex and/or drug injection partners.
- Tests to monitor infection and treatment
- If you've been diagnosed with HIV, your healthcare provider will perform testing to evaluate your overall health and to determine which treatment is right for you.
 - Your healthcare provider will also do periodic testing to help manage your health, and to monitor your viral load.

How is HIV diagnosed?

- HIV infection is diagnosed by performing tests, usually on a sample of your blood taken from a vein or from your finger.
- It's important to note that no HIV test can detect the virus immediately after infection. It may take several weeks after exposure before a test can detect HIV infection.
- You can get tested for HIV in most clinics and hospitals. Contact your healthcare provider to get tested. If you do not have a healthcare provider, you can get tested at a [testing program supported by MDPH](#). HIV tests that you can perform in your home may be purchased online or at a pharmacy.

- HIV screening tests are usually considered a preventive service. In most cases the cost of screening is covered by health insurance without patient/client cost-sharing.
- If you are on someone else’s insurance policy, like a spouse or parent, it may be possible to keep billing information associated with HIV testing private. Learn about [privacy in billing](#) and find [tools that can help you keep health information private](#) when you’re on someone else’s insurance.

Who should be tested for HIV?

CDC recommends that everyone between the ages of 13 and 64 years get tested for HIV at least once during their lifetime. Testing at least one time every year is also recommended if:

- You’re a man who has sex with other men
 - You’ve had anal or vaginal sex with a partner who has HIV infection
 - You’ve had more than one sex partner since your last HIV test
 - You’ve shared needles, syringes, or other drug injection equipment
 - You’ve been diagnosed or treated for another sexually transmitted disease, hepatitis, or tuberculosis
 - You’ve ever had sex with someone whose sexual history and HIV status you do not know
- You might benefit from more frequent testing if you do things that might increase your chance of getting HIV. Talk to your healthcare provider about how often you should get tested for HIV. If you’re pregnant or planning to get pregnant, you should talk to your healthcare provider about HIV testing before and during pregnancy.

How can I prevent HIV?

- Get tested and treated for HIV and other sexually transmitted infections (STIs) like gonorrhea or chlamydia.
 - Learning your HIV infection status is the first step to making decisions about how to protect yourself and others, and how to stay healthy.
 - If you have HIV infection, getting prompt treatment will help keep you healthy. Consistent use of HIV medications can help keep your viral load undetectable.
 - If you have an STI you are more likely to get HIV infection if you are exposed. Getting treatment for an STI can lower your chances of getting HIV.
 - Talk to your healthcare provider about getting tested for HIV and STIs. If you do not have a healthcare provider, you can get tested at an [MDPH-supported testing program](#), located throughout Massachusetts.
- Choose sexual activities that have a lower risk of transmission, like oral sex or masturbation.
- Use condoms correctly and every time you have anal or vaginal sex.
 - Condoms are highly effective at preventing HIV and other STIs.
 - Learn the [right way to use a condom](#).
 - Use only water-based or silicone-based lubricants to prevent condoms from breaking or slipping.
- If you inject drugs, use only new needles, syringes, and other injection equipment every time you inject.
 - You can get new needles, syringes and other injection equipment, and safely dispose of used ones at a [syringe service program \(SSP\)](#).
 - Pharmacies also sell needles, and in Massachusetts you don’t need a prescription to buy them.

- If you do share needles, syringes, or other drug injection equipment, use bleach to clean them. Learn more about [how to clean your syringes](#).
- Take HIV Pre-Exposure Prophylaxis (PrEP).
 - PrEP is a medication that can prevent HIV infection, when taken as prescribed.
 - PrEP is for people who don't have HIV infection but may be at risk for becoming infected.
 - Talk to your healthcare provider to find out if PrEP is right for you. If you don't have a healthcare provider, consider an [MDPH-supported PrEP program](#).
- Talk to your sex and/or injection partners about their HIV status. This will help you both make decisions about the best way to protect yourself and to stay healthy.
 - If your partner has HIV infection, encourage them to stay connected to healthcare and adhere to their HIV treatment.
 - If your partner is taking HIV medication regularly it will help keep their viral load undetectable. This will reduce your risk for getting HIV.
- If you have HIV infection, find a healthcare provider you trust, stay engaged in care, and take ART medications as prescribed. This will help keep you healthy, and by keeping your viral load undetectable will help to reduce the risk for passing HIV infection to others.

Where can I get more information?

- **Testing for HIV and STIs.** Getting tested for HIV and other STIs is an important first step to access treatment and to protect your partners. Contact your healthcare provider to get more information and make an appointment for testing. If you do not have a healthcare provider, you can get tested at an [MDPH-supported testing program](#), located throughout Massachusetts.
- **HIV Pre-Exposure Prophylaxis (PrEP).** Contact your healthcare provider to find out if PrEP is right for you. If you don't have a healthcare provider, you can find a provider here [If you don't have a healthcare provider, consider an MDPH-supported PrEP program](#).
- **Syringe Service Programs (SSPs).** The Massachusetts Department of Public Health [supports syringe service programs](#) where people who inject drugs can access sterile needles and syringes free of cost, dispose of used needles and syringes, and get connected to other services such as testing for hepatitis C, HIV and other sexually transmitted infections, overdose education, and access to Narcan (naloxone).
- **Partner Services Program.** If you are diagnosed with HIV, the Massachusetts Department of Public Health offers free, voluntary, and confidential assistance to answer your questions about HIV, help you get medical treatment for HIV infection and testing for other STIs, help tell your sex and/or drug injection partners that they may have been exposed to HIV and help them to access testing and treatment, if needed. Learn more about the [MDPH Partner Services Program](#).
- **Sexually transmitted infections.** Sexually transmitted infections, like chlamydia and gonorrhea, can increase your risk for HIV infection. [Learn more about STIs](#).
- **HIV Drug Assistance Program.** The [Massachusetts HIV Drug Assistance Program \(HDAP\)](#) helps eligible Massachusetts residents living with HIV to pay for medications and health insurance. HDAP can help pay for out-of-pocket prescription costs and insurance premiums.
- [HIV information from CDC](#)

APPENDIX E: ALCOHOL OVERDOSE PREVENTION

An [alcohol overdose](#) occurs when there is so much alcohol in the bloodstream that areas of the brain controlling basic life-support functions—such as breathing, heart rate, and temperature control—begin to shut down. Symptoms of alcohol overdose include mental confusion, difficulty remaining conscious, vomiting, seizure, trouble breathing, slow heart rate, clammy skin, dulled responses such as no gag reflex (which prevents choking), and extremely low body temperature. Alcohol overdose can lead to permanent brain damage or death.

Understanding the Dangers of Alcohol Overdose

Celebrating at parties, cheering a favorite sports team, and enjoying get-togethers after work are common ways to relax or be with friends. For some people, these occasions may also include drinking—even binge or high-intensity drinking. And when that happens, the results can be deadly.

Drinking too much and too quickly can lead to significant impairments in motor coordination, decision-making, impulse control, and other functions, increasing the risk of harm. Continuing to drink despite clear signs of significant impairments can result in an alcohol overdose.

What Is an Alcohol Overdose?

An alcohol overdose occurs when there is so much alcohol in the bloodstream that areas of the brain controlling basic life-support functions—such as breathing, heart rate, and temperature control—begin to shut down. Symptoms of alcohol overdose include mental confusion, difficulty remaining conscious, vomiting, seizures, trouble breathing, slow heart rate, clammy skin, dulled responses (such as no gag reflex, which prevents choking), and extremely low body temperature. Alcohol overdose can lead to permanent brain damage or death.

What tips the balance from drinking that produces impairment to drinking that puts one's life in jeopardy varies among individuals. Age, sensitivity to alcohol (tolerance), gender, speed of drinking, medications you are taking, and amount of food eaten can all be factors.

Alcohol use and taking opioids or sedative hypnotics, such as sleep and anti-anxiety medications, can increase your risk of an overdose. Examples of these medications include sleep aids, such as zolpidem and eszopiclone, and benzodiazepines, such as diazepam and alprazolam. Even drinking alcohol while taking over-the-counter antihistamines can be dangerous.

Using alcohol with opioid pain relievers, such as oxycodone and morphine, or illicit opioids, such as heroin, is also a very dangerous combination. Like alcohol, these drugs suppress areas in the brain that control vital functions such as breathing. Ingesting alcohol and other drugs together intensifies their individual effects and could produce an overdose with even moderate amounts of alcohol.


Life-threatening signs of alcohol poisoning include:


 Inability to wake up

 Slow breathing
(fewer than 8 breaths per minute)

 Seizures

 Vomiting

 Irregular breathing
(10 seconds or more between breaths)

 Hypothermia
(low body temperature),
bluish skin color, paleness

What is a “standard drink” in the US?



SOURCE: National Institute for Alcohol Abuse and Alcoholism.

Who May Be at Risk?

Anyone who consumes too much alcohol too quickly may be in danger of an alcohol overdose. This is especially true of individuals who engage in binge drinking or high-intensity drinking. Binge drinking is defined as a pattern of drinking that brings blood alcohol concentration (BAC) to 0.08% or higher,* typically occurring after a woman consumes 4 drinks or a man consumes 5 drinks in about 2 hours.¹ High-intensity drinking is defined as drinking two or more times the binge-drinking thresholds for women and men.²

Teenagers and young adults who drink may be at particular risk for alcohol overdose. Research shows that teens and college-age young adults often engage in binge drinking and high-intensity drinking. Drinking such large quantities of alcohol can overwhelm the body’s ability to break down and clear alcohol from the bloodstream. This leads to rapid increases in BAC and significantly impairs brain and other bodily functions.

*A BAC of 0.08% corresponds to 0.08 grams per deciliter, or 0.08 grams per 100 milliliters.

As Blood Alcohol Concentration Increases—So Do the Risks

As blood alcohol concentration (BAC) increases, so does the effect of alcohol—as well as the risk of harm. Even small increases in BAC can decrease motor coordination, make a person feel sick, and cloud judgment. This can increase an individual’s risk of being injured from falls or car crashes, experiencing

acts of violence, and engaging in unprotected or unintended sex. When BAC reaches high levels, blackouts (gaps in memory), loss of consciousness (passing out), and death can occur. BAC can continue to rise even when a person stops drinking or is unconscious. Alcohol in the stomach and intestine continues to enter the bloodstream and circulate throughout the body. It is dangerous to assume that an unconscious person will be fine by sleeping it off. One potential danger of alcohol overdose is choking on one's own vomit. Alcohol at very high levels can hinder signals in the brain that control automatic responses, such as the gag reflex. With no gag reflex, a person who drinks to the point of passing out is in danger of choking on their vomit and dying from a lack of oxygen (i.e., asphyxiation). Even if the person survives, an alcohol overdose like this can lead to long-lasting brain damage.

Critical Signs and Symptoms of an Alcohol Overdose

- Mental confusion, stupor
- Difficulty remaining conscious, or inability to wake up
- Vomiting
- Seizures
- Slow breathing (fewer than 8 breaths per minute)
- Irregular breathing (10 seconds or more between breaths)
- Slow heart rate
- Clammy skin
- Dulled responses, such as no gag reflex (which prevents choking)
- Extremely low body temperature, bluish skin color, or paleness
- Know the Danger Signs and Act Quickly

As Blood Alcohol Concentration (BAC) Increases, So Does Impairment

Life Threatening

- Loss of consciousness
- Danger of life-threatening alcohol overdose
- Significant risk of death in most drinkers due to suppression of vital life functions

Increased Impairment

- Perceived beneficial effects of alcohol, such as relaxation, give way to increasing intoxication
- Increased risk of aggression in some people
- Speech, memory, attention, coordination, balance further impaired
- Significant impairments in all driving skills
- Increased risk of injury to self and others
- Moderate memory impairments

Severe Impairment

- Speech, memory, coordination, attention, reaction time, balance significantly impaired
- All driving-related skills dangerously impaired
- Judgment and decision-making dangerously impaired
- Blackouts (gaps in memory)
- Vomiting and other signs of alcohol overdose common
- Loss of consciousness

Mild Impairment

- Mild speech, memory, attention, coordination, balance impairments
- Perceived beneficial effects, such as relaxation
- Sleepiness can begin

0.31–0.45%

0.16–0.30%

0.06–0.15%

0.0–0.05%

Know the danger signals, and if you suspect that someone has an alcohol overdose, call 911 for help immediately. Do not wait for the person to have all the symptoms, and be aware that a person who has passed out can die. Don't play doctor—cold showers, hot coffee, and walking do not reverse the effects of alcohol overdose and could actually make things worse.

While waiting for medical help to arrive:

- Be prepared to provide information to the responders, including the type and amount of alcohol the person drank, other drugs they took (if known), and any health information that you know about the person (such as current medications, allergies to medications, and any existing health conditions).
- Do not leave an intoxicated person alone because they are at risk of getting injured from falling or choking. Keep the person on the ground in a sitting or partially upright position rather than in a chair.
- Help a person who is vomiting. Have them lean forward to prevent choking. If a person is unconscious or lying down, roll them onto one side with an ear toward the ground to prevent choking.

Stay alert to keep your friends and family safe. And remember—you can avoid the risk of an alcohol overdose by staying within the [2020-2025 Dietary Guidelines for Americans](#) if you choose to drink or by not drinking at all.

For more information, please visit: <https://www.niaaa.nih.gov>

¹National Institute on Alcohol Abuse and Alcoholism. NIAAA Council approves definition of binge drinking. *NIAAA Newsletter*, No. 3, Winter 2004. https://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.pdf. Accessed September 5, 2018.

²Hingson, R.W.; Zha, W.; and White, A.M. Drinking beyond the binge threshold: Predictors, consequences, and changes in the U.S. *American Journal of Preventive Medicine* 52(6):717–727, 2017. PMID: [28526355](#)

APPENDIX F: OPIOID OVERDOSE PREVENTION

Opioids include heroin and prescription drugs such as oxycodone (OxyContin), fentanyl, hydrocodone, codeine, and methadone. The Massachusetts Department of Public Health provides many resources to support opioid overdose prevention, including information and training about Naloxone or Narcan. To access the full website, please go to: <https://www.mass.gov/stop-an-overdose-with-naloxone>

Opioid Overdose Risk Factors

Stay Safe. Know the risks. Carry Naloxone.

Risk factors

There are several factors that can increase a person's risk of overdosing. They include:

- Changes in tolerance from not using or using less. This happens after being in-patient, in jail, or following a period of less or no opioid use.
- Changes in the drug supply.
- Mixing opioids with respiratory depressants or "downers" such as alcohol or benzodiazepines (benzos).
- Mixing opioids with stimulants, such as cocaine and methamphetamine.
- Having chronic health conditions such as, HIV, Hepatitis C, lung disease, heart disease, or other health concerns.
- History of past overdoses.

Prevent a fatal overdose

There are many harm reduction strategies for preventing overdoses from occurring or from becoming fatal:

- Always carry [naloxone](#) (multiple doses if possible).
- Whenever possible, use with someone else around.
 - Try to alternate using with those around you, so that one of you is still able to respond with naloxone if the other one overdoses.
 - If you are alone, call someone you trust before using, and ask them to either stay on the phone with you while you use or call you in 10 minutes to see if you're OK. If you don't answer, have them call 911 with your location.
 - If you are alone, call the Massachusetts Overdose Prevention Helping (Never Use Alone New England) at 1-800-972-0590 or use overdose monitoring devices and phone-based applications.
 - If you can't call anyone, use in a semi-public location where someone will be able to find you if you overdose. Leave naloxone out and nearby, so that whoever finds you can use it on you.
- Start low and go slow.
 - Every time you use a new bag or buy from a new dealer, do a small tester shot. Only do more after waiting a few minutes and seeing how your body reacts.
- Avoid mixing opioids with other substances, such as alcohol and benzos.

Information on fentanyl

What is it?

Fentanyl is a strong synthetic opioid that is given intravenously in hospitals for anesthesia, rapid pain control, and sedation. It is also prescribed for the treatment of chronic pain, as a transdermal patch. Fentanyl is responsible for the [surge](#) in opioid-related deaths seen in MA since 2013, due to it being a potent and fast-acting drug.

Where has it been found?

Fentanyl is typically sold as is, or as heroin. It may also be present in other drugs such as [cocaine](#) and pressed pills without the user's knowledge. For updated Fentanyl trends, see the [MADDS](#) website, which provides data on substances tested across MA.

What can I do about fentanyl?

If you use drugs, when you get a new supply, [test them for fentanyl](#) before using. You can get fentanyl test strips at many BSAS-funded Syringe Service programs or CNPP programs. Programs can order test strips for free at the [MA Clearinghouse](#). Alternatively, you can bring a sample of the substance you are interested in testing to one of these locations, and [Brandeis University's drug checking program](#) will test the sample for you. Additionally, always use the harm reduction strategies outlined above to prevent a fatal overdose.

How to Reverse an Overdose

Learn how to administer naloxone, to stop an overdose and save a life.

When experiencing an overdose, breathing can slow to the point of death. Giving naloxone to someone who has overdosed restores normal breathing, by reversing the effects of opioids. It is safe, easy to administer, and has no potential for abuse.

How to respond to an overdose using Naloxone

[View a visual of these instructions in English/Spanish](#)

1. Check for signs of an overdose

- Stimulate the person with both verbal stimulation (“I’m going to give you Narcan”) and physical stimulation (conduct a sternal rub by placing your hand in a fist and rubbing your knuckles up and down on their chest with firm pressure). No response may indicate an overdose.

2. Call 911

- Say “someone isn’t breathing” and/or “I think it’s an overdose”

3. Give Naloxone

- After checking for signs of overdose and calling 9-1-1, follow these steps
- Give naloxone as soon as it is available. Place tip into one nostril of person’s nose
- Push pump to release entire dose
- If possible, provide rescue breathing or supported breathing either directly or by using a bag-valve mask (see #4)
- If no response, keep giving doses every 3 minutes, changing nostrils each time.
- If possible, and the person begins breathing well again, lay them in the [“recovery position”](#) while waiting for help to arrive.
- Find out [where to get Naloxone for free](#)

4. Give rescue breaths

- Make sure mouth is clear
- Tilt head back, lift chin, pinch nose

- Give 1 breath every 5 seconds
 - Make sure chest rises and falls with each breath
- Note about rescue breathing during the COVID-19 public health emergency:
- Bag-valve masks (BVMs) with a viral filter are the best way to support breathing during COVID-19
 - If you do not have a BVM and/or are not trained to use one, it is recommended that chest compressions be performed instead of rescue breathing
 - Before beginning rescue breaths or chest compressions, put a mask on yourself
 - An N95 mask is best, if you have one
 - If the person is wearing a mask, remove theirs AFTER you put yours on, then begin rescue breaths or chest compressions

5. Stay until help arrives

- Repeat Steps 3 and 4 until help arrives
- If person begins breathing well again, put them in the recovery position (see below)
- Stay until help arrives, even if they seem better. (The Good Samaritan Law protects people who overdose, or seek help for someone overdosing, from being charged or prosecuted for simple drug possession.)
- If you must leave for your personal safety, before you go:
 - Administer naloxone
 - Perform rescue breaths (if time)
 - Put them in the recovery position

The recovery position:



Overdoses involving fentanyl

Fentanyl is a strong, fast-acting opioid that can be purchased as is, or sold as other drugs. Most people who are overdosing start breathing again 3-5 minutes after being given naloxone. However, because of its strength, overdoses involving fentanyl can occur quickly, and may require multiple doses.

Fentanyl overdoses do not require special treatment. Simply follow the steps outlined above to recognize and respond to any overdose, whether you suspect fentanyl was involved or not.

APPENDIX G: MEDICATION FOR ADDICTIONS TREATMENT

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides an overview of how medications can be used to treat substance use disorders, sustain recovery and prevent overdose. To access the full website, please visit: <https://www.samhsa.gov/medications-substance-use-disorders>

The use of medications, in combination with [counseling and behavioral therapies](#), to provide a “whole-patient” approach to the treatment of substance use disorders. [Medications used](#) are approved by the [Food and Drug Administration \(FDA\)](#) and are clinically driven and tailored to meet each patient’s needs.

Research shows that a combination of medication and therapy can successfully treat substance use disorders, and for some medications can help sustain recovery. Medications are also used to prevent or reduce opioid overdose.

The ultimate goal is full [recovery](#), including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opiate use and other criminal activity among people with substance use disorders
- Increase patients’ ability to gain and maintain employment
- Improve birth outcomes among women who have substance use disorders and are pregnant

Research also shows that these medications and therapies can contribute to lowering a person’s risk of contracting HIV or hepatitis C by reducing the potential for relapse. Learn more about substance misuse and how it relates to HIV, AIDS, and Viral Hepatitis.

Learn more about [co-occurring disorders and other health conditions](#).

Medications for Substance Use Disorders

FDA has approved several different medications to treat alcohol use disorders (AUD) and opioid use disorders (OUD). These medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medications used are evidence-based treatment options and do not just substitute one drug for another.

Medications for Alcohol Use Disorder (MAUD)

Acamprosate, disulfiram, and naltrexone are the most common medications used to treat alcohol use disorder. They do not provide a cure for the disorder but are most effective for people who participate in a treatment program. Learn more about the impact of [alcohol misuse and AUD](#).

Additional resources include [Medication for the Treatment of Alcohol Use Disorder: A Brief Guide – 2015](#) and [TIP 49: Incorporating Alcohol Pharmacotherapies Into Medical Practice](#).

Medications for Opioid Use Disorder (MOUD)

[Buprenorphine](#), [methadone](#), and [naltrexone](#) are the most common medications used to treat OUD. These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric

effects of the substance used.

Buprenorphine, methadone, and naltrexone are used to treat OUD to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. These medications are safe to use for months, years, or even a lifetime. As with any medication, consult your doctor before discontinuing use.

Learn more about medications for [Opioid Use Disorder: TIP 63: Medications for Opioid Use Disorder – 2021](#).

Opioid Overdose Prevention Medication

[Naloxone](#) is used to prevent opioid overdose by reversing the toxic effects of the overdose. According to the World Health Organization (WHO), naloxone is one of a number of [medications considered essential to a functioning health care system](#).

Medications and Child Safety

It's important to remember that if medications are allowed to be kept at home, they must be locked in a safe place away from children. Methadone in its liquid form is colored and can be mistaken for a fruit juice. Children who mistakenly take medications may overdose or have an adverse reaction. Assistance needs to be sought for any known or suspected accidental ingestion.

Prevent children from accidentally taking medication by storing it out of reach. For more information, visit CDC's [Up and Away](#) educational campaign. For information on how to dispose of medications in your house, refer to FDA's information [How to Safely Dispose of Unused or Expired Medicine](#) or [DEA's drug disposal webpages](#).

Find Treatment

Medications for substance use disorders are administered, dispensed, and prescribed in various settings such as a SAMHSA-accredited and certified opioid treatment program (OTP) or practitioners' offices depending on the medication.

- [Opioid Treatment Program Directory](#)
- [SAMHSA's Buprenorphine Treatment Physician Locator](#)
- [SAMHSA's National Helpline](#); Call: [1-800-662-HELP \(4357\)](#); Text: [435748](#)
- [Substance Use Treatment Locator \(FindTreatment.gov\)](#)