



ORIENTATION MANUAL

Welcome to Life Recovery Services. We are a private, non-profit program providing substance treatment. Our staff consists of a physician, contract physicians, medication nurses, therapists, case managers, peer recovery support specialists, and administrative staff members.

This handbook will give you the facts you need to begin treatment.

Two major life changes are necessary for a person to enter recovery from addiction and remain drug free. The first change is to stop using drugs. The second change requires you to adjust your lifestyle. This means addressing your desires to use drugs and finding ways to avoid drugs, drug users, reminders of drug use, and other problem areas. We provide a variety of therapeutic interventions to help.

Services are available to all qualified applicants. We do not discriminate against any potential patient because of race, sex, age, religious creed, national origin, sexual orientation, physical disability, physical or mental illness.

Our treatment is regulated by authorities via ODMHSAS, OBND, DEA, SAMHSA, and CARF. We want you to have an excellent experience while in services with us. If there is ever anything that we can do to make your experience better, please do not hesitate to ask. Please feel free to communicate any issues (including involuntary discharge) with staff when they arise. Take advantage of the grievance process without fear of reprisal. We value your input.

We will make every effort to make sure that you receive treatment in a safe and clean environment. Access to emergency personnel after hours is just a phone call away.

GENERAL BUSINESS HOURS

Monday - Friday

6:00 am – 6:00 pm

REVISED 1/24/23

SUN

GMT-06

1 AM

2 AM

3 AM

GUIDE: Red = Personal Time; Yellow = Meals; Gray = Required Sessions; Blue = Optional Sessions; Green = Self-Help/Spirituality; Purple = Chores; Individual sessions are scheduled with your counselor and may occur at any point throughout the day
3 – 6am

5 AM

6 AM

PERSONAL HYGIENE TIME
6 – 8am

7 AM

Breakfast
7 – 8am

8 AM

CHORES, 8am

9 AM

COMMUNITY MEETING, 8:30am

10 AM

Outdoor Adventures (Weather Permitting)
9 – 11am

11 AM

Lunch
11am – 12pm

12 PM

Spirituality
12 – 1pm

1 PM

Coping/Life Skills 2
1 – 2pm

PERSONAL HEALTH & RELAXATION TIME
1 – 2pm

2 PM

BREAK, 2pm

3 PM

Family Therapy & Visits
2:30 – 4pm

4 PM

BREAK, 4pm

5 PM

Dinner
4:30 – 5:30pm

6 PM

CHORES, 5:30pm

7 PM

COMMUNITY MEETING, 6pm

8 PM

PERSONAL HEALTH & RELAXATION TIME
6:30 – 8pm

9 PM

Online "In the Rooms" Meeting
8 – 9pm

10 PM

PERSONAL HEALTH & RELAXATION TIME
9 – 11pm

11 PM

MON

GMT-06

1 AM

2 AM

3 AM

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3 – 6am

5 AM

6 AM

PERSONAL HYGIENE TIME
6 – 8am

7 AM

Breakfast
7 – 8am

8 AM

CHORES, 8am

9 AM

COMMUNITY MEETING, 8:30am

10 AM

Intro to 12 Steps/Self-Help
9 – 10am

11 AM

Family Systems
10 – 11am

12 PM

Lunch
11am – 12pm

12 PM

Wellness
12 – 1pm

1 PM

Medication Assisted Treatment/MAT
1 – 2pm

PERSONAL HEALTH & RELAXATION TIME
1 – 2pm

2 PM

BREAK, 2pm

3 PM

Recovery by Choice
2:30 – 4pm

4 PM

BREAK, 4pm

5 PM

Dinner
4:30 – 5:30pm

6 PM

Matrix Model
5:30 – 6:30pm

CHORES, 5:30pm

COMMUNITY MEETING, 6pm

7 PM

PERSONAL HEALTH & RELAXATION TIME
6:30 – 8pm

8 PM

AA Meeting
8 – 9pm

9 PM

PERSONAL HEALTH & RELAXATION TIME
9 – 11pm

10 PM

11 PM

TUE

GMT-06

1 AM

2 AM

3 AM

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3 – 6am

5 AM

6 AM

PERSONAL HYGIENE TIME
6 – 8am

7 AM

Breakfast
7 – 8am

8 AM

CHORES, 8am

9 AM

COMMUNITY MEETING, 8:30am

10 AM

Core Concepts
9 – 10am

11 AM

Getting Started in Recovery
10 – 11am

12 PM

Lunch
11am – 12pm

12 PM

Recovery Foundations
12 – 1pm

1 PM

PERSONAL HEALTH & RELAXATION TIME
1 – 2pm

Seeking Safety for Women
1 – 2pm

2 PM

BREAK, 2pm

3 PM

Transitions
2:30 – 4pm

4 PM

BREAK, 4pm

5 PM

Dinner
4:30 – 5:30pm

6 PM

CHORES, 5:30pm

7 PM

PERSONAL HEALTH & RELAXATION TIME
6:30 – 8pm

8 PM

Smart Recovery Meeting
8 – 9pm

9 PM

PERSONAL HEALTH & RELAXATION TIME
9 – 11pm

10 PM

11 PM

WED

GMT-06

1 AM

2 AM

3 AM

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3 - 6am

5 AM

6 AM

PERSONAL HYGIENE TIME
6 - 8am

7 AM

Breakfast
7 - 8am

8 AM

CHORES, 8am

9 AM

COMMUNITY MEETING, 8:30am

10 AM

Freedom to Change
9 - 10am

11 AM

Co-occurring Recovery 1
10 - 11am

12 PM

Lunch
11am - 12pm

12 PM

Addictive/Criminal Thinking
12 - 1pm

1 PM

PERSONAL HEALTH & RELAXATION TIME
1 - 2pm

Single Parents Recovery
1 - 2pm

2 PM

BREAK, 2pm

3 PM

Co-occurring Recovery 2
2:30 - 4pm

4 PM

BREAK, 4pm

5 PM

Dinner
4:30 - 5:30pm

6 PM

Moral Reconciliation Therapy (MRT)
5:30 - 6:30pm

CHORES, 5:30pm

COMMUNITY MEETING, 6pm

7 PM

PERSONAL HEALTH & RELAXATION TIME
6:30 - 8pm

8 PM

Celebrate Recovery Meeting
8 - 9pm

9 PM

10 PM

PERSONAL HEALTH & RELAXATION TIME
9 - 11pm

11 PM

THU

GMT-06

1 AM

2 AM

3 AM

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3 – 6am

5 AM

6 AM

PERSONAL HYGIENE TIME
6 – 8am

7 AM

Breakfast
7 – 8am

8 AM

CHORES, 8am

9 AM

COMMUNITY MEETING, 8:30am

10 AM

Recovery Maintenance
9 – 10am

11 AM

Grief/Loss/Emotions
10 – 11am

12 PM

Lunch
11am – 12pm

12 PM

Cognitive Behavioral/CBT 1
12 – 1pm

1 PM

PERSONAL HEALTH & RELAXATION TIME
1 – 2pm

Seeking Safety for Men
1 – 2pm

2 PM

BREAK, 2pm

3 PM

Relapse Prevention
2:30 – 4pm

4 PM

BREAK, 4pm

5 PM

Dinner
4:30 – 5:30pm

6 PM

CHORES, 5:30pm

7 PM

PERSONAL HEALTH & RELAXATION TIME
6:30 – 8pm

Anger Management
6:30 – 7:30pm

Cognitive/Behavioral
6:30 – 7:30pm

8 PM

NA Meeting
8 – 9pm

9 PM

PERSONAL HEALTH & RELAXATION TIME
9 – 11pm

10 PM

11 PM

FRI

GMT-06

1 AM

2 AM

3 AM

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3 – 6am

5 AM

6 AM

PERSONAL HYGIENE TIME
6 – 8am

7 AM

Breakfast
7 – 8am

8 AM

CHORES, 8am

9 AM

COMMUNITY MEETING, 8:30am

10 AM

Back on Track/Staying on Track
9 – 10am

11 AM

Dimensions of Change/ASAM
10 – 11am

12 PM

Lunch
11am – 12pm

12 PM

PERSONAL HEALTH & RELAXATION TIME
12 – 2pm

Smart Singles
12 – 1pm

1 PM

Animal Therapy
1 – 2pm

2 PM

BREAK, 2pm

3 PM

Financial & Nutrition Wellness
2:30 – 4pm

4 PM

BREAK, 4pm

5 PM

Dinner
4:30 – 5:30pm

6 PM

CHORES, 5:30pm

7 PM

Sex & Relationships
6 – 7pm

COMMUNITY MEETING, 6pm

8 PM

PERSONAL HEALTH & RELAXATION TIME
6:30 – 8pm

9 PM

Drug Addicts Anonymous Meeting
8 – 9pm

10 PM

PERSONAL HEALTH & RELAXATION TIME
9 – 11pm

11 PM

SAT

GMT-06

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5 AM

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PERSONAL HYGIENE TIME
6 – 8am

7 AM

Breakfast
7 – 8am

8 AM

CHORES, 8am

9 AM

COMMUNITY MEETING, 8:30am

9 AM

Peer Recovery
9 – 10am

10 AM

Cognitive Behavioral/CBT 2
10 – 11am

11 AM

Coping/Life Skills 1
11am – 12pm

Lunch
11am – 12pm

12 PM

PERSONAL HEALTH & RELAXATION TIME
12 – 2pm

Parenting
12 – 1pm

1 PM

Art Therapy
1 – 2pm

2 PM

BREAK, 2pm

3 PM

Codependency
2:30 – 4pm

4 PM

BREAK, 4pm

5 PM

Dinner
4:30 – 5:30pm

6 PM

CHORES, 5:30pm

6 PM

COMMUNITY MEETING, 6pm

7 PM

PERSONAL HEALTH & RELAXATION TIME
6:30 – 8pm

8 PM

Recovery International Meeting
8 – 9pm

9 PM

PERSONAL HEALTH & RELAXATION TIME
9 – 11pm

10 PM

11 PM

WHAT DO YOU KNOW ABOUT STIS?

CHLAMYDIA

WHAT IS IT?

It is a bacterial infection of the genital area.

SYMPTOMS

Most people have no symptoms. Symptoms may not appear until several weeks after exposure. Those with symptoms may notice abnormal vaginal or penile discharge, pain and

swelling in one or both testicles, and/or burning sensation during urination.

HOW IT IS SPREAD

It is spread through vaginal, oral or anal sex. It can also be passed from a pregnant person to their baby during childbirth.

TREATMENT

The right treatment can cure chlamydia. Repeat infection with chlamydia is common.

POSSIBLE CONSEQUENCES

(if left untreated)

Increased risk for infection of other STIs, including HIV. It can cause pelvic inflammatory disease (PID) which can lead to long-term pelvic pain, infertility, and potentially deadly ectopic pregnancy (pregnancy outside the uterus). Babies born to pregnant people with chlamydia can develop eye or lung infections.

TRICHOMONIASIS (TRICH)

WHAT IS IT?

It is a parasitic infection of the genital area.

SYMPTOMS

About 70% of infected people do not have any signs or symptoms. Those with symptoms may notice itching, burning, redness or soreness of the genitals, discomfort with urinations; burning after urination or ejaculation, discharge from penis, and/or a change in vaginal discharge that can be clear, white, yellowish, or green with an unusual fishy smell.

HOW IT IS SPREAD

It is spread through vaginal sex.

TREATMENT

The right treatment can cure Trich. People who have been treated for trichomoniasis can get it again.

POSSIBLE CONSEQUENCES

(if left untreated)

Increased risk for infection of other STIs, including HIV. People pregnant with Trich are more likely to have their babies too early and/or have babies born with a low birth weight.

GONORRHEA

WHAT IS IT?

It is a bacterial infection of the genital area and/or throat.

SYMPTOMS

Most people have no symptoms. Those with symptoms may notice increased vaginal discharge, bleeding between periods, discharge from their penis, pain and swelling in one or both testicles, and/or burning sensation during urination. Rectal infections may cause discharge, anal itching, soreness, bleeding and/or painful bowel movements.

HOW IT IS SPREAD

It is spread through vaginal, oral or anal sex. It can also be passed from a pregnant person to their baby during childbirth.

TREATMENT

The right treatment can cure gonorrhea. However, treatment might not undo any damage that the infection has already done. People who have been treated for gonorrhea can get it again.

POSSIBLE CONSEQUENCES

(if left untreated)

Increased risk for infection of other STIs, including HIV. It can cause pelvic inflammatory disease (PID) which can lead to formation of scar tissue that blocks fallopian tubes, long-term pelvic pain, infertility and potentially deadly ectopic pregnancy (pregnancy outside the uterus). Rarely, untreated gonorrhea can also spread to your blood or joints. This condition can be life-threatening. Babies born to pregnant people with gonorrhea can develop serious health problems.

SYPHILIS

WHAT IS IT?

It is a bacterial infection that can spread throughout the body.

SYMPTOMS

Symptoms vary based on the stage (timing) of the infection, beginning with a single, painless sore, called a chancre, on the genital, anus or mouth. Other symptoms may appear, up to six months, after the first sore has disappeared, and may include a rash. However, there may be no noticeable symptoms until the syphilis has progressed to cause more serious problems. (See below)

HOW IT IS SPREAD

It is spread through vaginal, oral or anal sex. It can also be passed through a sore (chancre) on the mouth or skin and can be passed from a pregnant person to their baby during childbirth.

TREATMENT

The right treatment can cure syphilis. However, treatment might not undo any damage that the infection has already done. People who have been treated for syphilis can get it again.

POSSIBLE CONSEQUENCES

(if left untreated)

Increased risk for infection of other STIs, including HIV. Untreated, the symptoms will disappear, but the infection stays in the body and can cause damage to the brain, heart, nervous system, and even death. People pregnant with syphilis are more likely to have premature birth and/or low birth weight in newborns. Untreated babies can have health problems such as cataracts, deafness, or seizures, and can die.

KNOW THE FACTS!

It is important to take all medication as prescribed by a healthcare provider. Do not share medication. Even after successful completion of treatment, reinfection is possible. To avoid getting reinfected, wait to have sex again until all sexual partners have been treated and all symptoms go away.

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GET TESTED TODAY!



HIV

WHAT IS IT?

Human Immunodeficiency Virus is the virus that causes AIDS.

SYMPTOMS

Many people with HIV do not have symptoms. Symptoms do not usually develop until a person's immune system has been weakened. On average it takes about 10 years from initial HIV infection to develop AIDS if left untreated.

HOW IT IS SPREAD

It is spread through vaginal, oral or anal sex. It can be passed through direct contact with blood, snoring needles/drug works and from a person to their baby during childbirth.

TREATMENT

There is no cure for HIV/AIDS. Early diagnosis and treatment can improve a person's chances of living a longer, healthier life. Antiretroviral medication can slow the progression

of HIV and delay the onset of AIDS. Once the viral load is Undetectable, HIV is Untransmittable (U=U).

POSSIBLE CONSEQUENCES

(if left untreated)
Increased risk for other life-threatening infections and cancers. HIV makes a person more vulnerable to infections they would not normally get by weakening the body's ability to fight disease. HIV can also cause infections, such as other STIs and pneumonia, to be much worse.

GENITAL HERPES

WHAT IS IT?

It is a viral infection of the genital area and/or mouth.

SYMPTOMS

Most people have no symptoms. Herpes type 1 typically causes cold sores/fever blisters on the mouth. Herpes type 2 typically causes genital sores/blisters. Both viruses can cause sores in either area. A herpes outbreak can start as red bumps and then turn into painful blisters/sores. During the first outbreak it can also lead to flu-like symptoms, such as fever, headaches and swollen glands.

HOW IT IS SPREAD

It is spread through vaginal, oral or anal sex. It can also be passed through skin-to-skin contact. Kissing and rarely can be passed from a pregnant person to their fetus before birth or during childbirth. Herpes can be spread between sex partners without visible sores.

TREATMENT

There is no cure for HSV. However, there is medication that can prevent or shorten outbreaks. A daily anti-herpes medicine can make it less likely to pass the infection on to your sex partner(s).

POSSIBLE CONSEQUENCES

(if left untreated)
Increased risk for infection of other STIs, including HIV. Do not touch the sores or fluids to avoid spreading herpes to another part of your body. If you do touch the sores or fluids, quickly wash your hands thoroughly to help avoid spreading the infection. People pregnant with HSV are more likely to have miscarriages, premature birth and/or low birth weight in newborns.

HUMAN PAPILLOMAVIRUS (HPV)

WHAT IS IT?

Human Papillomavirus is a virus with over 200 types. There are 30-40 that can infect the genital area and cause warts. There are also 15-20 types that can cause cancer.

SYMPTOMS

Most people with HPV do not know they have the infection. Some people find out they have HPV when they get genital warts. Women may find out they have HPV when they get an abnormal Pap test result. Others may find out once they've developed more serious problems from HPV, such as cancers.

HOW IT IS SPREAD

It is spread through vaginal, oral or anal sex. It can also be passed during skin to skin contact during sex and in rare cases, from a pregnant person to their baby during childbirth.

TREATMENT

There is no cure for HPV. However, there are treatments for the health problems that HPV can cause. Vaccines to prevent HPV are available for both males and females 9-45 years of age. Routine screening for women aged 21 to 65 years old can prevent cervical cancer.

POSSIBLE CONSEQUENCES

(if left untreated)
In most cases (9 out of 10), HPV goes away on its own within two years without health problems. But when HPV does not go away, it can cause health problems like genital warts and cancer.

HEPATITIS B VIRUS (HBV)

WHAT IS IT?

It is a viral infection affecting the liver. HBV can be acute (mild illness lasting for a short time) or chronic (a serious life-long illness).

SYMPTOMS

Many people have no symptoms. People may experience tiredness, aches, nausea/vomiting, loss of appetite, darkening of urine, tenderness in the stomach or yellowing of the skin and/or whites of the eyes (called jaundice). Symptoms of acute HBV may appear 1-6 months after exposure. Symptoms of chronic HBV can take up to 30 years to appear, although liver damage may occur without symptoms.

HOW IT IS SPREAD

It is spread through vaginal, oral or anal sex. It can also be passed through direct contact with blood, sharing needles/drug works and from a pregnant person to their baby during childbirth.

TREATMENT

There is no medication available to treat acute HBV. Healthcare providers will usually recommend rest, eating well and drinking lots of fluids for mild symptoms. Chronic HBV is treated through close monitoring by a doctor and antiviral medications. Vaccination to prevent HBV is available.

POSSIBLE CONSEQUENCES

(if left untreated)
Increased risk for infection of other STDs, including HIV, and chronic persistent inflammation of the liver and later cirrhosis or cancer of the liver. Babies born to a pregnant person with HBV are likely to develop chronic HBV if they do not get vaccinated at birth.

DIAL 211
FOR TESTING LOCATIONS

INFORMACIÓN BÁSICA SOBRE EL VIH

Sin tratamiento, el VIH (virus de la inmunodeficiencia humana) puede hacer que una persona esté muy enferma, e incluso causarle la muerte. Aprender lo básico sobre el VIH puede mantenerlo saludable y prevenir la transmisión de este virus.

EL VIH PUEDE SER TRANSMITIDO



Mediante el contacto sexual



Al compartir las agujas para inyectarse drogas



De madre a hijo durante el embarazo, el parto o la lactancia materna

EL VIH NO SE TRANSMITE



A través del aire o del agua



Mediante la saliva, el sudor, las lágrimas o los besos con la boca cerrada



Por los insectos o por las mascotas



Al compartir el inodoro, los alimentos o las bebidas

PROTÉJASE DEL VIH

- Hágase la prueba al menos una vez o más veces si está en riesgo.
- Use condones de la manera correcta cada vez que tenga relaciones sexuales anales o vaginales.
- Elija actividades que impliquen poco o nada de riesgo, como las relaciones sexuales orales.
- No se inyecte drogas, pero si lo hace, no comparta las agujas, jeringas, u otro equipo de inyección de drogas.



- Si está en riesgo de contraer el VIH, pregúntele a su proveedor de atención médica si la profilaxis preexposición (PrEP) es lo adecuado para usted.
- Si cree que se ha expuesto al VIH dentro de los últimos 3 días, pregúntele de inmediato a un proveedor de atención médica acerca de la profilaxis posexposición (PEP). La PEP puede prevenir el VIH, pero debe comenzarse dentro de las 72 horas de la posible exposición.
- Hágase las pruebas de detección de otras ETS y reciba el tratamiento necesario.

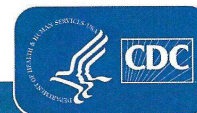


SI TIENE EL VIH, MANTÉNGASE SALUDABLE Y PROTEJA A LOS DEMÁS

- Busque atención médica para el VIH. Esto lo puede mantener saludable y reducir enormemente las probabilidades de que transmita el VIH.
- Tome sus medicamentos de la manera correcta todos los días.



- No deje de recibir la atención médica para el VIH.
- Dígalos a sus parejas sexuales o personas con quienes se inyecta drogas que usted tiene el VIH. Use condones de la manera correcta cada vez que tenga relaciones sexuales y hable con sus parejas sobre la PrEP.
- Hágase las pruebas de detección de otras ETS y reciba el tratamiento necesario.



Para obtener más información, visite la página www.cdc.gov/hiv/spanish.

HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV CAN BE TRANSMITTED BY



Sexual Contact



Sharing Needles to Inject Drugs



Mother to Baby During Pregnancy, Birth, or Breastfeeding

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

PROTECT YOURSELF FROM HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Don't inject drugs, or if you do, don't share needles, syringes, or other drug injection equipment.



- If you are at risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.



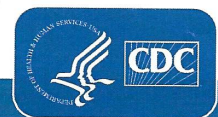
KEEP YOURSELF HEALTHY AND PROTECT OTHERS IF YOU HAVE HIV

- Find HIV care. It can keep you healthy and help reduce the risk of transmitting HIV to others.
- Take your HIV medicine as prescribed.
- Stay in HIV care.



- Tell your sex or injection partners that you have HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.

For more information, please visit www.cdc.gov/hiv.



PrEP

Oklahoma City Metro Area

Ashley N. Muckala, DO

- Norman; 405-366-7373

Clifford Wlodaver, MD

- Midwest City; 405-737-3100

Faith Family Physicians

- Oklahoma City; 405-470-6900

Fulcrum Clinic: fulcrum-clinic.com

- Oklahoma City; 405-546-7888

OU Health Sciences Infectious Diseases Institute (IDI)

- Oklahoma City; 405-271-6434

Oklahoma City Indian Clinic*

- Oklahoma City; 405-948-4900

Rapid Start—OSDH

- For Rapid Start services, please email your request to RapidStart@health.ok.gov or call 405-426-8400

SSM St. Anthony Healthplex: www.ssmhealth.com

- Oklahoma City; 405-252-3450

Diversity Family Health: www.diversityfamilyhealth.com

- Oklahoma City; 405-848-0026

Equality Health Group Foundation

- Oklahoma City; 405-761-2762

Guiding Right, Inc.: www.guidingright.org

- Oklahoma City; 405-733-0771 or 405-601-7686

Healing Hands Health Care Services:

- www.communityhealthok.org

Oklahoma City; 405-272-0476

Infectious Diseases Consultants of OKC

- Oklahoma City; 405-644-6464

Mary Mahoney Memorial Health Center

- www.communityhealthok.org

Spencer; 405-769-3301

New Hope Wellness Center: www.nhwellnesscenter.org

- Oklahoma City; 405-730-0771

OU Family Medicine

- Oklahoma City; 405-271-4311

Perry A. Klaassen Family Medical Center

- www.communityhealthok.org

Oklahoma City; 405-419-9800

Planned Parenthood Great Plains

- Oklahoma City; 405-528-2157 or Edmond; 405-348-9904

Revan Health: www.revanhealth.com

- Warr Acres; 405-896-7975

Variety Care: VarietyCare.org/you

- Oklahoma City; 405-632-6688

Tulsa Metro Area

Coweta Medical Group

- Coweta; 918-486-7425

Visit [facebook.com/PRPCLINICOK/](https://www.facebook.com/PRPCLINICOK/) for clinic dates.

Frances Haas, DO

- Tulsa; 918-502-7050

Health, Outreach, Prevention, Education, Inc. (H.O.P.E.)

- hopetesting.org

Tulsa; 918-749-8378

OKEQ Health Clinic: www.okeq.org/okeq-health-clinic.html

- 621 East 4th St. Tulsa, OK 74120 | 918-938-6537

OSU Physicians Specialty Services Clinic

- Tulsa; 918-382-5058

OU Family Medicine

- Tulsa; 918-619-4400

PEP

Rapid Start—OSDH

- For Rapid Start services, please email your request to RapidStart@health.ok.gov or call 405-426-8400

Utica Park Clinic

- Tulsa; 918-574-0350

Warren Clinic

- Tulsa; 918-986-9200

Cherokee Nation WW Hastings Indian Hospital*

- Tahlequah; 918-458-3100

Guiding Right, Inc.: www.guidingright.org

- Tulsa; 918-986-8400

Koweta Indian Health Facility*

- Coweta; 918-279-3200

OU Physicians Family Medicine Center

- Tulsa; 918-619-4600

OU Physicians Schusterman Center

- Tulsa; 918-619-4400

OU Physicians South Memorial

- Tulsa; 918-634-7600

OU Physicians Wayman Tisdale Specialty Health

- Tulsa; 918-619-8700

Planned Parenthood Great Plains

- Tulsa; 918-587-1101

Near Oklahoma State Line

Diversity Family Health: www.diversityfamilyhealth.com

- Ardmore; 405-848-0026

Planned Parenthood Great Plains

- Little Rock, AR; 501-666-7526 or Wichita, KS; 316-263-7575

The Little Clinic

- Derby, KS; 316-554-2126, Wichita, KS; 316-529-3084, Wichita, KS; 316-651-2500, Andover, KS; 316-554-2606, Wichita, KS; 316-721-7385, or Wichita, KS; 316-729-1537

Callie Clinic

- Sherman, TX; 903-891-1972

Cherokee Nation*

- Vinita; 918-256-4800 or Jay; 918-253-1700

CVS MinuteClinic (per Texas DSHS website)

- Denton, TX; 940-220-2123, Denton, TX; 940-382-1810, Flower Mound, TX; 972-874-8421, or Flower Mound, TX; 972-874-6709

M-Care

- Wichita, KS; 316-461-0339

Planned Parenthood of Greater Texas, Inc.

- Denton, TX; 940-891-0737, Paris, TX; 903-784-9916, Joplin, MO; 417-781-6500

Rapid Start—OSDH

- For Rapid Start services, please email your request to RapidStart@health.ok.gov or call 405-426-8400

Regence Health Network (per Texas DSHS website)

- Amarillo, TX; 806-374-7341

Special Health Resources for Texas

- Texarkana; 903-792-5924

- MAY PRESCRIBE PrEP
- MAY PRESCRIBE PrEP & PEP

* Must have a CDIB Card from a Federally Recognized Tribe for Services.

PrEP

What is PrEP?

- Pre-Exposure Prophylaxis (PrEP) when taken daily, by people who are HIV negative, can reduce the risk of getting HIV from sex by over 90%, and reduces the risk by more than 70%, among people who inject drugs.
- PrEP works by preventing HIV from entering and using the immune system to spread throughout your body.
- The risk of getting HIV can be lowered even further by taking PrEP and using condoms.

Who Needs PrEP?

PrEP MAY BE HELPFUL IF:

- You identify as a gay or bisexual male, or a man who has sex with men, AND...
- Have a HIV positive sex partner,
- Have multiple sex partners, or a sex partner with multiple sex partners (including people who may exchange sex for money, drugs or life needs),
- Have anal sex without a condom (both as the receiver and giver), or
- Have recently had a STD/STI (in last 6 months).

You identify as a heterosexual male or female, AND...

- Have a HIV positive sex partner,
- Have a HIV positive sex partner and are considering getting pregnant,
- Have multiple sex partners, or a partner with multiple sex partners (including people who may exchange sex for money, drugs or life needs), or
- Do not always use a condom during sex with people who inject drugs, men who have sex with men or a sex partner with unknown HIV status.

You use injection drugs, AND...

- Share needles or equipment used to inject drugs, also called "works" (in last 6 months),
- Have been in drug treatment (in last 6 months), and
- Identify with any of the additional items listed above.

For more information visit:

<https://www.cdc.gov/hiv/risk/prep/index.html>

PEP

What is PEP?

- Post-Exposure Prophylaxis (PEP) is used to prevent HIV after possible exposure to the virus.
- PEP must be started within 72 hours of the exposure.
- PEP is effective in preventing HIV, but not 100%.

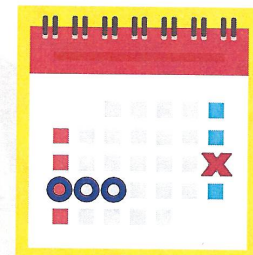
Who Needs PEP?

IF, IN THE LAST 72 HOURS, YOU HAVE:

- Possibly been exposed to HIV during sex (for example - a condom broke during sex with a partner who is living with HIV),
- Shared needles and/or works to prepare drugs, or
- Have been sexually assaulted, then

Talk to a healthcare provider or emergency room care provider about starting PEP.

PEP must be started within 72 hours of possible exposure!



For more information visit:

<https://www.cdc.gov/hiv/risk/pep/index.html>

Visit a Healthcare Provider

You must be HIV negative to use PrEP or PEP. If you think PrEP or PEP may be right for you, a healthcare provider can provide more information on the cost, how to use it, and how to avoid activities which may lead to HIV exposure.



SEXUAL HEALTH & HARM REDUCTION SERVICE

TOBACCO CESSATION

Nicotine Addiction in a Substance Abuse Program

The Facts

Nicotine – Powerful Addictive Substance

- Nicotine is one of the most powerful addictive substances and acts on the same pleasure center of the brain as other drugs such as heroin and cocaine. (NIDA, 2001) and (Addressing Nicotine Addiction – Counselor Magazine 12/19/2006)
- Tobacco is one of the most widely abused substances in the US. (Nat's Institute on Drug Abuse Research Report – "Tobacco Addiction")



The Factual Case Against Tobacco

- 60 million Americans are addicted to tobacco (McGinnis & Foege, 1999)
- 446 million Americans die each year of tobacco-related diseases, compared to 105,000 from alcohol abuse and alcoholism and 39,000 from other addictive drugs (McGinnis & Foege 1999)
- Early onset of smoking and heavy smoking are highly correlated with the subsequent development of other substance use and psychiatric disorders (Degehardt & Hall, 2001)



Nicotine



- Heavy smokers have more severe substance use disorders than do non-smokers and more moderate smokers (Marks, Hill, et al., 1997; Krejci, Steinberg et. Al., 2003)
- Between 85% and 95% of people admitted to addiction treatment in the US are dependent upon tobacco – more than triple the national average (Bobo, 1992; Abrams et al.; 1996; Burling & Ziff, 1998)



- Recovery rates are not compromised (and in fact are enhanced) when nicotine addiction is treated concurrently with other addiction (Bobo, McIlvain, et al., 1998; El-Quebaly, Cathcart, et al., 2002; Joseph, Nichol, et al., 1993; Lemon, Friedman, et al., 2003; Sees & Clark, 1993)
- Smoking cessation intervention provided during addiction treatment increases the rates of long-term abstinence from alcohol and illicit drugs by as much as 25% (Stuyt, 1997; Prochaska, Delucchi, et. Al., 2004)



Gateway To Other Drugs

- There is increasing evidence that tobacco is the "gateway drug" generally the first dependence in the course of addiction.

(excerpt from Tobacco-Free Facilities Most Challenging Aspect of Tobacco Intervention)



Nicotine: The Elephant in the Living Room

- For decades, staff and patients in substance abuse and mental health treatment programs routinely used tobacco despite growing public awareness of its addictive and noxious qualities.
- 1980's modern treatment professions began to say there is something wrong with this picture.
- Old Belief – "You can only quit one thing at a time."
- This old believe has turned out to be a fallacy.



Elephant in the Living Room

- Half of all alcoholics die prematurely of smoking related diseases.
- Researchers have uncovered striking links between tobacco smoking, alcohol/drug addiction, and major mental illnesses such as depression and schizophrenia.
- Nearly half of all cigarettes sold are smoked by people who have a mental disorder and smoking substantially reduces the effectiveness of many medication prescribed to treat mental illness. (Report from a Workshop to Integrate Nicotine Cessation into Chemical Dependency & Mental Health Treatment. June 5, 2002.)



SUPPORT ENCOURAGING ASSISTING

- The scientific evidence overwhelmingly supports encouraging and assisting smoking cessation for individuals in recovery from other addictions (Sees & Clark, 1993; Sussman, 2002)
- Staff who continued to be addicted to nicotine constitute a major obstacle to the reform of smoking policies in addiction treatment programs and the revamping of clinical philosophies and procedures related to nicotine addiction in such settings (Psychiatric News, August 4, 2004; Falkowski 2003)

Nicotine: A Personal Manifesto

- I choose to:**
 - Forever sever my personal relationship with nicotine, it no longer has a place in my life.
 - Help hasten the end of the addiction field's enabling of tobacco addiction among our clients and our workers.
 - Model responsible decision-making regarding all psychoactive drugs and encourage my clients and peers to do the same.
 - Offer assistance to those seeking to recover from nicotine addiction.
- I refuse to:**
 - Contribute money to or accept money from a predatory industry that has consciously sacrificed the health of the public for corporate profit.
 - Remain silent about the tobacco industry's targeted marketing to women, children, communities of color, and citizens of developing countries.
 - Model a behavior (smoking) that could take years from my own life and the lives of those who could be influenced by my examples.
 - Live the hypocrisy of being addicted while working as an addictions professional.

Dispelling Myth's

- **Research shows that:**
- 1. Most clients want to address tobacco dependence
- 2. Nicotine interventions do not interfere with completion of other treatments nor do they increase the relapse to alcohol and other drugs.
- 3. Treatment can be successfully integrated into addiction treatment.

• (Taken from - Tobacco-Free Facilities Most Challenging Aspect of Tobacco Intervention)

Smoking Kills More Drunks Than Drinking

- More alcoholic individuals die from tobacco-related diseases than they do from alcoholism. (JAMA Report 1996; 276:1097-1103)
- Mayo Clinic reported that 75% of the patients listed themselves as current cigarette smokers. 50% of those patients die of death that was tobacco related. (Journal of the American Medical Association, 1996; 276:1097-1103)
- Bill W, a brave, relentless visionary, died from lung disease related to cigarette smoking. He died from nicotine addiction. (Recovery Community: Have We Let Smoke Get in Our Eyes? by Marlene M. Maheu, Ph.D.)

Drinking and Puffing Go Together

- More than 90% of alcoholics smoke, compared to fewer than a third of non-alcoholics.
- Alcoholics smoke more cigarettes per day than do nonalcoholic smokers.
- Alcoholics are more likely to smoke mentholated cigarettes.
- The number of cigarettes a person consumes rises in tandem with number of drinks consumed.
- Almost every smoker who smokes more than two packs a day is also an alcoholic. (T. Ben and R. Barge, Smoking and Drinking, a Review of the Literature (1997) International Journal of the Addictions 25(12).



Facts About Nicotine

- Tobacco use is addicting and nicotine is the active pharmacologic agent of tobacco that causes addictive behavior.
- It also causes physical dependence characterized by a withdrawal syndrome that usually accompanies nicotine abstinence.
- Some physicians compare the addictive qualities of nicotine to heroin and barbiturates but others maintain that for many people cigarettes can be even more addictive than heroin, barbiturates or alcohol. (Research Report on Nicotine Addiction NIDA 1998)

Cross-Addiction Between Alcohol, Tobacco is Common

- Numerous studies have suggested a common link in addiction by showing that people addicted to one substance are more likely to be addicted to others.
- The strongest connection is between tobacco and alcohol.
- Alcoholism is 10 to 14 times more prevalent among smokers. (Scientific American, 11/24/97)



Other Affects of Smoking

- Directly interferes with the brain's chemical reward systems in the same way as other addictive drugs. (JAMA April 24, 1996)
- Smoking disturbs the healing of bone fractures. Smoking keeps ligaments from reattaching to bones after injuries such as rotator cuff tears.
- Nicotine addiction runs in families and there is evidence for a genetic basis for it in many individuals.
- Smoking kills off women's egg supply and may be a causative factor in infertility and early menopause. (Nature genetics July 2001)

Smoking Heightens Craving for Alcohol, Drugs

- New research indicates that nicotine causes the brain to crave alcohol. (Dr. Dzung Anh Le)
- With this in mind, trying to quit both habits at once, painful as it may be in the short-term, may well be a better long-term strategy. (Dr Dzung Anh Le)

Other Effects of Smoking

- Women who smoke during pregnancy may pass on cancer to their unborn child.
- Smoking may lead to increased problems with rheumatoid arthritis. (Dr Kenneth Saaf - Annual of the Rheumatic Diseases)
- Smoking also appears to be a linked to hip fractures in older women. (British Medical Journal)
- Low-tar cigarette don't help as in real life smokers get as much tar and nicotine from the "low-tar" brands as from others. (British Medical Journal)

Smoking Heightens Cravings for Alcohol, Drugs.

- National Institute on Drug Abuse researchers found that craving for nicotine appears to be linked to increased craving for illicit drugs among drug abusers who also smoke tobacco. "The more cigarettes smoked, the more likely the person was to use illegal drugs."
- Behavioral studies indicate that the act of cigarette smoking serves as a cue for drug and alcohol craving, and the active ingredient of cigarettes, nicotine, serves as a primer for drug and alcohol abuse (Sees & Clark 1993, Sussman, 2002)

Smoking Harms Other People ("Second-Hand Smoke")

- **Developmental Effects** – low birth weight or small for gestational age and Sudden Infant Death Syndrome (SIDS)
- **Carcinogenic Effects** – lung and nasal sinus cancer,
- **Respiratory Effects** – acute lower respiratory tract infections in children, asthma induction and exacerbation in children, chronic respiratory symptoms in children, eye and nasal irritation in adults, and middle ear infections in children.



Second-Hand Smoke Effects

- **Cardiovascular Effects** – Heart disease mortality and acute and chronic coronary heart diseases morbidity.
- Second-hand smoke may lead to miscarriage, cognition and behavioral problems in children, aggravation of cystic fibrosis, reduced lung functioning, and cervical cancer. (National Institute for Health 1999)



Drinkers May Need Special Help to Quit Smoking

- Alcoholics seem to develop a deeper dependence on nicotine. May have more difficulty quitting smoking than do non-alcoholics.
- Another idea is that since smoking stimulates and alcohol relaxes, smokers use alcohol to prevent overstimulation from smoking and alcoholics use cigarettes to prevent sedation.
- Those that become alcoholic use substances to get high or to cope with life. This would suggest that alcoholic smokers use tobacco mostly for the nicotine in it. (John R Hughes University of Vermont Research)



Smoke Free Centers Work As Well As Others

- Treating multiple addictions at once does not seem to make recovery any more difficult.
- It's not that hard to wean people from nicotine when it becomes the expectation of the program. (Scientific American 11/24/97)



Resources/Support Systems

- www.cdc.gov/tobacco Tobacco Information and Prevention Source. Free resources such as videos and educational materials to use with client's.
- www.treatobacco.net Provides evidence-based and practical support for the treatment of tobacco dependence. It is aimed at physicians, nurses, pharmacists, dentist, psychologists, researchers, and policy makers.

Resources/Support Systems

- www.samhsa.gov The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a clear vision for its work – a life in the community for everyone. To realize this vision, the Agency has sharply focused its mission on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders. SAMHSA is gearing all of its resources – programs, policies and grants – toward that outcome.

Resources/Support Systems

- www.csat.samhsa.gov The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS), promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them. CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program. CSAT also supports SAMHSA's free treatment referral service to link people with the community-based substance abuse services they need.

Resources/Support Systems

- www.ncadi.samhsa.gov National Clearing House for SAMHSA
- www.smokefree.com Provides 8 journals about "A Guide to Remaining Smoke Free."
- www.tobaccoprogram.org/educationalmanual.htm Drug Free is Nicotine Free A Manual for Chemical Dependency Treatment programs and other resources.

Support Systems to Quit Smoking

- A Sampling of resources for the person who wants to quit smoking.
- [Quitnet](http://www.quitnet.com) – Based in Boston, this is a many-faceted smoking cessation resource site. Information, referrals, chats, other links, support by the ton.
- [American Lung Association](http://www.amlung.org) – Their slogan is "When You Can't Breathe, Nothing Else Matters." They have stop-smoking support groups practically everywhere, and they know whereof they speak. Check your local yellow pages for a listing.

Support Systems to Quit Smoking

- A Sampling of resources for the person who wants to quit smoking.
- [IQuit](http://www.quit.com) – A yahoo online group for smoking cessation support. Registration with yahoo required.
- [About.com](http://www.about.com) - Has a special section devoted solely to alcoholism-nicotine links, an invaluable source of information.
- [Quit Smoking Journals](http://www.quit-smoking.com) - A web site where people working on quitting nicotine post their feelings and experiences to share with others. Nonprofit, international.

**When you're ready to quit,
we're ready to help.**

**Oklahoma Tobacco Helpline
Sunday-Saturday
7 am – 11 pm
1-800-QUIT-NOW English
1-800-793-1552 Spanish**

TB – WHAT YOU SHOULD KNOW

TB Stands for Tuberculosis:

- A. It's an illness that harms the lungs. It can also harm other parts of the body.
- B. A Germ that's spread through the air causes TB.
- C. Some people with TB germs don't look or feel sick. Their TB germs are not active. The germs may stay that way for a short time or for years. People with TB germs may need treatment to keep them from getting sick or even dying. Treatment is the only way to beat TB.
- D. If TB germs become active, the person may:
 - 1. Cough a lot.
 - 2. Feel weak.
 - 3. Has a fever
 - 4. Cough up blood
 - 5. Sweat a lot at night.

A person with active TB germs can pass TB germs to others.

- A. TB germs get into the air when someone who has active TB coughs, sneezes, laughs, sings, or talks.
- B. You can breathe in TB germs if you live with someone with active TB who is not getting proper treatment.
- C. You can breathe in TB germs if you have frequent, close contact with someone with someone with active TB who is not getting proper treatment.
- D. A TB skin test can tell if you have TB germs.

How TB germs cause problems.

- A. TB germs are breathed into the lungs and start to multiply.
- B. Some TB germs may travel to other parts of the body, such as the kidneys bones, and brain.
- C. The body fights back but usually cannot kill all the germs.
- D. The body's defenses build a wall around the germs. These germs go into a sleeping stage, and the person feels fine.
- E. The germs may wake up or break out of the wall and start to multiply. This usually happens when the person is weak from fighting other infections and diseases.
- F. When the TB germ breaks out of their walls, the person has TB disease.

Is there a test for TB?

- A. A skin test can help show if there are TB germs in your body.

Certain people should have the skin test.

- A. You should have the test if you live or have frequent, close contact with someone who has active TB.
- B. You should have the test if you have HIV, the virus that causes AIDS.
- C. You should have the test if you have any signs of active TB.
- D. You should have the test if you live or work in a hospital, prison, shelter, nursing home, halfway house or anywhere many people are in close contact.
- E. You should have the test if you came to the U.S. from a country where a lot of people have TB.
- F. You should have the test if you use needles to inject (shoot) drugs.
- G. GETTING TESTED COULD HELP SAVE YOUR LIFE.

How the test is done.

- A. Testing for TB germs is simple.
- B. A harmless substance is injected under the skin on your arm.
- C. A health-care professional checks the skin 2 or 3 days later for any swelling.
- D. It is VERY important that you return to have your skin test checked on the day you are told to.

What the test results mean.

- A. "Negative" or "Non Significant" means that you probably do not have TB germs in your body. You may need another skin test to make sure.
- B. If you have HIV, your doctor may want you to have other tests. The skin test doesn't always

detect TB germs in people with HIV.

- C. “Positive” or “Significant” means that you have the TB infection – TB germs got into your body at some time.
- D. A positive test result does not show that you have the TB disease or that you can infect others.

TB infection and TB disease are different.

- A. A person with TB infection has TB germs in his or her body, but has no signs of illness.
- B. A person with TB infection CANNOT spread TB germs to others.
- C. A person with TB infection should receive treatment in order to prevent TB germs from causing TB disease.
- D. A person with TB disease had the TB germs and has signs of illness, which may include a cough, tiredness, weakness, fever, weight loss and spitting up blood.
- E. A person with TB disease can pass TB germs to others unless the person with TB disease is taking pills to fight TB.
- F. TB disease can cause serious illness and death, unless it is treated.

If you have a positive test result,

- A. More tests will be done.
- B. Your doctor may want you to have a chest x-ray and possibly some other tests to see if you have TB disease and what kind of treatment you need.
- C. You may be advised to have a test for HIV.
- D. People with HIV have a greater risk of getting TB.
- E. The type of treatment you need will depend on whether you have TB infection or TB disease.
- F. Most people can be treated at a clinic, doctor’s office or other place outside the hospital.

Drugs are the only way to treat TB.

- A. It is very important that you follow instructions for taking pills and take them for as long as your doctor says.
- B. Tell your doctor right away if the medicine makes you sick.
- C. Be sure to go for all checkups.
- D. Take your medication even if you feel fine. TB germs can be tricky. Just because you feel OK does not mean all the germs are dead.
- E. If you don’t take your medicine exactly as you are told you may get very sick.
- F. If you don’t take your medicine exactly as you are told, your TB germs might become resistant to the TB medicine. This means the medicine may not work.
- G. If you don’t take your medicine exactly as you are told your treatment may take longer or you may never get well.
- H. If you don’t take your medicine exactly as you are told you could spread TB to others.
- I. Tell your doctor if you are not taking your TB medicine. He or she can help.
- J. FOLLOW YOUR TREATMENT PLAN AND BEAT TB.

More about TB and HIV:

- A. HIV weakens the body. This means it is easier for someone with HIV to get TB,
- B. TB may be harder to detect in a person with HIV because skin tests may be negative and signs of TB May be similar to signs of HIV related illnesses.
- C. If you have HIV (or think you might have it), be sure to tell your doctor. When detected early, TB is one of the most treatable HIV related illness.
- D. Protect yourself from HIV. Don’t use drugs. If you do, get help to stop and NEVER share needles. Always use a Latex condom properly if you have sex.

TB is a serious illness.

- A. Get tested if you think you might have TB germs in your body.
- B. Follow your doctor’s orders for taking any TB drugs.
- C. **YOU CAN FIGHT TB AND WIN.**

CARF OUTPATIENT SYNOPSIS OF THE CLIENT BILL OF RIGHTS

- (1) Each client has the right to confidentiality of information. Every client's record shall be treated in a confidential manner. Information that is used for reporting or billing is shared according to confidentiality guidelines that recognize applicable regulatory requirements such as 42 CFR and HIPAA. Information may not be released without the client's permission, except as the law permits or requires.
- (2) Each client has the right to privacy during facility visits. Individuals, family members, and/or group visits are permitted only when the purpose of the visitation is educational or professional in nature.
- (3) Each client has the right to be treated in an environment free from physical, sexual, psychological, and fiduciary (financial and/or other exploitation) abuse/neglect/harassment. No client shall be subjected to physical punishment, humiliation, threats, or other exploitive actions. Retaliation or humiliating actions by staff or other clients is unacceptable.
- (4) Each client has the right to access any and all pertinent information with sufficient time to facilitate decision-making.
- (5) Each client or legal guardian has the right to review the record of the person served at any reasonable time upon request (generally within 30 days), including prior to an authorized release, and shall be afforded the assistance of an appropriate clinical employee in cases where a reasonable concern exists of a possible harmful effect to the person served through the misinterpretation of information in the record.
- (6) Each client shall have the right to be fully informed of the services to be provided, concurrent services, the composition of the service delivery team, release of confidential information, involvement in research projects (if applicable), the right to consent to services, and the right to refuse services (with the exception of legally mandated services) without fear of retribution or loss of rights.
- (7) Each client has the right to access and/or receive a referral to professional and legal consultation and/or representation regarding treatment, self-help support services, and advocacy support services.
- (8) No client shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the client. If clients are involved in research, adherence to research guidelines and ethics will be strictly followed.
- (9) Each client shall have the right to assert grievances with respect to an alleged infringement on his or her rights or any other subsequently statutorily granted rights. Each client has the right to an investigation and resolution of alleged infringement of rights. Each client has the right to the following:
 - a. Be informed of appeal procedures
 - b. Initiate appeals
 - c. Have access to grievance procedures posted in conspicuous places
 - d. Receive a decision in writing
 - e. Appeal to unbiased sources
- (10) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.

ODMHSAS OUTPATIENT SYNOPSIS OF THE CUSTOMER BILL OF RIGHTS

- (1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- (2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.
- (3) No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
- (4) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:
 - (a) Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;
 - (b) To be free from unnecessary, inappropriate, or excessive treatment;
 - (c) To participate in consumer's own treatment planning;
 - (d) To receive treatment for co-occurring disorders if present;
 - (e) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
 - (f) To not be discharged for displaying symptoms of the consumer's disorder.
- (5) Every consumer's record shall be treated in a confidential manner.
- (6) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
- (7) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
- (8) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
- (9) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

At any time you may call

ODMHSAS Office of Inspector General or ODMHSAS Consumer Advocacy:

1-866-699-6605 405-248-9037

Local Advocate: Kirsten Lee 405-600-3252

Reachout Hotline: 1-800-522-9054

ODMHSAS RESIDENTIAL SYNOPSIS OF THE CUSTOMER BILL OF RIGHTS

- (1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- (2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition, or sexual orientation.
- (3) Each consumer, on admission, shall have the absolute right to private uncensored communication with persons of his/her choice by phone or mail, at the facility's expense if the consumer is indigent, and by personal visit.
- (4) Each consumer retains the right of confidential communication with persons of his/her choice. A consumer's right to contact the ODMHSAS Advocate's Office, Inspector General's Office, their attorney, personal physician, or clergy shall not be limited by the facility.
- (5) Each consumer is entitled to uncensored private communication (letter, telephone, personal visits); such letters or copies of letters shall not be kept in consumer treatment records.
- (6) No consumer shall be subject to maltreatment or otherwise abused by staff, visitors, or other consumers.
- (7) Each consumer shall receive treatment in the least restrictive environment and have the maximum freedom of movement consistent with his or her clinical condition and legal status.
- (8) Each consumer shall have easy access to his or her personal funds deposited with the finance office, and shall be entitled to an accounting.
- (9) Each consumer may have his or her own clothing and other personal possessions.
- (10) Each consumer shall have the right to practice his or her religious belief and be accorded the opportunity for religious worship. No consumer shall be coerced into engaging in or refraining from any religious activity, practice, or belief.
- (11) Each consumer legally entitled to vote shall be assisted to register and vote when they so request.
- (12) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:
 - (A) Allow the guardian of the consumer and/or another individual of the consumer's choice to participate in the consumer's treatment and with the consumer's consent;
 - (B) To be free from unnecessary, inappropriate, or excessive treatment;
 - (C) To participate in consumer's own treatment planning;
 - (D) To receive treatment for co-occurring disorders if present;
 - (E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
 - (F) To not be discharged for displaying symptoms of the consumer's disorder.
- (13) Every consumer's record shall be treated in a confidential manner.
- (14) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
- (15) A consumer may voluntarily participate in work therapy and must be paid fair compensation. However, each consumer is responsible for personal housekeeping tasks without compensation.
- (16) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
- (17) Consumer shall be permitted to establish and participate in a consumer committee or consumer government by unit or facility wide.
- (18) A consumer being discharged shall have plans for outpatient treatment, sufficient medication, suitable clothing for the season, housing information and referral, and if consumer permits, family involvement in the plan.
- (19) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
- (20) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.
- (21) Most rights may be limited by the treatment team for therapeutic reasons, including safety of the consumer or other consumers and staff in the facility. These limitations must be documented in the clinical record, reviewed frequently, and shall not be limited for purposes of punishment, staff convenience, or in retaliation for a consumer exercising any of his/her rights.

At any time you may call

ODMHSAS Office of Inspector General or ODMHSAS Consumer Advocacy:

1-866-699-6605 405-248-9037

Local Advocate: Kirsten Lee

405-600-3252

Reachout Hotline:

1-800-522-9054

COMPLAINT & APPEAL (GRIEVANCE) PROCEDURES

- A. This agency has and will follow a standard policy relating to the resolution of Customer grievances. Written notice of the grievance procedure is provided to each Customer or guardian and, if requested, to an individual of the Customer's choice. Should any Customer have a grievance against another Customer, a staff member, or the facility, he should bring the matter to the attention of his counselor, case manager, or President/CEO. A grievance can be for any reason including involuntary discharge from the program. All parties to the situation will be given an opportunity to present their view of the fact.
- B. A decision will be made based on the facts and to the mutual satisfaction of the parties. The President/CEO will make the final decision; however, he may refer the matter to the Board of Directors at his discretion. (A formal grievance slip is available.)
1. Time Frames for the grievance procedures following for an expedient resolution of Customer grievance(s) are as follows:
 - a) Inpatient and residential programs shall be a (7) day timeframe.
 - b) Outpatient, intensive outpatient, and day treatment programs shall be a fourteen (14) day timeframe.
 2. Customers will be notified in writing of the decision and can appeal to outcome to the Board of Directors at the next scheduled Board of Directors meeting. The Customer may also appeal the grievance outcome or make a complaint to the Customer Advocacy Division by contacting the office of the Inspector General of the Oklahoma Department of Mental Health to register a complaint. Such communications are to be confidential in accordance with the directives of the Department. The address and telephone number of the Division of Customer Advocacy with the Department of Mental Health and Substance Abuse Services, P.O. Box 53277, Oklahoma City, Oklahoma, 73152-3277, (405) 271-8666.
- C. Kirsten Lee, Clinical Director serves as the Local Advocate for Life Recovery Services, Inc.
- D. Kirsten Lee, Clinical Director is responsible for coordinating the program's grievance procedure.
- E. Cody Shoemaker, Executive Director is responsible for making decisions for resolution of the grievance. In the instance where the decision maker is the subject of a grievance, decision making authority will be delegated to the Care Coordinator.
- F. Customer grievance(s) will be monitored and reviewed annually as part of the agency performance improvement program and based on outcomes. The process will be adjusted for improvement.
- G. These procedures will be reviewed annually.

CUSTOMER INPUT OPPORTUNITIES

Quality of Care:

Each Customer has the opportunity to give input concerning the quality of care that has been received at Life Recovery Services. Customers will have multiple opportunities to share their opinions via Satisfaction Surveys. These surveys consist of sections of questions that relate to treatment content, counselor effectiveness, and methods of instruction. There are also sections in which Customers are asked to rate certain areas of the program based on their personal experiences and knowledge of Life Recovery Services' overall experience. These surveys shall be anonymous, unless a Customer specifically would like to place his/her name on the form. Surveys shall be distributed at minimum once throughout the treatment experience and at the conclusion of the program.

In addition to surveys, all Life Recovery Services staff members have an open door policy about Customer concerns. If a Customer feels that there are areas of concern or complaints about services, he/she may talk face-to-face with a staff member at any time. If the situation warrants, a grievance may be filed with the agency.

Life Recovery Services also offers a suggestion box for anyone who may have comments or suggestions about ways to improve the quality of care. Customers may place suggestions in the box anonymously at any time. This box is kept in the lounge.

Achievement of Outcomes:

Each Customer has the opportunity to give input concerning the expected outcomes of treatment. Life Recovery Services continues to maintain the open door policy in which Customers may verbalize their achievements. Any accomplishments and/or relapses will be documented in the Customer file.

Life Recovery Services uses an in-house survey called the "Customer Assessment Record" to measure progress. Anytime there are significant changes in a Customer's recovery process, Customers may request the survey to show their current levels of change. Staff may request a Customer to complete this survey at various times throughout the treatment process, including intake, treatment plan updates, relapses, and at discharge.

During the admission process, counselors and Customers will develop a Treatment Plan to outline the expectations for service. During this time, Customers are able to give input about what they would like to see accomplished while in treatment.

Upon completion of the program, counselors and Customers will develop a Continuing Care Plan to further help the Customer adjust to the sober lifestyle without the constant support of clinical staff. At this time, the Customer will be able to respond to the plan and give further input about his/her achievements.

Satisfaction of the Person Served:

Each Customer has the opportunity to give input concerning his/her level of satisfaction with the agency. Life Recovery Services uses both an in-house survey for our statistical purposes and an official survey developed by the OK Department of Mental Health & Substance Abuse Services. Both of these surveys are anonymous unless the Customer would like to identify him/herself. Customers will have multiple opportunities to share their opinions via surveys throughout their recovery program. Customers may ask for a survey at any time during the treatment process. Staff will distribute both surveys at discharge as well.

CUSTOMER NOTICE/ACKNOWLEDGMENT OF CONFIDENTIALITY

Policies and procedures regarding the confidentiality of substance abuse and gambling records

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

- (1) The patient consents in writing.
- (2) The disclosure is allowed by court order, or
- (3) The disclosure made to medical personnel in a medical emergency or to qualified personnel for research, audit; or program evaluation.

Violation of the Federal Law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

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

(Sec 42 U. SC.290dd-3 and 42 U.S.C. 290co-3 for Federal laws and 42 CFR Part 2 for Federal regulations)

(Approved by the Office of management and Budget under Control NO. 0830-0099.)

Confidentiality, substance abuse and gambling records

(a) Customer records and clinical information are confidential and are protected under the provisions of 43A O.S. ## 3-422 and 3-423; and of (U S.) 42 CFR, Part 2 (see reverse side). The facility shall have policy and procedures protecting this confidentiality (which shall be communicated to the Customer for Customers who have not been referred from the criminal justice system), which shall include, but not be limited to:

- (1) Medical records and all communications between Customer and doctor or psychotherapist are privileged and confidential; with such information limited to persons/agencies actively engaged in treatment of the Customer or related administrative tasks.
- (2) Privileged/confidential information shall not be released to any person or entity not involved in the Customer's treatment without the written informed consent of the Customer, or his/her guardian, or parent of a minor child, or a private public child care agency having legal custody of the minor child
- (3) Identifying information may be released without the consent required in 450:18-7-3(a)(2) when
 - (A) It is required to fulfill any statutorily required reporting of child abuse (10) O.S., 7005(1.7) and abuse of elderly or incapacitated adults (43A O., S.,# 10 404) or
 - (B) As provided by 10 O.S. ##17005 (1.1) through 7005 (1.3);
 - (C) On the order of a court of competent jurisdiction; or
 - (D) Holders of contracts with ODMHSAS having signed a qualified service agreement (43A O.S., #1-109(A) (2), as provided by said contract. These shall have policy and procedures to permit transmitted of records and information regarding the care and treatment of a specific Customer as necessary and appropriate between them and/or the ODMHSAS, and/or another contracted holder of a qualified service agreement.
- (4) Restricting personal access of present or former Customers to their records in manner conforming to 43A O.S., #1-109(B).
- (5) With the consent of the Customer, providing information to responsible Family members as provided and limited in 43A O.S.# 1-1090 (1 through 5).
- (6) The reviews of records by state or federal accrediting, certifying or funding agencies may occur to verify services and/or facility compliance with statues and/or regulations.
- (7) Staff must comply with confidentiality requirements of 42 CFR Part 2 and 45 CFR Parts 160 and 164.

INTENT/CONSENT FOR TREATMENT (INFORMED CONSENT)

I acknowledge that I am voluntarily seeking services from Life Recovery Services, Inc., and I consent to be treated by their staff. I agree to abide by the established policies and procedures and rules and regulations. I am aware that admission may put me in contact with persons with a contagious disease and that I am personally responsible to exercise appropriate prevention procedures about which I have been advised.

I understand that my consent to receive treatment does not waive my legal rights as recognized under state and federal law. I have received a summary of the federal law concerning confidentiality and understand that my records shall be treated in a confidential manner. Records of Customers receiving services are subject to review by qualified personnel from funding sources and accrediting bodies to verify and evaluate services.

Services provided by Life Recovery Services, Inc. carry certain risks, benefits, and limits, such as these described below.

1. **RISKS:** Counseling for problems associated with substance abuse or chemical dependency, may involve the risk of remembering and disclosing unpleasant events, and can arouse intense feelings of fear and anger. Intense feelings of anxiety, depression, frustration, loneliness, and helplessness may also be aroused.
2. **GOALS:** The ultimate goal of MAT 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; and improve birth outcomes among women who have substance use disorders and are pregnant. The idea is to control a specific set of conditions during the early stages of recovery. Once the conditions are addressed, the individual should taper off the medication as they replace negative coping skills with functional behaviors.
3. **BENEFITS:** The benefits from counseling may be that, if your chemical dependency or substance abuse has interfered with your personal functioning and/or your relationships with your family and/or others, you will be better able to handle or cope with your personal responsibilities and with your family or other social relationships, and thus experiences greater satisfaction from your daily life and in those relationships. Another possible benefit may be a better understanding of your own motives, values, and goals: this may lead you to greater maturity and growth as a person.
4. **MEDICAL LIMITS:** Life Recovery Services, Inc. has a physician and nurses on staff to assist you with treatment related concerns. We do not provide general check-ups or medication services. If medical treatment is indicated, Life Recovery Services, Inc. can recommend a physician for you or you can choose any physician whom you wish to see.
5. **PSYCHOTHERAPY LIMITS:** Life Recovery Services, Inc. does not provide psychological testing. We have licensed therapists who can provide psychotherapy as indicated. If a need for psychological testing is indicated, Life Recovery Services, Inc. can recommend a clinical psychologist or you can choose any psychometrician, counselor, or psychotherapist whom you wish to see.

Although the main purpose of Life Recovery Services, Inc. is to serve you, there are certain rights, which may be exercised in the course of the counseling process.

6. **CONSULTATION:** While information will not be released to outside agencies without your permission, as professionals we may confer with each other within the agency, and confer with other professionals in agencies which have qualified services agreements with Life Recovery Services, Inc.
7. **TERMINATION/REFERRAL:** When we feel that our services are not or will not be appropriate, we may, after discussing our concern with you, decide to terminate counseling with you as our Customer, or refer you to a more appropriate agency.

CUSTOMER'S BEHAVIORAL EXPECTATIONS

If therapy is to be effective, your commitment to the following is essential:

1. The counselors have set the meeting times. You are asked to adhere to those times. If you are more than 5 minutes late for groups or 15 minutes late for individuals, you will not be allowed to attend the session. You will need to reschedule.

2. You are expected to commit to the sessions and come every week unless there is some emergency that prevents you from attending. If you are going to miss a session, it is your responsibility to let your counselor know.
3. Having a feeling and acting on it are two different actions. The way we most respect others and ourselves is by experiencing feelings and then allowing ourselves to talk about them. Acting out your feelings (on self or others) is not acceptable.
4. Each customer must take responsibility for working on his/her therapeutic goals and reasons for being in counseling. No one is going to force you to talk or reveal difficult material. It is up to each person to do so on their own. Remember, talking about present (or 'here and now') feelings is usually the most helpful way to solve problems.
5. Therapy is most helpful when there is a feeling of trust and safety. This is one reason that sessions are confidential. Customers and counselors are bound ethically and legally not to disclose the contents of the sessions in any way that could identify others in therapy. Remember, we are building trust and safety.
6. If you have decided that you have gained as much as possible from the sessions or that a group isn't the most appropriate form of treatment for you, then we ask that you come back to say good-bye and close your file.
7. Interactions between customers outside the facility can affect relations inside the facility. Life Recovery Services, Inc. discourages any dating, romantic involvement, or sexual involvement. If they occur, we ask that you discuss these interactions with your counselor.
8. Anyone who shows signs of recent drug/alcohol use will not be allowed to attend the day's group.
9. All cell phones must be placed on silent, vibrate, or turned off completely. Please do not allow them to ring during a session.
10. Bring any materials to class that may be needed. This includes pen and workbook/journal/homework assignments.

NO SMOKING/TOBACCO FREE POLICY

Life Recovery Services is a tobacco-free workplace. Possession and use of any tobacco products on property is prohibited. All company vehicles shall be tobacco-free as well. All staff and customers who are interested in quitting the use of tobacco shall receive information to the state hotline 1-800-QUIT-NOW. Cessation help is available through that number. Both staff and customers may talk with counselors for help in dealing with cessation difficulties.

TRANSITION CRITERIA & PROCEDURES

Any customer whose symptoms are worsening is eligible for transition services to a better equipped facility. If Life Recovery Services staff recognizes withdrawal symptoms, arrangements will be made for that customer to receive detox services at an appropriate level (either non-medical, medically supervised, or hospitalization). Some customers may experience circumstances in which they are no longer appropriate for their current level of care. In these cases, Life Recovery Services staff will ensure that the transition process takes place to find appropriate care as recommended based on ASAM criteria. If the customer or customer's family identifies a concern, they may approach Life Recovery Services staff as well.

The staff member will make a referral to the counseling team. Counselors will identify the problem using appropriate screening tools and interviews to find possible solutions. Counselors will take the initiative to locate appropriate services and make the arrangements to begin the process to transition to another facility.

Customers shall complete an after-care plan during the discharge/transition process. This plan shall identify any needs that have not been met and potential areas that the customer should continue to work on after treatment with Life Recovery Services is complete. If Life Recovery Services offers a particular after-care service, customers may re-engage in that service. For services that may not be offered here, appropriate referrals are made. Customers are expected to participate in the planning process as to ensure that all possible needs are met.

DISCHARGE CRITERIA

Clients who have received no services for ninety (90) days shall be discharged after it is determined that services are no longer needed or desired.

Programmatic discharge from outpatient OTP/MAT services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria, Level OMT for discharge.

Programmatic discharge from outpatient services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria, Level I for discharge.

Programmatic discharge from intensive outpatient services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria, Level II.1 for discharge.

Programmatic discharge from residential services shall be limited to those persons who meet the applicable ASAM Patient Placement Criteria, Level III.3 for discharge.

For gambling treatment, discharge shall be determined by a discharge assessment to determine achievement of consumer's treatment goals and continued need for treatment services; a reduction in problem gambling behaviors for at least 30 days prior to discharge; and completion of a continuing care plan with linkage to community gambling support groups, or other community services.

The following criteria will be used in determining discharge from treatment and/or referral to a more appropriate level of care. Consumer must meet the discharge criteria in one of the following dimensions:

- (a) The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care.
- (b) The patient has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service is indicated.
- (c) The patient has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated.
- (d) The patient has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

RESPONSE TO IDENTIFIED POTENTIAL RISKS

If Life Recovery Services staff identifies a potential risk to the customer, staff shall deal with that risk in an appropriate manner. These may be dealt with in an individual session, through case management services, or any other approved method which is suitable. If the risk cannot be identified and handled by Life Recovery Services staff, an appropriate referral will be made. Just because a risk is identified, it does not mean that it will necessarily affect treatment services. Staff works with customers to make the treatment experience as helpful and meaningful as possible.

ACCESS TO AFTER-HOUR SERVICES

Business office hours of operation are 6:00am to 6:00pm Monday through Friday. Counseling services may be arranged at other times/days with your treatment team. If there is an emergency, dial 911. If it is not an emergency, but is of importance to reach a counselor after normal business hours, please call the main line at 405-600-3252. You may leave a message with on-duty staff who will then contact a counselor and your call will be returned as appropriate.

REQUIREMENTS FOR REPORTING AND FOLLOW UP

If you are mandated by a court system to be in services, a confidentiality release must be signed in order for Life Recovery Services to release any information about your case to the judge, probation officer, etc. A release can be signed (or revoked) at any time during your treatment activities. It is the customer's responsibility to ensure the release is signed.

Once a release has been signed, information pertaining to your attendance, participation, progress, abstinence, etc. may be divulged. It is Life Recovery Services' policy that a certificate/letter of completion shall not be released until all services are completed and the balance is paid in full.

Life Recovery Services follows up with customers at various times to see how they are maintaining their changes to recovery, attendance at support group meetings, etc. This is a voluntary service. If you are not interested in receiving contact, please let your counselor know.

PROFESSIONAL CONDUCT (STAFF & COUNSELOR CODE OF ETHICS)

Staff Members Shall Not:

1. Exchange personal gifts or favors or engage in any business barter with Customers, their family or friends.
2. Accept any form of bribe or unlawful inducement.
3. Perform duties under the influence of intoxicants or lawful orders from a supervisor.
4. Violate or disobey established rules, regulations or lawful orders from a supervisor.
5. Discriminate against any Customer on the basis of race, religion, creed, gender, national origin or other individual characteristic.
6. Employ corporal punishment of unnecessary physical force.
7. Subject Customers to any form of physical or mental abuse.
8. Demean or intentionally humiliate Customers.
9. Bring any type of weapon(s) or item(s) declared as contraband into the facility without proper authorization.
10. Engage in critical discussion of staff members or Customers in the presence of other Customers.
11. Divulge confidential information without proper authorization.
12. Withhold information, which, in so doing, threatens the security of the facility, its staff, Customers, visitors, or the community.
13. Endanger the wellbeing of self or others through intent or neglect.
14. Inquire about, disclose or discuss details of Customer's crime(s) other than as may be absolutely necessary in performing official duties.
15. Engage in any kind of social contract with Customers except as a part of a staff member's approved job duties and as authorized by supervisory staff.
16. Participate in any activity which can be constructed as a conflict of interest.
17. Disobey any state and county laws.

PROFESSIONAL CONDUCT (STAFF & COUNSELOR CODE OF ETHICS)

- A. My primary goal is recovery for the Customer and his family: that, I have total commitment to provide the highest quality of care for those who seek my professional services.

- B. I shall evidence a genuine interest in all Customers and families and do hereby dedicate myself to the best interest of the Customers and to helping them to help themselves.
- C. I shall maintain at all times an objective, non-possessive, professional relationship with all Customers.
- D. I shall be willing to recognize when it is in the best interest of the Customer to release them or refer them to another program or individual.
- E. I shall adhere to all the professional rules of confidentiality of all maintenance and distributions of records, material, and knowledge concerning the Customer and respect the integrity and protect the welfare of the person or group with whom I am working.
- F. I shall not in any way discriminate between Customers, families, or fellow professionals based on race, religion, handicaps, national ancestry, sexual orientation or economic conditions.
- G. I shall respect the rights and views of other counselors and professionals. That I shall advocate changes in public policy and legislation to afford opportunity and choices for all diseased chemical abusers endangering themselves and others.
- H. I shall maintain respect for institutional policies and management functions within agencies and institutions, but will take the initiative toward improving such policies when it will better serve the interest of the Customer.
- I. I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement; that I have a personal responsibility for professional growth through further education and training.
- J. I have an individual responsibility to espouse objectively and integrity; responsibility to uphold legal and moral turpitude and ethical professional codes; responsibility for my own conduct in all areas. Including, but not limited to, personal behavior, the use of mood altering drugs, and community activities. I am further willing to provide, respond to, and support requests by the credentialing body for professional disclosure of legal and ethical behavior and records relating, and impinging, the Alcohol and Counselor profession and my professional status.
- K. I shall cooperate with duly constituted professional Ethics Boards and promptly supply necessary information unless constrained by demands of specialized confidentiality rules.
- L. I have a responsibility to myself, my Customers, the community and associates to maintain my physical and mental health well being and shall adopt a personal and professional glance which promotes the well being of all human beings.

HEALTH AND SAFETY POLICIES

Seclusion or Restraints

1. No Consumer shall be subject to the use of seclusion or physical restraints.

Use of Tobacco Products

1. Life Recovery Services is a tobacco free property.
2. Anyone who chooses to use tobacco products must leave the property during use.
3. No tobacco use is permitted in any Life Recovery Services vehicle.
4. Life Recovery Services staff offers assistance to those who would like to reduce or stop using tobacco altogether.

Illegal or Legal Substances Brought into the Program

1. Life Recovery Services does not tolerate drug or alcohol use on Life Recovery Services property. Anyone caught using illegal drugs or alcohol on property will be dismissed from the program.

Prescription Medication Brought into the Program

1. All legal substances such as prescription medications must be turned in to staff. Medications will need to be signed for at the time of disbursement.

Weapons Brought into the Program

1. No weapons are allowed on Life Recovery Services property (with exception to Law Enforcement).
2. We prefer that all weapons be sent back with the family members; however, staff may lock them in a secure, undisclosed location if need be.

URINE TESTING POLICIES & PROCEDURES

- Staff will secure any water sources or otherwise make them unavailable to client (e.g., turn off water inlet, tape handles to prevent opening faucets, secure toilet lid).
- Staff will ensure that the water in the toilet and tank has bluing (color) agent in it. Staff will tape or otherwise secure/shut any moveable toilet tank top or put bluing in the tank.
- Staff will ensure no soap, disinfectants, cleaning agents, or other possible adulterants are present.
- Staff will inspect the site to ensure that no foreign or unauthorized substances are present.
- Staff will secure the area and items (e.g., ledges, trash receptacle, paper towel holders, under-sink areas, ceiling tiles) that appear suitable for concealing contaminants.
- Client will remove unnecessary outer garments.
- Client will empty pockets and display items. Items may be secured in a locked cabinet or in another room.
- Client will wash and dry their hands without soap.
- Staff will give a collection kit to the client. Collection kit is opened in the presence of both collector and client.
- Client will fill the cup and give it to the collector.
- Staff must check the following:
 - Temperature of specimen – within 4 minutes
 - Specimen volume – 45mL
 - Signs of adulteration/substitution
- Staff will complete the agency report and make results available to the client and referral sources as necessary.
- Shy Bladder Protocol
 - Occurs when client isn't able to provide 45mL on initial attempt
 - Client will be allowed up to 2 hours to provide a valid specimen
 - Client will be allowed to drink up to 40oz of fluids. The amount must be monitored by staff.
 - If client is unable to provide a specimen after 2 hours, the test is considered positive. Client may choose to pay for a blood test at the lab. Test must be completed within 1 hour.
- Direct Observation Collections
 - Collections under direct observation are required for the following:
 - All DHS referrals must be observed during each test
 - MAT clients must be observed 1x minimum per calendar year
 - Temperature is out of range
 - Specimen shows signs of tampering
 - Collector finds item intended for adulterating or substituting specimen
 - Refusal to test
 - Failure to report for required test
 - Failure to remain at the collection site until testing process is completed
 - Failure to allow a direct observed collection or monitored collection
 - Failure to cooperate with the testing process – ex. Refuse to empty pockets, fail to wash hands, behave in a confrontational manner
 - Failure to follow collector's instructions

- Possessing or wearing a prosthetic or other device that could be used to interfere with testing process
- Admission to staff that client adulterated or substituted specimen

RULES AND EXPECTATIONS

These guidelines have been developed to provide you with a safe environment for treatment. The following is a list of program rules. With the receipt of Life Recovery Services' Rules Agreement, Customer understands and agrees to conform to the rules and regulations as outlined herein. Compliance to the following rules is a condition for continued participation/residency. Violations may result in immediate discharge or disciplinary action.

Customer's responsibilities and rules for residence are as follows.

GENERAL INFORMATION

All Programs:

The Executive Director has the discretion to create new rules, change, or delete any existing rules as necessary.

Stealing the property of another Customer, staff member, or of Life Recovery Services, Inc. will be reported to the local authority and will result in your immediate dismissal.

No violence, threats of violence, or abusive behavior of any kind will be tolerated. This includes, but is not limited to, using profanity, bullying, racial, religious, sexual harassment, or gender discrimination. Physical violence toward another Customer or staff member will result in immediate dismissal. Any other type of abusive behavior will be dealt with on an individual basis.

Firearms and switchblades are not allowed. Lock-blades, box knives, etc. must be approved by the Clinical Director.

Borrowing, lending of money/personal property, bartering, or stealing is not permitted. You may not give your possessions to another participant at any time. If you wish to donate items to the agency, you may do so via a staff member.

There will be periodic evacuation drills, both scheduled and unscheduled. All Customers will cooperate to leave the building until the "all clear" is given. Go to the front parking lot to be accounted for.

Life Recovery Services, Inc. retains the right to decline to readmit a Customer in cases where a refusal to cooperate has been demonstrated.

All clients are subject to random drug and alcohol checks.

Residential/HWH Programs:

Personal property must be checked in with staff. This includes items you arrive at the facility with and items you receive during your stay. All items will be logged on a Property Sheet. Each resident is responsible for ensuring that their personal property is logged on their sheet. Residents may utilize Case Management services to assist with this. Any item not logged on your Property Sheet will not leave the facility with you upon discharge. We encourage all residents to leave valuables at home or to send them home as soon as possible. Life Recovery Services is not responsible for lost or stolen items.

Residents with more than the allowable amount of personal property will be required to send extra items home. If unable to send items home, residents must donate additional items to the agency's case management storehouse. When discharging from the facility, each resident is expected to take their personal property with them. Items left at the facility will be stored for a maximum of fifteen (15) days. It is the responsibility of the resident to collect their personal property within that time frame. Items left beyond the fifteen days will be forfeited and will be donated to the agency's case management storehouse.

Residents are forbidden from having more than \$10 in cash in their possession at any given time. Any additional money will be maintained by agency staff. Access is available during administrative office hours.

All clients may send and receive mail. Any packages that are received are subject to search. Any items not allowed must be returned or stored until the client is discharged. In the event that illegal substances are received, the local authorities will be notified.

DRESS CODE

Residential/HWH Programs:

All clients must adhere to the dress code at all times. All dress will be in good taste at all times. Each resident may have a maximum of nine (9) outfits in their possession: 8 daily-wear outfits and 1 church-appropriate outfit.

- a. Shorts/skirts/dresses must reach the knees.
- b. No halter/crop/mesh/muscle shirts. No altered sleeves or necklines.
- c. No low-cut or see-through clothing.
- d. Leggings/Yoga pants/tights must be paired with a shirt long enough to reach beyond your fingertips when arms are hanging loosely at your sides.
- e. Undergarments are required.
- f. No nightclothes may be worn outside of your room. If it is designed to be a pajama, it may not be worn outside of your room.
- g. Sunglasses may not be worn inside the facility, including pushed up on your head.
- h. Shoes must be worn outside of your room at all times. Flip-flops must have grip soles. House shoes/slippers must have soft soles.
- i. No gang-related clothing or accessories.
- j. No clothing or accessories with any designs or wording that are sexual, substance, alcohol, tobacco, violent, or gambling related in nature.
- k. Staff may determine the appropriateness of your attire.

HYGIENE/HOUSEKEEPING EXPECTATIONS

All Programs:

Life Recovery Services uses exterminators on a monthly basis. If you notice pest problems, please notify the staff so that additional measures can be taken.

Customers shall maintain their personal hygiene by bathing, shaving, etc. daily. Personal belongings will be maintained in a neat, orderly manner.

Residential/HWH Programs:

Laundry must be completed during designated laundry times. Residents are prohibited from mixing their laundry items with those of any other resident.

Residential rooms and personal property are subject to search at the discretion of agency staff. Residential rooms will be checked daily. Beds must be made, trash emptied, and all items picked up and stored in the appropriate location.

TOBACCO

All Programs:

There is no smoking or use of any tobacco products on the premises. This does not include the use of NRT (Nicotine Replacement Therapy), but NRT use must be preapproved by the treatment team and all NRT products (gum, patches, lozenges) must be maintained and monitored by staff. Life Recovery Services does not provide NRT products. If preapproved, 1-800-QUIT-NOW may be utilized to obtain NRT products. Alternatively, NRT products may be purchased or may be sent into the facility by a friend or family member.

VISITORS

Residential/HWH Programs:

Residents are eligible for visitation after their thirtieth (30th) day of residency. Visitors must be preapproved by the clinical team by completing a request via the Visitation Request Form. No requests will be accepted after 8:00am on Wednesdays. Visitors who have not been preapproved will not be permitted to enter the facility. Visitors are limited to two (2) adults and two (2) children (unless otherwise approved). Visitation hours are every Sunday between 2:00pm and 5:00pm. Visitors may not enter the building with open drinks, cell phones, cameras, or purses/bags. Visitors are not permitted in residential areas. There will be no inappropriate displays of affection, kissing, snuggling, sitting on laps, etc.

PHONES

All Programs:

Cell phones are permitted on the Life Recovery Services property. However, please note, they may be used only when you are not in session. Please be courteous as to others who may be in session if you are using your phone in the lobby or group room.

ISSUES WITH OTHERS

All Programs:

The on-duty staff members under the direction and supervision of the Executive Director will enforce all rules.

All Customers will maintain a responsible, cooperative attitude toward the staff and each other and will conform to the rules and regulations of the facility.

Life Recovery Services has and will follow a standard policy relating to the resolution of Customer grievances. Should any Customer have a grievance against another Customer, a staff member, or the facility, they should bring the matter to the attention of a staff member. A grievance can be for any reason, including involuntary discharge from the program. All parties to the situation will be given an opportunity to present their view of the facts. A decision will be made based on the facts and to the mutual satisfaction of the parties. The Executive Director will make the final decision; however, he may refer the matter to the Board of Directors at his discretion. (A formal grievance slip is available.) The Board of Directors will decide all unresolved matters at the next scheduled board meeting. In addition, any Customer may contact the office of the Inspector General of the Oklahoma Department of Mental Health to register a complaint. Such communications are to be confidential in accordance with the directives of the Department. The address and telephone number of this office is prominently posted within the facility.

No fraternizing. This includes all manner of sexual contact, kissing, holding hands, prolonged hugs, pairing off, singling another resident out for giving/receiving favor, lying in bed, giving/receiving addresses, phone numbers, and/or gifts from visitors/participants/vendors at the facility.

MEDICATIONS

OP/IOP/MAT Programs:

Customers are advised against bringing their medications into the facility unless they have been called for a random medication check. If it is necessary, please do not openly handle or self-administer the medications. Please use the restroom as needed. Any medications dispensed within the facility must be taken in full view of medical staff at the dosing window.

Residential/HWH Programs:

No alcohol or drugs may be in your possession, including prescribed and over the counter medications. Exceptions may be made on a case-by-case basis. All medication must be kept in the pharmacy and will be monitored by agency staff. No medication may be brought or sent into the facility without advance staff authorization.

SUBSTANCE USE

All Programs:

Life Recovery Services staff maintains the right to search Customer's property for any contraband. Customers are subject to a pat-down search as well.

All Customers will abstain from all mind/mood altering substances (unless prescribed by a physician) while in services.

Customers may be asked to submit to a drug and/or alcohol test at any time. Random testing will be administered when needed. Failure to comply is an automatic admission of guilt.

If a Customer tests positive for drugs/alcohol, it will be up to the discretion of the clinical team what the consequences will be for usage. Possible consequences could be but are not limited to discharge from the program.

GAMBLING

All Programs:

This is a treatment facility that deals with individuals who have problem or pathological gambling diagnoses/problems in addition to substance use. Gambling on Life Recovery Services property will not be tolerated.

TREATMENT REQUIREMENTS

All Programs:

Customers will attend all scheduled therapeutic sessions (groups, family, and individual sessions). Customer's primary counselor will schedule individual counseling sessions as needed.

All Customers are encouraged to attend a minimum of 2 self-help support meetings per week. Church can substitute for 1 of the meetings.

Residential/HWH Programs:

All Customers are required to attend a minimum of 2 self-help support meetings per week. Church can substitute for 1 of the meetings.

CONFIDENTIALITY

All Programs:

Any information learned in a group session or overheard by someone else's conversation is expected to be kept confidential. This is personal information that should not be discussed outside the clinical setting. Federal laws prohibit this information from being re-disclosed.

Information may be disclosed to outside entities only after the Customer has been informed of the specific information that has been requested, the reason it has been requested, and the specific period of time for which the information has been requested. Information will not be released until the Customer has agreed and signs the consent form.

COSTS

All Programs:

Costs for treatment for self-pay and non-ODMHSAS contracted agencies are subject to the rules of the arrangements made before treatment admission. If there are any questions, please see your admission counselor.

If a Customer is working (full time or part time), all required fees are expected to be paid. A financial arrangement will be made to repay all fees past due. If a Customer is working, failure to pay fees may result in immediate discharge from the agency.

Fees are payable one week in advance and are not refundable on an unplanned discharge. Fees paid more than one week in advance are refundable.

PASSES

Residential/HWH Programs:

Residents will be eligible to request a six (6) hour pass after a full thirty (30) days of treatment. Passes must be requested on the Request for Leave/Pass Form. No requests will be accepted after 8:00am on Wednesdays. Pass requests will be considered on an individual basis and will be approved or denied by the treatment team. All passes are to be taken on the weekend and during the day. Each resident will be eligible for two (2) passes during their stay at the facility. Overnight passes will not be approved. Residents are eligible to attend outside church services on Saturdays/Sundays.

OP/IOP/MAT Programs:

Any client planning to be absent from services should make arrangements with their primary counselor. Exceptions/other arrangements can be made concerning medications, urine testing, treatment requirements, etc. If passes are not pre-approved, clients will be expected to participate as per the arrangements upon intake.

RESTRICTIONS/CONSEQUENCES/PRIVILEGES

All Programs:

If a Customer is not following all expectations, staff may impose restrictions that may affect treatment opportunities. If behavioral problems are severe enough, discharge from the program may be necessary. Law enforcement may be notified. All actions have consequences. Staff may ask customers to make a written plan to identify behaviors and make appropriate changes. Extra assignments may be imposed. Once privileges have been removed, it is up to the counseling team to determine the length of time. This time may be changed based on improvements in the customer's behaviors. Privileges will be reinstated after the counseling team feels that the changes made are significant and long-lasting. If a customer feels that these requirements have been met before the time frame is completed, a request may be submitted to the Program Coordinator. Staff will discuss it and make a decision. A meeting including the customer may be necessary to make the determination.

If Customers are not following all rules, the clinical team will meet to discuss the consequences on an individual case by case basis.

Rules approved by

Cody Shoemaker, MSC, ICGC-2, LADC/MH, MAT, CCS, BHWC, HIV PCP, ICAADC
Executive Director

PERSONS RESPONSIBLE

Your individual care shall be coordinated through your primary counselor. This counselor will be assigned during the intake process by the Clinical Director. Your primary counselor will consult with other members of the treatment team concerning your case. If you have individual concerns about your treatment experience, you should contact your primary counselor. If there are problems that your primary counselor cannot address, please contact the Executive Director.

Executive Director: Cody Shoemaker, MSC, ICGC-2, LADC/MH, MAT, CCS, BHWC, HIV PCP, ICAADC

Clinical Director: Kirsten Lee, MBA, MS, LPC, BHWC, PRSS

Medical Director: Linda Ramer, PhD, MD

FAMILIARIZATION TO THE PREMESIS

Emergency Exits/Shelters:

If an emergency occurs that requires evacuation to an emergency shelter:

- (1) Sound alarm.
- (2) Notify a Staff Member.
- (3) Proceed in an orderly fashion to the nearest exit. All rooms and hallways have Emergency Evacuation routes posted. Please follow the route for that location. The exits have lit signs indicating that it is a door that leads to the outside. Fire exits are clearly visual from any part of the building.
- (4) Proceed to the designated emergency shelter (**Parking Lot**).

Fire Suppression Equipment:

The agency has installed smoke alarms, deaf/hearing impaired strobe lights, and fire extinguishers which are carefully mounted throughout the building. These are checked at regular intervals by Safety Certification agencies and meet all Federal Standards.

If a fire should occur:

- (1) Sound alarm.
- (2) Notify a staff member.
- (3) Proceed in an orderly fashion to the nearest safe exit.
- (4) Proceed to the designated emergency shelter (**Parking Lot**).

First Aid Kits

The agency has first aid kits available at all times. Kits are located in all offices, reception area, kitchen, and the group room.

These regulations conform to N.F.P.A. No. 101 Life Safety Code, 1973 Edition, as applicable by law. Chapter 2, Chapter 5, Chapter 11, Section 11-4, and Chapter 13 in whole or in part as the subject matters indicate are the primarily applicable portions of the code.

- (1) Litter will be kept to a minimum in all common areas.
- (2) Trash receptacles will be emptied daily.
- (3) No smoking anywhere on Life Recovery Services premises.

ADVANCE DIRECTIVES EDUCATION

Advance directives center around the principles of your right to die and death with dignity. With an advance directive, you can express how much or how little you want done for you when you are no longer able to make these decisions.

Advance directives are a way of making your voice heard when you can no longer speak. They allow you to appoint someone to make your health care decisions for you when you no longer can and to administer or withhold treatment and procedures. Advance directives are not just for the elderly. All people who desire to direct their medical care in the future should complete an advance directive.

All 50 states and the District of Columbia have laws regarding advance directives. Authorities also agree that no difference exists between withholding life-saving treatment and withdrawing life-support treatment. This is especially

important in a situation where someone is resuscitated despite his or her wishes because the advance directive could not be found and the person is put on life support. Once the advance directive is shown to health care providers, life-support measures can be withdrawn.

An advance directive does **not** mean, "do not treat." This is a common misperception and not correct. Of course, if you want it to mean do not treat, then that is something that your surrogate needs to know.

Life Recovery Services, Inc. staff is here to assist you with making a decision as to whether or not this is right for you. It is not a requirement for treatment here. Staff simply wants you to be aware of your rights. If you feel that an Advance Directive is appropriate for you, please contact your counselor. He/she has the state approved form that needs to be completed. If you desire to complete the form, a copy will be kept in your treatment file. In the event of an emergency that arises while on Life Recovery Services premises, staff will give a copy to the medical professionals handling your case.

STATEMENT OF PURPOSE/PHILOSOPHY

Our Philosophy:

Individualized treatment can best meet the needs of clients and help them advance through the stages of change toward a solid recovery.

Effective treatment depends on careful assessment and treatment of each client's physical, psychological, and social needs. Clients must be met and worked with "where they are."

Because of physical condition, financial circumstances and in many cases, the lack of family and friends, the chemical dependent person(s) is not able to recover without outside help. We are here to assist and encourage the physical and mental recovery of not just the individual, but the family and friends as well. Family or support network involvement is crucial for long-term success.

Our Vision:

Life Recovery Services is and will continue to be an innovative provider of treatment and education for individuals and their families and friends, delivered in a compassionate, respectful manner with a commitment to seek excellence in everything we do.

Our Mission:

Life Recovery Services' mission is to create a world-class organization that sets the standard of excellence by providing innovative and comprehensive treatment for specialty behavioral health and addiction disorders. Our programs foster the health, happiness, longevity, and self-reliant, responsible behavior for those who wish to recover and begin the healing process.

To our clients, we are committed to individualized and quality care that enables them to regain hope in a supportive, caring environment.

To our employees, we are committed to offering an environment that encourages and supports both professional and personal growth.

To our community, we are committed to developing partnerships with physicians, professionals, and payers within the community we serve through the delivery of high quality specialty behavioral health services at affordable costs while always putting the client first.

Life Recovery Services, Inc. is operated for the purpose of offering help and understanding to a chemical dependent person(s) who will acknowledge their necessity for assistance. We are here to assist and encourage the physical and mental recovery of such people. Because of physical condition, financial circumstances and in many cases, the lack of family and friends, the chemical dependent person(s) is not able to recover without outside help. We believe that chemical dependence is a chronic relapse prone disease that if not arrested can result in death to the individual. It is our belief that recovery occurs over a span of years and some individuals will require a more structured setting to enhance this recovery potential.

Adult individuals of all religious preferences, ethnic groups, etc are welcome at Life Recovery Services, Inc.

Admission to Life Recovery Services is by self and/or agency referral(s) on a first come, first served basis. Several treatment modalities are utilized at the center on a routine basis. Life Recovery Services, Inc. has a working relationship with various public/private agencies that support a comprehensive rehabilitation program. Life Recovery Services, Inc. is licensed by the Oklahoma Department of Mental Health and Substance Abuse Services.

This statement will be reviewed and updated annually.

Our Purpose:

The primary purpose of this program is to provide substance abuse, mental health, and gambling education/counseling/training. Programs are designed to assist children, youth, and adults to live in society as productive citizens who successfully live in recovery.

PURPOSE & PROCESS OF THE ASSESSMENT

As a part of the treatment experience, an assessment is necessary to thoroughly evaluate your individual situation. Life Recovery Services' assessment process is thorough. All customers will be evaluated by a masters level counselor. In this assessment, there will be two (2) assessments performed. The first is the case management assessment. This portion takes at minimum 30 minutes to 1 hour. This will evaluate your personal situations to ensure that your immediate needs are being taken care of. If staff sees a need, we may make a referral to address this situation. The second assessment is a combination of the Behavioral Health Index (BHI) and a Biopsychsocial assessment. This portion takes at minimum 1 hour to 2 hours. This assessment will gather a thorough history of your life. Both of these assessments work together to help identify your present problems so that a treatment plan can be formed. If at any time during the assessment process, you are uncomfortable answering a question, you are not obligated to answer the question; simply tell the counselor you would rather not answer that. Please remember though that the more thorough the answers are, the more accurate your treatment can be. Please note that Life Recovery Services is obligated by law to report any abuse or neglect to children, elderly, or incapacitated persons to the authorities. This may include law enforcement, DHS, etc. If a release of information form has been signed for the courts, probation officers, etc., they will receive notification of the results of the assessment, including but not limited to a summary of the results, usage, and possible plans of action to address the present situation.

PERSON CENTERED PLANNING

Development

All customers seeking treatment will meet with a counselor to complete a person centered treatment plan. This process takes at minimum 1 hour to 2 hours. The counselor will use the information from the assessments, in addition to any new information that the customer provides to begin working on a plan.

Customer's participation

Customers are expected to fully participate in the development of the plan. There are forms for you to mark to identify what areas of your life are important to work on now and in the future. The counselors will bring certain ideas to the table about what could be helpful methods for your situation; but ultimately the plan should be developed together.

Course for treatment/services

Depending on your individual needs and desires for treatment, the counselor will add certain pieces to your plan. These potentially include ongoing case management services, individual sessions (both therapy and skills development), groups, (both therapy and skills development), family sessions, etc. If you will be in treatment for more than 6 months, an update to your treatment plan will be scheduled to identify any changes that may be necessary to make.

Motivational incentives

- For customers who are progressing through the treatment plan and have made all payments in a timely manner, an application can be made for a scholarship to cover a portion of the treatment expenses. Applications will be reviewed by the treatment team. Scholarships are granted on an individual basis and may cover anywhere from 1 service to 1 month's worth of services.

- For customers who are progressing through the treatment plan and are testing negative for all substances, an application can be made to add certain privileges. These may include an additional pass, a temporary release from required obligations, pizza party, gift card, etc. Applications will be reviewed by the treatment team. Privileges are granted on an individual basis and may be awarded once every 3 months.

Expectations for legally required appointments, sanctions, or court notifications

Life Recovery Services will be available for services during the posted hours of operation and by appointment as needed. However, it is not staff's responsibility to ensure that you complete what the legal system is requiring; it is your responsibility. You are expected to attend all required sessions on time. You must call to cancel/reschedule appointments in advance to avoid a negative treatment report submitted to the courts. If you are being sanctioned by the court, it is your responsibility to notify your primary counselor. We can make other arrangements for you after your sanction is complete. However, staff will not rush to fit you in somewhere inconvenient due to a lack of planning on your part. Information reports concerning treatment activities, progress, UA results, etc. may only be released once a release of confidentiality has been signed for that court.

GOOD FAITH ESTIMATE

We believe in transparency

Here you will find our current fees for services, effective January 1, 2023:

We have numerous providers who accept a variety of insurances. If we are not in network, we are happy to provide you with a "Superbill" to submit to your insurance for "Out of Network" claims. See section below for more detailed information on how to file claims yourself.

We cannot make any claims or guarantees regarding reimbursement from insurance companies, as your coverage is a function of the contract between you and your insurance company.

Our therapists have a very limited number of appointment slots reserved for temporarily discounted fees. If you are having financial difficulties and need a fee reduction, please contact our office to discuss possible options.

Medication Assisted Treatment Program (Fees may include ancillary/administrative fees from below):

Intake Fee \$50.00	1x = \$50.00
Medication Dosing Fee \$9.25 per dose	1x per day for 365 days = \$3376.25
Plastic Bottle Fee (Single Doses) \$20.00 per month	1x per month for 12 months = \$240.00
Plastic Bottle Fee (Split Doses) \$30.00 per month	1x per month for 12 months = \$360.00
Glass Bottle Replacement Fee \$10.00 per bottle	1x = \$1.00

Outpatient Counseling Program (Fees may include ancillary/administrative fees from below):

Intake Fee \$200.00	1x = \$200.00
Clinical Session (Individual/Group/Family) \$75.00 per session	1x per week for 51 weeks = \$3825.00

Intensive Outpatient Counseling Program (Fees may include ancillary/administrative fees from below):

Intake Fee \$200.00	1x = \$200.00
Clinical Sessions (Individual/Group) \$300.00 per week	1x per week for 6 weeks = \$1800.00

Residential Program (Fees may include ancillary/administrative fees from below):

Clinical Sessions (Individual/Group/Family)

\$14000.00 per month

1x per month for 3 months = \$42000.00

Ancillary/Administrative Services (Fees only apply if requested by client):

Crisis Consultation

\$100.00 per hour

Copying of Records

\$1.00 per page

Legal Services

\$100.00 per hour, minimum 1 hour

Participation at meetings or phone consultations with other professionals for continuity of care (that you have authorized)

\$50.00 per hour, minimum 1 hour

Report or letter writing to professionals, family members, courts, etc./Record review or treatment summary preparation

\$20.00 per hour, minimum 1 hour

Returned Check Service Fee

\$15.00

When changes to our fees occur, we will inform active clients via verbal/written notification, as well as posted notifications in the office, at least 1 month prior to changes. At that time, clients will be given new Good Faith Estimates to demonstrate the estimated costs of treatment based on the new fees.

Your right to a "Good Faith Estimate"

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals, who are not enrolled in a plan or coverage of a Federal health care program or not seeking to file a claim with their plan or coverage, both orally and in writing of their ability, upon request, or at the time of scheduling health care items and services, to receive a "Good Faith Estimate" of expected charges.

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under the law, health care providers need to give patients who don't have insurance or who are not using in-network insurance coverage an estimate of the bill for health services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees, but also includes psychotherapy/marriage/family therapy.
- A Good Faith Estimate should be available in writing at least 1 business day before your initial session whenever possible. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before/at the time when you schedule a service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

Your rights & protections: "Surprise Bills"

The following may not be applicable to every aspect of our psychotherapy practice, however the below information is Federally required to be posted by all health care practitioners.

(OMB Control Number: 0938-1401)

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "Balance Billing/Surprise Billing?"

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care - like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from "Balance Billing" for the following:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When "Balance Billing" isn't allowed, you also have the following protections:

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

Cover emergency services without requiring you to get approval for services in advance (prior authorization).

Cover emergency services by out-of-network providers.

Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.

Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

For more information about your rights under Federal law, visit <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf>

COVID DOSING HOURS

Monday/Wednesday/Friday 6:00 am – 3:00 pm

Our offices are closed on all Federal holidays. We will provide a courtesy dose on the day before the holiday. You will be expected to pay for both doses at that time.

Scheduled medication hours are provided and followed ***without exception*** by patients and the nursing staff.

STANDARD MEDICATION DOSING HOURS

Monday – Friday

6:00 am – 3:00 pm

Saturday

10:00 am – 12:00 Noon

Our offices are closed on all Federal holidays. We will provide a courtesy dose on the day before the holiday. You will be expected to pay for both doses at that time.

Scheduled medication hours are provided and followed *without exception* by patients and the nursing staff.

Opioid Overdose Response-*Naloxone* Administration Training

Training Objectives

- Understand administration of naloxone products, including “Good Samaritan” protection law
- Recognize the signs of an opioid overdose and identify its causes and risks
- Describe what NOT to do during an opioid overdose
- Know the steps to follow when encountering an opioid overdose
- Earn a certificate of completion of naloxone administration training

Background

- **Examples of opioids include:**
 - Illegal drugs such as heroin
 - Prescription medications used to treat pain:
 - Codeine
 - Morphine (Avinza®, Kadian®, MS Contin®)
 - Oxycodone (OxyContin®, Percocet®)
 - Oxymorphone (Opana®)
 - Hydrocodone
 - Hydromorphone (Dilaudid®, Exalgo®)
 - Methadone
 - Fentanyl (Actiq®, Duragesic®, Fentora®)
 - Buprenorphine

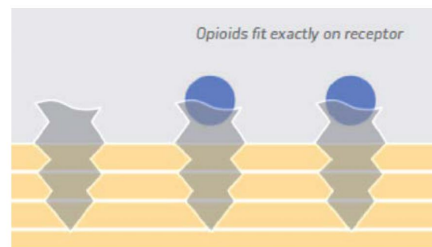
- **What is naloxone?**

Opioids bind to specific sites in the brain that affect breathing, as well as minimize the perception of pain.

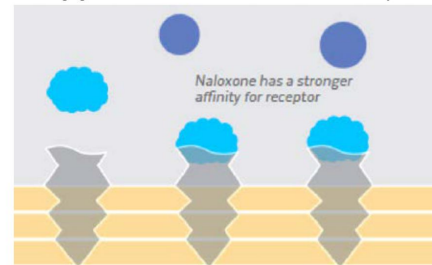
Naloxone reverses the effects of opioids by binding to these same sites more closely (stronger affinity) than opioids. It knocks the drug off these sites for a period of time so that breathing can be restored.

- It **DOES NOT** have the potential for abuse and does not increase risk-taking behavior.*
- It **DOES NOT** work for overdoses caused by substances such as cocaine, amphetamines, ecstasy, GHB, or alcohol.
- Naloxone is available as an auto-injector and an intranasal spray.

*Stated in Naloxone training guidelines published by SAMHSA, NaloxoneInfo.org, TowardTheHeart.com, and the DOPE Project.



Adapted from the Harm Reduction Coalition: *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects.*



Risks factors for an Overdose

- Mixing opioids with other drugs, especially alcohol and benzodiazepines (Xanax®, Valium®, Ativan®)
- If a person hasn't been taking an opioid for an extended period of time and then starts taking it again, such as after being in:
 - Jail
 - Detox program
 - Rehab treatment facility
- Using these medications while alone

Recognizing an Overdose

- An overdose happens when a toxic amount of a drug (or combination of drugs) overwhelms the body and causes it to shut down. Opioid drugs or “downers” cause this by slowing or stopping breathing, which will eventually cause the heart to stop.
- Overdoses often happen slowly, over the course of several hours.
 - If someone seems extremely “high” but is still awake and able to walk:
 - Get them up and walking around
 - Keep them talking to you

THIS MAY PREVENT THE PERSON FROM CROSSING “THE LINE” INTO AN OVERDOSE

SIGNS OF OVERMEDICATION
<ul style="list-style-type: none">➤ Heavy nodding, sleepiness, but responsive➤ Difficulty staying awake➤ Slurred or slow speech
SIGNS OF OVERDOSE - “the line”
<ul style="list-style-type: none">➤ Unresponsive to shouting, pain stimulation➤ Unconsciousness➤ Slow and shallow breathing or <u>NOT</u> breathing➤ Pale, clammy skin, loss of color➤ Blue, purple, or gray face, especially around lips/fingernails➤ Faint or <u>NO</u> pulse➤ Extremely small “pinpoint” pupils

Adapted from Naloxone guidelines published by SAMSHA, NaloxoneInfo.org, TowardTheHeart.com, and the DOPE Project.

- If the person becomes unconscious, follow the steps outlined in this training.

What NOT to do During an Overdose

- **DO NOT** put the individual into a cold bath or shower. They could drown.
- **DO NOT** inject the person with any substance other than naloxone (saltwater, milk, “speed”, etc.). This does not work.
- **DO NOT** try to make the person vomit or give them something to eat or drink. They could choke.
- **DO NOT** give over-the-counter drugs or vitamins (No-Doz, Niacin). These do not help.

What TO DO During an Overdose

Step 1: Try to Maintain Responsiveness

- Call the person's name
- Shake the person
- Utilize the "sternum rub"
 - Make a fist and use the middle joints of your fingers (not the knuckles) to firmly rub the center of the person's chest to wake them up

Step 2: Administer Naloxone*

- Administer a naloxone product per package insert instructions.

Step 3: Dial 911*

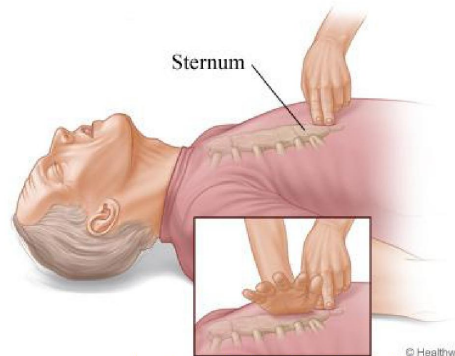
- If there is no response, CALL 911
 - Stay with person until emergency medical services arrive
 - Tell 911:
 - Address or location of where to find the person
 - If they are not breathing
 - If you gave naloxone and how much
 - What medications the person took if you know

Steps 2 and 3 can occur interchangeably depending on which can be achieved more quickly

**** If not trained to give or comfortable giving CPR please skip to Step 5 ****

Step 4: Give Chest Compressions**

- Provide support to help blood circulation and oxygen delivery
 - Place one hand over the other on the person's sternum



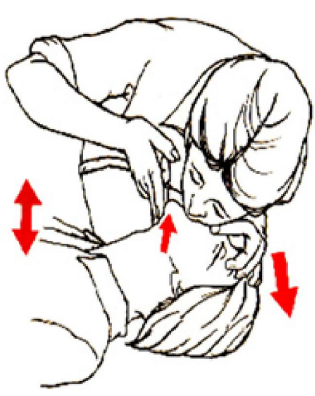
Retrieved Aug 23, 2016 from <http://www.webmd.com/first-aid/cpr-in-adults-positioning-your-hands-for-chest-compressions>

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Retrieved Aug 23, 2016 from [http://resuscitation-guidelines.articleinmotion.com/article/S0300-9572\(10\)00435-1/aim/adult-bl-science](http://resuscitation-guidelines.articleinmotion.com/article/S0300-9572(10)00435-1/aim/adult-bl-science)

- o **Repeatedly compress the chest at least 2 in (5 cm) for 2 minutes**



- Put them on their back
- Pull the chin forward to keep the airway open put one hand on the chin, tilt the head back, and pinch the nose closed
- Make a seal over their mouth with yours and breathe in two breaths. The chest, not the stomach, should rise
- Give one breath every 5 seconds

NARCAN®



**DO NOT REMOVE OR TEST THE NARCAN® NASAL SPRAY UNTIL READY TO USE
EACH PACKAGE HAS 1 DOSE AND CANNOT BE REUSED
YOU DO NOT NEED TO PRIME THE NASAL SPRAY**

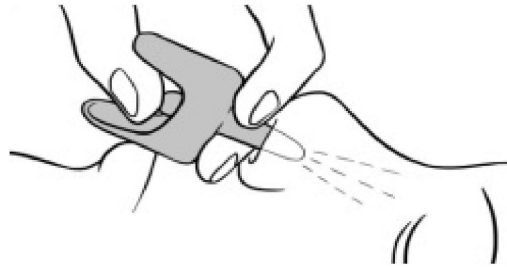
1. Lay the person on their back to administer dose
2. Remove the spray from the box
 - Peel back the tab with the circle to open
3. Hold the spray with your thumb over the bottom of the plunger and your first and middle fingers on either side of the nozzle



4. Tilt the person's head back and provide support under the neck with your other hand



- Gently insert the tip of the nozzle into **one nostril** until your fingers on the nozzle are against the bottom of the person's nose
5. Press the plunger firmly to deliver the dose



6. Remove spray nozzle out of the nostril after dose is given
- **If the person's symptoms return after the first dose of naloxone, an additional dose may be given after 2 to 3 minutes**
7. If another dose needs to be given, a new nasal spray must be used
8. Put the used nasal spray back into its box

[Narcan® Video Demonstration](#)

For more information: [Narcan®](#)

All images and information pertaining to the Narcan® product and its administration was obtained from instructional materials retrieved from: <http://www.narcan.com> and [Access Data - FDA](#).

Step 5: Post Naloxone Administration Support

- If the person is still not breathing on their own, continue providing chest compressions and rescue breathing until the naloxone starts working or paramedics arrive
- If the person is breathing, turn person onto their side as seen in the picture below. This position will help prevent the person from potentially inhaling vomit



- If the person **is breathing**, turn person onto their side as seen in the picture
- This position will help prevent the person from potentially inhaling vomit

Step 6: Stay and Watch Individual

- The person may have no memory of overdosing and you may have to explain that you've just given them naloxone
- Comfort the person being treated, as withdrawal symptoms triggered by the naloxone can feel unpleasant
- Help the person to remain calm
- Discourage the person from using more opioids for at least 2 hours
 - Continued opioid use will not help with withdrawal sickness
- Encourage the person to receive treatment from paramedics
 - To prevent another overdose
 - To receive care for withdrawal symptoms

Step 7: Inform Paramedics

- When emergency medical services arrive tell them that naloxone was given
- If known, tell them what the person took and how much

What If the Police Show Up?

- **"Good Samaritan" protection law**
 - Grants civil immunity for administering naloxone to someone they reasonably believe is overdosing on an opioid
 - Any person who in good faith seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of the drug violation resulted from seeking such medical assistance.

MEDICATION DOSAGE AND STABILIZATION

The physician will prescribe the initial medication dose to control withdrawal symptoms. This initial dose limit is regulated by law. If you have been receiving treatment at another medical facility, the physician may decide to maintain you on the current dosage, unless circumstances exist which would compromise your safety. Additionally, your take-home privileges will remain on the same schedule if documentation is received by the program indicating eligibility.

After your initial dosage, your level of prescribed medication will be adjusted based on signs and symptoms of Opioid withdrawal and craving. This agency follows all rules and regulations for Methadone dosing as required by ODMHSAS, SAMHSA, OBNDD, and the DEA.

You should not discuss your dosage levels, phase level, current/past prescriptions, or other treatment information with other clients. Each person is different; what is appropriate for one client may not be appropriate for another.

UNSUPERVISED APPROVED USE OF YOUR MEDICATION

Providing medication for unsupervised use is at the discretion of the Medical Director. This judgment is based on your time in treatment, behavior, interactions, signs of withdrawal, various medical factors, and drug use while in treatment. Medication schedules are implemented according to your best interests. Our treatment team members give advice and essential input for review. The Medical Director makes the final decision about approving take-home medications.

We consider the following criteria in determining your eligibility for take-home medication:

- Cessation of illicit drug use
- Regularity of program attendance
- Length of time and level of treatment (your ability to responsibly self-medicate)
- Absence of known recent criminal activity (especially drug dealing)
- Absence of serious behavioral problems
- Absence of abuse of drugs including excessive use of alcohol
- Other special needs, such as split dosing, physical health needs, pain treatment, etc.
- Capacity to safely store take-home medication within your home
- Stability of your home environment and social relationships
- Your work, school, or other daily life activity schedule
- Hardship experienced by you in traveling to and from the program.

THE USE OF YOUR MEDICATIONS BY OTHERS

When you reach the later phases of your treatment plan, the federal government places more stringent guidelines on the clinic in order to insure that you are not involved in selling or allowing others to obtain your take-home medications. ***This practice is illegal and is called diversion.***

OTP/MAT programs must label a client's take-home medication bottles. The bottles must be packaged in a way that minimizes the possibility of diversion and/or accidental use.

Patients must return take-home bottles as a part of our clinic's diversion plan that we outline to state and federal regulators. Failure to do so will result in a loss of privileges. Our agency supports practices that reduce medication diversion.

In addition to paying in advance, clients must agree to other specific guidelines listed below:

- Random urine tests.
- Audits of bottles.

- This may be confirmed either by the clinic calling you and confirming the number of bottles remaining from the last dosing date or by requiring you to present the number of remaining bottles in person at Life Recovery Services with reasonable notice.

TREATMENT PHASE TRANSITION

This agency uses the treatment phase schedule as prescribed by ODMHSAS. Your medication is designed to be taken every day. Federal guidelines require that a certain number of doses be supervised by nursing staff for your safety and to limit the possibility of the use of your medication by others. As you progress in your treatment program, become drug free, stabilize on your medication, and have more time in the program you will transition from a less restrictive treatment schedule. If you have legal issues, have violated the rules, are not attending counseling as required, etc., the Treatment Team may require more frequent visits. If you lose your take-home privileges, you can regain those privileges by meeting the requirements again.

Phase	Days in Treatment	Minimum Counseling Requirements	Supervised Medication Dosing Requirements	Paperwork Update Requirements	Urine Tests
Phase 1 <i>Intake & Orientation</i>	First 90 days Minimum	4 TOTAL: 1 Individual Therapy; Combination of 3 Group/Individual Rehab, Therapy, or CM; PRSS may be added as needed Medicaid Treatment: 1 Individual Therapy session per wk; Any combination of 3 CM/Group Therapy/Group Rehab/Individual sessions per month; 1 Individual PRSS session per month; 1 Treatment Plan Update per month	6 days per week supervised 1 take-home	Treatment Plan Monthly	Initial; monthly
Phase 2 <i>Stabilization</i>	91-180 days 3-6 months Minimum	2 TOTAL: 1 Individual Therapy; 1 Group/Individual Rehab, Therapy, or CM; PRSS may be added as needed Medicaid Treatment: 1 Individual Therapy session per wk; Any combination of 3 CM/Group Therapy/Group Rehab/Individual sessions per month; 1 Individual PRSS session per month; 1 Treatment Plan Update per 3 months	5 days per week supervised 2 take-homes	Treatment Plan Every 3 Months	Monthly
Phase 3 <i>3 x per week</i>	181-270 days 6-9 months Minimum	1 TOTAL: 1 Individual Therapy; PRSS may be added as needed Medicaid Treatment: 1 Individual Therapy session per wk; Any combination of 3 CM/Group Therapy/Group Rehab/Individual sessions per month; 1 Individual PRSS session per month; 1 Treatment Plan Update per 6 months	3 days per week supervised	Treatment Plan Every 6 Months	Monthly
Phase 4 <i>Weekly</i>	271-365 days 9-12 months	1 TOTAL: 1 Individual Therapy; PRSS may be added as needed Medicaid Treatment: 1 Individual Therapy session per wk; Any combination of 3 CM/Group Therapy/Group Rehab/Individual sessions per month; 1 Individual PRSS session per month; 1 Treatment Plan	One week take-home	Treatment Plan Every 6 Months	Monthly
Phase 5 <i>2 x monthly</i>	More than 1 year	1 TOTAL: 1 Individual Therapy; PRSS may be added as needed Medicaid Treatment: 1 Individual Therapy session per wk; Any combination of 3 CM/Group Therapy/Group Rehab/Individual sessions per month; 1 Individual PRSS session per month; 1 Treatment Plan Update per 6 months	Two weeks take-home	Treatment Plan Every 6 Months	Monthly

SECURING TAKE-HOME MEDICATION

As a client receiving take-home medication, I acknowledge that I have been informed of and agree to abide by the following policies:

Federal Law prohibits the transfer of medication to any person other than for whom it was prescribed. I understand that I am forbidden to sell, give away, or exchange any medication in my possession at any time and for any reason. I further understand that if I do violate this federal law, that I will be subject to prosecution.

The safety of children in my home and the storage of medication is my responsibility. I am responsible for keeping medication bottles out of the sight and reach of both children and other adults. Neither this agency nor its staff is responsible in the event of an overdose or other event due to my inappropriate handling of medication bottles. I agree to adhere to the following guidelines.

- Place all medications in a locked storage box and keep it in safe place which is out of the sight and reach of children.

- Medication must only be taken by the person for whom it is prescribed.
- After taking your medication, make sure it is immediately returned to your locked storage box.
- Never store the medications in the refrigerator.
- Wash out any empty bottles and dispose of them properly. You may return the bottles to the agency for disposal if you choose. Do not leave empty bottles where children might find them.

It is Life Recovery Services' policy that any client who receives take-home medications will be called on a random day/time to bring all the remaining bottles back to the facility at minimum 1x per calendar year. I understand the labels must be intact and legible, including dates. In an effort to maintain compliance with the OBN, SAMHSA, ODMHSAS, and DEA expectations, medication bottles will be counted to ensure that take-home medications are not being sold and to ensure that medications are being taken according to directions. During this visit, you may be required to take a urine test. If you are taking any medications that may show positive on a urine test, you are required to bring those medications with you. The nursing staff will conduct a pill count at that time to determine if you are taking them as prescribed. The Medical Director must approve any use of controlled substances to ensure that there are no negative and/or dangerous interactions.

Please expect to receive a phone call at any time instructing you to return to the facility within 24 hours with all your take-home bottles. It is your responsibility to ensure your contact information on file is correct. Failure to comply with a call back for any reason, including not receiving the message that we called, will result in loss of take-home privileges.

I understand this policy is crucial to the safety of myself and others. I understand that failure to abide by these rules will make me ineligible for additional take-home bottles. This may affect my Phase Advancement. Continued failure may ultimately result in discharge from the program.

NOTICE OF POTENTIAL DANGER, SIDE EFFECTS, AND ACTIONS

OVERDOSE

It is possible to overdose on Methadone and Buprenorphine. The risk of overdose increases if you take other drugs (alcohol, benzodiazepines, etc.) when you are on methadone. Recognizing an opioid overdose can be difficult. If you are not sure, it is best to treat the situation like an overdose—you could save a life. Call 911 or seek medical care for the individual. Do not leave the person alone. Signs of an overdose may include:

- Small, constricted “pinpoint pupils”
- Slurred speech
- Falling asleep or loss of consciousness
- Confusion, extreme drowsiness, and coma
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue, or cold skin
- Nausea and vomiting
- Unsteady on feet

Oral opioid replacement medications can be slow acting. A collapse due to overdose may not occur until 3 to 24 hours after the dose. Injected opioids have a much faster effect.

The risk of overdose increases when you have a disease of the kidney or liver, such as hepatitis because drugs are eliminated from your blood at a slower rate than normal. People who are not used to taking opioid replacement medications can easily overdose on minimal amounts. If you have a take-home dose, it is always extremely important to keep it out of reach of children.

INTERACTIONS WITH OTHER SUBSTANCES

Drug interactions may change how your medications work or increase your risk for serious side effects. This document does not contain all possible drug interactions. Keep a list of all the products you use (including prescription/nonprescription drugs and herbal products) and share it with your doctor and pharmacist. Do not start, stop, or change the dosage of any medicines without your doctor's approval.

Some products that may interact include: certain pain medications (mixed opioid agonist-antagonists such as pentazocine, nalbuphine, butorphanol), naltrexone, MAO inhibitors (isocarboxazid, linezolid, methylene blue, oclobemide, phenelzine, procarbazine, rasagiline, safinamide, selegiline, tranlycypromine).

Other medications can affect the removal of opioid replacement medications from your body, which may affect how your medication works. Examples include St. John's wort, azole antifungals (such as itraconazole), HIV drugs (such as ritonavir), macrolide antibiotics (such as erythromycin), rifamycins (such as rifampin), drugs used to treat seizures (such as carbamazepine), among others.

The risk of serious side effects (such as slow/shallow breathing, severe drowsiness/dizziness) may be increased if your medication is taken with other products that may also cause drowsiness or breathing problems. Tell your doctor or pharmacist if you are taking other products such as other opioid pain or cough relievers (such as codeine, hydrocodone), alcohol, marijuana (cannabis), drugs for sleep or anxiety (such as alprazolam, lorazepam, zolpidem), muscle relaxants (such as carisoprodol, cyclobenzaprine), or antihistamines (such as cetirizine, diphenhydramine).

Check the labels on all your medicines (such as allergy or cough-and-cold products) because they may contain ingredients that cause drowsiness. Ask your pharmacist about using those products safely.

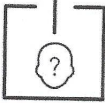
This medication may interfere with certain laboratory tests (including amylase/lipase levels), possibly causing false test results. Make sure laboratory personnel and all your doctors know you use this drug.

Opioid replacement medications and alcohol can be dangerous because they are both sedatives. Mixing them can cause an overdose. Drinking large amounts of alcohol over a short period can make you drowsy and affect your ability to drive. Alcohol adds to the effect of the medication and increases the risk of overdose, especially when also mixed with sedatives or pills. Drinking large amounts of alcohol regularly can shorten the length of time the medication has an effect. This may cause you to run out before your next dose. If you have hepatitis C, the liver is much more sensitive to the harmful effects of alcohol. Pregnant women are advised to not drink at all because of the risk to the unborn child.

OPIOID USE DISORDER

PROGRESSION

why use?



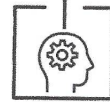
Relief from physical and/or emotional pain.
Feel good. Curiosity. Social pressure.

early use

Opioids attach to nerve cell receptors and diminish the perception of pain.

Dopamine is released providing powerful feelings of pleasure.

When the euphoria wears off, or when pain returns, more opioids may be desired.



continued use



Contributing biological factors: genetics, gender, and mental disorder.

Contributing environmental factors: abuse, neglect, and household dysfunction.

Other factors: age at first use, how the opioids are administered, cost, and availability.

tolerance

The initial dose no longer provides the extreme pleasure and pain relief.

Need to take higher and higher doses to achieve the same effect.

Tolerance can develop rapidly.



withdrawal



Dependence occurs.

Take opioids to avoid diarrhea, vomiting, sweating, pain, restlessness, anxiety, insomnia, and tremors.

opioid use disorder

Intense craving and compulsive use of opioids despite negative, harmful consequences.



treatment



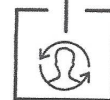
Currently, the gold standard is medication-assisted treatment (MAT).
MAT combines FDA-approved drugs with behavioral therapies.

lifelong recovery

There is no cure for opioid use disorder.

Frequent reoccurrences can be expected.

Long-term treatment and recovery efforts can limit the adverse effects.



References: Mayo Clinic, National Institute on Drug Abuse

Sponsored by the Florida Office of the State Courts Administrator and the State of Florida, Department of Children and Families.

DSM-5 Criteria for Diagnosis of Opioid Use Disorder

Diagnostic Criteria*

These criteria not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

Check all that apply

	Opioids are often taken in larger amounts or over a longer period of time than intended.
	There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
	A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
	Craving, or a strong desire to use opioids.
	Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.
	Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
	Important social, occupational or recreational activities are given up or reduced because of opioid use.
	Recurrent opioid use in situations in which it is physically hazardous
	Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.
	*Tolerance, as defined by either of the following: (a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of an opioid
	*Withdrawal, as manifested by either of the following: (a) the characteristic opioid withdrawal syndrome (b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms

Total Number Boxes Checked: _____

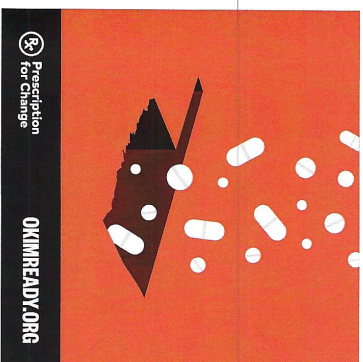
Severity: **Mild:** 2-3 symptoms. **Moderate:** 4-5 symptoms. **Severe:** 6 or more symptoms

FREE NALOXONE HUBS

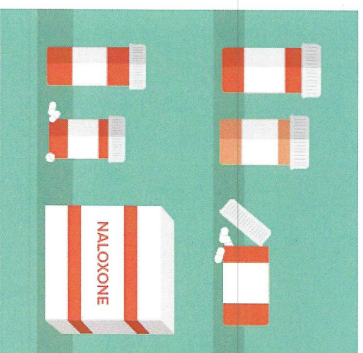
MEDICATION DISPOSAL SITES

- **Catalyst Behavioral Services:** 3033 N Walnut Ave., OKC, OK 73105
(405) 232-9804
- **Cope, Inc:** 2701 N Oklahoma Ave., OKC, OK 72105
(405) 528-8686
- **Creeks Oklahoma City Clinic:** 6510 S Western Ave., Bldg. 400, OKC, OK 73139 (405) 634-1497
- **NorthCare of Oklahoma City:** 2617 General Preshing Blvd., OKC, OK 73107 (405) 838-2700
- **Red Rock Behavioral Health Services:** 4400 N Lincoln Blvd., OKC, OK 73105 (405) 424-7711
- **Rightway Oklahoma City:** 1613 SE 66th St., OKC, OK 73160
(405) 616-3366
- **Rightway Oklahoma City West:** 5401 SW 29th St., OKC, OK 73179
(405) 686-7833
- **Southern Oklahoma Treatment Services:** 4149 Highline Blvd., Suite 380, OKC, OK 73108 (405) 942-7650
- **TRC, The Recovery Center:** 1215 NW 25th St., OKC, OK 73106
(405) 525-2525
- **Prime Rx Pharmacy:** 1024 SW 44th St, Oklahoma City, OK 73109
- **Westminster Family Drug:** 10911 NE 23rd St, Oklahoma City, OK 73141
- **Don Coody Pharmacy:** 7530 NW 23rd St, Bethany, OK 73008
- **Creative Care Pharmacy:** 14101 N Eastern Ave, Edmond, OK 73013
- **Exchange Pharmacy:** 2300 Exchange, Ave, OKC, OK 73108
- **BestVet HealthMart Pharmacy:** 19671 NE 23rd St, Harrah, OK 73045
- **Valu-Med Pharmacy:** 1212 S Douglas Blvd, Midwest City, OK 73130
- **Edmond Police Department:** 23 E. 1st St, Edmond, OK 73034
- **Midwest City Police Dept.:** 100 N. Midwest Blvd., Midwest City, OK.
- **Oklahoma County Sheriff's Dept. Office:** 8029 SE 29th St., Midwest City, OK.
- **Del City Police Dept.:** 4517 S.E. 29th St., Del City, OK.
- **Nicomma Park Police Dept.:** 2301 Nichols Drive, Nicomma Park, OK.
- **Choctaw Police Dept.:** 13240 N.E. 23rd St., Choctaw, OK.
- **OU Science Center Police Dept.:** 934 N.E. 8th St., OKC, OK.
- **VA Medical Oklahoma City Center:** 921 N.E. 13th St., OKC, OK.
- **Oklahoma Bureau of Narcotic's:** 419 N.E. 38th Terrace, OKC, OK.
- **Oklahoma County Sheriff's Dept. Office:** 201 N. Shartel, OKC, OK.
- **Warr Acres Police Dept.:** 4801 N. Reeves, Warr Acres, OK.
- **Bethany Police Dept.:** 6714 N.W. 36th, Bethany, OK.
- **Village Police Dept.:** 2304 Manchester Dr., The Village, OK.
- **Family Health Pharmacy:** 10021 S. Western Ave., OKC, OK.
- **Walgreens Pharmacy:** 5120 N. May Ave., OKC, OK.

PREVENTING OPIOID OVERDOSE



IN 2016, ENOUGH OPIOIDS WERE PRESCRIBED IN OKLAHOMA FOR EVERY ADULT TO HAVE MORE THAN 100 PILLS



DON'T HAVE ONE WITHOUT THE OTHER.

If you have Opioid medications In the house you need Naloxone.

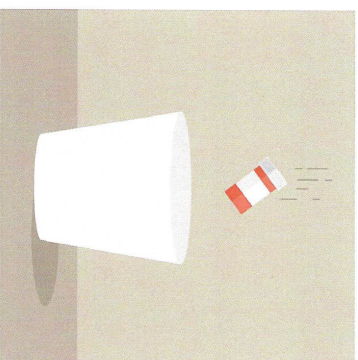
SAVE SOME NALOXONE.

FOR A FREE HUB NEAR YOU: TEXT "NALOXONE" TO 55155

SAFE DISPOSAL & USE

Take unused prescriptions to local disposal boxes

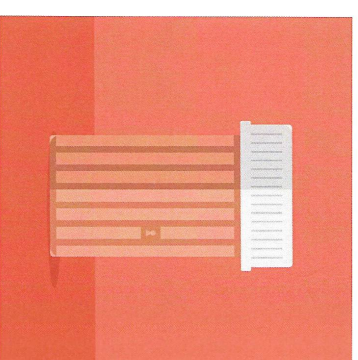
Only take prescription medication prescribed to you



SAFE STORAGE

Keep medication in a secure location

Monitor and never share prescription medication



FIND DISPOSAL SITES & NALOXONE HUBS NEAR YOU

OKIMREADY.ORG & SUPAOKC.ORG

TO SCHEDULE A TRAINING OR TO LEARN ABOUT SUPA

[DCCCA: 405-548-5059](tel:405-548-5059) or lharpert@dccca.org

DCCCA Prevention Services are funded by ODMHSAS, SAMHSA and CSAP



USE OF ALCOHOL AND OTHER DRUGS

Clients participating in OTP/MAT must not use other drugs unless the Medical Director specifically approves them. If a private physician prescribes a drug for you, you should inform the physician that you are a patient in an OTP/MAT program.

You must submit all prescriptions to the medical staff. This means you must present the actual medication to staff in case an audit is requested and conducted. *A receipt or pharmaceutical information is not adequate.*

Extended use of some drugs may require a written diagnosis from the prescribing doctor. A coordination of care may be required by the Medical Director to ensure your safety.

In cases of continued abuse of substances, we may mandate a course of treatment such as inpatient detoxification. If abuse continues after staff intervention, you may be subject to termination and referral made to other treatment resources.

Abuse of any of the following substances may result in a change in phase or medication:

- Sleeping pills: Barbiturates, Sedative-Hypnotic, Chloral-Hydrate
- Tranquilizers: Valium, Librium, Meprobamate, Thorazine, Placidyl, Doriden
- Antidepressants: Elavil, Sinequan
- Stimulants: Cocaine, Amphetamines, Crystal, Crank, Crack
- Hallucinogens: LSD, Mescaline, DMT, STP, PCP, Marijuana
- Narcotics: Heroin, Morphine, Dilaudid, Demoral, Pantopon
- Alcohol: Hard liquor, Wine, Beer
- Benzodiazepines: Xanax, Alprozolam, Diazepam, Phaleion, or others

These are only a partial list of substances to avoid. If you have any questions concerning additional drugs or substances, please ask the staff.

EVALUATION FOR MEDICALLY SUPERVISED WITHDRAWAL

We want to treat you as an individual and to help you, as appropriate, to withdraw from medication. Your treatment goals, medical status, and prior history will be used to determine when the medically Supervised Withdrawal should be implemented. If you have consistently met your treatment plan goals for a period of at least three to six months and elect to begin a medically supervised withdrawal, we will assist you. In some cases, we recommend you participate in intended or additional treatment if we feel you are not ready for withdrawal at that time or for closer monitoring purposes. You may always begin a medically supervised withdrawal at any time you desire, regardless of staff advice, but will be required to sign a statement indicating you understand you are doing so against medical advice. The Medical Director determines the withdrawal period. The discharge criteria are different for every patient and depend on the circumstances of each patient's treatment. In general, there are four reasons for a patient discharge:

1. Failure to attend program for fourteen or more days.
2. Voluntary withdrawal from treatment medication.
3. Transfer to another program, or
4. Involuntary discharge for behavioral problems.

Anytime an evaluation is done for Medically Supervised Withdrawal, the following factors are examined:

- Your motivation and efforts in attaining and maintaining recovery
- Any illegal drug use and abuse
- Employment and educational issues
- Social and family issues
- Compliance with your recommended treatment program
- Criminal justice / Legal issues
- Follow-up and aftercare resources
- Outside support resources
- Time in treatment

MISUNDERSTANDINGS REGARDING OPIATE TREATMENT

Much speculation surrounds some of methadone's adverse effects, and counselors are likely to need to discuss some of the following "methadone myths" with their clients.

Methadone rots your teeth.

Although methadone in itself does not rot the teeth, it can inhibit the production of saliva and cause dry mouth, which contributes to the production of plaque, which causes gum disease and tooth decay. Poor diet and dental hygiene may also cause dental problems. Long-standing dental problems could also become more bothersome as clients become more stable.

Methadone wrecks your sex drive.

Reports of changes in sexual desire and functioning are not uncommon among methadone clients and include increased as well as reduced sexual desire, "early" or "late" orgasm, and impotence.

Methadone makes you fat.

Some clients do gain weight when they are on methadone, and this may be influenced by lifestyle changes related to reduction in illicit drug use, including improved nutrition, reduced physical activity and reduced stress. The caloric content of the methadone drink is unlikely to contribute much to weight gain. While some methadone clients report a craving for sweets, others say their appetite is reduced.

Methadone rots your bones.

Methadone does not accumulate in bones and does not damage bones. Nevertheless, "bone" ache has been associated with methadone and methadone withdrawal.

You don't need contraceptives when you are on methadone.

For most female clients, methadone stabilizes menstrual irregularities caused by illicit opioid use. Some, however, may continue to miss their period when they go on methadone and mistakenly believe they cannot get pregnant.

PHYSICAL EXAMS AND LABORATORY TESTS

An admission exam is performed for every patient and is repeated, as necessary. Failure to keep appointments with the medical staff will result in medication being withheld until this requirement is met. You must report all additional medical treatment received from any other physician.

We require random drug screen urinalyses for patients in all phases of treatment. Sample collection is done without notice. No coats, purses, backpacks, or briefcases are allowed in the restroom. An observed urinalyses test is conducted if the specimen tests negative for methadone/metabolites. The observation is done by a same sex staff member. If a test is found to be positive for substances other than OTP prescribed medications, the treatment team may suggest additional treatment. Due to the dangers involved with mixing medications, a "positive" drug screen is taken very seriously.

When you are prompted to perform a drug test, you are not allowed to exit the building. If you leave or go outside unescorted by a staff member, the test will be considered positive. You may have a loss of privileges or other consequences. Random drug screens must be performed the same day. No "grace period" exists.

Due to special considerations for pregnant women, we test every female of childbearing age for pregnancy at the time of admission, if she has the capacity to become pregnant. Patients may request subsequent tests at their discretion.

We give high priority to pregnant women. We will arrange for referral for comprehensive medical care while pregnant and through the post-partum period. Your counselor will verify that care has been provided and will request complete medical records following the birth of the baby.

PMP NOTICE

Life Recovery Services utilizes the Oklahoma Prescription Monitoring Program (PMP) to ensure safe and effective outpatient addiction treatment. In addition to verifying what prescriptions you have received prior to admission to treatment, we will be able to monitor your prescriptions while you receive medications here.

What is Prescription Review?

Prescription Review is a secure, online database that is used across Oklahoma to improve public health. All medical practitioners can review their patient's prescribed medication history before they prescribe or dispense drugs. All clinics and provider offices are connected to this centralized system. It allows them to communicate with one another and look for duplicate prescribing, possible misuse, drug interactions, and other potential concerns.

Who can access the data?

Physicians, pharmacists, dentists, physician assistants, nurse practitioners, and other licensed professionals authorized by the Oklahoma State Department of Health may have access to the data. The system is secure to ensure confidential information is protected.

What is LRS going to do with Prescription Review?

At the time of your intake medical exam, the medical team will look up in the secure on-line database information about current controlled substances prescribed to you. This inquiry is done for your safety since we will be prescribing a controlled substance to you that could potentially create a life threatening interaction if LRS medical staff is not aware of all medications you are taking.

If we discover that you are being prescribed controlled substances that you have not told us about during your intake process, your treatment status will be reviewed by the medical and intake staff. Further action about your admission will be determined after that review. Please understand that your admission process may be held up if we obtain information you have not disclosed to us.

If we discover that you are being prescribed opioids or opioid replacement medication that you did not tell us about during the intake process, staff must address this. Your treatment may be delayed, sanctioned, or even ended.

What should you do now?

Please be truthful with the staff about your use of all drugs during the entire treatment process.