

**ADDICTION TREATMENT CENTER
OF NEW ENGLAND, INC.
CLIENT POLICY MANUAL**

BEHAVIORAL HEALTH PROGRAM

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INTRODUCTION

This client policy manual (CPM) has been prepared for clients of the Addiction Treatment Center of New England, Inc. (ATCNE). It includes descriptions of policies, procedures, clients' rights, and services provided. It replaces any previously-issued Client Policy Manual dated prior to the date of this manual.

This information is presented to aid client understanding of treatment and of ATCNE's expectations of them. ATCNE's administration reserves the right to modify, revoke, suspend, terminate or change any or all of these policies or procedures, in whole or in part, at any time. When possible, and without compromising the safety of the staff or clients or the integrity of the program, a notice of changes will be posted in the waiting room thirty (30) days in advance of the effective date of change for a period of sixty (60) days. Individual copies of policy changes will be available in writing from the office. It is the client's responsibility to add these changes to their own copy of this manual. The language used in this manual is not intended to create, nor is it to be construed to constitute, a legal contract between the ATCNE and any one or all of its clients.

ATCNE is a clinically operated drug treatment program, designed to provide a safe and therapeutic environment so that clients may gain control over their drug problems and learn alternatives to their addictive behaviors.

The policies described in this manual are designed by the administrative, medical, nursing and clinical staffs to help clients realize these and other treatment goals.

Clients will be asked to sign a receipt indicating that they have received a copy of this manual. It is their responsibility to review its contents. Decisions regarding any matters not covered specifically in this client policy manual are left to the discretion of the Executive Director or his/her designee. If anything is unclear, clients should consult their clinician for clarification.

A copy of this manual will be kept in the Clinic Office at all times and will be available for review upon request. Replacement copies will be available for \$5.00.

DEFINITION OF TERMS

ATCNE and the Center refer to the Addiction Treatment Center of New England, Inc. BMHC refers to the Brighton Marine Health Center, the property on which ATCNE is located. Vicinity refers to the Warren Street area between Cambridge Street and Commonwealth Avenue.

MISSION STATEMENT

ATCNE's mission is to provide the highest quality of personalized and holistic care and services to individuals seeking treatment with substance use disorders and/or mental health issues. We assist our clients in alleviating the physical, psychological, social, and spiritual anguish of substance use disorders as experienced by the individual, the family, and the community. We utilize all available modalities, including prevention, intervention, psychoeducation, and collaborative treatment planning so that the client served may lead a healthier and more productive life.

TYPES OF PROGRAMS & SERVICES PROVIDED

ATCNE is committed to our work as an organization. We utilize best practices in delivering services to our clients and focus on improving their quality of life. We continuously work on client-centered treatment in the delivery of our services. We remain dedicated to our goals and objectives as an agency.

GOALS:

- Provide the highest quality of personalized care.
- Support the recovery, health, and wellbeing of the people served to enhance their quality of life.
- Commit to continuous improvement and growth, both personally and professionally.
- Operate in an efficient, effective, and ethical manner in order to best serve our clients.

OBJECTIVES:

- Assume a professional image and positive attitude while always utilizing compassion and empathy.
- Provide relationships and rapport which facilitate healing.
- Treat our clients with respect and dignity, and advocate choice and control to the best of our ability. Help our clients recognize their strengths and abilities, understand their unique needs and potentials, and develop treatment plans which consider and address these.
- Provide an environment that feels physically and emotionally safe and welcoming for everyone.
- Offer resources and information that encourage self-care, harm-reduction, and safe judgment.
- Practice in a culturally-competent, trauma-informed, and person-centered manner. Observe, listen for, and honor differences among our clients, staff, and the community. Support opportunities to appreciate and advance diversity, address discrimination, and transcend shame and stigma. Maintain awareness of our behavior, attitudes, and emotions, and adjust our responses to positively impact those around us.
- Facilitate staff advancement by offering professional development, and continually seek ways to improve our work. Recognize strengths and abilities among staff, and maintain an atmosphere of teamwork and trust.
- Encourage our clients to rejoin and rebuild life in the community, including what has been lost or never gained due to personal conditions and consequences. Promote the presence and involvement of people who evoke hope and support positive change, including peers, family members, allies, and support systems.

ATCNE provides the following outpatient treatment services:

BEHAVIORAL HEALTH

Behavioral health services, including individual, group, couples, and family therapy, are available to clients who have problems with drugs and/or other addictive behaviors (i.e., gambling, internet, food, sex) but do not need methadone detoxification or maintenance at ATCNE. This can include individuals who are receiving medication-assisted therapy for substance use disorders from other providers. Medical and social service referrals are also available to these clients. Behavioral health services are encouraged as a form of aftercare for clients who have successfully detoxified from methadone treatment.

METHADONE DETOXIFICATION

This service is available to clients who are addicted to opioids and desire detoxification from them. The medical director prescribes an initial stabilizing dose of methadone, which is then decreased over a period of 180 days to gradually reduce the client's physiological need for opioids. Decisions as to the length of time needed to complete detoxification will be made by the clinical, medical, and nursing staffs based on the individual's addiction history, physical condition, and other related factors. A minimum of one individual and two group therapy sessions per week are required while the client is being detoxified. These sessions may continue at the client's request and at the discretion of the ATCNE staff, once detoxification is completed. Decisions about the need for additional weekly individual and group therapy will be made on a case by case basis. Medical care, family therapy, and social service referrals are also available to clients. Transfers between detoxification and maintenance programs will only be made with the Medical Director's authorization.

METHADONE MAINTENANCE

This service is available to clients who need longer-term methadone treatment than that offered for detoxification. In maintenance treatment, the client receives an initial dose of methadone, which is increased to a level where the client feels stable. Weekly individual and group therapy at ATCNE is required of all clients. The clinical team will determine the need for additional individual and group therapy sessions. Medical care and social service referrals are also available.

VIVITROL (NALTREXONE)

ATCNE is now offering Vivitrol (Naltrexone) for the treatment of opioid dependency. Vivitrol is an extended-release Medication-Assisted Treatment (MAT) which has been proven to be an effective treatment for opioid addiction. The active ingredient in Vivitrol, Naltrexone, works as a "blocker." It attaches to certain opioid receptors in the brain and blocks the pleasurable feelings associated with taking opioid, helping a person get ready for recovery. ATCNE will offer individual and family counseling in combination with the medication. When working to overcome an addiction to opioids, individual therapy sessions

can be an extremely beneficial aspect of treatment. During these times, program participants are afforded the opportunity to meet in a confidential one-on-one setting with a clinician.

This medication has no withdrawal symptoms when it is no longer needed, is covered by many prescription plans and is very well tolerated with minimal side effects. This medication allows patients to take effective medication monthly as opposed to the daily medications for opioid treatment and opens the opportunity for more change with counseling.

Our staff is available to discuss this treatment option with you to determine if this is appropriate. We will also offer education on how Vivitrol works and its impact on other medication. ATCNE is committed to MAT education, and staff is available to ensure the effectiveness of treatment, which will be explained to each individual.

Treatment of opioid dependence is a priority of ATCNE, and our highly trained professional staff is here to help. If you would like to learn more about this medication or would be interested in becoming a client at ATCNE, please contact our intake coordinator at 617-254-1271 ext. 119.

VOLUNTARY PRE- & POST-TEST HIV COUNSELING AND ANTIBODY TESTING

Confidential pre-test and post-test counseling and HIV rapid testing is available to any and all clients on a voluntary basis. The counseling component includes a risk assessment to evaluate client behavior that may lead to a risk of exposure to infection and to educate the client about behavioral changes that reduce the risk of exposure. Once pre-test counseling is completed, the client will be referred for testing at the mutual agreement of the client and their clinician. Clients are expected to continue meeting with their clinician upon receiving the result. HIV infection is a reportable condition in Massachusetts. Positive HIV results will be reported to the Department of Public Health.

ORIENTATION & HEALTH EDUCATION GROUPS

ATCNE requires that all new clients complete orientation/education. All new clients will review their Client Policy Manual, becoming familiar with ATCNE's policies/procedures. Other sessions are also offered on strategies for healthy behaviors, decreasing the risk of contracting HIV and HEPATITIS and can be provided with written materials and handouts on these subjects, as well as sessions about Methadone, its Facts, and Myths as well as its safe storage.

ATCNE may also offer other health maintenance educational groups such as Health and Nutrition Issues, Stress Management, Medical Aspects of Substance Abuse, and other health-related concerns, based on client need.

CASE MANAGEMENT

Case management services are available to all ATCNE clients. Case management services include referral for benefit programs, vocational training, job placement, housing, legal services, childcare, psychiatric services, self-help programs, HIV services, medical and dental care, detoxification and alternative substance abuse programs.

AFTERCARE PLANNING

It is the policy of ATCNE to make available aftercare and transition services to clients following participation in treatment. Aftercare/Transition is important in providing needed support and contact for those clients whose treatment has progressed to the point where they can be discharged from the program either directly or through referral. The goal of aftercare/transition is developed with the client to allow the client to maintain the progress they have made in leading a sober and/or "drug free" lifestyle, and to encourage them to strive towards a satisfying and productive existence in which they can experience a sense of self-respect, dignity, and purpose of life. In addition to aftercare planning, ATCNE shall provide follow-up services and activities to assist all clients in an effective transition from services. Follow-up contact provides ATCNE with a mechanism for maintaining contact with the client following any type of discharge or missed appointment or following referral to an outside program. It also simultaneously affords the client an ongoing support system for sustaining their treatment plan.

SERVICE DELIVERY STAFF

Decisions about qualifications to deliver services are made by the ATCNE Administrative Staff. ATCNE employs staff, which is, by virtue of their experience, training, and/or education, qualified to deliver treatment services. Physicians and nurses must hold current and valid Massachusetts licenses to practice in their respective professions.

CRITERIA FOR RECEIPT OF SPECIFIC SERVICES

1. Clients must be 18 years or older to receive treatment at ATCNE;
2. Voluntary application for treatment;
3. A verifiable history of substance abuse or a mental or behavioral disorder due to psychoactive substance abuse;
4. Absence of withdrawal symptoms;
5. Completion of all parts of the intake process (p. 10);
6. ATCNE gives priority consideration for admission to behavioral health treatment to applicants who are:
 - A. Pregnant women;
 - B. HIV infected individuals;
 - C. Prospective clients who are Allston or Brighton residents (proof of Allston or Brighton residency is required);
 - D. Persons with serious medical and/or psychiatric problems;
 - E. Persons referred through agencies with which ATCNE has an agreement to provide services on a priority basis;
 - F. Former clients who voluntarily completed an ATCNE treatment program.
 - G. Persons mandated by the criminal justice system and/or Department of Children and Families for behavioral health treatment

7. ATCNE reserves the right to refuse treatment to any prospective client whom, in the opinion of the Center's Medical Director, Clinical Director and/or Executive Director, would not benefit from Center services.

SCHEDULING AND PROGRAM HOURS

Program hours are designed to meet the needs of clients. ATCNE makes every effort to accommodate all clients, specifically regarding dosing and therapy appointments. We ask clients to schedule outside obligations such as work, school, childcare, medical and dental appointments, job interviews, etc. so as not to conflict with their appointments at ATCNE. ATCNE staff will review accommodation requests on an individual basis. However, if such scheduling is impossible, ATCNE will offer referrals to other treatment programs.

ATCNE hours of operation for DOSING:

Monday – Friday

Priority: 5:45 AM Regular 6:45 AM to 11:00 AM

Saturday, Sunday and Observed Holidays

Priority: 7:15 AM Regular 7:45 AM to 10:15 AM

Priority (early) dosing is available to clients who provide documentation that demonstrates the need for dosing early.

A list of observed holidays for the current year is posted on both bulletin boards located in building #2 and #5 waiting areas.

ATCNE hours of operation for the OFFICE:

Monday – Thursday 6:30 AM – 3:00 PM *payments accepted till 2:30 PM

Friday 6:30 AM – 2:00 PM *payments accepted till 1:30 PM

Inclement Weather:

ATCNE will make every effort to keep the dosing clinic open 365 days per year regardless of the weather. In the case of a severe weather emergency, clients are encouraged to call the agency and listen to the voice mail recording which will update any changes to the dosing hours schedule and/or the postponement of groups for that day.

When the Center is closed, and staff cannot be reached, an answering service system is available at (617) 254-1271 for messages.

In an emergency, clients should contact 911 or go to their nearest emergency room.

INTAKE PROCEDURES

Intake interviews are arranged with an intake coordinator who will answer any questions, determine if services are appropriate and, set up the initial appointment. If no appointment is available, the prospective client will be given the numbers of other programs and/or be put on the waiting list, if so desired. (In the case of former clients, any outstanding fees must be paid before being considered.) An intake coordinator will contact the prospective client to schedule an appointment for an intake interview as soon as a time is available.

1. Prior to being interviewed, the prospective client may need to provide at least one unsupervised urine specimen for pregnancy testing and drug screen for opiates and other drugs.
2. At the intake interview, clients should have:
 - A. Positive verification of age and picture identification (preferably a Massachusetts driver's license or other government ID.);
 - B. Written documentation of addiction treatment history;
 - C. Insurance information to determine whether these can be used to cover the cost of applicable clinic fees;
 - D. For self-paying clients, a copy of the most recent pay stub documenting income level to determine weekly treatment fees or for persons without verifiable income, documentation of means of support.
3. The intake coordinator and a clinician will record the client's history to assess their appropriateness for treatment and conduct the intake interview. This report will include: social and economic histories, educational and vocational achievement, legal history, brief psychosocial history, as well as medical, drug use, and drug treatment histories.
4. Clients who are deemed eligible for treatment are expected to pay fees established by the Center according to existing fee and payment policies (See "Fee Policy").
5. Finally, the client next meets with the appropriate staff member(s) for orientation, to discuss and sign the Client/Program treatment agreement.

Once the above steps have been completed, the client may begin behavioral health treatment.

PRESCRIPTION MONITORING PROGRAM

The Addiction Treatment Center of New England utilizes the Massachusetts Online Prescription Monitoring Program, a secure website that supports safe prescribing and dispensing. A licensed prescriber or pharmacist may obtain authorization, through completion and submission of an enrollment form, to view the prescription history of a patient for the past year. The MA Online PMP also assists state and federal investigative agencies in addressing prescription drug diversion by supporting ongoing, specific controlled substance-related investigations. The Addiction Treatment Center Medical Director has the ability to go online and observe what medications clients are taking from community-based physicians. Clients being prescribed unreported methadone, opiates, and/or other problematic medications, may result in the client's immediate termination from the program. A client may be given a release of information to allow contact with the prescribing physicians. Refusal to sign a release may result in the client's termination from the program.

NON-DISCRIMINATION AND ACCOMODATION

ATCNE ensures that all aspect of the agency and program operation comply with requirements of the Americans with Disabilities Act and with Section 504 of the Rehabilitation Act of 1973. This includes the following policies and procedures:

1. No qualified person with a disability shall, on the basis of such disability, be excluded from participation in, be denied equal benefit of, or otherwise be subjected to discrimination under any ATCNE program, service or activity.
2. ATCNE programs and services are accessible to individuals with disabilities, including accommodation to ensure that communication with persons with disabilities is as effective as it is for other program participants.

SPECIAL COMMUNICATION NEEDS

ATCNE is committed to provide assistance to clients and/or their family members with special communication needs. Such needs include clients who have difficulty making their service needs known, clients who have hearing or visual impairment and those who require interpretation or translation services.

Client and/or their family member's special communication needs are assessed during the intake process, and arrangements are made to service those needs. Examples of such arrangements are the provision of a bilingual member of the staff as an interpreter, or access to an amplified telephone.

Where ATCNE is unable to meet the special communication needs of a client, every effort will be made to refer them to an appropriate provider with the facilities and services they require. This includes individuals who are unable to read. ATCNE will provide information for translating the client policy manual for these individuals.

ACCESS TO TREATMENT RECORDS

All clients have the right to review their treatment records. To arrange an appointment to review the chart, a client should call their clinician or, in the absence of a clinician, the Clinical Director. An appointment will be scheduled to review the record in the presence of a member of the clinical team. Appointments to review charts should not exceed one hour. If more time to review the record is necessary, additional appointments can be arranged.

ALL TREATMENT RECORDS ARE PRIVILEGED AND CONFIDENTIAL. On written request, specified portions will be made available, to specified sources authorized by prior informed consent of the client.

Exceptions can be made under the following conditions:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on the premises or against ATCNE personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect, disabled person abuse or neglect, elderly abuse or neglect or suicidal/homicidal plans or actions;

6. As allowed by a court order

Authorization to release information shall have duration no longer than necessary to relay the purpose for which it is given. The release of HIV sensitive material will require a specific authorization.

Requests for the release of information should be made through the client's clinician. No material will be released to anyone, including the client to whom it pertains, without client authorization. A written request is required from any third party to whom information is to be released. A fee will be charged to cover copying costs incurred by the agency. ATCNE cannot guarantee that the recipient will not re-disclose treatment information to a third party.

UNAUTHORIZED DISCLOSURES OF CLIENT INFORMATION

ATCNE shall protect the confidentiality of all clients in compliance with Federal Regulations. Should professional staff determine a client's degree of danger to self or others; it will be reported immediately by the counselor to the Clinical Director or designee for review and compliance with mandated reporting requirements. Information will be released to others as mandated by law if deemed necessary and documented in the clinical record.

All service providers of ATCNE are mandated to report suspected cases of client abuse and/or neglect of minor children, disabled persons and the elderly to the local Department of Children and Families, Disabled Person Protection Committee or the Department of Elder Affairs for action. In cases of extreme emergencies, the matter is to be referred to the appropriate law enforcement agency for immediate action.

PROGRAM RULES AND DISCIPLINARY PROCEDURES

The following rules and disciplinary procedures have been designed by ATCNE to ensure the safe and therapeutic delivery of the program's services for all clients. It is the prerogative of ATCNE to determine if and when a violation occurs.

ATCNE BEHAVIORAL HEALTH POLICIES

The following ATCNE policies have been developed to help ensure the smooth operation of this program and to provide an environment that is most conducive to recovery. Unless otherwise indicated, failure to comply with program policies will result in a treatment contract, alerting the client that he/she is on probationary status, or will receive specific attention in treatment planning. Repeated violations of these policies or failure to comply with specific elements of the treatment plan growing out of a failure to comply with program policies will result in involuntary discharge. Some exceptions may be made based on clinical judgment.

1. Timely attendance at all clinical appointments, including individual, group and medical appointments is mandatory, unless otherwise explicitly indicated. Lateness to a therapy appointment may result in the session being counted as a missed session. Continual or habitual lateness to therapy appointments may result in involuntary discharge from ATCNE. Clients who are absent from a group or counseling session are to provide the group leader or primary

clinician proper documentation on letterhead, including: date, time, and reason for missing group. Clients have 24 hours to provide this documentation.

2. Clients are not to attend therapy clinical appointments under the influence of any psychoactive substances. If, in the clinical judgment of the clinician, a client is determined to be under the influence of any substance, the client will be asked to leave and the session will be counted as a missed appointment. All clients who appear to be sedated will be referred to nursing for assessment. All clients referred for an assessment will not be allowed to return to the group.
3. Refrain from disruptive behavior including profanity.
4. Keep belongings brought into the clinic to a minimum.
5. Show a picture I.D., if requested.
6. If requested, submit a urine sample or swab for testing.
7. The following rules are to ensure the integrity of the urine collection process:
 - A. Clients will have twenty (20) minutes to provide a sample. If after 20 minutes a client is unsuccessful in providing a urine, they will be given a swab. All specimens must be received by 11:00 AM when dosing closes.
 - B. Jackets, bulky clothing, backpacks, and pocketbooks are not allowed in the bathroom when giving a urine. Clothing and belongings must be locked up in one of the lockers in the waiting area. Do not bring excessive clothing or belongings to the clinic at any time.
 - C. Clients, who refuse to complete drug testing when required will be marked as "Unable to Obtain" (UTO) - refused. A UTO counts as a positive specimen result. Clients who receive a UTO will also receive a warning and may be subject to further disciplinary action.
 - D. Children are NOT allowed in the bathroom while clients are providing a urine sample.
 - E. ATCNE does not accept third party drug test results.
8. At staff discretion, children under age 12 may be allowed in the Center during dosing hours if accompanied by a parent or guardian. They cannot be left unattended by the adults they accompany. Parents are responsible for their children's behavior while in the clinic. Staff will not take responsibility for children waiting in the ATCNE waiting rooms. Children under the age of 24 months can attend the parenting groups. Children are not allowed in any other group. Please Do NOT leave your children unsupervised in a parked car in the clinic parking lot. Clients will be held responsible for the behavior of all people (children and adults, relatives and acquaintances) they bring with them onto the BMHC campus and its surrounding vicinity.
9. ***Loitering on the BMHC campus is prohibited. Clients are expected to leave the grounds immediately following dosing or scheduled appointments.*** Clients should not arrive more than fifteen (15) minutes prior to the start of any scheduled appointment. Clients are not allowed in the cafeteria or bathrooms in building one (1).

10. Individuals who are not ATCNE clients or do not have an appointment with ATCNE staff may not be in the Center (Bldg. 2 and 5). Security will be notified to address these clients.
11. No notes, packages, belongings, other articles or phone messages can be brought into or left at ATCNE to be held for or delivered to clients.
12. No client is allowed in any part of the BMHC without permission, unless accompanied by an ATCNE staff member or seeking treatment through another BMHC health care provider.
13. Any change in demographic information (e.g., address, telephone number) must be reported to the clinician and/or office staff for emergency contact within 72 hours.
14. Animals are not allowed in the Center or on BMHC grounds.
15. **The entire grounds of the Brighton Marine campus (BMHC) is considered Smoke-Free/Tobacco-Free. Tobacco-free means no tobacco use of any kind is permitted on the campus/grounds by clients and visitors. This includes the use of e-cigarettes (vaping). Violations will receive immediate disciplinary action from this clinic.**
16. Clients must observe all posted parking and driving signs and regulations on BMHC property. Do not drive unsafely or with excessive speed in the car lot. Do not operate a vehicle while under the influence of alcohol or other substances
17. Clients are not allowed to use ATCNE phones under any circumstances. Client use of cellular phones and electronic devices is prohibited on ATCNE premises. You may not use your phone in any waiting area of building 2 or building 5. Do not give your phone to staff or clients for charging or safekeeping.
18. Client use of cameras, recording devices, taking photographs of staff or clients is never allowed at any time.
19. Please dress appropriately when you come to the clinic. The dress code is a matter of safety. This is a medical facility, and both staff and clients must be prepared for several situations, such as cuts, vomiting, chemical spills, and other accidents. It is important that shirts and shoes are always worn.

TREATMENT TERMINATIONS

A. SUCCESSFUL COMPLETION OF PROGRAM

A client has successfully completed the program when he/she has achieved all program treatment goals. Specifically:

- A. Staff and client agree the client has achieved significant stability in his/her life, and a level of functioning consistent with what is generally recognized as healthy.

- B. The client no longer uses intoxicating or illicit substances, and uses prescribed and over-the-counter medications in an appropriate manner.

A client who successfully completes his/her treatment at ATCNE may reapply for treatment at any time following his/her discharge.

B. VOLUNTARY TERMINATION PRIOR TO PROGRAM COMPLETION

Voluntary termination from the program may be initiated at any time even if the client does not meet the criteria for successful completion of the program listed above. A client may voluntarily terminate treatment at ATCNE at any time. A client voluntarily discharged from ATCNE prior to completion may reapply for admission to the program one (1) week after his/her discharge.

C. INVOLUNTARY TERMINATION

Clients will be notified in writing during individual counseling of the violations that led to their involuntary termination. Any client who is absent from treatment for 30 days will be automatically involuntarily terminated and attempts will be made to notify the client of their termination status. Clients will be encouraged to work with their clinician on after-care planning to seek alternative treatment resources and supports. A client involuntarily terminated from ATCNE may reapply for admission to the program after two (2) weeks after the date of discharge but may be required to sign a treatment contract upon readmission.

A client may be involuntarily terminated from ATCNE for any one or more of the following reasons:

- A. Non-compliance with the Client/Program Treatment Agreement.
- B. Repeated non-compliance with ATCNE rules and/or policies or non-compliance with treatment contracts
- C. Non-compliance with ATCNE payment policies
- D. Any act or threat of physical violence or any behavior or language which can be reasonably perceived or interpreted as an act or threat of violence or assisting in an act or threat of violence toward ATCNE staff, property, or any other person in the vicinity of BMHC. Furthermore any behavior or language that suggests substantial threat of harm to persons or property, or threatens the safety of Center clients, staff or visitors, or interferes with the delivery of services will also be cause for an emergency termination.
- E. Possession, display and/or threats to use of a weapon or any object being used as a weapon in the Center or in the vicinity of the BMHC. Note: "weapons" includes, but is not limited to, clubs, guns, knives and swords including replicas and toy weapons.
- F. Any act of destruction or vandalism of personal or program property.

- G. The existence of any condition under which continued treatment of a client presents a serious medical risk, as determined by the program's Medical Director.
- H. Possessing, displaying, giving, taking, buying, selling or exchanging any drug, (including alcohol and methadone), or drug paraphernalia (such as prescription "pill" bottles and syringes) in the BMHC vicinity is prohibited. "Drug" means any prescribed, over-the counter or illicit medication.
- I. Sale, the discussion of sale, or exchange of money, goods or property on or in the BMHC vicinity.
- J. Theft or attempted theft from clients, staff, other people, program or property in the BMHC vicinity.
- K. Any attempt to alter, dilute, modify or falsify a urine sample including, but not limited to entering or reaching into an area where urine samples are stored without staff permission and supervision or failing to follow staff instructions while providing a urine sample.
- L. Unauthorized entry into restricted areas (e.g., staff offices, storage areas, etc.) without supervision, accompaniment or permission of staff.
- M. Refusal to inform other clinicians providing treatment that active involvement in a behavioral health treatment program is ongoing. This includes refusal to sign informed consents authorizing the program to release and gather information from other treaters for the purpose of verifying and coordinating treatment. In the event that outside treatment involves prescription medication, the use of this medication will be considered to be illicit unless the usage is reported to ATCNE staff through written documentation.
- N. Non-compliance with specific elements of the treatment plan designed to address patterns of behavior that have been ongoing or that substantially interfere with progress in treatment and/or demonstrate a lack of commitment to treatment and recovery.
- O. Any behavior that threatens to or undermines the integrity of the program or the efficacy of the clinical treatment of the client. This includes violation of the ATCNE Good Neighbor Agreement (see Addendum III).
- P. Violation of any ATCNE policy while on probationary, treatment contract or warning status.

D. TRANSFERS AND REFERRALS

Any client wishing to transfer to another program may do so, but is required to make his/her own arrangements for the transfer. Referrals consisting of the names, addresses, phone numbers and contact persons (if known) at other programs will be given to clients upon request. However, the client will be responsible for initiating contact with the new agency and for providing ATCNE with the name(s) and title(s) of the individual and agency to which any

information is to be released. ATCNE will provide requested information currently in its possession to the new program, only with proper authorization signed by the client.

These termination procedures have been established and are maintained by ATCNE in compliance with Commonwealth of Massachusetts regulations governing drug treatment programs.

GRIEVANCE PROCEDURE FOR RESOLUTION OF ANY CLIENT-RELATED CONFLICT OTHER THAN PROPOSED TREATMENT TERMINATION

Any client who has a conflict with an ATCNE staff member should address the issue with their clinician, who will help the client decide how to best proceed to resolve the dispute. Preferably, the client and staff member should meet to try to resolve the problem. If the problem is not resolved to either parties' satisfaction, the clinician will arrange a meeting with the Clinical Director, who will attempt to facilitate a resolution to the conflict. The Clinical Director, after discussion with all parties directly involved, shall decide what action, if any, is necessary. This meeting is not open to third parties. The Clinical Director's decision will be in writing and will be final.

If the complaint cannot be resolved by the Clinical Director, the client can file a grievance with the designated grievance officer. Provisions for a hearing on the matter are presided over by the grievance officer. The client can obtain a grievance form from the grievance officer and is to be completed within three (3) days. An agreed-upon meeting time will then take place between the grievance officer and the client. A decision will be formed in writing to the client and staff involved within five (5) working days.

Clients are also encouraged to bring these issues to the attention of the ATCNE client council for discussion at the next regularly scheduled council meeting.

If a client has gone through the above steps and the issue is not resolved, they may contact the BSAS Complaint line at 617-624-5171.

CLIENT RIGHTS

ATCNE will always safeguard the legal and civil rights of each client regarding the Treatment and Discharge process. All client rights have been established in accordance with 105 CMR 164.079, Department of Public Health (DPH).

Specific Client Rights.

1. Freedom from physical and psychological abuse
2. Freedom from strip searches and body cavity searches
3. Control over their appearance provided, however, the staff may prohibit attire or personal decoration which may interfere with treatment

4. Access to the client record in the presence of an administrator unless there is a determination that access to parts of the record could cause harm to the client
5. The right to challenge information in their client record by inserting a statement of clarification or letter of correction signed by both the clinician and the client
6. The right to obtain a copy of the client's records as specified in 105 CMR 164.083
7. The right to have the confidentiality of client records secured as required by 105 CMR 164.084
8. The client has the right to terminate treatment at any time
9. Freedom from coercion
10. Treatment without regard to race, ethnicity, creed, national origin, religion, sex, sexual orientation, gender identity, ability to speak English, age, or disability
11. Treatment in a manner sensitive to individual needs and which promotes dignity and self-respect
12. Full disclosure regarding fee schedule
13. The right to grieve actions or decisions regarding the client's treatment
14. Freedom to practice religious faith
15. The right to request a referral to a facility which provides treatment in a manner to which the client has no religious objection
16. Drug screens conducted in a manner which preserves the client's dignity and accommodates any medical inability to give urine by providing an oral swab toxicology screen.
17. The right to contact the Department of Public Health (DPH) Address: 250 Washington St, Boston, MA 02108. Phone: (617) 624-6000

ATCNE will provide written grievance procedures for the resolution of any client-related problem or dispute which arises within the program. The grievance procedures shall include the process by which clients have the right to grieve

- Clinical decisions affecting their treatment
- Any incident or condition that the client believes violated their rights.

FEE POLICY

A. SELF-PAY

Rates for ATCNE services are set in accordance with those established by the Commonwealth of Massachusetts Rate Setting Commission. These rates reflect those currently in effect for reimbursement, individual, family and group therapy sessions.

B. MEDICAID

Medicaid clients must present valid MassHealth cards subject to approval. Clients with invalid cards will continue to be responsible for services received until a valid card is presented. If a client loses his/her MassHealth eligibility, he/she should notify the front office immediately so that financial arrangements can be made. All fees accrued after the loss of eligibility will be the responsibility of the client.

C. OTHER 3RD PARTY INSURANCE

ATCNE can bill other private insurance carriers for some services provided. If a client has other insurance, he/she must notify ATCNE immediately so it can be determined whether that insurance company covers ATCNE services. To the extent that coverage is available, this will further reduce the portion of the fee for which the client is responsible. Clients will not be required to allow ATCNE to file a claim with their insurance companies, but ATCNE may provide letters to clients so that they may seek reimbursement from their insurance companies.

PAYMENT POLICY

1. Weekly treatment fees are due each week by 2:30 PM Monday and represent the client's weekly financial obligation for treatment services provided by ATCNE.
2. The week begins on Monday and ends on Sunday.
3. If a client wishes to pay on a day other than Monday, he or she may submit a written letter to the Office Manager. The letter will be reviewed by the financial staff. If approved, the client will be notified and the letter will become part of the client's chart. The same rules will apply to payments due including fees.
4. Payments will be accepted from 6:30 AM to 2:30 PM Monday through Thursday and 6:30 AM to 1:30 PM Fridays, by office staff only. No payments will be accepted on weekends or holidays.
5. In a week with a Monday holiday, payments are due by 2:30 PM on Tuesday. If a holiday falls on a day other than Monday, payments are still due by 2:30 PM Monday.
6. All clients must pay an initial fee on the day of admission. This fee is kept to cover the last month of treatment. If on the client's discharge date there is a credit balance in their account, under ordinary circumstances, this balance will be mailed to them. It is the client's responsibility to make sure that ATCNE has their accurate address on file.
7. A fee may be charged for photocopying information from a client's chart and for replacing this manual. Fees for these and like services will vary depending upon costs for materials and labor incurred by the agency.
8. Payment will be accepted in the form of a credit card, bank check, money order, or cash. Payments are also accepted by mail (money order only). Personal checks will not be accepted. ATCNE will not make change. If a payment exceeds the required fee, the excess will be credited toward future fees. Upon payment, the client will be given a receipt for the amount paid. It is the client's responsibility to keep receipts. If a question arises with regard to payments, the receipt for the payment in question will serve as proof of payment.

9. Any client may pay treatment fees on a monthly, rather than weekly, basis. Monthly payments are calculated by multiplying the client's weekly treatment fee by four (4), regardless of the number of weeks in the month. However, clients may not start their monthly payment privileges with a five (5) week month. In order to qualify for monthly payment privileges, a client must make a monthly payment for a four (4) week month preceding the five (5) week month for which he/she will receive the fee savings. Monthly payments are due on the first Monday of the month (except in months where the first Monday is a holiday, in which case the payment is due the next business day). If payment is not made by the due date, a \$10.00 late fee will be assessed for the first week of the month. If the entire monthly fee is not paid by the Wednesday following the first Monday, a financial discharge notice will be issued the following day (Thursday). This discharge may be reversed once payment is made. The client will not be able to resume monthly payments until he/she has again met the above conditions.

DELINQUENT PAYMENTS

1. If a client's weekly treatment fee has not been paid by Monday at 2:30 PM (Tuesdays in weeks with Monday holidays), a \$10.00 late fee will be assessed. If all fees owed have not been paid by 2:30 PM Wednesday (Thursday in weeks with Wednesday holidays), a financial discharge notice will be issued on Friday. It is each client's responsibility to monitor his/her own payments and balances.
2. Once a financial discharge for non-compliance with ATCNE payment policies has been initiated, it can be reversed only upon payment of all outstanding fees. Payments must be made by 9 AM Tuesday to be reversed on Wednesday, or by 9 AM Friday to be reversed on Saturday.
3. At the discretion of ATCNE, non-compliance with payment policies resulting in initiation of three (3) financial discharge proceedings for a client during any six (6) month period can lead to irreversible discharge.

EMERGENCY EVACUATION PROCEDURE

In the event of fire or other emergency requiring the evacuation of the building, all clients are to leave the building immediately. It is the responsibility of staff members to lead clients to safety.

No staff member or client is to place him/herself or others at risk by remaining in the building to fight fire or other dangerous situations.

EVACUATION ROUTES BUILDING FIVE- FIRST FLOOR

- A) Main entrance, between waiting room and main office.
- B) Rear door, at foot of rear stairway.
- C) Rear door, through kitchen.

EVACUATION ROUTES BUILDING FIVE- SECOND FLOOR

- A) Fire escapes are located outside offices in main hallway immediately adjacent to main hallway bathrooms. If there is any question about access to first floor exits, use second floor fire escapes.

EVACUATION ROUTES BUILDING TWO - SECOND FLOOR

- A) Use the main stairway or the emergency exit stairways.
- B) Do not use the elevator during an emergency.

**ADDICTION TREATMENT CENTER OF NEW ENGLAND, INC.
CLIENT/PROGRAM TREATMENT AGREEMENT**

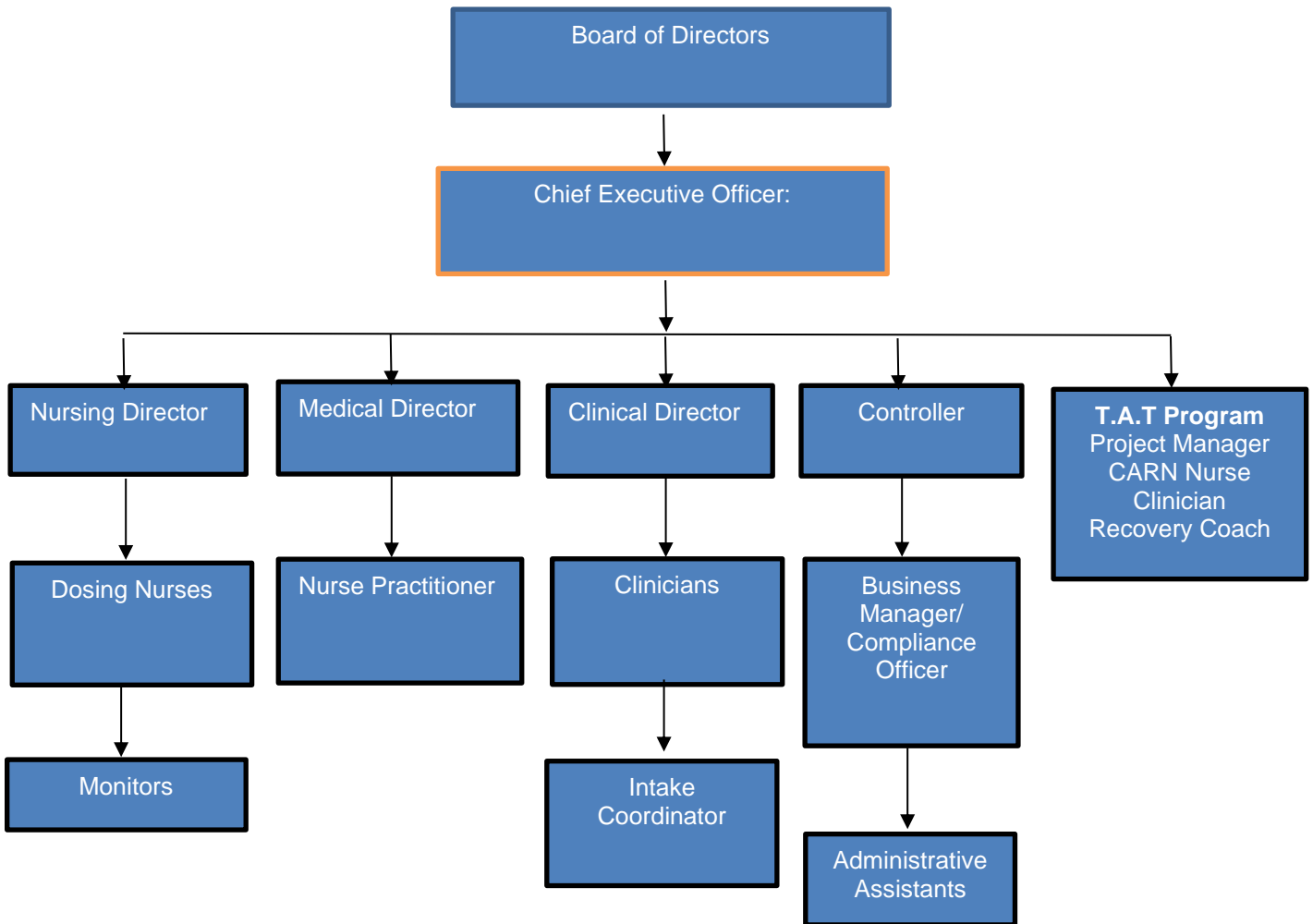
THE ADDICTION TREATMENT CENTER AGREES TO:

- A. Keep the client's identity, diagnosis, prognosis, and/or treatment plan fully confidential except where authorized by the client or legally mandated or allowed by Federal or State statute. The client will be notified of any disclosure of this information.
- B. Provide group, couples, family and/or individual therapy, medical and other services or referral, as deemed necessary and to make such services available to the client's family if appropriate, and with the client's consent.
- C. Dispense medication, if the client is receiving methadone or buprenorphine or Naltrexone/Vivitrol, at regularly scheduled daily clinic hours under qualified supervision.
- D. Provide detoxification, if the client is receiving medication, for any client desiring to voluntarily and involuntarily withdraw from the program.
- E. Hold a hearing, in accordance with the established ATCNE Appeal Procedure, for any client requesting such a hearing.
- F. Sign all release of Information forms, including medical providers and other sources as appropriate.
- G. Provides a copy of the Client Policy Manual to each client upon admission, which includes a referral/resource listing in case of early or unexpected termination from treatment.

THE CLIENT AGREES TO:

- A. Attend all scheduled clinical and medical appointments at ATCNE.
- B. Report regularly to ATCNE at the scheduled hours for medication dispensing, and to understand that medication will not be dispensed at any times other than those regularly scheduled.
- C. Receive an annual medical evaluation by the program physician or nurse practitioner and to follow through on medical care recommendations. Medical clearance from an external medical provider may be necessary for next day dosing should an acute medical concern be identified.
- D. Submit an unsupervised urine specimen or swab for toxic screens and an alcohol breathalyzer on the day designated and to submit blood or urine specimens for medical tests as may be requested by program staff.
- E. Pay for treatment, including late fee if any, at the regularly scheduled times, and in the manner established.
- F. Sign all Release of Information forms including medical provider and other sources as appropriate.
- G. Abide by all ATCNE rules, regulations, and policies.

ATCNE's Organizational Chart September 2019



ADDENDUM I

GROUP RULES

1. Clients must respect the confidentiality of other clients within groups. Clients are not permitted to discuss the information shared by other group members outside of the group with any individual. This is necessary to create a safe and respectful environment within group sessions
2. You are expected to attend groups weekly as scheduled. If you are absent, you are to provide to group leader proper documentation on letterhead, including- date, time, and reason for missing group. You have 24 (twenty-four) hours to provide this documentation. If documentation does not provide information (stated above), a warning will be issued.
3. Clients must respect the group facilitator and group members. This includes body language. If you are being disruptive, you will be asked to leave the group and will be given a warning. If you are not using the group to help yourself, remember others are. Listen to others. Identify problems but focus on solutions.
4. One person speaks at a time to show respect for your fellow group members (no cross-talking). If required by the group facilitator, please raise your hand to be recognized before speaking.
5. Clients must remain alert and participate in the group process. You will be referred to nursing for an assessment if you appear sedated. This is a therapeutic intervention and a safety requirement of ATCNE. A warning will be given to all clients asked to leave the group for assessment.
6. No food or beverages in group rooms.
7. Do not pass any items as per ATCNE policy. Please refer to the Client Policy Manual.
8. Be sure all electronic devices are silenced prior to the group. Cell phone use is not allowed during groups.
9. Please remove reflective glasses/sunglasses, listening devices, and hats (if requested). Part of group participation is eye contact.
10. Using the restroom and making transportation arrangements must be done before or after group.

ADDENDUM II

ATCNE – Brighton Good Neighbor Policy

ATCNE remains committed to treating substance abuse and ensuring that we are viewed as partners in the community. The intent of this notice is to inform you of activities in the community, which may result in discharge from the program. It is our goal to retain clients by making our expectations clear to avoid any possible actions that would impact your treatment.

These activities include:

- Reckless driving to and from the program, around the program, and in the community.
- Parking and traffic violations.
- Disturbing the peace (i.e., loud music, squealing tires, verbal altercations).
- Shoplifting
- Drug-related activities or possession of illicit drugs.

The above activities are not acceptable, present a safety risk to patients, staff and the community at large and will be dealt with in an effort to keep everyone safe and free from these activities to the best of our ability. ATCNE will be responding to complaints and/ or concerns from local businesses by assessing the reported behavior and determining the impact your behavior will have on your treatment here at ATCNE up to and including possible discharge from treatment. Please note that these violations are not an addition to existing policy but merely a clarification.

ADDENDUM III

FAMILY SUPPORT SERVICE RESOURCES

Family/Parent/Guardian Resources:

- Bureau of Substance Abuse Services www.mass.gov/dph/bsas
- Learn To Cope www.learn2cope.org/
- Massachusetts Organization For Addiction Recovery www.moar-recovery.org/
- Massachusetts Al-Anon and Alateen www.ma-al-anon-alateen.org/
- The Partnership at www.drugfree.org/
- Parents: The Anti-Drug www.theantidrug.com/
- Join Together www.jointogether.org/
- NIDA for Teens www.teens.drugabuse.gov/
- SAMHSA'S Mental Health Information Ctr. www.mentalhealth.samhsa.gov/cmhs/

Family Intervention Programs:

Family Intervention programs utilize SAMHSA approved evidence-based models (A-CRA/ACC, ARISE) to engage adolescents, young adults, and families. Presently there are five programs, supported by MDPH/BSAS, in the Commonwealth, which provide support services focused both on engaging the adolescent or adult with a substance use disorder into treatment and/or recovery services, as well as providing ongoing support, skill-

building, and resource development for the individual's family. Call the family intervention program directly to make a referral or to find out more information.

- Gosnold, Inc. (Falmouth) 508-540-6550 www.gosnold.org/
- Inst. for Health & Recovery (Cambridge) 617-661-3991 www.healthrecovery.org
- LUK Crisis Center, Inc. (Fitchburg) 978-345-0685 www.luk.org/
- Phoenix Houses of NE (Providence) 401-331-4250 www.phoenixhouse.org/
- Stanley St. Treatment & Resources (Fall River) 508-324-3599 www.sstar.org

ADDENDUM IV

AFTERCARE REFERRAL RESOURCES

Opioid Treatment Programs

- North Charles Institute 617-864-0941 - 955 Massachusetts Ave, Cambridge, MA
- Spectrum Health Systems 781-290-4970 - 210 Bear Hill Rd, Waltham MA
- Bay Cove Human Services 617-371-3030 66 Canal Street Boston, MA
- Comprehensive Tx Ctr (Habit OPCO) 617-442-1499 - 99 Topeka St, Boston, MA
- HCRC (CSAC) 617-318-6480 - 23 Bradston St, Boston, MA
- HCRC (CSAC) Jamaica Plain 617-477-4279 - 170 Morton St, Jamaica Plain, MA

Inpatient Treatment / Detox Programs

- SECAP (St Elizabeth's Medical Center) - 617-789-2574 - Brighton, MA
- McLean Hospital - 617-885-2000 - Belmont, MA
- Boston Treatment Center (CAB) - 617-247-1001 - Boston, MA
- Dimock Ctr. - 617-442-9661 - Roxbury, MA
- Brigham & Women's Faulkner Hospital - 617-983-7003 - Boston, MA
- Spectrum Health Systems - 508-898-1570 / 800-366-7732 - Westborough, MA

ADDENDUM V

Medication-Assisted Treatment Information

Medication-assisted treatment is treatment for addiction that includes the use of medication along with counseling and other support. Treatment that includes medication is often the best choice for opioid addiction.

The choice to include medication as part of your recovery is a personal, medical decision. The following gives you information about medication options so you can talk through your concerns with a treatment provider and make informed decisions.

There are three main choices for medication.

The most common medications used in treatment of opioid addiction are **methadone**, **buprenorphine** and **naltrexone**.

Methadone and buprenorphine trick the brain into thinking it is still getting the problem opioid. The person taking the medication feels normal, not high, and withdrawal does not occur. Methadone and buprenorphine also reduce cravings.

Naltrexone helps overcome addiction in a different way. It blocks the effect of opioid drugs. This takes away the feeling of getting high if the problem drug is used again. Naltrexone is a good choice to prevent **relapse** (falling back into problem drug use).

All three medications have the same positive effect: they reduce problem addiction behavior.

What Is Methadone?

Methadone is a long acting opioid that has been used for decades to treat people who are addicted to heroin and narcotic pain medicines. When taken as prescribed, it is safe and effective. Methadone can be started at any time. There is no need to wait after the last use for withdrawal symptoms to begin. However, providers will not begin methadone treatment with anyone who seems to have just used or appears intoxicated.

How Does Methadone Work?

Methadone works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone.

Methadone is offered in pill, liquid, and wafer forms and is taken once a day.

Note: Side effects of methadone include constipation, sexual problems, swelling, and sweating. It can also cause heart problems or make them worse.

Warnings:

High dosages may stop a person's breathing

The highest risk of methadone overdose occurs at start of treatment

There is a substantial risk of methadone overdose when combined with benzodiazepines (e.g. Valium, Ativan, Xanax) or with other substances, including alcohol, due to a toxic build up that occurs because methadone stays in the system so long

There is an increased risk of driving impairment at the start of treatment and during dosage adjustments

There is an increased risk of serious heart problems and sudden cardiac death

What Is Buprenorphine?

Buprenorphine is used to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine.

How Does Buprenorphine Work?

Buprenorphine is an opioid partial agonist. This means that, like opioids, it produces effects such as euphoria or respiratory depression. With buprenorphine, however, these effects are weaker than

those of full drugs such as heroin.

Buprenorphine's opioid effects increase with each dose until at moderate doses they level off, even with further dose increases. This "ceiling effect" lowers the risk of misuse, dependency, and side effects. Buprenorphine is usually taken daily and must be dissolved under the tongue or in the mouth.

Note: Some common side effects are headache, nausea, and constipation.

Warnings: The same warnings for Methadone apply to Buprenorphine.

What Is Naltrexone?

Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat opioid use disorders **and** alcohol use disorders. It comes in a pill form or as an injectable. The pill form of naltrexone (ReVia, Depade) can be taken at 50 mg once per day. The injectable extended-release form of the drug (Vivitrol) is administered at 380 mg intramuscular once a month. The extended-release injectable form has been much more effective for opioid use disorder. Once administered, the blocking effects are active for one month.

Naltrexone can be prescribed by any health care provider who is licensed to prescribe medications. To reduce the risk of precipitated withdrawal, patients are warned to abstain from illegal opioids and opioid medication for a minimum of 7-10 days before starting naltrexone.

How Does Naltrexone Work?

Naltrexone blocks the euphoric and sedative effects of drugs such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors and is reported to reduce opioid cravings. There is no abuse and diversion potential with naltrexone.

Naltrexone works for highly motivated people who can get through opioid withdrawal and remain opioid-free for at least seven to ten days prior to beginning treatment. It is a good option for those who want to eliminate all opioids right away. If a person relapses and uses the problem drug, naltrexone prevents the feeling of getting high. People using naltrexone should not use any other opioids or illicit drugs; drink alcohol; or take sedatives, tranquilizers, or other drugs.

Note: Naltrexone does not help with withdrawal symptoms. Most people do not have many side effects from naltrexone, but soreness in the area of the injection is very common. Other side effects can include stomach pain or nausea, diarrhea, and difficulty sleeping.

Warning: There is a risk of causing severe withdrawal symptoms if administered to opioid-dependent patients without waiting seven to ten days from last use. Patients on naltrexone may have reduced tolerance to opioids and may be unaware of their potential sensitivity to the same, or lower, doses of opioids that they used to take. If patients who are treated with naltrexone relapse after a period of abstinence, it is possible that the dosage of opioid that was previously used may have life-threatening consequences.

Overdose risk is high for people who use large amounts of opioids while taking naltrexone and for those who return to opioid use after a period of taking naltrexone, due to a decrease in tolerance. People with liver disease should check with their doctors before deciding to use naltrexone. Very large doses of naltrexone can cause liver damage, but studies show the recommended dose has been used safely, even with people being treated for Hepatitis C (HCV).

There is the risk of canceling effects of opioid pain medications given in a medical emergency.

There is a risk of depression and suicidal thoughts.

There is a risk of injection site reactions, some severe.

Client Manual Change and Revision History

Date	Description of Change	Manual Or Supplement	Manual Revision Date	Comments
4/28/2015	Manual Created	Manual		
10/27/2017	Updated Manual to reflect minor changes/revisions.	Manual	Rev. 1 October 2017	
11/8/2017	Included Addendum VII regarding Medication Assisted Treatment information	Manual	Rev. 2. November 2017	
9/19/19	CPM Team reviewed and updated, concurrent w/ review and update of OTP CPM	Manual	Rev. 3. September 2019	