



Casa Esperanza, Inc.

**Familias Unidas Outpatient Program
Client Manual
2024**

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1. Casa Esperanza's Familias Unidas Outpatient Program Description

Casa Esperanza's ***Familias Unidas Outpatient Program*** (FUOP) is an outpatient clinic for mental health and substance use, located at 245 Eustis Street, in the Dudley Square neighborhood of Roxbury, MA. We are licensed by the Massachusetts Department of Public Health (DPH) and by the DPH's Bureau of Substance Abuse Services as a Clinic for mental health and substance use disorders and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). The Program provides services to adults 18 year of age and older. We have the capacity to serve up to 15 clients per day in our day treatment program and 90-100 clients in our ongoing outpatient programming.

Mission

Casa Esperanza, Inc. is a bilingual and bicultural behavioral health center that specializes in serving the Latino community in Massachusetts. Our mission is to empower individuals and families to recover from addiction, trauma, mental illness and other chronic medical conditions; overcome homelessness; and achieve health and wellness through comprehensive, integrated care.

We provide a holistic and trauma-informed approach to treating individuals in recovery facing barriers to care, including individuals with limited or no English, individuals living with HIV/AIDS, individuals experiencing homelessness or housing instability, individuals with disabilities, sexual/domestic violence survivors, pregnant or postpartum individuals, individuals experiencing family separation, and individuals recently released from incarceration.

Goals

The goals of *Familias Unidas* Outpatient Services are to:

- Improve access to high quality, culturally focused integrated care for mental illness, substance use, and co-occurring physical health disorders;
- Ensure best practices in culturally sensitive and trauma informed screening, assessment, and diagnostic evaluation for patients with complex co-occurring conditions and social determinants of health; and
- Reduce risk and build resilience of our patients through evidence-based and person-centered treatment planning, care management and care coordination, psychotherapy, psychiatry, MAT, family engagement, peer support, and a full range of recovery supports.

Philosophy and Approach to Treatment

FUOP meets these goals through the development of an environment which is 1) person centered, 2) strengths based, 3) trauma informed, 4) recovery oriented, 5) culturally responsive and 6) provides integrated treatment and service planning for individuals with co-occurring mental health and substance use disorders.

Founded in 1984, on the principles of Alcoholics Anonymous, Casa Esperanza's approach has evolved over more than two decades, as we understand more about the role of mental health issues and trauma in the lives of individuals we serve. Today we offer an integrated and person-centered approach to treatment for substance use and mental health issues based in a range of **evidence-based approaches to treatment including:** Motivational Interviewing (MI), Stages of Change Theory, Intensive Case

Management (ICM), Cognitive Behavioral Therapy (CBT), Relapse Prevention Counseling (RPC), Seeking Safety, Dialectal Behavioral Therapy (DBT), Relational/Cultural Therapy (RCT), and Integrated Dual Diagnosis Treatment (IDDT) delivered through a range of enhanced individual and group services designed to meet the unique needs of the people we serve. This holistic view of treatment emphasizes that physical and mental health, family and ally engagement, and economic independence are the essential building blocks of individual recovery, family stabilization, and community development.

Services Provided

The *Familias Unidas Outpatient Program* offers the following services, provided in both Spanish and English unless otherwise noted:

- Open Access for intakes and assessments;
- Structured Outpatient Addiction Program (SOAP) (Spanish Only)
- Substance use and relapse prevention counseling;
- Individual and family mental health counseling;
- Psychiatric services;
- Group therapy, including gender-specific trauma recovery groups, Anger Management, Thinking for A Change, and other process groups
- Ongoing educational and peer support groups to help sustain a community of recovery, including 12-step group, solution-focus groups, self-esteem, relapse prevention, and life skills group;
- Community-based case management to help clients navigate community resources;
- Supported Education/Employment services;
- Reentry services;
- Family stabilization services that help partners, children, and those involved in the patient's life to re-establish healthy relationships
- HIV, STI, & TB counseling, screening, and testing.
- HIV/AIDS case management.
- Health and Wellness groups, including trauma-informed yoga
- On-Site MAT induction (suboxone, vivitrol) and supported referrals to methadone
- On-site Primary Care (satellite office of Boston Health Care for the Homeless) & referrals to specialists in the surrounding community;
- Services do not include a mobile unit but referrals to appropriate levels of care can be made and Casa Esperanza collaborates with different emergency response teams as needed.

After you complete an evaluation, we will work with you to develop an individualized treatment/service plan that addresses your goals and the needs you present, and that helps you to build on your strengths and abilities. We will work with you as a multidisciplinary team – so you may have a Casa Clinician, Case Manager, Peer Recovery Coach, and/or Nurse Practitioner all working together to help you with different aspects of your treatment. If you are also in Residential treatment at Casa, we will collaborate with the Residential team too, to make sure we are all helping you achieve your goals and be successful. And if you receive services from other agencies, or have a psychiatrist or primary care doctor that you see at another clinic, we will ask you for permission to speak with them and collaborate with them, because coordinating care and working together is the most effective way to help you be successful.

Outpatient services are available during the daytime, evening hours, by appointment, and via Telehealth in order to accommodate your schedule. We ask that you arrive on time (preferably 10 minutes early) to all your appointments. If you need help with time management skills, we will work with you on this. If you are more than 15 minutes late to a individual or group session, you may have to reschedule your

appointment. If you are enrolled in the Structured Outpatient Addiction Program (SOAP) and arrive more than 15 minutes late or leave more than 15 minutes before the end of the day, it may impact your completion date.

Your individualized treatment/service plan will be reviewed and revised with you every 90 days, or sooner if you are having a crisis or your needs change. Progress is measured through standardized assessment scores and progress toward goals and objectives. All treatment plans are reviewed with multidiscipline treatment team members. Clients may continue to access all of our services as long as they are active participants of the process.

Staff Roster

- Executive Director – Emily Stewart – Ph. (617) 445-1123 ext.1314
- Medical Director – Cassis Henry, MD. – Ph. (617)-445-1123
- Director of Behavioral Health – Melisa Canuto, LICSW – Ph. (617) 445-1123 ext.1308
- Director of Recovery Support Services – Micaurys Guzmán – Ph. (617) 445-1123 ext. 1402
- Clinical Supervisor – Meaghan Clifford, LICSW – Ph. 617-445-1123 ext. 1136
- Associate Director of Recovery Support Service – Alfredo Gonzalez – Ph. (617) -445-1123 ext 1195
- Administrative Manager —Denisse Burgos – Ph. (617) 445-1123 x1115
- Associate Director of Recovery Support Services – Ailine Ortiz 617-445-1123 ext. 1204

Criteria for specific services

All services provided at Casa Esperanza are open to all patients with the exception of the following:

- HIV/AIDS Services – Patients must have a HIV+ diagnosis to participate in HIV/AIDS case management and HIV/AIDS Health Education.
- Families in Recovery Group – This group is intended for patients with a family member or other ally support present. This group is not available for individual patients.
- Structured Outpatient Addiction Program (SOAP) – This program is intended for patients with a substance use disorder.

Hours of Operation

The *Familias Unidas* Building is open from 8:00 a.m. to 8:00 p.m., Monday through Friday and on Saturdays, by appointment, in order to accommodate the clients' schedule. The FUOP program provides services at 245 Eustis Street and at 8 Dunmore St Roxbury MA 02119. For in-person appointments, patients are required to check-in with the receptionist at the *Familias Unidas* Building at 245 Eustis St.

2. After-Hours Coverage

Any FUOP client that has an urgent matter that does not require emergency attention can call **857-293-8770**, leave a message. Leave a short message and a clearly state your phone number. The provider will contact you within 15 min, please be available for a return call! If you have an emergency situation please call **911** immediately, go to the nearest emergency room or call your local psychiatry emergency team. If there is a medical need after hours, please contact Boston Health Care for the Homeless Program answering services at 781-221-6565.

3. Admissions Criteria & Intake Procedures

Admissions Criteria

Individuals who are interesting in enrolling in Outpatient Services, should meet the following criteria:

- Be over the age of 18.
- Have a substance use disorder or mental illness.
- Not be at risk for experiencing medical withdrawal effects of alcohol or other substances.
- Be willing to participate in the treatment process, commit to meet the Outpatient Program Expectations, and participate in their individualized treatment plan.
- Be able to benefit from an outpatient level of care.
- Have no personal circumstances that prevent them from fulfilling program obligations.
- Not demonstrate behavior that could jeopardize the safety of staff or other patients.

No person will be denied admission to Casa Esperanza Inc. programs solely on the basis of race, ethnicity, religion, gender, gender expression or identity, physical disability, national origin, age, or illness, or the fact that she/he has been discharge by another treatment program.

If we find that you are not eligible for services, we will let you (and/or the organization referring you) know why and make recommendations to you about other services that could be more suitable for you.

Procedures for Intake & Assessment

The Intake worker meets with interested individuals by appointment either in-person or virtually via Telehealth every day from Monday-Friday. During the intake appointment you will be asked to complete several forms, and we will ask you questions to help us understand your needs better. We want to determine whether you are eligible for our services and what services will best meet your needs. Once we determine that we can help you appropriately in our clinic, we will provide you with an orientation to the *Familias Unidas* Outpatient Program. If you need support urgently, we will work to meet those urgent needs, while we continue our assessment process. If you are not eligible for our services, we will provide you with referrals to connect you to the care you need elsewhere.

The information we collect during the assessment process will, at a minimum, include behavioral health and medical care history and treatment, social, economic, and family histories, interests and areas of strengths, educational and vocational achievement, and legal and incarceration history.

Treatment Planning

Based on our assessment, we will recommend the services that meet your needs—these may include outpatient individual therapy, group therapy, case management to help you access the resources you need, or participating in our daily Structured Outpatient Addictions Program. We will assign you a Primary Worker, and together with them, you will design your treatment plan goals and objectives. Your individualized treatment plan will include what types of interventions and treatment modalities you and your Primary Worker identify. This is the roadmap to your recovery. We will review your treatment plan with you every 90 days, or sooner if you are in a crisis or your needs change.

4. Patient Rights

All patients who are admitted into the program will be given a copy of these patient rights.

1. You have the right to be treated with courtesy, respect and dignity.
2. You have the right to receive services in an environment that is free from harassment or discrimination based on race, ethnicity, creed, national origin, religion, sex, sexual orientation, age, disability, or illness.
3. You have the right to be free from physical and psychological abuse, financial or other exploitation, retaliation, humiliation, or neglect.
4. You have the right to ask questions and be an active participant in the planning of the services you will receive.
5. You have the right to full information about the services you receive, concurrent services, your treatment team, release of your information, and your involvement in any research projects, and the right to express your choice, refuse to give consent, and withdraw your consent at any time.
6. You have the right to refuse to be examined, observed, or treated when the primary purpose is educational or informational rather than therapeutic.
7. You have the right to access self-help and advocacy support services.
8. You have the right to confidentiality regarding your participation in this program and your treatment information.
9. You have the right to privacy while you are here. If, for some reason, outside visitors will be touring the facility, you will be notified in advance. These tours will be conducted in such a way as to cause minimal interruptions in your usual activities.
10. You have the right to see your patient records in the presence of a program staff member or to request a copy of your patient record at any time.
11. You have the right to challenge information in your patient records by inserting a statement signed by you and your clinician.
12. You have the right to be free from strip searches and body cavity searches.
13. You have the right to control over your physical appearance.
14. You have the right to end your treatment at any time.
15. You have the right to understand and know in advance any fees we will charge you for services.
16. You have the right to receive another copy of our grievance procedures and forms if you ask for them.
17. You have the right to contact the Bureau of Substance Abuse Services of the Commonwealth of Massachusetts, which licenses this facility, to discuss any questions or concerns you may have.
18. You have the right to have a hearing of any grievance.
19. You have the right to participate, or not, in religious worship of your own choosing.
20. You have the right to have regular physical exercise.
21. You have the right to send and receive sealed letters. However, we reserve the right to ask you to open packages in the presence of staff, if there is a safety concern.
22. You have the right to regular and private use of a pay telephone, in accordance with the Telephone Use policy.
23. You have the right to receive visitors at reasonable times, in accordance with our Visitors Guidelines.
24. You have the right to request and receive interpreter services, including American Sign Language interpretation (see Interpreter Services).
25. You have the right to access legal entities for appropriate representation, as needed.

5. Client Expectations & Program Ground Rules

On admission to the program, you have signed a Consent to Treatment and Admissions Agreement, as well as a Good Neighbor Agreement. These agreements describe the expectations for receiving treatment here at Casa Esperanza, as well as how we ask that you behave on our campus, so that we can help ensure the safety of our entire community. Please review these agreements again, and be sure to ask a staff person if you have any questions about them.

Admissions Agreement

I understand that, in order to access treatment and engage in services, my peers and I need to feel safe. I agree to participate in creating a safe environment by keeping the following agreement.

I agree to follow all program rules and procedures.

I agree to collaborate in the development of an individualized treatment and service plan.

I agree not to engage in any violent behaviors or make threats of violence, through language or body language. I will work to help create a safe environment for myself, other patients and staff, and I understand that support for maintaining safety will be provided to help me, if needed.

I will respect the confidentiality of others. When outside of the agency I will not mention names or other information that could identify a person that is receiving treatment here at Casa Esperanza, Inc. and its Affiliates.

I understand that, in order to keep myself, other patients, and staff safe, I cannot participate in services here while intoxicated, unless I am seeking access to detoxification or hospital level of care.

I understand that my services here may be discontinued if it becomes clear that my needs cannot be met here, and that, in this situation, staff will provide support, whenever possible, to connect me with a more appropriate level of care.

I understand that my services here may be discontinued if I am or have been involved in any activity that may compromise me or the agency with legal implications.

If my services are discontinued, I will receive a letter explaining this. If I am on probation/parole, or any other outside agencies (e.g., DCF, DCF, DMH, DYS, etc.) are involved in my care, they will also be notified, as long as a consent to release this information is in place.

I am committed to working with Casa Esperanza toward my goals while in treatment.

Good Neighbor Agreement

Casa Esperanza Inc. & Affiliates remains committed to treating substance addiction and mental health while ensuring that we are good partners in protecting the safety and security of the neighborhood. Casa Esperanza has a “zero tolerance” policy for drugs or alcohol and any criminal activity of any kind. Therefore, we view violations of social norms and criminal activity very seriously. The intent of this

notice is to inform you of activities which may result in discharge from our programs or eviction from supportive housing. The terms of this agreement extend to a 1,000 foot radius around our Eustis Street neighborhood. It is our goal to ensure the safety of the Casa Esperanza community, the neighborhood and surrounding businesses.

These activities include:

- Reckless driving
- Acts of physical or verbal violence to self, other tenants or neighbors (i.e. threats, abusive language, or intimidation)
- Disturbing the peace in or out of your perspective units/program (i.e. loud music, verbal altercations, squealing tires)
- Suspicion of shoplifting, trespassing on private property and loitering in neighborhood homes and businesses
- Suspicious behavior or attempt to conceal behaviors of criminal activities
- Drug seeking procurement activities, use or possession
- Parking and traffic violations
- Loitering outside the Casa Esperanza Inc. & Affiliates properties, parking lot, neighborhood homes and businesses
- Smoking in non-designated areas
- Littering outside the Casa Esperanza Inc. & Affiliates properties, parking lot, neighborhood homes and businesses
- Bringing anyone who is dealing or carrying drugs or paraphernalia onto Casa Esperanza Inc. & Affiliates properties, parking lot, neighborhood homes and businesses

Please note that these violations are not an addition to existing policy but merely a clarification. Your signature indicates you have read and understand our Good Neighbor position.

Familias Unidas *Outpatient* Program Ground Rules

Casa Esperanza's *Familias Unidas* Outpatient Program also has specific ground rules and expectations. While our Residential treatment programs are abstinence-based programs, *Familias Unidas* is designed to serve as a continuum of care services for people in need of ongoing assistance related to substance use and/or mental health issues, including individuals at all stages of substance use recovery, individuals not seeking recovery from substance use, and individuals leaving residential treatment seeking to sustain recovery. This program emphasizes harm reduction and safety. Therefore, we have developed a set of ground rules to support the safety of the program community: you, your peers, and staff. Please review these guidelines and discuss them with your Counselor/Clinician.

- Casa Esperanza, Inc. strictly prohibits the use, sale, or possession of any alcohol, illegal drugs, or prescription drugs not prescribed to you on our campus, at any time.
- All legal drugs and prescription medications must be kept in your possession, secured, and out of sight at all times. If you need to show your medication to your provider to update your medication list, you may take out the container. Once the update is made, you must secure the medication. Under no circumstances should your medication be shared with others. We cannot hold medications for outpatient clients.

- Patients may not participate in individual or group therapy while under the influence of alcohol or other mind-altering substances. If you are intoxicated, you may be referred to other services for assistance.
- If we determine that you are in immediate danger due to your substance use or mental health status, we are responsible for ensuring that you receive further assessment and care.
- All patients are expected to maintain personal safety and contribute to maintaining a violence-free environment. While physical restraints are not used within this program, 911 may be called if needed to ensure safety.
- No weapons are allowed in the building or on the premises.
- Our dress code exists to ensure safety and show respect to our peers and staff. We ask you to wear appropriate tops, bottoms, and footwear that do not show or promote violent or discriminatory content. Patients arriving dressed inappropriately may not take part in services or activities unless suitable accommodations can be made.
- We ask you to be respectful of our property and the premises, including as outlined in our Good Neighbor Agreement.
- We ask that you show up for your appointments on time, preferably 10 minutes early; if you need to cancel your appointment, please respect your provider's time and call at least 24 hours prior if possible; if you arrive more than 15 minutes late for your appointment, it may be cancelled.
- If you frequently miss appointments, this may lead to us discharging you from the program, as described in our Discharge Policies.
- We ask you to honor group agreements at all times.
- If you have any challenges in achieving treatment goals or following program ground rules, you are expected to discuss these challenges with a staff member so that we can help you manage the problems.
- Staff are responsible for keeping our community safe and may remind you of program rules—please be respectful of our staff and follow their instructions.

6. Confidentiality, Mandated Reporting & Access to Records

Confidentiality

When you signed the Consent to Treatment and Admissions Agreement, you read a lot of information about confidentiality. The confidentiality of records maintained by this program is protected by Federal law and regulations. Staff may not disclose any information to anyone outside the program about you, including to your family, or confirm that you are in treatment at Casa Esperanza, Inc., without your specific consent. Likewise, patients may not disclose any information about other patients to anyone, including confirming if an individual is a patient in the program with you. **Because of this regulation, you may feel that you are being asked to sign a lot of forms while you are a patient at Casa Esperanza, Inc. These forms are all designed to protect you from the release of information about your treatment to persons you do not wish to give this information to.**

There are some exceptions. Staff can disclose information:

- For Treatment, Payment or Health Care Operations
- In a medical or psychiatric emergency
- In response to a valid subpoena or court order
- To protect a person from harm when it is judged that the person is a danger to himself or others
- The mandatory reporting of abuse or neglect of a child (51A), elder, or person with a disability
- To report a crime or a threat to commit a crime on program premises or against staff

Please note that 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 to appropriate State or local authorities. (See 42 U.S.C. 290dd–3 and 42 U.S.C. 290ee–3 for Federal laws and 42 CFR part 2 for Federal regulations.)

Please see our full Notice of Privacy Practices at the end of this manual for more information.

Mandated Reporting

Casa Esperanza, Inc. has a duty to report child abuse and neglect, elder abuse, or abuse of an adult with a disability by law. Staff who have reason to believe that a child, elder, or vulnerable adult is being abused are mandated to report this to the appropriate authorities.

Child Abuse means: any intentional act by a caretaker that causes (or creates substantial risk of) physical or emotional injury; or any sexual contact between a caretaker and a child.

Child Neglect means: failure by a caretaker, either deliberately or through negligence or inability, to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care.

Elder abuse includes physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation.

Abuse of a Person with a Disability includes physical, emotional and sexual abuse, neglect by a caregiver, self-neglect and financial exploitation.

Access to Records

When you enter treatment at Casa Esperanza, we will create a chart in our electronic medical record system where we will document information about you and your care. As explained in our Consent to Treatment, the information we keep is kept confidential and not shared with others without your permission, except in some specific circumstances. Access to your record is password protected and given a unique Patient Number for identification purposes. Only your clinical team may be granted access to your record. Other staff may only have access to demographic information for reporting purposes or list of medications for medication monitoring.

As a patient, you have the right to read or request a copy of your clinical records. You also have the right to request that we amend your records. We will document your request to read, receive a copy of, or amend your clinical record in your chart.

Procedures:

- Patients must submit requests to review their medical records in writing to their Counselor/Clinician. The Counselor/Clinician will discuss your request with you before you review the record.
- An appointment to read the record will be arranged at a mutually convenient time. Casa Esperanza, Inc. reserves the right to have the patient read the clinical record in the presence of a counselor and/or the Program Director. This ensures availability of staff to answer questions or to discuss the content with the patient.
- The patient may request a print-out by specific written request.
- The staff member present will note in the record that the patient has read their record on this date or that a copy has been taken by the patient.

7. Fire/Emergency Safety Plan

Fire Safety Prevention will be highly enforced at Casa Esperanza. Clients, upon their acceptance, will be encouraged under supervision to take a complete tour of the building and surroundings. It is at this time that the staff member conducting the tour will explain various specific fire escapes routes, and locate alarms and extinguishers for the resident.

Alarms will be tested weekly to assure function operation. Fire extinguishers will be clearly visible on each floor. They will be recharged on a monthly basis. To ensure client's safety, evacuation measures will be reviewed by staff regularly.

A copy of the fire safety plan will be posted on each floor in a highly visible and well-posted area.

In the event of fire or other emergency:

1. Do not panic.
2. Move away from flames or smoke, not towards them.
3. Seek the nearest available escape route.
4. Do not try to retrieve personal items.
5. Avoid opening windows or doors; this only feeds oxygen into the fire.
6. File out in an orderly fashion.
7. Get as far away from the building as possible.
8. Once outside, assemble with other clients and staff across the street near Latinas y Niños Center so that staff can conduct a head count to ensure that everyone exited the building safely.
9. Once outside, DO NOT return into the building for any reason.
10. If you are aware of someone remaining in the building, inform a staff member, or the police or the Fire Department.

8. Overdose Prevention

Casa Esperanza, Inc. considers Nasal Naloxone a rescue medication necessary to the health, safety, and wellbeing of our patients and staff and therefore ensures that any and all patients and staff who have been prescribed Nasal Naloxone may carry it on their person at all times. To ensure the safety of children, all staff and patients are asked to store their Nasal Naloxone carefully to prevent children from breaking the glass tube used to administer this life-saving medication. Additionally, Nasal Naloxone Rescue Kits have been installed near the bathrooms in each of our buildings along with instructions for administration of Nasal Naloxone and CPR and information regarding emergency services.

All direct care staff have training in recognizing the signs and symptoms of Overdose, administering Nasal Naloxone, and delivering First Aid and CPR. We also provide patients with these instructions on administering Nasal Naloxone and offer overdose prevention training through health groups and other community events.

If an individual is demonstrating signs or symptoms of an overdose, we use this protocol:

1. If someone appears to be overdosing, assess the situation. First, try speaking to the person to identify whether they are responsive or not. If they do not respond from a verbal cue, begin sternum rub or upper lip rub. Rub knuckles over the person's breastbone or their upper lip. This will determine if the person overdosing is responsive or not.
2. If the person has been identified as non-responsive, call 911 immediately. If there are two staff present, one should call 911 and the other staff present can assess if the person is still breathing.
3. If identified that breathing has ceased, begin **rescue breathing**:
 - Lay person on the back tilting their head back with chin up.
 - Pinch the person's nose and give two breaths to the individual.
 - After the initial two breaths, give one breath every 5 seconds.

If the person does not regain consciousness or start breathing better on their own, administer dose of Narcan:

1. Pull or pry off protective covering on the back of the plastic packaging
2. Tilt the head back and spray half of the Naloxone up one side of the nose (1cc) and half up to the other side of the nose (1cc)
3. If there is no breathing or breathing continues to be shallow, continue to perform rescue breathing for them while waiting for the Naloxone to take effect.

If there is no change in 3-5 minutes, administer another dose of Naloxone and continue to breathe for them. If the second dose of Naloxone does not revive them, something else is wrong, there are no opioids in their system, or the opioids are unusually strong and require more Naloxone (can happen with Fentanyl, for example). Continue rescue breathing until paramedics arrive.

9. Medication-Assisted Treatment



Medication-Assisted Treatment

Together we can find a medication that works best for you.

	BUPRENORPHINE	NALTREXONE	METHADONE
Common Brand Name	<ul style="list-style-type: none"> Suboxone (Buprenorphine with Naloxone) Generic Buprenorphine Generic Buprenorphine with Naloxone 	<ul style="list-style-type: none"> ReVia Vivitrol Depade 	Generic Methadone
Effect	Prevents withdrawal symptoms and reduces cravings, but without obtaining a high.	<ul style="list-style-type: none"> Treats addiction by blocking the effect of opioid drugs. Particularly helpful in preventing relapse. 	Prevents withdrawal symptoms and reduces cravings, but without obtaining a high.
Formulations	<ul style="list-style-type: none"> Pill Sublingual film: a film placed under the tongue and kept there until it's dissolved. 	<ul style="list-style-type: none"> Pill, Depot Injectable (gradual release) 	<ul style="list-style-type: none"> Pill Liquid Injectable
Frequency	Generally daily or twice a day	Injectable (gradual release) administered every 30 days	Taken daily
Administration	Buprenorphine can be accessed in an office-based treatment setting from a certified physician or federally-licensed opioid treatment program.	Can be accessed in all treatment settings	Can only be accessed and administered in a federally-licensed opioid treatment program (OTP).
Where to Begin	<ul style="list-style-type: none"> Should be started when mild to moderate opioid withdrawal occurs. Taking it too soon can make withdrawal worse. 	<ul style="list-style-type: none"> Cannot be taken until opioids are completely out of the body, usually 7-10 days after withdrawal begins. Taking it too soon can make withdrawal worse. 	Should be started when mild opioid withdrawal is present. Initial dose should be low and carefully monitored to avoid sedation and/or overdose.
Side Effects	Headaches, mild dizziness, numbness or tingling, drowsiness or sleep problems, stomach pain, vomiting, constipation, trouble concentrating	Nausea, vomiting, diarrhea, cramping, loss of appetite, headache, dizziness, nervousness, irritability, drowsiness	Anxiety, nervousness, restlessness, insomnia, weakness, drowsiness, dry mouth, nausea, vomiting, diarrhea
Success Rate	In a 12-week trial study of Suboxone, about 49% of participants reduced prescription painkiller abuse, compared to 8.6% reduction if Suboxone was discontinued (Weiss et.al., 2011).	80% of clinical participants experienced successful results in a large clinical trial (Maxwell & Shinderman, 1997)	60-90%. The longer a person is on this modality, the greater the chances of achieving stable long-term abstinence.

Medications for opioid use disorders are highly effective.

Individuals receiving opioid agonist treatment (methadone or buprenorphine) were half as likely to die from an opioid overdose as those not receiving treatment ("Chapter 55 Opioid Report," MA Department of Public Health).

10. Discharge, Follow-Up & Criteria for Termination

Discharge and Aftercare Planning

From the start of the program, you will be working with your treatment team to identify what successful completion of the program will look like for you. Throughout the treatment process, you will develop goals and objectives to measure your progress toward resiliency and recovery. Successful program completion will include:

- Achieving your goals and objectives or desired changes in how you are managing and in your quality of life; and
- Identifying support systems or other types of stepdown services to assist you in recovery and wellbeing.

As you are preparing to complete the program we will communicate with other members of the treatment team to make sure you have everything you need to successfully step down from your care here. We will work with you to finalize your aftercare plan. In our last session, we will review the work you have done and ask for feedback about the services you received at Casa, as well as discussing any ways you may wish to stay connected. We will provide you with a Completion Letter along with your Aftercare Plan and information on how to reconnect with care if you need help in the future.

Transfer and Referral

There may be a time during your work with us where you need more intensive services, such as detoxification, inpatient hospitalization, or clinical stabilization. We will discuss this with you to help transition you to the level of care that meets your needs. If there is an emergency, and we are concerned that you could harm yourself or someone else, we may have to do this without your consent, for your safety, but this is not very common, and we can usually discuss your needs with you and work together with you to ensure your needs are met and you are safe.

There may also be a situation where you decide to move to a different outpatient clinic, because you are moving or because they offer something that meets your needs better. We will also assist you in that process. With your consent, we will share the necessary information with the new clinic and help make sure that the transition is as smooth as possible.

Different Types of Discharge

Our hope is that you will work collaboratively with your care team toward your treatment goals, and decide that you are ready to step down or transition out of our services when you have achieved your goals. This is called program completion.

You also have the right to voluntarily discharge yourself from services at any time. If you decide to leave and stop receiving services, we ask that you come in to meet with one of your providers one last time to review your progress and make a plan for any follow-up resources you would like.

If you stop showing for appointments and making contact with us, we will attempt to get in touch with you and let you know that your case will be closed if you do not get in touch with us. If we do not hear

from you after three phone calls and four weeks, we will consider that you are no longer interested in care. After 90 days, if we still do not hear from you, we will close your case completely.

You may be involuntarily discharged from the program if you are not engaging in treatment and not following the Program's Community Commitments and Ground Rules, or if we determine that it is not safe for us to treat you at this level of care. In this situation, your treatment team will meet with you to explain this decision and make a plan with you that helps you stay safe. We will provide a written notice of this termination, including your right to a hearing.

In an emergency situation, Casa Esperanza, Inc. has the right to suspend a patient immediately if his or her continued presence presents an immediate and substantial threat of physical harm to other patients, staff, or the community. In these cases, we will review plans with the patient later, if it is safe to do so, and we will provide the patient with a written notice of this termination. The patient has the right to a hearing within 7 days from receipt of this written notice.

All patients leaving the program are provided with an Aftercare Plan and referrals for ongoing care whenever possible.

Discharge Hearings

Patients terminated because of policy or rule violations have the right to file a grievance to challenge the decision. Patients have the right to choose to invite a responsible adult of their own choice, including an attorney, to the meeting reviewing the grievance. Patients have the right to call witnesses to this meeting.

Procedures:

- The Program Director will ensure the patient receives prompt written notice of the termination, the specific reasons for the termination, and the fact that the patient has a right to file a grievance.
- Even if the patient elects to file a grievance, the patient will be asked to leave the residence until the matter is resolved.
- The regular grievance procedures will be followed upon receipt of the Grievance Form.

Barring

Casa Esperanza, Inc. has the right to bar a patient if their continued presence presents an ongoing, and/or substantial threat to other clients, staff, visitors, community or property. Barring is not intended to be used as a standard response to a critical incident, but it may be used if necessary to maintain the safety and security of all patients, staff, and community. We do not deny re-admission to patients because they have dropped out or relapsed in the past, or because they have filed a grievance.

If a patient is assessed to be a risk to others they may be barred for a period of time, which could be determined to be indefinite after review, depending on level of intensity and severity of risk. Their chart, any relevant critical incidents, and risk assessments are carefully reviewed by the QA Committee in order to determine if a barring is necessary, and if so, how long it will be in place.

In the rare cases where patients are barred it is usually for a serious and ongoing safety risk. Examples include verbal threat of violence, physical acts of violence, illegal activity (distribution of drugs, stolen

goods, soliciting, etc.), possession of a firearm, etc. These behaviors usually result in immediate discharge and will then be reviewed for potential barring. Barred patients may not be on campus for any reason throughout the period of the bar and will be asked to leave the premises. If patients decline to leave the premises, law enforcement may be called.

Procedures

- If a serious risk situation occurs, staff will follow all our critical incident procedures, including making the immediate situation safe and documenting what happened.
- Following a serious incident, we will ask that you meet with a Clinician to help you and us understand what happened and any ongoing risk and develop a Safety Plan.
- The Chief Clinical Officer will gather all the information necessary and present it to our QA Team to determine whether barring is the only way that we can ensure safety.

If a decision is made to bar:

- Our team will work to identify and coordinate transition to appropriate ongoing care.
- The Chief Clinical Officer and your main provider at Casa will meet with you to explain our decision. If it is not safe for our staff to communicate barring, it is possible that the bar will have to be communicated to you by police.
- We will notify our staff members that there has been a barring, and they will be required to contact the Chief Clinical Officer or another supervisor if you come to campus.

Requesting a lift of a bar:

- If you have been barred from Casa Esperanza, but you would like to engage in treatment again, you may request that the bar is lifted. You can contact the program, and the staff person responding to the request will contact our Chief Clinical Officer. We may ask you to meet with a Clinician to help you and us understand your current situation and what risks we need to address.
- The QA team will make a decision based on:
 - Reason for request
 - Review of initial incident report
 - Consideration of other parties involved
 - Current mental status
 - Appropriateness of level of care
 - Treatment engagement and participation, if applicable
 - Other relevant risk behaviors
- If the team determines that it is safe for you to return to the agency, we will let you know and review with you how we can work together to ensure that you can stay safe, including making a Safety Plan. We will also ensure that all staff are informed that your bar has been lifted.

Follow-Up

Where possible, staff will maintain contact with their patients for at least one year after discharge, with the consent of the patient. If you agree on our Consent to Treatment and Admissions Agreement form to participate in our follow-up program, staff will attempt to contact you at 30, 60, and 90 day intervals from your date of discharge.

Additionally, through Casa Esperanza's Supportive Housing and Outpatient programs graduates can participate in Casa Esperanza's Consumer Advisory Board (CAB) and engage in a range of aftercare support services. The Casa CAB is made up of patients (in Phase 3 and beyond) in good standing as well as graduates of our residential programs maintaining their recovery or current patients of our outpatient services and supportive housing programs. The Casa CAB meets quarterly to provide direct input to program development, implementation, and quality assurance efforts as well as planning and participating in pro-social, recovery oriented activities and peer support groups.

11. Grievances

A grievance is a formal complaint made when you believe your rights have not been upheld or you have been treated unfairly. Examples include: not being permitted to participate in religious worship of your own choosing, or not receiving the services that were outlined in your treatment plan. It is our expectation that you let your assigned counselor and/or case manager know if you have a concern about the services you are receiving. However, if your concern could not be resolved directly, you may file a formal grievance. You have the right to an advocate or other assistance to support you through this process. You may also request an external review with the Bureau for Substance Abuse Services or another external agency. The BSAS Confidential Complaint Phone Line is 617-624-5171. The Division of Health Care Facility Licensure and Certification's 24-hour Consumer Complaint Line is 800-462-5540. Forms can be obtained from our counselor/case manager or in the front lobby. **Filing a formal grievance will not result in retaliation or barriers to services.**

The grievance procedure detailed below explains how efforts will be made to resolve the complaint and process of the formal grievance. (If you do not understand this process, ask your counselor/case manager for more information.)

STEP 1:

If you have a complaint that could not be resolved with program staff, you may submit a formal grievance to the Chief Clinical Officer (CCO) within 30 days of the event occurring. If possible, please submit the grievance in writing. The grievance may also be filed verbally in a face-to-face interview with a staff person who will document it, and you will be asked to review and approve it, and sign it only if it accurately represents your grievance. A copy of any grievance is submitted to Casa's Quality Assurance Team.

STEP 2:

The Chief Clinical Officer or another designated staff member will immediately assess for safety. If there is a situation that is potentially unsafe, we will take steps immediately to document and put a safety plan in place. We will share this safety plan with you.

STEP 3:

The Chief Clinical Officer will conduct a thorough assessment of what led up to the grievance. The Chief Clinical Officer may designate another staff person to take the lead in this process. The assessment will include meeting with you to review your statement, which may include additional questions to ensure we have a clear understanding of the problem, and meeting with any other people involved to obtain detailed statements from them.

STEP 4:

The Chief Clinical Officer will decide on steps to take to resolve the grievance. This may involve a conflict resolution meeting with you and the staff person, or it may involve other steps. The Chief Clinical Officer (or another staff person designated to take the lead) will explain the resolution plan clearly to you, verbally and in writing, including any resolution steps that are decided on in a conflict resolution meeting. Our goal is to develop and share this resolution plan with you within 30 days.

STEP 5:

You may appeal the grievance decision within 10 days and request a conference with the Chief Operating Officer. The appeal may be made in writing or verbally.

STEP 6:

The Chief Operating Officer will schedule a meeting with you within 10 days of receiving a written or verbal appeal to try to resolve the issue.

STEP 7:

Within 5 business days, the Chief Operating Officer will develop and share a resolution plan with you, verbally and in writing. If you are not satisfied by these efforts, and at any time, you may request an external review with BSAS or another external agency. We will help you in this process, including sharing information about the resolution plans we have offered.

12. Client Fee Policy

Casa recognizes that many people in our community face significant barriers to paying for care. In order to eliminate these barriers, we do not charge any fees to patients for our services. We also do not collect patients' Food Stamps at any program.

Casa Esperanza contracts with a range of payers in an effort to ensure access to care for a wide range of patients. Patient consent forms include a consent to share information with third-party payers as necessary to bill for services. The Massachusetts Department of Public Health is the payer of last resort.

In case of cancellation of Outpatient appointments, Casa Esperanza makes every effort to reschedule within the same week. If we are unable to do so, we make every effort to provide the next available appointment. Casa Esperanza does not charge for missed appointments.

To help cover the cost of our work and support patients, we:

- Assist all patients in obtaining health insurance;
- Bill all patients' health insurance for services rendered as authorized by the payer;
- Apply for competitive grant funds to support unreimbursed care for patients that do not have access to health insurance; and
- Conduct other fundraising in an effort to offset additional costs that we do not collect from patients, including copays.

13. Individuals With Disabilities

Accessibility Policy

In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, no qualified person with a disability shall on the basis of their disability, be excluded from participation in, be denied equal benefit of, or otherwise be subject to discrimination under any program, service, activity or employment opportunity provided by Casa Esperanza, Inc. A disability is defined as “a physical or mental impairment that substantially limits one or more major life activity of such individual; a record of such impairment; or being regarded as having such an impairment (28 CFR Section 35).

In keeping with the philosophy and mission of Casa Esperanza to serve the community’s need for treatment services, the program will be actively involved in a process to remove architectural, attitudinal and service barriers to people with disabilities. Casa Esperanza will take appropriate actions and develop specific plans aimed at promoting the recruitment of persons with disabilities as clients within the organization. Also, consideration will be given for the provision of specialized equipment or to the assistance necessary for people with disabilities. Again, such policies will be in compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

Procedures

- **Disabilities Coordinator:** The Deputy Director for Casa Esperanza serves as Disabilities Coordinator for each program and is responsible for overseeing ongoing compliance, conducting the self-evaluation, and implementing related client grievance procedures.
- **Accessibility Self-Evaluation:** On an annual basis, Casa Esperanza will conduct a self-evaluation of its facilities, programs, services, policies and practices to determine their compliance with Section 504, ADA and other pertinent laws and regulations. The Annual Update Form may be used as a self-evaluation survey. The input and assistance of persons with disabilities and other qualified individuals will be sought and engaged in this process. The survey will note the areas examined, the results of examination, remedial steps to be taken where deficiencies are identified, and timelines completion. These documents will be maintained on file.
- **Facilities:** Physical access to the programs and services of Casa Esperanza will be a major focus of self-evaluations. All programs, services and activities will be examined. Those programs, services or activities that are found not to be accessible, as well as those that are, will be identified within the survey document along with explanations of the nature of any inaccessibility. Wherever, in compliance with ADA and applicable State architectural access codes (whichever is stricter), equal access is limited or precluded by structural barriers, priority will be given to removal of these barriers over alternative methods of achieving program success. When structural changes are undertaken, a written 1-3 year transition plan citing the steps to be taken and anticipated timelines will be developed and incorporated within the evaluation document. Should new construction or qualifying renovations be undertaken, Casa Esperanza will ensure that all requirements, as applicable, of the Uniform Federal Accessibility Standards, the ADA and/or state architectural access codes, are met or exceeded.
- **Emergency Evacuation:** Emergency alarm devices in all public areas are both visual and auditory. The Deputy Director, in their role as Disabilities Coordinator, oversees preparation for emergency evacuation of all clients with special needs. Upon intake, the Director will make specific emergency

evacuation plans for any client who is unable to follow standard evacuation procedures without assistance.

Assistive Devices and Equipment Policy

- **Assistive Devices:** Casa Esperanza provides for the use of closed caption TV decoder to be utilized upon reasonable prior notice of need and, as available. All movies and videos used in conjunction with consumer services or activities will contain closed captioning and descriptive video service. If such products are not available, alternative means of providing communication access, as previously described, will be provided when these items are used. Upon reasonable prior notice of need, assistive listening devices will be considered for use at meetings and during one-on-one counseling sessions, as determined through cooperative discussion with affected clients. In addition, visual and/or tactile signaling devices will be provided to clients, as needed.
- **Assistive Equipment:** Casa Esperanza will comply with all applicable Federal and State laws and regulations relative to the use of assistive equipment, including trained assistance animals. In addition, no arbitrary restrictions or limitations will be placed on the type or number of assistive equipment items, including trained assistance animals, that consumer may bring with them into Casa Esperanza facilities. In instances where any limitations are considered (such as space availability), these will be discussed, and in all cases the needs of the individual consumer will be the primary factor in the decision-making process.

14. HIV Education

As part of its commitment to provide quality care to all clients, Casa Esperanza has developed the following factual information and guidelines concerning the Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS). As part of your treatment you will be presented detailed information on:

- The causes of HIV/AIDS;
- The way the HIV is transmitted;
- How to avoid HIV infection,
- Signs and symptoms of AIDS;

- HIV is most often transmitted in three ways:
 1. Unprotected sexual activity;
 2. Blood to blood contact (even small amounts), such as when sharing injection equipment;
 3. Passed from an infected woman to her child during pregnancy or birth.
- Practicing safer sex (e.g. using a condom) will help reduce the risk of becoming infected with the virus. Remember: condoms are not always 100% effective.
- Continued involvement with risk behaviors (e.g. unprotected sex, sharing injection equipment, abusing alcohol or other drugs that lower inhibitions resulting in poor judgment) greatly increases the risk of contracting HIV.
- Information is available to me from staff regarding:
 - Where I can go to be tested for HIV;
 - Counseling regarding whether the HIV antibody test would be advisable given my current risk level;
 - Counseling concerning the meaning of the test results either positive or negative.
- I understand that a negative test result may not be conclusive depending on the elapsed time between potential exposure(s) to HIV at the time of the test. If I am at high risk, retesting at a later date may be advisable.
- If I am HIV-positive:
 - I understand that a confirmed positive test result means I am infected and can pass the HIV virus to others through unprotected sexual contact, blood to blood contact (e.g. IV drug use) or the birth process.
 - Notification services are available to me to inform others whom I may have infected through sexual contact or sharing injection equipment.
 - HIV case management services are available to me.
 - Information concerning other types of counseling, support groups and available human service resources are available to me.

15. Tobacco Policy

Casa Esperanza, Inc., a substance use and mental health treatment agency, maintains an environment free of tobacco use. We recognize that nicotine is an addictive drug and that tobacco contains many substances which pose a substantial risk to life and health of individuals who use tobacco or who are exposed to tobacco smoke. Therefore, it is the expectation of the program that patients refrain from smoking in designated areas and work with the Tobacco Counselor/Clinician to address their tobacco dependence and work towards tobacco cessation.

Casa maintains an environment free of tobacco use. Tobacco use, including all tobacco products, paraphernalia, smokeless tobacco products and electronic cigarettes, is prohibited throughout the entire agency, agency-owned vehicles, and all common areas and during program activities. Visible displays of tobacco products including promotional items and paraphernalia are not permitted on agency premises. This policy applies to all patients and their family members, staff, contractors and visitors, and corrective actions will be put in place for people who do not uphold the policy. For patients, this will be addressed not as a disciplinary issue, but as a treatment issue.

Casa Esperanza, Inc. provides education and treatment for patients dealing with tobacco dependence, which includes assessment, individual counseling, educational groups, and activities to promote a tobacco-free life. If a patient is motivated to continue treatment and address their tobacco dependence, Casa Esperanza will provide assistance.

We ask our community to join us in promoting a healthy, drug-free treatment program.

Procedures for Patients:

- Patients who are admitted to Casa Esperanza, Inc. programs review and sign the Tobacco-Free Policy.
- During intake, clinical staff complete the 5A form with the patient (Ask, Advise, Assess, Assist, and Arrange). Patients who report that they are nicotine dependent are provided with education about tobacco cessation and information about tobacco cessation services we provide.
- The Counselor/Clinician provides individual counseling to patients using the Stages of Change and Motivational Interviewing Techniques and generates a treatment plan with the patient to assist the patient in moving from one stage to another towards the Action stage (quitting smoking).

16. Consent for Release of Communicable Disease Information

I understand that if I am identified as a person who may have contracted an infectious disease, information about my diagnoses and treatment for STDs or TB may be needed to review the treatment I receive while I am enrolled in this program. This information is for the purpose of allowing the agency listed above to provide and review the treatment I receive for STDs or TB and to help prevent the spread of these infectious diseases.

I understand that my STD records are protected under State Law Chapter 111, Section 119, which states that my STD records shall not be disclosed except upon proper order by a judge or to a person whose job, in the opinion of the Commissioner of Public Health, entitles him or her to receive the information. TB case records are also kept confidential under state laws and the same protections apply.

I understand that my drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Records 42 CFR Part 2, Subpart C and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may cancel this consent at any time except to the extent that action has already begun. If not previously cancelled, this consent will terminate upon the termination of services or will last no longer than reasonably necessary to complete STD or TB treatment.

Laboratory tests conducted in the course of Public Health activities may be sent to the State Health Department or its designees, but will remain confidential as described in Section 5.

Family Resource Guide

Family Support Service

Casa Esperanza is dedicated to supporting each individual with their mental health and/or path to recovery. As an agency, we are here to support you and your family members. Below are a list of resources that your loved ones may access in the community. The resources provided have a range of services which include family support services, group therapy, social or educational services for family members. Additional resources can be provided by meeting with someone from your treatment team.

Bureau of Substance Addiction Services (BSAS)

BSAS oversees the statewide system of prevention, intervention, treatment, and recovery support services for individuals, families, and communities affected by gambling and substance addiction.

250 Washington St.
Boston, MA 02108
(617) 624-5111

Learn to Cope:

Learn to Cope is a non-profit support network that offers education, resources, peer support and hope for parents and family members coping with a loved one addicted to opiates or other drugs.

4 Court Street
Suite 110
Taunton, MA 02780
(508) 738-5148

Children of Alcoholism and Substance Abuse (COASA)

The Children Of Alcoholism And Substance Abuse (COASA) program supports children of alcoholism and substance abuse. Specific services include:

- Individual, family and group counseling
- Support groups
- Advocacy in the community

Maureen McGlame, Director
(617) 272-5039
mmcglame@rfkchildren.org

Boston Medical Center: So Far Clinic

Based in Pediatric Primary Care, the **SO FAR** (Supporting Our Families through Addiction and Recovery) clinic is a comprehensive outpatient program for families impacted by substance use disorders. The clinic provides primary care for substance exposed newborns and children, as well as subspecialty care including developmental and ophthalmologic assessments, and routine follow-up for Hepatitis C perinatal exposure. The clinic also provides addiction support services for the mothers, as well as social work services and peer recovery support.

One Boston Medical Center Place
Boston, MA 02118
(617)-414-6926

Al-Anon Family Groups:

Al-Anon is a worldwide fellowship program for families and friends of alcoholics. The program does not focus on trying to get a loved one to stop compulsive drinking, but instead addresses common problems that loved ones of alcoholics face. There are multiple locations that offer services in English and Spanish. You can find your local meeting at visiting <https://al-anon.org/> or speaking to your treatment team.

** the website above will also connect you to Alateen services

Nar-Anon Family Groups:

Nar-Anon is a 12-step program for anyone who is affected by another person's addiction. Loved ones are able to address the struggles they face through a structured, step-by-step process surrounded by others fighting similar battles who can encourage them. There are multiple locations that offer services in English and Spanish. You can find your local meeting at visiting <https://www.nar-anon.org/> or speaking to your treatment team.

GRASP: Grief Recovery After a Substance Passing:

GRASP was founded to provide support, compassion, and resources to those coping with the loss of a loved one due to substance abuse or addiction. They offer a variety of online resources as well as local chapters across the U.S. that offer face-to-face support groups. You may find a local group by visiting <http://grasphelp.org/> or further discussing support with your treatment team.

Boston Emergency Services Team

Boston Emergency Services team (B.E.S.T.), under the leadership of Boston Medical Center and with the support of the Massachusetts Behavioral Health Partnership, provides a comprehensive, highly integrated system of crisis evaluation and treatment services to the greater Boston area. If you or someone in your family is in crisis, please call 1-800-981-4357 for guidance.

The Urgent Care Centers

Urgent Care Centers are located at the Dr. Solomon Carter Fuller Mental Health Center at Boston Medical Center and at the Eric Lindemann Mental Health Center. These sites are an option when mobile evaluations are not desired and the medical support of a hospital Emergency Department is not needed. The Urgent Care Centers also provide short-term crisis treatment, including psychopharmacology support. The Urgent Care Centers accept walk-in clients and serve both children and adults. The Urgent Care Centers also house mobile teams that are dispatched to the community for child and adult evaluations.

It is strongly advised that prior to arrival to Urgent Care Center the Call Center be contacted at 1-800-981-4357.

Addendum: Notice of Privacy Practices

Casa Esperanza, Inc.
Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Casa Esperanza, Inc. (Casa) keeps a record of your health information. This includes health information about you that is collected during the course of your treatment at Casa, and includes information that may be kept in paper or electronic form. Information such as your symptoms, test results, diagnoses, treatment, care plan, demographic, and payment information are examples of your health information that may be a part of your health record. We are legally required to keep this health information private. This Notice is being given to you because Casa is required by federal law to tell you ahead of time about:

- How Casa will handle your health information
- Casa’s legal duties related to your health information
- Your rights with regard to your health information.

This Notice applies to Casa and the following individuals/organizations:

- Any provider who is a member of Casa’s behavioral health or case management staff.
- All Casa workers, including employees, volunteers, and interns
- Any staff member authorized by Casa to enter information into your health record.
- Any health care provider that is part of Casa’s integrated care clinic in partnership with Boston Health Care for the Homeless Program.
- Casa and BHCHP share medical information for treatment, payment, and health care operations purposes as described in this Notice.

A. USE AND DISCLOSURE OF HEALTH INFORMATION WITHOUT AUTHORIZATION

1. Treatment: Your Clinician, Treatment Coordinator, Case Manager, Recovery Support Staff, Nurse, and Psychiatrist involved in taking care of you at Casa may use your health information to provide you with treatment or related services. Different departments and your interdisciplinary care team—including, without limitation, medical, behavioral health, and care management staff—may share your health information for purposes of care coordination. This helps to make sure that everyone caring for you has the information they need. Casa believes that sharing your information is critical in order to provide you with the best health care and is necessary given the complexities of co-occurring substance use and mental health needs and various other health conditions.

2. Payment: Casa may use your protected health information to bill for services provided to you and to collect payment for our services. For instance, your insurance company or third party payor, such as Medicare or Medicaid, may request to see copies of your record to verify services which you received or to determine if you are eligible for benefits or if the services you received were medically needed.

3. Health care operations: Health Care Operations are the functions that all health care facilities and agencies perform to verify that the delivery of care to patients is being properly performed and that the facility or agency is functioning properly. Some of the information is shared with outside parties who perform these health care operations or other services on behalf of Casa (“business associates”). These business associates must also take steps to keep your health information private. Examples of activities that make up health care operations include:

- Monitoring the quality of care and making improvements where needed
- Making sure health care providers are qualified to do their jobs
- Reviewing medical records for completeness and accuracy or as required by law
- Meeting standards set by agencies who regulate Casa
- Supervising health professionals
- Using outside business services, such as auditing, legal or other consulting services
- Storing your health information on our computers
- Managing and analyzing health information

4. To contact you regarding your care: Casa may use your health information to contact you:

- At the contact information you give to us (including leaving messages at the telephone numbers): about scheduled or cancelled appointments, registration/insurance updates, billing or payment matters (if applicable), or test results
- With information about patient care issues, treatment choices, and follow up care instructions
- To discuss health related benefits or services that may be of interest to you.

5. In medical emergencies:

Information may be disclosed to medical personnel who need such information about a client in order to treat a condition that poses an **immediate threat** to the client’s health and that requires **immediate intervention**.

6. As required by law or legal authorities: BCasa is either permitted or required by law to disclose your health information to the following types of entities and for the following reasons, including but not limited to:

- **Public Health:** Casa may disclose your health information for public health activities, including to prevent, lessen or control disease, injury, disability, or other serious threats to your or the public’s health or safety; to report child abuse, or neglect, or as otherwise authorized by law; to report reactions to medicine or problems with products; to notify a person exposed to a contagious disease.
- **Victims of Abuse, Neglect or Domestic Violence:** Casa staff are permitted to disclose your health information to an appropriate agency(ies) authorized by law to make an initial report of abuse or neglect of a child, an elder or a person with a disability. Any additional information requested in relation to such a report needs a court order and subpoena as described above.

- **Health Oversight:** Casa may be required to disclose health information to oversight agencies for activities such as audits or inspections to oversee the health care system and/or government programs.
- **Legal Proceedings:** Casa may be required to disclose health information as part of a judicial or administrative proceeding, such as in response to a legal order or subpoena.
- **Law Enforcement:** Casa may be required to disclose health information if a patient has committed a crime or is threatening to commit a crime. Staff may only divulge: the client's status, name, address, and last known whereabouts.
- **Medical Examiners, Funeral Directors, and Organ Donation:** Casa may be required to disclose health information to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also disclose health information to a funeral director or their designee, as necessary to carry out their duties. Health information may also be disclosed to coordinate organ, eye or tissue donation at death.
- **Research:** Under certain circumstances, Casa may share health information about patients for research purposes; however, all individual identifying information is removed and we will request your consent to participate in any research and evaluation studies. If a researcher will have access to your name, address, or other information that reveals who you are, we will ask for your specific permission or get approval from an Internal Review Board.
- **Specialized Government Functions:** Under certain circumstances, Casa may be required to disclose health information to units of the U.S. government with special functions, such as the U.S. military or the U.S. Department of State.
- **Workers' Compensation:** Casa may use and disclose health information as required to comply with workers' compensation laws, and other programs that provide benefits for work-related injuries or illnesses.

Required By Law: Casa may be required to use or disclose your health information as required by federal, state or local law. This includes by means of a valid subpoena AND Court Order or Client Consent

- **All disclosures of client information must be recorded in the patient file.** Under HIPAA, clients have the right to obtain an accounting of certain disclosures made by a program during the preceding 6 years. To ensure Casa Esperanza, Inc. and its affiliates can meet this requirement, all disclosures of client information will be recorded.

B. USES OR DISCLOSURES THAT MAY BE LIMITED OR YOU MAY REQUEST NOT BE MADE

1. Emergency Situation

If you are in an emergency situation and not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that others really need to know.

2. Disaster relief purposes: Including:

- To coordinate uses and disclosures to individuals involved in your care.
- To authorized public or private entities to assist in disaster relief efforts.

C. USE OR DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION

Using and/or disclosing your health information for most purposes other than those detailed above requires your written authorization. Under state and federal law, certain types of information in your medical record are considered to be highly sensitive and confidential. Releases of this sensitive information require you to provide a specific written authorization. Examples of sensitive medical information that requires an authorization include: HIV testing or test results, certain clinical therapy documentation, and behavioral health history and treatment (including both mental health and substance use).

Revocation of Your Written Authorization

If you provide written authorization for us to share your health information, you may revoke that authorization, in writing, at any time. Once revoked, we will no longer share your health information for the purpose(s) covered in the written authorization; however, we are unable to take back any information we have already shared prior to the time your authorization was revoked.

Sale of Protected Health Information and Marketing Efforts

Casa prohibits the sale of protected health information without your express written authorization. This means we will never sell or lease your health records without first obtaining your written authorization.

Casa's direct marketing efforts to community members may include patients. As a patient, you have the right to "opt out" of receiving Casa marketing materials. In order to opt out, please contact the Privacy Officer; see section G below.

D. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Right to inspect and copy: You have the right to inspect and copy health and billing information that may be used to make decisions about your care. This does not include psychotherapy notes, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding.

To inspect and copy your health information, you must complete an Authorization for the Release and/or Discussion of Medical Records and submit it to Casa Esperanza, Inc. Administrative Office, 302 Eustis Street, Roxbury MA 02119. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, and supplies used.

Casa may deny your request to inspect and copy your record in certain, very limited, circumstances. Casa may ask that you receive this information in a meeting with your provider, so that you can ask questions and receive explanations while you review your record. You may request that we release

copies of your record for inspection to you through another provider or you may request that we release copies of your health record to you through your attorney.

- 2. Right to request an amendment:** If you feel that health information we have about you is inaccurate or incomplete, you have the right to request an amendment to your record. You have the right to request an amendment for as long as the information is kept by (or for) Casa. Casa has the right to deny your request for amendment of your medical records if it is not in writing or if it does not include a reason to support your request. Casa may also deny your request if you ask us to amend the following types of information:
- Information that was not created by Casa, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for Casa;
 - Is not part of the information which you would be permitted to inspect and copy; or,
 - Is accurate and complete.

To request information about the steps to be taken if you wish us to amend your record or if you wish to submit an amendment, you must submit your request in writing to the Privacy Officer; see section G, below.

- 3. Right to an accounting of disclosures (shared information):** You have the right to request an accounting of disclosures, which is a list of the health information about you which we have shared.

To request an accounting of disclosures (shared information), submit your request in writing to the Privacy Officer; see section G, below. Requests for an accounting of disclosures may be for a period of up to six years and requests may not include requests for information released (shared) before August 4, 2014. Your request should indicate if you prefer to receive the list on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- 4. Right to request restrictions:** You have the right to request a restriction or limitation on the health information we share about you for treatment, payment, or health care operations. The right to request restrictions does not apply to or limit uses and disclosures required by law. You also have the right to request a limit on the health information we share about you to someone who is involved in your care or payment for your care, like a family member or friend.

To request restrictions, contact the Privacy Officer; see section G, below. In your request you must tell us 1.) what information you want to limit and 2.) to whom you want the limits to apply. We may use or disclose restricted information for emergency treatment or as defined in Section A and B above.

- 5. Right to request confidential communications:** You have the right to request that we communicate with you about health information in a certain way or at a certain location. For example, you can ask that we only contact you by telephone or by email.

To request confidential communications, contact the Privacy Officer; see section G, below. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. Right to a paper copy of this notice: You have the right to obtain a paper copy of this Notice. You may obtain a copy of this Notice at our website (www.casaesperanza.org) or by other electronic means (e-mail). Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a paper copy of this Notice on admission, on your first in person visit after the effective date, or you may contact the Privacy Officer (see section G, below) for a copy of this Notice at any time.

7. Right to access PHI electronically: You have a right to obtain a copy of your protected health information in electronic format where it is maintained in an Electronic Health Record (“EHR”). This means you may request a PDF copy of your health information and we must provide you with one for the information that was stored in our EHR.

8. Right to complain: If you feel that your privacy rights have been violated, you may file a complaint with Casa by notifying the Director of Compliance by filing a Grievance in accordance with the Casa Grievance Procedure. If the complaint/grievance is about a violation of privacy, it will be forwarded to the Privacy Officer.

You may also file a complaint with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint. Casa will not retaliate against you for filing a complaint.

E. CASA’S RESPONSIBILITY TO RETAIN MEDICAL RECORDS

Casa maintains outpatient health records for a period of up to 20 years from a patient’s last date of service. Residential health records are maintained for up to 7 years from a patient’s last date of service.

Patient access to health records will not change with this change in the law. Patients continue to have the right to inspect their health records upon request at any time during the period for which we are required to maintain medical records.

When the record retention time period has expired, Casa is required to notify the Department of Public Health, 30 days prior to the intended date of destruction, of our intention to destroy the records. Destruction of records is done by a vendor who has signed an agreement to transport and destroy the records in a manner which protects confidentiality at all times.

You may obtain a full copy of the Casa Esperanza, Inc. Records Retention and Destruction Policy by contacting the Privacy Officer; see section G, below.

F. CHANGES TO THIS NOTICE

We reserve the right to revise or change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you or any information we receive in the future. The effective date will be at the top of the first page.

G. CONTACT INFORMATION

If you have any questions about this Notice, please contact:

Casa Esperanza, Inc.
Attn. Privacy Officer
302 Eustis Street
Roxbury, MA 02119

PROGRAMS/LOCATIONS OF CARE AND COLLABORATIONS

A list of Casa programs/locations of care and collaborations includes the following:

1. 291 Eustis Street (Men's Residential Program)
2. 263 Eustis Street (Latinas y Niños Residential Program)
3. 245 Eustis Street (Familias Unidas Outpatient Services)
4. 365 East Street, Tewksbury MA (Conexiones CSS Program)
5. 302 Eustis Street (Admin. Offices)
6. Boston Health Care for the Homeless

Patient Acknowledgement Form

The Patient Manual describes important information about the services provided in Familias Unidas. I understand that I should speak with the staff of the Familias Unidas Outpatient Program regarding any questions not answered in the manual and intake session.

Since the information described in the manual may change, I acknowledge that revisions to the manual may occur. All such changes will be made in written format and distributed to all patients, and I understand that revised information may supersede, modify, or eliminate existing policies.

It is our policy that all Casa Esperanza clients indicate their agreement and consent to all terms of the Admissions Agreement, Client Rights, Grievance Procedures, Mandated Reporting, Client Fee Policy, Confidentiality Policy, Tobacco Policy, Fire Safety Plan, Follow-up Policy, as well as all other policies provided in the intake and this manual by signing below.

I have received the manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

Name of Patient (print): _____

Signature of Patient: _____ Date: _____