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| **Crisis/Walk In Intakes** | **Intakes/Counseling/Psychiatry** | **Intakes/Counseling/Psychiatry** |
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| Lancaster, Ohio 43130 |  Lancaster, Ohio 43130 | Pickerington, Ohio 43147 |
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| Fax (740) 277- 6089 | Fax (740) 277-7020**CCBHC**1550 Sheridan Dr Suite 202Lancaster,Ohio 43130Phone (740) 808-8371Fax (740) 785-4924www.newhorizonsmentalhealth.org**CLIENT HANDBOOK** | Fax (614) 834-1920 |
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Agency Mission is to improve the health and well- being of individuals, families and our community, through the provision of accessible, evidence-based, comprehensive mental health care, and the creation of effective community partnerships.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Funded, Licensed or Accredited by:

United Way of Fairfield County

Fairfield County Alcohol, Drug Addiction and Mental Health Services

Commission of Accreditation of Rehabilitation Facilities

Ohio Department of Mental Health and Addiction Services

  



**NEW HORIZONS MENTAL HEALTH SERVICES**

**CLIENT HANDBOOK**

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## WELCOME TO NEW HORIZONS MENTAL HEALTH SERVICES

Welcome to New Horizons Mental Health Services, a private, non-profit community mental health center. We have been located in Fairfield County since 1971 and over the years have served thousands of persons of all ages and with all types of mental health and substance abuse issues.

We are pleased you have decided to work together with us. Coming in for help is the first step in treatment! We believe your treatment experience will result in finding solutions to the problems you are experiencing. We will do everything in our power to help you reach your goals.

Our primary funder is the Fairfield County Alcohol, Drug Addiction and Mental Health (ADAMH) Board, which uses Federal, State and local levy dollars to purchase a variety of mental health services that our community needs and wants. We are also funded by United Way of Fairfield County. As well, we depend on client fees, health insurance, Medicare and Medicaid payments and other sources to cover our costs.

## PAYING FOR SERVICES

You will be asked to read and sign a separate fee agreement that outlines your payment responsibilities and/or any other fee payment sources available to you. Please read this document carefully, and feel free to discuss your fee with your clinician or our billing office. In an effort to serve you as quickly as possible, your presence for each scheduled appointment is important. If you fail to notify the Agency within 24 hours of your inability to keep your appointment, you may be charged a fee, based upon the sliding fee schedule. The Agency will restrict your ability to continue to receive any treatment, except Crisis Intervention services, if you do not comply with the terms and conditions of your contract.

## SPECIAL TREATMENT CONDITIONS

**Client conduct:** It is important for you to know that if your actions, behaviors or conversations are indicators of potential risk of harm to yourself or to others; the staff of New Horizons will initiate an assessment to determine the appropriate and necessary actions to be taken to protect you and/or others from doing harm or violence. This assessment could include notification of your intended target(s) of violence or harm, appropriate law enforcement and emergency medical services if that is what is required to provide safety for yourself and your intended target(s). The minimal amount of your Protected Health Information will be disclosed to perform the necessary actions in preserving safety.

**Our abuse and neglect-reporting requirement:** Under State law, our staff and all health and human service professionals have a mandatory reporting requirement if they suspect abuse or neglect of minor children, developmentally disabled individuals or the dependent, disabled elderly. A report is made to the appropriate authorities, consisting of the Child Protective Agency or Adult Protective Services or the Developmental Disability Board and law enforcement.

## YOUR PARTICIPATION IN TREATMENT AND YOUR SATISFACTION

New Horizons Mental Health Services believes the treatment process is a partnership between you and your clinician(s). Throughout treatment you will be able to take an active role by talking with your clinician about your wants and needs at each session. It is important to us that we establish a good connection with you.

From the first session we will ask you to actively participate in the assessment and treatment of your particular situation. Your Assessment in the first session will help us determine the services to recommend and the next steps in treatment. Some services will use additional screenings and questionnaires to measure outcomes. The Surveys summarize how you see yourself in a number of areas so this information can be used for discussion in treatment planning. This survey is easy to complete and identifies your strengths and any barriers to overcome. It becomes a ‘measuring stick’ to monitor the results of treatment on a regular basis.

You will be an active partner in the development of your individual service plan (sometimes called

“treatment plan”), which includes the goals you wish to achieve, how you wish to accomplish them, and reviewing your progress along the way. Your strengths, needs, abilities and preferences for treatment are identified. If you have more than one New Horizons clinician, we will notify you who is responsible for the coordination of your New Horizons care.

This treatment plan can be changed and updated by you and your clinician at any time to meet your needs. Your individual service plan is about your hopes and dreams. It is about making choices in your life, building on your strengths, and staying safe and healthy. Your plan will work best if you tell us openly what is going on in your life and what you think might help. Keeping your appointments and telling us about any changes in your circumstances will help reach your goals more efficiently.

We ask you to rate your satisfaction with all of our services by talking to your clinician(s) or support staff about any concerns or compliments you have, or by completing a Client Feedback Form at anytime. These short survey forms are available in our lobby, or you may request a form from one of the support staff. At times during the year, we may ask you and every other client who visits us that day or week to complete a survey. We study the results of these surveys so we can do the best job possible in meeting your needs. Our hope is that you will be absolutely satisfied with everything we do with and for you. Also, supervisors randomly contact clients to rate your satisfaction after you’ve met with a New Horizons clinician in your home.

## OUR EXPECTATIONS ABOUT YOUR TREATMENT

We believe in the Recovery Model of mental health and alcohol or other drug care. Recovery is a journey filled with hope, personal strengths, community involvement, meaningful and satisfying personal relationships, and personal growth, even as you cope with either an acute mental illness or substance abuse disorder that may dissipate over time, or a chronic and severe mental illness or substance addiction that you will manage for the rest of your life.

We try to make Recovery real for you and we try to advance our agency mission by providing the best mental health and alcohol/drug care to you that we possibly can, using the latest research evidence to guide the clinical work that we do. We think it is important for you and for us to always focus on the outcomes of our work together. Are you feeling better? Are you attaining your goals? Was this session helpful? Is the medication helping you feel better and do some things you have wanted to do? Is your outlook more positive?

We expect our relationship with you to be a partnership, and we will always convey to you our hopefulness and confidence in your ability to experience Recovery. We will always strive to provide the best customer service in every contact we have with you, whether at the front window or in the billing office or in the clinician’s office. All New Horizons staff agree to abide by the New Horizons Code of Ethical Practice and Professional Conduct. This document is available to you upon request.

Your individualized service plan will guide your treatment. The plan is about making choices, setting specific objectives, building upon your strengths and staying safe and healthy. Your plan will be revised or reshaped whenever different objectives or clinical services are added.

## AGENCY SERVICES

**Crisis Intervention:** often called ‘emergency services.’Our New Horizons Crisis Clinicians are available at any time (24/7) at the agency or in the community, including your home. If you have a mental illness or alcohol or other drug emergency, you should get help right away. A situation is considered an emergency when a person is at immediate risk of harm to self or someone else. Our Crisis Service is available 24 hours per day, seven days per week to you and to any community member who is experiencing an immediate and serious mental health crisis. Persons in crisis may call the special emergency services number (740) 687-8255. Due to funding reductions, this phone line is not currently available for general telephone support or counseling. Persons in crisis may also go directly to the closest hospital emergency room. **If there are immediate life threatening safety or medical concerns 911 should always be your first call.**  If you think you may ever need to use this crisis intervention service, please ask your clinician any questions you have about how to seek this service.

**Mental Health Assessment:** This is referred to as “the intake.” This is an individual session or two with a therapist to determine if a current mental illness and or an alcohol or other drug problem exists. Your therapist will inform you of appropriate treatment recommendations. Your needs and desires are examined and together you create an initial treatment plan. Because an accurate diagnosis is so important to the success of your treatment, every new client and every re-admitted client starts with this assessment. The therapist may recommend other New Horizons services to you, or you may request other services yourself. The therapist may also suggest other services that you could benefit from outside of New Horizons.

**Counseling/Psychotherapy (C/P):** This is sometimes called “therapy”, “counseling” or “behavioral health.” Individual therapy involves only the client and the therapist. In group therapy several clients participate in therapy at the same time. Clients are able to share experiences and learn that others feel the same way, and have some of the same experiences. Marital or couples therapy helps partners and spouses work together on relationships and mental health issues. Family therapy often involves several family members so that your family system can function better for each of the family members. Intensive family-based therapy is a specialized service for families who are experiencing multiple difficulties. This program seeks to provide a level of care that is sufficient to safely prevent any out of home placement of the child.

In all forms of therapy for mental health, older adult home services and / or alcohol or drug issues, the therapist works with you to identify and resolve issues and problems that are leading to your current life difficulties.

**Psychiatric Service:** This is psychiatric care; also known as Pharmacotherapy. This service begins with a specialized evaluation by a psychiatrist, who is a medical doctor or a CNP, a Nurse Practioner who is legally licensed to evaluate and prescribe medication. Should the psychiatrist recommend you take medication and you agree you will be seen by the psychiatrist who will monitor the effectiveness of the medication. An agency nurse will assist you with medication management when necessary.

**Clinical Community Support Services (CCS):** This is also known as case management. We assign CCS Specialists to eligible children and adults who have been diagnosed with a severe and chronic mental health disorder. The purpose of CCS is to assist in recovery by helping you to learn daily living skills, to manage your illness, to seek assistance in other places, and to find employment or to initiate other meaningful life activities.

**Supported Employment- JobOne:**This service is available to individuals who are receiving CCS services. We have employment specialists available to assist you in locating job opportunities.The employment specialist will work with you to identify your strengths, needs, abilities, preferences.  They will take the time to get to know you, your work history and experience to help you find the best fit for a job.   Personnel providing services have a working knowledge of job development opportunities, knowledge of issues around disclosure of disability and are familiar with employers and the application processes in the surrounding community. The agency also has a certified benefits planner on staff who can work with individuals in the program to explore the impact of income on benefits.

**Early Mental Health Intervention:** This service takes place in city and county schools. Parents, students, or school personnel can make referrals. Generally a teacher or other school official refers specific children to our intervention specialists who are licensed counselors or social workers. We then seek parental permission to work with the child in the school setting. Children who are experiencing academic, behavioral, emotional or social difficulties in school are eligible for the service. Only schools that contract with the agency have access to this service.

**Service Delivery - Telehealth**

Beginning in March 2020, New Horizons began to offer all of the above outlined services virtually, via telehealth, in addition to in-person visits. Telehealth services may be carried out through telephone or video, depending on insurance carrier. Discuss your individual options for service delivery with your provider.

## TREATMENT BENEFITS AND RISKS

**Risks of Refusing or Withdrawing from Treatment:**

* Problems and issues can become progressively worse, at times to the point of interfering with your daily functioning
* Experiencing serious or negative legal consequences initiated by a judge, if you have been court-ordered for services
* Experiencing serious or negative consequences initiated by your employer if your job performance is unacceptable
* Experiencing limited or possibly no benefit from any treatment received if you decline opportunities for specialized assessments or interventions to assure New Horizons is offering appropriate treatment protocols for your specific situation and/or symptoms as they change, advance or escalate

**Mental Health Assessment (Intake / Diagnostic Assessment):**

The **benefits** of a mental health assessment could possibly include the following:

* The ability to identify the presence of type, severity, extensiveness and level of dysfunction due to the presence of emotional or behavioral problem areas.
* The ability to identify and refer to the most appropriate recommendations for treatment and services for the resolution and or stabilization of the problem areas.
* The verification of disability as it relates to potential entitlements

The **risks** of a mental health assessment could possibly include the following:

* The identification of a mental illness that was previously unknown.
* Increased anxiety or stress related problems such as a flash back due to the potential of ‘reliving’ traumatic event previously repressed or forgotten.
* The confidentiality and privacy of the assessment are explained in the Privacy Practices pamphlet. If you are involved in any legal proceedings or applying for any type of disability benefits it is important you discuss these limits of confidentiality and privacy prior to the assessment. There is potential **risk** the assessment may provide information leading to negative actions. For example: the report is released and is used to disallow you for pending benefits, or it may lead to the denial of the reunification of your family by a Child Protective agency.

**Therapy (Behavioral Health):**

The **benefits** of counseling psychotherapy at New Horizons could possibly include the following. Not all treatment outcomes are the same based upon your individual needs.

|  |  |
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| * Effective parenting skills
* Depression and anxiety management
* Healthy relationships
* Family preservation
* Surviving and thriving with chronic disabilities
* Effective interpersonal communications
* Creative problem solving
 | * Decrease or eliminate negative psychiatric symptoms
* Improved physical health
* Improved quality of life
* Improved daily functioning
* Satisfactory resolution of the problems and issues presented when requesting the service
 |

Scientists in hundreds of well-designed research studies have showed the benefits of therapy. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions – as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. We do not accept clients we do not think we can help. Therefore, we enter our relationship with optimism about our progress.

If you wish for another professional’s opinion at any time, or wish to talk with another therapist, we will help you find a qualified person and will provide him or her with the information needed.

If you could benefit from a treatment we cannot provide, we will help you to get it. You have the right to ask about other such treatments, their risks, and their benefits.

Based on what we learn about your problems, we may recommend a medical exam or use of medication. If we do this, the reasons will be fully discussed with you, so that you can decide what is best. If another professional treats you, we will coordinate services with them and with your own medical doctor.

If for some reason you do not feel that treatment is not beneficial, we might suggest you see another therapist or another professional in addition to us. As responsible and ethical clinicians, we cannot continue to treat you if our treatment is not working for you.

In therapy, major life decisions can be made including decisions involving separation within families, development of other types of relationships, changing employment settings and changing life-styles. These decisions are a legitimate outcome of the therapy experience as a result of an individual’s examination of many of his/her beliefs and values. In therapy we will be available to discuss your assumptions, problems, or possible negative side effects in our work together.

Some **risks** of therapy could possibly include the following:

* Symptoms may be intensified;
* The conflict may not be resolved;
* The emotional experience may be overwhelming or too intense to deal with at this time;
* The targeted behavior may not change;
* In spite of therapy you still may not accept or forgive yourself;
* The interpersonal experience may not be successful or corrective;
* The therapeutic experience may activate or reactivate conflicts, thoughts, or emotions that may in turn lead to disruptive behavior;
* New and different symptoms may develop during therapy;
* Increased anxiety and concerns as you choose to face the problems and issues for which you want resolution;
* Exposure and identification of problems in your life that you have had no awareness;

 You may have difficulty in terminating therapy.

**Clinical Community Support Services (Case Management):**

The Community Psychiatric Supportive Treatment program provides an array of services with the following **benefits**:

* Delivered by trained, qualified mental health professionals,
* Provided in your home, or the office or in the community,
* Focuses on the individual’s needs to live successfully in the community,
* Lead to improvement in relationships and functioning at school, work, home and family.
* Provide an increase in self-esteem,
* Promote a new level of independence as symptom and illness management skills are utilized on a daily basis.
* Facilitate stabilization and recovery from mental illness

The **risks** may include increased stress due to learning new coping strategies and behavior changes plus taking on new responsibilities, which may temporarily increase symptoms of the mental illness. Changes in the individual’s behaviors may cause some strained relationships with an increase in assertiveness and independence, the power and control shifts from others back to the individual.

**Mental Health Crisis Intervention Service:**

The **benefits** could possibly include:

* The reduction, elimination or proper management of unwanted negative emotions;
* Assist in de-escalating a potentially explosive relational interaction;
* Provide an assessment to determine if more extensive, more frequent, or more intensive mental health interventions are recommended or needed;
* Provide consultation and explanation for an array of alternative behaviors, or thought processes to consider before decision making is finalized, leading to a more effective resolution of the crisis
* Upon the completion of a crisis assessment, specific suggestions and referrals are made based on your presenting crisis issue.

If you are considered to be so mentally ill and your symptoms and behaviors are such that you would be at imminent risk of causing harm to yourself or others, and you are unable to protect yourself, there is a **risk** you will be held under supervision by the order of a physician until you are safe and can be moved to a lesser restrictive environment that continues to be safe for you and others. You should talk to your therapist or case manager about Advanced Directives.

**Psychiatry Service (Pharmacotherapy):**

The **benefits and risks** of the Psychiatry Service are unique and will be explained by the psychiatrist. You should know the answer to the following questions should medications be recommended in the course of your treatment:

1. What is the medication I am taking?
2. What are the potential risks associated with taking this medicine?
3. What is this medicine supposed to do for me? How is it supposed to help me?
4. How long should I take it?
5. What side effects can I expect?
6. What is the dosing schedule? What should I do if I miss a scheduled dose?
7. Are there any special instructions in taking this medication?
8. Are there any foods, other prescriptions, or over-the-counter medications I should avoid?
9. If I’m taking several medications are there potential interactions I should be aware of?
10. Is there a lower cost generic available for my medication? If necessary is financial assistance available to help me purchase this medicine?

It is critical that your psychiatric provider be informed of any changes in the medications you receive from any other physician currently providing treatment, any changes or new medical procedures that are being recommended, or you are seeing a new physician or specialist. Our goal is to maintain the coordination of care and the prevention of potentially harmful interactions of medications or medical procedures.

Making a list of specific questions or observations you may have initially and throughout the course of taking medication is recommended. A full discussion at your regularly scheduled appointments assists you and your psychiatrist to manage your symptoms and concerns in a planned and thorough manner. This should reduce the need for crisis type contacts, which tend to be anxiety producing as you wait to obtain a response from the psychiatrist. This also assists the psychiatrists to stay on schedule for the most part, and reduce interruptions and delays for you and the other clients receiving this service. However, the nursing staff will be able to screen your crisis type inquiries during regular office hours should you require some type of intervention before your next psychiatric appointment.

Crisis intervention service is available if a physician must see you and your psychiatrist at New

Horizons is not available at the time of your crisis. The crisis intervention staff can consult the local emergency room physician. The crisis intervention staff member on duty will discuss these options with you and arrange the agreed upon action to be taken. Documentation of the intervention made at the hospital will be sent to your treating psychiatrist at New Horizons. Discussion with your psychiatrist at your next regularly scheduled appointment should include reviewing the hospital visit and its outcome. A crisis management plan should be developed with respect to your medication usage should unforeseen or serious symptoms occur again.

**Residential Subsidies:**

**Benefits** of an adult care facility or a group home could include:

* Providing a living environment with other clients to decrease isolation and loneliness occurring as a result of symptom flare–ups from the mental illness;
* Provide ‘time out’ or ‘respite’ from a current living situation that is temporarily chaotic, unsupportive, or unstable which could lead to decompensation of mental stability;
* An apartment subsidy promotes independence in community living for those otherwise financially unable to afford rent.

Individuals who are severely mentally disabled are eligible to apply for various types of subsidies and loans related to housing. Specific criteria and contracts are reviewed for each of the subsidy programs to assure eligibility and appropriateness.

Some **risks** may include:

* Subsidies are based on annual allocations, and administered until funding is depleted;
* Subsidies are only temporary;
* Amount of money available may not be sufficient to meet the client need
* Adult care facilities are not owned or managed by the agency;  Adult care facilities do not provide 24-hour supervision.

These homes are licensed either through the Ohio Department of Health or Mental Health and Addictions Services, subject to the rules and standards of the licensing agency. Subsidies are available to assist with rent through funding from our ADAMH board and the State Residential Subsidies (RSS) program and subject to criteria as required by the State Department of Mental Health and Addictions Services. Your case manager can assist you in determining your eligibility at the time of request. The risks and benefits are unique to each program and are reviewed at the time of referral.

## ACCOMMODATIONS

**Americans with Disabilities Act:** New Horizons follows requirements of ADA, and provides reasonable accommodations when requested to assure that everyone who needs and is eligible for services is able to access them.

**Hearing Impairment:** New Horizons will assist in securing American Sign Language interpretation services for individuals who are hearing impaired at a level that permits them to interact effectively with the provider.

**Mobility Impairment:** All New Horizons buildings are handicapped accessible. If you require a particular kind of assistance, please notify us by calling before the next appointment.

**Limited English Proficiency:** New Horizons will assist in securing interpretation services for individuals who are limited in their ability to speak, read, write, or understand the English language at a level that permits them to interact effectively with the provider.

**Service Animals:** Service animals are permitted inside of any New Horizons facility. Pets of any kind are not permitted. Signs are posted on agency doors.

**Cultural Diversity and Competency:** Clinical staff is trained to meet the scope of practice licensure credentials or job description skills necessary to provide appropriate treatment. Specialized services are available for children, adolescents, young adults, and older adults, families, couples, persons with severe mental disabilities or severe emotional disturbances and persons with dual disorders of mental illness and substance abuse.

## CLIENT RIGHTS

As a New Horizons client, you have the following rights:

(1) The right to be treated with consideration and respect for personal dignity, autonomy and privacy;

(2) The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;

(3) The right to receive services in the least restrictive, feasible environment;

(4) The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;

(5) The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;

(6) The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;

(7) The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;

(8) The right to be informed and the right to refuse any unusual or hazardous treatment procedures;

(9) The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;

(10) The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;

(11) The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;

(12) The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;

(13) The right to be informed of the reason for denial of a service;

(14) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;

(15) The right to know the cost of services;

(16) The right to be verbally informed of all client rights, and to receive a written copy upon request;

(17) The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;

(18) The right to file a grievance;

(19) The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;

(20) The right to be informed of one's own condition; and,

(21) The right to consult with an independent treatment specialist or legal counsel at one's own expense.

## CLIENT GRIEVANCE PROCEDURE

A copy of the procedure is posted in all agency locations. A copy will be provided upon your request. Provisions will be made for anyone with a grievance to have prompt access to the Clients Rights Officer.

All agency staff is knowledgeable of clients’ rights and client grievance procedures and of their responsibility to notify clients of their right to file a grievance, and the name and hours of availability of the Clients Rights Officer. New Horizons has a strict policy against staff retaliation or barriers to service for clients who file a complaint or grievance. When you do not understand any aspect of the client rights form or grievance procedure, all staff members have the responsibility of explaining this to you.

**Informal concerns:** Any staff supervisor may address your concerns relating to any agency program and/or procedures. At any time during this informal process you have the right to file a grievance if the concern alleges a violation of one of your rights. You are encouraged to meet and speak with the individual or the supervisor responsible for the person or service involving your concern. The staff member will offer assistance in contacting the supervisor and serve to facilitate the meeting, if you request.

An agency representative will be provided, should you request, to meet with the individual and supervisor in voicing your concern. This can be any support person you identify. If the process does not result in a successful resolution, you can choose to transfer to another clinician, service or agency. You may contact any authority outside the agency to assist you in resolving your concerns.

**Grievances:** If you allege one of your rights has been violated regarding past and/or present services at New Horizons you have the right to file a grievance and are given the name and hours of availability of the Agency's Clients Rights Officer. The Clients Rights Office assists you or a person authorized by you if needed, in completing a Clients Rights Complaint Summary. The Chief Executive Officer will appoint an alternative agency representative if the Clients Rights Officer is the subject of the grievance.

If you are in emotional distress while also requesting to file a grievance, the clinician on-call, the Crisis Intervention staff, any Team Leader, supervisor or manager will be requested to support you, de-escalate the situation, and then facilitate a meeting with the Clients Rights Officer.

The Clients Rights Officer is available to accept a grievance during Agency business hours. The Clients Rights Officer will explain the grievance procedure from filing to final resolution and discuss the expected outcome of the grievance. When the Clients Rights Officer is not immediately available, an appointment is scheduled as soon as possible, typically within 24 hours. One of the back-up supervisors is available if an immediate response is necessary.

The Clients Rights Officer provides written acknowledgement of receipt of the grievance within three days. The Client Rights Officer and other appropriate staff investigate the allegation and then prepare a written response to the client within 21 calendar days of the filing of the grievance. The Client Rights Officer can serve as a representative for the griever and can convene a formal hearing if requested by the griever. The Clients Rights Officer is responsible for overseeing the process of any grievance filed you or other person or agency on behalf of an Agency client.

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| **Misty Grayson, LSW** *Clients Rights Officer* 230 N. Columbus St. Lancaster, OH 43130 (740) 901-3150 Ext. 258 | Monday – Friday 9:00am – 5:00pm OrBy Appointment |
| During Client Rights Officer Absence:**Megan Golden**230 N. Columbus St.Lancaster, OH 43130740-901-3150 Ext. 202 | Monday – Friday 9:00am – 5:00pm OrBy Appointment |

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| Or, you may contact any of the following:   Disability Rights Ohio:  50 West Broad St., Suite 1400  Columbus, Ohio 43215  1-800-282-9181  800-282-9182  www.disabilityrightsohio.org |    Our local ADAMH Board: Patti Waits, Client Rights Officer ADAMH Board 108 West Main Street Lancaster, Ohio 43130 (740) 654-0829 www.fair-mh.org    |

Ohio Department of Mental Health and Addiction Services:

 The James A. Rhodes State Office Tower

 30 East Broad St., 8th Floor

 Columbus, OH 43215-3430

 614-466-2596 1-877-275-6364 text 614-752-9696

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| The United States Dept of Health & Human Services:  200 Independence Avenue SW  Washington, DC 20201  1-877-696-9775 (toll free)  | Office for Civil Rights US Dept of Health & Human Services 233 N. Michigan Avenue, Suite 240 Chicago, IL 60601 (800) 368-1019 TDD: (800) 537-7697  |

## CLIENT RESPONSIBILITIES

Just as your rights are protected, we ask that you assume certain responsibilities. These will assist you in your recovery. We ask that you:

1. Respect the rights of other clients, visitors and staff, including the use of appropriate language and behavior. Treat others with consideration & respect for personal dignity, autonomy & privacy. Abstain from abuse, financial or other exploitation, retaliation, humiliation or neglect – for example - bullying, teasing or name-calling. Agency staff will terminate conversations or interactions deemed to be hostile, violent or dangerous and contact the appropriate safety forces to contain potential harm to client, staff or others.
2. Be honest and open with staff in matters relating to physical and mental health (past and present illnesses, medications, past treatments, etc.)
3. Work seriously toward goals established in the treatment plan
4. Notify New Horizons of any change in address, phone, income, household size, or marital status or any other changes in your life.
5. Pay for the cost of services as determined by the fee agreement; including fees incurred as a result of not showing for a pre-arranged appointment without prior notification
6. Become involved in specific decisions about your care; tell us your issues and what you think might help your situation.
7. Keep appointments or cancel at least 24 hours in advance.
8. Meet your financial obligations, along with helping us to decide if you are eligible for subsidy.
9. Follow the law.
10. Take responsibility for your health by exercising, not smoking, eating a healthy diet and managing stress.

 **CONFIDENTIALITY AND NOTICE OF PRIVACY PRACTICES**

**New Horizons Mental Health Services: Notice of Privacy Practices**

**Your Information. Your Rights. Our Responsibilities.**

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

**Your Rights**

You have the right to:

* Get a copy of your paper or electronic medical record
* Correct your paper or electronic medical record
* Request confidential communication
* Ask us to limit the information we share
* Get a list of those with whom we’ve shared your information
* Get a copy of this privacy notice
* Choose someone to act for you
* File a complaint if you believe your privacy rights have been violated

**Your Choices**

You have some choices in the way that we use and share information as we:

* Tell family and friends about your condition
* Provide disaster relief
* Provide mental health care

**Our Uses and Disclosures**

We may use and share your information as we:

|  |
| --- |
| * Treat you
* Run our organization
* Bill for your services
* Help with public health and safety issues
* Do research
* Comply with the law
* Respond to organ and tissue donation requests
* Work with a medical examiner or funeral director
* Address workers’ compensation, law enforcement, and other government requests
* Respond to lawsuits and legal actions
 |

**Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

* You can ask to see or get an electronic (not yet available) or paper copy of your medical record and other health information we have about you. Ask us how to do this.
* We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**

* You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
* We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

* You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
* We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

* You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
* If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

* You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
* We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
* We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

* You can complain if you feel we have violated your rights by contacting our Clients’ Rights Officer
* You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
* We will not retaliate against you for filing a complaint.

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

* Share information with your family, close friends, or others involved in your care
* Share information in a disaster relief situation
* Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

* Marketing purposes
* Sale of your information
* Most sharing of psychotherapy notes

**Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)**.**

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

* Preventing disease
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety

**Do research**

We can use or share your information for health research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

* For workers’ compensation claims
* For law enforcement purposes or with a law enforcement official
* With health oversight agencies for activities authorized by law
* For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Health Information Exchange (HIE)**

New Horizons Mental Health Services participates in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We and other healthcare providers may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying Miranda Gray, Community Support Program Coordinator, at 740-901-3150.

**Our Responsibilities**

* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**.**

**Changes to the Terms of this Notice**

* We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. New Horizons abides by any and all state of Ohio Privacy Laws that require greater limits on disclosures

**Other Instructions for Notice**

* This latest notice revision is effective July 1, 2016
* Our Privacy Officer is: Lisa Clark, Support Staff Team Leader lclark@newhorizonsmentalhealth.org (740)687-0835

**Consent**

**If I consent to disclose my information by signing the Informed Consent for Treatment form, how will the information be used?**

Treatment:

With your consent, we can share information about your health with other clinical staff so that you can receive the most appropriate treatment. For example, your therapist or case manager could share with your psychiatrist that you are depressed. The doctor could then prescribe medication to help you feel better.

Payment:

With your consent, we can share information about when and for what purpose you were seen, so that we can be paid for treating you. For example, we could send a form to your insurance company stating when and for what condition you received treatment from us. They can then send us money to help cover the costs of treating you.

Operations:

With your consent, we can share your information with other healthcare entities to ensure that you obtain the correct diagnosis. For example, we could communicate with a laboratory about your blood work. They could send us a report and we can share the results with you.

**Can I revoke my consent?**

Yes, you can revoke your consent. You must do this in writing and bring it to us so that we can stop using and disclosing your Protected Health Information. We are permitted to use and disclose your Protected Health Information based on your consent until we receive your revocation in writing. However, if you revoke your consent, we reserve the right to terminate further treatment to you, on the basis of your refusal to allow us to share your information for purposes of treatment, payment, and healthcare operations.

**Authorization**

**What can be done with my information if I authorize its disclosure for other purposes?**

With your permission by signing one or more Authorization to Use and Disclose Protected Health

Information forms, we can share your Protected Health Information for reasons other than to treat you and to administer and pay for your treatment. For example, you might agree to allow us to share your Protected Health Information with a drug company so that your eligibility for reduced cost medications or free medication samples may be determined.

**Can I revoke my authorization?**

Yes, you can revoke your authorization. You must do this in writing and bring it to us so that we can stop sharing your Protected Health Information. We are permitted to share your Protected Health Information until we receive your revocation in writing. All authorizations you make are voluntary, and you can continue to receive treatment at New Horizons even if you revoke your authorization(s).

We send the following notice every time we release information with your permission:

**NOTICE TO RECIPIENT OF PROTECTED HEALTH INFORMATION** **Prohibition against Re-**

**Disclosure**: This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. parts 160 and 164. These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.

**Are there circumstances when my information can be shared without my consent or authorization?**

Yes. Your Protected Health Information can be shared without your prior consent or authorization in the following circumstances:

1. In an emergency so long as your consent is obtained as soon as possible
2. When mandated or allowed by law according to specific requirements:
	* For certain public health activities
	* To protect victims of abuse or neglect
	* For health oversight activities
	* Pursuant to a Court Order
	* For court-ordered treatment that is part of a Children’s Services case plan, or that relates to dependency, neglect, abuse or custody proceedings
	* For law enforcement purposes
	* To a coroner/medical examiner
	* For organ/eye/tissue donation
	* To avert serious threats to the health or safety of a person or the public
	* To facilitate specialized government functions such as national security, intelligence activities and protective services
	* For federal privacy law compliance and enforcement efforts
3. When there are substantial communication barriers and it is reasonable for us to believe that you are giving your consent or authorization.

**What about any other uses of my medical information?**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain all records of the care that we provide to you.

Note: For appointments we may call your home to confirm and remind you. We may also leave messages regarding appointments. Please advise us if you do not wish us to call your home.

**What will you do to protect my health information?**

We will maintain the privacy of your Protected Health Information as required by law. We are providing you with this Notice of Privacy Practices containing our legal responsibilities and privacy practices regarding Protected Health Information. At your request at any future time we will again provide you with this notice. We will follow the terms of the Notice of Privacy Practices currently in effect.

**What can I do if I have questions or want to complain about the use and disclosure of my Protected Health Information?**

All questions or complaints concerning our privacy policies may be sent to our Privacy Officer.

**We will not penalize or retaliate against you for complaining about the use or disclosure of your Protected Health Information.**

**New Horizons Mental Health Services is not responsible for the misuse or re-release of your Protected Health Information by another individual, agency or entity.**

In order to protect the confidentiality of client information, clients and visitors are prohibited from entering the business office, record room or any agency office or meeting room, unless invited in and accompanied by an agency staff member.

## SAFETY PRACTICES ON AGENCY PREMISES

New Horizons seeks to provide an environment that is as healthy and safe as possible for clients, other visitors and staff. All clients and visitors are asked to check in at the front desk when entering all our buildings. At the Granville Pike location The front (West) door, facing State Route #37 is the only entrance used to enter the building.

New Horizons staff has been trained in emergency evacuation procedures from the building. Clients and visitors are asked to follow staff instructions during an emergency evacuation of the building. Evacuation maps are posted in each office and restroom throughout the building. Emergency exits are located through the South, West and East doors of the building and are clearly marked on the maps. A first aid kit for minor cuts and abrasions is located in the nurses’ area and in the Reception area in the front of the building. In the event that you bring any of your prescription medications into the agency, please keep them with you at all times and do not leave them unattended.

If the fire alarm sounds, everyone must proceed to the nearest exit in an orderly manner and should not re-enter the building until instructed to do so by a staff member. In the event of an actual fire, everyone must stay away from the building and out of the way of fire fighting equipment. Fire extinguishers are provided in three separate locations throughout the building. Please consult evacuation map for locations.

Bomb threats will be handled by sounding the fire alarm to evacuate the building. However, if a bomb threat has been received staff will direct visitors and clients to proceed to the parking lot of Ohio-University Lancaster until the building has been searched and can be safely re-entered. You are asked not to use your cell phone until you are at least 1000 yards from the building site.

In the event of a tornado, severe storm, or damaging winds, a notice will be sounded over the intercom system in the building. Clients and visitors are to follow the instructions given to seek shelter in the interior hallways away from all windows.

In the event of a power failure, all staff and clients are to remain where they are until the scope of the power failure can be determined. Interior offices are equipped with flashlights. Building maintenance will be contacted to determine the length of the outage. The CEO will determine if the facility will be closed. During inclement weather, clients should listen to Lancaster radio station, WLOH, 1320, and/or television station FOX 28 for the announcement of closures of the facility.

 **Health and Safety Consent**

If I consent to New Horizons photographing me, how could this protect my health or safety needs and how would it be used?

A special consent must be reviewed, discussed and signed by me before a photograph would be arranged. I must list the specific reasons on the consent form that New Horizons could use the photograph. This consent is optional. I do not need a photograph for my client record. If I do consent, but change my mind, I may withdraw my consent at any time and the photograph will be destroyed.

A copy of the photograph is maintained in my medical record and used if:

I may become temporarily incompetent due to symptom relapse putting others or myself at risk of harm. The photograph is released to the appropriate emergency personnel such as the police, fire, emergency squad, or other medical personnel. The photograph could aid the emergency personnel in locating me during an immediate high-risk situation. If I become homeless, staff may request assistance of police or squad to help locate me if New Horizons has located a place for me to live.

Only New Horizons staff is authorized to release the photograph.

**Can I revoke my authorization?**

I may revoke the right of New Horizons to use the photograph by signing the appropriate revocation at any time.

## OTHER FACILITY POLICIES AND HOURS OF OPERATION

New Horizons staff does not utilize seclusion or restraint procedures with anyone. The agency policy is to immediately call in law enforcement personnel if any individual becomes disruptive and / or threatening to any other person or themselves, or to agency property.

Smoking or chewing tobacco or tobacco products, including e-cigarettes is strictly prohibited inside any agency facility. Signs are posted within agency buildings. Bringing any illicit drug or alcohol or any other intoxicant into any New Horizons facility is strictly prohibited, as is the use of any of these substances within any agency facility. Weapons are strictly prohibited from any New Horizons facility. Signs are posted on all agency external doors. CCS’s or Case Managers are given a small first aid kit for their cars in the event of a minor injury while out on client home visits.

Agency Hours of operation:

**New Horizons Mental Health Services, Lancaster Offices**

8-5 Monday through Friday

**New Horizons Mental Health Services, Pickerington Office**

8-5 Monday through Friday

**Crisis Intervention**

  ***24 hours per day, 7 days by calling 740-687-8255***

## TRANSFER OR DISCHARGE CRITERIA

Your clinician may recommend, or you may request to be transferred to other services within New Horizons based upon your mental health needs and desires. Your clinician starts this process by completing a transfer summary, and then notifies you of the results of this process.

At the end of treatment, if applicable, your case may be closed without referral if you met all your goals or decided to stop coming to treatment, or if you refused a referral. We encourage you to inform your clinician if you feel that you want to stop coming to treatment. In that way, a final session can be arranged, so that you and your clinician can summarize your progress, and discuss future options if the need arises.

Your case may be closed with referral if you need or want some type of care that New Horizons does not provide, or if you prefer to receive your mental health care somewhere else.

New Horizons may also close your case administratively if you threaten any staff member by word or deed, if you commit a crime on agency premises, if you infringe upon the privacy of any New Horizons staff member, if you repeatedly miss scheduled appointments without prior notification, or if you choose to not pay the fee you have agreed to pay for services provided. If you are notified of agency intent to discharge you administratively, you may appeal this decision to the

New Horizons Client’s Rights Officer. If you remain unsatisfied with the agency decision after this appeal, you may appeal further to Disability Rights Ohio or The Fairfield County Alcohol, Drug Addiction and Mental Health Board.

When your case is closed, no matter what the circumstance, you will either be given or mailed a list of community providers. This list can be referred to should you decide to re-engage in treatment in the future. This list will include contact information for emergency services in the community as well. At that time you will be given details on how to request a discharge summary that will include the reason for the closure, your progress in treatment, a list of medications you were taking, and any referrals that were made or recommended.

## ADVANCE DIRECTIVES

Many people with a history of mental illness live in fear of what will happen if they lose their ability to make health care decisions. An Advance Directive Durable Power of Attorney for Health Care is a legal document that ensures you a voice in health care decisions when an attending physician determines you do not have the capacity to make informed health care decisions. When you develop an Advance Directive for Health Care, you name an agent (a trusted friend or family member) to act on your behalf. It is a proactive approach to making your own decisions about your care. An Advance Directive for Health Care may address issues as:

* Choices of medication you may or may not want to take
* Choices of where treatment is provided
* Preferences about types of treatment
* Identified family members or support persons to contact
* Choices about discharge plans
* Choices about temporary care of children

Your primary provider can help you determine if an Advance Directive is right for you; or you can log onto the Disability Rights Ohio website (https://www.disabilityrightsohio.org[)](http://www.state.oh.us/olrs/POAHC.htm). You may also contact Disability Rights Ohio by telephone (1-800-282-9181) to obtain a Power of Attorney Health form that was designed for mental health clients.

## COMMUNITY MENTAL HEALTH RESOURCES

The National Alliance for The Mentally Ill (NAMI) of Fairfield County and the local Consumer operated service, Fairfield Mental Health Consumer Group (FMHCG) provides a variety of education, support and advocacy activities for primary consumers and the family members of individuals with severe mental disabilities. For a description of current activities call the local ADAMH board for current NAMI and FMHCG officers and contact numbers.

Some helpful local programs that have been offered include:

* Family-to-Family: a 12 week course taught by volunteer family members to help participants help and support their ill relative while maintaining their own well-being. For further information contact Franklin County NAMI at 1-614-262-0114
* Bridges: a 10-week course that is consumer-operated. Bridges teaches participants about mental illness, mental health treatment and recovery.
* Peer support training: programs are available to help consumers learn how to support other consumers. In this process both parties benefit, and both can experience better quality of life.
* Support groups: Mountains and Valleys Bipolar Support Group and Connection Recovery Support groups are examples of the offerings. These groups are generally designed to provide opportunities to learn and practice coping skills. Members seek as well as give emotional support to others.

Members learn that they are not alone and that recovery is possible.

For further information contact the ADAMH Board at 740-654-0829.

**CONSUMER INFORMATION ON AIDS / HIV, TB AND HEPATITIS**

Clients with substance use issues will be especially interested in this section.

 **AIDS Fact Sheet**

**What is AIDS?** AIDS is a disease that kills people. AIDS stands for **A**cquired **I**mmune **D**eficiency

**S**yndrome. Those four words mean the body’s defense system, which protects us from disease, is not working correctly. Because the defense system is not working correctly, the body is open to a number of illnesses that are normally not a threat to a healthy person.

**What causes AIDS?** A type of germ called a virus causes aIDS. This virus is named the **H**uman

**I**mmunodeficiency **V**irus, also known as HIV. Some people refer to HIV as ‘the AIDS virus.’ We use the term HIV to mean the virus, which cause AIDS. Most people who have HIV in their bodies are not sick. They might not even know they have HIV. A person can be a “carrier” and pass on HIV to other people without either of them knowing it. **Once you have HIV in your body, you will always have the chance of getting AIDS, and HIV will always stay in your body.**

HIV enters body through the blood stream by contact with blood, semen or vaginal fluids. When someone has HIV, it is found in those three things. Not everyone with HIV has AIDS. Some people become mildly ill and others show no signs at all, but can still spread the virus to others.

**How do you get HIV?**

* By having sex with someone who has HIV. The virus is found in semen, blood and vaginal fluid. It is passed through sex (anal, vaginal and possibly oral). Use of a **latex** condom during sex may help reduce risk of HIV from getting in your bloodstream. Condoms will not protect you from other types of sexually transmitted diseases.
* By sharing I.V. drug needles with someone who has HIV, blood is shared too.
* If you are a woman with HIV, you can pass it on to your unborn child.
* By receiving blood, or blood products, from someone with HIV. In early 1985, blood banks began screening blood for AIDS, so this is mainly a problem for people who received blood before then.

**How can I learn more about AIDS?** Talk to your substance abuse program provider about this fact sheet or if you have more questions that you would like answered. The Ohio Department of Health has a toll free hotline number; for local information on safer sex, testing site for HIV, social and medical health, drug treatment centers and resources call: **1-800-332-AIDS or 1-800-AIDSTTY (for the deaf and hearing impaired).**

Many public libraries have books on AIDS as well as videos. Local health departments, AIDS Task Forces and American Red Cross Chapters can provide information as well as pamphlets and booklets on AIDS.

### Tuberculosis Fact Sheet

**What is TB?** TB is short for a disease called tuberculosis. Tiny germs that can float in the air spread TB. The TB germs may spray into the air if a person with **TB disease** of the lungs or throat coughs shouts or sneezes. The people nearby can breathe TB germs into their lungs.

TB germs can live in your body without making you sick and is called **TB infection.** Your immune system traps TB germs with special germ fighters. Your germ fighters keep TB germs from making you sick. Sometimes the TB germs can break away, thus causing the **TB disease.** The germs can attack the lungs or other parts of the body. They can go to the kidneys, brain or the spine. If anyone has **TB disease**, s/he needs medical help. Without help, they risk death.

**What are the symptoms of TB?** Symptoms of TB of the lungs may include cough, chest pain and/or coughing up blood. If you get TB disease in another part of the body the symptoms will be different. Only a doctor can tell if you have the TB disease.

**No one gets TB anymore, do they?** YES! Approximately 8 million new cases occur in the world each year; over 22,000 cases are reported each year in the United States. There are also an estimated 10 to 15 million people in the U.S. who are infected with the TB germ who have the potential to develop TB disease in the future.

**Who gets TB?** Anyone can get TB. Those at a higher risk include:

* People who share the same breathing space, such as family, friends, co-workers
* Poor people
* Homeless people
* Foreign born people from countries where many people have TB
* Nursing home residents
* Prisoners
* Alcoholics and intravenous drug users
* People with medical conditions such as diabetes, certain types of cancers, and being underweight
* Especially people with HIV infection (the virus that causes AIDS)

**What’s the difference between TB infection and TB disease?** People with TB disease are sick from germs that are active in their body. They usually have one or more of the symptoms of TB. These people are often capable of giving the infection to others. Permanent body damage and death can result from this disease. Medicines that can cure TB are prescribed for these people.

People with TB infection (without disease) have the germ that causes TB in their body. They are not sick because the germ lies inactive in their body. They cannot spread the germ to others. However, these people may develop TB disease in the future, especially if they are in one of the high-risk groups listed under “Who gets TB?” Medicine is often prescribed for these people to prevent them from developing TB disease.

**How do I know if I have TB infection or TB disease?** A skin test is the only way to tell if you have **TB infection**. The test is “positive” if a bump about the size of a pencil eraser or bigger appears on your arm. This bump means you probably have **TB infection**. **Where can I get a TB skin test?** You can get a TB skin test from your doctor or local health department.

Other tests can show if you have **TB disease**. An x-ray of your chest can tell if there is damage to your lungs from TB. TB germs may be tested deep inside your lungs. Phlegm (“flem”) you cough up will be tested in a laboratory to see if the TB germs are in your lungs.

If TB germs are in your lungs or throat, you can give **TB infection** to your friends and visitors. They can get sick with **TB disease**. You should be separated from other people until you cannot spread TB germs. This should not take very long if you are taking your prescribed TB medicine.

**Can TB disease be cured?** YES! Using special drugs that kill TB germs can cure TB disease. However, TB germs are strong. It takes at least 6-9 months of medication to wipe them all out. It is very important that you take all of your medicine. If you stop taking medication too soon, it is a big problem. The TB germs that are still alive become even stronger. You may need stronger drugs to kill these “super” TB germs. This does not have to happen. If you take all of the medicine, the TB germs will die.

It is very important that you take your preventive treatment as your doctor recommends. It takes at least 6 months to a year to kill all of the TB germs. Remember, you will always have TB germs in your body unless you kill them with the right medicine.

### The Connection Between TB and HIV

People infected with HIV (the virus that causes AIDS) are more likely to get other infections and diseases as well. Tuberculosis (TB) is one of these diseases.

**Why is it important to know if I have TB and HIV infections?** People who have TB disease get TB infection first. A person can have TB infection for years without any signs of disease. Without treatment, these two infections can work together to shorten the life of the person infected with both. **Good News!** The good news is that people with TB infection can be prevented from developing TB disease and people with TB disease can be cured. The first step is to find out if you are infected with the TB germ.

If you think you might have **HIV infection** talk to you doctor about getting an HIV test. If you have **HIV infection** and **TB infection** the sooner you start taking anti-TB medicine, the better your chances to stay healthy for many years.

If you have **HIV infection** it is very important to get tested for **TB infection** at least once a year.

Anti-TB drugs are strong; they can prevent or cure **TB disease** even in people with **HIV infection.** TB is one of the few diseases related to HIV infection that is easily prevented and cured with medication.

### The ABCs of Hepatitis

**Hepatitis A (HAV)** HAV is a virus causing inflammation of the liver. It does not lead to chronic disease. The incubation period is 2 to 7 weeks (average 4 weeks). It is transmitted by fecal/oral route, through close person-to-person contact or ingestion of contaminated food and water.

**Symptoms:** In some people, there may not be any symptoms. Others may have light stools, dark urine, fatigue, fever, nausea, vomiting, abdominal pain and jaundice.

**Vaccine:** Two doses of vaccine to anyone over 2 years of age.

**Who is at risk?** You are at risk if you sexual contact with an infected person or living in an area with HAV outbreak, traveling to developing countries, engaging in anal/oral sex, and using intravenous drugs.

**Prevention:** Ways to prevent include immune globulin within 2 weeks of exposure, vaccination, washing hands with soap and water after going to the toilet and use of household bleach to clean surfaces contaminated with feces such as a changing tables.

**Hepatitis B (HBV)** HBV is a virus that causes inflammation of the liver. The virus can cause liver cell damage, leading to cirrhosis and cancer. The incubation period is 6 to 23 weeks (average 17 weeks). It is spread by contact with infected blood, seminal fluid, vaginal secretions, and contaminated drug needles, including tattoo/body-piercing tools, infected mother to newborn, human bite, and sexual contact.

**Symptoms:** You may not have any. Some persons have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever. Antiviral medications have been used to treat the chronic disease with varying success.

**Vaccine:** Three doses may be given to persons of any age.

**Who is at risk?** You are at risk if you are having sex with infected persons or multiple partners, using intravenous drugs, engaging in anal/oral sex, hemodialysis patients. Others who are at risk include infants born to an infected mother, emergency responders, and health care workers.

**Prevention:** Ways to prevent include immune globulin within 2 weeks of exposure, vaccination, use of protective gloves when cleaning up infected blood with household bleach, and do not share razors, toothbrushes or needles.

**Hepatitis C (HCV)** HCV is a virus that causes inflammation of the liver. This infection can lead to cirrhosis and cancer. The incubation period is 2 to 25 weeks (average 7 to 9 weeks). It is spread by contact with infected blood; contaminated needles, razors and tattoo or body piercing tools, and infants born to an infected mother. HCV is NOT easily spread through sexual contact.

**Symptoms:** Same as HBV. Interferon and combination therapies have been used to treat HCV with varying success.

 **Vaccine:** None

**Who is at risk?** Individuals who are at risk include those who received a blood transfusion before July 1992, health care workers, injection drug users, hemodialysis patients, infants born to an infected mother, and multiple sex partners.

**Prevention:** Ways to prevent include use of protective gloves when cleaning up infected blood with household bleach, and do not share razors, toothbrushes or needles.

**Hepatitis D (HDV)** HDV is a virus that causes inflammation of the liver. It infects those persons with HBV. The incubation period is 2 to 8 weeks. HDV is spread by contact with blood that is HDV-infected, needles that are HDV-contaminated and sexual contact with an HDV-infected person.

**Symptoms:** Same as HBV. Interferon has been used to treat HBV with varying success.

 **Vaccine:** HBV vaccine prevents HDV infection.

**Who is at risk?** Individuals who are at risk include those who use intravenous drugs, engage in anal/oral sex, and have sex with an HDV-infected person.

 **Prevention:** Hepatitis B vaccination.

**Hepatitis E (HEV)** HEV is a virus that causes inflammation of the liver. It is rare in the U.S. There is no chronic state. The incubation period is 2 to 9 weeks (average 6 weeks). HEV is transmitted through fecal/oral route. Outbreaks are associated with contaminated water supply in other countries.

 **Symptoms:** Same as HBV. Treatment is not applicable.

 **Vaccine:** None

**Who is at risk?** Individuals who are at risk include those traveling to developing counties and who may be pregnant.

 **Prevention:** Avoid drinking or using potentially contaminated water.

**Who Should Get Tested?** The sooner HCV is detected, the more quickly treatment can start. Treatment may slow the progression of the disease and minimize its harmful effects. Unfortunately, because symptoms may take decades to develop, most people do not know they have HCV until the disease has progressed to the stage where significant, life-threatening liver damage has already occurred.

**Where Can I Get a Hepatitis Test?** You can get a Hepatitis test from your doctor or local health department.

All of this reinforces the need for early diagnosis. You should definitely be tested for HCV if you answer yes to one or more of the following questions:

* Did you have a blood transfusion before 1992?
* Have you ever injected drugs into your body?
* Have you had a tattoo or had any part of your body pierced?
* Have you had multiple sex partners?
* Have you or your partner ever been treated for a sexually transmitted disease?
* Does your partner have HCV?
* Is your partner in a high-risk group for HCV?

**How Can I Reduce My Risk?** These recommendations on preventing HCV transmission are from the Federal Government’s Centers for Disease Control:

* Do not ever shoot drugs. If you do shoot drugs, stop and get into a treatment program. If you relapse, never reuse or share syringes, water or drug works, and get vaccinated against Hepatitis A and Hepatitis B.
* Do not share toothbrushes, razors or other personal-care articles. They may have blood on them.
* If you are a health care worker, always follow routine barrier precautions and safely handle needles and other sharp objects that may have blood on them. Also, get vaccinated against Hepatitis B.
* Consider the health risks if you are thinking about getting a tattoo or body piercing.

You can get infected if:

* The tools being used have someone else’s blood on them, or
* The artist or piercer does not observe healthy practices such as hand washing and using disposable gloves.

HCV can be spread through sex. Latex condoms may reduce some risk factors. Condoms do not protect from sexually transmitted diseases. Safest risk reduction is sexual abstinence and one sex partner for life.