

SITKA COUNSELING

Client Orientation Handbook

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Introduction

Welcome and Purpose

Welcome to Sitka Counseling. This handbook provides information about your rights as a client, our services, client and provider expectations, and general policies. We encourage you to read this information and let us know if you have questions. Our goal is to provide you with excellent services.

Mission Statement

“To contribute to the social, behavioral, and emotional well-being of our diverse community and its members by providing professional preventative and therapeutic behavioral health services in a welcoming, accessible, integrated, continuous, and comprehensive continuum of care.”

Slogan

“Promoting Wellness in our Community.”

Vision

“Healing by Example.”

Who We Are

Sitka Counseling is the state-designated Community Behavioral Health Center for Sitka and the community of Yakutat. Our primary purpose is to prevent and reduce the harmful effects of mental illness and substance use in the lives of youth, adults, and families. We are committed to providing caring, professional, therapeutic, and preventative services.

We are dedicated to providing services in a welcoming, accessible, and comprehensive manner to best meet your needs. Our staff is here to help you identify and achieve your personalized goals for wellness, recovery, and self-determination.

Hours of Operation

Sitka Counseling is open Monday through Friday 8:00 AM – 12:00 PM and 1:00 PM - 5:00 PM. We are closed during lunch.

Conduct

Code of Ethics

Sitka Counseling’s Code of Ethics and Conduct requires the Board of Directors, Management, and employees to observe high standards of business, professional and personal ethics as we conduct our role and responsibilities. We practice honesty and integrity and comply with all applicable laws and regulations.

All licensed employees adhere to the code of ethics of their licensing organization. In addition, Sitka Counseling has adopted the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) code of ethics and the National Association of Social Workers (NASW) code of ethics for professional conduct

Relationships between Sitka Counseling employees and clients will be maintained in a professional manner. Sitka Counseling employees are to refrain from behaviors that are exploitive and potentially damaging to a client either financially, romantically, sexually, physically, or emotionally. Sitka Counseling employees are required to report to their supervisor situations which may cause potential harm or psychological damages to Sitka Counseling clients.

Sitka Counseling employees will not solicit or accept gifts from clients. Sitka Counseling employees will not give personal money or gifts to clients. If a conflict of interest arises, it will be reported immediately to the supervisor.

Expected Client Participation

It is the responsibility of the client to:

- Actively participate in assigned treatment activities
- Inform his/her clinician or case manager of emotions, events, or commitments which may affect treatment
- Maintain the confidentiality of other clients they may encounter at Sitka Counseling
- Be on time for appointments and/or give 24-hour notice if unable to attend an appointment
- Provide insurance information, Medicaid verification, and/or financial information to determine reduced rates. If clients choose not to provide this information, the client will be responsible for payment of the full amount.

Opportunities for Feedback and Suggestions

Sitka Counseling encourages you to provide feedback or suggestions through annual client satisfaction surveys. You may also make comments on the Client Status Review which is completed at the time of your treatment plan review. Sitka Counseling has a suggestion box located in the reception areas and in the residential programs.

Client Advisory meetings (CAB) are completed monthly in the Harbor Lights and Residential programs. This is an opportunity for you to provide direct verbal feedback to agency directors.

Sitka Counseling also asks client to complete Outcome Surveys at discharge, post discharge at 3, 6, & 12 months. These surveys are available in person, by phone, mail, and on our website at www.sitkacounseling.org.

Drug-Free Policy

Sitka Counseling is a drug-free agency. Therefore, all business-related activities will be drug free. Client, staff, or guests on Sitka Counseling premises may not possess, use, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted by clients only if it does not impair their ability to successfully engage in treatment activities and does not endanger other individuals accessing services. Clients receiving residential services must consult the Residential Client Manual for the current medication policy.

Tobacco Policy

Sitka Counseling is a 100% tobacco-free environment. This policy applies to employees, volunteers, students/interns, clients, residents, visitors, vendors and anyone who enters Sitka Counseling property or off-campus employee worksites. Products covered by this policy include but are not limited to: Cigarettes, pipes, electronic cigarettes or any tobacco inhalation devices, cigars or cigarillos, dip, chew, snuff, snus, or any other smokeless tobacco, as well as all other nicotine delivery devices, excluding FDA-approved nicotine replacement therapy for the purpose of tobacco cessation.

Sitka Counseling clients, visitors, employees, etc. are encouraged and expected to be good neighbors and refrain from using tobacco products on the property of nearby businesses and residences, such as adjoining sidewalks to Sitka Counseling properties.

Sitka Counseling will not sell or allow to be sold any tobacco products on property grounds and prohibits the advertising or promotion of any tobacco product.

Smoking cessation assistance is available upon request to assist persons who wish is to quit smoking.

Safety

Access to Emergency Services

If you have a mental health emergency, seek help immediately. At any time during the business day, Monday through Friday 8 AM – 12 PM, 1 PM – 5 PM, please call 907-747-3636 or after hours 907-747-3241.

If you are having a medical emergency, go to the nearest hospital or call 911.

To access after-hour mental health emergency services, call **907-747-3241** and ask to talk with the Sitka Counseling Mental Health on-call clinician. The on-call Clinician will call you back. You may also access this service by going to the local emergency room.

A mental health emergency is when:

- A person is experiencing a mental illness and can reasonably be expected to harm oneself or someone else in the near future, **or**
- A person is unable to meet their basic needs due to mental illness and is of risk of harm, **or**
- A person's judgment is so impaired he/she is unable to understand the need for treatment and their condition is expected to result in harm to self or another in the near future.

Restraint Policy

Sitka Counseling staff is trained in Non-violent Crisis Intervention, techniques to bodily restrain a client from harming themselves or others until the immediate crisis is resolved. These techniques are used as a last resort.

- Acting out behaviors will be managed with talk down techniques and removing the immediate cause of stress.
- Deliberate and intentional aggressive acting out may require the use of short-term bodily restraint to keep the client from harming themselves or others.
- Staff shall contact the police if the client is unable to calm down after short-term bodily restraint and continues to act aggressive, or threatening to harm self or others.

Sitka Counseling does not practice seclusion with clients.

Weapons

No weapons of any kind are allowed in any Sitka Counseling facility.

Fire, Safety, Emergency Precautions

Clients will be protected against the dangers of fire and smoke. If reasonable, extinguish the fire. Alert staff of the presence of fire and direct them to call 911. In the case of a fire, staff will ensure all clients are evacuated to the designated meeting area for each facility. Fire drills are conducted randomly, if clients are present they will be directed to participate in the drill.

Emergency escape routes are posted at the exit of every room in each facility.

Fire extinguishers are maintained in working order on each floor within all buildings.

First aid kits are available in each building, residential offices, and in each agency vehicle.

General Practices

Informed Consent for Treatment

As a client you are agreeing to participate in treatment services with Sitka Counseling. Each client is provided an orientation handbook outlining Client Rights, Notice of Privacy Practices, Client Civil Rights, and Client Grievance Procedures.

Consent to treatment is voluntary and does not waive any of your legal rights. Consent can be rescinded at any time. Clients are asked to participate in an assessment, understanding diagnosis, and/or the development of treatment plans.

Consent to alcohol and drug screening may be requested as part of the treatment process. This consent is voluntary and can be withdrawn at any time.

Theft, Loss and Injury

Sitka Counseling shall not be liable for any loss, theft, or damage of personal property brought to any facility or program.

Clients in residential programs or day services are responsible for all medical costs which may occur during participation in social and/or recreation activities. Participation in social/recreation activities is voluntary and Sitka Counseling will not be responsible for any injury unless negligence is involved.

Risks and Benefits of Treatment Services

Treatment services can have benefits and risks. Some benefits may include improved relationships, finding solutions to specific problems, reductions in feelings of distress, and many others.

However, treatment services may involve discussing unpleasant aspects of your life, clients may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Making changes in your beliefs or behavior may be challenging and possibly disruptive to current relationships or situations you already have. Clients are encouraged to discuss the benefits and risks with staff.

Services Available

Sitka Counseling provides services to children and adults with any combination of mental health or substance use concerns. Services vary in type, and level of intensity, depending on the person's needs. Clients are encouraged to work with their clinician, counselor, or case manager to develop a plan for services and treatment which best suits their needs.

Sitka Counseling provides:

Screening - the mental health needs and substance use patterns of the individual are evaluated and the status of the individual is determined by completing specified screening tools, such as the Alaska Screening Tool and Client Status Review.

Integrated Mental Health & Substance Use Assessment/Mental Health Assessment/Alcohol and/or Drug Assessment – scheduled and completed the initial mental health/substance abuse screening. This is the assessment needed to admit a client into services. Assessments are updated periodically during treatment to assess and document mental status, social and medical history, the presenting problem and related symptom, strengths and resources, and service needs. If the needs of the individual are complex, the assessment may involve multi-agency evaluations to determine the overall needs of the client.

Psychiatric Assessment – a systematic evaluation of an individual to determine symptom patterns, establish a diagnosis, and prescribe needed treatments.

Individual Psychotherapy - Therapeutic counseling for the treatment of mental, emotional, or behavioral disorders through the use of psychological techniques.

Group Psychotherapy - Therapeutic counseling delivered in a group setting to two or more unrelated clients for the treatment of mental, emotional, or behavioral disorders through the use of psychological techniques.

Family Psychotherapy – the client and family members with or without client present attend a therapy session together for the treatment of relationships within the family or household for the treatment of mental, emotional, or behavioral disorders through the use of psychological techniques.

Crisis Intervention - short-term behavioral health services provided to an individual during an acute episode of a mental, emotional or behavioral distress. Services are provided during a brief psychiatric emergency intended to reduce symptoms, prevent harm, prevent further deterioration, and stabilize the client.

Case Management - a behavioral health rehabilitation service provided to assist a client and/or a client's family to access and coordinate needed medical, psychiatric, mental health, educational, vocational, social supports and community-based services, related assessments and post-discharge follow up activities.

Comprehensive Community Support Services/Therapeutic Behavioral Health Services - Individual - Adult and Youth services include: education related to a behavioral health condition, encouragement, coaching, counseling focused on functional improvement, relapse prevention, recovery, and teaching life skills.

Comprehensive Community Support Services/Therapeutic Behavioral Health Services – Group - Adult and Youth services include: education related to a behavioral health condition, encouragement, coaching, counseling focused on functional improvement, relapse prevention, recovery, and teaching life skills. Services are conducted in a face-to-face therapeutic group setting to help the client improve self-care, self-direction, and communication or social interaction skills.

Therapeutic Behavioral Health Services – Family –Youth services include: education related to a behavioral health condition, encouragement, coaching, counseling focused on functional improvement, relapse prevention, recovery, and teaching life skills. Face-to-face therapeutic skills instruction, practice and monitoring that is provided to a client and family members to teach more effective ways to impact the client's symptoms and behavior.

Recipient Support Services – Adult and Youth face-to-face encounters to provide structure, supervision, and monitoring necessary to maintain and protect a client with a severe emotional disturbance/severe mental illness within the home, work, school and community to prevent harm to the client and others.

Peer Support Services - Adult and Youth services are based on the unique therapeutic relationship between the provider and the client and the client's family coordinated in the client's behavioral health treatment plan. Services focus on specific goals and objectives including identified benchmarks or other measureable outcomes. Services include: regaining balance and control of their lives, enhance community living skills, and support self-directed recovery and independence.

Medication Administration - This service covers on and off premises psychotropic medication administration. The services are provided at home, school, behavioral health office, or any other appropriate community setting identified in the client's treatment plan.

Substance Use Screening- Substance use screening as part of a treatment program is designed to support efforts to abstain from substance use while engaged in treatment services. This service is not meant to penalize you in any way. Should you consent to release the results of the substance use screen we cannot guarantee how the results will be used and you waive any and all liability against Sitka Counseling.

Behavioral Health Assessment

Individuals seeking treatment services will be scheduled for a behavioral health assessment prior to beginning any treatment service. Because everyone seeking services is unique, please plan to spend between 2-4 hours at the initial assessment appointment. The purpose of the behavioral health assessment is to fully explore and identify the mental status of the individual, social and medical history, nature and severity of any identified behavioral health disorder, functional impairment, complete diagnosis, and determine recommendations that are medically necessary. This assessment will be used in the development and implementation of an individualized treatment plan. It is very important information is conveyed honestly and thoroughly to determine the best course of treatment and recommendations for services. These recommendations will be utilized to develop a problem summary list and the client's individualized treatment plan.

It is Sitka Counseling's practice to complete an Integrated Behavioral Health Assessment with all clients. Should you begin an assessment or not return for treatment services within 45 days, your treatment episode will be closed and you will need to schedule an appointment for a new assessment.

Individual Treatment Plan & Review

Each client and/or family member will be included in the development of a problem summary list and individualized treatment plan based on the information in the assessment. Assessment and service planning is an ongoing and collaborative process.

The client and/or family will complete a review of their treatment plan approximately every 90-135 days. The review includes strengths, barriers, resources, diagnosis, planned services, and progress toward outlined treatment goals. Any changes to the treatment plan will be discussed with the client and/or family member.

Service Coordination

Service Coordination is an important function of your primary clinician/counselor or designated case manager. Our agency collaborates with numerous referral sources.

As part of a treatment team staff may ask for written consent (release of information) to communicate with your referral source or other agencies. Each client has the right and authority to select what information is disclosed. Staff is available to help you understand the positive and negative consequences of this disclosure. There are times when a staff member may be required by a court order to disclose pertinent information. Staff will attempt to contact clients in the case of a court order to seek their consent to release information.

Clients who are legally referred or mandated by an external referral source to complete treatment services, will have their progress, attendance, and participation forwarded to the referral source. Clients are expected to attend all scheduled treatment sessions and actively participate to remain compliant. The referral source will be notified if the client is not complying.

Transition, Discharge, Continuing Care

The length of treatment depends on the client and/or family's treatment plan. In general, treatment services are short term, solution focused, and builds on your personal strengths. Planning for discharge is part of your treatment plan and generally occurs following completion of treatment goals or a client discontinues services. Participation in treatment is completely voluntary, regardless of your referral source.

Depending on your assigned treatment program you may be eligible to transition between programs. Please discuss alternative programming with your primary clinician/counselor and they will advocate on your behalf during the scheduled weekly treatment team meeting. Your clinician will discuss the Treatment Team recommendations with you.

All clients discharging from treatment are encouraged to update their continuing care plan. This plan is developed by you and reviewed by treatment staff. For a successful discharge we will ask you to complete required evaluation forms. These forms assist Sitka Counseling in evaluating treatment services and your overall satisfaction. All feedback is welcomed, positive or negative.

Program Rules

Family Center/Children's Program

There are no restrictions placed on clients who are being served in the SED Program.

However, Family Center staff may re-evaluate treatment recommendations in the event a client has not attended a minimum of 50% of scheduled services for the past 30 days. When a client has been recommended in-school support and they do not attend services 30 days prior to school, they will be placed at the bottom of the priority list, pending staff availability to provide in-school services.

In the event services are re-evaluated; the client's parent/guardian will be encouraged to meet with the Directing Clinician and/or Program Manager before services are resumed.

Harbor Lights Program

Harbor Lights is a recovery oriented program and strives to support all clients in their aspirations regardless of behavioral challenges or history. As part of this support, Harbor Lights may impose necessary restrictions to specific services while continuing to work with the client to develop healthy behaviors.

Harbor Lights staff may choose to impose a limited restriction to a client's access to a specific service, activity, or location at the discretion of the program staff and/or Directing Clinician for short-term restrictions (5 days or less). Long-term restrictions (more than 5 days) will be determined jointly between program staff, Directing Clinician and Clinical Director. Restrictions are limited in scope and will never act to prohibit a client from receiving critical treatment services. Examples of restrictions: participation in group activities, participation in activities with a specific person, entry into Harbor Lights building, rides in the Harbor Lights vehicle, etc.

Events, behaviors, or attitudes that may lead to the loss of rights or privileges include, but are not limited to, behaviors that pose significant physical or emotional risk to self or others; abuse of another person; or criminal activity during Harbor Lights services.

Any client receiving a restriction will be informed verbally for short term restrictions lasting 5 days or less, and in writing, for long-term restrictions lasting more than 5 days, as to how they can regain rights and privileges which have been restricted. For short-term restrictions, lasting less than one week, the typical course will be to remove the restriction after a specified duration (e.g. "You may return to Harbor Lights tomorrow.") For long-term restrictions, lasting more than one week, a behavioral plan will be developed between the program staff, Directing Clinician or Clinical Director, and the client to determine specific criteria and expectations for removing the restriction. The behavioral plan will be documented in the clinical record.

Clients may appeal restrictions; such appeals will be made to the Clinical Director.

Residential Treatment Program

Clients participating in Sitka Counseling's residential program have a client manual which outlines program rules, restrictions, and means by which a client may regain rights/privileges which have been restricted. Please reference Residential Client Handbook for current and up-to-date information.

Financial

Financial Obligations

The basic cost for services at Sitka Counseling is detailed on the financial forms. The State requires that clients pay for services as they can afford based on a sliding-fee scale.

We cannot bill your insurance company unless you complete all the insurance information on the financial forms. Your insurance policy is a contract between you and your insurance company. We will work with your insurance company to obtain appropriate reimbursement; however, because of restrictions on mental health coverage, please be aware some or even all the services we provide may be non-covered services under your insurance plan. It is your responsibility to check on the coverage of your insurance. We do expect you to pay your co-payment at the time of service.

Payment plans are arranged through the Sitka Counseling billing department at 907-747-3636. Be advised a Release of Information (ROI) is needed for anyone you wish to make payments on your account.

Fees

A fee schedule is available upon request.

Substance Screening

Sitka Counseling strives to provide the best comprehensive course of treatment services available. Therefore, clinicians may recommend substance use screening as part of your prescribed treatment. This is an objective tool to assist in credible patient advocacy, for example in family or workplace situations, legal matters, child custody cases, etc. Substance screening can also aid treatment staff in corroborating the clinical history of self-report and assisting in adopting appropriate behavior.

Sitka Counseling maintains a Business Associate Agreement with Millennium Health for laboratory analysis of oral and urine drug screening. Given the nature of this agreement, Millennium Health directly bills clients or their insurance for all analysis services. Sitka Counseling will enroll your profile in the Millennium Health electronic record for this purpose. Should you be uninsured and unable to pay for analysis services, you may request a Millennium Health Financial Support Application.

Substance screening is collected onsite at Sitka Counseling. Payment is requested at the time of services. The current rate for oral and urine collection is \$20. This is an administrative fee for the time incurred for the staff to observe, collect, process, and ship your specimen. Should you have a payer source, such as Office of Children Services, who will be responsible for this fee, it is your responsibility to ensure they have communicated this with Sitka Counseling prior to the scheduled collection time.

Sitka Counseling also contracts with Sterling Lab for hair follicle tests, which are collected onsite at Sitka Counseling. The cost of this service must be paid prior to collection. Should you be unable to pay for this service, your collection appointment will be cancelled. Please contact reception with current rate for hair follicle testing.

Fees for these particular services are available upon request and are not subject to discount.

Appointment Policy

We want to ensure that all clients receive the best quality treatment services available. To do this, appointment times have to be consistent. Most appointments for adults and adolescents are 45-53 minutes long. Very young children generally benefit from 30-minute appointments. Appointments shall begin on time and end on time. If a client is 10 minutes or more late to the appointment it will be automatically cancelled, and the client will need to be rescheduled. Please note if a client is late and the appointment has to be rescheduled, there is no guarantee the appointment can be rescheduled for the same week or for the same time slot the following week.

Clinicians, in turn, will do their best to assure that they are available to begin and end sessions on time with the exception of an emergency, in which case Sitka Counseling staff will attempt to notify clients prior to the scheduled appointment. Clients may be charged for failure to cancel or change a scheduled appointment 24 hours prior to the appointment time.

We appreciate your cooperation in helping us adhere to this policy.

No-show policy

Sitka Counseling defines a “No-show” appointment as any scheduled appointment in which the client either:

- Does not arrive to appointment
- Cancels with less than 24 hours’ notice
- Arrives more than 10 minutes late and is consequently unable to be seen

Impact of a “No-Show” Appointment

“No-show” appointments have a significant negative impact on our agency and the services we provide. When a client “no-shows” a scheduled appointment it:

- Potentially jeopardizes the health of the “no-showing” client
- Is unfair (and frustrating) to other clients that would have happily taken the appointment time
- Disrespects not only the provider’s time, but also the time of the entire clinic staff

How to Avoid Getting a “No-Show”

- Confirm your appointment
Sitka Counseling will attempt to contact you one business day before your scheduled appointment to confirm your visit. If we are unable to speak with you, we will attempt to leave a message.
- Arrive 5-10 minutes early
When you schedule an appointment with us, we request you arrive at our office 5-10 minutes prior to your scheduled visit. This allows time for you to address any insurance or billing questions and/or complete any necessary paperwork before your appointment.
- Give 24 hours’ notice to cancel appointment
When you need to cancel or rebook a scheduled appointment, we request you contact our office no later than 24 hours before the scheduled appointment. This allows us a reasonable amount of time to determine the most appropriate way to redirect your care as well as giving us the opportunity to rebook the now vacant appointment time with another client. If it is less than 24 hours before your appointment and something comes up, please give us the courtesy of a phone call.

Consequences of Multiple “No-Show” Appointments

If you miss your scheduled appointments, any recurring scheduled appointments with the same provider will be cancelled, and a no show fee for each provider will be applied to your account.

Client Rights

Rights and Grievance Policy

Please read this document carefully as it contains information on your client rights, client grievance procedure, notice of privacy practices, client civil rights, consent to treatment, and other agency policy. If you have any questions, please ask staff. Sitka Counseling & Prevention Services strives to provide the highest quality services possible. We always welcome comments or feedback on how our services can be improved.

Client Rights

Alaska state law and the Ethical Principles of the American Psychological Association/NAADAC both provide clients of community behavioral health clinics with specific rights. Client Rights will be respected by all staff. Specifically:

- 1) All clients have the right to be informed of and receive the best treatment options available per individual needs. Therefore, all clients will participate in the development of individualized treatment plans and shall be informed of all treatment options that may be of benefit. The treatment plan may include recommendations that the client remain abstinent from the use of alcohol or other drugs. Inability or unwillingness to maintain abstinence throughout treatment may indicate a need for more intensive treatment and/or a referral to a higher level of care.
- 2) All clients have a right to treatment regardless of the ability to pay and to be informed of treatment program costs. Clients are informed of treatment fees, payment options, sliding fee scale placement, and are required to sign a payment plan agreement. All financial arrangements must be made through the finance office. Individuals who are court ordered are required to complete all treatment recommendations including payment of fees, before the court will be notified of successful treatment completion.
- 3) All clients have the right to receive respectful and considerate client care as well as safe, comfortable, and healthy accommodations. In addition, all clients have the right to freedom from emotional, physical, intellectual, or sexual harassment and/or abuse.
- 4) All clients have the right to be transferred to another treatment provider upon request and have the clinical record forwarded to the receiving program per completion of the appropriate releases of information.
- 5) All clients have the right to be informed of the program's rules of conduct, the right to refuse treatment to the extent permitted by law, and the consequences of such refusal.
- 6) All clients have the right to know their diagnosis, treatment plan goals/objectives, prognosis, name of the person responsible for coordination of treatment services, and the qualifications of staff providing treatment services.
- 7) All clients have the right to be informed if the facility proposes to perform experiments that affect one's own treatment and the right to refuse to participate in such experiments.
- 8) All clients have the right to review their treatment record with a staff member, at a reasonable time. Information confidential to other individuals may not be reviewed by the client. A client may request a copy of their treatment summary, which should include continuing care plans.
- 9) The prescribing physician shall inform each client of the name, purpose, and possible side effects of any medication prescribed as part of their treatment plan.
- 10) A client has a right to confidential treatment of all information pertaining to their case, and the right of proper written approval for the release of confidential information. Clients involved in group sessions must therefore respect this right for all other clients.

- 11) All clients have the right to be informed of their client rights. The foregoing is to be posted in a conspicuous place immediately available to all clients, verbally explained to each client by program staff, and a written copy given to each client upon admission to the program.
- 12) All clients have the right to grieve actions and decisions of facility staff that they believe are inappropriate, including but not limited to actions and decisions, which may be perceived as a violation of civil rights. The agency is obligated to implement a grievance procedure for timely resolution of complaints and to post such a procedure in a place where it shall be immediately available to all clients (see grievance procedure). In addition, all clients have the right to freedom of retribution or other adverse consequences from filing a grievance. All clients have the right to file a complaint with the Division of Behavioral Health if they perceive that their complaint was not satisfactorily resolved through the agency grievance procedure:

**Division of Behavioral Health
P.O. Box 110620
Juneau, AK 99811
Toll Free: 800-465-4828**

Client Civil Rights

Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and governing Federal Regulations forbid discrimination because of sex, race, ethnicity, national origin, age, sexual orientation, religion, political belief, handicap, or physical or mental disability against clients. These laws apply equally to persons, agencies, and institutions, which administer or operate programs for or on behalf of the Department of Health and Social Services. Sitka Counseling will not, on the grounds of sex, race, ethnicity, national origin, age, sexual orientation, religion, political belief, handicap, or physical or mental disability:

- i. Deny any individual any services or other benefits provided under the program.
- ii. Provide any service(s) or other benefits to any individual which are different, or are provided in a different manner, from those provided to others under the program.
- iii. Subject an individual to segregation or separate treatment in any matter related to his/her receipt of service(s) or other benefits provided under the program.
- iv. Restrict an individual in any way in the participation of any advantage or privilege enjoyed by others receiving service(s) or other benefits provided under the program.
- v. Treat an individual different from others in determining whether s/he satisfies eligibility or other requirement or condition, which individuals must meet in order to receive aid, care, service, or other benefits provided under the program.
- vi. Deny any individuals an opportunity to participate in the program through the provision of services or otherwise, or will afford him/her an opportunity to do so which is different from that afforded others under the program.
- vii. Use membership in a group as a basis for the selection of individuals for any purpose.
- viii. Impose admission, enrollment, quota, eligibility or other requirements or conditions which individuals must meet in order to be provided any service or other benefit under the program or to be afforded an opportunity to participate in the program.
- ix. Sitka Counseling will not determine the following based on sex, race, ethnicity, national origin, age, sexual orientation, religion, political belief, handicap, or physical or mental disability
 - a) The types of services or other benefits to be provided under the program, or;

- b) The class of individuals to whom, or the situations in which, such services or other benefits will be provided under the program, or;
- c) The class of individuals to be afforded an opportunity to participate in the program;

Client Privacy Notice

This notice describes how medical and drug/alcohol related information about you may be used and disclosed and how you can get access to this information. Please Review Carefully.

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R., Part 2. Under these laws, Sitka Counseling may not say to a person outside the agency that you attend the program, nor may Sitka Counseling disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Sitka Counseling must obtain your written consent before it can disclose information about you for payment purposes. For example, Sitka Counseling must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Sitka Counseling can share information for treatment purposes or for health care operations. However, federal law permits Sitka Counseling to disclose information without your written permission:

- 1) Pursuant to an agreement with a qualified service organization/business associate
- 2) For research, audit, or evaluation
- 3) To report a threat of crime/crime committed on Sitka Counseling premises or a threat of crime/crime committed against Sitka Counseling personnel
- 4) To medical personnel in a medical emergency
- 5) To appropriate authorities to report suspected child abuse or neglect, suspected abuse to vulnerable adults, and/or suspected elder abuse
- 6) As allowed by a court order based upon a finding of good cause
- 7) Sitka Counseling may disclose information to a health oversight agency for activities authorized by law. Oversight activities can include activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

For example, Sitka Counseling can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you as long as there is a qualified service organization/business agreement in place.

Before Sitka Counseling can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. Sitka Counseling is not required to agree to any restrictions you request, but it does agree that it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request we communicate with you by alternative means or at an alternative location. Sitka Counseling will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your health information maintained by Sitka Counseling, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil manner or administrative proceeding or in other limited circumstances.

Under HIPAA, you also have the right, with some exceptions, to amend health care information maintained in Sitka Counseling records, and to request and receive an accounting of disclosures of your health related

information made by Sitka Counseling during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Sitka Counseling Duties

Sitka Counseling is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Sitka Counseling is required by law to abide by the terms of this notice. Sitka Counseling reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Sitka Counseling staff shall notify you by mail of any changes to the terms of this notice within 30 days of such changes at the last known address you have provided. You are responsible for notifying Sitka Counseling & Prevention Services of any changes to your mailing address.

Complaints & Reporting Violations

If you believe your privacy rights have been violated under HIPAA you may file a complaint directly to Sitka Counseling utilizing the client grievance procedure and/or about Sitka Counseling to:

**Secretary of the United States Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201,
Telephone: 202-619-0257/Toll Free: 1-877-696-6775**

Violations of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to:

**US Attorney's Office Federal Bldg. & U.S. Cthse.,
222 West 7th Ave, #9, Rm 253
Anchorage, 99513-7567
Telephone: 907-271-5071**

Contacts

For further information, contact Sitka Counseling HIPAA Privacy Officer at 907-747-3636.

Confidentiality

It is your right to have anything you say during treatment kept private. Information cannot be revealed to anyone, even family members, without your permission. Even with permission, your counselor may not reveal information to others if it is believed that the information would be harmful to you. If you wish to have information released, you will be asked to sign a Release of Information form.

Your right to confidentiality will be respected. However, federal law permits Sitka Counseling to disclose information without your written permission as described above under the privacy notice.

In addition:

- 1) If you wish Sitka Counseling to bill an insurance company, information will have to be provided concerning diagnosis and dates of Services. Some companies also request other information. If you wish to restrict the information released or do not wish to have your insurance company billed, please inform the receptionist that you will be responsible for your own bill.
- 2) Parents have the right of access to information concerning their children under 14 years old unless that information may be damaging to the child or the parent-child relationship.
- 3) Psychologists and counselors have a duty to warn and must contact police and/or the court if they believe that a client is in danger of harming themselves or someone else.
- 4) When a client's care is paid for by another agency, that agency will generally require summaries of treatment. If you wish to restrict that information, please contact the paying agency or make arrangements to take responsibility for the bill yourself.

Client Grievance

Sitka Counseling is committed to treating all of our clients with dignity and respect. Sitka Counseling offers the following process for addressing disputes or grievances with members of Sitka Counseling's staff, in a respectful, constructive, timely, and impartial manner. All clients have the right to be informed of and to utilize the client grievance procedure without fear of intimidation or retribution.

Procedure:

- 1) The client should attempt to address and resolve disputes with the staff member directly. If this does not resolve the issue,
- 2) The client may consult with their primary staff and/or the staff's supervisor regarding the dispute. The primary staff and/or the staff's supervisor will assist the client in resolving the dispute.
- 3) The client may approach the Consumer Advisory Board (CAB) or designate someone else to assist her or him. Sitka Counseling & Prevention Services will provide the client a waiver of confidentiality form, to be completed for this purpose. The designated assistant may be present whenever there is a dispute or grievance proceeding.
- 4) The client has the right to submit a grievance with assistance and without interference or impediment.
 - a. The client may submit a grievance orally to a director of Sitka Counseling, in person or by telephone, or
 - b. The client may submit a grievance by email to grievance@scpsak.org, or
 - c. The Sitka Counseling Director may prepare a written grievance for the client to review and sign, or
 - d. The client may request a written referral to consumer advocacy resources, such as the Disability Law Center, the Alaska Mental Health Consumer Web, NAMI, or
 - e. The client may submit a written grievance in person or by mail.
- 5) Upon receipt of a grievance by any of these means, Sitka Counseling will communicate to the client that Sitka Counseling has begun the process of resolving the grievance.

A file will be created for each individual grievance which will contain all related documents, records, actions and communications. This file will be made available to the client to read or copy at the client's request.
- 6) If the grievance concerns an allegation of abuse, neglect, or unnecessary seclusion or restraint of the client, the grievance will be taken directly to the Board President. In all other instances, the grievance will first go to the Clinical Director for resolution. The Clinical Director will investigate the matter and respond to the grievance within five days.
- 7) If the matter remains unresolved, the grievance will be forwarded to the Executive Director within five working days. The Executive Director will investigate the issue and respond to the grievance within five working days.
- 8) If the client is not satisfied with the Executive Director's decision regarding the grievance, the grievance will be forwarded to the President of the Board of Directors.
- 9) The Board President then has ten working days to form a committee of at least three Board members to address the grievance and inform the client, in writing, of the Board decision.
- 10) This procedure is intended to bring satisfactory resolution of all grievances within 30 days of the receipt of a grievance. If the client is not satisfied with the Board decision, Sitka Counseling will refer the grievance to the Division of Behavioral Health within 5 business days for technical assistance with grievances which remain unresolved after 30 days.

Confidentiality

All services and records at Sitka Counseling are confidential, as mandated by federal and state laws, HIPAA regulations and 42 CFR Part 2. Protected health Information will not be released without the client's written consent, except under the following circumstances:

- Child abuse/neglect is identified or suspected
- The client is in a state of medical emergency that necessitates disclosure of information to medical personnel
- If the client threatens to harm someone, the intended victim and police will be notified
- Information from clients record is requested through a valid court order specifically naming the client

Please be aware that staff may listen to information about you volunteered by an outside source, however, your information will not be shared with that source unless you have signed a release of information permitting the disclosure. Additional information regarding confidentiality issues may be obtained by calling (907) 747-3636, and asking to speak with the Privacy Officer.

Special Accommodations

Sitka Counseling strives to accommodate all requests for reasonable accommodations. For non-English speaking individuals Sitka Counseling will make accommodations for Interpreters. Please contact Sitka Counseling staff for further assistance regarding special accommodations. We can be reached at (907)747-3636.

Disease Education

AIDS/HIV Prevention

Hepatitis Prevention

Tuberculosis

Prenatal Alcohol Exposure

Traumatic Brain Injury

HIV 101

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

HIV CAN BE TRANSMITTED BY



Sexual Contact



Sharing Needles
to Inject Drugs



Mother to Baby During
Pregnancy, Birth, or Breastfeeding

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or
Closed-Mouth Kissing



Insects or Pets



Sharing Toilets,
Food, or Drinks

Protect Yourself From HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Limit your number of sex partners.
- Don't inject drugs, or if you do, don't share needles or works.



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



– Keep Yourself Healthy And Protect Others If You Are Living With HIV –

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



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



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

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



HIV and Injecting Drugs 101

Sharing needles or works puts people who inject drugs at high risk for getting HIV.

Can I get HIV from injecting drugs?

Yes, if you share needles or works like spoons, cookers, cottons, or water with someone who has the virus. Sharing can transfer blood from person to person, and blood can carry HIV.



Also, when you're high on drugs, you're more likely to take risks with sex, which can increase your risk for getting HIV.

How can I lower my risk of getting HIV?

The best way is to stop injecting drugs. To find a treatment program to help you quit, visit www.findtreatment.samhsa.gov or call 1-800-662-HELP (4357).

If you choose to inject drugs, here are some ways to lower your risk for HIV:

- Use new, sterile needles and works every time you inject, and never share needles or works.
- If you do share needles, always clean used needles with bleach.
- Bleach can't be used to clean works like water, cookers, or cotton. These works can transmit hepatitis C as well as HIV.
- Use condoms the right way every time you have anal or vaginal sex, or choose activities with little to no risk like oral sex. Abstinence is the only 100% effective way to prevent HIV.



- Take pre-exposure prophylaxis, or PrEP, a daily medicine that can reduce your chance of getting HIV. Ask your health care provider if PrEP is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.

Where can I get new, clean needles?



- Many communities have syringe services programs that give out new, clean needles, bleach kits, and other supplies. To find one near you, visit nasen.org/directory.
- Some pharmacies sell new, clean needles.
- In some places, doctors can write prescriptions for new, clean needles.



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

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



HIV and AIDS in America: A Snapshot

National Overview

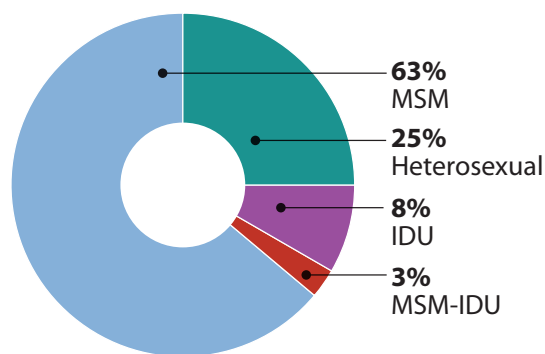
- Currently, 1.2 million people are living with HIV in the United States (an estimated 1,218,400 adults and adolescents), and nearly one in eight of those (13 percent) are unaware of their infections.
- Despite increases in the total number of people living with HIV in the United States in recent years, the annual number of new infections has remained relatively stable overall.
- However, HIV infections continue at far too high a level, with approximately 50,000 Americans becoming newly infected with HIV each year.
- Nearly 13,000 people with AIDS still die each year in the United States.

Heavily Affected Populations

By Route of Transmission

- **Men Who Have Sex With Men (MSM)¹:** By risk group, gay and bisexual men of all races remain the population most severely impacted by HIV:
 - MSM represent just 2 percent of the U.S. population, but account for 63 percent of all new HIV infections in the United States each year, as well as more than half of people living with HIV (55 percent).
 - The number of new infections among the youngest MSM (aged 13–24) increased 22 percent, from 7,200 infections in 2008 to 8,800 in 2010. Young black MSM continue to bear the heaviest burden, accounting for more than half (55 percent) of new infections among young MSM (4,800).
 - White MSM account for the largest number of annual new HIV infections of any group in the United States, followed by black MSM and Hispanic MSM.
 - The rate of new HIV diagnoses among MSM in the United States is more than 44 times that of other men (range: 522–989 per 100,000 MSM vs. 12 per 100,000 other men), and more than 40 times that of women (13 per 100,000 women).
- **Heterosexuals and Injection Drug Users:** Heterosexuals and injection drug users also continue to be affected by HIV:
 - Individuals infected through heterosexual contact account for 25 percent of annual new HIV infections and 25 percent of people living with HIV.
 - Injection drug users represent 8 percent of annual new HIV infections and 14 percent of those living with HIV.

Estimated New HIV Infections,
2010, by Transmission Category



¹ The term men who have sex with men is used in CDC surveillance systems. It indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.



By Race/Ethnicity

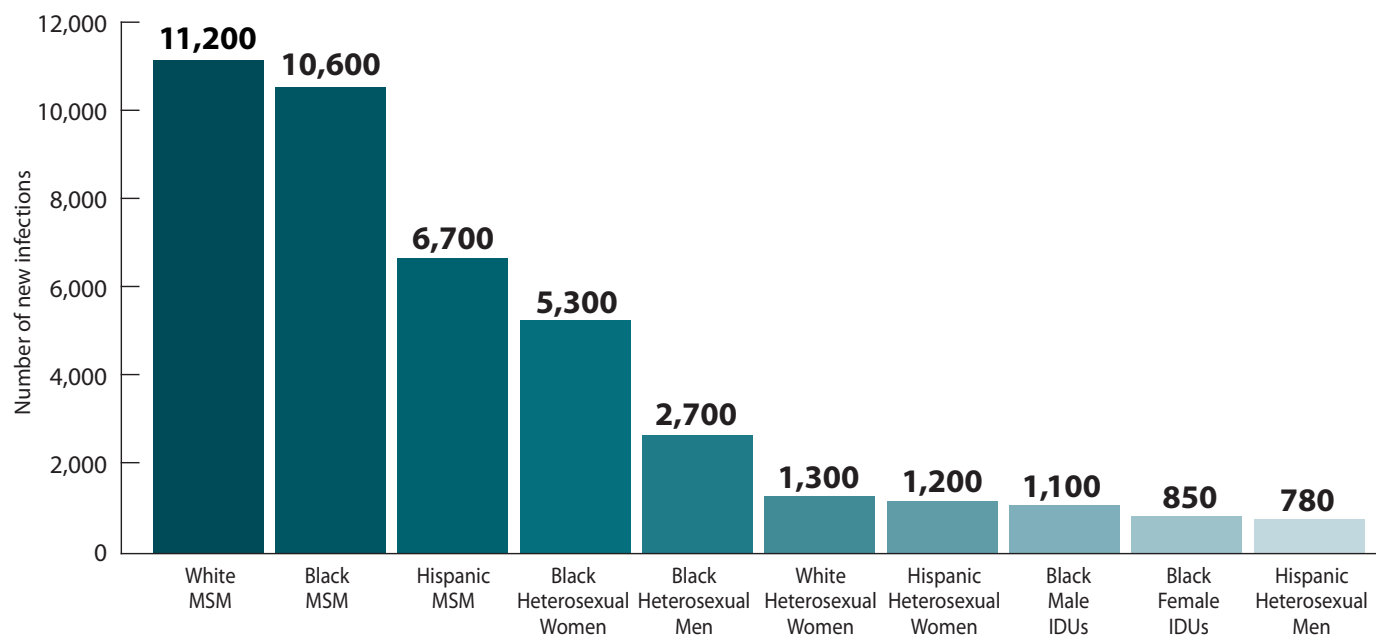
■ **African Americans:** Among racial/ethnic groups, African Americans face the most severe burden of HIV and AIDS in the nation:

- While blacks represent approximately 12 percent of the U.S. population, the latest CDC estimates show that they account for almost half of all new infections in the United States each year (44 percent) as well as more than one third of all people living with HIV (41 percent).
- At some point in their lives, approximately one in 20 black men will be diagnosed with HIV, as will one in 48 black women.
- The rate of new HIV infections for black men is more than six times as high as that of white men, and more than two times that of Hispanic men and of black women.
- Comparing 2008 to 2010, new HIV infections among black women decreased 21 percent (from 7,700 to 6,100); however, black women account for the vast majority (64 percent) of all new infections among women overall and the HIV incidence rate for black women remains 20 times as high as that of white women, and almost five times that of Hispanic women.
- HIV infections among blacks overall have been roughly stable in recent years.

■ **Latinos:** Latinos are also disproportionately impacted:

- Hispanics represent approximately 17 percent of the population and the latest CDC estimates show that they account for 21 percent of people living with HIV in the United States, as well as 21 percent of new infections each year.
- At some point in their lives, approximately one in 48 Hispanic men will be diagnosed with HIV, as will one in 227 Hispanic women.
- The rate of new HIV infections among Hispanic men is almost three times that of white men, and the rate among Hispanic women is more than four times that of white women.
- HIV infections among Hispanics overall have been roughly stable in recent years.

Estimated New HIV Infections in the United States, 2010, for the Most-Affected Subpopulations



If you are a member of the news media and need more information, please visit

www.cdc.gov/nchhstp/Newsroom or contact the News Media Line at CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 404-639-8895 or NCHHSTPMediaTeam@cdc.gov.

HIV and American Indians and Alaska Natives

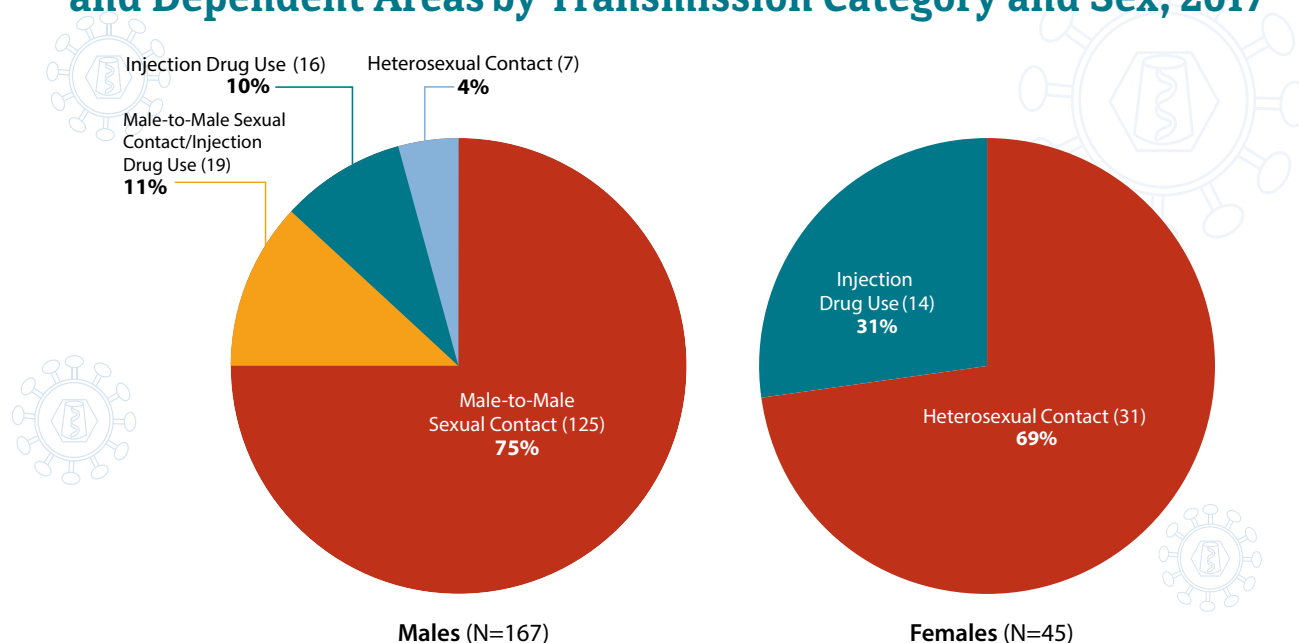
OF THE 38,739 NEW HIV DIAGNOSES IN THE US AND DEPENDENT AREAS* IN 2017:

**167 WERE
AMERICAN INDIAN/
ALASKA NATIVE
(AI/AN) MEN**

**45 WERE AI/AN
WOMEN**

**NEARLY 9 IN 10 AI/AN MEN WHO
RECEIVED AN HIV DIAGNOSIS WERE
GAY OR BISEXUAL MEN†**

New HIV Diagnoses Among American Indians/Alaska Natives in the US and Dependent Areas by Transmission Category and Sex, 2017



HIV Diagnoses From 2010 to 2016:‡

AI/AN overall: **increased 46%**

AI/AN gay and bisexual men:†
increased 81%

* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.
† Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).
‡ In 50 states and District of Columbia.

Around 1.1 million people have HIV in the US.[‡] People with HIV need to know their HIV status so they can take medicine to treat HIV. Taking HIV medicine as prescribed can make the level of virus in their body very low (called viral suppression) or even undetectable.



A person with HIV who gets and stays virally suppressed or undetectable can stay healthy and has effectively no risk of transmitting HIV to HIV-negative partners through sex.

What places some AI/AN at higher risk?

- Having another STD increases the risk of getting HIV. AI/AN have the second highest rates of chlamydia and gonorrhea among all racial/ethnic groups.
- An estimated 82% of AI/AN with HIV in 2016 had received a diagnosis. It is important for everyone to know their HIV status. People who do not know they have HIV cannot get the treatment they need and may pass the infection to others without knowing it.
- AI/AN gay and bisexual men may face culturally based stigma and confidentiality concerns that could limit opportunities for education and HIV testing, especially among those who live in rural communities or on reservations.
- It can be difficult to create prevention programs because there are over 560 federally recognized AI/AN tribes, whose members speak over 170 languages.
- Poverty, including limited access to high-quality housing, increases the risk for HIV and affects the health of people who have HIV.
- Alcohol and substance misuse can impair judgment and lead to behaviors that increase the risk of HIV. AI/AN tend to use alcohol and drugs at a younger age, more often, and in higher amounts, compared with other races/ethnicities.

How is CDC making a difference?

- Collecting and analyzing data and monitoring HIV trends among AI/AN.
- Conducting prevention research and providing guidance to those working in HIV prevention.
- Supporting health departments and community organizations by funding HIV prevention work for AI/AN and providing technical assistance.
- Promoting testing, prevention, and treatment through campaigns like *Act Against AIDS*.

Reduce Your Risk



Not having sex



Using condoms



Not sharing syringes



Taking medicine to prevent or treat HIV



HIV IS A VIRUS THAT ATTACKS THE BODY'S IMMUNE SYSTEM.

It is usually spread by anal or vaginal sex or sharing syringes with a person who has HIV. The only way to know you have HIV is to be tested. Everyone aged 13-64 should be tested at least once, and people at high risk should be tested at least once a year. Ask your doctor, or visit gettested.cdc.gov to find a testing site. Without treatment, HIV can make a person very sick or may even cause death. If you have HIV, start treatment as soon as possible to stay healthy and help protect your partners.

AT THE END OF 2016,
AN ESTIMATED
3,600
AI/AN
HAD HIV.[‡]

4 in 5
KNEW THEY HAD THE VIRUS.[‡]

FOR EVERY 100 AI/AN WITH HIV IN 2015:[‡]



received
some
HIV care



were
retained
in care



were virally
suppressed

For More Information

Call 1-800-CDC-INFO (232-4636)
Visit www.cdc.gov/hiv

HIV Consultation and Referral Services

CDC-INFO

CDC's national health information hotline, providing answers to your questions regarding HIV, how to protect yourself, and where to get an HIV test.

1-800-CDC-INFO (232-4636) | 1-888-232-6348 TTY

In English, en Español, 8 am to 8 pm EST, Monday through Friday

www.cdc.gov/info

AIDSinfo

A service of the US Department of Health and Human Services (HHS), offers access to the latest, federally approved HIV/AIDS medical practice guidelines, HIV treatment and prevention clinical trials, and other research information for health care providers, researchers, people affected by HIV/AIDS, and the general public.

1-800-HIV-0440 (448-0440) | 1-888-480-3739 TTY

1-301-315-2816 (Outside United States)

In English, en Español, 1 pm to 4 pm EST, Monday through Friday

contactus@aidinfo.nih.gov | aidinfo.nih.gov

The National HIV Clinicians Consultation Center

<http://nccc.ucsf.edu>

Clinicians' Warmline

Providing expert clinical advice on HIV/AIDS management for health care providers, from those with limited access to expert consultation to those with complex antiretroviral resistance dilemmas.

1-800-933-3413 | 9 am to 8 pm EST, Monday through Friday

Perinatal HIV Hotline

Provides around-the-clock advice on indications and interpretations of standard and rapid HIV testing in pregnancy as well as consultation on antiretroviral use in pregnancy, labor and delivery, and the postpartum period. The Perinatal HIV Consultation and Referral Service also links HIV-infected pregnant women with appropriate health care.

1-888-448-8765 | 24 Hours/Day and Voicemail

PEPline

Provides expert guidance in managing health care worker exposures to HIV and hepatitis B and C. Callers receive immediate post-exposure prophylaxis (PEP) recommendations.

1-888-448-4911 | **Occupational PEP:** 11 am to 8 pm EST, seven days a week | **Non-occupational PEP:** 9 am to 8 pm EST, Monday through Friday; 11 am to 8 pm EST, weekends & holidays

PrEPline

Provides expert guidance on considerations of providing pre-exposure prophylaxis (PrEP) to HIV-uninfected (HIV-negative) persons as part of an HIV prevention program.

1-855-448-7737 | 9 am to 8 pm EST, Monday through Friday

Substance Use Management

Peer-to-peer consultation from physicians, clinical pharmacists, and nurses with special expertise in substance use evaluation and management.

1-855-300-3595 | 9 am to 8 pm EST, Monday through Friday



HEPATITIS C

General Information

What is hepatitis?

"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C.



Most people who get infected with the Hepatitis C virus develop a chronic, or lifelong, infection.

What is Hepatitis C?

Hepatitis C is an infection of the liver that results from the Hepatitis C virus. **Acute** Hepatitis C refers to the first several months after someone is infected. Acute infection can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. For reasons that are not known, about 20% of people are able to clear, or get rid of, the virus without treatment in the first 6 months.

Unfortunately, most people who get infected are not able to clear the Hepatitis C virus and develop a chronic, or lifelong, infection. Over time, **chronic** Hepatitis C can cause serious health problems including liver disease, liver failure, and even liver cancer.

How is Hepatitis C spread?

Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. Today, most people become infected with Hepatitis C by sharing needles, syringes, or any other equipment to inject drugs. Before widespread screening of the blood supply in 1992, Hepatitis C was also spread through blood transfusions and organ transplants. While uncommon, poor infection control has resulted in outbreaks in healthcare settings.

While rare, sexual transmission of Hepatitis C is possible. Having a sexually transmitted disease or HIV, sex with multiple partners, or rough sex appears to increase a person's risk for Hepatitis C. Hepatitis C can also be spread when getting tattoos and body piercings in unlicensed facilities, informal settings, or with non-sterile instruments. Also, approximately 6% of infants born to infected mothers will get Hepatitis C. Still, some people don't know how or when they got infected.

What are the symptoms of Hepatitis C?

Many people with Hepatitis C do not have symptoms and do not know they are infected. If symptoms occur, they can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes.

When do symptoms occur?

If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after infection. If symptoms occur with chronic Hepatitis C, they can take decades to develop. When symptoms appear with chronic Hepatitis C, they often are a sign of advanced liver disease.

Continued on next page



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

How would you know if you have Hepatitis C?

The only way to know if you have Hepatitis C is to get tested. Doctors use a blood test, called a Hepatitis C Antibody Test, which looks for antibodies to the Hepatitis C virus. Antibodies are chemicals released into the bloodstream when someone gets infected. Antibodies remain in the bloodstream, even if the person clears the virus.

A positive or reactive Hepatitis C Antibody Test means that a person has been infected with the Hepatitis C virus at some point in time. However, a positive antibody test **does not** necessarily mean a person still has Hepatitis C. An additional test called a RNA test is needed to determine if a person is currently infected with Hepatitis C.

Who should get tested for Hepatitis C?

Testing for Hepatitis C is recommended for certain groups, including people who:

- Were born from 1945 – 1965
- Received donated blood or organs before 1992
- Have ever injected drugs, even if it was just once or many years ago
- Have certain medical conditions, such as chronic liver disease and HIV or AIDS
- Have abnormal liver tests or liver disease
- Have been exposed to blood from a person who has Hepatitis C
- Are on hemodialysis
- Are born to a mother with Hepatitis C

Can Hepatitis C be treated?

Yes. However, treatment depends on many different factors, so it is important to see a doctor experienced in treating Hepatitis C. New and improved treatments are available that can cure Hepatitis C for many people.



Testing is the only way to know if you have Hepatitis C.

How can Hepatitis C be prevented?

Although there is currently no vaccine to prevent Hepatitis C, there are ways to reduce the risk of becoming infected with the Hepatitis C virus.

- Avoid sharing or reusing needles, syringes or any other equipment to prepare and inject drugs, steroids, hormones, or other substances.
- Do not use personal items that may have come into contact with an infected person's blood, even in amounts too small to see, such as razors, nail clippers, toothbrushes, or glucose monitors.
- Do not get tattoos or body piercings from an unlicensed facility or in an informal setting.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

HEPATITIS C & INJECTION DRUG USE

What is Hepatitis C?

Hepatitis C is a serious liver disease caused by the Hepatitis C virus. Some people get only a short term, or acute, infection and are able to clear the virus without treatment. If someone clears the virus, this usually happens within 6 months after infection. However, about 80% of people who get infected develop a chronic, or lifelong, infection. Over time, chronic Hepatitis C can cause serious health problems including liver damage, liver failure, and even liver cancer.

What are the symptoms?

Symptoms of Hepatitis C can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes. However, many people who get Hepatitis C do not have symptoms and do not know they are infected. If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after infection. Symptoms of chronic Hepatitis C can take decades to develop, and when symptoms do appear, they often are a sign of advanced liver disease.

Should I get tested?

Yes. If you have ever injected drugs, you should get tested for Hepatitis C. If you are currently injecting, talk to your doctor about how often you should be tested.

The Hepatitis C Antibody Test is a blood test that looks for antibodies to the Hepatitis C virus. A reactive or positive Hepatitis C Antibody Test means that a person has been infected at some point in time. Unlike HIV, a reactive antibody test **does not** necessarily mean a person still has Hepatitis C. An additional blood test called a RNA test is needed to determine if a person is currently infected with Hepatitis C.



All equipment used to prepare and inject drugs can spread Hepatitis C when contaminated and shared.

How is Hepatitis C spread among people who inject drugs?

The Hepatitis C virus is very infectious and can easily spread when a person comes into contact with surfaces, equipment, or objects that are contaminated with infected blood, even in amounts too small to see. The virus can survive on dry surfaces and equipment for up to 6 weeks. People who inject drugs can get Hepatitis C from:

- **Needles & Syringes.** Sharing or reusing needles and syringes increases the chance of spreading the Hepatitis C virus. Syringes with detachable needles increase this risk even more because they can retain more blood after they are used than syringes with fixed-needles.
- **Preparation Equipment.** Any equipment, such as cookers, cottons, water, ties, and alcohol swabs, can easily become contaminated during the drug preparation process.
- **Fingers.** Fingers that come into contact with infected blood can spread Hepatitis C. Blood on fingers and hands can contaminate the injection site, cottons, cookers, ties, and swabs.
- **Surfaces.** Hepatitis C can spread when blood from an infected person contaminates a surface and then that surface is reused by another person to prepare injection equipment.

Continued on next page



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Centers for Disease
Control and Prevention

Are there other ways Hepatitis C can spread?

Hepatitis C can also spread when tattoo, piercing, or cutting equipment is contaminated with the Hepatitis C virus and used on another person. Although rare, Hepatitis C can be spread through sex. Hepatitis C seems to be more easily spread through sex when a person has HIV or a STD. People who have rough sex or numerous sex partners are at higher risk of getting Hepatitis C. Hepatitis C can also be spread from a pregnant woman to her baby.

Can Hepatitis C be prevented?

Yes. The best way to prevent Hepatitis C is to stop injecting. Drug treatment, including methadone or buprenorphine, can lower your risk for Hepatitis C since there will no longer be a need to inject.

However, if you are unable or unwilling to stop injecting drugs, there are steps you can take to reduce the risk of becoming infected.

- **Do not** share any equipment used to inject drugs with another person.
- **Always** use new, sterile needles, syringes and preparation equipment—cookers, cottons, water, ties, and alcohol swabs—for each injection.
- Set up a clean surface **before** placing down your injection equipment.
- **Do not** divide and share drug solution with equipment that has already been used.
- Avoid using syringes with detachable needles to reduce the amount of blood remaining in the syringe after injecting.
- Thoroughly wash hands with soap and water **before and after** injecting to remove blood or germs.
- Clean injection site with alcohol or soap and water **prior** to injecting.
- Apply pressure to injection site with a sterile pad to stop any bleeding after injecting.
- Only handle your own injection equipment. If you do inject with other people, separate your equipment from others to avoid accidental sharing.

Use new syringes and equipment with every injection.

The Hepatitis C virus is difficult to kill. The best way to prevent Hepatitis C is to use new, sterile syringes and equipment with every injection. If using a new syringe is not possible, bleach has been found to kill the Hepatitis C virus in syringes when used as a solution of one part bleach to 10 parts water for two minutes. Bleach, however, may not be effective when used to clean other types of equipment used to prepare or inject drugs. Although boiling, burning, or using common cleaning fluids, alcohol, or peroxide can reduce the amount of virus, this **may not** prevent you from getting infected. Cleaning previously used equipment and syringes should only be done if new, sterile equipment is not available.

Can Hepatitis C be treated?

Yes. New and improved treatments are available that can cure most people with Hepatitis C. Most of the new treatments are taken as pills and do not require interferon injections. However, treatment for Hepatitis C depends on many different factors, so it is important to talk to a doctor about options.

Can someone get re-infected with Hepatitis C?

Yes. Someone who clears the virus, either on their own or from successful treatment, can become infected again.

Does injecting put you at risk for other types of hepatitis?

Yes. People who inject are more likely to get Hepatitis A and Hepatitis B. Getting vaccinated for Hepatitis A and B will prevent these types of hepatitis. There is currently no vaccine for Hepatitis C.

For More Information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

TB Elimination

Tuberculosis: General Information

What is TB?

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

What are the Symptoms of TB?

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

How is TB Spread?

TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection.

What is the Difference Between Latent TB Infection and TB Disease?

People with latent TB infection have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease.

People with TB disease are sick from TB germs that are active, meaning that they are multiplying and destroying tissue in their body. They usually have

symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can treat TB disease.

What Should I Do If I Have Spent Time with Someone with Latent TB Infection?

A person with latent TB infection cannot spread germs to other people. You do not need to be tested if you have spent time with someone with latent TB infection. However, if you have spent time with someone with TB disease or someone with symptoms of TB, you should be tested.

What Should I Do if I Have Been Exposed to Someone with TB Disease?

People with TB disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.

How Do You Get Tested for TB?

There are tests that can be used to help detect TB infection: a skin test or TB blood tests. The Mantoux tuberculin skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm. The TB blood tests measures how the patient's immune system reacts to the germs that cause TB.

What Does a Positive Test for TB Infection Mean?

A positive test for TB infection only tells that a person has been infected with TB germs. It does not tell whether or not the person has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

What is Bacille Calmette–Guèrin (BCG)?

BCG is a vaccine for TB disease. BCG is used in many countries, but it is not generally recommended in the United States. BCG vaccination does not completely prevent people from getting TB. It may also cause a false positive tuberculin skin test. However, persons who have been vaccinated with BCG can be given a tuberculin skin test or TB blood test.

Why is Latent TB Infection Treated?

If you have latent TB infection but not TB disease, your doctor may want you to take a drug to kill the TB germs and prevent you from developing TB disease. The decision about taking treatment for latent infection will be based on your chances of developing TB disease. Some people are more likely than others to develop TB disease once they have TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.

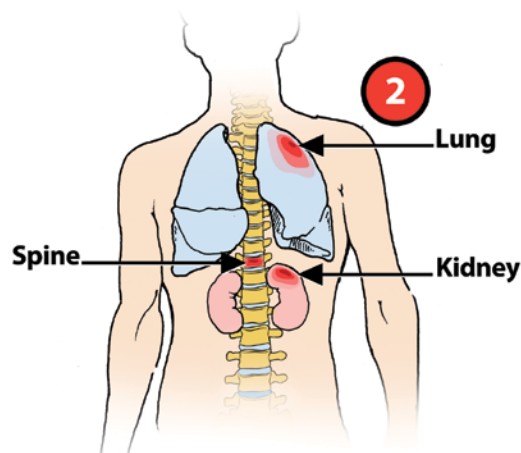
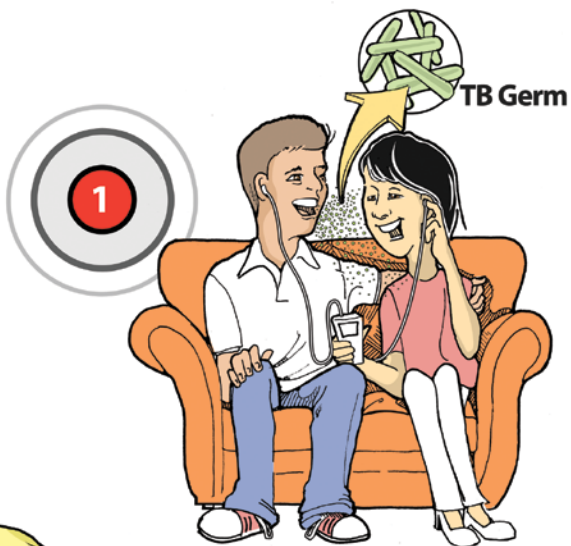
How is TB Disease Treated?

TB disease can be treated by taking several drugs for 6 to 12 months. It is very important that people who have TB disease finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat. In some situations, staff of the local health department meet regularly with patients who have TB to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.

Additional Information

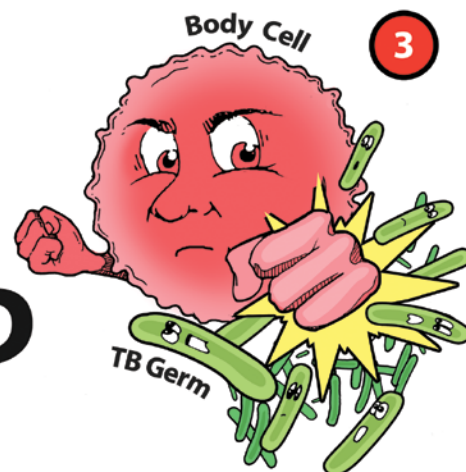
CDC. Questions and Answers About TB
<http://www.cdc.gov/tb/publications/faqs/default.htm>

<http://www.cdc.gov/tb>



TB is spread when a person with TB disease coughs, sings, or speaks and you breathe the air contaminated with TB germs.

The germs reach your lungs. From there, they can go to other parts of your body.



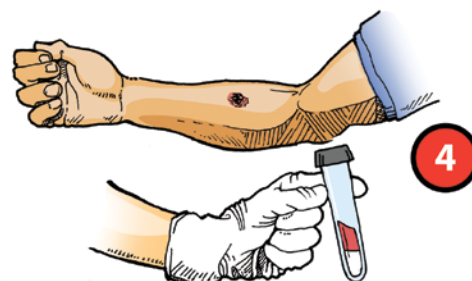
Your body fights the TB germs.

STOP TB



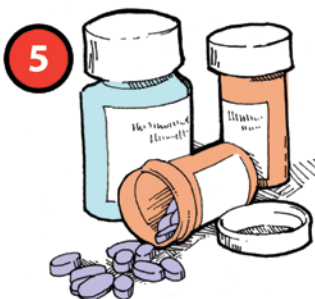
You get TB DISEASE when the TB germs multiply and attack your lungs or other parts of your body. When this happens,

- ◆ You have a positive TB skin test or TB blood test.
- ◆ You feel sick with cough, fever, weight loss, chest pain, or sweating at night.
- ◆ You have active TB germs in your body.
- ◆ You may give TB germs to others.
- ◆ You may have an abnormal chest x-ray.



If your body controls the germs, you have LATENT TB INFECTION. When this happens,

- ◆ You may have a positive TB skin test or TB blood test.
- ◆ You don't feel sick.
- ◆ You don't have TB symptoms.
- ◆ You can't give TB germs to others.
- ◆ You have a normal chest x-ray.



You can take medicine to treat LATENT TB INFECTION and prevent getting TB DISEASE.

Fetal Alcohol Spectrum Disorders

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behavior and learning. Often, people with FASDs have a mix of these problems.

If you think your child might have an FASD, talk to your health care provider.

What are FASDs?

FASDs refer to a range of effects that can happen to a person whose mother drank alcohol during pregnancy. These conditions can affect each person in different ways, and can range from mild to severe. They can affect the mind or the body, or both. Because FASDs make up a group of disorders, people with FASDs can exhibit a wide range and mix of symptoms.

Fetal alcohol syndrome (FAS) is one condition among the full range of FASDs. A baby born with FAS has a small head, weighs less than other babies, and has distinctive facial features.

Some of the behavioral and intellectual disabilities of people with FASDs include:

- Difficulty with learning or memory
- Higher than normal level of activity (hyperactivity)
- Difficulty with attention
- Speech and language delays
- Low IQ
- Poor reasoning and judgment skills

People born with FASDs can also have problems with their organs, including the heart and kidneys.

What causes FASDs?

FASDs are caused by a woman's drinking alcohol during pregnancy. Alcohol in the mother's blood passes to the baby through the umbilical cord. When a woman drinks alcohol so does her baby.

There is no known amount of alcohol that is safe to drink during pregnancy or when trying to get pregnant. All drinks that contain alcohol, including wine and beer, can harm an unborn baby. There is no safe time to drink alcohol during pregnancy. Alcohol can harm a baby at any time during pregnancy. So, to prevent FASDs, a woman should not drink alcohol while she is pregnant, or even when she might get pregnant. This is because a woman could get pregnant and not know it for up to 4 to 6 weeks. In the United States, nearly half of all pregnancies are unplanned.

How many people have FASDs?

We do not know exactly how many people have an FASD. Few estimates are available. Based on community studies using physical examinations, experts estimate that the full range of FASDs among 6-7 year old children in the United States and some Western European countries might be as high as 2 to 5 out of 100 school children (or 2% to 5% of the population).



Are there treatments for FASDs?

FASDs last a lifetime. There is no cure for FASDs, but research shows that early intervention treatment services can improve a child's development.

There are many types of treatment options, including medication to help with some symptoms, behavior and education therapy, parent training, and other approaches. No one treatment is right for every child. Good treatment plans will include close monitoring, follow-ups, and changes as needed along the way.

There are a number of factors that can help reduce the effects of FASDs and help people with these conditions reach their full potential. These factors include:

- Diagnosis before 6 years of age
- A loving, nurturing, and stable home environment during the school years
- Absence of violence
- Involvement in special education and social services

What can I do if I think my child has an FASD?

Ask for a Referral

If you or your health care provider thinks your child could have an FASD, **ask your provider for a referral to a specialist** (someone who knows about FASDs), such as a developmental pediatrician, child psychologist, or clinical geneticist. In some cities, there are clinics whose staff have special training in diagnosing and treating children with FASDs. For providers and clinics in your area, visit the National and State Resource Directory from the National Organization on Fetal Alcohol Syndrome (NOFAS) www.nofas.org/resource-directory/ or call 800-66-NOFAS (66327).

Get an Evaluation

Call your state's public early childhood system to request a free evaluation to find out if your child qualifies for intervention services. You do not need to wait for a health care provider's referral or a medical diagnosis to make this call. Steps for a free evaluation from the state depends on your child's age:

For children younger than 3 years old, contact your local early intervention system at www.cdc.gov/ncbddd/actearly/parents/states.html. To learn more, visit www.parentcenterhub.org/repository/ei-overview/ or call (973) 642-8100.

For children 3 years old or older, contact your local public school system.

Even if your child is not old enough for kindergarten or enrolled in a public school, call your local elementary school or board of education and ask to speak with someone who can help you have your child evaluated.

To learn more, visit www.parentcenterhub.org/repository/schoolage/ or call (973) 642-8100.

To help your child reach his or her full potential, it is very important to get help for FASDs as early as possible!

For More Information

To learn more about FASDs, visit

- Centers for Disease Control and Prevention www.cdc.gov/fasd or call 800-CDC-INFO
- American Academy of Pediatrics FASD Toolkit www.aap.org/fasd
- Center for Parent Information and Resources www.parentcenterhub.org/resources/ or call (973) 642-8100
- National Organization on Fetal Alcohol Syndrome (NOFAS) www.nofas.org or call 800-66-NOFAS (66327)
- Substance Abuse and Mental Health Services Administration's FASD Center for Excellence www.fasdcenter.samhsa.gov

CDC's Activities: Reducing Fetal Alcohol Spectrum Disorders

Alcohol use during pregnancy can cause fetal alcohol spectrum disorders (FASDs), which are physical, behavioral, and intellectual disabilities that last a lifetime. **FASDs are completely preventable if a woman does not drink alcohol during pregnancy.** CDC works to prevent FASDs and also works to improve the lives of children and families living with FASDs. CDC has been involved in this work since 1991.



The Problem

- One in 10 pregnant women in the United States report drinking alcohol in the past 30 days.¹
- One in 33 pregnant women report binge drinking (having four or more drinks at one time) in the past 30 days.¹
- 3 in 4 women who want to get pregnant as soon as possible report drinking alcohol.²
- Up to 1 in 20 U.S. school children might have FASDs.³
- The lifetime estimated cost for one person with fetal alcohol syndrome is \$2 million.⁴
- Drinking while pregnant costs the U.S. \$5.5 billion (2010).⁵

Reducing FASDs

CDC has two strategies to reduce the number of alcohol-exposed pregnancies

Alcohol screening and brief intervention (SBI) is an effective but underused preventive health service recommended by the U.S. Preventive Services Task Force and covered under the Affordable Care Act. Similar to hypertension or cholesterol screening, alcohol SBI can occur as part of a patient's wellness visit. It involves

- A validated set of screening questions to identify a patient's drinking patterns, which takes only a few minutes.
- A short conversation with patients who are drinking too much, and referral to specialized treatment as appropriate.
- CDC has developed an Alcohol SBI Implementation Guide to help staff in primary care practices plan and implement alcohol SBI to reduce alcohol use. The guide also presents information on risky alcohol use and how it can be addressed through alcohol SBI.



CHOICES is an evidence-based counseling intervention for non-pregnant women that helps them reduce or stop their drinking, use contraception effectively, or both. CDC funds two training and technical assistance centers that work with primary care clinics to implement alcohol SBI and CHOICES in American Indian communities.

Strengthening Partnerships

CDC works with partners to enhance provider education and advance prevention of FASDs, including

- Funding 11 academic and professional health organizations to promote these effective strategies. The main goal of this effort is to change medical practice by improving knowledge and skills of healthcare professionals in the prevention, identification, and management of FASDs. Grantees are developing targeted strategies to reach family medicine physicians, medical assistants, nurses, obstetricians-gynecologists, pediatricians, and social workers.

- Building strong relationships with provider groups such as the **American Academy of Pediatrics** and the **American College of Obstetricians and Gynecologists**.
- Fostering new relationships with other professional organizations including the **American Academy of Family Physicians**, **American Association of Medical Assistants**, **National Association of Social Workers**, **American College of Nurse Midwives**, and **National Association of Chronic Disease Directors**.
- Working closely with the **National Organization on Fetal Alcohol Syndrome** (NOFAS). NOFAS works to help individuals with FASDs and their families and connect them to services and supports.
- Collaborating with **federal partners** including the Health Resources and Services Administration, the National Institute on Drug Abuse, the Substance Abuse and Mental Health Services Administration, and the National Institute on Alcohol Abuse and Alcoholism. CDC also works with the Administration for Children and Families to help identify children with prenatal exposure to drugs, alcohol, or other substances in the child welfare system by designing materials for and providing training to workers in the field.
- Actively participating on the **Interagency Coordinating Committee on Fetal Alcohol Spectrum Disorders** to improve communication, cooperation, and collaboration among federal agencies.



Using Data to Drive Action

CDC is using existing national datasets to learn more about alcohol attitudes and drinking patterns among women of childbearing age, and alcohol screening and brief intervention (SBI) practices among healthcare providers. Examples of these data systems include

- **Behavioral Risk Factor Surveillance System (BRFSS)** – This telephone survey tracks national and state-specific health risk behaviors of adults, aged 18 years and older, in the United States. Using the BRFSS, CDC has been monitoring alcohol use among women of childbearing age since the 1990s. In 2014, a new module on alcohol SBI was added; data were collected in 19 states.
- **National Survey of Family Growth (NSFG)** – This survey of adults aged 15–44 years includes questions on family planning, contraception (birth control), and related issues, including alcohol use, which allows CDC to estimate the number of alcohol-exposed pregnancies.
- **National Ambulatory Medical Care Survey (NAMCS)** – Based on a sample of visits to outpatient medical care services, this survey provides information on patient, provider, and visit characteristics. A set of alcohol SBI questions was added to the survey to further assess provider practices related to alcohol SBI.
- **DocStyles** – This is a web-based survey of healthcare providers that includes 1,000 primary care providers, 250 obstetricians/gynecologists, 250 pediatricians, and 250 nurse practitioners. It measures their knowledge, attitudes, and practices on many issues. Questions on alcohol SBI practices are asked annually.

www.cdc.gov/fasd

References: 1. CDC. Morbidity and Mortality Weekly Report (MMWR) Alcohol use and binge drinking among women of childbearing age – United States, 2011–2013; 2015;64(37): 1042–1046. 2. Morbidity and Mortality Weekly Report (MMWR) Vital Signs: Alcohol-Exposed Pregnancies — United States, 2011–2013 / 65(4):91–97. 3. May PA, Baete A, Russo J, Elliott AJ, et al. Prevalence and characteristics of fetal alcohol spectrum disorders. *Pediatrics*. 2014;134:855–66. 4. Lupton C., Burd L, Harwood R. Cost of fetal alcohol spectrum disorders. *American Journal of Medical Genetics Part C: Seminars in Medical Genetics*. 2004 May 15;127C(1):42–50. 5. Sacks, J, Gonzales, K, et al. 2010 National and State Costs of Excessive Alcohol Consumption. *American Journal of Preventive Medicine*, 2015;49(5): e73–e79.

**ALCOHOL
AND
PREGNANCY**

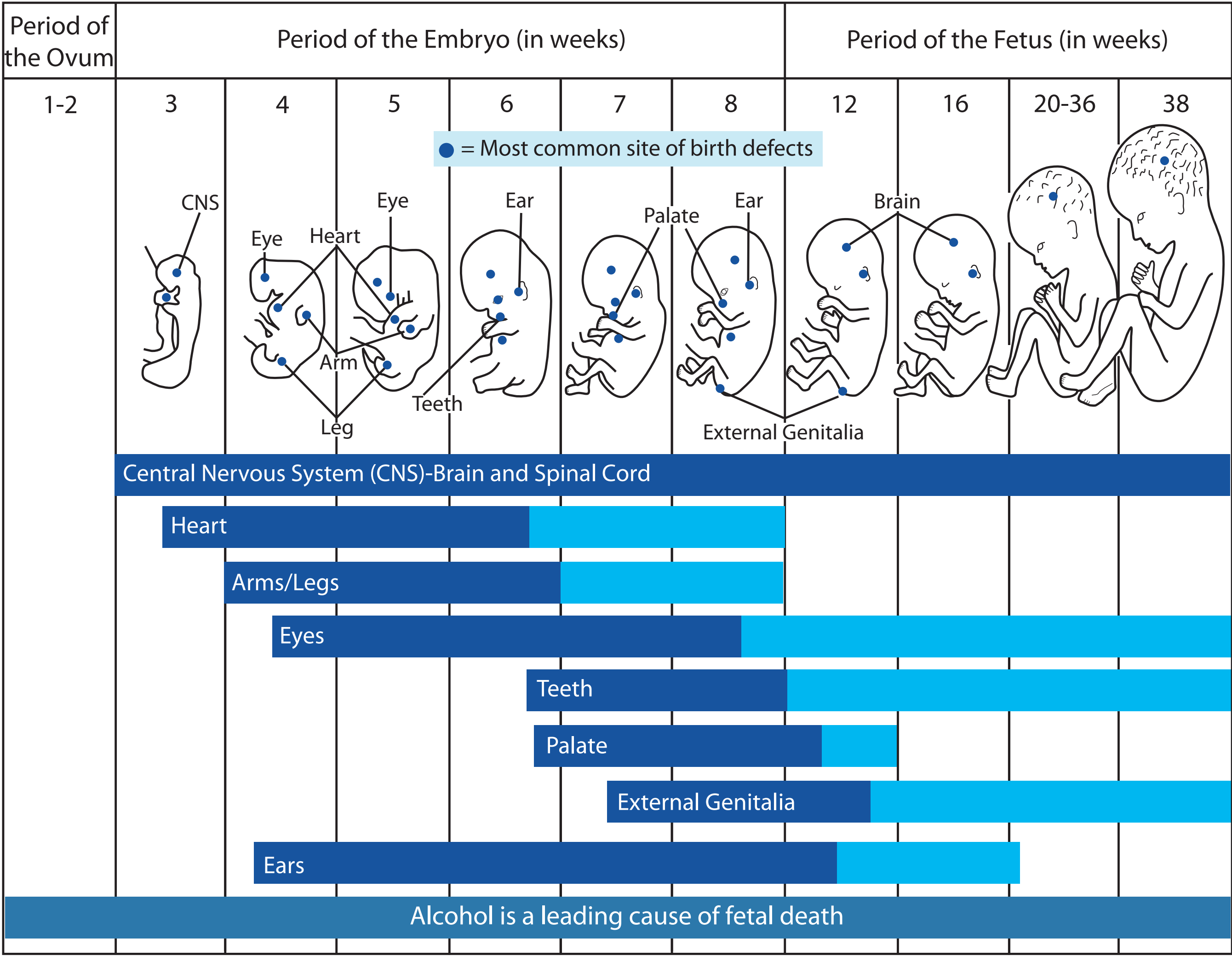
**NO SAFE
Time.**

**NO SAFE
Amount.**

**NO SAFE
Alcohol.**

PERIOD.

Your Baby in Weeks



Adopted from: Jacobson, S. Assessing the impact of maternal drinking during and after pregnancy. *Alcohol Health & Research World*, 21(3), 1997.

The chart shows your developing baby's vulnerability to alcohol-related defects during specific periods of development. The dark blue segments represent the most sensitive periods.



National Organization on Fetal Alcohol Syndrome
800 66 NOFAS | www.nofas.org

Facts about Concussion and Brain Injury







About Concussion

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, their effects can be serious.

Concussion Signs and Symptoms

Most people with a concussion recover quickly and fully. But for some people, symptoms can last for days, weeks, or longer. In general, recovery may be slower among older adults, young children, and teens. Those who have had a concussion in the past are also at risk of having another one and may find that it takes longer to recover if they have another concussion. Symptoms of concussion usually fall into four categories:

 Thinking/Remembering	Difficulty thinking clearly	Feeling slowed down	Difficulty concentrating	Difficulty remembering new information
 Physical	Headache Fuzzy or blurry vision	Nausea or vomiting (early on) Dizziness	Sensitivity to noise or light Balance problems	Feeling tired, having no energy
 Emotional/Mood	Irritability	Sadness	More emotional	Nervousness or anxiety
 Sleep	Sleeping more than usual	Sleep less than usual	Trouble falling asleep	

Getting Better

Rest is very important after a concussion because it helps the brain to heal. Ignoring your symptoms and trying to “tough it out” often makes symptoms worse. Be patient because healing takes time. Only when your symptoms have reduced significantly, in consultation with your doctor, should you slowly and gradually return to your daily activities, such as work or school. If your symptoms come back or you get new symptoms as you become more active, this is a sign that you are pushing yourself too hard. Stop these activities and take more time to rest and recover. As the days go by, you can expect to gradually feel better.

Tips to help you get better:

- Get plenty of sleep at night, and rest during the day.
- Avoid activities that are physically demanding (e.g., sports, heavy housecleaning, working-out) or require a lot of concentration (e.g., sustained computer use, video games).
- Ask your doctor when you can safely drive a car, ride a bike, or operate heavy equipment.
- Do not drink alcohol. Alcohol and other drugs may slow your recovery and put you at risk of further injury.



There are many people who can help you and your family as you recover from a concussion. You do not have to do it alone. Keep talking with your doctor, family members, and loved ones about how you are feeling, both physically and emotionally. If you do not think you are getting better, tell your doctor.

For more information and resources, please visit CDC on the Web at: www.cdc.gov/Concussion.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention





Traumatic Brain Injury in the United States

Public Health Professionals

A TBI is caused by a bump, blow, or jolt to the head that disrupts how the brain works. The severity of a TBI may range from mild to severe. A TBI may lead to trouble with memory, sleep, movement, sensation (e.g., vision or hearing), or emotions (e.g., personality changes, depression).



Public health professionals can inform prevention strategies, and identify research and education priorities to help protect people from a traumatic brain injury (TBI) and its potentially devastating effects.



TBIs affect the lives of Americans nationwide.

From 2007–2013, data show:



TBI-related emergency department visits increased by more than half.

53% ↑



TBI-related hospitalizations increased.

5% ↑

Brain injuries among adults age 65+ contributed to these increases. Among older adults:



Emergency department visits more than doubled.

112% ↑



Hospitalizations and deaths went up by more than a quarter.

34% ↑





Common causes of TBI



Falls

Falls account for almost half (47%) of all TBI-related emergency department visits, hospitalizations, and deaths.



Being struck by or against an object

Over two-thirds (70%) of concussions among high school athletes result from colliding with another athlete.*



Motor vehicle crashes

Motor vehicle crashes are the leading cause of death for U.S. teens. Six teens aged 16 to 19 die every day from motor vehicle injuries.

Take action to prevent TBI

There is not a one-size-fits-all approach to protecting Americans from a TBI. Prevention efforts should be tailored to fit the needs of those at increased risk.

CDC has examples of prevention efforts you can use in your community.

STEADI (Stopping Elderly Accidents, Deaths, and Injuries) is a toolkit to help healthcare providers incorporate fall risk assessment and individualized fall interventions (e.g., exercise for strength and balance, medication management, and feet and vision checks) into their practice.



Stopping Elderly
Accidents, Deaths & Injuries

www.cdc.gov/steadi

HEADS UP educational materials are designed to support individuals (such as coaches and healthcare providers) and organizations (such as schools and sports programs) with their concussion and other TBI safety efforts.



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

www.cdc.gov/HEADSUP

Parents Are the Key materials help parents, pediatricians, and communities keep teen drivers safe on the road. Parents Are The Key includes evidence-based strategies, and can be customized with an organization's logo.



<https://www.cdc.gov/parentsarethekey/>



*McIlvain N, Fields S, Comstock RD. Epidemiology of Concussions Among United States High School Athletes in 20 Sports. *Amer J Sports Med*, April 2012, 40(4):747-755