



**Department
of Health**

Drug User Health—Capacity Building Initiative

**March 2019 CAC Meeting
Rob Curry, AIDS Institute**

February 19, 2019

Drug User Health Capacity Building Initiative

October 2017 – October 2018



Department
of Health

AIDS
Institute





"Patients who use drugs are often described by hospital staff as challenging, manipulative, drug-seeking, and demanding.

Difficulties typically arise when a patient feels that distressing withdrawal symptoms, pain, or both, are not adequately treated, which could lead to escalation of conflicts.

A proactive rather than reactive discussion on prescribing relevant medication and acceptable behaviour might promote communication and relieve patients' fears, thus improving therapeutic relationship"

Haber, et al. Lancet 2009; 374: 1284–93

Stigma:

Mark or Disgrace Associated with a Particular Circumstance, Quality, or Persona

- <https://www.health.ny.gov/publications/0230.pdf>
- <http://harmreduction.org/issue-area/issue-drugs-drug-users/understanding-drug-related-stigma/>

Nice People Use Drugs What is Drug Checking?

Headline	Buy a Testing Kit
Managing Drug Use at Your Event	Become a Testing Kit Reseller
Getting Home Safely	Testing Kit Instructions
Women and Drug Use	Lab Test Results
Risk Assessment	

**HUMANIZE
DON'T
STIGMATIZE**

#MythBusterMonday #JustSayKnow

DANCESAFE.ORG



**See an overdose?
Call 911 immediately!**

What should I do if I see an overdose?

- Call 911 immediately!
- Say "I think someone may have overdosed. (She isn't breathing)."
- If the person is not breathing, do rescue breathing (mouth-to-mouth).
- Give Narcan (the opioid overdose reversal drug) to the person if you have it.
- Lay the person on their side once they resume breathing.

How do I recognize signs of an overdose?

- The person is unconscious and you can't wake them.
- Breathing slowly or not at all.
- Lips or nails are turning blue.

Afraid to call 911? Don't be!
New York's new "911 Good Samaritan" law provides protections from charge and prosecution for drug and alcohol possession for the victim and those who seek help during an overdose.

For more info on overdose prevention, please contact the NYS Department of Health at 1.800.692.8528.

New York's new "911 Good Samaritan" law protects you even if you shared drugs with others or possess paraphernalia. The protections do not extend to outstanding warrants, probation or parole violations, drug sales, and other non-drug crimes.

"The benefit to be gained by the bill – saving lives – must be paramount."
Governor Andrew Cuomo
July 2015 approval message for New York's new 911 Good Samaritan law



DUH CBI
Participating
Agencies

- Acacia
- Erie County Medical Center
- Evergreen
- Hudson River Health Care
- Hudson Head Waters (HW)
- Institute for Family Health
- Mt. Sinai
- Mohawk Valley Health System
- SI Northwell
- St. John's Riverside
- Trillium

Principles of Harm Reduction

Harm Reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice, built on a belief in, and respect for, the rights of people who use drugs.

Participating agencies must appoint two champions

1. Identify two agency leaders who:
 - Have a long-term commitment to the agency
 - Have authority to implement changes in agency practices
 - Are able to attend all sessions
 - Are able to train/ coach staff
2. Agency must support time investment and travel
3. Executive Director must sign application

Organizational Assessment

SAMHSA: Ten Implementation Domains

1. Governance and Leadership

2. Policy

3. Physical Environment

4. Engagement and Involvement

5. Cross-Sector Collaboration

6. Screening, Assessment, Treatment Services

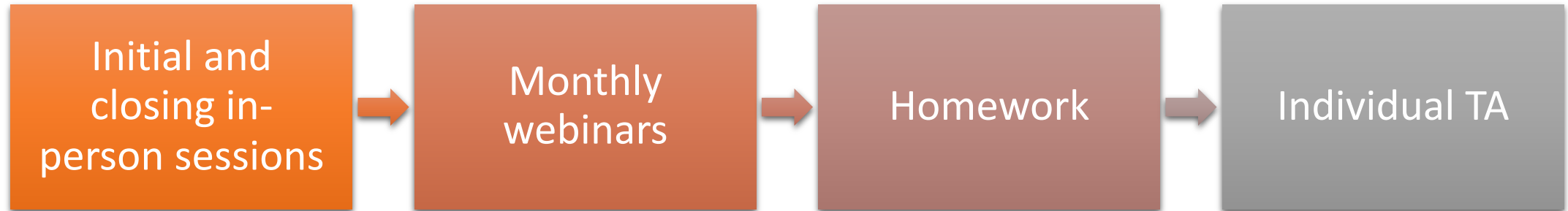
7. Training and Workforce Development

8. Progress Monitoring and Quality Assurance

9. Financing

10. Evaluation

Blended Learning Approach



DUH CBI Webinar Topics

Change Management and Resistance

Handling Challenging Situations

PWUD Health Assessment

Staff Assessment and Organizational Assessments

Syringe Access

Cross-Sector Collaboration

Creating a Welcoming Environment

Pain Control and PWUD

Ensuring Health Care Coverage for PWUD

Involving and Engaging PWUD in Your Organization

Program Evaluation

Reading Assignments

Meaningful Involvement of People with HIV/AIDS (MIPA)

“Nothing About Us Without Us”

Inclusive **Meaningful** **Valued** **Ongoing** **Intentional** **Authentic**
Equitable **Purposeful** **Significant** **Integrated**

The principle of meaningful involvement of people with HIV/AIDS (MIPA) was first articulated in the Denver Principles in 1983, and has also been endorsed by UNAIDS, the body that coordinates global action on the HIV/AIDS epidemic. *The National HIV/AIDS Strategy: Updated to 2020* supports MIPA as well, acknowledging the “persistent advocacy from people living with HIV” and “the engagement of affected communities.”

Partnering with people living with HIV to make informed decisions about their own health care and treatment, research agendas that affect them, and creation and review of policies and programs that directly impact them are important cornerstones of the global response to HIV.

As UNAIDS explains, at its most basic level, MIPA does two important things:

- 1 recognizes the important contribution that people living with and affected by HIV/AIDS can have in the response to the epidemic as equal partners and
- 2 creates a space within society for involvement and active participation of people living with HIV in all aspects of that response.

WHY MIPA MATTERS

People living with HIV are likely to be intimately familiar with factors that place individuals and communities at risk for acquiring HIV in the first place; barriers to accessing care and treatment; and challenges to living a full and healthy life with dignity.

When people living with HIV are involved in program development and implementation, it can improve relevance and effectiveness of strategies. Moreover, raising visibility of people living with HIV and elevating their voices and experiences can help decrease HIV-related stigma and discrimination. Studies show that when individuals and communities are proactively engaged in ensuring their own wellbeing, improved health outcomes are more likely.¹

MIPA IS ABOUT MORE THAN JUST HIV STATUS

Historically, there have been many barriers to meaningful inclusion of people living with HIV in decision-making roles

within organizations and service delivery settings. Many of these ultimately lead back to a need to address systems of privilege that structure who has access to power — such as racism, misogyny, transphobia, formal education requirements, and decision-making processes that are unnecessarily bureaucratic.

MIPA today is about ensuring that the communities most affected by HIV are involved in decision-making, at every level of the response. Specifically, many organizations may need to re-envision their systems to involve young people, folks of trans experience, and Black and Latinx communities in decision-making.

“Our PLHIV partner organization supported us in identifying meaningful ways to include patient voices at each stage of our transformation towards becoming a trauma-informed primary care clinic. We now have our patients at the table for every major programmatic decision. The result is a feeling and reality that our program is grounded in the actual needs and visions of our patients.”

—Edward Machtinger, MD
 Director, Women’s HIV Program, University of California, San Francisco

AIDS United **AIDS United** **U.S. People Living with HIV Caucus**
www.aidsunited.org www.hivcaucus.org

¹International HIV/AIDS Alliance and Horizons (2003). *The Involvement of People Living with HIV/AIDS in Community-based Prevention, Care and Support Programs in Developing Countries.*

AIDS United and the United States People Living with HIV Caucus are here to help.

People living with HIV commit to treatment and prevention fully only when there is a commitment to involving and engaging them authentically.

Benefits of MIPA are vast:

- Individual level.** Involvement can build self-esteem, counter depression, increase HIV and health care knowledge, improve engagement in care, develop stronger connections to the community, increase empowerment, autonomy and self-advocacy, and improve health outcomes.
- Organizational level.** Involvement can improve: program processes and outcomes; cultural competency; responsiveness to client needs; client satisfaction; quality of care and services; organizational trust; and prevention, treatment, care, and support services for people living with and affected by HIV. Importantly, people feel more valued and invested in an organization when they are involved in decision-making.
- Community level.** MIPA can decrease HIV stigma, discrimination, and myths; develop safe spaces for marginalized populations; increase opportunities for collaboration; improve services available; decrease community viral load; and improve community pride.

MECHANISMS FOR INVOLVEMENT

People living with and affected by HIV can be engaged on a range of levels including executive leadership and governance; policymaking; program development and implementation; leadership development; peer support; policy and advocacy; designing campaigns; public speaking; and evaluation.

MIPA does not happen in a vacuum. Rather, it requires buy-in and dedication from organizational decision makers and intentional actions to ensure that people living with HIV, especially those from marginalized communities, are, in fact, meaningfully involved and set up for success.

This also includes investing in *capacity building* and technical assistance for people living with HIV, *enlisting these individuals on decision-making bodies*, ensuring those enlisted are *reflective of the epidemic* and marginalized communities, *hiring people living with HIV*, establishing a clear and objective *feedback loop*, educating staff and establishing policies to *counter stigma*, and *monitoring implementation* of recommendations. For government agencies and other funders, requirements and associated reporting on MIPA-centric policies and activities are important measures in ensuring their uptake and adherence.

Examples of organizational practices that can be put in place:

- minimum percentage of seats on the governance board for people living with HIV and in organizational leadership;
- minimum percentage of people living with HIV, people of color, and LGBTQ-identified folks in management roles;
- commitment to involve people living with HIV in development and design of new programs;
- protocols to take and act on input from clients or patients on an ongoing basis; and
- financial support for participation in meetings, such as travel stipends, honoraria, and per diems.

MIPA requires dedication, planning and assessment, organizational buy-in, and a champion to help usher its development and continued assessment. Decades of HIV work have shown MIPA’s unique—and critical—role in addressing the HIV epidemic and advancing the lives and health of people living with and affected by it. This work takes time but this investment is critical, doable, and well worth the effort.

Learn more about technical assistance opportunities for you to advance MIPA in your own organization or community:

AIDS United **AIDS United** **U.S. People Living with HIV Caucus**
www.aidsunited.org www.hivcaucus.org

THE MIPA “LITMUS TEST”

ASK YOURSELF:

LEADERSHIP AND REPRESENTATION:

- What positions do people living with HIV and people of color hold in your organization?
- To what extent are they represented in management and decision-making positions?

INTERSECTIONALITY:

- Have you considered how HIV stigma, racism, sexism, classism, and other forms of oppression may be operating in organizational practices? How might these be addressed?
- What practices and policies do you have in place to support trans and gender non-conforming staff and clients, including those who are in a transition process?

INPUT AND ENGAGEMENT:

- How do people living with HIV provide input into service delivery?
- How are client concerns about services resolved?
- Do you have formal mechanisms for input by clients?
 - Are people living with HIV represented and are they reflective of the constituency you serve?
 - Can they safely say, “no”?
 - Are their recommendations implemented?
 - Is there a mechanism for them to sign off on policies?

Reading Assignments

NOTHING ABOUT US WITHOUT US

A manifesto by people who use illegal drugs

We are among the most vilified and demonized groups in society. Simply because we use illegal drugs, people and governments often deny us our rights and dignity.

We are the "junkies" and "crackheads" of the popular media.

We are tagged as "undeserving troublemakers" even among some of those who provide services to us.

We have been hard hit by the epidemics of HIV/AIDS and hepatitis C.

We are often sent to prison or to compulsory detoxification and rehabilitation, instead of having access to the evidence-based prevention and treatment programs we need.

We suffer oppression and human rights abuses in countries waging a "war against drugs" that all too often has turned into a war against people who use drugs.

We are regularly excluded from the decisions that affect our lives and those of our brothers and sisters.

We are your sons, daughters, fathers, mothers, brothers and sisters.

And we have the same human rights as everyone else.

We have the right to meaningfully participate in decision making on issues affecting us.

We have the right to be able to make informed decisions about our health, including what we do or do not put into our bodies.

We have unique expertise and experiences and have a vital role to play in defining the health, social, legal and research policies that affect us.

Today, we demand to have a say.

We have the capacity to:

- educate and be educated;
- form organizations;
- manage funding;
- represent our community;
- serve on government consultative committees; and
- be employed in a variety of roles.

We need to:

- be treated as equals and respected for our expertise and professionalism in addressing drug use, HIV, hepatitis C, overdoses and the other health, social and human rights issues that affect our lives;
- be recognized for the work we do, often without funding, in addressing the problems facing people who use drugs;
- be adequately funded and provided with the resources to represent and address our needs;
- be supported when demonized and attacked in the media and by the community because of who we are;
- be supported in fighting the fear, shame and stigma that keep us from fully participating in our communities and from accessing health services, and that contribute to health problems like HIV and hepatitis C;
- be supported to develop the skills and knowledge necessary to be good peer educators and advocates and to run professional organizations;
- be meaningfully involved at all levels of the organizations that provide services to us;
- be included in consultative processes, as well as in decision making or policy-making bodies and advisory structures dealing with issues affecting us; and
- be involved in research that affects us, including through community review committees and community consent processes.

All organizations of people who use drugs, our organizations have an important role to play in advocating for our rights and for our health and well-being. Our organizations:

- need to work towards being governed, managed and run by people who use illegal drugs, with power and control held by people who use drugs;
- are often best placed to ensure appropriate representation to governments, non-drug user organizations and other relevant stakeholders;
- need to be recognized as valid and valued participants in any policies and programs dealing with drug use, and must be supported and strengthened;
- need to be recognized as participants also in policies and programs dealing with other health and social issues that affect our lives, such as mental health, housing, welfare;
- must be treated with respect in all partnership arrangements with governments and other organizations;
- have a responsibility to the larger movement of people who use drugs to strive to empower and include all people who use drugs, regardless of the types and routes of drug consumption, by promoting tolerance and adopting a culture of inclusion and active participation, and respecting the diversity of backgrounds, knowledge, skills and capabilities;
- need to devote particular attention to meaningfully including women who use drugs and to ensuring that the needs of women who use drugs are addressed;
- are committed to the principles of harm reduction, peer education and support, and community development; and
- fight for the health and human rights of people who use illegal drugs.

Through collective action, we will challenge existing oppressive drug laws, policies and programs, and work with governments and international agencies to formulate evidence-based policies and programs that respect our human rights and dignity and protect and promote our health.

And we stand in solidarity with our brothers and sisters in other countries who often suffer great abuses of their human rights. We demand that our governments take action in our countries, but also at the international level, so that our health and human rights are respected, protected and promoted, and we are involved in all decisions that affect our lives.

We are part of the solution, not part of the problem!

The members who wish to provide who use drugs who participated in the consultation of the project on greater involvement of people who use drugs undertaken by the Canadian HIV/AIDS Legal Network, the Open Society Institute Public Health Program, and the International HIV/AIDS Alliance. It is based on a similar workshop organized in Canada as part of work undertaken by the Canadian HIV/AIDS Legal Network, the Department and Network of Drug Control and Control Services, and related to the International Network of People Who Use Drugs (INPUD). Participants in the project expressed their own views and opinions and do not necessarily represent the views of the authors or the funders.

Some of this work and other documents on gay, lesbian and other people who use drugs are available on the website of the Canadian HIV/AIDS Legal Network (www.c4a.ca). Open Society Institute Public Health Program is a project of the Open Society Foundations, which are based in New York, NY, USA. The International HIV/AIDS Alliance is a project of the Open Society Foundations, which are based in London, UK. The International Network of People Who Use Drugs (INPUD) is a project of the Open Society Foundations, which are based in New York, NY, USA.

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The opinions expressed in this publication are those of the authors and do not represent the official views of the funders.

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Helpful Strategy:

The First Point of Contact

The first point of contact is your office building.

- X Is there security outside the door?*
- X Must ID be shown just to enter the building?*
- X How is security interacting with your patients?*

These encounters can be triggers and make people seeking your services uncomfortable before they walk through your doors.



Helpful Strategy

HOMEWORK: Statement of Values



Here is an example of a Statement of Values that a Brooklyn based methadone provider uses for their patients.



SOUTH BROOKLYN MEDICAL ADMINISTRATIVE SERVICES, INC

STATEMENT OF VALUES

- South Brooklyn provides treatment with dignity and respect for all.
- South Brooklyn values all human beings regardless of ethnicity, religion, nationality, race, sex or sexual preference.
- South Brooklyn will treat individuals in need of substance abuse or medical services on demand, as long as the individual is not a threat to themselves or others.
- South Brooklyn develops, promotes and reinforces individual empowerment.
- South Brooklyn develops, promotes and ensures community respect and the growth of community partnerships.
- South Brooklyn promotes a co-location of services to enhance the quality of life through medical and health care.

Helpful Strategy:

The Bathroom

- > None of these suggestions are meant to make your office appear to be a methadone clinic, or a "drug user only" space.
- > Due to stigma and when possible, many people who use drugs often avoid environments that others associate with drug use.

- > Your goal should be to create an inclusive space that feels safe, familiar, and accessible to all types of patients and their various medical needs.



SAFE SPACE



for people who use drugs.

STIGMA-FREE

We provide compassionate, stigma-free care for people who use drugs (PWUD).

RESPECTFUL

We provide services that are fair, equitable, and respectful, regardless of a person's drug use, race, religion, age, education, economic status, political affiliation, national origin, gender, health status, or sexual orientation.

SUPPORTIVE

We ensure that all patients that use drugs are provided with the support and services they need.

INFORMATIVE

We give well informed, holistic, patient-centered advice and tailored options to PWUD.

INCLUSIVE

We want to hear from everyone about how we can do better to provide services to patients that use drugs.

CONFIDENTIAL

We communicate respectfully to provide the necessary support to patients who use drugs and ensure all patient information is secure, private and confidential.



Department
of Health

“This initiative was helpful for identifying some of our strengths, pointing out areas of weakness, and providing ideas for action.”

SAFE SPACE

for people who use drugs.





Training & Workforce Development

- Developed training for clinic staff on harm reduction, substance use and caring for people who use drugs (PWUD)
- Development of residency training on working with PWUD
- Required annual training on stigma and the effects on patient care and retention
- Implementation of policies regarding training in opioid overdose prevention/naloxone training for all staff
- Training on policy changes regarding care for PWUD (i.e. revised buprenorphine treatment protocols)

Training & Workforce Development

- Development of clinical resources:
 - Managing Unhealthy Substance Use in Primary care
 - Urine Drug Testing: A Reference Guide for Clinicians
- CME Conference *The Role of Primary Care in Addressing the Opioid Crisis in New York State*
- Supported stakeholder participation in National Harm Reduction Conference



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Increased Collaborations

- Fostered institutional support from leadership across specialty groups resulting in:
 - Funding for integrated psychiatrist, community health worker, and social worker
 - Business plan for inpatient addiction medicine consult service
- Increased collaborations between behavioral health and primary care to improve services for PWUD
 - Ex. Review of methadone patients found 86 people with incomplete HCV screening who were eligible for HCV treatment and had a primary care provider
- Increased community education and engagement to address the needs of PWUD
 - Opioid Overdose Awareness Day



Inclusion of People who Use Drugs

- Creating spaces and opportunities for patient involvement
- Ensure Consumer Advisory Board (CAB) include of patients and peers who use drugs in meaningful and significant roles in organization planning, governance, policy-making, services, and evaluation
- Incorporation a panel of PWUD who use services in ground rounds
- Revised Performance Improvement Policy to include consumer involvement, specifically individuals who use drugs so they can participate in a meaningful way



Policies and Practices

- Assessment of policies that both protect and discriminate against PWUD
 - Toxicology screening processes for MAT services
 - Responding to drug use on campus in culturally competent ways
 - Language used across organization to talk about drug users
 - Revised Treatment Protocols for Buprenorphine to include option for home induction and address issues of continued substance use
- Installation of syringe disposal containers in bathrooms
- Deployed Harm Reduction RN to Harm Reduction Service locations on-site at SEP or in field
- Identified need for develop a comprehensive harm reduction service line, documenting workflows and improving communications across all services

Assessment of Policies that Both Protect and Discriminate Against PWUD

- Revisions of policies to address the needs of staff and clients regarding safety, drug use-related stigma, and trauma-informed support
 - Toxicology screening processes for MAT services
 - Responding to drug use on campus in culturally competent ways
 - Language used across organization to talk about drug users
 - Revised Treatment Protocols for Buprenorphine to include option for home induction and address issues of continued substance use
 - Crafting a HR policy to decrease stigma for people with past substance use/criminal backgrounds
 - Adding a MAT workflow for the facility call center



DUH CBI: Best Practices: Community Engagement

The Role of Primary Care in Addressing the Opioid Crisis in New York State CME Conference

- Provided an overview of current and planned initiatives across city and state
- Aimed to foster new collaborations by bringing in diverse academic, governmental, and community leaders, and providers
- Consumer voice represented
- >200 people registered, >170 people attended
- VERY positive response



- Shifting specific practices and policies
 - Toxicology screening processes for MAT services
 - Responding to drug use on campus in culturally competent ways
 - Language used across organization to talk about drug users
- Engaging stakeholders across association in thinking about quality of services as they pertain to the health of drug users, not decrease in use among users
- Creating spaces and opportunities for patient involvement



***New Materials Are
Always Being Created
at the AI***

You're in Charge Appointment Card

Name of my provider(s)

Best way to contact my provider in case something urgent happens

Location

Hours of my provider's office

Place where I get my labs done

Pharmacy phone

Pharmacy address

Transportation Information

Questions You Can Ask Them: This Appointment is a Two-sided Conversation

Often it can feel like the provider is asking all the questions when you attend a visit, but you can ask questions too! It can sometimes be hard to remember all the things you want to ask once you're in the room, which is why it can be helpful to write questions down.

Some suggestions of how to remember questions you'd like to ask:

- Using an app on your cellphone (could be a designated app, or just the 'notes' section);
- Writing them down in a bulleted list with a pen and paper;
- Having a designated folder or notebook you bring to all your medical appointments;
- Keep a diary or journal;
- Using a picture or worksheet that either you created yourself or your provider's office gives you.

Since every person and their healthcare needs are different, many questions will be unique to each individual. Here are a few example questions that you might have for your provider:

- What do my labs results mean for me? What do they mean for my partner(s)?
- What else can I do to improve my health?
- How can I protect myself and others?
- How do these results compare to my last labs?
- When is my next appointment?
- When should my next labs be done?
- Are any of my symptoms from medication side effects?

You can also use this time to ask to be referred to specialists or get individualized care. For example, asking for peer support, a nutritionist, a mental health provider, physical therapist, etc). Your questions should reflect what you want

YOU'RE IN CHARGE

Preparing for your Healthcare Appointment



Department of Health

You're in Charge Appointment Card

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“YOU’RE IN CHARGE”

- Hot Off The Presses (and in your folders! =)
- Questions your provider may ask you
- Prepare yourself
- Take charge of your appointment
- Work as a team
- Questions you can asks them
- This appointment is a two-sided conversation
- You’re in charge—Appointment Card (tear-off)
- Resources
- *Pub. Number #9897 (1/19)*

**How can you use this
resource?**

What are some things to consider reporting to your provider?

- Any sleep issues
- Any appetite issues
- Overall mental health
- Other health care providers you've seen
- Medication side-effects
- If you need refills on a prescription RX?
- Noticed any changes since last visit?
- Remember: Your provider may not ask you directly about each item, so you should feel comfortable bringing it up even if they do not.

What are some questions that your provider may ask you?

- What is your preferred pronoun?
- Have you missed any doses of your HIC meds? (How many?)
- Any new sexual partners or sexual practices?
- Are you using any substances/drugs? Medication side-effects
- If you need refills on a prescription RX?
- Do you have any STIs or had sex recently with anyone who has an STI?
- Remember: Being honest and open with your provider is the best way to get the right treatment and diagnosis. Speak up if you feel uncomfortable. It is NOT a providers goal to make you feel uncomfortable.

What are questions you can ask them:

2 Sided Conversation

- How to remember questions to ask: cellphone, App, notes, folder, diary, journal, article
- Your unique questions to ask may be about: labs, health improvement, protecting self and others, lab results compare to last appointment, next appointment for labs and/or check up, symptoms and side effects
- Remember: You can use a visit to ask about referral to specialist (e.g. mental health/therapist/psychiatrist, nutritionist, physical therapist etc.) Your questions should reflect what you want to get out of an appointment.

How can you use this resource?

Any other comments or questions
or tips?

Order this new publication!

<https://www.health.ny.gov/publications/4208/>

Be a Part of the Discussion! Materials Review and Creation

Rob Curry

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Peer Trainings in the Western Region: Fall 2018

- Peer Worker certification courses being rolled out in Western Region – Syracuse, Buffalo, Rochester
- You will see more courses that peers need for certification offered in upstate area between now and March 2019.
- Please let us know if you need help or have questions.
- Peers Providing TIC: March 25 & 26 in NYC, and in Syracuse and Rochester pending

Heartfelt Thanks

***Thank you to consumers who helped
create, advise and review AI new
materials !!***