



**Counseling
And
Recovery
Services**

Patient Handbook

Counseling And Recovery Services

Tomball, Texas

Introduction

Welcome to Counseling And Recovery Services. This is a private outpatient medical practice devoted to the treatment of Chronic Opioid Dependence. Chronic Opioid Dependence is a long-term addiction or dependence to heroin or other morphine-like drugs. This handbook is being provided to you for your education and information. You will be asked to sign a statement indicating that you have received this handbook and understand its importance. That statement becomes a permanent part of your chart. You are urged to keep this handbook. If you lose it, please request another copy from you counselor.

The treatment modality most frequently used in this program involves the use of the drug Methadone as an important part of a treatment program offering a variety of services, some on-site and others through linkages and referrals. The primary goal in treatment is help patients improve the quality of their lives by improved health and rehabilitation. This process is often facilitated by the proper use of Methadone, which may be needed for a few months to many years.

In addition to medication you will be afforded counseling and medical care. Additional services may include social services, psychiatric consultation, vocational training, educational guidance, legal assistance, and special group support meetings. Many of these services are provided by other agencies with which we work to establish the most efficient referral and linkage network.

This is your program and it exists only for you and because of you. Staff is here to serve you but they cannot do it for you. How much you will get out of the program will depend on what you put into it.

This program is financed entirely through collection of fees from our patients. The continued operation of the clinic is made possible only by the regular payment of fees.

In order for the Program to work best, all patients must follow established rules and regulations. The material that follows explains the nature of those rules and regulations. As a Methadone Treatment Program the Substance Abuse & Mental Health Services Administration, the Drug Enforcement Administration, and the Texas Department of Health regulate us. Some regulation is established at the clinic level but much is mandated by State and Federal regulations.

Failure to comply with program rules and regulations may result in a patient being discharged from treatment. It is important that you know, understand, and follow these rules to avoid such problems. Your primary counselor or any staff member will be happy to answer any questions that you may have concerning rules, regulations, policies and procedures.

Congratulations for having selected one of the best Methadone programs in the country. Let us know how we can better serve you.

Eric Comstock, M.D.

Our Values

At Counseling And Recovery Services we pride ourselves in operating in accordance with the highest standards in regards to our relationships with every individual we serve, including family members. We look to our patients for feedback regarding their treatment needs, expectations, and treatment experiences. The information we receive helps Counseling And Recovery Services improve program services.

Our Code of Ethics

The code of ethics that governs our conduct as professionals has been adopted from the American Methadone Treatment Association. Counseling And Recovery Services resolves that its programs will:

- Ensure that patients are treated with compassion, respect and dignity regardless of race, creed, age, sex, handicap or sexual orientation.
- Retain competent and responsible personnel who will adhere to a strict code of professional ethics including but not limited to the prohibition of fraternization with patients, exploitation of patients and criminal behavior.
- Subscribe to the treatment principles as published in the CSAT State Methadone Treatment Guidelines, which serve as a resource in making therapeutic treatment decisions.
- Ensure that discharge from treatment is conducted in accordance with sound and medically acceptable practice. The patient will be assured of due process if the discharge is administrative in nature.
- Provide a safe and clean environment for patients and staff that are conducive to the therapeutic process.
- Remain in compliance with the required Federal, State and local operating standards.
- Take all necessary and appropriate measures to maintain individual patient records and information in a confidential and professional manner.
- Strive to maintain good relations with its surrounding community and pursue every reasonable action to encourage responsible patient behavior and community safety.

Patient Rights

As a patient of Counseling And Recovery Services you have certain rights concerning your treatment program. You have the right to:

- Admission to this facility without regard to race, creed, age, sex, sexual orientation, national origin or religion.
- Have your treatment explained to you in non-technical language, including the purposes, attendant risks, if any, available alternatives, and benefits reasonably to be expected, and to have this program reviewed regularly.
- Be informed about medications prescribed by Eric Comstock, M.D., including benefits, and risks, if any.
- Refuse treatment or to discontinue treatment without prejudice.
- The cost, itemized where appropriate, of services rendered.
- Know the qualifications of all staff members treating you.
- Privacy concerning your care and treatment. Your program records and other information concerning you are released only upon your written consent or to that person legally authorized to act for you, or as may be required by law or program rules.
- Recognition of and respect for your dignity as a human being.
- Request information concerning your condition, your treatment program and your progress.
- Address complaints to supervisory personnel or Eric Comstock, M.D.

Confidentiality of Alcohol and Drug Abuse Patients

Federal confidentiality law and regulation protect the identity and the medical records of a patient receiving treatment for alcohol and/or substance abuse. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- The patient consents in writing; OR
- The disclosure is allowed by a court order; OR
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Patient Grievance Procedures

In the event that you have some type of problem at Counseling And Recovery Services, the proper procedure to be used in trying to get the situation corrected is as follows:

- **Patient to P.A.G. (Patient Assistance Group)**

Discuss the issue(s) with the P.A.G., giving all pertinent information. The P.A.G. will approach the party the complaint is lodged against and attempt to mediate between the two parties. If an informal resolution cannot be reached the patient will fill out a Complaint form and discuss their complaint with their Primary Counselor.

- **Patient to Counselor**

Approach the Primary Counselor with the complaint and attempt to resolve it in an informal manner. If you are not comfortable discussing the matter with your Counselor please submit your complaint to the Program Site Director. (If your Counselor is also the Program Site Director skip the next step and go directly to the Program Sponsor.)

- **Patient to Program Site Director**

The review of the complaint shall take place no later than seven (7) workdays after a complaint is filed. Once the complaint has been investigated and the findings recorded, a decision shall be made within three (3) workdays at which time the Complainant will be notified. The Complainant may appeal the decision made by the Program Site Director by filing a written request for review with the Program Sponsor within ten (10) workdays of the Program Site Director's decision.

- **Patient to Program Sponsor**

The review of the complaint shall take place no later than seven (7) workdays after a complaint is filed.

Once the complaint has been investigated and the findings recorded, a decision shall be made within three (3) workdays at which time the Complainant will be notified. If the Program Site Director is unable to satisfactorily resolve the problem, it should be brought to the attention of the Program Sponsor. Within ten (10) workdays of the filing of the request for review, the Program Sponsor or his/her designee issue a decision on the appeal. The decision of the Program Sponsor shall be final. (At the clinic level)

- **Patient to DSHS (Department of State Health Services)**

If satisfactory results have not been obtained after the above steps have been exhausted, you may contact the Texas Department of Health and speak to an Investigator. Dial 1-800-832-9623 and press "1" for English then press "3" to speak with someone or call 1-512-834-6700 ext.2146.

- **Patient to Center For Substance Abuse Treatment (C-SAT) or the Substance Abuse and Mental Health Services Admin. (SAMHSA).**

If a satisfactory resolution has not been reached, the final step is to contact someone at these Agencies in the following order: CSAT at (301) 443-0744, then SAMHSA at (866) 463-6687.

Notice: All patients have the right to receive a copy of the Patient Bill of Rights and a copy of the C.A.R.S. Grievance Procedure. All patients have the right to circumvent the policy steps and register a complaint directly to DSHS. (512) 834-6700 P.O. Box 149347 Austin, Texas 78714-9347

The Program Sponsor shall be notified immediately in any situation that requires immediate action to protect the welfare or safety of a patient. Obstruction of the investigation or disposition of a complaint by any person shall be reported to the Program Sponsor, who shall take action to eliminate the obstruction. Time limits in this procedure may be extended by the decision maker at each step, for good cause only.

Patient Responsibilities

While a patient at Counseling And Recovery Services, it is your responsibility to:

- Provide accurate and complete information about your past illnesses, hospitalizations, medications and other matters relating to your health.
- Tell staff members if you do not understand your treatment or what you are expected to do.
- Inform staff members if there is a change in your condition or if problems arise during your treatment.
- Inform staff members of changes in drug use.
- Inform staff of other medical services being received at any point in treatment.
- Be courteous and considerate of other patients and of clinic staff.

In addition, it is important for you to know that we welcome patient ideas, concerns, and/or suggestions while a patient at Counseling And Recovery Services. The following methods help us to gather patient information that helps us to identify what patients need.

- There is a Suggestion Box in the waiting area of the clinic to allow patients to provide input. Patients do not necessarily have to identify themselves if they chose not to.
- In the course of your treatment patients are required to develop treatment plans together with their counselor. This helps to identify patient needs and establish treatment goals.
- In addition, throughout the course of treatment your case is continuously being assessed and reassessed to ensure your treatment needs are being met.
- Counseling And Recovery Services also conducts an annual "Patient Satisfaction Survey" whereby patients are asked to participate.

Future plans:

- Further development of our website:
<http://www.carsmethadone.com/>
- Patient Assistance Group (PAG) add members

Hours of Operation

The clinic provides services during the following days and times. Patients coming to the clinic during unauthorized hours will be cited for loitering, and may be terminated on the second violation.

Medication hours are:

Monday - Friday	6:00 AM – 9:00 AM
Saturday	7:30 AM – 8:30 AM

Office hours:

Monday – Friday	6:00 AM – 12:00 PM
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Fee Schedule

Admission w/1 st week of treatment	\$153
Weekly fee	\$63
Weekly fee when receiving treatment 1x every 4 weeks	\$56
Daily fee	\$ 9
Re-admission (if > than 15 days, < than 90)*	\$70
Urine Drug Screen	\$10
Re-check urine drug screen	\$15
Oral Drug Screen	\$15
Temporary Transfer (dosing at any other clinic)*	\$10
Permanent transfer*	\$25
Guest Dosing (daily)	\$15
Request for Exceptional Take-outs**	\$25

*To handle the costs of telephone, copying, faxing, follow-ups, etc.

**Depending on circumstances

- All fees are subject to change without notice.
- If an ex-patient wants to come back into treatment, the \$90.00 admission fee is applicable in addition to clearing up any outstanding balances from previous treatment enrollment.

Fee Contract

Upon admission patients are required to pay \$90, which covers the cost of admission and \$56 for the first week of treatment. At the end of a patient's first week in treatment (typically Friday), patient accounts are billed \$56 for the next week of service. This amount is due the following Monday.

If a patient is unable to pay \$56 in full, he/she may default to a \$10 a day paying schedule whereby it will be necessary to pay a minimum of \$10 a day, plus \$30 in full on Friday for weekend medication, in order to continue services. If a patient is unable to meet his/her financial obligation, immediate discharge will be initiated. Patients who default to \$10 a day will also be required to pay for unexcused missed days of treatment when he/she returns to the clinic.

PROGRAM SERVICES

Admission to Methadone Maintenance Treatment

Upon admission to Counseling And Recovery Services methadone maintenance program you will be expected to avoid the use of alcohol and other illicit drugs. You will also be expected to leave the building immediately after seeing your counselor, begin dosed, completing lab work and/or meeting with the doctor. Loitering, parking in fire zone, selling drugs, damaging clinic property, involvement in physical and/or verbal altercation inside or outside the facility and leaving children unattended while visiting the clinic are reasons for immediate discharge.

In its efforts to help patients abstain from illicit drug use, Counseling And Recovery Services provides pharmacological therapy, medical services, individual/family counseling, and individual/group education. Medical services include a physical exam upon intake with blood work, TB screening, Hepatitis screening, and a HIV/AIDS screening if requested. Experienced and qualified professionals provide counseling services, while educational topics are inclusive of substance abuse, relapse prevention, and many other topics to assist patients in (re)establishing themselves in society and achieving a higher level of functioning.

For the sake of patients, Counseling And Recovery Services maintains an ever-growing referral database of service providers. Special attention is given to locating service providers who are "methadone friendly". Patients who are in need of services for which Counseling And Recovery Services cannot provide are referred to a service provider who may better meet their need(s). In addition, referrals are also made for individuals not eligible for program service or who may better benefit from drug-free treatment.

Consent for Follow-Up Contact

Our purpose is to be effective in the treatment we provide. We will ask for your permission to contact you upon completion or termination of treatment. We will use this information to improve the quality of services we bring to our patients. Our hope is that you will agree to be contacted after your discharge. Your choice of consenting to be contacted will NOT affect your treatment in any way.

Methadone Induction Phase

Methadone induction is simply the introduction or initiation of methadone therapy. The purpose of induction is to bring the dose of methadone to an adequate level to eliminate or greatly reduce drug hunger or craving and to prevent the onset of withdrawal sickness for more than 24 hours. The goal is to do this as quickly and as **safely** as possible.

Administrative Methadone Withdrawal

Administrative withdrawal from methadone is provided for the purpose of giving the patient who can no longer afford private care time to make arrangements for other treatment. A case such as a "new" patient unable to meet his/her financial obligation to the clinic is a cause for immediate termination from the program. The administrative withdrawal period is not intended to achieve a drug free state. During the administrative methadone withdrawal period the customary weekly fee is charged to your account. Should you leave the clinic owing a balance and at some time wish to return for services, you must pay the entire amount previously owed and any re-admission fees will be applicable.

Dosing:

If you display signs of over sedation or intoxication, the physician or nurse may use their judgment in administering your medication. You will be required to submit a sample of urine. If you refuse to be tested it will be documented in your file and you will be subject to probationary action.

The dosing procedure is as follows:

- Check in at the Welcome Station for instructions to take care of any clinical matters prior to approaching the Nurse for dosing. (i.e. paying fees, meeting with counselor, UA's, TB test, etc.)
- Present receipt/check-in number to the Nurse for dosing.
- Receive observed dose from the nurse, taking care to avoid spilling it.
- If desired, add water or juice to your medication cup, taking care to avoid spillage.
- Drink the entire content of your cup. You should consume your dose when in full view of the Nurse so he/she can confirm that you have consumed it. Your empty cup should be returned to the Nurse before leaving the dosing window.
- Accept any take-out doses from the Nurse. The Nurse will present the contents of each bottle to you before she adds water so that you may confirm that you are receiving the correct amount of medication. REMEMBER you are responsible for confirming that you have received the correct take-out dose(s). **Once you have left the premises, the clinic is no longer responsible for reported shortages.**
- Place all your take-out doses in your lock box and lock it in full view of the nurse.
- Leave the premises when you are finished dosing unless you have other business in the clinic.

If you spill your dose, the Nurse will file an incident report. The situation will be assessed and a final decision to re-dose or not will be made by the Medical Director or Staff Physician.

Vomiting:

If for any reason you are not feeling well when you enter the facility, it is important that you inform the dosing nurse. You may be required to have additional care and/or may be given special instructions. If instructions given by medical staff are not followed and you leave the presence of staff and vomit your medication, you will not be dosed again. Should you vomit in the presence of a staff member after consuming your dose, medical staff will decide whether you may be re-dosed and the amount of the dose, if any.

Used Bottles / Lock Box:

If you are receiving take-outs and do not have a locked box to secure medication in, take-outs will not be given. You will receive your dose for that day and will need to return before the dosing hours are over. You may also choose to return the following day to receive additional medication. If this becomes a continuous problem, take-out privileges may be suspended until you are able to follow the protocol of the program.

Lost or Stolen Doses:

Be advised that lost or stolen doses will not be replaced. Instead, the patient will be required to attend the clinic daily for observed dosing. Should you suspect that your doses were stolen, or if you lost one or some, report this immediately to the dosing nurse or your counselor. Be aware that you may be subjected to disciplinary action for not handling medication responsibly if this occurs.

Counseling:

Following stabilization on methadone, our primary purpose is to help you identify, achieve, and maintain a productive, stable lifestyle free from use of any narcotic substances other than methadone and those for which you have a valid prescription. Counseling plays a very important role in accomplishing this goal. The purpose of counseling is to:

- To help you identify needs and expectations of your treatment.
- To provide you support in the elimination of illicit drug usage and drug seeking behaviors.

- To encourage recognition and acceptance of responsibility for your addiction.
- To provide support in the elimination of illegal activities.
- To facilitate the establishment of self-esteem and responsibility.
- To support participation of your family members in patient treatment, if you desire.
- To help you identify your readiness and appropriateness for detoxification and provide an individualized plan for detoxification and aftercare. (Detox plans require medical approval).
- To introduce and encourage your involvement in support groups.

The counseling procedures are:

- You will be assigned a primary counselor who will assist you in developing your treatment plan based on your needs and expectations.
- You and your counselor will determine the type and frequency of therapy you receive.
- Your progress in achieving your treatment plan goals will be evaluated by you and your counselor every 3 months, or every 6 months, depending on length of time in treatment.
- You will also be asked to give urine screens on a random basis to provide evidence of progress in staying drug free and of your compliance with treatment.
- In addition, you will receive aftercare counseling following separation from the program.

Drug Screens:

Drug screens will be conducted on a random basis for new patients during the first thirty days of treatment. Frequency may be as often as once a week. Failure to provide a urine sample or refusing to do so at any time during the course of treatment will be documented as "positive for illicit substance." Patients are assessed a fee of \$10.00 for urine drug screens or \$15.00 for oral testing.

The Texas Department of Health stipulates drug screens to be conducted monthly for patient in treatment less than one year, and at least eight times per year thereafter.

Drug Screen Results and Prescription Drugs:

Some prescription drugs may be detected in urine drug screens and be regarded as "positive" urine. Such urine may preclude certain privileges such as take-out privileges. Legitimate prescriptions are considered as "negative" urine except when they are "other opiates" and/or a medication, which may not interact well with methadone. In such cases consent may be obtained to notify the prescribing physician that the patient is being treated in a Methadone Treatment Program (MTP). The physician must provide a letter or note certifying the need for the prescription medication and confirm his/her knowledge of your participation in methadone maintenance. This letter or note is to be presented by the patient to Staff along with other documentation of the prescription.

Please be aware that even with a letter and a prescription the program medical director reserves the right to disallow any prescription determined to be inappropriate, regardless of the documentation. Prescriptions by more than one physician covering similar or overlapping time periods is direct and clear evidence of misuse of prescription drugs, as is intoxication. A properly documented prescription will justify positive urines for up to one (1) month from the date of the prescription. Chronic or continued use/positive urines will require further documentation.

How Test Results are Used:

Drug screen test results are used in general as a measure of effectiveness of treatment and as a measure of the patient performance/participation in the program. More specifically the results are used (after the first 30 days in treatment) to determine eligibility for take-out privileges, and to document degree of adherence to terms/conditions of program participation/compliance. Other uses may involve contractual arrangements with employers, family members, regulatory and licensing agencies (Boards of Dental/Medical Examiners, etc.) as a means of ongoing documentation of progress (or lack of same) in the recovery process.

Re-testing Urine Results

If a patient suspects that a urine result is in error, that a false positive may have occurred, a retest may be requested, provided:

- That a full specimen was provided at the time the urine was taken.
- That the request is made before the two (2) week time has lapsed.
- That the patient is willing to pay a re-test fee (\$15.00) in the event that the initial results are confirmed. There is no charge in the event that the lab was in error.

The patient is solely responsible for making a timely inquiry about the results and contacting his/her counselor in adequate time for the request for retest to reach the lab before the specimen is discarded (two weeks minimum from date of collection). Occasionally a retest will not be possible because the patient did not leave enough urine for the lab to run both an original test and a retest. In such cases, the original test result will remain in the record, and the patient forfeits the opportunity for reconfirmation testing.

Absenteeism:

Missed days of treatment are “excused” or “not excused”. All patients are required to call the program to report absence from treatment. Staff reviews each missed day of treatment to determine excused/not excused status. Repeated absenteeism is an indicator of poor progress in treatment.

Absenteeism and Dosing:

- Three days of absence will result in your dose being reduced by half upon return to treatment.
- Absence of more than 14 days will result in a dose being reduced to the induction dose of 30 mg. Re-admission fees are applicable in such cases and will be assessed to your account. In addition, any outstanding fees left at the time last dosed will need to be cleared up before a patient can be re-admitted into the program.

Dress Codes – Safety:

Shoes and shirts must be worn. No see-through clothing or clothing advertising alcohol or drugs will be allowed. If a counselor feels that you are violating any part of the dress code, you could be asked to leave and will not be permitted to return until dressed properly.

For everyone's safety, no weapons, drugs, alcohol, or drug paraphernalia will be allowed on the property. If you are caught with any of these items, you will be immediately discharged from the premises and the program.

Central Registry:

For the purpose of preventing dual enrollment, patient information will be shared with the Texas Department of Health Central Registry Division. Upon admission all patients are required to present a valid Texas driver's license or identification card, U.S. passport, or a military identification card. If you refuse or fail to provide this information upon admission, the State must be notified.

Family:

Involvement of family or significant others is encouraged. If you would like to involve your family, you must let your counselor know.

Take-out Privileges:

1. During the first 30 days of treatment a patient will be required to attend the clinic on a daily basis (except Sunday when Counseling And Recovery Services is closed). After the first 30 days of treatment a patient becomes eligible for take-out privileges. To be granted take-out privileges the patient must file an application that requires approval of both the program physician and your counselor. In all cases, you will be asked to sign a "Statement of Responsibility in Handling Methadone". As stipulated by the Texas Department of Health, to "show responsibility" means a patient meets the criterion set forth.

2. Absence of recent abuse of drugs (narcotic or non-narcotic including alcohol)
3. Regularity of clinic attendance
4. Absence of serious behavioral problems at the clinic
5. Absence of known recent criminal activity, e.g. drug dealing
6. Stability of home environment and social relationships
7. Length of time in methadone maintenance treatment
8. Assurance that take-home doses can be safely stored within the patient's home
9. Judgment that the rehabilitative benefit of take-home outweighs the risks of diversion

Exceptional Take-outs:

Exceptional take-outs apply to situation(s) whereby a patient is ineligible or does not qualify for take-out privileges, but is faced with an emergency situation and take-outs are needed. Exceptional circumstances are defined as illness, personal or family crisis, travel, or other hardship found to interfere with applicable mandatory schedule. Exceptional take-outs require the approval of the physician in addition to the approval of state and federal authorities, therefore requires 48-72 hours advance notice and a fee of \$25.00 is charged to the patient

Suspension of Take-out Privileges:

Refusing to leave a urine sample upon request, a urine sample resulting in illicit drug use, suspicion of medication diversion, failure to call the clinic to report you will be absent, and failure to submit to an inventory check up request may result in the loss of privileges.

Consequences for the Loss of Take-out Doses:

In order for a patient to be granted take-out privileges staff is required to document in the patient's chart, a statement supporting that in judgment a person is fully responsible to ensure the safety and security of that medication. Then, the responsibility is on the part of the patient to prove that the program made a proper judgment. The loss of any dose(s), regardless of the circumstances, constitutes evidence of a failure to be adequately responsible for insuring the safety and security of take-out doses of methadone. ANY report of lost take-out doses regardless of the circumstances will result in increased visits to the clinic.

No-Smoking Policy

It is the policy of Counseling And Recovery Services to maintain a smoke-free clinical environment. Smoking is not permitted anywhere inside the facility. Any patient found to have engaged in smoking within the building is in violation of program rules and subject to disciplinary action including termination/discharge. All smoking will have to be conducted outside the building. In addition, the sale of smoking products is prohibited anywhere on the property.

Emergency Preparedness

In the event of a hurricane, tornado, flood, or any other natural disaster every effort will be made to medicate patients. Administration will monitor news reports and inform clinic staff of the necessity to close and/or transfer patients. It is important for patients to ensure current phone numbers and/or the phone numbers of an emergency contact are always on file so that we may contact you in case of such an emergency.

Upon the public announcement of a hurricane or tornado watch, each patient should call his or her clinic for further instructions. Administration will determine which clinics will be closed and what clinics, if any, will remain open. A telephone recording at the clinic will give instructions to patients on which clinic to report to for dosing. If telephone service is interrupted, patients should call the Program Sponsor administrative number or other clinic locations in the area to receive further instructions. In the event that all clinics in the Tomball/Houston area must close, reasonable efforts will be made to transfer all patients to a clinic of their choosing. In addition, staff will attempt to call each patient. An attempt will be made to have local radio and television stations to broadcast information on clinic closings as a public service announcement along with school closings, etc.

Medical-Related Emergency

In the event of a medical emergency regarding your dosage and/or a medication-related illness, Counseling and Recover Services assures a staff person will be made available to you 24 hours a day. Should an emergency arise during non-business hours the organizational greeting will refer you to an emergency contact number so that someone may assist you immediately. If given the opportunity, please leave a voicemail message so the staff member returning your call can have the necessary information to address your situation.

Patient Safety

Counseling And Recovery Services is designed with emergency exits, fire suppression equipment, and first aid kits. Your health and safety is a top priority to us.

RULES AND REGULATIONS

1. Clinic fees are due on a weekly basis (1st visit each week).
2. You must have a valid Texas ID/drivers license in your file.
3. Counseling And Recovery Services accepts cash, money orders, and cashier checks only. No checks, ATM, or major credit cards accepted.
4. You must provide proof of income (i.e. legal means of support). This includes a paycheck stub, a letter from your employer, or any documentation to support claims of financial support.
5. To prevent take-out schedules from being placed on "temporary hold", all fees must be paid in full and in a timely manner. A patient with an outstanding balance may be required to come in daily for dosing until balance issue is resolved.
6. Weekend dosing hours are Saturday from 7:30 a.m. to 8:30 a.m.
7. A physical exam, tuberculin skin test (TB), blood work, urinalysis (UA), and HIV screening, if available, will be administered and the results will be kept on file. TB tests and medical assessments are required annually.

8. Increasing/decreasing a dose requires advance approval. You will be required to meet with your counselor/or the nurse for the initiation of the necessary paperwork. Approval may require up to 72 hours.
9. Under no circumstances will medication be provided before or after clinic dispensing hours.
10. A patient must call the clinic if the patient is to be absent. If not, the missed day(s) will be documented as an “unexcused” absence.
11. Three days of absence will result in your dose being reduced by half on the first day with no take-outs. Absence of more than three days will result in your dose being reduced to the induction dose of 30mg with gradual increases observed daily until determined stabilized. Patients who have missed more than 14 days will be terminated.
12. Patterns of repeated tardiness are documented and may effect level changes and/or take-out privileges.
13. It is necessary to communicate with counselor at all times. Leaving messages with medical and other administrative staff is not permissible.
14. You must meet with your assigned counselor on a regular basis.
15. Take-outs (even a one-day take-out) must be carried out in a lockbox. Should a patient not have a box for take-outs, he/she will be dosed for that day only and take-out medication will be placed on a “temporary hold” until the patient can return with a lock box for safe storage.
16. If take-outs are received, patients are required to count their medication (i.e. Tablets, bottles, etc.) along with the dispensing nurse while at the window and before leaving the clinic. Reports of “lost” or “never received” medication will not be acknowledged at a later time.
17. The loss of any dose(s) constitutes irrefutable evidence of failure to be adequately responsible for insuring the safety and security of take-out doses of methadone. Any report of loss of any take-out dose, regardless of circumstances, will result in level revocation for a period of at least 90 days.
18. Exceptional take-outs are a possibility depending on a given situation but require state and federal approval for which there is a \$25.00 fee and requires at least 72-hour advance notice.
19. Dry medication is given only when take-outs equal 6 or more.

- 20.** Communication with outside agencies or individuals (including family members) about your enrollment and/or services received at Counseling And Recovery Services will require a signed "Consent for Release of Confidential Information".
- 21.** "Random" urine drug screens will be conducted as frequently as considered appropriate or deemed necessary by program staff. Patients who visit the clinic one or two times a month may be required to make an additional visit to the clinic for this purpose. Refusal to adhere to this rule will be grounds for level revocation.
- 22.** Failure to submit a urine sample "upon request" will result in the documentation of a "dirty urine" to a patient's record and any probationary measures taken will affect a patient's level or take-out privileges.
- 23.** In regards to prescription medication, patients are required to provide program staff with copies of each prescription prior to leaving a urine sample. A \$10.00 urine fee is applicable for all urine samples collected. \$15.00 is the cost of oral drug screens.
- 24.** Travel take-out exceptions must be documented. Documentation includes copies of airline tickets, boarding passes, receipts from gas stations, hotels, or car rental; any document that will place you at your destination. Documents used to support travel must reference patient's name, date, time, place, and location. Air travel and hotel stay confirmations attained from the Internet are not permissible documents.
- 25.** There must be no soliciting inside or outside the clinic.
- 26.** Take-home medication is subject to random inventory inspection. Take-out schedules are jeopardized if a patient fails to return phone calls to the clinic for any reason.
- 27.** There is a permanent transfer fee of \$25.00. This is in addition to any outstanding balance you may have at the time of transfer.
- 28.** No pets are allowed inside the clinic at any time.
- 29.** There is to be no selling, using, buying or sharing of drugs, alcohol or Methadone inside or outside the clinic. Violation of this rule will result in immediate discharge.
- 30.** Abusive language or threats toward program staff or other patients will result in immediate discharge.

31. No weapons of any kind are allowed inside the clinic. Violation of this rule will result in immediate discharge.

32. If you present yourself appearing intoxicated, you will not be medicated and will not receive any take-out medication.

METHADONE INDUCTION: INSTRUCTIONS TO PATIENTS AND SIGNIFICANT OTHERS

WHAT IS "INDUCTION?"

Methadone induction is simply the introduction or initiation of methadone therapy. The purpose of induction is to bring the dose of methadone to an adequate level to eliminate or greatly reduce drug hunger or craving and to prevent the onset of withdrawal sickness for more than 24 hours. The goal is to do this as quickly and as **safely** as possible.

If induction is too slow, drug hunger and fixing are likely to continue. If induction is too fast accumulation of methadone can lead to overdose.

PHASES OF METHADONE INDUCTION

Phase	Purpose	Range in Mg
Initial Dose	Relieve withdrawal symptoms	30 mg
Early Induction	Reach tolerance level	(+ or -) 5-10 mg every 3-24 hours
Late Induction	Establish adequate dose (desired effects)	(+ or -) 5-10 mg every 5-10 days
Maintenance	Maintain desired effects (steady-state occupation of opiate receptor sites)	Ideally 60-120 mg – May be more than 120 or less than 60

WHEN IS INDUCTION STARTED?

The first dose of methadone depends on having collected an initial urine for drug screen and proof of **existing physical dependence** to heroin or other morphine like drugs (opioids). Determination of physical dependence is based on "objective" or observable signs of withdrawal, such as dilated pupils, gooseflesh, etc. Objective is what we can see - Subjective is what the patient tells us.

The purpose of this requirement is to ensure that the new patient is **already** opioid dependent or addicted and therefore has some level of *tolerance* to methadone.

HOW DOES METHADONE WORK?

Methadone is like heroin except that:

1. It works when taken by mouth (no needles).
2. It has a slow (2-4 hours) onset to peak effect (no 'rush').
3. It is a long acting drug (prevents onset withdrawal for 24-48 hours).

As a result of a 24-36 hour **half-life** methadone, at **steady-state**, maintains a constant level of the drug at special cells in the brain called opioid receptors for 24 or more hours on a single dose given daily. This constant occupation of opioid receptors is achieved with an "adequate" dose of methadone and prevents drug craving and withdrawal without producing sedation.

HOW DOES INDUCTION WORK?

An initial dose of methadone is given (15-30 mg) which is safe and usually less than the eventual maintenance dose. After the response to the initial dose is noted the dose is adjusted up or down over several days to achieve the desired effects, which are:

1. Elimination of drug hunger/craving
2. Prevention of withdrawal sickness
3. Blocking the effects of heroin ("Blockade")

It helps to understand a bit of basic pharmacology (study of drugs). To understand induction and to participate in the induction process it is essential to understand **half-life** and **steady state**.

Half-life refers to the amount of time it takes the body to get rid of one half of a given dose. If 10 grams of a medication are taken and 5 grams are still in the body after 6 hours then the half-life of the medication is 6 hours. Methadone has a half-life of 24-36 hours.

What have we learned from this lesson in pharmacology? - The peak effect of methadone may more than double in 5 days, with

NO **increase in dose**. During first few days if methadone is "not holding" it is likely that **more time is needed, not more methadone**. Feeling high, loaded, and nodding today may mean overdose in 2- 3 days!! Even if dose is not increased.

GUIDELINES FOR PATIENTS DURING INDUCTION (FIRST WEEK)

When to increase:

Moderate to severe physical withdrawal experienced 4-16 hours after the observed dose.

When to hold:

Comfortable during from 2-8 hours after dose, mild withdrawal, simple anxiety and insomnia 9-24 hours after dose and even moderate withdrawal at about **16-24** hours after dose (More time, not more medication).

When to reduce dose:

Any sensation of being sedated, high or loaded during first 7 days, however mild.

GUIDELINES FOR "SIGNIFICANT OTHER"

1. During the induction phase the methadone patients should **never be sedated**, nodding, **unsteady**. Disregard explanations such as " I am supposed to feel this way because it takes a few days to "get used to it".
2. Any use of alcohol, pills, or other drugs during induction is very dangerous and makes proper dose determination impossible.
3. At any time the patient is extremely loaded, difficult to arouse, can't get up, not responding fully - get them to an emergency room by ambulance if necessary.
4. **NEVER let them "sleep it off"**. Most overdose deaths (usually a mixture of drugs, alcohol, and methadone) occur during the night when someone has decided to let them sleep it off. They are found dead the following morning.
5. If patient is not breathing or breathing very slowly with a bluish color to skin, lips, and nail beds - IMMEDIATELY CALL 911 AND START MOUTH TO MOUTH RESUSCITATION UNTIL EMS ARRIVES.

Inform medics that this may be a heroin or methadone overdose so they can give Narcan. (Note: Any opiate overdose is the easiest thing in the world to treat - IF treated early. Narcan can reverse an overdose in a minute or so.)

DEATH PENALTY FOR LYING – HOW TO DIE IN LESS THAN A WEEK

1. Greatly exaggerate the size of your habit on admission and tell stories illustrating what a huge narcotic tolerance you have.
2. Don't tell a soul if you are getting loaded on your dose, as long as you are able to walk in the next day to tell us how your dose is not holding you.
3. Practice looking "sick" and reciting description of withdrawal signs and symptoms so you can get your dose increased.
4. If you are found before you lose consciousness. Tell them that you were up all night and just very tired and would they please go away to let you sleep for 8-12 hours.

SHORT ACTING DRUGS (HEROIN) VS. LONG-ACTING DRUGS

The addict comes with 3 basic state or conditions - High, Normal, and Sick. Heroin addiction usually involves all 3 states on a daily basis, as will any short acting opioid. While sick (a blood level of 0) an injection of heroin is taken. There is an immediate 'high' which may last up to 2 hours followed by a return to a brief period of being normal (as they pass through the "comfort zone") then early symptoms of withdrawal which gradually get worse unless another injection is taken, leading eventually to full blown physical withdrawal. Thus the life of the active heroin addict is like a roller coaster with wide swings from high to normal to sick to high to normal to sick.

DAILY ASSESSMENT DURING INDUCTION

To assist the nurses and staff in adjusting dose during the induction phase the following form is to be completed. The patient will complete the form below with staff assistance, starting on day 2. This form will be signed by the patient and will become a part of the permanent clinical record. Please familiarize yourself with the form and the numbered responses before you come to the clinic

on day 2. The assessment will be continued through day 7 or before if dose stabilizes.

Sample of Assessment Form

Instructions: From the time of previous dose of methadone note degree of following symptoms 4-12 hours and 13-24 hours after initial dose. Use the following numbers to denote extent of the sign or symptom of withdrawal. This information is essential to assist in adjusting methadone doses.

0 = None

1 = Slight or mild

2 = Moderate

3 = Severe

Day 2, 3, 4, 5, 6 or 7	8 Hours	16 Hours	24 Hours
Sedation or Sleepiness			
Nodding or feeling "loaded"			
Anxiety/Nervousness			
Trouble Sleeping			
Drug Hunger & Cravings			
Body Aches & Pains			
Chills, Yawning, Sniffles			
Cramping/ Diarrhea			
Withdrawal Overall Assessment			

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Our Mission

The central purpose and philosophy of Counseling And Recovery Services is defined as:

The mission of Counseling And Recovery Services is to help opiate dependent individuals, and their families, in Tomball and surrounding counties, build or rebuild healthy and positive lifestyles free of the negative consequences associated with drug addiction while using the highest quality services known to the field of opiate addiction.

It is a practice at Counseling And Recovery Services to provide methadone maintenance treatment services in a professional, non-punitive, patient-centered, culturally competent outpatient treatment environment encouraging and supporting its patients in all phases of the recovery process.

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