

Counseling and Recovery Services



**Counseling
And
Recovery
Services**

Patient Handbook

Counseling and Recovery Services

**Tomball, Texas
Corpus Christi, 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. To review the handbook and other information please visit CARS website www.counselingandrecoveryservices.com.

The treatment modality most frequently used in this program involves the use of the medication Methadone or Buprenorphine with Naloxone 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 or Buprenorphine with Naloxone, 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 Medication Assisted Treatment program the Substance Abuse & Mental Health Services Administration, the Drug Enforcement Administration, and the Texas Health and Human Services Commission 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 Medication Assisted Treatment programs in the country. Let us know how we can better serve you.

Charles Comstock, L.C.D.C.
Owner

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 Association for the Treatment of Opioid Dependence (AATOD) and Commission on Accreditation of Rehabilitation Facilities (CARF). Counseling And Recovery Services (CARS) resolves:

- Staff will conduct themselves in compliance with CARS ethical standards as reflected in its mission and goals.
- 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.
- Patients will be billed only for those services rendered.
- Full information will be provided to patients on the source of the organization's reimbursements and any limitations place on duration of services.
- 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.
- CARS will conduct its marketing practices in an ethical manner. Marketing material will reflect only the services available and the level of licensure and accreditation, if any.
- Strive to maintain good relations with its surrounding community and pursue every reasonable action to encourage responsible patient behavior and community safety.
- Staff will follow all requirements of any pertinent contracts or contractual relationships that guide our service delivery or our purchasing and billing dates.
- Ensure that patients are treated with compassion, respect and dignity regardless of race, national origin, age, sex, disability, sexual orientation or HIV status.

- Staff will not engage in any type of business, social or sexual relationships with patients.
- Staff will avoid conduct, which has even the appearance of conflict between personal interest and those of CARS.
- Staff will not accept gratuities, gifts, money or gratitude from any patient (exceptions may be made when approved by a Supervisor for small tokens of appreciation (e.g. a thank you card)).
- Staff will not engage in personal fundraising while on the job.
- Staff will maintain clear professional boundaries with patients at all times.
- Staff will not engage in the witnessing of documents for any patient (i.e. powers of attorney, guardianship and advance directives).
- Staff will meet the ethical requirements of their licensure.
- Staff is bound by the provisions of state ethics law, which establishes conduct and restricts certain business and professional activities.
- Subscribe to the treatment principles as published in the CSAT Federal Guidelines for Opioid Treatment Programs, which serve as a resource in making therapeutic treatment decisions.
- Staff will follow required human resources policies and procedures in relation to their employment and their interactions with co-workers and their work environment.
- Staff will accurately and honestly represents Counseling and Recovery Services and will not engage in any activity intended to defraud any individual or organization of money, property or honest services.
- Staff will annually renew patient rights, confidentiality and/or conflict of interest assurances, as required by their roles and duties within Counseling and Recovery services.
- Take all necessary and appropriate measures to maintain individual patient records and information in a confidential and professional manner.
- Information regarding the person served will be held in strictest confidence and will not be released without the permission of the person served or as provided by law.
- CARS will continue to provide advocacy efforts for the patients adhering to all ethical guidelines and confidentiality agreements.
- CARS will continue to encourage staff participation in holding positions on local boards that address accessibility to other

human service organizations, and participation in educational events for communities on drugs and alcohol problems.

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 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 Clinical Director. (If your Counselor is also the Clinical Director skip the next step and go directly to the Executive Director)
- **Patient to Clinical 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 Clinical Director by filing a written request for review with the Executive Director within ten (10) workdays of the Clinical 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 Executive 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. (At the clinic level)

- **Patient to DSHS (Texas 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 State Health services and speak to an Investigator. Dial 1-800-832-9623, press "1" for English, and 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 240-276-1027, then SAMHSA acting compliance officer at (240) 276-2547.

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 Executive Director, who shall take action to eliminate the obstruction. The decision maker at each step, for good cause, may extend time limits in this procedure 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 (CARS). 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.
- CARS Physician's subscribes to the use of Prescription Drug Monitoring Program (PDMP) for patients past, current & future prescription medications.
- CARS also conduct an annual "Patient Satisfaction Survey" whereby patients are asked to participate.
- CARS provides website for information: www.counselingan drecoveryservices.com

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 determined by the individual clinics. Please check our website www.counselingandrecoveryservices.com or contact the clinic staff for the medication hours.

Tomball Office hours:

Monday – Friday 5:30 AM – 1:00 PM

Tomball Dosing hours:

Monday – Friday 5:30 – 9:00AM & 11:00AM –12:30 PM

Saturday 6:30 AM – 8:30 AM

Corpus Christi Office hours:

Monday – Friday 5:30 AM – 1:00 PM

Corpus Christi Dosing hours:

Monday – Friday 5:30 – 9:00AM & 11:00AM –12:30 PM

Saturday 6:00 AM – 8:00 AM

Fee Schedules

Methadone Medication

Admission	\$120
Weekly service fees:	\$77
Weekly fee when receiving 1x every 4 weeks	\$70
Re-admission (if > than 15 days, < than 90)**	\$90

Buprenorphine w/naloxone Medication

Admission	\$150
Weekly service fee:	\$100
Re-admission (if >than 15 days, < than 90)**	\$120

Misc. Fee Schedule

Urine Drug Screen	\$10
Re-check urine drug screen	\$25
Oral Drug Screen	\$15
Quick-test urine drug screen	\$ 5

Positive result for cocaine/methamphetamine	\$25
Temporary Transfer (dosing at any other clinic)*	\$15
Permanent transfer*	\$25
Guest Dosing (daily)*	\$15
Late Dosing (must be approved by dispensing nurse)	\$ 5
Request for Exceptional Take-homes**	\$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 return to, the re-admission fee is applicable in addition to clearing up any outstanding balances from previous treatment enrollment.

Fee Contract

Admission fee covers the cost of admission, doctor office visit, lab work, tb skin testing and daily medication until the next Monday when fees are charged. Patient accounts are billed for services associated to type of medication prescribed to treat their Opioid use disorder. This amount is due on the first day of the week the patient attends the clinic. If a patient is unable to meet his/her financial obligation, immediate discharge will be initiated.

Upon readmission unpaid balance is to be paid in full before resuming services (unless other arrangements have been made with administration).

PROGRAM SERVICES

Admission to Medication Assisted Treatment

Upon admission to Counseling and Recovery Services (CARS) medication assisted treatment program you will be expected to avoid the use of alcohol and other illicit drugs. You will also be expected to leave the building and property immediately after seeing your counselor, observed dosing, 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 administrative discharge.

In its efforts to help patients abstain from illicit drug use, CARS 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/Buprenorphine w/naloxone 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.

Re-admission to Medicated Assisted Treatment

A decision shall be made to:

- Re-admit the patient to treatment with methadone/Buprenorphine w/naloxone; or
- Refer the patient to another agency or program if not deemed suitable for treatment at this program;

If the patient is to be readmitted the counselor will complete the Discharged Patients Readmission Interview form which detail:

- Why the patient dropped out of the program;
- The length of time he/she was out of the program;
- Why the patient is returning to treatment and what he/she hopes to gain by re-entering treatment;
- Record any unusual circumstances surrounding the patient's past treatment and any treatment received from other programs;
- Patient will sign all necessary forms;

If the patient is to be re-admitted to this program, the following must take place before he/she is dosed:

- Unpaid balance paid in full;
- Pay readmit fee;
- Urine has been collected;
- Narcotic addiction has been established if necessary;
- The Program Physician has seen the patient and written orders;
- Chart is placed in order.

The patient shall be treated as a new patient if the patient was absent from treatment for more than 90 days. If the patient's absence from treatment was less than 90 days consideration will be given to what take-home scheduled will be assigned to patient once the patient has stabilized on methadone.

Regular medical care

Patients will have ongoing visits for both counseling and doctor supervision. Most visits will be for counseling and the interval will be determined by the treatment team based on dynamic clinical assessment of the patient's progress and need for support. Each new patient will have appointments determined by Medical Director/program physician. If a patient no calls/no shows for an appointment, they may jeopardize receiving on going services from CARS.

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/Buprenorphine w/naloxone Induction Phase

Methadone/Buprenorphine w/naloxone induction is simply the introduction or initiation of opioid dependence medication. The

purpose of induction is to bring the dose of prescribed medication 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/Buprenorphine w/naloxone Withdrawal

Administrative withdrawal from methadone/Buprenorphine w/naloxone 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 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.

Voluntary Methadone Withdrawal

Voluntary withdrawal from medication-assisted treatment is provided for the purpose of giving the patient options of tapering off methadone/buprenorphine w/naloxone. Upon completing the work sheet “Tapering Readiness” and reviewing with counselor, the patient will meet with program physician to discuss an appropriate tapering schedule. Patient and counselor will work on establishing a relapse prevention plan before the end of tapering to include a discharge summary. After patient has successfully completed the taper, he/she is encouraged to attend local community support programs to assist with ongoing abstinence. Should the patient need to return to MAT and have a past due balance, he/she must pay the entire amount previously owed and any re-admission fees will be applicable. Patient will also receive a follow-up within the 1st 60 days of successfully completing MAT. It is important that the patient be sure to notify this facility of any changes in contact information.

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.

Methadone 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. (e.g. paying fees, meeting with counselor, UDSs, TB test, etc.)
- Present receipt/check-in number to the Nurse for dosing.
- Verbalize to the Nurse your patient ID number and dosage.
- 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-home doses from the Nurse. When receiving 6 or less take homes 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-home dose(s). **Once you have left the premises, the clinic is no longer responsible for reported shortages.**
- Accept any take-home 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-home dose(s). **Once you have left the premises, the clinic is no longer responsible for reported shortages.**
- Place all your take-home 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.

WARNING:

Methadone/Buprenorphine w/naloxone medication may be FATAL to any person other than to whom prescribed. Do not have your methadone medication out of your lock box where children could come into contact with or ingest, if so immediately.

Call 911 and Poison control (1-800-222-1222)

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.

Buprenorphine w/naloxone 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. (e.g. paying fees, meeting with counselor, UDSs, TB test, etc.)
- Present receipt/check-in number to the Nurse for dosing.
- Verbalize to the Nurse your patient ID number and dosage.
- Patient is to swish water in mouth and swallow.
- Place observed dose under the tongue with nurse verifying.
- For doses requiring the use of more than two tablets, place all the tablets at once under the tongue until dissolves.
- Swallowing the tablets reduced the bioavailability of the drug. To ensure consistency in bioavailability, patients should follow the same manner of dosing with continued use of the product.

Used Bottles/Lock Box/Bag:

If you are receiving take-homes and do not have a locked box to secure medication in, take-homes will not be given. If the patient

does not present with a lock box, he/she will receive your observed dose for that day and return the following day to receive observe dose and take-home medication. If this becomes a continuous problem, take-home privileges may be suspended until you are able to follow the protocol of the program. You must also return your empty bottle(s) each time you attend observed dosing.

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. It is suggested that a police report be provided for stolen doses.

Orientation:

Upon your admission to Counseling and Recovery Services you receive an explanation of the following:

- Patient rights & responsibilities
- Patient grievance & appeal procedures
- Patient input to improve services
- Intent/consent to treat
- Program expectations
- Hours of operation
- After-hour services
- Code of ethics
- Notification of confidentiality
- Follow-up consent
- Fee schedule
- Patient safety
- Counseling And Recovery Services structure & staff
- Program rules & regulations
- Non-compliance to program rules & regulations
- Transition criteria & procedures
- Response to identification of potential risk to the person served
- Expectations of family participation
- Diversion plan

- Discharge & withdrawal from methadone/Buprenorphine w/naloxone
- Advanced Directives information www.texaslivingwill.org

Counseling:

Following stabilization on methadone/buprenorphine w/naloxone, our primary purpose is to help you identify, achieve, and maintain a productive, stable lifestyle free from use of any opioid substances other than methadone/buprenorphine w/naloxone. Counseling plays a very important role in accomplishing this goal. The purpose of counseling is to:

- Help you identify needs and expectations of your treatment.
- Provide you support in the elimination of illicit drug usage and drug seeking behaviors.
- Encourage recognition and acceptance of responsibility for your addiction.
- Provide support in the elimination of illegal activities.
- Facilitate the establishment of self-esteem and responsibility.
- Support participation of your family members in patient treatment, if you desire.
- Help you identify your readiness and appropriateness for detoxification and provide an individualized plan for detoxification and aftercare. (Detox plans require medical approval).
- 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 counseling 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 drug 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 substances." Refusal to provide a UDS will result in having to submit three months of compliant random UDSs before any consideration of receiving a decrease in attendance. Patients are assessed a fee of \$10.00 for urine drug screens or \$15.00 for oral fluid testing.

The Medical Director stipulates that drug screens are to be conducted at least monthly for all patients in treatment.

Drug Screen Results and Prescription Drugs:

Some prescription drugs may be detected in urine drug screens and be regarded as non-compliant urine. Such urine may preclude certain privileges such as take-home privileges. Legitimate prescriptions are considered as compliant urine except when they are "other opioid" and/or a medication, which may not interact well with methadone/buprenorphine w/naloxone. In such cases consent may be obtained to notify the prescribing physician that the patient is being treated in an medication assisted treatment program. 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/buprenorphine w/naloxone 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-home 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 (\$25.00) 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, clothing that is revealing, no pajamas or clothing advertising alcohol and/or drugs will be allowed. If staff 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 State Health Services Central Registry Division. Upon admission all patient 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.

How can the family support good treatment?

Even though maintenance treatment for opioid addiction works very well, it is not a cure. This means that the patient will continue to need the stable doses of Methadone/Buprenorphine

w/naloxone with regular monitoring by the doctor for some period. This is similar to other chronic illnesses, such as diabetes, or asthma. These conditions can be treated, but there is no permanent cure, so patients often stay on the same medication for a long time. However, with appropriate behavioral modifications and life adjustments, some patients with chronic illnesses can get to a point where they choose to control their condition without the assistance of medication. While being assisted with methadone/buprenorphine w/naloxone, though, the best way to help and support the patient is to encourage regular medical care, and not skipping or forgetting to take the medication.

Medication for opioid addiction is an important part of treatment, but addictions are complicated medical conditions, and often aspects of the illness outside the person (such as the availability of a drug, the people with whom the patient socializes etc.) can play a powerful role in the disorder. Finally members can support both the regular and appropriate use of the medication, and the other treatments (such as counseling) that are recommended by the program physician. It might be necessary or appropriate for spouses, significant others and/or other family members and friends to participate in counseling with the patient and/or independent of the patient for their own benefit.

Take-home Privileges:

Methadone medication

During the first 30 days of treatment a new 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-home privileges. Patient will initiate request by completing form titled request to change levels, then give to primary counselor who will complete level change request presenting to treatment team and program physician. In all cases, you will be asked to sign a "Statement of Responsibility in Handling Methadone/Buprenorphine w/naloxone". As stipulated by the Texas Department of State Health Services, to "show responsibility" means a patient meets the 9 take-home criteria.

Buprenorphine w/naloxone medication

Take home schedule will be determined by program physician and the 9 take-home criteria. Patient will initiate request by completing form titled request to change levels, then give to primary counselor who will complete level change request presenting to treatment team and program physician. In all cases, you will be asked to sign a "Statement of Responsibility in Handling Methadone/Buprenorphine w/naloxone ". As stipulated by the Texas Department of State Health Services, to "show responsibility" means a patient meets the 9 take-home criteria.

9 take-home criteria

1. Possess a current Texas ID or Driver License
2. Absence of recent abuse of drugs (opioid 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 comprehensive 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-homes:

Exceptional take-homes apply to situation(s) whereby a patient is ineligible or does not qualify for take-home privileges, but is faced with an emergency situation and take-homes 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-homes 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-home 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 a medication inventory may result in the loss of privileges.

Consequences for the Loss of Take-home Doses:

In order for a patient to be granted take-home 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-home doses of methadone/buprenorphine a/naloxone. ANY report of lost take-home 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. To prevent take-home 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.
5. Failure to demonstrate financial responsibility to the clinic may result in detoxification and discharge.

6. Weekend dosing hours are available, and the patient should check with his/her clinic to determine when the clinic will be dosing.
7. Saturday dosing hours are 6:30 to 8:30am at Tomball and 6:00 to 8:00am in Corpus Christi.
8. A physical examine, 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.
9. Once stabilized, 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.
10. Under no circumstances will medication be provided before or after clinic dispensing hours.
11. If you present yourself appearing intoxicated, you will not receive any medication.
12. 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.
13. After three consecutive days of absence will result in your dose being reduced by half with no take-homes. Absence of more than four consecutive days will result in your dose being reduced to 30mg with gradual increases observed daily until determined stabilized. 14 consecutive days of absence will result in discharge.
14. Patterns of repeated tardiness are documented and may effect level changes and/or take-out privileges.
15. Once a patient is voluntarily/involuntarily discharged, CARS will follow-up to determine a patient's current status within 60 days. Follow-up consent is signed upon admission.
16. It is necessary to communicate with counselor at all times. Leaving messages with medical and other administrative staff is not permissible.
17. You must meet with your assigned counselor on a regular basis.
18. Take-home privileges (even a one-day take-home) must be carried out in a container that locks. Should a patient not have a box for take-homes, he/she will be dosed for that day only and take-home medication will be placed on a "temporary hold" until the patient can return with a container that locks for safe storage.

19. If take-home(s) 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.
20. The loss of any dose(s) constitutes irrefutable evidence of failure to be adequately responsible for insuring the safety and security of take-home dose(s) of methadone/buprenorphine w/naloxone. Any report of loss of any take-home dose(s), regardless of circumstances, will result in level revocation for a period to be determined by the program physician.
21. Level changes are not granted during the first 30 days of treatment. Extra take-home(s) requested require an "Exception" to be filled out for physician, state and federal approval that could take 72 hours or more to receive the ruling. The patient will incur a \$25.00 fee.
22. Travel take-home 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. Dry medication is given only when take-outs equal 6 or more.
23. Communication with outside agencies or individuals (including family members) about your enrollment and/or services received at C.A.R.S will require a signed "Consent for Release of Confidential Information".
24. "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.
25. Failure to submit a urine sample "upon request" will result in the documentation of "dirty urine" to a patient's record and any probationary measures taken will affect a patient's level or take-out privileges.
26. In regard 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.

27. There is to be no soliciting inside or outside the clinic.
28. 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.
29. 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.
30. No pets are allowed inside the clinic at any time.
31. There is to be no selling, using, buying or sharing of drugs, alcohol or methadone/buprenorphine w/naloxone inside or outside the clinic. Violation of this rule will result in immediate discharge.
32. Abusive language or threats toward program staff or other patients will result in immediate discharge.
33. No weapons of any kind are allowed inside the clinic. Violation of this rule will result in immediate discharge.
34. The use of tobacco products in the facility is prohibited (this includes "e-cigarettes" and "smokeless" tobacco).

INSTRUCTIONS TO PATIENTS AND SIGNIFICANT OTHERS

METHADONE/BUPRENORPHINE W/NALOXONE INDUCTION:

WHAT IS "INDUCTION?"

Methadone/buprenorphine w/naloxone induction is simply the introduction or initiation of medication assisted therapy. The purpose of induction is to bring the dose of methadone/buprenorphine w/naloxone 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/buprenorphine w/naloxone can lead to overdose.

PHASES OF METHADONE INDUCTION

Phase	Purpose	Range in Mg
Initial Dose	Relieve withdrawal symptoms	30 mg
Early	Reach tolerance level	(+ or -) 5-10 mg

Induction		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

BUPRENORPHINE W/NALOXONE INDUCTION

Phase	Purpose	Range in Mg
Initial Dose	Relieve withdrawal symptoms	Determined by physician
Early Induction	Reach tolerance level	(+ or -) 2/.05 – 4/1 mg
Late Induction	Establish adequate dose (desired effects)	Determined by physician
Maintenance	Maintain desired effects (steady-state occupation of opiate receptor sites)	Recommended daily dose 16 mg /4 mg

WHEN IS INDUCTION STARTED?

The first dose of methadone/buprenorphine w/naloxone depends on having collected 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/buprenorphine w/naloxone.

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.

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.

HOW DOES BUPRENORPHINE W/NALOXONE WORK?

Buprenorphine and Naloxone Sublingual Tablets contain buprenorphine and naloxone. Buprenorphine is a partial agonist and Naloxone is a potent antagonist, which produces opioid withdrawal signs and symptoms in individuals physically dependent on full opioid agonists when administered together. The onset of effects appeared more rapidly with buprenorphine than with the full agonist control, with most doses nearing peak effect after 100 minutes for buprenorphine compared to 150 minutes for the full agonist control. Based on all studies performed with Buprenorphine and Naloxone Sublingual Tablets, buprenorphine has a half-life ranging from 24 to 42 hours and naloxone has a half-life from 2 to 12 hours.

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 and Buprenorphine W/Naloxone has a half-life of 24/2 to 42/12 hours.

HOW DOES INDUCTION WORK?

An initial dose of methadone/buprenorphine w/naloxone is given (15-30 mg methadone, 2-4mg buprenorphine w/naloxone) 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 or other morphine like drugs (opioids) ("Blockade")

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 OTHERS"

1. During the induction phase the methadone/buprenorphine w/naloxone patients should **never be sedated**, nodding, **and 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, benzodiazepine, or other drugs during induction is very dangerous and makes proper dose determination impossible.

3. At any time the patient is intoxicated, lethargic, not responding fully – call 911 or go to the nearest emergency medical facility.
4. **NEVER let them "sleep it off"**. Most overdose deaths (usually a mixture of drugs, alcohol, benzodiazepine, methadone or buprenorphine) 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.)

POTENTIALLY LETHAL CONSEQUENCES MAY OCCUR WHEN YOU

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 anyone 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 opioid dependent individuals, and their families, in Tomball, Corpus Christi 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 medication assisted 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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