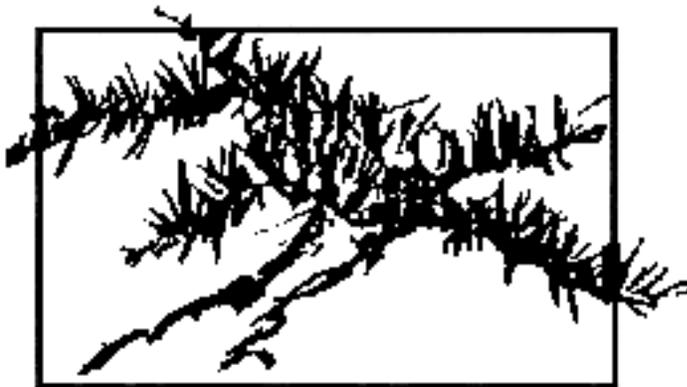


SOUTH SOUND CLINIC OF EVERGREEN TREATMENT SERVICES



ORIENTATION BOOKLET



SOUTH SOUND CLINIC – EVERGREEN TREATMENT SERVICES

OPIOID TREATMENT PROGRAM

RULES AND REGULATIONS

VOLUNTARY PARTICIPATION

Methadone is a highly addictive drug. It is important for you to understand that your participation in this program is voluntary. You may drop out of the program at anytime, without penalty, but you are cautioned about doing so without allowing the program to gradually withdraw you from methadone.

CONFIDENTIALITY

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. The program cannot confirm or deny that you attend the program, or disclose any information identifying you as an alcohol or drug abuser without your consent in writing.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

There are 7 important situations in which the agency must and will release information about you without your written authorization:

1. **MEDICAL EMERGENCY:** To help in the event of an emergency medical situation.
2. **COURT ORDER:** As required by the document.
3. **CHILD ABUSE OR NEGLECT:** SSC-ETS is required to report to Child Protective Services any situation in reasonable cause is suspected in an incident of child abuse or neglect, including sexual abuse (RCW 26.44).
4. **THREATS OF HARM:** Threats to harm self or someone else.
5. **CRIME RELATED TO SSC-ETS:** SSC-ETS will disclose information to law enforcement about a crime or threat against our property or personnel.
6. **RESEARCH & AUDIT:** For research, audit or evaluations.
7. **QUALIFIED SERVICE ORGANIZATION AGREEMENT:** When SSC-ETS has a formal agreement with an organization / business associate to share information.

CLINIC BEHAVIOR

Our patients are expected to behave in a civil and courteous manner while at the methadone clinic. **Obscene language, racial slurs, demanding or threatening behavior, damage to clinic or surrounding property may be cause for you to be tapered or discharged immediately from treatment.** You are expected to treat other patients and staff with respect regardless of economic, social, racial, and religious backgrounds, sexual orientations (gay, lesbian, bisexual, transgender or heterosexual) and abilities and ages.

Unless you have an appointment with a program staff member, please leave the premises after receiving your dose. **Loitering** around the clinic, in the parking lot, or around the premises will not be tolerated. In addition, **any actions that may be interpreted as drug dealing** (for example, passing cigarettes, money changing hands) or methadone diversion will not be tolerated. **All of the actions mentioned above will result in an incident report and possible administrative taper or immediate discharge.**

No weapons are allowed in the building or surrounding premises. Bringing weapons into these areas can be subject to immediate treatment termination.

Tobacco Products Policy: In compliance with contracts that fund patient care, SSC-ETS is a no smoking facility as of April 1, 2013. This means that no tobacco or tobacco-related products

are to be used or be visible on our campus. This policy may extend the no-smoking perimeter based on requirements associated with our building lease(s). Thank you for your cooperation with this Washington State Law, and program policy.

PROGRAM RULES and CODE OF CONDUCT

These are a few basic rules and expectations about conduct at or near ETS properties. ETS strives to provide a safe and healthy environment for our patients and our business neighbors; therefore we hold all patients accountable and responsible for helping us enforce these standards. With your help, ETS can continue to project a professional image to patients and to the community, thereby ensuring that ETS can continue to offer services.

You are expected to read, sign, and abide by this Methadone Treatment Contract and Patient Code of Conduct. **Should you have any questions regarding these or other program regulations, please contact your counselor or another ETS team member for assistance.**

The following behaviors are unacceptable and will not be tolerated. Violation of these rules may result in progressive administrative actions including a written warning, attendance at a mandatory Treatment Team, administrative taper or immediate treatment termination. A patient who has been placed on an administrative (involuntary) taper will be notified in writing of this action the day the taper will start. The patient has the right to appeal this decision to the Treatment Team or the Treatment Director. Your Counselor can assist you in the appeal process. Violations of the Methadone Treatment Contract and the Patient Code of Conduct will be considered in any future requests for readmission.

- 1) Actions which will result in **immediate treatment termination** (no taper, no more doses, no more access to program premises, no appeal, no readmission):
 - a) Threats of or actual physical violence against any program staff member or patient including **demanding or threatening behavior**
 - b) Destruction of agency, staff or other patient property including **damage to any ETS property (including sidewalks, trees and other plants near our buildings)**
 - c) **Theft of ANY item(s) from ANYONE associated with our services**
 - d) **Use of obscene or disrespectful language regarding race, sexual and/or gender orientation or appearance**
 - e) Bringing a weapon into the building, to the mobile van or surrounding premises
- 2) Actions which may result in **immediate discharge or an involuntary methadone taper, and a minimum of 1 year** before you may apply for readmission:
 - a) Holding, passing or selling drugs or alcohol at or near ETS (includes sidewalk and parking area)
 - i) Includes any actions that could be interpreted as “drug dealing”. **Do NOT give anything to anyone** and **do NOT take** anything from anyone (including cigarettes, lighters, money, random papers, phones, phone numbers, etc.)
 - ii) **Open possession, consumption and/or distribution of ANY alcoholic beverages**
 - b) Diversion of methadone dose (no giving away or selling of doses, they are intended for use only by the patient on the date indicated on the carry bottle)
 - c) Receiving methadone at another program or prescriber (double dosing)
 - d) Falsification of intake information
- 3) Actions which may result in **an involuntary 21 day methadone taper and a minimum of 30 days** before you may apply for readmission
 - a) Evidence of continued use of drugs and/or alcohol
 - b) Unacceptable conduct at or near ETS properties (including business neighbors):
 - i) **Smoking or use of tobacco or tobacco-related products including marijuana and e-cigarettes**
 - ii) Loitering

- iii) **Causing unreasonable disturbance**
- iv) **Jaywalking, disrupting traffic flow or double parking**
- v) **Dressing in an inappropriate manner, such as wearing pajamas, low cut shirts or low hanging pants, not wearing shoes, or otherwise specified by staff.**
- vi) **Leaving children or pets unattended at any time while at the clinic.**
- vii) **ANY other behavior(s) that could jeopardize the safety of ETS affiliates, its community relations, business reputation, and safety standards, as specified by staff.**

PROGRAM GOALS AND EXPECTATIONS

The program is designed to address the physiological, psychological and social problems created by opioid addiction. You are expected to use the resources of the program to work towards positive changes in behavior, attitude and self-esteem. Methadone is intended to eliminate opioid withdrawal and enable you, through involvement in counseling, to achieve socially productive and rewarding behaviors. Methadone is not intended to make you feel euphoric or to eliminate feelings of anxiety and stress. You will be expected to work towards involvement in employment or school, to achieve a stable home and social environment, and to discontinue involvement with criminal activity, drug abuse and associations with persons involved in such activities.

Counseling attendance is mandatory while enrolled as an active patient. Counseling services are available to you and your family following a voluntary, medically supervised taper from methadone and are intended to help you with those life-adjustment problems that occur during that critical period.

METHADONE SIDE EFFECTS AND ADJUSTMENT PERIOD

The most frequently observed side effects of methadone include constipation, light-headedness, dizziness, sedation, nausea, vomiting and sweating. There is usually a gradual, yet progressive disappearance of side effects over a period of several weeks. Constipation and sweating often persist. Death can result if you receive too much methadone or use other drugs, particularly other central nervous system depressants, such as alcohol, barbiturates, benzodiazepines, or other opioids, in addition to your prescribed methadone dose.

LOST AND FOUND

If you leave any item(s) on SSC-ETS premises, it will only be retained until the close of business on the day it is left. Please be advised SSC-ETS staff will NOT open any bags, wallets, etc. in an effort to determine ownership.

DISPENSING HOURS

The dispensing hours at the clinic are from **6:00 AM to 10:30 AM**, Monday through Saturday. The clinic will be closed temporarily for a break from 9:00 AM to 9:30 AM each day. **There is no dispensing after 10:30 AM.** The clinic is closed on Sundays.

JAIL & OFF-SITE DISPENSING

When a patient is incarcerated and misses four or more consecutive dosing days, please contact SSC upon your release. With verification of incarceration, SSC staff may be able to reinstate you on the program.

If you are confined to the hospital, methadone can normally be dispensed after arrangements are made with the hospital staff. Whenever possible, the arrangements with your primary care provider should be made prior to the time of need. **You must bring a completed copy of the Hospital**

Information Request Form (attached) with you upon your return for dispensing. Keep a copy of this form in your wallet for emergencies.

Phone Number to call:

360-413-6910

THE AGENCY WILL NOT AUTHORIZE METHADONE DISPENSING BY HOSPITAL EMERGENCY ROOMS TO YOU EXCEPT FOR A BONA FIDE MEDICAL EMERGENCY.

URINALYSIS

The program is required by federal and state regulations to perform random drug screen urinalysis to detect unauthorized drug use by the program patients. When a sample from you is required, you will receive an electronic Alert when you check in at the kiosk and will need to go to the front desk for instructions. But in special cases, a urine sample may be requested at any time.

1. Every SSC-ETS methadone patient is required to give an **observed urine sample** upon request. The schedule and frequency may vary, but you can expect to leave a minimum of one urine a month.
2. You must be prepared to give a urine specimen *any day it is requested*. Your failure or refusal to provide a urine sample upon request, for whatever reason, will result in the recording of a positive urine. However, you will be given your dose that day. You will be expected to make a good faith effort to provide a urine sample prior to dosing. If you fail to leave a urine sample at SSC-ETS for **three consecutive months**, you will be administratively tapered off of methadone and discharged from the program. There will be **no appeal** of this administrative taper. No urine specimens are collected between 8:55AM and 9:30AM. No urine specimens are collected after 10:25AM.
3. It is important for you to understand that refusal or failure to leave a sample will have the same consequences as a positive urine. It will result in the reduction or loss of take-home privileges. It will also be considered a violation of any contract requiring you to provide a negative urine. Administrative action as a result of failure to leave a urine sample will not be appealable to Team.
4. Attempting to leave a “fake” urine sample will result in a written incident report with the recommendation of a Team appearance. You will be given the opportunity to submit a valid urine sample. Failing to give a valid sample will result in the recording of a positive urine.

POSITIVE URINES

You are not to take drugs other than your prescribed methadone unless our program medical staff approves of the prescription. If our monthly urinalysis detects the presence of an unauthorized drug, such as methamphetamine, unidentified opioids, barbiturates, heroin, codeine, benzodiazepines (Xanax, Klonopin, etc.), your urine sample will be considered positive. Positive urines are interpreted as a sign of your lack of progress in rehabilitation. Positive urinalysis during the initial stabilization period (usually the first thirty days from admission) will not be considered under this policy (unless you are on a special intake contract).

CONSEQUENCES FOR POSITIVE (or METHADONE NEGATIVE) URINALYSIS

For Patients on Methadone Maintenance Program:

1. For the **first positive urinalysis (UA)/Breathalyzer (BAL) test result**: decrease in or loss of take-home privileges.
2. If you have **two consecutive positive UA/BAL test results**, you will need to meet with your counselor to review and amend your current treatment plan.
3. If you have **four consecutive positive UA/BAL test results**, you will be required to meet with a clinical team, called the Intervention Team (not the regularly scheduled Treatment Team), made up of you, your counselor, and clinical staff members to be selected by the Treatment Director or her designee. The meeting will focus on how the agency might best use available resources and interventions to help you achieve established treatment goals.
4. If you have **nine positive UA/BAL test results during any twelve month period**, you will be required to appear before the Treatment Team. The Treatment Team's decision will be final. There will be no opportunity to appeal the decision to the agency's Executive Director. Failure by you to adhere to the intervention plan previously developed by the Intervention Team (see item #3) will lead to a strong recommendation that any request for a treatment continuation contract be denied.

For Patients on the 180-Day Detoxification Program:

1. If you have **four positive urinalyses during a six month period**, your counselor will notify you that you have been scheduled for a **mandatory** appointment to meet with the Treatment Team to justify continuing in outpatient treatment. At that Team appearance, you may be placed on a special contract to address your treatment difficulties, or the Team may decide that you should be placed on an administrative taper. If you fail to attend your scheduled Team appointment, you will be placed on an immediate administrative taper with no readmission to SSC-ETS for thirty days following discharge. If you miss or decline to come to this mandatory Team appearance, you forfeit your right to appeal your administrative taper to Team.
2. If you violate your Team contract and are then placed on an administrative taper, your only recourse of appeal is to write a request letter to the Executive Director.

BREATHALYZER

The clinic does random breathalyzer screening for alcohol abuse; if it is determined that you have an alcohol problem; efforts will be made to address that alcohol problem. A positive breathalyzer test (**0.001 mg.% or greater**) will be counted the same as a positive urinalysis.

Use of mouthwash or inhalers just prior to dosing is discouraged.

If you appear for medication dispensing with a blood alcohol level above .04 mg.% but less than or equal to .08 mg.% you will not be given the daily dose of medication immediately. Instead, you may be given the opportunity to return, between 9:30 AM and the end of dispensing for reevaluation by

observation and repeat Breathalyzer. If the repeat Breathalyzer is less than or equal to .04 mg.%, you may have up to your scheduled dose for that day. If your repeat Breathalyzer is greater than .04 mg.%, you will not be dosed but will be instructed to return for dosing the next dosing day. You would only be charged with one positive Breathalyzer per day, even if you return for repeat testing on that day.

If you have a Breathalyzer reading greater than .08 mg.% when you first appear for dosing, you will not receive your methadone dose on that day and will not be given an opportunity to return for retesting that day. Please understand if your dose is withheld due to a positive Breathalyzer (reading above .04 mg.%) you will not receive any take-home doses.

MEDICAL TREATMENT AND PRESCRIPTIONS

This program does not accept responsibility for treating your medical problems unless the problem can be treated via dosage adjustment. You are encouraged, however, to discuss medical problems with the program's medical provider and to arrange treatment through your private physician.

Washington State Prescription Monitoring Program

South Sound Clinic - Evergreen Treatment Services (SSC-ETS) utilizes the Washington State Prescription Monitoring Program (PMP) to ensure safe and effective outpatient addiction treatment. SSC-ETS will monitor your prescriptions while you receive methadone treatment here.

The PMP is a secure online database that will be used across Washington State to improve public health. All practitioners are able to review their patient's health information before they prescribe or dispense drugs. Prescribers can connect to this centralized system and look for duplicate prescribing, possible misuse, drug interactions, and other potential concerns.

Patient data from SSC-ETS is **not submitted** to this system so that your participation in methadone treatment is **not available** to other medical providers outside of SSC-ETS. You are however, strongly encouraged to advise your private physician of the fact you receive methadone from this clinic. The physician with this information is better able to judge the advisability of prescribing various additional medications for specific illnesses. Methadone is a central nervous system depressant and may be harmful to your wellbeing when used in conjunction with other drugs or medications. SSC-ETS will request that you sign a release of information form, when needed, to ensure that consultation can take place between the clinic's medical staff and your private physician.

A letter from SSC-ETS Medical Directors is included in this packet. This letter is intended to explain opioid treatment and the interactions with other medications to other medical providers. Additional copies are available through your counselor.

Medical staff will look up information about current controlled substances prescribed to every patient who is in treatment at SSC-ETS in the PMP.

If we find out that you are being prescribed controlled substances that you have not registered with SSC-ETS, your treatment status will be reviewed by the medical and counseling staff. Further action will be determined after that review.

Please see the handout at the back of this packet for additional information on the Washington State Prescription Monitoring Program.

All prescriptions (including refills) must be registered within three days of the issue date. The process for having a prescription approved is as follows: The prescription registration is completed with the dispensary staff at the time of your methadone dosing. It is simplest if you bring in the filled prescription with you – the dispensary will need the name of the drug, the number of pills, the number of refills given, the date of the prescription, the reason for its use and the prescribing doctor. Approval for frequently abused drugs will be granted very selectively. Use of these drugs prior to approval by the clinic's medical staff may result in an unexcused positive urine. Prescriptions given to you by SSC-ETS medical or psychiatric staff should also be registered with the dispensary.

Because of the difficulty in determining the appropriateness of benzodiazepine prescriptions for patients, there is a separate form required for these drugs. The form, as completed by the prescribing physician, must accompany any applications for benzodiazepine registration and approval. The form must be faxed or mailed directly to SSC-ETS by the prescriber; hand-carried forms will not be approved. Any benzodiazepine prescription registration without the completed form will be disapproved.

APPOINTMENTS

You are required to schedule and keep regular appointments with their assigned counselor. All newly admitted and readmitted patients should expect to be scheduled for weekly counseling for the first ninety days and twice a month thereafter. After that the first year, the frequency of counseling will be determined by your counselor, and will be at least once a month. Positive urinalysis tests may result in an increase in counseling requirements. If you are ten minutes or more late for a scheduled appointment, the appointment will be considered missed. You may cancel and reschedule appointments if you do so prior to established appointment time. Failure to keep counseling appointments will result in denial/loss of take-home privileges and administrative taper with discharge from treatment. If you complete the program through *voluntary medically supervised taper*, you will be advised to continue follow-up counseling for at least two months. Follow-up counseling services are provided for a longer period of time if you request it.

Occasional appointments with the clinic's medical staff are also required. If you are unable to attend a scheduled appointment with the medical provider, the appointment must be canceled at least 24 hours in advance or it will be considered a missed appointment. If you are ten minutes or more late for a scheduled appointment, that appointment will be considered missed. You may be charged for missed medical appointments.

MISSED DOSES

There are 2 ways you can be discharged from treatment for missing methadone dosing.

1. Consecutive missed doses
 - a. If you miss 4 through 10 consecutive doses, a medical provider must see you prior to receiving another dose of methadone.
 - b. If you miss 11 consecutive doses you will be discharged from treatment and are eligible to apply for readmission after 30 days.
2. Multiple missed doses over any 60 day period
 - a. If you miss 12 doses in any 60 day period, your assigned counselor will dose hold you and you will be placed on a dosing attendance contract.
 - b. If you violate this attendance contract, an unappealable taper will begin, leading to discharge. You are eligible to apply for readmission after 30 days.

You will be charged the normal fee even though the dose has been missed.

READMISSION

Patients who are administratively tapered from this program are ineligible to apply for readmission for specified periods of time. In some cases, the administratively tapered patient will not be readmitted. All past financial accounts must be paid prior to readmission. Patients who are administratively tapered are not eligible to apply for readmission to treatment for a minimum of 30 days after discharge.

Patients who have completed the program through a *voluntary medically supervised taper*, may be readmitted for a period of up to two years without having to document current physical dependence on an opioid.

Patient Rights

In accordance with section 388-877-0600 of the Washington Administrative Code (WAC), each patient of this program is hereby informed that you have the right to:

1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability, except for bona fide program criteria;
2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in the event of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
4. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on premises;
5. Be free of sexual harassment
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
9. Receive a copy of agency complaint and grievance procedures upon request and to lodge a complaint or grievance with the agency, or Regional Support Network (RSN), if applicable, if you believe your rights have been violated; and
10. File a complaint with the department when you feel the agency has violated a WAC requirement regulating behavior health agencies.

RIGHT TO APPEAL

You have the right to request that your counselor, the Treatment Team and the Treatment Director/Clinic Supervisor review treatment decisions which affect you. Presentation before staff can be made directly by you or your counselor.

If you are dissatisfied by the way a staff member treats you, you should discuss your feelings with the staff member involved. If such a discussion fails to resolve the problem, the Treatment Director/Clinic Supervisor should be consulted (especially in cases where a change in counselor is desired).

If you wish to appeal the decision of the Treatment Team, you should write a letter to the SSC Treatment Director/Clinic Supervisor describing the situation and the reason for appeal. The SSC Treatment Director/Clinic Supervisor shall respond to you in writing with a decision. In reviewing a Team decision, it is the SSC Treatment Director/Clinic Supervisor policy to review the procedures that led to that decision, not to "second guess" the clinical decision-making of the Team.

TAKE-HOME DOSE PRIVILEGES

Only patients on the methadone maintenance program are eligible for take-home medication (180-day detoxification patients are not eligible).

The clinic's medical staff shall make final decisions on a patient's responsibility in handling take-home medication. All patients, however, should make the request for take-homes through their counselor.

SSC-ETS provides take-home medication privileges in a step-wise fashion. After ninety days and assuming you meet the eligibility criteria, you would come to the clinic five days a week for dosing.

You would receive one take-home dose in addition to a Sunday take-home. To be eligible, you must meet the following criteria:

1. Have been in a methadone program for at least ninety days.
2. Have abstained from abuse of drugs, including alcohol, for at least sixty days.
3. Have regularly attended scheduled clinic appointments (no unexcused missed doses or agency appointments).
4. Have not been involved in recent criminal activity, including drug dealing.
5. Have a reasonably stable home and social environment.
6. Have a locking container in which methadone can be safely stored.
7. Have shown financial responsibility by paying clinic fees when due.
8. Will be able to benefit from having the decreased frequency of clinic attendance.
9. And finally, be judged by the clinic's medical staff to be responsible in handling take-home medication through the information provided by other staff members who are more familiar with your behavior and situation.

After six months in treatment, you would be required to complete the **Take Home Preparation Classes** in order to qualify for the next step, which means dosing at the clinic four times a week.

After one year in treatment, you may qualify for take-homes such that you come to the clinic for dosing only two times a week. After two years on the program, you may qualify for dosing at the clinic one time a week. Patients without verifiable structured activities are not eligible for any further take-homes beyond the one time a week dosing.

To advance to a higher number of take homes more quickly (meaning come to the clinic less frequently for dosing) your participation in verifiable structured activities such as work, school, volunteering, childcare, etc. will be required. If you are on the program for over nine months, with verifiable structured activities, you may qualify for take-homes such that you have to come to clinic for dosing only two times a week. After one year on the program, if you have verifiable structured activities, you may qualify for dosing at the clinic one time a week. Additional years of stability can lead to additional take-home privileges.

Likewise, SSC-ETS *reduces* take-home privileges in a step-wise fashion. In the event that you submit a positive urine or have a missed program appointment, you will have your take-home privileges reduced by one step for sixty days to six months before you are eligible for reinstating your previous privileges.

Take-homes will be rescinded for failure to pay the clinic fee in accordance with established payment schedules.

Patients with take-homes are responsible for the security of the medication. Once the medication leaves the dispensing window, it will not be replaced if stolen, spilled, lost or vomited. *It is extremely important that medication be stored in a very secure place away from children.* It is not advisable to store medication in the refrigerator unless it is in a locked childproof container. ****Please seek immediate emergency medical assistance if someone accidentally ingests your methadone****.

You must not give or sell take-home medication. If the staff determines this has occurred, take-home privileges will be rescinded immediately and you may be placed on an administrative taper leading to discharge.

Take home doses are only to be taken by you on the day they were intended for.

You will also have take-home privileges reduced or rescinded if you do not continue to comply with the conditions listed previously that were necessary for take-home eligibility. For example, a patient who discontinues working may have his/her take-homes decreased or rescinded unless another job is found within a thirty day period and there is documented effort that the patient is actively seeking employment.

TEMPORARY TAKE-HOMES

Exceptions are made to take-home eligibility in the judgment of the clinic's medical staff in the following cases:

1. You are found to have a physical disability which interferes with your ability to attend the clinic regularly.
2. You, because of exceptional circumstances such as illness, personal, or family crisis, travel or other handicap are unable to attend the clinic regularly.

If you meet one of those two exceptions, and are judged as responsible in handling methadone, and have your bill paid up-to-date, you may be granted temporary take-home medication. Temporary take-homes are granted only when absolutely necessary, which means when a valid or emergent need exists. A request for temporary take-homes (or courtesy dosing) should be made to your counselor at least five working days in advance, unless there is a verified emergency. *The counselor will look at the possibility of arranging courtesy dosing at a local methadone clinic as the first option to temporary take-homes for travel purposes.*

Important Points to Remember

If you have any **issues with another client**, seek out a counselor. Do not get involved with any verbal or physical confrontations - this could mean that both parties involved may be discharged.

NO PASSING – of money, cigarettes, medications, gum or anything else that could be interpreted as exchanging/selling drugs. Go off the premises of the clinic.

If you need to talk with someone, go to a coffee shop or one of the nearby grocery stores that have a place where you can visit. This includes up on the hill behind the clinic and also around the back of the building. The owner of the building has his office in the back and will call us if he sees any loitering going on. Socialize away from the clinic...**NO LOITERING!**

Check in at time of appointments: you are asked to let either the receptionist or the financial worker know that you are here for an appointment. If you do not have an appointment but want to leave a message with your counselor, you may leave a note or ask to speak with your counselor IF THEY ARE AVAILABLE.

Payment: Patients are responsible for their treatment fees, including those who lose their medical coupons, private insurance and cash payers. If a patient does not keep up with their treatment fees, they may be put on a 21 day taper until their account is current. **No** carries will be approved if a patient has a balance due. Once discharged, back bills must be paid in full prior to re-admission.

UA policy:

- If you fail to leave a sample for 3 consecutive months, you will be placed on an administrative taper with no possible appeal.
- Make sure you give yourself enough time to leave a specimen. The UA technicians do not take anyone after 10:25 AM. **No matter what.**

Incarceration: if you go to jail while enrolled at the clinic, you are allowed one collect telephone call to the dispensary (the extension is #208). If you should miss 11 consecutive doses, you will be discharged. If we know that you are in jail, notify us immediately through the intake coordinator when you get out. The Site Director will then be contacted to make the final decision about whether you may return. It will be necessary to bring your discharge paperwork with you.

Hospitalization: if you are admitted to a hospital and miss 11 consecutive doses, you will be discharged, but if you have been dosed while you are at the hospital, you may be readmitted. The hospital will usually call to confirm your dose with the medical provider or the dispensing nurses. You will need to bring your discharge paperwork and also what medications that you have been given. Make sure that you have the form we have the hospital complete; it is best to carry this with you.

Speeding in the parking lot/driveway: Please be aware that many of our patients have small children and animals. There are also other businesses next to us and their customers are in and out of the parking lot.

180 Day Detox:

- This is a 6-month program that you are admitted to at the clinic unless you have transferred here from another clinic, come in pregnant, is a returning patient has over a year of documentation of being opiate dependant. After 4 months, your dose will be automatically tapered down to zero. If you wish to continue in the program, you would need to speak with the Intake Coordinator and you would be able to return after 24 hours, depending on your intake appointment.
- If you have 3 consecutive positive UAs or FTLs in a row, you may be discharged by the 21 day schedule rather than your 180 day schedule of 6 months. Please discuss with your counselor if you have any questions.

Medication: Bring in all medications, whether from your doctor, over the counter or nutritional supplements within 72 hours. There are many things that either increase or decrease the effects of the methadone. If unregistered medications show up in any of your monthly UAs you could lose a carry home privilege if we are not aware of the medication.

The clinic opens at 6 AM. **The first 15 minutes of the clinic is for workers or prearranged appointments.** ParaTransit and all others may dose after 6:15 AM.

Once you have established take-home carry privileges, and you need to change a day, if you change it at the dispensing window, it cannot be changed again for 6 months. If it is for a special event, go through your counselor and they will present it to the site director for approval of a one-time change.

Do not leave children in vehicles unsupervised while dosing.

There is no 10 minute rule on a 15 minute appointment – as in dose evals.

If any methadone is given to you to take home, once you have drunk the methadone **make sure you take the label off of the bottle.** Anyone could go into the garbage and take that bottle and say that you sold it to them or were selling it. Any diversion would probably mean you would be terminated either immediately or on a short detox.

Missed dose policy and hospitalizations or incarcerations:

- It is important to know if you go to the hospital, are placed in custody or just miss in general. **If you miss 4 or more consecutive doses, you must see the medical provider before dispensing will be able to dose you.** If you miss 11 consecutive doses, you will be discharged from the program and you would need to contact the Intake Coordinator.
- If you can show that you were being dosed, you still need to bring that documentation in and may still need to see the medical provider before the dispensing nurses could dose you. We would know that you were either in the hospital, nursing home, or in King County where one can be dosed while incarcerated.

ACUPUNCTURE

HOURS:

Monday, Wednesday & Friday: 6AM – 10:30 AM (must be in by 10:00AM)

COST: Depends on your funding type (The fee for acupuncture is not included in the per day cost for opioid treatment.)

- **NO ADDITIONAL COST TO YOU:** Medicaid-Title XIX/CNP type of coverage; no other funding types cover the cost of acupuncture. Please check with our Patient Accounts Staff if you have any questions regarding your eligibility.
- **ADDITIONAL FEE:** Medicaid-GAU/Disability Lifeline, ADATSA, all other publicly funded types, and Private Pay patients must pay for acupuncture services. Acupuncture fees are pro-rated.
- **FEES:**
 - 1 – 2 days per week – \$20 per month
 - 3 – 5 days per week (monthly unlimited) – \$35 per Month

WHY ACUPUNCTURE? We encourage you to consider using acupuncture as part of your treatment and recovery program. Acupuncture has shown to be effective in helping people withdraw and detoxify from drugs. The effects of Acupuncture tend to be additive and it is most effective after a series of treatments over a period of time. If you're dealing with cravings and/or using drugs not allowed on this program, consider acupuncture to help you discontinue your use. Acupuncture can be helpful in the detoxification process as well as:

- | | |
|--|----------------------------------|
| ▪ RELAXATION, CLEARER MIND | ▪ LESS CRAVINGS FOR DRUGS |
| ▪ STRESS REDUCTION | ▪ BETTER SLEEP |
| ▪ DECREASE IN WITHDRAWAL SYMPTOMS | ▪ PAIN RELIEF |

QUESTIONS? CURIOUS? Come in a talk to one of the acupuncturists. All the acupuncturists at Evergreen Treatment Services are Washington State Licensed Acupuncturists and have been specially trained in the area of Chemical Dependency Acupuncture.

🎯 **5 FREE TREATMENTS!** To help introduce you to the acupuncture process, you are eligible for **five free treatments** so that you can experience it prior to signing up. Just let the acupuncturist know you are a new patient and you will receive 5 free acupuncture treatments.



Inpatient Hospitalization and/or Outpatient Procedure Information Request

_____ is a patient receiving opioid replacement treatment (i.e. methadone) at South Sound Clinic of Evergreen Treatment Services. S/he receives a dose of _____ mg orally per day.

We require the following information upon his/her return:

Admission and Discharge Dates: _____
(or date of procedure)

Discharge Diagnosis: _____

Was patient's methadone dose given while s/he was there?

Yes. Dates and amount of methadone dosed: _____

No.

Was any methadone given to the patient upon discharge?

Yes. Strength, quantity and directions for taking: _____

No.

Name of person providing info: _____ Title: _____

Name of Facility: _____ Date: _____

Phone number: (_____) _____ Fax: (_____) _____

Please have this information faxed to us or have the patient hand carry it back to us, even if the patient leaves Against Medical Advice.

Thank you for your assistance.

**Washington State Prescription Monitoring Program
Notice to Patients of South Sound Clinic - Evergreen Treatment Services**

Starting January 2012, South Sound Clinic - Evergreen Treatment Services (SSC-ETS) will be utilizing the Washington State Prescription Monitoring Program (PMP) to ensure safe and effective outpatient addiction treatment. SSC- ETS will be able to monitor your prescriptions while you receive methadone treatment here.

What is Prescription Review?

Prescription Review is a secure online database that will be used across Washington State to improve public health. All practitioners are able to review their patient's health information before they prescribe or dispense drugs. All clinics and provider offices will be connected to this centralized system. It will allow them to communicate with one another and look for duplicate prescribing, possible misuse, drug interactions, and other potential concerns.

Patient data from SSC-ETS is **not submitted** to this system so that your participation in methadone treatment is **not available** information to other medical providers outside of SSC-ETS.

Who can access the data?

Physicians, pharmacists, dentists, physician assistants, nurse practitioners, and other licensed clinicians and professionals authorized by the Washington State Department of Health. The system is secure to make sure confidential information is protected.

Is this new?

It's a new program for Washington, but not new for the country. Most states already have this program, including our neighbors in Idaho and Oregon.

What drugs are covered?

At this time, this program only covers controlled substances (drugs that could potentially be dangerous and addictive). This includes benzodiazepines, stimulants, and pain relievers.

What is SSC-ETS going to do with Prescription Review?

Medical staff will look up in the secure on-line database information about current controlled substances prescribed to every patient who is in treatment at SSC-ETS. To repeat, SSC-ETS staff are **not** going to be putting any patient information into that database.

If we find out that you are being prescribed controlled substances that you have not registered with SSC-ETS, your treatment status will be reviewed by the medical and counseling staff. Further action will be determined after that review.

If we find out that you are being prescribed methadone that you have not registered with SSC-ETS you will be discharged from treatment. This action is in accordance with the terms of the Preliminary Treatment Contract you signed at your admission to treatment. You were warned that "double dosing" would result in the immediate termination of your treatment.

What should you do now?

Register at SSC-ETS all of your prescriptions for controlled substances and **all** of your other prescriptions.

***For more information visit the Prescription Monitoring Program (PMP) website at:
www.doh.wa.gov/hsqa/PMP/default.htm***



Open Letter to Medical & Dental Providers Treating Patients on Methadone Maintenance

Acute Pain Management

Acute pain management in a methadone-maintained patient is a challenge. The patient, fully tolerant to a maintenance dose of methadone, realizes no analgesia from that regular daily dose. Relief of pain depends on providing drugs in addition to the usual dose provided by the methadone center. Non-narcotic analgesics should be used when pain is not severe. With severe pain, the use of opioid drugs is appropriate. The patient may need a higher and more frequent dose of an opioid drug than usually prescribed to non-opioid dependent patients with similar medical disorders. Mixed opioid-agonist/antagonist drugs such as Talwin, Nubain, Buprenorphine, and Stadol should never be used in a methadone-tolerant person as they may precipitate severe withdrawal.

We recommend that the quantities provided per prescription and duration of opiate pain treatment be closely supervised. Similar precautions are advised in the prescribing of sedative-hypnotics (which increase the risk of overdose as well).

Chronic Pain Treatment

The treatment of chronic pain in patients receiving methadone for opiate dependence is very complex. The average dose of daily methadone at our program is 100 mgs per day. Our patients are tolerant to this level of methadone and receive no analgesic benefit from the medication. There is evidence in the literature that patients on chronic methadone for opioid dependence are more likely to receive benefit from additional methadone (as compared to other opiate drugs) for the treatment of chronic pain, but there is also literature questioning the benefit of high dose opiates for the treatment of chronic pain plus concerns about long QT syndrome in patients on high dose opiate treatment (<http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>). We worry about community diversion of additional opiates by our patients, particularly when it is given without direct observation that we can do. For all of these reasons, we urge that medical providers considering additional opiate medication on a continuous basis to our mutual patients contact our medical staff at Evergreen so that we may coordinate care.

Withdrawal from Methadone

At times, admitting physicians are tempted to treat the opioid dependence itself by tapering the patient off opiates. After the methadone treatment is discontinued, significant signs and symptoms of abstinence may persist for several weeks. The relapse rate to opiate use after simple detoxification approaches 100% within a very short period of time. A relapse increases the risk of overdose, hepatitis, HIV infection, and a host of other medical, psychosocial and legal complications.

If you have any questions or concerns about our mutual patient in relation to methadone or drug dependence, please call us or any of the other South Sound Clinic-ETS medical providers. After obtaining appropriate patient consent, we would be glad to speak to you and we want to be available as a resource regarding methadone treatment and opioid dependence.

Sincerely,

Vania Rudolph, M.D.
Medical Director