

Garland Treatment Center



Client Handbook

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Garland Treatment Center Organizational Chart

Patricia A. Parks, MA, LPC, LCDC
Chief Executive Officer/President

Mary Hood, M.D.
Medical Director/Program Physician
Contracted with GTC since Dec. 2014

Nursing Services: LVN/RN

Elizabeth Abshier, LVN, C.O.O.
Kelly Spann, RN

Employed with GTC since April 2010
Contracted with GTC since January
1998

Counseling Services; Licensed Chemical Dependency Counselors:

Patricia Parks, MA, LPC, LCDC
Ansumana Jabati, LCDC

on board with GTC since January 1996
Contracted with GTC since May 2004

Administrative Assistant:

Interim: Parks, Jabati, Abshier

All medical, counseling, social services, and administrative assistance will be contracted by the facility. Each service is provided through the specific scope of duty associated with the individual's licensure.

CHAPTER 1

Garland Treatment Center

Methadone History

Definition:

Methadone is a synthetic agonist (morphine like action) that is taken orally and has a long duration of action (a single dose is effective for at least 24 hours). Methadone prevents withdrawal symptoms and helps reduce drug cravings in opiate dependent individuals.

History:

Methadone was developed in Germany at the end of the Second World War as a substitute analgesic for morphine. Early research showed that it could also be used to treat withdrawal symptoms in heroin users. In the early 60's Dole and Nyswander demonstrated the feasibility of using methadone as a maintenance medication with opioid addicts.

Maintenance:

Methadone maintenance involves the daily administration of methadone over an extended period as an oral substitute for heroin or other morphine like drugs or opioid dependent individuals. A single dose administered to stabilize an individual lasts between 24-36 hours without causing euphoria, sedation or analgesia. This enables the individual to function normally and to perform mental and physical tasks without impairment. In sufficient doses, cross tolerance to other opioids develops.

Garland Treatment Center

Will methadone cure me?

No, there is no cure for drug dependency or addiction. What methadone can do is make your life stable by allowing you the opportunity to engage in positive lifestyle changes and provide you with an environment that supports you.

You are the one making the changes. We are here to support you in whatever way you feel will benefit you in improving the quality of life.

Garland Treatment Center

Admission Process

Contact us for more information: (972) 203-1141

Contact:

An assessment appointment for an interview with one of the nurses and or therapists is made based on preliminary data obtained in person. At the initial interview a complete psychosocial assessment is done.

Assessment:

The purpose of the psychosocial assessment is to:

- Gain an overview of problems in life functioning and establish baseline data across various areas
- Discuss and identify treatment goals
- Identify psychosocial concerns that require referral
- Determine client interest in services available at GTC or elsewhere

Medical assessment:

The medical assessment is done at the time of the psychosocial assessment. The purpose is to:

- Determine clients' suitability for methadone treatment per the Dr.'s order.
- Screen for medical complications associated with drug use.
- Identify other medical problems.
- Identify factors that put an individual at risk for harm.

Once suitability has been established, the client is introduced to staff and is given a starting dose of methadone, with a reassessment completed the next morning.

The client signs a contract that he or she will abide by the rules of the program, with particular reference to behavior on the premises, and drug monitoring.

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Methadone Program Criteria

Program Criteria

Individuals who are opiate dependent are eligible for the program. The diagnosis of opiate dependence will be based on some or all of the following:

- History of opiate use
- Use of opiates to prevent withdrawal
- Continued use of opiates despite recurrent problems
- Repeated unsuccessful attempts to stop or reduce use
- Priority of opiate use over other important life activities
- One urine drug screen positive of opiates

Previous unsuccessful attempts on methadone treatment will not exclude a client from this program.

Exclusion Criteria

- Clients with psychiatric disorders which would preclude compliance with the regulations of the program.
- Clients with the history of problematic behaviors such as episodes of violence directed toward other clients or staff members.
- Clients having any medical condition that would affect informed choice or self care.

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Program Steps

Stages of Methadone Treatment:

Take the initiative. Ask to speak to the director at the Methadone Clinic. An assessment appointment will be made for you.

Although, others can refer you to the Methadone Program, you are responsible for calling staff yourself to set up an appointment.

You must be 18 years of age or older to become involved in the Program.

Methadone is a viable alternative to narcotic use when pregnant.

1st 90 Days (Initial step into Treatment)

1. All clients are required to consume their methadone in the presence of a staff member on a daily basis, and allowed carrying privileges for Sunday only.
2. Submission of random urine samples for analysis is expected.
3. The daily dose of methadone is being adjusted regularly to a level at which the client feels comfortable.
4. Once the client is stabilized at a specific daily dose, at that dose continued for at least one week.
5. During this entire period, which may be several weeks to several months, the client is making decisions in consultation with his or her therapist about which level or program he or she needs.

Early stabilization

All new clients are considered to be in early stabilization initially. If a client chooses to remain in treatment, there are several changes in therapy and monitoring that occur. Their urine's are screened monthly. They must drink their methadone witnessed by a staff member for six days a week with a carry on Sunday. There is an expectation that risky behavior and crime would be eliminated or reduced. Drug diversion would be totally eliminated.

Long Term Treatment

Clients in long term treatment have made a commitment to recovery. They have designed their own recovery program in that they set down their goals and time frames on paper and submitted them to their therapist as a contract.

Violation of the contract (client and therapist) requires that the client be placed in early stabilization. Clients are not expelled from the program for failing to adhere to the contract.

The client goals involve steps to achieve significant and permanent changes in lifestyle:

- Regular employment
- Involvement in training and education
- Improvement in physical, emotional, psychological, and spiritual care
- Resolutions of social problems

Clients must abstain from illicit drug use and participate in weekly therapy sessions. A client may remain in early stabilization indefinitely, with a review every 6 months.

When clients progress and have achieved their goals from long term treatment, clients have at least one year of stability in such areas as employment, family and person relations, and abstinence from illicit drug use. At this point, carrying (methadone)_ privileges are further liberalized and flexible.

Medically Supervised Withdrawal

Clients in MSW (Medically Supervised Withdrawal) are undergoing withdrawal from methadone. Those clients that are voluntarily withdrawing can do so at their own pace. At the end stages of withdrawal they can be referred to a M.D. or current private physician for further help and or receiving a regiment of Naltraxone to deter relapse for 90-180 days following the last dose of methadone.

Monitoring

The staff at the Methadone program review each client with respect to individual problems, progress and compliance every 90 days.

Urine: Random urine screens are done on all clients entering the program and continue to be done throughout the time on the program.

Quantitative levels of Methadone are obtained on all clients who have been stabilized on the dose, which they are comfortable. This level may be repeated if there seems to be a discrepancy or in an unexpected result occurs.

Other services

The Methadone Program is geographically located in Garland, TX right off Interstate 30 in a shopping center. A biennial fee, every two years, of \$60.00 is collected for TDSHS licensing.

Garland Treatment Center

Nature of Addictive Disorders

Thanks for your interest in Garland Treatment Center. A large portion of our work is devoted to helping individuals and families respond to problems associated with substance abuse and addiction. Services include contemporary harm reduction and relapse prevention strategies.

Much of this work is directed toward interrupting dangerous patterns of abuse with an appropriate (often life saving) offer of support, treatment and care. Intervention is an especially powerful remedy for the sense of hopelessness and helplessness that so frequently surrounds addiction. It is an extremely productive antidote to problems of substance abuse. Formal intervention methods provide a compassionate and exceptionally powerful response to viscous cycles of destructive behavior. Intervention intends to restore individual responsibility and to promote mutual well being.

Families and colleagues of defensive or “oblivious substance abusers are often referred to me for evaluation and options for change. Invariably, friends, associates and colleagues also suffer from the chaos and unmanageability associated with another’s addictive disorder or mental illness. Significant other and organizations are frequently in need of help. The Garland Treatment Center fills this specific need.

Many addiction experts clearly endorse “the disease concept” of chemical dependency. “Substance Use Disorders” have been described as “biological-psycho-social phenomenon” that involve complex interactive influences. Problems of addiction are complex, harmful, and beguiling – more than the simple result of deficiencies in willpower, character and moral weakness (Cf. DSM IV, APA, 1994).

If we are to be of help to chemically dependent people, we are required to remember that: Addictive disorders represent a primary treatable illness. Substance use disorders generate sever degeneration, unnecessary suffering, and excruciating personal problems for abusers and families alike. With appropriate attention and care – health and wellness can be restored.

The progressive nature of addiction is hard to understand by users and loves ones alike. For most of us, it seems strange that drug abuse represents behavior that is beyond “voluntary control.” The central feature of addictive disorders is progressive loss of control over substance use, whereby chemically dependent people continue, and even amplify their use – despite increasingly difficult consequences.

The behavior patterns that define substance dependency are characterized by the individuals inability to accurately predict the timing, amount, duration, or consequences of substance consumption: “The substance use is continued despite knowledge of having persistent or recurrent physical or psychological problems” and “there is a persistent desire or unsuccessful efforts to cut down or control (i.e. predict) substance use.”

Furthermore, “The substance is often taken in larger amounts or over a longer period than was intended” (APA, 1994, p. 181).

Somehow, I’m reluctant to say that I treat addicts and alcoholics – outside of 12 step meetings such terms seem somehow demeaning and useless. I help individuals and families that suffer with alcohol and other drug problems. I assist people that are motivated to change their frightening, moreover, tragic patterns of consumption and substance abuse.

Effective evaluation and resolution of “addictive behavior” depends upon the individual’s progression, unique history, and personal contexts of one’s substance use patterns. Ultimately, we must recognize that Substance Use Disorders (cf. DSM V) represent primary and treatable problem. Once established, such conditions invariably require honest assessment, steadfast attention, skill development, or professional care.

What matters here is that formal substance related disorders might be brought to a healthy resolution. People with alcohol and other drug problems can respond well to contemporary methods of change. When properly identified with motivated for change, substance related disorders reflect manageable conditions. Many problem drinkers remain grateful that they made contact with appropriate help.

Natural History of Opiate Addiction:

Opiate use normally begins in the teens or early 20’s. It is generally preceded by use of other drugs, such as alcohol or marijuana. Some may start to abuse opiate drugs during the course of medical treatment. A degree of tolerance to any opiate drug develops persons life is quickly dominated by the purchase and use of the drug. One physically addicted the individual will go to nearly any length to obtain the drug. One may please, steal, lie, and promise just about anything.

Overall, there is a .7% lifetime occurrence of server opiate use in the adult populations. Males outnumber females about three to one. Even after detoxification, once the individual returns to familiar environments, many begin to use again, usually this occurs within three months. The drug may be injected intravenously or snorted. (DSM IV made easy – James Morrison).

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Introduction

Methadone treatment is a way of dealing with many of the problems you may be experiencing from your use of heroin (or other opiates such as morphine, oxycotin or codeine). You should discuss the drugs you use with the doctor.

It is not a cure for heroin addiction. But going on methadone takes the pressure off maintaining a habit, giving you time to think, to work, to sort things out without worrying about where your next hit is coming from, and to help you cut your connection to the drug scene.

Methadone has been used to treat narcotic addiction for about 30 years, although the way methadone is used has changed a lot in that time. This booklet is about how methadone treatment works today.

There are two types of methadone programs. The most common type is a maintenance (or long term) program, lasting months or years. The goal is to reduce the harm associated with drug use, and to improve the overall quality of life. Methadone treatment can also take the form of a withdrawal (or short term) program, lasting weeks, where methadone is used to ease the discomfort of withdrawing off heroin.

Most people find they do better on a maintenance program, rather than a withdrawal program. The program for you will depend on your particular needs and situation, and this should be discussed with the doctor.

Confidentiality

The information you provide to the doctor which is recorded on intake forms is confidential. Your permission is required before the release of any information that may identify you to a person or agency not involved in your treatment as indicated on the limits of confidentiality form.

Benefits of Methadone Treatment

There are major benefits to be gained by going on methadone, but there are also some issues that you need to consider carefully. Listed are the following:

- When you are on the right dose, methadone treatment will hold you and stop you from physical withdrawal.
- It stabilizes you so that you can lead a normal life.
- It costs much less than supporting a heroin / narcotic abuse habit.
- It helps you lead a healthier lifestyle.
- It reduces your risk of HIV, hepatitis B and C infection.
- It allows you to handle the withdrawal with less discomfort.

- It removes the need for criminal activity or associated inappropriate behaviors.

Issues to consider:

- You are committed to attending daily for your dose.
- Travel or holidays can be difficult and must be organized well in advance.
- You don't get a high from your methadone dose.
- There are side effects.
- You are still addicted to opiates while on methadone.
- Methadone is a strong drug and can be dangerous if used incorrectly.

Methadone is not for everybody. Some people may be better suited to treatment with other drugs. Others prefer residential programs or detoxification. You can find out more about alternatives to methadone treatment by talking to the doctor, counselor, and pharmacist.

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Methadone: The Drug

Methadone is an opioid and therefore can substitute for heroin. However, methadone is unlike heroin in the following ways:

Duration: Methadone is a longer acting drug than most other opiates. One dose of methadone lasts for about 24 hours, allowing for a dose once a day. The effects of methadone are felt within about one hour of a dose, however, the peak effects of the drug are felt 3-8 hours after the dose.

Consumption: Methadone is drunk in water.

The Law: Methadone is legally available on a doctor's prescription, provided the doctor has first obtained a permit from The Texas Department of Health and DEA.

Cost: Community pharmacies or specialist methadone services will charge you a dispensing fee.

Methadone is addictive; when you come off methadone you will experience withdrawal symptoms – although a lot will depend on how you come off methadone. By going on to methadone, you may be breaking your heroin/ narcotic habit, but you will still be addicted to opioids until you are off methadone and drug free. Because methadone is such a long acting drug, the withdrawal symptoms last longer than for heroin withdrawal.

Methadone is prescribed in different doses, according to individual needs. Some people require high doses (above 80 mg), whereas other do well on lower doses (below 40 mg). In general, most people feel more in control by knowing what dose they are on. However, some people find it better not to know (blind dosing), especially when their dose is reduced. Talk to the doctor about whether you want to know what your dose is, and the advantages and disadvantages of this. Remember your agreement is needed for the general timing and planned rate of withdrawal from methadone.

Side effects of methadone

Many people on methadone will experience some unwanted symptoms during their treatment period. There are generally caused by either the dose of methadone being too low, too high, or due to other side effects of the drug.

- Symptoms of the methadone dose being **too low** are those of opiate withdrawal: runny nose, abdominal cramps, nausea, vomiting, diarrhea, back and joint ache, sweating, irritable moods.
- Symptoms of **too high** a dose of methadone are drowsiness, nodding off, nausea and vomiting, shallow breathing, pinpoint pupils, lowered blood pressure, dizziness.

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Does methadone cause side effects?

Once your dose is stabilized, methadone is usually a very well tolerated medication. Most people experience few, if any side effects. Some may feel some of the following symptoms at some time. While this may be distressing, these symptoms are rarely dangerous, and most diminish with time. Please let your physician or pharmacist know if any of these symptoms are bothering you:

- **Sweating.** This can be due to the methadone itself, or the result of a dose that is too low or too high.
- **Constipation.** Try increasing bran in your diet. Exercise and fluids may also help.
- **Sexual Difficulties.** Some people have reduced desire, while other show an increased desire associated with a better life.
- **Sleepiness or drowsiness.** This is common and may be caused by too much methadone. You should be assessed by your doctor to have your dose adjusted if needed. Don't drive a car or participate in activities, which require you to be alert while this is a problem.
- **Weight change.** People sometimes put on weight, but this may occur because they are eating more and are healthier.
- **Changes in periods (menstruation).** Many women have irregular periods when they use heroin or other opiates. For some women, their menstrual cycle returns to normal during methadone treatment, whereas others continue to have irregular periods while on methadone. When starting a methadone program, it is important to think about contraception, as you may start having periods again, and be at risk of getting pregnant.

In the long term, methadone does not appear to produce any significant health problems. Side effects should all go away once you are off methadone.

Interactions with other drugs

It is hazardous to mix methadone with other drugs without medical supervision. Unconsciousness and death can result.

Everyone differs in their tolerance and reaction to drugs. People know what their tolerance usually is, but it can be difficult to judge when using different drugs at the same time. The effects of using several drugs while on methadone can be dangerously unpredictable.

Several things can go wrong if you continue to use drugs that your doctor doesn't know about (and this includes alcohol), especially early on in your program.

- Methadone, in some ways, works differently to most other drugs, so remember the following points:
 - You may not feel the effects of methadone until 6 to 10 hours after you dose. Don't use other drugs a few hours after your dose because you assume that the methadone isn't working. The methadone may start to take effect and you could end up overdosing.
 - Methadone builds up in your system over the first few days; so don't use other drugs assuming that the methadone will have the same effect today as it had yesterday.
 - If you continue to use heroin, you are just creating a larger overall opiate habit, so that your methadone won't hold you on its own.
- Methadone is an opioid, and like other opioids, it can be dangerous if you have too much, or if you mix it with other drugs (such as alcohol, sleeping pills or tranquilizers – for example, Valium, Ryhynol, Serepax). The effects of mixing certain drugs with methadone are described.

Alcohol

- Drinking large amounts of alcohol over a short period can make you drowsy and affect your ability to drive. Alcohol adds to the effect of methadone and increases the risk of overdose, especially when also mixed with sedatives.
- Drinking significant amounts of alcohol continuously over days and weeks can also shorten the duration of methadone's effect, causing you to experience withdrawal symptoms before your next dose.

Sedatives

Combined with methadone, the following sedatives can cause drowsiness and in some cases, unconsciousness, and overdose. They should not be taken while you are on methadone without your treating doctor's approval.

Benzodiazepines

These are commonly prescribed tranquilizers and sleeping pills, such as Serepas, Valium, Mogadon, Normison, Euhypnos, Ativan, Hypnodorm, etc. Also the anti-epileptic drug Rivotril.

Barbiturates

These are prescribed sedatives marketed under names like Amytal, Neru-Amyl, etc.

Opioids

- **Heroin:** Heroin and methadone are both opioids and when used together can dangerously increase the risk of overdose. This is especially true if you're trying to get the same effect as you usually do from heroin alone.
- **Morphine, Pethidine, Palfium, Oxycodone, Codeine:** These are opioids, like heroin and methadone. Using these while on methadone is dangerous, because they increase the risk of overdose.
- **Physeptone Tablets:** Methadone itself may be used as a strong painkiller and is marketed under the name Physeptone. These should not be taken while you are on a methadone program.

Dextropoxyhene

This is a prescribed analgesic or painkiller. In large doses or when taken with other central nervous system depressants such as alcohol, sedatives and opioids (including methadone), it can cause drowsiness, unconsciousness, breathing difficulties and overdose. It is marketed under the names Doloxene, Digesic, Paradex and Capadex.

Phenytoin

This is prescribed anti-convulsant commonly used for epilepsy and is marketed under the name of Dilantin. Phenytoin will diminish the effect of methadone and may cause you to experience withdrawal. Talk it over with your doctor.

In general, if you are taking any drugs, don't hesitate to discuss any interactions these may have with methadone with your doctor and medical professional/staff member to see another doctor, dentist or pharmacist, or are going to hospital, tell them that you are on methadone.

Driving

Methadone increases the effects of alcohol and can cause drowsiness. Methadone may therefore affect your ability to drive motor vehicles, operate machinery or to play sport. This is particularly important in the first few weeks of treatment until you are stabilized on a dose, or at times when your dose is being changed. It is best to avoid driving or operating heavy machinery during these times.

Driving under the influence of a drug (legal/illegal) allows the courts to suspend the driving license and fine (or jail) people who operate vehicles under the influence. To such an extent as to be incapable of having proper control of the motor vehicle.

Police are now able to order compulsory blood tests, particularly if you're driving a car, which is involved in an accident, and these tests can cover a range of drugs including opioids (and methadone). Refusing a breath test or blood test increases the amount of time a license is suspended.

Car insurance policies often make specific mention of accidents while under the influence of alcohol or drugs. Accident claims may be refused if the company believes your driving was affected at the time of the accident. This should not be a problem if you are on a stable dose of methadone. If the car you are driving is insured, read the insurance policy carefully.

CHAPTER 2

Garland Treatment Center

The Methadone Program

Professional Treatment Team

An opiate treatment program can deliver methadone treatment or by a general practitioner (GP). In general, the GP-based programs require access to a local community pharmacy (chemist) which is open seven days a week, to provide your daily dose. Note that community pharmacies and treatment programs will charge you a dispensing fee.

Your treatment team includes a doctor, a counselor and a dispenser.

- Your doctor is generally responsible for your treatment and prescribes your methadone.
- Your counselor is available for you to talk over your problems, goals and anything else that are important to you.
- Your dispenser local community pharmacist/nurse/designated staff member makes up your dose and gives it to you everyday. They are often prepared to discuss any problems with you.

In general, opiate treatment programs accept clients referred from GP's.

Beginning treatment

First, you need to make contact with a treatment program or general practitioner (GP) providing methadone treatment. For GP programs, you will probably also have to approach a local pharmacy, which is open seven days a week.

On your first visit, your doctor/designated medical professional will assess you by performing a physical exam, getting your history, taking urine and blood samples and filling out intake forms.

It is important to be as straightforward as you can about drugs you've been using, how often, how much and how you are feeling. Everybody is different, so your doctor needs to know about your situation and your body in order to better judge your particular needs. If you are not sure about going on to methadone, ask about other treatment options.

It takes a few hours before you can get your first dose of methadone. GP's must get an official permit to prescribe methadone for you, and send a prescription and photo to the pharmacy, before you can get your first dose. A courier service can speed this up, but it costs more. In some cases, GP's may have to wait for the results of blood tests before starting you on methadone, which may take a few days.

The treatment program physician will start you on a dose of methadone, based on what you have been using and your general physical health. Because methadone can be dangerous if given in too high a dose, (see “Side effects of Methadone” and “Overdose Warning”) the starting dose is always low for safety reasons.

Methadone is a long acting drug, and it takes a few days before it builds up in your system. The first one or two doses usually don’t have their full effect, it often takes several days before the dose you start on reaches a stable level in your body and starts to work fully.

The dose usually has to be adjusted in the first few weeks of treatment so that you are not using opiates and so that you aren’t being overdosed. It may take up to several weeks to feel comfortable on methadone. This starting up period is crucial, as your body gets use to being on methadone. Your doctor’s job is to find the right dose for you, a dose that holds you for 24 hours and reduces the urge to use opiates. Getting the dose right depends on you regularly telling your doctor how you are feeling and whether you have been using other drugs (or alcohol and pills).

During this time, symptoms may develop which may be caused by:

- Not enough methadone (opiate withdrawal)
- Too much methadone
- Effects of other drugs
- Unrelated health problems.

During the starting up phase of treatment you should consult with the doctor/medical staff the first week you should consult staff several times and frequently during the first few weeks, telling them how you are doing. If you don’t feel comfortable on you dose, or are worried about things, raise these issues with your doctor. They should tell you what in particular to look for over this period, what’s normal and what’s not.

Several things an go wrong if you continue to use drugs that your doctor doesn’t know about (and this includes alcohol), especially early on in your program. It is important that you avoid using other drugs. See the section on Interactions with other drugs.

The routine

Methadone treatment commits you to a routine of daily attendance at a pharmacy or treatment program to have your dose.

You will been seen regularly, and urine tests will be taken. This testing shows up any opioids you may have been taking, including methadone, as well as other drugs.

You can also see your counselor regularly, although this is optional. After 90 days, take home doses will be issued only if counseling is attended.

If you are on a program and not attending counseling, you can ask for an outside referral for therapy.

Pregnancy

Using opiates while pregnant often causes harm to both you as a pregnant mother and to your child. Poor nutrition and poor health, heavy smoking and not turning up for antenatal checkups can also create problems in your pregnancy.

When you use opiates, so does your baby. Sudden periods of withdrawal that often occur when trying to maintain a opiate habit can harm your baby and may cause poor growth, miscarriage or premature labor.

Continuing opiate use during pregnancy causes:

- **Premature labor:** 25 percent of babies are born so early that they need intensive care in hospital.
- **Growth retardation:** 20 percent of babies are underweight.
- **Withdrawal syndrome:** 90 percent of babies suffer withdrawal and 50 percent need special care, usually in a hospital. They also need medication.

Withdrawal in these babies usually begins within 72 hours of birth, but can start up to two weeks after birth. The symptoms may last for up to six months but are most severe in the first four weeks. Babies get restless and irritable, cry, suffer tremors, develop problems with sucking and swallowing and can suffer diarrhea and dehydration.

Methadone maintenance is often the best chance of a normal pregnancy and a healthy baby.

This is because:

- The unexpected periods of withdrawal, which are so harmful to your baby, don't happen while you are on a daily dose.
- Your lifestyle becomes more regular, which for many women means better health, better nutrition, and less stress.
- Methadone hasn't been cut with anything.

Mothers on methadone maintenance are stabilized on a dose during pregnancy and this continues after the birth. Babies born to mothers maintained on methadone during pregnancy also commonly have withdrawal symptoms, which often need to be treated in hospital. But overall methadone causes fewer problems during pregnancy than heroin.

Frequent checkups with your doctor or nurse during your pregnancy can help you to take care of both yourself and your baby.

Withdrawing completely from heroin during pregnancy carries a risk of premature labor or fetal distress. It is important that you try to avoid withdrawing from methadone during the pregnancy, but delay withdrawal until at least three months after your baby is born. You should stay on whatever dose of methadone keeps you comfortable and reduces your heroin use.

Breastfeeding of newborn babies is encouraged, as very little methadone is passed through the breast milk. The long-term effect on children of methadone maintained mothers appears to be unnoticeable, as most studies show that the mental and physical performance of such children is within the normal range.

If you are pregnant you will be given priority for methadone treatment if you are assessed as suitable. Also, if your partner is using heroin, consider going on the methadone program together as it's harder to stop if there is heroin use still going on around you.

HIV/AIDS and Hepatitis

HIV virus (which causes AIDS) and the Hepatitis B and C virus (which cause liver diseases) are often passed from person to person through sharing needles and other injecting equipment.

Going on a methadone program allows you more easily avoid sharing needles, and therefore improves your chances of avoiding these infections.

Sharing needles is one way of passing on the HIV or hepatitis viruses, but these viruses can also be passed on by unprotected sex. Like everyone else, you also need to practice "safe sex" to reduce the risk of getting AIDS or hepatitis. This includes always using condoms.

HIV testing and hepatitis B and C testing are not a precondition of methadone treatment. Testing is voluntary – a referral upon request will be made with appropriate counseling. If you decide not to be tested, this won't affect whether you get on to methadone or not.

If you are opiate dependent and HIV positive, you will be eligible for priority access to a methadone program if this is the best form of treatment for you. Recent evidence suggests that methadone treatment can lead to improve immune response and generally better health for HIV positive heroin users.

If you are hepatitis C positive, methadone will also improve your health. You are likely to be using fewer street drugs, have a better diet, have more rest and be less stressed out in general. All these factors probably help to lessen hepatitis C related illness.

Holidays, Travel and Take-outs

Early on in your program you have to attend the pharmacy or clinic every day for your dose of methadone. With time, it may be possible to arrange for take-out doses – being able to take a dose of methadone home with you in advance. They are generally not available in the first three months you are on the program, and your doctor often will need to approve a change in a schedule before they can be issued.

You can go on holidays or travel, but both you and staff need to work out the details in advance, sometimes weeks ahead. It may be possible for your pick-up location to be transferred to a clinic close to where you will be staying. This need requires two to three weeks notice so that courtesy dosing at another location may be set up.

Overseas travel may not always be possible to many countries, and needs a lot of planning.

If you have to go to hospital for an operation or treatment over more than one day, staff will be able to organize for you an ok, to get your dose in hospital.

Take-out doses are dangerous to others. Don't give your dose to others and don't consume doses of unknown strength. If you have a take-out dose, keep it secure.

- If you have a take-out dose, it is extremely important to keep it out of reach of children.
- Store it in a safe place, where they cannot get it. Do not keep it in your refrigerator.
- Children may be attracted to the methadone, thinking it is cordial.
- Children have died from drinking their parent's methadone.

Coming off Methadone

After a while, people start thinking about coming off methadone. There is no set time to do this. Generally speaking, there isn't much point coming off methadone if you are likely to use again. Coming off methadone too soon can undo months or years of achievements. Talk to your doctor or counselor about when to come off methadone and what's involved.

The best way to come off methadone is to slowly reduce your dose over months, according to the dose you are starting from. By slowly dropping your dose, you allow your body to gradually get used to having less methadone in your system. This requires some planning and regular visits with staff. If you find that you are not coping with the drop in dose, pull up or slow down the rate of reductions for a while and let your body have a rest. This way, most people find that they can get off methadone fairly easily and avoid getting back into using narcotics.

While you are on a methadone program you are still addicted to opiates, so you can expect to go through withdrawal symptoms when you come off methadone. Symptoms are the same as when coming off heroin or other opiates:

- Runny nose, yawning, watery eyes
- Nausea, loss of appetite, sometimes vomiting
- Diarrhea
- Abdominal pain (cramps)
- Muscle tension resulting in headache, back pain and leg cramps
- Joint aches
- Sweating
- Disturbed sleep
- Irritable mood
- Cravings for opiates
- Lack of energy

Withdrawal symptoms are caused by your body trying to get used to not having enough of the drug in your system anymore. The faster your body has to make this change, the more severe the symptoms and the more discomfort you go through.

Suddenly stopping methadone results in major withdrawal symptoms, especially if you are on a dose about 20-30 mg. It is recommended that you do not try this back into using. Too fast a reduction will also result in more severe withdrawal symptoms, and many people find this more difficult to cope with than withdrawal from heroin.

Completing your methadone reduction means you no longer have to pick up a dose, but you can still keep on seeing medical staff or counselor if you want to. Some people find that it's helpful during the post-withdrawal period to keep on seeing medical staff or counselor and many find joining a self-help group provides valuable support.

Discontinued Treatment

You must turn up for your dose each day, keep appointments with your clinic and counselor, and keep to the program rules. Any of the following may result in discontinuation of your treatment.

- Violence or threats to other clients or staff
- Drug dealing around the program
- Diversion – for example, selling your dose or giving it to others
- Missing doses (If you miss three doses in a row, you will not receive further methadone without reassessment by your treating doctor)
- Missing doctor's appointments repeatedly
- Not paying your methadone dispensing fees.

Difficulties and Complaints

If you are having difficulty with any aspect of your treatment, you should talk it over with the doctor or treatment team. If this doesn't work, contact COA for grievance issues that arise, for people on pharmacotherapy program, such as methadone, buprenorphine, or Naltrexone. It provides confidential assistance for people experiencing problems with their program.

You can also contact SAMHSA to talk the problem through with you and, if appropriate, help you to arrange to transfer your treatment to another program, pharmacist or counselor.

If you have significant complaint, you can contact the Texas Department of State Health Services.

Garland Treatment Center

Overdose Warning

Methadone overdose (toxic effects due to excessive dose)

The risk of methadone overdose increases if you mix methadone with other drugs or alcohol.

Accidental opiate overdose (also known as toxicity or over dosage) can occur not only from having more opioids' in your system than your body can handle, but also from more opioids in your system than your body can handle, but also from the effects of taking different drugs at the same time. Heroin overdose is usually caused by lack of tolerance, too high a dose, or mixing heroin with other drugs. The same thing can happen with methadone. The effects of different opioids add together in terms of the risk of serious toxicity. The main risk of opioids overdose is respiratory failure.

Drugs that slow down the nervous system (such as alcohol, sedatives and tranquilizers, opioids and other pain killers) can all combine their effects when taken with methadone and add to the risk of overdose, causing drowsiness, coma, respiratory failure, and ultimately, death.

The risk of serious toxicity also increases when you have liver or kidney disease, such as hepatitis, because drugs are cleared from your blood at a slower rate than normal.

Symptoms of too high a dose of methadone and toxicity vary between individuals, but include:

- Slow or slurred speech
- Slowed movements
- Unsteady walking
- Poor balance, dizziness, drowsiness and nodding off
- Nausea and vomiting

With severe toxicity, a person has:

- Shallow breathing
- Becomes semiconscious or unconscious
- Is unrousable
- Makes snoring or gurgling noises
- Has pinpoint pupils

This is a medical emergency, and you should tell your family and friends about this so they can recognize serious toxicity if it happens, and call an ambulance immediately. It is dangerous in this situation to leave someone to "sleep it off."

* Opioids are drugs made from the opium poppy (opiates such as heroin, morphine and codeine) and synthetic drugs with a similar action (methadone, pethidine, oxycodone).

Oral methadone can be slow to reach its full effect, usually 3 to 8 hours after the dose, sometimes after the person has gone to bed and is asleep. This contrasts with the rapid onset of effect experienced with other opioids, particularly when they are injected.

If a drug user or methadone patient becomes unconscious (unrousable, making snoring or gurgling noises), call an ambulance immediately and apply mouth-to-mouth (expired air) resuscitation. Courses on this are available from America Red Cross.

The effects of methadone or heroin overdose can usually be reversed with a simple injection of naloxone (Narcan), so it is important to call an ambulance or get them to a hospital immediately. Doctor, nurses and ambulance officers need to know what drugs the overdosed person has taken. (Including methadone)

Overdose warning

There is a danger of overdose and death if other drugs, which decrease or sedate brain activity, are taken in unsupervised quantities with methadone.

A number of people have died while on methadone program because of the combined toxicity of methadone and other drugs. The drugs to avoid are:

- Alcohol
- Tranquilizers (Rohypnol, Serepax, Valium, Mogadon, Nomison, Euhypnos and others)
- Barbiturates
- Analgesics such as Digesic or Doloxene
- Heroin
- Mixtures of any of these

You doctor may prescribe some sedating drugs to relieve unpleasant symptoms, but it is important that you take them only if the quantities specified. Higher doses and uncontrolled combinations of drugs and alcohol with methadone cause several deaths each year in U.S.

Mixing drugs and alcohol with Methadone is dangerous!

Overdose Symptoms

Overdose usually involves other drugs used by a patient who is taking methadone. Other drugs commonly involved in overdose include sedating medications (prescription tranquilizer tablets and sleeping pills), alcohol and heroin.

The risk of overdose is highest in the first week of methadone treatment.

If you experience the overdose symptoms described here, don't take another dose of methadone until you have discussed it with your doctor/medical staff.

Symptoms vary from person to person, and may include one or more of the following:

Stage one: talk with a doctor or medical staff without delay

- Slurred speech
- Unsteady walking and poor balance
- Drowsiness
- Slowed movement, slow eating
- Stupor ("out of it", confused)
- Nodding off for prolonged periods

Stage two: coma – serious medical emergency

(Call an ambulance immediate and never leave the person to "sleep it off". Give mouth-to-mouth resuscitation (CPR) if the person is not breathing properly.

- Unrousable, unresponsive, can't be woken
- Snoring, gurgling or spluttering when breathing
- Slow or shallow breathing, or not breathing
- Floppy limbs and neck
- Blue lips and fingers
- Clammy skin
- Eyes rolling back

Garland Treatment Center

Other Drug Treatments

A number of new drugs to treat addiction to heroin and other opioids have become available in the last two years. No single drug suits every person. There are different benefits and disadvantages to each. They also have different side-effect profiles that may be important for some people.

Buprenorphine has advantages for some people, and in many cases requires supervised dosing less frequently than methadone.

Naltrexone requires the person to withdraw from opioids such as heroin, then blocks the effect of these drugs if taken. Use of this drug is based on complete abstinence from opioids drug use. There may be more risk of overdose if it is stopped.

Lofexidine is useful when the opiate habit is small (1/4 gm or less of heroin) and short lived.

Transferring between methadone and these other drugs can be complicated and requires particular care to prevent adverse effects. You can change to or from methadone and these drugs, but your doctor must carefully manage this.

You should discuss your options and suitability for different medical treatments with your doctor and medical staff. You can review your choice at any time during treatment, particularly if problems arise with drug you are receiving.

CHAPTER 3

Garland Treatment Center

Contacts

Some further sources of information and advice are:

Poison Control Center
Phone: 1-800-222-1222
<https://www.poison.org/>

A 24-hour service providing information on the effects of drugs, with first aid advice in case of poisoning. *Call 911 right away if the individual collapses, has a seizure, has trouble breathing, or can't be awakened.*

CONTACT Crisis Line
Phone: (972) 233-2233
www.contactdallas.org/

Help line service includes crisis, prevention and intervention, telephone-based problem resolution, information and referrals, and emergency aid requests processing. The services are free and available 24 hours a day, 7 days a week, 365 days a year. Calls are confidential, with some exceptions required by law.

Prism Health North Texas
Oak Cliff Clinic: 219 Sunset Ave, Suite 116A, Dallas, TX 75208
Phone: 972-807-7370
South Dallas Clinic: 4922 Spring Ave, Dallas, TX 75210
Phone: 214-421-7848
www.prismhealthntx.org/

Advancing the health of North Texas through education, research, prevention, and personalized integrated HIV care.

Counseling Institute of Texas, Inc
3200 Southern Drive, Suite 100
Garland, TX 75043
Phone: (972) 271-4300
<https://citexas.org/>

Counseling Institute of Texas provides individual, marital and or family, adolescent issues, divorce, blended families, school truancy, and drop-out prevention, physician and sexual abuse, depression, suicide, anger management and a variety of other issues.

Narcotics Anonymous

Dallas, TX

Phone: 1-888-NA WORKS or in Spanish 1-888-600-6229

www.dallasareana.org

Narcotics Anonymous is a fellowship of men and women who are helping each other to stay drug-free. NA provides over 40-weekly self-help meetings throughout the Dallas metropolitan area.

Tenison Women's Health Center

5505 Broadway Blvd, Suite B

Garland, TX 75043

Phone: (214) 703-6527

<https://www.tenisonwomenshealthcenterinc.com>

Tenison Women's Health Center is affordable care for women who are uninsured, underinsured or have low income. They provide well-woman exams, prenatal care, OB sonograms, birth control, STI screen and treatments (men and women), menopause treatment, HRT (hormone replacement therapy), diabetes and cholesterol screen and more.

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Section 1-a

Organizational Leadership & Responsibility

The governance authority (director of GTC) upholds the following mission statement.

“Garland Treatment Center, Inc. provides Medically Assisted Treatment and mental health services. Our recovery programs are client-centered, self-determined, and responsibility-based programs. An individual’s choices, resulting outcomes, and lifestyle changes prepare the individual for sobriety. Opportunity is available through medical services, counseling assistance, stabilization, rapport building and family support that makes this gradual process possible.”

GTC considers a mutual trusting relationship, a relaxed environment, respectful people and genuine care as **core values**. It is the desire of this organization to offer opportunity to individuals that choose to recover. Promoting autonomy in the process of change allows the person served to regain power for effective living. Education and information covering pertinent issues of concern are provided through out treatment.

Counseling **programs** provide each individual with an opportunity to include a family member, spouse, or a significant other in the recovery process. Appropriate authorization will be required in writing to have another individual attend a session. Counseling may be scheduled as often as one time per week (more during detox with MSW). Group counseling is also provided with enough interested individuals that will attend.

Appointment for counseling may be set after pharmacy hours providing the counselor has an opening at a time convenient to the person served. Periodic

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assessments will be done to follow an individual's progress in therapy as well as the effectiveness of the approach. Input from the person served in the form of a survey will also be done on a regular basis to determine areas of potential improvement. A suggestion box is located on the front table for all forms of feedback. The responses will be used for program development, evaluation and monitoring of existing programs. Cognitive / Behavioral assessment forms are available for family members that wish to give feedback on the progress of the person served.

Cultural Competence at GTC is expressed through an understanding of the particular population being served. Considerations to exhibit this effort will be done through staff members that are representative of the persons served. Furthermore, recovery materials needed in another language will be provided upon request. If the materials are not available, another avenue will be sought to assist in recognizing the individuals predominant language. Office surroundings include pictorial evidence of GTC's desire to honor all ethnic and cultural backgrounds. Multicultural training to all direct staff will be provided.

**Garland Treatment Center
Suggestion / Complaint Form**



Suggestion / Complaint: _____

How to resolve issue / complaint: _____

Initials and Date Submitted: _____

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Section 1-b

Business Practice and Ethics

Garland Treatment Center is committed to **corporate compliance** with all regulatory agencies. The governance authority is responsible for monitoring and reporting matters associated with corporate compliance. The process includes case file reviews, daily documentation of collections, dispensation logs with computer backup, regular strategic plans for program improvement, as well as documentation for each of these procedures.

Garland Treatment Center's **code of ethics** or **Code of Conduct / Ethical Practices** will be used as a guide to govern business and clinical conduct. The following topics are addressed in the summary: personal/professional conduct, business / marketing / clinical practices, conflicts of interest, quality / necessity of care, coding / billing / accounting, personal and confidential information, etc. A copy of the document is enclosed.

Garland Treatment Center
Code of Conduct / Ethical Practices
Section 1-b

I. Policy

It is the policy of Garland Treatment Center that all full and part-time employees, contractors, students, volunteers (collectively referred to as "staff"), and the governing authority are expected to perform the designated functions in a manner that reflects the highest standards of ethical behavior. The ethical standards contained in this policy shape the culture and norms of Garland Treatment Center administrative operations and clinical practices, and both staff and members of the governing authority will be held fully accountable to these standards. In addition to the specific guidelines contained in the policy, professionals are expected to follow the ethical standards required by their specific licensing and certification boards. The Code of Conduct policy is to ensure that all employees' actions reflect a competent, respectful, and professional approach when serving our consumers, their families and/or representatives, working with other providers of services, and interacting within the communities we serve. It is expected that staff and members of the governing authority will perform their duties in compliance with all federal, state, and local guidelines within the Code of Conduct Policy can lead to disciplinary actions, including termination of employment.

II. Procedures

A. Professional conduct:

- (1) Staff will respect the rights of our consumers by demonstrating full integration of the guidelines contained in the Rights and Responsibility Policy. This includes the right of the consumer to make autonomous decisions and fully participate in every aspect of the service delivery process.
- (2) Garland Treatment Center employees will provide services in a manner that fully respects the confidentiality of consumers, by demonstrating a functional knowledge of confidentiality policies and guidelines.
- (3) Garland Treatment Center employees will be fair and honest in their work. They will not exploit or mislead, and will be faithful to their contractual obligations and their word.
- (4) To prevent and avoid unethical conduct, Garland Treatment Center employees will consult with, refer to, and cooperate with other professionals.
- (5) Garland Treatment Center employees will clarify their professional roles and obligations and be accountable for upholding professional standards of practice.

B. Personal/Professional conduct:

- (1) All prior personal relationships between staff and persons entering the organizations programs shall be disclosed by the staff member and subject to review by the appropriate supervisor.
- (2) Staff will limit relationships with persons served to their defined professional roles.
- (3) Staff will not establish ongoing personal or business relationships with consumers receiving services.
- (4) Staff will conduct themselves in a professional, ethical, and moral manner.
- (5) Sexual relationships between staff and people serviced are never appropriate. Sexual relationships include, but are not limited to the following: engaging in a any type of sexual activity, flirting, advances and/or propositions of a sexual nature,

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Code of Conduct / Ethical Practices

- (6) Staff will not accept gifts of value from a consumer, family member, or stakeholder, and cannot accept personal favors or benefits that may reasonably be construed as influencing their conduct.
- C. Business practices:
- (1) Garland Treatment Center will utilize the Corporate Compliance Officer to assure that it conducts business in an ethical manner and assure that any business practices that are questionable are thoroughly investigated through the Governing Authority and the ethical investigation procedures that follow in this policy.
 - (2) All financial, purchasing, personnel, facility development and information technology practices shall comply with local, state, and federal law and guidelines.
 - (3) All employees shall adhere to Garland Treatment Center Human Resource Policies and Procedures contained in the (Employee Handbook, etc.)
- D. Marketing Practices:
- (1) Garland Treatment Center will conduct marketing practices in an honest and factual manner. Marketing materials and practices will in no way mislead the public or misrepresent Garland Treatment Center's abilities to provide services. Garland Treatment Center will not claim any service outcomes unless represented by valid and reliable outcome data and/or research studies.
 - (2) Garland Treatment Center will utilize clear and consistent methods of communicating information to consumers, family members, third-party entities, referral sources, funding sources, and community members, and will exhibit sensitivity to the educational and reading levels of all persons when distributing information.
- E. Clinical Practices:
- (1) Staff will adhere to all professional codes of conduct and ethical standards for his/her specified professional discipline.
 - (2) As part of new employee orientation, staff will be required to read the organization's Code of Conduct and demonstrate knowledge of the guidelines.
- F. Potential Conflicts of Interest:
- (1) No consumer will be hired or placed in an employee relationship with Garland Treatment Center while an active participant in Garland Treatment Center programming.
 - (2) Garland Treatment Center employees will not engage in outside professional mental health services that are incompatible or in conflict with job duties within the organization.
 - (3) Private practice must be done on the staff's own time and outside the organization, as long as such activities are not adverse to the interests and goals of Garland Treatment Center and have met the organization's guidelines on conducting a private practice.
 - (4) Staff will not recruit clients for their private practice within their professional roles as Garland Treatment Center staff members.
 - (5) If an employee leaves Garland Treatment Center and enters private practice, the consumer may choose to continue their therapy with the former employee.

Garland Treatment Center
Code of Conduct / Ethical Practices

However, the therapy must be offered at the same cost with equal accessibility to therapy.

- (6) No staff shall engage in any other employment or activity on the organization's premises or to an extent that affects, or is likely to affect, his or her usefulness as an employee of the organization.

G. Quality of Care:

- (1) Garland Treatment Center will provide quality behavioral health care in a manner that is appropriate, determined to be necessary, efficient, and effective.
- (2) Necessary services will be provided independent of payment source.
- (3) Health care professionals will follow current ethical standards regarding communication with consumers and their representatives regarding services provided.
- (4) Garland Treatment Center will inform consumers about alternatives and risks associated with the care they are seeking and obtain informed consent prior to any clinical interventions.
- (5) Garland Treatment Center recognizes the right of consumers to make choices about their own care, including the right to do without recommended care or to refuse care.

H. Necessity of Care:

- (1) Garland Treatment Center shall submit claims for payment to governmental private or individual payers for those services or items that are clinically necessary and appropriate.
- (2) When providing services, Garland Treatment Center employees shall only provide those services that are consistent with generally accepted standards for treatment and are determined by the professional to be clinically necessary and appropriate.
- (3) Service providers may determine that services are clinically necessary or appropriate; however, the consumers funding source may not cover or approve those services. In such a case, the consumer may request the submission of a claim for the services to protect his/her rights with respect to those services or to determine the extent of coverage provided by the payer.
- (4) Coding and documentation will be consistent with the standards and practices defined by the organization in its policy, procedures, and guidelines.

I. Coding, Billing and Accounting

- (1) Garland Treatment Center employees involved in coding, billing, documentation and accounting for consumer care services for the purpose of governmental, private or individual payers must comply with all applicable state and federal regulations and organizational policies and procedures.
- (2) Garland Treatment Center will bill for services rendered and shall seek the amount to which it is entitled.
- (3) Supporting clinical documentation must be prepared for all services rendered. If the appropriate and required documentation has not been provided, then the service has not been rendered.
- (4) All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable regulations, laws, contracts and

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Code of Conduct / Ethical Practices

- (3) Vendors who contract to provide goods and services to the organization will be selected on the basis of quality, cost-effectiveness and appropriateness for the identified task or need, in accordance with organization policy.

R. Treatment of employees:

- (1) Garland Treatment Center prohibits discrimination in any work related decision on the basis of race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. The organization is committed to providing equal employment opportunity in a work environment where each employee is treated with fairness, dignity, and respect.
- (2) Garland Treatment Center will make reasonable Accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities. If an individual requires accommodations or needs assistance, he/she should contact the organization's governance authority.
- (3) Garland Treatment Center does not tolerate harassment or discrimination by anyone based on the diverse characteristics or cultural backgrounds of those who work for the organization pursuant to the organization's affirmative action policy.
- (4) Any form of sexual harassment is prohibited.
- (5) Any form of workplace violence is prohibited.

S. Code of Conduct procedures:

- (1) All employees, students, volunteers and governing authority members, as part of the organization's initial orientation, will review the Code of Conduct, including the procedures for investigation and acting on conduct violations.
- (2) All staff will receive a copy of the Code of Conduct, sign a form acknowledging their review and full understanding of the code, and return the form to be filed in the employee's personnel file. Stakeholders will receive a copy of the Code of Conduct upon request.
- (3) To assure an awareness of ethical practices, reviews of the Code of Conduct and continued training will be conducted on an annual basis.

T. Procedures for Investigating and Action on Violations of the Code of Conduct:

- (1) When any customer, family member, authorized representative, advocate of other person believes that an ethical violation has occurred within the operations of the organization, they may report such suspicion directly to any supervisor, program director, or management staff.
- (2) When employees believe that an ethical violation of the Code of Conduct has occurred, they are required to report any suspected violation to their immediate supervisor. If the possible violation in question involves their direct supervisor's behavior, they are required to report the suspected violation to the governance authority, e.g., Executive director, CEO)
- (3) Staff is required to report any suspected violation of the Code of Conduct; however, they are not required to investigate or know for certain that a violation has occurred. Staff has the responsibility to contact their direct supervisor immediately and discuss the situation.

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Information Management

Garland Treatment Center has an organized **system of information processing** that assists in timely input of information from clients and provision of information to clients. Informed decision making, assessment of technology needs, evaluation / outcomes of services, staff assistance, as well as safeguards to sharing confidential information are the intended results of the system. Some of the limitations to **sharing confidential information** is indicated.

Limits of Confidentiality

The contents of a counseling, intake, or assessment session are considered to be confidential. Both verbal information and written records about a client can not be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of this clinic not to release any information about a client without a signed release of information. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

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In the Event of a Client's Death

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records upon court order.

Professional Misconduct

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Court Orders

Health care professionals are required to release records of clients when a court order has been placed. Any illegal behaviors acted out / identified on the premises of GTC will be reported and appropriate action taken.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Other Provisions

When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, time frame, and the name of the clinic.

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

In some cases notes and reports are dictated/typed within the clinic or by outside sources specializing (and held accountable) for such procedures.

When couples, groups, or families are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. This information includes (a) testing results, (b) information given to the mental health professional not in the presence of the other person(s) utilizing services, (c) information received from other sources about the client, (d) diagnosis, (e) treatment plan, (f) individual reports/summaries, and (h) information that has been requested to be separate. The material disclosed in conjoint family or couples sessions, in which

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each party discloses such information in each other's presence, is kept in each file in the form of case notes.

In the event in which the clinic or mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please list where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say the name of the clinic or the nature of the call, but rather the mental health professional's first name only.

If this information is not provided to us (below), we will adhere to the following procedure when making phone calls: First we will ask to speak to the client (or person served) without identifying the name of the clinic. If the person answering the phone asks for more identifying information we will say that it is a personal call. We will not identify the clinic (to protect confidentiality). If we reach an answering machine or voice mail we will follow the same guidelines.

PLEASE CHECK PLACES IN WHICH YOU MAY BE REACHED BY PHONE. Include phone numbers and how you would like us to identify ourselves when phoning you.

<input type="checkbox"/> HOME	_____ Phone number	_____ How should we identify ourselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No May we say the clinic name?
<input type="checkbox"/> WORK	_____ Phone number	_____ How should we identify ourselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No May we say the clinic name?
<input type="checkbox"/> OTHER	_____ Phone number	_____ How should we identify ourselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No May we say the clinic name?

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client's Name (please print)	Client's (or Guardian's) Signature	Date
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Securing Records:

The **records** of the persons served as well as confidential administrative records are kept in a **locked file cabinet**. To ensure that only authorized personnel have access to the locked files, the space will be kept closed off during business hours. A security screen covers the front desk computer to ensure confidential information is kept secure. When **electronically generated** documents are sent, codes will be used for identification when possible. If an individual's information is faxed or

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e-mailed authorization to do so will be obtained. Any **HIPAA** guidelines that apply will be honored. Metal file cabinets are used to encase the records of persons served as a means of reasonable protection from damage. A back-up drive is used on the main computer to copy pertinent records on a regular basis. A disk of client information will be kept with the governance authority as an emergency resource. Records will be kept for seven years. If they are to be destroyed each document will be shredded. When made aware of a legal process, the destruction of the record will be stopped. If the documents were destroyed prior to the process, every effort will be made to assist in recovery of information.

Accessibility, Health, Safety & Transportation:

Accessibility for treatment will be determined by the following criteria. The person to be serviced will be eighteen years of age or older, be able to pay the admission fees, meet the DSM V indicators of opiate dependency; complete a physical exam, provide a state approved picture identification or birth certificate (an expired license will be acceptable if TDH is advised of the reason), collection of a urine screen; be willing to take full responsibility for any outcome that may occur in mixing other drugs (legal or illegal) with Methadone, complete a comprehensive intake assessment processes for treatment planning, and obtains admission approval by the supervising physician. A person may be refused services if the safety of the individual and or persons currently served may be hindered. An

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Individual seeking entrance will be given a written response for refusal upon request. Any barrier that prevents a person from receiving services, which may include but are not limited to: attitude, constructional, environmental, financial, employment, communication, and or transportation may be addressed in the form of a referral, grievance, and or adjustment by the agency. A **decision to provide service** is based on what will serve all interested parties most effectively. Assistance with resolution will be made in a timely fashion so that the person to be served may be appropriately placed.

Handicapped individuals will be provided access and accommodations that are reasonable and comfortable. Disabled individuals will be given opportunity for resource information to assist in further development. GTC and or its **staff** members **will not provide transportation** for any person served for any reason.

Health and Safety:

Garland Treatment Center promotes **health and safety through regular maintenance** checks. Potential **hazards identified** are readily rectified and or minimized to prevent harm to staff and or persons served. Worked compensation is paid in an effort to protect employees from on the job incidents. Professional liability is recommended to each professional as a means of licensure protection. The organization is responsible for purchasing professional liability insurance. Appropriate posters and or signs will be temporarily posted in the case of a spill or slick surface. During ice storms, every effort will be made to coat the walkway surface with salt to deter falls. External **inspections** will be done by the fire department as well as a safety

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consultant and report kept on file to meet the requirements indicated. Regular self-inspections will be done quarterly by the director of the organization.

Emergency Preparedness

In the event of a **threat of violence** all of the staff members and persons served will be asked to evacuate the immediate area. Emergency personnel will be contacted (if appropriate) and the potential hazard removed. A panic button is strategically placed for use in such an instance. **Videotape monitoring** assists in identifying threats early on. If avoidance of the situation is not possible, every effort will be made to resolve the hazard with out incident. The safety of all individuals involved is the goal.

In the event of a **fire** the same procedures apply. In a **medical emergency**, life saving measures will be implemented by a trained individual. A call to 911 will be made and emergency contacts made as indicated by the person served. In the case of a **natural disaster**, services will be implemented as reasonably as possible. If dosing is not possible at GTC, emergency arrangements with Anti-Aging and Longevity in Dallas, TX will be made, and emergency courtesy dosing arranged. In the event of a **power failure**, emergency lighting will be set up and each person served individually assisted in the medication process.

Reporting of incidents (deaths, suicide, neglect, abuse and exploitation) will be done in a timely fashion. The appropriate licensing agencies will be notified. Any form of illegal activities, potential **harm to the person serviced or to staff**, will be

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reported to the local legal authorities. An infection control plan is used as a means to prevent and control spreading of communicable diseases through use of universal precautions as indicated by the Center for Disease Control.

Use of **take-home privileges requires locked boxes** for storage. The use of high abuse potential prescription medications will be monitored and prescribing physicians made aware of the individuals involvement with MAT (Medically Assisted Treatment). If an individual refuses to advise their physician any and all negative outcomes will be sol responsibility of the person served. In the event of an unforeseen incident, documentation of the facts will be done. Through analysis any positional causes and trends will be identified. Strategies to reduce risks and debriefing will follow.

The **use of tobacco products** will not be used inside of GTC. Smoking may be done outside of the facility.

CHAPTER 4

Garland Treatment Center Patient Education Infection Control

It is important to all of us that we prevent the spread of infections between persons. Infections can be spread by blood, body fluids, and excretions as well as airborne. A few simple rules that you need to follow to help protect yourself and others are:

1. Report any blood or body fluid spill to staff immediately.
2. Do not share food with others. You should not eat after someone or allow anyone else to eat your food. You should not drink from anyone's cup or can or allow anyone to drink from yours. All partly eaten or handled food or drinks must be discarded. No items are to be left on tables, etc. It is each client's responsibility to do this so that other clients cannot accidentally or intentionally use them.
3. Wash your hands thoroughly after using the toilet, touching wounds, blowing nose, before eating, etc.
4. If you use tissues, dispose of them in wastebaskets. Do not leave them lying around.
5. Do not share makeup with anyone. Skin diseases may easily be spread through this practice.
6. Earrings should not be shared.
7. Each client's urine cups, hand towels, brush/comb, etc. must be discarded or removed after use. They should never be left in the bathroom or on tables where others might pick them up.
8. Check with nurse if you have questions related to sanitary measures.
9. Sanitary pads and Band-Aids should be discarded in the wastebasket in the bathroom in a disposal bag.
10. If you smoke, you are responsible for not puffing on another client's cigarette or letting another client puff on yours.
11. Athlete's foot is spread through direct contact. Do not walk barefoot in the clinic. Wear shoes at all times.

If you have any questions about these rules or if you notice anyone not following the rules, please alert staff immediately.

I _____, have read these rules, and had an opportunity to ask the nurse questions about everything I did not understand. I agree to follow these rules while a client at Garland Treatment Center.

Signed: _____ Date: _____

Witness: _____

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Section 3-a**

Information Analysis

The information analysis **system utilizes information** to scan / assess / respond to environmental needs including: client needs, a client waiting list (when needed), advocate group s like the American Methadone Treatment Association, and program goal verification. The **input obtained** from clients served, fiscal date, therapeutic feedback, human resources and technology will be used to help in corporate decision making. The annual **(PQI) Performance Quality Improvement** plan will examine possible areas of enhancement. An annual **Management Summary** will document the implementation of the improvement plan. All stakeholders will be provided the management summary for review upon request.

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Section 3-b

Outcomes Management

The outcomes management **system includes measurements** when services begin, during the provision of services as deemed appropriate, and at an identified point in time after transition from services. Assessment of services, program goals, as well as a measure of the effectiveness and efficiency of the program will be expressed in a comparative format. The system **includes data from a representative sample** of the persons served as well as those that choose not to complete the program. A post discharge contact will be made by mail. The results of the outcomes management system will be used for program improvement, management decision making, public awareness, and program advocacy.

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Section 3-c

Quality Records Review

A systematic **random review of the records of persons served** will be done on a quarterly basis. A quality review (client record review questionnaire) will be placed in the file as proof of the process. Closed files will be examined in the same fashion and documentation made. The review will address orientation completion, direct involvement by the persons served, a thorough timely assessment, goals and objectives that reflect input from the assessment and the person served, services reflecting chosen goals and objectives, and a updated treatment plan in accord with GTC's policies and procedures. **A qualified individual, and or a consultant will do the review.**

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Section 4-a

General Program Standards

Upon requesting treatment from an MAT (Medically Assisted Treatment) the individual will be presented with a **consent for treatment**. Methadone is an addictive narcotic and harm reduction is the goal of the program. Legal, health, relational, emotional, and community factors are a few of the aspects where harm can be reduced. The individual is encouraged to utilize all services and play an proactive role in the **individual treatment plan**. **Review of client records** may be done with the program sponsor after a written request, and scheduled appointment, for review has been made. Any information in the record that may be considered to be detrimental may be withheld. A **release of information** may be initiated by the person served or requested by the program. Confidential information will not be released without one of the ways listed or indicated on the Limits of Confidentiality form. **The rights and responsibilities** of the person served are posted in the clinic and copy will be issued to each member. All applicable federal and state laws or regulations regarding client rights will be adhered to. A **grievance form** will also be provided with instructions to file a formal complaint. Each client will be asked to directly address staff with concerns in writing before using the formal procedure. A **client handbook** as well as an explanation of clinic guidelines and procedures will be provided online for review at garlandtreatmentcenter.com. Advocate information is available upon request. A **survey form** will periodically be issued to each client so that input may be used for program improvement. The MAT will take measures to **ensure** that **electronic information** that has consumer identifiable information is

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secure and that confidentiality is preserved. Any restrictions placed on the privileges of the person served will be done with direct regard to medical safety, therapeutic concerns, clinic compliance, and sobriety. **Probationary terms** are imposed on individuals that have one positive screen, refusal to submit, failure to attend counseling. Probation does not necessitate a change in schedule. However, if two screens in a 90 day period are positive for illicit drugs or licit drugs for which the individual does not have a prescription a change in take-home doses will be made. Restoration of the take-home schedule will be completed after three consecutive urine screens are positive for appropriately authorized drugs (Methadone and or Rx medication that is not contradictory to the persons recovery process). The purpose of any type of **privilege restriction** is to promote stability, and safe recovery. The **privacy and dignity** of the person served is maintained through individual presentation of concerns or conflicts. A client will be pulled aside and address privately so that others are not aware of the content of the discussion. **Instability supersedes a probationary period** and warrants a reduction in take-outs. At this time, no type of research is conducted at GTC that required scrutiny.

It is the intent of this organization to **uphold the rights of the persons served** by honoring the individual with respect and courtesy. The rights of the person served will set limits for both the organization and the individual. **Confidentiality** is an important part of that process. The person served will be used a **code of ethics** to reaffirm GTC's commitment to this standard.

Information transferred to other organizations, individuals, and or agencies will

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follow the guidelines established on the limits of confidentiality. A copy of these standards are available to each person served. The **release of information form** serves as authorization to provide other entities private information. The form will contain the name of the person represented, content to be released, to whom the information will be released, the date the form expires, choice to revoke authorization after signing, the authorized person's signature and date. **Electronic transmissions** are used through a secure remind system. However, HIPAA guidelines that assist in confidentiality will be used to preserve personal client information as needed. Faxed information may be sent concerning a client (by code) to meet regulatory standards. Any requested information transfer by a client for vocational purposes (job search by internet, or resume by fax) will be done with implied consent of the person served.

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**VIOLATIONS OF THE FOLLOWING POLICIES WILL RESULT IN TERMINATION
FROM GARLAND TREATMENT CENTER.**

1. Attempts to purchase Methadone from another patient.
2. Possession (carrying); of a concealed weapon (knife, gun, brass knuckles, mace, etc...) into the clinic on the premises / or in the parking lot.
3. Drinking of alcoholic beverages on premises or the parking lot.
4. Threats of any type, verbal or physical, to staff or other clients of the Garland Treatment Center - G.T.C.
5. Any unsuitable behavior that could be considered either a misdemeanor or felony by the state of Texas.
6. Loitering in any portion of the retail space other than Suite #102 of 6246 Broadway Garland, TX 75043.
7. Diversion of methadone, in any fashion, will result in termination from the program and the contact of the proper authorities, to initiate legal action.
8. All medication taken out from the clinic must be secured in a locked box, once medication has left medication window; client is responsible.
9. Any client arriving after the normal operating hours, **7a-10a, Monday thru Friday and 7a-9a Saturday. No late dosing.**
10. Any client appearing to be under the influence of alcohol or illegal drugs will be refused medication. The determination will be made by the medical staff on duty.
11. All client's requesting treatment must be appropriately dressed at all times; (shoes, shirt, blouse, etc) **NO EXCEPTIONS.**
12. Personal checks will **NOT** be accepted.

These policies are instituted for the safety of all clients being served; your signature on this document constitutes your oath and also the authority to release information in your records, should violations of these policies occur.

“Garland Treatment Center reserves the right to refuse service to any client or prospective client for any reason and or violation of any of the above policies.”

Client / Date

Witness / Date

Garland Treatment Center

Consent to Treatment with an approved Narcotic Drug

(Provisions of this form may be modified to conform to any applicable State law)

Name of patient	Date
Name of practitioner explaining procedures	
Name of medical director	

I hereby authorize and give voluntary consent to the above name Program medical Director and or any appropriately authorized assistance he or she may select, to administer or prescribe the drug Methadone as an element in the treatment for my dependence on heroin or other narcotic drugs.

The procedures to treat my condition have been explained to me, and I understand that it will involve my taking the prescribed narcotic drug at the schedule determined by the Program Medical Director, and his or her designee, which will help control my dependence on heroin or other narcotic drugs.

It has been explained to me that methadone is a narcotic drug which can be harmful if taken without medical supervision. I further understand that methadone is an addictive medication and may, like other drugs used in medical practice, produce adverse results. The alternative method of treatment, the possible risks involved, and the possibilities of complications have been explained to me, but I still desire to receive methadone due to the risk of my return to heroin or other narcotic drugs.

The goal of narcotic treatment is total rehabilitation of the patient. Eventual withdrawal from the use of all drugs is an appropriate treatment goal. I realize that for some patients narcotic treatment may continue for relatively long periods of time, but that periodic consideration shall be given concerning my complete withdrawal from the use of all narcotic drugs.

I understand that I may withdraw from this treatment program and discontinue the use of the drug at any time, and I shall be afforded detoxification under medical supervision by referral if necessary.

I agree that I shall inform any doctor who may treat me for any medical problem that I am enrolled in narcotic treatment program, since the use of other drugs in conjunction with narcotic drugs prescribed by the treatment program may cause me harm.

I also understand that during the course of treatment, certain conditions may make it necessary to use additional or different procedures than those explained to me. I understand that these alternative procedures shall be used when in the Program Medical Director's professional judgement, it is considered advisable.

Female patients of child bearing age

To the best of my knowledge I _____ am _____ am not pregnant at this time.

Besides the possible risks involved with the long term use of methadone, I further understand that, like heroin and other narcotic drugs, information on its effects on pregnant women on their unborn children is at present inadequate to guarantee that I may not produce significant or serious side effects.

It has been explained to me, and I understand that methadone is transmitted to the unborn child and will cause physical dependence. Thus, if I am pregnant and suddenly stop taking methadone, the unborn child or I may show signs of withdrawal, which may adversely affect my pregnancy or the child. I shall use no other drugs without approval of the Medical Director or his authorized assistant, since these drugs, particularly as they might interact with methadone, may harm me or my unborn child, after birth, of my current or past participation in a narcotic treatment program in order that he or she properly care for my child and me.

It has been explained to me that after the birth of my child I should not nurse the baby, and this may cause physical dependence on methadone in the child. I understand that for a brief period following the birth, the child may show temporary irritability or other ill effects due to my use of methadone. It is essential in a narcotic treatment program so that he or she may provide appropriate medical treatment for the child.

All the above possible effects of methadone have been explained to me, and I understand that at present there have not been enough studies conducted on the long term use of the drug to assure complete safety to my child. With full knowledge of this, I consent to its use and promise to inform the Medical Director or on of his or her assistants immediately if I become pregnant.

I certify that no guarantee or assurance has been made as to the results that may be obtained from narcotic addiction treatment. With full knowledge of the potential benefits and possible risks involved. I consent to narcotic treatment, since I realize that I would other wise continue to be dependent on heroin or other narcotic drugs.

Signature of patient	Date of Birth	Date
Signature of witness		Date

Garland Treatment Center

Payment Contract for Services

Name(s): Garland Treatment Center

Address: 6246 Broadway Blvd., Suite 102 Garland, TX 75043
Address City, ST Zip

Bill to: _____
Name of Person(s) Responsible for Payment of Account

Address: _____
Address City, ST Zip

Federal Truth in Lending Disclosure Statement for Professional Services

Part one Fees for Professional Services

I agree to pay Garland Treatment Center, hereafter referred to as the clinic, rates according to the tier system as follows:
0-120 mg \$80 per week, 125 mg-155 mg \$85 per week 160 mg-190 mg \$90 per week, 195 mg-225 mg \$95 per week, 230 mg + \$100 per week. (For OTP related services).
Fees: \$150.00 charge for Intake. \$30.00 for records fee. \$5.00 for group counseling \$10.00 per dose for stolen or lost medication. \$500.00 / per court visit; Subpoena court representation. \$10.00 for insurance letter.

Part two Clients with Insurance (Deductible and Co-payment Agreement)

This clinic does not work directly with insurance providers. However an insurance letter indicating services provided may be requested.

The Person Responsible for Payment shall make full payment for services each week. Partial billing of a treatment week does not apply. If an individual receives one day of treatment in the 7 day treatment week, they are responsible for the full fee. If an individual is courtesy dosed out of town, half of the weekly fee is paid, providing all of the service week was provided aside from GTC. If services are provided at GTC, in the course of the courtesy dose week the full weekly fee is due. We do not attempt to verify any policy terms with your insurance company.

Your insurance company may not pay for services that they consider to be non-efficacious, not medically or therapeutically necessary, or ineligible (not covered by your policy has expired or is not in effect for you or other people receiving services.) If the insurance company provides for reimbursement it will be made directly to the person served. The person served is responsible for clinic balances regardless of the individual's insurance coverage. The amounts charged for professional services are explained in Part One above.

Part three All clients

Payments, co-payments, and deductible amounts are due at the time of service.

I HEREBY CERTIFY that I have read and agree to the conditions and have received a copy of the Federal Truth in Lending Disclosure Statement for Professional Services.

Signature of Person Responsible for Payment Date

Release of Information Authorization to Third-Party

I (we) authorize Garland Treatment Center to disclose case records (diagnosis, case notes, psychological reports, testing results, or other requested material) to the above listed third-party payer or insurance company for the purpose of receiving payment reimbursement directly to the person served.

I (we) understand that access to this information will be limited to determining insurance benefits, and will be accessible only to persons whose employment is to determine payments and or insurance benefits. I (we) understand that I (we) may revoke this consent at any time by providing written notice; and after one year this consent expires. I (we) have been informed what information will be given, its purpose, and who will receive it. I (we) certify that I (we) have read and agree to the conditions and have received a copy of this form.

This does not apply -- Direct service with insurance companies is not available. Reimbursement letters are.

Signature of Person Responsible for Payment Date

Garland Treatment Center

Patient Rights and Responsibilities Guidelines

Entering an OTP clinic for treatment is a difficult step for both clients and their families. Knowing what to expect can help to reduce anxiety. That is why the Substance Abuse and Mental Health Services Administration has developed these guidelines. The guidelines have been endorsed by the U.S. Dept. of Health and Human Services.

The guidelines outline both the rights you have as a client or family member within the clinic setting and the responsibilities you share in maintaining a safe, therapeutic environment. At the same time, they outline basic approaches you can expect from the clinic. The clinic may also have additional information and guidelines for the program to which you are assigned and will provide that information to you.

This clinic is a member of the American Methadone Treatment Association. A promoter of client advocacy.

Patient Rights

1. Treatment provided will be fair and impartial regardless of race, sex, age, source of payment, etc., and conveys a sense of dignity and trust between program and client.
2. Treatment will be provided according to accepted clinical practice.
3. Clients will be fully informed, as evidenced by a client's written acknowledgement, at the time of admission and during ongoing treatment (once the client is stabilized), of their rights and responsibilities, and of all the rules and regulations governing patient conduct and responsibilities. Such rights and responsibilities are posted at the treatment site and reviewed with the client following admission, at the end of the stabilization period, and then if any changes have occurred. Clients who are unable to read have the rules and regulations explained verbally, and such actions documented.
4. Clients will receive adequate and humane services.
5. Clients will receive services within the least restrictive, and most accommodating environment possible. Procedures are in place to ensure the right to a medication schedule (dosing hours/schedule) which is most accommodating, and least intrusive and disruptive for most clients.
6. Clients will receive an individualized treatment plan, participate in the development of that plan, receive treatment based on the plan, and a periodic, joint staff/client review of the client's treatment plan.
7. The program will provide an adequate number of competent, qualified, and experienced professional staff to implement and supervise the treatment plan, consistent with client needs.
8. Clients will be informed about alternative medications, treatment alternatives, alternative modalities, and scientific advances affecting treatment.

9. Clients will be informed about potential interactions with and adverse reactions to other substances, including those reactions that might result from interactions and adverse reactions to alcohol, other prescribed or over-the-counter pharmacological agents, other medical procedures, and food.
10. Patients will be encouraged and assisted throughout treatment to understand and exercise his/ her rights as a patient, including:
 - a. Reporting, without fear of retribution, any instances of suspected abuse, neglect, or exploitation of clients being served in the program.
 - b. A grievance and appeal process, in accordance with State laws and regulations.
 - c. Input into program policies and services through patient satisfaction surveys.
11. Clients will be informed regarding the financial aspects of treatment, including the consequences of nonpayment of required fees.
12. Clients will be given an assessment, acceptance into the program or, in the case of denial of admission, a full explanation and referral to another program based upon the results of the initial assessment.
13. Programs have the responsibility to protect other patients, staff, and the public from a client who acts out. However, programs also have a responsibility to determine the cause of that behavior so an appropriate referral to an alternative method of care can be made.
14. Clients have the right to communicate with program staff in confidence and to have confidentiality of their individually identifiable health care information protected. Patients also have the right to review and have a copy of their own medical records and request amendments to their records.

Patient Responsibilities

1. You have the responsibility to respect others regardless of their race, religion, age, sex, ethnicity, or handicap.
2. You have the responsibility to keep confidential all clinical information communicated to you personally or in groups.
3. You have the responsibility to keep therapeutic appointments with the therapists.
4. You have the responsibility to discuss differences of opinion concerning treatment with staff.
5. You have the responsibility neither to give nor to take non-prescribed drugs.
6. You have the responsibility not to bring illicit drugs, alcohol, weapons, or other hazardous materials into the clinic.
7. You have the responsibility to be familiar with the clinic's guidelines on patients' rights and the code of conduct within your treatment program.

Client Signature / Date _____

Garland Treatment Center Grievance Procedures

It is the policy of GTC to resolve a client's grievances in a fair and prompt manner. Therefore, any person served served (client), participant representative, prospective participant, or staff member who has reason to believe that she/he has been mistreated, denied services, or discriminated against in any aspect of services or employment for any reason may file a grievance. In order to implement this policy, GTC has adopted an internal grievance procedure providing for prompt and equitable resolution of **complaints**.

Patricia Parks

Is **designated to coordinate** the **efforts** of Garland Treatment Center to comply with the policy.

1. A grievance must be in writing, contain the name and address of the person filing it, and briefly describe the action alleged to be prohibited by the regulations.
2. A grievance must be filed with GTC within five working days after the person filing the grievance becomes aware of the action alleged to be prohibited by the regulations. This time frame may be waived by the Coordinator if extenuating circumstances existed which justifies an extension.
3. The Coordinator, or his designee, shall conduct such investigation of a grievance as may be appropriate to determine its validity. These rules contemplate thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the grievance. GTC will not process complaints from applicants for employment.
4. The Coordinator shall issue a written decision determining the validity of the grievance no later than five working days after its filing.
5. If the grievance has not been resolved at this point, the Coordinator will forward it to the Medical Director who shall have an additional five working days to resolve the grievance. The Medical Director shall notify the grievant in writing of the decision and list the evidence on which the decision is based.
6. If the complaint is still unresolved, the grievant may request, in writing, that the Medical Director submit the grievance to the professional team. The team shall have five working days to resolve the grievance. If the grievance is then unresolved, the grievant will be advised in writing of the right to file a complaint with the appropriate local, state, and federal civil rights offices and will be provided with the names and addresses of such offices, including

C.O.A.
120 Wall Street 11th Floor
New York, N.Y. 10005
212-797-3000

Client Signature/ Date

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Section 4-b**

Program Structure & Staffing

Delivery of Services

Mission statement: Garland Treatment Center, Inc. provides Medically Assisted Treatment and mental health services. Our recovery programs are client-centered, self-determined, and responsibility-based programs. An individual's choices, resulting outcomes, and lifestyle changes prepare the individual for sobriety. Opportunity is available through medical services, counseling assistance, stabilization, rapport building and family support that makes this gradual process possible. **The goal of GTC is to assist individuals in possessing a quality of life that promotes wholeness. It is the opinion** of this organization that most people who achieve lasting change in any ingrained behavior; do not achieve it at their first attempt. If an individual is to become lastingly opiate free they have probably been through a series of MSW's and relapses. Finally resulting in a lasting drug-free lifestyle. It is possible for a person to learn from unsuccessful attempts, and to use the lessons learned to achieve better results in the future. It may be helpful to view the process as **progressing along an upward spiral** rather than going around in a circle.

GTC provides **services** which include Methadone maintenance, MSW (Medically Supervised Withdrawal), and a variety of counseling and medical assistance on site and through referral. A variety of health-related tests will be done such as a physical exam, blood work, tuberculin screens, and random urine testing. **Education** will be provided concerning HIV, TB, HEP C, and sexually transmitted diseases. Services are designed to support the recovery of the person served, enhance quality of life, reduce symptoms,

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restore and improve functioning, and restore the individual back into the community. If an individual is **pregnant** special attention will be given to the well-being of the person served as well as the unborn child. Follow-up with the person served through prenatal and postnatal services and or education will be accomplished. **Dose increases and decreases** will be approved **by** the supervising **physician**. A dosage **change form** will be completed, symptoms indicated, and returned to the administrative staff for review by the medical director. Individual attention will be given to identifying the special needs or concerns of each person served. Special concerns voiced by both male and female clients will be addressed in the most effective, and helpful manner. Every effort will be made to have adequate resources available to deliver the identified core program. When appropriate, **family** members are encouraged to participate in the individual's recovery process. Outside resources are utilized to meet the ongoing needs of the person served. A referral is issued to the individual for contact and follow-through. Coordinating efforts between providers will be done in a cooperative fashion with authorization. **Community resources** are available for health care, communicable diseases, counseling and psychiatric services, dental, education, eye care, food and clothing, housing, language resources, woman's health, and crisis resources.

Crisis intervention services are provided through community referral resources. A listing is provided in the handbook, as well as additional resources upon request. The program provides **services that are sensitive** to cultural, spiritual, and traditional differences. Counseling service hours vary to meet a variety of individual schedules. Medical, Psychological, and Administrative **service professionals work as a team** to

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encourage the individual to actively participate in recovery planning. Topics chosen by the person served will be implemented to reflect current concerns. Professional Team meetings will reflect a combined effort of all staff members to support the ongoing concerns of the individual. **Clinical support** will evaluate the appropriateness of treatment intervention, treatment effectiveness, feedback to staff, and accuracy of assessment and referrals.

CHAPTER 5

<u>Community Resource List</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>PHONE#</u>	<u>HOURS</u>	<u>OTHER INFO.</u>
CHILD CARE					
Head Start of Greater Dallas	3709 W. Walnut	Garland	972-485-1140	Part day preschool program	Income based childcare
GISD PreKindergarten program	720 Stadium Dr.	Garland	972-494-8255		Follows school calendar. Enroll through GISD student services. Online childcare application. Must meet income and eligibility criteria. https://cca.childcaregroup.org/ccg/cacp/CCAparentApplication
Childcare Group Childcare Assistance (CCMA)	1420 W. Mockingbird Ste 300	Dallas	214-630-5949		
CLOTHING					
Friendship House	620 West Ave. B	Garland	972-272-1010	M-F 9:30AM-3:30PM, WED 9:30-12:00 Thursday 10:00 am-12:00	Help with food, school uniforms, clothing, utility bills, rent, gas, furniture if funds available.
The Clothes Closet	9810 La Prada	Dallas	972-857-9707		free clothing
First Christian Church of Rowlett	7301 Miler Rd	Rowlett	972-475-3559		Food and clothing. Operation Rowlett Reindeer (Holiday assistance- school referrals needed)
Life Message	4501 Rowlett Rd.	Rowlett	972-475-9800	call for hours	clothing
COUNSELING					
Counseling Institute of Texas	3200 Southern Dr. Ste 100	Garland	972-271-4300		sliding scale payment, Spanish counselors on staff
Galaxy Counseling	1025 S. Jupiter	Garland	972-272-4429		counseling, some grant funded counseling available Inpatient counseling services for children in crisis, substance abuse counseling
Timberlawn	4600 Samuel Blvd	Dallas	214-381-7181		Take 1st 10 people of the day. Private payers (over 200% of poverty level) Psychiatric Eval \$75, Follow up appt \$40
Lifenet	9708 Skillman 1353 N.	Dallas	214-221-5433	M-F 8am-5pm	Arrive before 8am to see Psychiatrist same day. Psychiatric Eval \$100, Follow up appt \$50
Metrocare	Westmoreland	Dallas		M-F 8am-2pm	

Child/Family Guidance Center	120 W. Main #220	Mesquite	214-351-3490		Sliding fee scale, dependent on income and number in family. Psychiatric visit sliding scale range \$40-\$220.
DENTAL					
Mission East Dallas	2914 Oates Dr.	Dallas	972-682-8917		Medical/Dental services. Need Picture ID and proof of residency. Bus passes available.
Baylor Dental College			214-828-8981	call for screening	If accepted as a patient, deposit and registration fees of \$278 is required
EDUCATION					
Mother of Perpetual Hope Catholic Church	2121 West Apollow, Parish Hall Building	Garland	972-414-7073	Tues/Thurs 7pm-9pm in 3 month increments	ESL CLASSES FOR VIETNAMESE speakers No child care available. Cost is charge for book.
Arapaho Rd. Baptist church	2256 Arapaho Rd., church Family Life Center (Room 208)	Garland	972-495-2223	Wednesdays 7pm-8pm	ESL CLASSES FOR SPANISH SPEAKERS Free, Children activities available while parents attend classes
First Baptist Church	801 W. Ave D	Garland	972-276-7194	Sundays 5pm-6pm, Tuesdays 6:30pm-8pm, OR Wednesday 6:15pm-7:45pm	ESL CLASSES FOR SPANISH SPEAKERS Activities provided for children on Sundays and Wednesdays.
EMPLOYMENT					
Garland Workforce Center- Youth Program	217 N. Tenth st.	Garland	972-388-5600 ext	Orientations on Thurs 10:00am	Age 16-21, Proof of ID (SSC, ID, Drivers license, or Birth certificate), Proof of income (SNAP, TANF, SSI, Unemployment, or pay stub for household)
Garland Workforce	217 N. Tenth st.	Garland	972-276-8361		temporary employment agency
Quality labor management, LLC	3960 Broadway Blvd	Garland	469-304-0435		temporary employment agency
Grove Staffing Services	421 Kroger Shopping Center	Garland	972-226-1234		temporary employment agency
Future Pace Staffing	3228 Southern Dr.	Garland	972-278-1898		temporary employment agency
Pacesetter Personnel Services	3118 Saturn Rd.	Garland	972-278-8335		temporary employment agency
Sterling-the people store	3200 Broadway Blvd	Garland	469-246-1800		temporary employment agency
Prime Time Staffing	1350 NW Hwy #117	Garland	972-270-3036		temporary employment agency

Express Employment Professionals	911 Main St.	Garland	972-681-1609			temporary employment agency
Garland Day Labor Center	2007 Saturn Rd.	Garland	972-864-1729			temporary employment agency
FINANCIAL ASSISTANCE						
Friendship House	620 West Ave. B	Garland	972-272-1010	M-F 9:30AM-3:30PM, WED 9:30-12:00		Help with food, school uniforms, clothing, utility bills, rent, gas, furniture if funds available.
Salvation Army	451 W. Ave D	Garland	972-272-4531	M-F 9AM-11:30 AM, 1PM-3PM		Help with rent, mortgage, utilities, food and clothing.
City of Garland Housing, Financial Assistance Division	210 Carver St.	Garland	972-205-3374	M-Thurs 8am-11:30am		as funds available, appointments made in person.
Mt. Hebron Baptist Church	1233 State Hwy 66	Garland	972-276-5218			case by case basis as funds available.
Rowlett Needy Children's Fund			972-463-3245			case by case basis as funds available.
FOOD						
Friendship House	620 West Ave. B	Garland	972-272-1010	M-F 9:30AM-3:30PM, WED 9:30-12:00		Help with food, school uniforms, clothing, utility bills, rent, gas, furniture if funds available.
Salvation Army	451 W. Ave D	Garland	972-272-4531	M-F 9AM-11:30 AM, 1PM-3PM		Help with rent, mortgage, utilities, food and clothing. Call for interview. Provides food, air/heat, bus passes, school supplies, holiday assistance.
Catholic Charities			214-389-1340			Food
Good Samaritan	214 North 12th.	Garland	972-276-2263	1st. Thursday 10am-1pm, Last Saturday 9am-1pm		Food. Bring Proof of residency in Garland Food and clothing. Operation Rowlett Reindeer (Holiday assistance- school referrals needed)
The Roc	3375 Edgewood Dr.	Garland	972-272-1002			food
First Christian Church of Rowlett	7301 Miller Rd	Rowlett	972-475-3559			
Saturn Road Church of Christ	3030 Saturn Rd	Garland	972-271-2444	Call for hours		

RCC Bread of Life parish Hearts and Hands Food Pantry	Garland	214-552-5613	Call for hours Tue and Thurs 9am- 12:30pm	food Need 2 forms of identification (Picture ID, Utility bill/Lease agreement, proof of income) Primary area code 75041
HOUSING RESOURCES				
Dallas Housing Authority	Dallas	214-951-8300		Housing applicatons
Garland Housing Authority	Garland	972-205-3393		Housing applicatons
LEGAL RESOURCES				
Legal Services of North Texas- Garland Clinic	Garland	214-748-1234	Third Thursday 5:00pm	No appointment needed. General civil intake, including family law, wills and estates, landlord/tenant cases, public benefits, federal tax and real property matters.
MEDICAL				
Hope Clinic	Garland	972-485-9292		3-4 wait list new patients. Medical/Dental services. Need Picture ID and proof of residency. Bus passes available.
Mission East Dallas	Dallas	972-682-8917		
Baylor Community Care	Garland	469-800-2050		\$10 first visit. Call to schedule appt. Adults 18 and over only. Chronic illnesses (Diabetes, heart failure, thyroid, asthma) Pediatric services/Community Care
Baylor Clinic Dallas	Dallas	214-828-1745		
NEW TO COUNTRY IMMIGRANTS				
Mosaic Family Services	dallas	214-821-5393		NEW TO COUNTRY AND IN CRISIS, Individual and Group counseling for adults and children. Services are free of charge. Services offered in 25 languages. Offers Case Management legal assistance

FOR IMMIGRANTS WHO HAVE EXPERIENCED SEVERE PHYSICAL OR EMOTIONAL PAIN IN AN EFFORT TO OBTAIN INFORMATION, CONFESSION, PUNISHMENT FOR ACT COMMITTED OR DISCRIMINATION. Offers food, clothing, medical, transportation, as well as other services.						
Centers for Survivors of Torture	4102 Swiss Ave	Dallas	214-827-2314			various services to help settle immigration issues
Catholic Charities, Immigration Division	9451 LBJ Freeway Ste	Dallas	214-634-7182			Free legal assistance to immigrants applying for asylum within first year of immigrating. Must provide proof of fear of persecution due to race, religion, political opinion, membership in a particular social group or victim of violent crime.
Human Rights Initiative	2801 Swiss Ave	Dallas	214-855-0520			
PREGNANCY RESOURCES						
Metro Family Ministries at The ROC	3375 Edgewood Dr.	Garland	972-494-1879			baby and maternity items, available for pregnancy center clients.
Dallas Pregnancy Resource Center	12959 Jupiter Rd.	214-343-5214	214-369-6281			
Downtown Pregnancy Center	525 N. Ervay	Dallas	214-969-2433			
Promise House- Wesley Inn Program		Dallas	214-941-8578			Housing for pregnant or parenting teens 14-20
SUBSTANCE ABUSE						
Homeward Bound	315 Sunset Ave	Dallas	214-941-3500			
Lifenet Behavioral Health	9708 Skillman St.	Dallas	214-221-5433			
Nexus Recovery	8733 La Prada Dr.	Dallas	214-321-0156			Inpatient counseling services children in crisis, substance abuse counseling
Timberlawn	4600 Samuel Blvd	Dallas	214-381-7181			
TRANSPORTATION						
Friendship House	620 West Ave. B	Garland	972-272-1010			Gas Cards, Bus Passes as funds are available. Help with food, school uniforms, clothing, utility bills, rent, gas, furniture if funds available.

Medicaid Transport			855-687-3255		transporation to medical appointments. Call to set up transporation.
UTILITIES					
Friendship House	620 West Ave. B	Garland	972-272-1010	M-F 9:30AM-3:30PM, WED 9:30-12:00	Help with food, school uniforms, clothing, utility bills, rent, gas, furniture if funds available.
Salvation Army	451 W. Ave D	Garland	972-272-4531	M-F 9AM-11:30 AM, 1PM-3PM	Help with rent, mortgage, utilities, food and clothing.
Good Samaritan	214 North 12th.	Garland	972-276-2263		Food
City of Garland Housing, Financial Assistance Division	210 Carver St.	Garland	972-205-3374	M-Thurs 8am-11:30am	as funds available, appointments made in person.

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Screening and access to Services

Admission for treatment is prioritized by **first come, first served**. An exception would be an individual that is pregnant. The program physician and professional team will collaborate in the decision process for program admission authorization appropriateness. **The medical doctor makes the final decision for admission.** Individuals that have a standing history of high-risk behaviors, multiple unsuccessful inpatient treatment attempts and unemployment may be referred to a more intensive setting. **Readmission** to treatment is also approved by the medical doctor. Motivation for recovery, and a commitment to abide by **safe medical practices is the criteria for reentry.** **The person to be served will complete an admission assessment packet.** The counselor will review the information, and provide substance abuse **assessments** to establish a base line for recovery efforts. If GTC is unable to provide services, a referral to a more appropriate setting will be issued. If a person is found to be **ineligible** for services a **reason will be given** as well as documentation of these actions. A **waiting list** is not needed at this time. However, if a list is maintained in the future, as placement is available, a call will be made to the individual that requested care first.

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Individual Planning

A **treatment plan (90-day target for growth)** will be done on each individual. The individual plan is used as a basis for discussion during counseling sessions. The person served will be given a list of potential topics and opportunity to choose any area of focus that one desires. An explanation of the client's views for the topic will be obtained and measurable objectives set. Current topics of concern may be interjected during session, but the focus will remain on the treatment plan initiated by the client. A change in topic may be done during the 90-day time frame if circumstances change and the client requests a change in writing. A topic may remain the same for an additional 90 days or more if the person served so desires. Once the plan has been established and objectives set, it will be **presented** to the client for **review and signature**. The medical supervisor will also review the plan and witness the agreement. Outside counseling may be sought. If a person served wants a referral for services outside of the program, a written request will need to be submitted. Any portion of treatment services may be refused. However, if an individual chooses not to attend counseling; take-out privileges will be withheld. Communication is necessary to provide safe and healthy limits with regard to each person served. If take-outs are withheld they may be returned when regular weekly / bi-weekly or monthly sessions are attended. **Emergency contacts** may be made after clinic hours by email at txgtc@prodigy.net or using the Remind system. Medical emergency, call 911. However, **if the call is not a life threatening or**

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emergency crisis situation a **fee of \$50.** may be **added** to the individual's weekly fee.

Respect is given to the needs of the person

served as well as to the service providers.

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Transition / Recovery Support Services

Transition and support services are utilized throughout the recovery program.

Additional counseling resources, housing, self-help groups, inpatient treatment, employment sources, vocational rehabilitation, psychological assistance, etc...

are **available upon request**, and will be offered if a need is identified by the professional team. The referral form will include the agencies name, address, phone number and a contact person if available. The original referral form will be given to the client and a copy kept for the file. Progress is assessed on an individual basis.

Each person served will have an opportunity to participate in identifying strengths, needs, abilities, and preferences. **Input from the individual is necessary.** Significant others, family members, referral resources, and or community sources may be involved with the consent of the person served. The primary counselor will be responsible for follow-up after transition to additional services. When an **unplanned transition or discharge occurs**, the professional treatment team will determine if further services are needed and offer them if appropriate. If an individual is **removed** from the program **for inappropriate (aggressive / assaultive) behavior** a follow up will be done to ensure reasonable care within a 72-hour period.

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Seclusion & Restraint

Seclusion and restraint are **not used** at Garland Treatment Center. If aggressive or assaultive behavior occurs, the governance authority or the person left in charge, will ask the individual to leave immediately. If the individual **performs an illegal act, causes harm to staff or property**, or refuses to leave upon request, the **local authorities will be called and appropriate action taken**. The person will be asked to refrain from such behavior while in the clinic. If the professional team believes it is in the best interest of the person served, as well other individuals served at the clinic, a referral to another facility will be made. The professional team has the option of placing the individual in a more intensive level of treatment until the issue is resolved.

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Records of the Person Served

An **individual record** of each person served will be **maintained to protect confidentiality**. The record will be well organized, clear, and complete. The record will contain information that includes: the date of admission, an emergency contact, the person coordinating the services, a primary care doctor, health history, current medications, documents of orientation, assessment, treatment planning, a diagnosis, the present condition, goals and objectives, a release of information, any referrals, and a description of services provided. **At discharge** a recommendation for services will be made, a letter offering follow up services and a survey of services form sent to the individuals home. A **medical record will be kept** to document dosing, urine screening, and any medical procedures performed during treatment. A client **record may be reviewed**, by the person served, in the presence of the program director. Any information that may be considered to be detrimental to the person served may be withheld from viewing.

Structure and Staffing

The Medically Assisted Treatment (MAT) has a **program sponsor**. The sponsor is responsible for providing an accessible location, privacy, security, and adequate space. A stable therapeutic environment which includes a physic, medical staff, counselor(s), administrative staff, scheduled services, and set hours of operation are also the primary concern of the sponsor. A **professional team** of staff members will be used to ensure the rights of the person served are preserved. The rights of a person served include the following: care in the least restrictive environment, adequate and humane care, information about alternative treatments / medications / modalities, access to records with supervision, timely response to requests for records, protection from behavioral disruptions of other person served, equal access to treatment regardless of ethnic origin, and information about the appeal / grievance process. The medication management guidelines, drug screening procedures, and Medically Supervised Withdrawal process is explained in detail.

Medication management

Take out medication schedules are a privilege, not a guarantee or right of the person served.

During the **first 90 days** of treatment, take out medication is limited to a single dose each week and all other doses are ingested under supervision. The single dose will be on Sunday, as the pharmacy will be closed.

In the **second 90 days** of treatment of take-home supply is limited to two take-outs per week, providing all urine screens are clean and the physician has approved a schedule change form. The criteria on the form to be met are: regular attendance, clean urines, stable employment, stable home environment, no reported criminal activity, appropriate behavior at the clinic, zero balance, lock box, and counseling attendance.

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In the **third 90 days** of treatment of take-home supply is limited to three take-outs per week, providing all urine screens are clean and the physician has approved a schedule change form which includes the criteria to be met.

In the **fourth 90 days** of treatment of take-home supply is limited to four take-outs per week, providing all urine screens are clean and the physician has approved a schedule change form which includes the criteria to be met.

After one year of treatment of take-home supply is limited to 5 take-outs per week, providing all urine screens are clean and the physician has approved a schedule change form which includes the criteria to be met. Extra take-out doses (exceeding six) may be obtained with prior approval from the medical director. The most take-outs allowed with all the criteria being met and time on the program is bi-monthly.

Privileges may be taken away for failure to attend counseling, obtaining more than one positive screen in 90 days, and or failure to abide by clinic guidelines. Take-outs will be returned after a reasonable period in which stability is demonstrated.

Emergency administration of medication:

In the case of an emergency: administration of the medication will be provided through the medical professional on duty, along with the assistance of the administrative staff.

Alternative dosing locations will be made available in the event of a disaster at the clinic location designated.

Diversion Control Plan:

To prevent diversion of take-home medication, each **bottle** will be **labeled** with the client's name, client's ID number, the clinic name, address, telephone number, and date to be taken. Take-out bottles presented to the clinic from any other individual than the one issues, will lose take out privileges. Any and all medication issues will be **diluted with water**. All take-out medication will be kept in a **locked container** to deter diversion.

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Courtesy Dosing

Any individual that travels may receive courtesy dosing. Prior arrangements (one week ahead) will need to be made so that hardships are not placed upon temporary dosing facilities. The dosing location closest to the individuals travel spot will be identified., The courtesy clinics fees, dosing hours, and identification requirements will be provided to the traveler. An introduction letter will be issues to the client as well as faxed to the dosing facility. **Half of GTC's weekly fee will be required for the courtesy dosing time frame.** However, if four out of seven days are received at GTC, the full weekly fee will be required. Documentation of the courtesy (temporary) dosing will need to be provided.

Safe Storage Practices:

Unsupervised medications are to be kept in a locked storage container to deter ingestion by others. Each dosage will be provided with a **child-resistant cap**. Stolen or lost medication will need to be reported to the facility director. **Stolen medication** will need to be reported to the local authorities and a report presented to the supervising program. The doses will be replaced with full-dose medication and daily attendance until the doctor feels it is safe for the person served to return to the take-out privilege, as well as their next scheduled pick up. The **replacement medication** will be paid for at **\$15.00 per dose fee**.

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Drug screening:

Drug screening will be done on an **individual need** basis. Early stabilization periods will include more frequent tests. Two types of screening tools will be utilized. An instance in-house opiate test as well as multi-drug screen done through CSL (Clinical Science Laboratory). A urine screen will be done at least one time per month. The screens **may be observed** if a medical staff person asks. Collections may also be done more frequently **during medically supervised withdrawal** to determine stability during detoxification. **If clinic guidelines are not observed** additional screens may be taken to eliminate the possibility of any inappropriate activities. Screens will be requested and collected in the least offensive manner possible. The toxicology screen will include testing for opiates, methadone and a variety of other drugs of abuse as indicated by the community. Drug screen results will **not be the sole basis for treatment decisions** or termination. However, **if unsafe** medical practices persist a **referral** to a more intensive type of treatment will be made. A process of intervention will result from the individual's file. The screening laboratory **does not automatically confirm** positive results, however, a \$15.00 fee for retest of positive results, if the patient requests, and can also be done by staff of GTC with concerns. Urine composition is an indicator of a false-negative result. To minimize the risk for falsification during the screening process, each individual will be asked to **leave all outerwear articles of clothing and or purses outside** of the submission area. After submission, the screen will be given to the nurse on duty. Medical staff will handle the screen with gloved hands and obtain a signature for verification of the sample. The tamper proof security seal will be placed over the cap of the sample and

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refrigerated until boxed and dropped for over-night delivery. The collection will be documented in the medial chart. The sample will be sent to CSL for drug screening.

Medically Supervised Withdrawal (MSW):

There are **several ways** to accomplish medically supervised withdrawal which include: **voluntary, involuntary (administrative withdrawal), and withdrawal against medical advice.** The client initiates voluntary MSW in an effort to slowly decrease the medication dosage and stabilize after each transition. If instability occurs, or the person served wishes to **stop the process, temporarily increase, stability, and begin again,** this may be done. The individual is considered in the process and appropriate changes made accordingly. Withdrawal against medical advice is also an option. However, if an individual **poses a danger to themselves or others, a more intensive safe environment** can be recommended to complete the process. Involuntary administrative withdrawal results from the clinic guideline noncompliance. If an individual fails to meet the agreed upon responsibilities this form of MSW is appropriate. There are three options used in **administrative withdrawal** which include: referral to an inpatient program, rapid withdrawal, or information about another MAT. If a referral to a more intensive level of treatment is recommended and the person served refuses, the urine screen outcomes will determine dismissal from the treatment program. **Withdrawal** from the program is **initiated by the individual accept in the stances indicated above.**

Admission and Assessment

GTC's Criteria for admission to the OTP are consistent with those outlined in the definition of Opioid Dependence in the Diagnostic and Statistical Manual of Mental Disorders (current edition) **At admission documentation of tolerance to opiates, at least a year of prior use, and multiple, daily self-administrations of opiates** will be identified. The medical director may waive the one-year requirement if: the individual was recently released from jail, the person previous treated and is at high risk for relapse, or the person is pregnant. Once the basic criterion is established, a physical examination will be completed. A urine screen and a urinalysis will be collected, medical history documented, and a TB test administered. The blood work (RPR, CBC and CMP) will be collected within a 14-day period. If two attempts to draw blood are made and the veins are inaccessible, a referral will be given for labs to be collected through PCP or alternative location with a signed letter from our physician. If a blood test has been done within the last 30 days and the individual provides proof, this is sufficient to meet the lab requirement. Any other blood testing, for instance pregnancy tests, Hep B, Hep C, HIV and or living functioning may be done through GTC with request (fees apply) or a referral to the Texas Health Department. A qualified medical practitioner conducts the medical assessments. Each prospective client will be presented, in writing, an informed consent form, indicating their choice to **voluntarily be treated** with Methadone. The consent clearly indicates the overall goal of Methadone treatment is to **improve the quality of ones life and give opportunity to be free of illicit drugs**. At 90 day intervals, or more frequently if the need arises, the individual will be consulted

concerning level of functioning, their course of treatment, and future goals. Texas Department of Health receives information about the new admission by code number to **deter dual enrollment** in more than one opiate treatment program. The **orientation** process includes information about the nature of addictive disorders, the recovery process, misconceptions about Methadone, medical issues associated with MSW, special risks of withdrawal during pregnancy and effects on the fetus. A set of **program rules** will be issued as well as consequences of noncompliance. Discharge procedures and withdrawal will be reviewed. Information concerning the signs and symptoms of withdrawal as well as overdose will be provided. A **client handbook** will discuss the characteristics of the medication, drug safety issues, and information about HIV, Hep C and infectious diseases. **Services to woman** can offer information concerning general health, domestic violence, sexual abuse, and reproductive health issues. Appropriate **referrals are issued for specialty needs** that may be best served elsewhere. **Woman that are pregnant** and request treatment will be monitored carefully, especially during the third trimester. The same dosing principles that apply to a nonpregnant person apply. A collaborative effort with the individual's OB/GYN or family physician will be done to address any medical related issues. Access to referrals for prenatal care, pregnancy/parenting education, maternal care, physical/ dietary care and or postpartum follow-up is available upon request. Priority admission is given to pregnant woman. GTC provides information on detoxification /MSW as well as the impact of MSW on the welfare of the unborn child. Any service refusals will be documented. If MSW

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symptoms cannot be eliminated; a referral to an inpatient medical program will be made. A **community resource** file is available for referrals and placement. Each referral site is not an indicator of the philosophy of GTC, but an opportunity for a person served to assess preferences at a variety of community locations.

CHAPTER 8

What is AIDS?

AIDS stands for acquired immunodeficiency syndrome. A diagnosis of AIDS is made by a physician using certain clinical or laboratory standards.

What causes AIDS?

AIDS is caused by infection with a virus called human immunodeficiency virus (HIV). This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy or delivery, as well as through breast feeding. People with HIV have what is called HIV infection. Most of these people will develop AIDS as a result of their HIV infection.

What body fluids transmit HIV?

These body fluids have been proven to spread HIV:

- blood
- semen
- vaginal fluid
- breast milk
- other body fluids containing blood

These are additional body fluids that may transmit the virus that health care workers may come into contact with:

- fluid surrounding the brain and the spinal cord
- fluid surrounding bone joints
- fluid surrounding an unborn baby

How does HIV cause AIDS?

HIV destroys a certain kind of blood cells--CD4+ T cells (helper cells)--which are crucial to the normal function of the human immune system. In fact, loss of these cells in people with HIV is an extremely powerful predictor of the development of AIDS. Studies of thousands of people have revealed that most people infected with HIV carry the virus for years before enough damage is done to the immune system for AIDS to develop. However, recently developed sensitive tests have shown a strong connection between the amount of HIV in the blood and the decline in CD4+ T cell numbers and the development of AIDS. Reducing the amount of virus in the body with anti-HIV drugs can slow this immune destruction.

How many people have HIV & AIDS?

United States: The CDC estimates that in 1999 between 800,000 and 900,000 people were living with HIV or AIDS. Through December 2000, a total of 774,467 cases of AIDS had been reported to the CDC.

Worldwide: Based on estimates from the United Nations AIDS program (UNAIDS), approximately 60 million people have been infected with HIV since the start of the global epidemic. At the end of 2001, an estimated 40 million people were living with HIV infection or AIDS.

UNAIDS estimates 5.0 million new HIV infections occurred in 2001. This represents about 14,000 new cases per day. An estimated 3.0 million adults and children died of HIV/AIDS in 2001.

How long after a possible exposure should I wait to get tested for HIV?

The tests commonly used to detect HIV infection actually look for antibodies produced by your body to fight HIV. Most people will develop detectable antibodies within 3 months after infection, the average being 25 days. In rare cases, it can take up to 6 months.

How safe is the blood supply in the United States?

The U.S. blood supply is among the safest in the world. Nearly all people infected with HIV through blood transfusions received those transfusions before 1985, the year HIV testing began for all donated blood.

The Public Health Service has recommended an approach to blood safety in the United States that includes stringent donor selection practices and the use of screening tests. U.S. blood donations have been screened for antibodies to HIV-1 since March 1985 and HIV-2 since June 1992. Blood and blood products that test positive for HIV are safely discarded and are not used for transfusions.

An estimated 1 in 450,000 to 1 in 660,000 donations per year are infectious for HIV but are not detected by current antibody screening tests.

How effective are latex condoms in preventing HIV?

Studies have shown that latex condoms are highly effective in preventing HIV transmission when used consistently and correctly. These studies looked at uninfected people considered to be at very high risk of infection because they were involved in sexual relationships with HIV-infected people. The studies found that even with repeated sexual contact, 98-100 percent of those people who used latex condoms correctly and consistently did not become infected.

Is there a connection between HIV and other sexually transmitted diseases?

Yes. Having a sexually transmitted disease (STD) can increase a person's risk of becoming infected with HIV, whether the STD causes open sores or breaks in the skin (e.g., syphilis, herpes, chancroid) or does not cause breaks in the skin (e.g., chlamydia, gonorrhea).

If the STD infection causes irritation of the skin, breaks or sores may make it easier for HIV to enter the body during sexual contact. Even when the STD causes no breaks or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmission more likely.

In addition, if an HIV-infected person also is infected with another STD, that person is three to five times more likely than other HIV-infected persons to transmit HIV through sexual contact.

Not having (abstaining from) sexual intercourse is the most effective way to avoid STDs, including HIV. For those who choose to be sexually active, the following HIV prevention activities are highly effective:

- Engaging in sex that does not involve vaginal, anal, or oral sex
- Having intercourse with only one uninfected partner
- Using latex condoms every time you have sex

An Introduction to Sexually Transmitted Diseases

Sexually transmitted diseases (STDs), once called venereal diseases, are among the most common infectious diseases in the United States today. More than 20 STDs have now been identified, and they affect more than 13 million men and women in this country each year. The annual comprehensive cost of STDs in the United States is estimated to be well in excess of \$10 billion.

Understanding the basic facts about STDs - the ways in which they are spread, their common symptoms, and how they can be treated - is the first step toward prevention. The National Institute of Allergy and Infectious Diseases (NIAID), a part of the National Institutes of Health, has prepared a series of fact sheets about STDs to provide this important information. Research investigators supported by NIAID are looking for better methods of diagnosis and more effective treatments, as well as for vaccines and topical microbicides to prevent STDs.

It is important to understand at least *five key points* about all STDs in this country today:

1. **STDs affect men and women of all backgrounds and economic levels.** They are most prevalent among teenagers and young adults. Nearly two-thirds of all STDs occur in people younger than 25 years of age.
2. **The incidence of STDs is rising,** in part because in the last few decades, young people have become sexually active earlier yet are marrying later. In addition, divorce is more common. The net result is that sexually active people today are more likely to have multiple sex partners during their lives and are potentially at risk for developing STDs.
3. **Most of the time, STDs cause no symptoms, particularly in women.** When and if symptoms develop, they may be confused with those of other diseases not transmitted through sexual contact. Even when an STD causes no symptoms, however, a person who is infected may be able to pass the disease on to a sex partner. That is why many doctors recommend periodic testing or screening for people who have more than one sex partner.
4. **Health problems caused by STDs tend to be more severe and more frequent for women than for men,** in part because the frequency of asymptomatic infection means that many women do not seek care until serious problems have developed. Some STDs can spread into the uterus (womb) and fallopian tubes to cause pelvic inflammatory disease (PID), which in turn is a major cause of both infertility and ectopic (tubal) pregnancy. The latter can be fatal. STDs in women also may be associated with cervical cancer. One STD, human papillomavirus infection (HPV), causes genital warts and cervical and other genital cancers. STDs can be passed from a mother to her baby before, during, or immediately after birth; some of these infections of the newborn can be cured easily, but others may cause a baby to be permanently disabled or even die.
5. **When diagnosed and treated early, many STDs can be treated effectively.** Some infections have become resistant to the drugs used to treat them and now require newer types of antibiotics. Experts believe that having STDs other than AIDS increases one's risk for becoming infected with the AIDS virus.

HIV Infection and AIDS

AIDS (acquired immunodeficiency syndrome) was first reported in the United States in 1981. It is caused by the human immunodeficiency virus (HIV), a virus that destroys the body's ability to fight off infection. An estimated 900,000 people in the United States are currently infected with HIV. People who have AIDS are very susceptible to many life-threatening diseases, called opportunistic infections, and to certain forms of cancer. Transmission of the virus primarily occurs during sexual activity and by sharing needles used to inject intravenous drugs. If you have any questions about HIV infection or AIDS, you can call the AIDS Hotline confidential toll-free number: 1-800-342-AIDS.

Chlamydial Infection

This infection is now the most common of all bacterial STDs, with an estimated 4 to 8 million new cases occurring each year. In both men and women, chlamydial infection may cause an abnormal genital discharge and burning with urination. In women, untreated chlamydial infection may lead to pelvic inflammatory disease, one of the most common causes of ectopic pregnancy and infertility in women. Many people with chlamydial infection, however, have few or no symptoms of infection. Once diagnosed with chlamydial infection, a person can be treated with an antibiotic.

Genital Herpes

Genital herpes affects an estimated 60 million Americans. Approximately 500,000 new cases of this incurable viral infection develop annually. Herpes infections are caused by herpes simplex virus (HSV). The major symptoms of herpes infection are painful blisters or open sores in the genital area. These may be preceded by a tingling or burning sensation in the legs, buttocks, or genital region. The herpes sores usually disappear within two to three weeks, but the virus remains in the body for life and the lesions may recur from time to time. Severe or frequently recurrent genital herpes is treated with one of several antiviral drugs that are available by prescription. These drugs help control the symptoms but do not eliminate the herpes

virus from the body. Suppressive antiviral therapy can be used to prevent occurrences and perhaps transmission. Women who acquire genital herpes during pregnancy can transmit the virus to their babies. Untreated HSV infection in newborns can result in mental retardation and death.

Genital Warts

Genital warts (also called venereal warts or condylomata acuminata) are caused by human papillomavirus, a virus related to the virus that causes common skin warts. Genital warts usually first appear as small, hard painless bumps in the vaginal area, on the penis, or around the anus. If untreated, they may grow and develop a fleshy, cauliflower-like appearance. Genital warts infect an estimated 1 million Americans each year. In addition to genital warts, certain high-risk types of HPV cause cervical cancer and other genital cancers. Genital warts are treated with a topical drug (applied to the skin), by freezing, or if they recur, with injections of a type of interferon. If the warts are very large, they can be removed by surgery.

Gonorrhea

Approximately 400,000 cases of gonorrhea are reported to the U.S. Centers for Disease Control and Prevention (CDC) each year in this country. The most common symptoms of gonorrhea are a discharge from the vagina or penis and painful or difficult urination. The most common and serious complications occur in women and, as with chlamydial infection, these complications include PID, ectopic pregnancy, and infertility.

Historically, penicillin has been used to treat gonorrhea, but in the last decade, four types of antibiotic resistance have emerged. New antibiotics or combinations of drugs must be used to treat these resistant strains.

Syphilis

The incidence of syphilis has increased and decreased dramatically in recent years, with more than 11,000 cases reported in 1996. The first symptoms of syphilis may go undetected because they are very mild and disappear spontaneously. The initial symptom is a chancre; it is usually a painless open sore that usually appears on the penis or around or in the vagina. It can also occur near the mouth, anus, or on the hands. If untreated, syphilis may go on to more advanced stages, including a transient rash and, eventually, serious involvement of the heart and central nervous system. The full course of the disease can take years. Penicillin remains the most effective drug to treat people with syphilis.

Other diseases that may be sexually transmitted include trichomoniasis, bacterial vaginosis, cytomegalovirus infections, scabies, and pubic lice.

STDs in pregnant women are associated with a number of adverse outcomes, including spontaneous abortion and infection in the newborn. Low birth weight and prematurity appear to be associated with STDs, including chlamydial infection and trichomoniasis. Congenital or perinatal infection (infection that occurs around the time of birth) occurs in 30 to 70 percent of infants born to infected mothers, and complications may include pneumonia, eye infections, and permanent neurologic damage.

What Can You Do to Prevent STDs?

The best way to prevent STDs is to avoid sexual contact with others. If you decide to be sexually active, there are things that you can do to reduce your risk of developing an STD.

- Have a mutually monogamous sexual relationship with an uninfected partner.
- Correctly and consistently use a male condom.
- Use clean needles if injecting intravenous drugs.
- Prevent and control other STDs to decrease susceptibility to HIV infection and to reduce your infectiousness if you are HIV-infected.
- Delay having sexual relations as long as possible. The younger people are when having sex for the first time, the more susceptible they become to developing an STD. The risk of acquiring an STD also increases with the number of partners over a lifetime.

Anyone who is sexually active should:

- Have regular checkups for STDs even in the absence of symptoms, and especially if having sex with a new partner. These tests can be done during a routine visit to the doctor's office.
- Learn the common symptoms of STDs. Seek medical help immediately if any suspicious symptoms develop, even if they are mild.
- Avoid having sex during menstruation. HIV-infected women are probably more infectious, and HIV-uninfected women are probably more susceptible to becoming infected during that time.
- Avoid anal intercourse, but if practiced, use a male condom.
- Avoid douching because it removes some of the normal protective bacteria in the vagina and increases the risk of getting some STDs.

Anyone diagnosed as having an STD should:

- Be treated to reduce the risk of transmitting an STD to an infant.
- Discuss with a doctor the possible risk of transmission in breast milk and whether commercial formula should be substituted.
- Notify all recent sex partners and urge them to get a checkup.
- Follow the doctor's orders and complete the full course of medication prescribed.
- Have a follow-up test to ensure that the infection has been cured is often an important step in treatment.
- Avoid all sexual activity while being treated for an STD.

Sometimes people are too embarrassed or frightened to ask for help or information. Most STDs are readily treated, and the earlier a person seeks treatment and warns sex partners about the disease, the less likely the disease will do irreparable physical damage, be spread to others or, in the case of a woman, be passed on to a newborn baby.

Private doctors, local health departments, and STD and family planning clinics have information about STDs. In addition, the American Social Health Association (ASHA) provides free information and keeps lists of clinics and private doctors who provide treatment for people with STDs.

ASHA has a national toll-free telephone number, **1-800-227-8922**.

The phone number for the **Herpes Hotline**, also run by ASHA, is **919-361-8488**. Callers can get information from the ASHA hotline without leaving their names.

Facts About Hepatitis B

What is hepatitis B? Hepatitis B is caused by a highly contagious virus that infects the liver. It affects all age groups and can lead to liver disease, liver cancer and death in many of those afflicted. The virus is found in the blood and body fluids of infected people and can be spread through sexual contact, the sharing of needles or razors, from mother to infant during birth, and by living in a household with a chronically infected person. The hepatitis B virus (HBV) is hardy and can live outside the body for several days.

Prevention Safe, effective hepatitis B vaccines are available. The vaccines are used to protect everyone from newborn babies to older adults. The vaccination series, generally given as 3 doses over a 6 month period, protects those at risk and contributes to the elimination of this silent, highly infectious killer. The hepatitis B vaccine is recognized as the first anti-cancer vaccine because it can prevent liver cancer caused by hepatitis B infection.

Symptoms Hepatitis B is a "silent disease" that often affects many people without making them feel sick. If you do get sick from hepatitis B, the symptoms may be like the "flu." You may lose your appetite, feel extremely tired, have stomach cramps and vomit. If you are more seriously ill, your skin and eyes may turn yellow (jaundiced) and you may need hospitalization. There is no specific treatment for hepatitis B once it is contracted.

Vaccine Safety Hepatitis B vaccine is safe and effective. You cannot get hepatitis B from the vaccine. The most common side effect of the vaccine is soreness at the injection site. As with any medicine, there are very small risks that serious problems could occur after getting a vaccine. However, the potential risks associated with hepatitis B disease are much greater than the potential risks associated with the hepatitis B vaccine.

Who should get hepatitis B vaccine?

- Sexually active heterosexual adults with more than one sex partner in the prior 6 months or a recently acquired sexually transmitted disease.
- People who have clotting factor disorders such as hemophilia.
- People whose jobs potentially expose them to human blood or body fluids. This includes most healthcare and some public safety workers, as well as some athletes, coaches and teachers.
- People living or having sexual contact with others who are chronically infected with hepatitis B virus.
- Adolescents who have not been immunized against hepatitis B.
- Children (under 7 years old) of immigrants and refugees from areas where HBV infection rates are high, and household contacts of adopted children, immigrants and refugees who have chronic HBV infection.
- Alaska Natives and Pacific Islanders.
- Illicit injection drug users.
- International travelers to areas where HBV infection rates are high who will stay in these areas for more than 6 months and have close contact with local persons, who stay for shorter durations and may have sexual contact with local persons, or who perform medical procedures in these areas.
- Clients and staff of institutions for the developmentally disabled.
- Hemodialysis patients.
- Men who have sex with men.
- Long-term male prison inmates.

Hepatitis C

Hepatitis C is 10 times more contagious than HIV, blood to blood only. However, the virus can be present in the blood in other fluids. According to researchers it cannot be transmitted by other body fluids.

The early symptoms can be completely absent. They are flu like symptoms, low grade fever, nausea, muscle and joint aches, headache, abdominal pain, fatigue, skin conditions and sometimes jaundice.

The number 1 source of infection is the sharing of drug paraphernalia (filters, needles, spoons, even water in injection drug use), sharing straws in snorting drugs, sharing tattoo equipment and ink.

80% of injection drug users are infected. If you have had even one experience of injection or snorting drugs, or tattoos, or blood transfusion in the past: get tested for Hep C Now!

If you are infected with Hep C, that does not mean that you cannot be re-infected with another strain of Hep C. There are 12 genotypes, over 100 sub-genotypes and 1000's of quasi species.

At least 85% of those infected develop chronic hepatitis C.

28.5 times more people are infected with Hepatitis C than with HIV.

Hepatitis C is the number 1 reason for liver transplants in Canada and the U.S.A.

There are at least 300,000 people in Canada infected with Hepatitis C, and 4 Million in the U.S.A.

There is no vaccine or cure for hepatitis C and treatment is limited.

So far 1 in every 10 infected people dies.

Hepatitis C is the most commonly reported blood borne infectious disease in Canada, NOT HIV!

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Medication Management

The **medication will be issued** to the person served in sufficient amounts to deter physical withdrawal symptoms and block opiate euphoria. This is a **gradual** process to ensure safety. When the medication is dispensed, the date, the schedule, the dosage, the amount of in-house / take out doses are initiated, as well as the signature of the administrator and person served. **Initial doses of Methadone do not exceed 30 mg** for the first day, unless otherwise prescribed by the physician, not to exceed 40 mg total for the first dose. The **medical doctor determines the maintenance dose** to meet the individual need of the person served. The doses are reviewed periodically and **based primarily on the response of the person served**. Dosage adjustment is always guided by outcome criteria that include but are not limited to: termination of withdrawal symptoms, termination of opiate use (negative drug tests, reduction of drug-seeking behaviors), blocked euphoric effects of opiates, absence of cravings (subject reports, clinical observation), absence of sign / symptoms of too large a dose. Dosing discussions between the person served and medical personnel are documented in the medical chart.

Take-Home Policy / Transfers

To be **eligible** for take home doses the medical doctor and other professional team members will consult concerning the rehabilitative status of the person served. The **criteria to be considered** will include but is not limited to the following: **absence of opiate, alcohol, and or other illicit/licit drug abuse, regular program attendance,**

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length of time in treatment, level of maintenance, absence of recent criminal activity, absence of serious behavioral problems (disruptions in the clinic), stability of the living situation, stable social relationships, counseling attendance, viable employment, and an ability to safely secure take-home medication. Instability warrants a reduction in take-outs.

Transfer to another Clinic

If a person served chooses to **transfer** to another Medically Assisted Treatment (MAT), a request with the sponsor will need to be made **in writing**. The individual will need to contact the facility chosen and discuss an entry date, fees, clinic hours, and any special concerns. A release of information will be obtained. **GTC** will contact them and **coordinate the transfer**. A medical **records fee** will be **required**. The records will be faxed or emailed to the transfer facility and discharge papers completed. An introduction letter will accompany the individual to the new site. A faxed copy of the letter will also be sent.

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MSW (Medically Supervised Withdrawal) Standards for MAT:

Criteria for entry into the medically assisted treatment (MAT) will be consistent with the general admission guidelines for Methadone treatment. A **physical evaluation** will be done before admission approval into the program. If the individual is an existing client, a new exam will not be required if the annual physical is current. An **informed consent** concerning the benefits and limitations will be issued prior to receipt of services. If an individual has **coexisting health issues** (mental health concerns, abuse of other illicit/licit drugs, HIV, hepatitis, or other sexually transmitted diseases, infectious diseases, pregnancy and prenatal care), a referral to appropriate care will be issued. If the person served refuses the referral it will be documented. If the refusal is threatening to the MAT / recovery process an alternative form of treatment will be suggested. If an individual is required to enter a **criminal justice system facility** or be incarcerated, a process for medically supervised withdrawal will be implemented as follows: The expected date of incarceration will be presented and a systematic decrease schedule will be established. If the individual is unstable in the process, a reconsideration of the withdrawal schedule will be done. Individuals on probation or parole will be given the same consideration. If contact with the community supervision and corrections department is required a release of information will be obtained. Oversight of the medically supervised withdrawal will be done by the program physician. If the withdrawal process lasts for **6 months or less** the MAT will **offer two counseling sessions each week** for the **first month** and two sessions per month for each month thereafter. If the MSW process lasts for **14 days or less** the MAT will offer **four counseling sessions per week**. Medically supervised withdrawal

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(MSW) for individuals with **co-occurring disorders or complicated health needs** may need to be placed on a close monitoring system (**daily schedule and or family physician coordinated efforts**) to deter an unnecessarily high impact on daily functioning. A feasible process will be determined by the medical supervisor in accord with the professional team and input by the person served. During MSW **services to woman** may include specific women's issues, domestic violence, sexual abuse, and reproductive health. **Pregnant** woman are provided with accepted medical standards and given referrals to prenatal care, prenatal education and postpartum follow-up if there is need. In addition, education on withdrawal and the impact on the health and welfare of unborn children will be provided. If the **referrals are refused** the MAT will offer instruction on parenting skills, maternal, physical, and dietary care. This will also be documented. When providing MSW services to pregnant woman a referral to a medical program will be made **if withdrawal symptoms** cannot be eliminated. The medical supervisor of the MAT program determines the appropriate dosage to ensure stabilization. **Urine screens** will be done to determine the absence of drugs. MSW programs of more than 30 days duration will be offered take-home doses providing all other take-out criteria are met. The established take-home dose schedule applies to MSW schedules in excess of 30 days. **No medication** is dispensed to a person in **short-term withdrawal (30 days or less)** for unsupervised or **take-home** use. A schedule of withdrawal is charted by the following considerations: well tolerated reduction, temporary increase in the event of impending relapse, discontinue voluntary withdrawal in the event of relapse, evaluation for pregnancy prior to withdrawal (if applicable), counseling services or other support

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services increased / continued during MSW. A referral for **continuing care will be available** after the last dose of Methadone. If withdrawal is sought **against medical advice** documentation of this choice will be made, along with the reasons for seeking discharge. If available, program reentry for a 30-day period following discharge. MSW services will attempt to be sensitive to the **physical and emotional** comfort of the person served. Other modalities of care may be offered to assist the person served in developing a plan for recovery. Counseling services and the MSW process are a combined effort to develop a workable plan for **aftercare**.

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