Esper Treatment Center

Patient

Handbook

Methadone Maintenance

9/17/14

25 West 18th Street

Erie, PA 16501

814-459-0817

Fax: 814-455-2371

The Esper Treatment Center is licensed by the PA Department of Health – Division of Drug & Alcohol Program Licensure. Our license number is # 257058.

The Esper Treatment Center is accredited by CARF International.

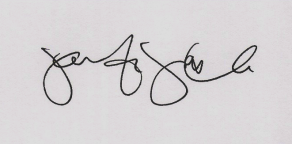
The Esper Treatment Center is audited by Erie County DEPARTMENT OF HUMAN SERVICES Office of Drug & Alcohol Abuse - Case Management Unit 155 West 8th Street, Erie, PA 16501-1303 Telephone: 814-451-6877.

# Welcome to Esper Treatment Center

Welcome to the Esper Treatment Center! We hope you find your recovery management by way of Esper Treatment Center, and that you will find your treatment at Esper Treatment Center a rewarding experience. We look forward to the opportunity of working together to create a successful recovery plan. We also want you to feel that your Treatment with Esper Treatment Center will be a beneficial and gratifying one.

This Patient Handbook may provide answers to most of the questions you may have about Esper Treatment Center’s Treatment programs, as well as our policies, procedures, & practices. It does not contain all of the Esper Treatment Center policies or procedures. You are responsible for reading and understanding this Patient Handbook. If anything is unclear, please discuss the matter with your counselor or a supervisor.

We extend to you our personal best wishes for your success and happiness at Esper Treatment Center.

Sincerely,

Jennifer Esper

President/Director

Esper Treatment Center, Inc.

**Should you have any questions, please feel free to ask your counselor or one of the following personnel:**

* **Jennifer Esper**, President/Director/CEO
* **Dr. Nicole Labor**, Medical Director
* **Vikki Donnelly**, Clinical Director
* **Tammy L. LeVan**, Nurse Supervisor
* **Wendy Kinross**, Administrative Assistant

**Should any Patient have an emergency need to access any staff member we are available 24 hours a day, seven days a week by calling our main telephone number (814) 459-0817 and having the on call person paged.**

# Policies, Procedures & Practices for the Esper Treatment Center Patients

Observance of the following Federal, State regulations, accreditation standards, Best Standards, contractual obligations, policies, procedures & practices is a requirement for acceptance and remaining in the treatment program.

Please review this Handbook and seek any questions you may have with your counselor or a supervisor. This is your copy for future reference.

**PROGRAM DESCRIPTION**

The Esper Treatment Center is a health-providing agency, established to serve Patients who have become addicted to narcotics & other drugs of abuse and are seeking changes in their lifestyle by recognizing the need to commit themselves to a methadone recovery program that can lead to a drug free existence.

Through counseling & case management and the highest level of care, a healthy existence can be experienced. Although the responsibility for health and wellness is the individuals’, the responsibility of our treatment team is to provide medical and physical support, education, and resources. Through this process program goals can be achieved.

Methadone, at a stable/blockade dose, will eliminate withdrawal symptoms and physical cravings and allow the patient to focus on making the positive life changes necessary for recovery. Treatment includes individual counseling, group therapy, support group attendance and referrals to appropriate agencies for issues such as mental health, physical and sexual abuse, relationships, employment/training, parenting, and physicians.

**PROGRAM OUTLINE**

The Esper Treatment Center is a narcotic treatment center specializing in the treatment of opiate addiction with a holistic pharmacological biopsychosocial therapeutic approach.

The Esper Treatment Center is a comprehensive drug abuse treatment program, which offers the following services:

1. Medical examinations and consultations;
2. Individual, group and family counseling services;
3. Referrals to Fellowship Meetings (AA/NA/CA/etc.);
4. Referrals to psychological assessments;
5. Referrals for psychiatric consultations;
6. Daily methadone maintenance;
7. Referrals for other Level of Cares;
8. Referrals for educational and legal related matters and job training;
9. Wrap-around services; and
10. Referral for physical needs.

**MISSION**

The Esper Treatment Center’s mission is to assist persons to achieve recovery and improving their standard of living. In reaching those goals, Esper Treatment Center will provide a safe confidential environment, will treat the individual patient with respect and dignity, and provide referrals to ancillary programs when necessary.

-**John Cadden**

**Jeff Shaw**

**PURPOSE AND PHILOSOPHY**

**Purpose**

The thrust of The Esper Treatment Center is in providing meaningful health services by developing structured guidance programs, by which growth and recovery for every program participant can be experienced.

**Philosophy**

The Esper Treatment Center viewpoint is that methadone “serves only as an adjunct to the treatment process and not as a “trade off” or substitute for comprehensive programming and social rehabilitation”.

It is critical to note that methadone maintenance is only a step in the recovery process and that positive, significant and lasting life changes can only take place through comprehensive Counseling. Therefore, the treatment process must address areas such as the Patients’ physical needs, followed by psychological needs and later spiritual needs. Family members are encouraged to participate in the treatment plan.

It is the belief of The Esper Treatment Center that recovery can frequently occur when the addicted person has a strong support network as AA, NA, church and self help groups, which encourages the Patient throughout the treatment process as well as reducing the possibility of relapse after release from the structured program.

# HOURS OF OPERATION

The Esper Treatment Center will operate Sunday through Saturday. The operational schedule for the program is as follows:

**Clinic Hours**  
 5:30 AM - 1:30 PM (Monday - Friday)

5:30 AM - 8:30 AM (Saturday and Sunday)

**Counseling Hours:**

Mon - Fri 5:30am – 12:30pm

**Dispensing Times**

Monday-Friday

5:30AM - 6:00 AM (Employed Patients only with staff approval)

6:00 AM - 10:00 AM

Saturday and Sunday and Holidays

5:30 AM – 5:45AM (Employed Patients only with staff approval)

5:45AM – 7:30AM

**We close promptly on Saturdays, Sundays and Holidays. You must be in the building checked in before 7:30 on Weekends and holidays. The doors are locked at 7:30am.** To help the flow of patients run smoothly, do not come to the clinic until it is your dispensing time.

**Holiday Hours**

The Esper Treatment Center will be open Monday through Friday from 5:30 a.m. until 12:30 p.m. to conduct the normal daily business of the clinic with the exception of the following designated holidays:

* + - 1. New Years Day- Closed
      2. MLK DAY 5:30am – 8:30am
      3. President’s Day 5:30am- 8:30am
      4. Good Friday 5:30am – 8:30am
      5. Easter -Closed
      6. Memorial Day 5:30am – 8:30am
      7. Flag Day 5:30am - 8:30am
      8. July 4th  5:30am – 8:30am
      9. Labor Day 5:30am – 8:30am
      10. Columbus Day 5:30am – 8:30am
      11. Veteran Day 5:30am – 8:30am
      12. Thanksgiving- Closed
      13. Day after Thanksgiving 5:30am - 8:30am
      14. Christmas Eve 5:30am - 8:30am
      15. Christmas – Closed
      16. New Year’s Eve 5:30am - 8:30am

SIGNS WILL BE POSTED AT LEAST ONE WEEK PRIOR TO A HOLIDAY AS A REMINDER. Also for the days we are closed, you must bring your own lockbox (patients are not permitted to share lockboxes) the day prior to the holiday we are closed to receive a take home dose of medication.

**No LockBox = No Take Home You must return take home bottle(s) when you return to the clinic.**

**WHAT IS DRUG ADDICTION?**

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs. Getting an addicted person to stop abusing drugs is just one part of a long and complex recovery process.

When people enter treatment, addiction has often taken over their lives. The compulsion to get drugs, take drugs, and experience the effects of drugs has dominated their every waking moment, and drug abuse has taken the place of all the things they used to enjoy doing. It has disrupted how they function in their family lives, at work, and in the community, and has made them more likely to suffer from other serious illnesses. Because addiction can affect so many aspects of a person’s life, treatment must address the needs of the whole person to be successful. This is why the best programs incorporate a variety of rehabilitative services into their comprehensive treatment regimens. Treatment counselors select from a menu of services for meeting the individual medical, psychological, social, vocational, and legal needs of their patients to foster their recovery from addiction. Research shows that combining treatment medications, where available, with behavioral therapy is the best way to ensure success for most patients and give the patient the best opportunity of beginning and maintaining a recovery program. Recovery includes making positive changes in the way a person thinks, their behaviors, life styles and how they deal with stress in their life. Not using opiates is just the beginning, making lifelong changes in all areas of a person’s life is recovery. Treatment approaches must be tailored to address each patient’s drug abuse patterns and drug-related medical, psychiatric, and social problems.

Behavioral treatments help engage people in drug abuse treatment, modifying their attitudes and behaviors related to drug abuse and increasing their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for drugs and prompt another cycle of compulsive abuse. Moreover, behavioral therapies can enhance the effectiveness of medications and help people remain in treatment longer.

# Background Information on Opiate Addiction

Opioid releases an excess of dopamine in the body causing the user to need an opiate occupying the opioid receptors in the brain continuously. Most opioid including heroin and Oxycontin are short acting opiates meaning the “high” lasts 2-3 hours. Therefore, a person addicted to opiates will experience the beginning of withdrawal symptoms within 2-3 hours of their last use. To relieve the withdrawal symptoms, opiate addicts will use again, continuing the cycle of abuse. The withdrawal symptoms are felt as the opioid receptors in the brain become unstable, or in other words, not filled with an opiate. Rather than experience the withdrawal symptoms, opiate addicts will do what they feel is necessary to “feel normal” again and be able to function.

During active use, the opiate addict is unable to focus on anything else but relieving the withdrawal symptoms to make themselves feel normal. Traditional drug free treatment modalities, have not been effective with this population due to the physical withdrawal symptoms experienced and the opiate addicts need to alleviate the symptoms.

**FACTS and MYTHS about Methadone**

MYTH: Methadone gets “in your bones.”

FACT: Methadone does not “get into the bones” or in any other way cause harm to the skeletal system. Although some methadone patients report having aches in their arms and legs, the discomfort is probably a mild withdrawal symptom and may be eased by adjusting the dose of methadone. If your dose is incorrect or if you continue to use mood-altering substances in addition to methadone, your standard dose may be insufficient and you could suffer mild withdrawal symptoms.

MYTH: Methadone rots your teeth.

FACT: This is a consequence of a long period of time in active addiction. Few heroin addicts clean their teeth regularly or go for dental checkups. Many addicts also consume a lot of sugar. Finally, inadequate nutrition will fail to keep teeth, gums and bones healthy. When stabilized on methadone, individuals may first become aware of their dental decay.

MYTH: Methadone depletes calcium.

FACT: There is no scientific proof whatsoever that methadone depletes calcium in the body. This can be attributed largely to poor nutrition. To look for the real culprit in calcium depletion, look no further than a much more common drug: Caffeine. Caffeine, in coffee, tea, cola drinks, and chocolate has been proven to deplete calcium.

MYTH: Methadone turns you into a “zombie”.

FACT: Methadone has no adverse effects on intelligence, mental capability, or employability. Stabilized methadone patients cannot be distinguished from non-methadone patients in terms of their ability to think, experience emotions or engage in physical activity. Study of the long-term effects of methadone treatment on patients’ intelligence revealed that after ten years of continuous methadone treatment, standard intelligence test scores were the same or slightly higher than at onset of treatment.

Sometimes our lifestyle affects our energy level. Low energy and lack of motivation often come from depression and hopelessness. Methadone blocks heroin withdrawal symptoms and cravings. It does not find a person a job, deal with past trauma or guilt from past actions, and teach a person how to deal with painful emotions or how to relate well to others. These things are only learned in living life free of active addiction.

MYTH: It’s harder to kick methadone than it is a heroin or other opiate addiction.

FACT: Stopping methadone use is different from kicking a heroin habit. Although withdrawal from methadone does last significantly longer than withdrawal from heroin, methadone is **not** more addictive than heroin. Gradual withdrawal from methadone will only result in relatively mild withdrawal symptoms, and you are more likely to remain opiate-free after detoxing than with “cold turkey” withdrawal.

MYTH: Methadone is worse for your body than heroin.

FACT: Methadone is not worse for your body than heroin. Both heroin and methadone are non-toxic, yet both can be dangerous if taken in excess -- but this is true of everything, from aspirin to food. Methadone is safer than street heroin because it is a legally prescribed medication and it is taken orally. Unregulated street drugs often contain many harmful additives that are used to “cut” the drug.

MYTH: Methadone harms your liver.

FACT: The liver metabolizes (breaks down and processes) methadone, but methadone does not “harm” the liver. Methadone is actually much easier for the liver to metabolize than many other types of medications. People with hepatitis or with severe liverdisease can take methadone safely.

MYTH: Methadone causes people to use cocaine.

FACT: Methadone does not cause people to use cocaine. Many people who use cocaine started taking it before they started methadone maintenance treatment -- and many stop using cocaine while they are on maintenance. While methadone blocks heroin withdrawal symptoms and cravings, the disease of addiction makes many people continue to use other drugs. Those who wish to stop using cocaine and other drugs are often able to do so with the help of counseling.

MYTH: The lower the dose of methadone the better.

FACT: People are different, and the dose that works for one patient is different from the

dose that works for another. Ideally, you should decide on your dose with the help of your physician and without outside interference. The dose that works for you depends on your metabolism (how long your body takes to break down and process methadone). Low doses will reduce withdrawal symptoms, but higher doses are needed to block the effect of opiates and — most important -- to cut the craving for opiates.

MYTH: Methadone causes drowsiness and sedation.

FACT: All people sometimes feel drowsy or tired. Patients on a stabilized dose of methadone, and not abusing other illicit substances, will not feel any more drowsy or sedated than is normal. Drowsiness may occur during the initial stages of treatment and usually subsides or disappears as methadone dosage is adjusted and stabilized, as tolerance develops, or with simple medical treatment.

# How Methadone Works

Methadone is a longer acting opiate meaning it will be effective for 24-36 hours after ingestion. Methadone attaches to the opioid receptors in the brain, and in sufficient quantity, blocks the effects of other opioid agents. At a stable/blockade dose (all opioid receptors in the brain are filled by methadone) the opiate addict will not experience withdrawal symptoms, will not experience the high of opiates if they should use any opiates, will experience a decrease in the cravings associated with opiate use, and will have some protection from overdosing on opiates. This does not mean a patient is protected from overdosing on other types of drugs while on methadone. Methadone does not provide a euphoric rush as with other opiates. A patient on a stable/blockade dose is able to perform the duties of their job, drive, and participate in activities. A methadone patient at their optimal dose will not be “nodding off” due to methadone and will not experience a “high” from their dose.

There is not one optimal dose for all patients. Each patient needs to be assessed individually and their dose raised or lowered based on numerous factors including objective and subjective measures. Pregnancy, stress, the use of other prescribed or non-prescription drugs, diet, physical disorders, genetic variations in metabolism, as well as other factors can influence the effectiveness of methadone and the need for a change in dose.

Important Information

**\*EMERGENCY MEDICAL\***

How to Use Methadone Safely

From the U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration Food and Drug Administration:

Methadone

Methadone provides relief for patients who do not respond to non-narcotic pain medicines and has also been used for decades to treat individuals who suffer from addiction and dependence on heroin and narcotic pain medicines.

When taken as prescribed, methadone is safe and effective. But all medicines have risks. Patients and healthcare providers need to understand the power and physical effects of methadone in order to get the maximum benefits.

Whether known by Dolophine, Methadose or its generic name, methadone has provided relief to millions of patients. Methadone works by changing how the brain and nervous system respond to pain. It is also used in drug detoxification and treatment programs to lessen the symptoms of withdrawal and to block the effects of opiate drugs. Methadone allows individuals to recover from their addiction and to reclaim active and meaningful lives.

Patients being treated for pain generally receive a prescription from their doctor and take the medication at home. Patients taking methadone for addiction receive their doses at accredited programs under supervision. After a period of stability, these patients are given methadone to take at home between program visits. In all cases, if not taken correctly, methadone can be dangerous.

**The Dangers of Overdose**

There are big differences in how each patient reacts to methadone. Taking more methadone than prescribed can cause unintentional overdose.

Navigate the Risks:

Two Simple Steps

1. Take Methadone exactly as prescribed. To be safe, people must take only the dose prescribed, at the times prescribed. Methadone can build up in the body to a toxic level if taken too often, if the dose is too high, or if it is taken with certain other medicines or supplements.

2. Know—and share— your complete health history.

**People who take methadone need to give all health professionals every detail of what they are taking.** This is especially important for a first-time user of methadone. A long list of medications can interact with methadone:

• Methadone may be more hazardous when used with alcohol, other opioids (opium-like substances) or illicit drugs that depress the central nervous system.

• Be especially careful about other medicines that may make you sleepy, such as other pain medicines, anti-depressant medicines, sleeping pills, anxiety medicines, antihistamines, or tranquilizers.

• Other medicines to watch out for include diuretics, antibiotics, heart or blood pressure medication, HIV medicines and MAO inhibitors.

• If you are taking medicine that may cause disruptions in your heartbeat (known as arrhythmias), you should be especially cautious taking methadone.

• Even if a medication is not on this list, it could still be dangerous.

Older adults and people with debilitating conditions may be more sensitive to methadone’s effects. To avoid danger, people should tell health professionals about any illnesses or conditions. Here are just a few that doctors must know about:

• A history of drug or alcohol addiction

• Pregnancy and nursing (current or planned)

• Seizure disorders, such as epilepsy

• Cardiac conditions such as low blood pressure or long QT syndrome (racing heart)

• Breathing disorders such as asthma, sleep apnea or chronic obstructive pulmonary disease

• Mental illness

• A history of head injury or brain tumors

• Other conditions, including liver or kidney disease, underactive thyroid, curvature of the spine, gallbladder disease, adrenal gland disorders such as Addison’s disease, prostate enlargement and urination problems

**Using Methadone:**

What Can Patients Do to Stay Safe?

• Methadone can be addictive. Patients should take care not to abuse it.

• Never use more methadone than the amount prescribed.

• If you miss a dose or if you feel it is not working, do not take extra**.** For patients in methadone maintenance treatment for addiction, contact your clinic for instructions.

• No one should use methadone if it has not been prescribed for them.

• Be especially careful if taking methadone for the first time.

**When Taking Methadone**:

• **Do not consume alcohol or medicines that contain alcohol. Do not use illicit drugs or abuse prescription medications.**

• Be careful when driving, operating heavy machinery or doing anything that requires you to be alert. Methadone, like many other medications, can slow thinking and reaction time and make you drowsy. Methadone may impair your thinking or reactions. Avoid driving or operating machinery until you know how methadone will affect you.

• Store methadone at room temperature and away from light.

• Always take methadone in the exact dosage amount and form you have been prescribed.

• **Take steps to prevent children from accidentally taking methadone**. Methadone taken by children and opiate naïve people can be very dangerous and can cause death. Store your methadone safely in a place where no one can access it.

• **Never give methadone to anyone else** even if the person has similar symptoms or suffers from the same condition as you because it can be dangerous.

Suddenly stopping or going off methadone treatment can be dangerous. Patients should talk to their counselor and doctors first. To minimize withdrawal symptoms, health professionals can work out a plan to gradually reduce the medication.

**Take Side Effects Seriously**

Some side effects are emergencies.

Patients should stop taking methadone—and contact a physician or emergency services right away—if they:

• Have difficulty breathing or shallow breathing

• Feel light-headed or faint

• Get hives or a rash; have swelling of the face, lips, tongue or throat

• Feel chest pain

• Have a fast or pounding heartbeat

• Have hallucinations or confusion

Make sure your family members and members of your household know what symptoms to look for, especially signs of shallow breathing or loud snoring.

Other side effects are not life-threatening, but can still be cause for concern. Patients should immediately talk to health professionals if they have: severe or persistent nausea, vomiting, constipation, loss of appetite, weight gain, stomach pain, sweating, mood changes, vision problems, flush or red skin, sleep difficulties, decreased sexual desire or ability or missed menstrual periods.

**Possible Methadone Side Effects:**

Drowsiness- nodding with increased doses

Constipation

Excessive sweating- night sweats or on exertion

Sexual Function Interference- more with males, improves with time

Menses- irregular

Nausea and vomiting- respond to antacid before and after methadone

Low Blood Pressure- bradycardia and dizziness

Difficulty in Breathing- smothering

Allergic Skin Rashes- transitory

Edema- ie., piting of the extremities (more in females)

Insomnia – Serious hazard, tolerance is lowered

**WARNING**

Methadone in increased doses causes drowsiness. Patients that operate any type of hazardous jobs, such as operating a machine, or drives must be aware of this condition.

We seriously recommend that you discontinue any and all driving or operating of machinery, until such time until your dosage of methadone is stabilized.

Please speak with the medical department or seek emergency help at a hospital if you are concerned about any possible side effects of methadone immediately!

## What other drugs will affect methadone?

Do not use methadone with other narcotic pain medications, sedatives, tranquilizers, muscle relaxers, or other medicines that can make you sleepy or slow your breathing. Dangerous side effects may result. Do not use methadone with any of the following drugs without first talking to your doctor:

* a diuretic (water pill);
* antibiotics such as azithromycin (Zithromax), ciprofloxacin (Cipro), clarithromycin (Biaxin), erythromycin (E-Mycin, Ery-Tab), itraconazole (Sporanox), ketoconazole (Nizoral), metronidazole (Flagyl) or voriconazole (Vfend);
* heart or blood pressure medication such as diltiazem (Cardizem, Dilacor, Tiazac) or verapamil (Calan, Covera, Isoptin, Verelan);
* HIV medicines such as abacavir (Ziagen), amprenavir (Agenerase), didanosine (Videx), efavirenz (Sustiva), lopinavir/ritonavir (Kaletra), nelfinavir (Viracept), nevirapine (Viramune), ritonavir (Norvir), stavudine (Zerit), or zidovudine (Retrovir);
* an MAO inhibitor such as isocarboxazid (Marplan), tranylcypromine (Parnate), phenelzine (Nardil), or selegiline (Eldepryl, Emsam);
* other narcotic medications such as pentazocine (Talwin), nalbuphine (Nubain), buprenorphine (Subutex), or butorphanol (Stadol);
* rifampin (Rifadin, Rimactane, Rifater); or
* seizure medication such as phenobarbital (Luminal, Solfoton) or phenytoin (Dilantin).

This list is not complete and there are many other medicines that may cause serious medical problems if you take them together with methadone. Tell your doctor about all the prescription and over-the-counter medications you use. This includes vitamins, minerals, herbal products, and drugs prescribed by other doctors. Do not start using a new medication without telling your doctor. Keep a list with you of all the medicines you use and show this list to any doctor or other healthcare provider who treats you.

**Important Information**

Poison Control Center Number 1-800-222-1222

|  |  |  |
| --- | --- | --- |
| For further information on methadone treatment, the following websites may be helpful: | | |
| Substance Abuse and Mental Health Services Administration  [www.samhsa.gov](http://www.samhsa.gov) |  | Office of National Drug Control Policy  [www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov/) |
|  |  |  |
| National Institute on Drug Abuse [www.nida.nih.gov](http://www.nida.nih.gov/) |  | Addiction Treatment Forum [www.atforum.com](http://www.atforum.com/) |
|  |  |  |
| American Society of Addiction Medicine [www.asam.org](http://www.asam.org/) |  | Food and Drug Administration (FDA) www.fda.gov |

**PATIENT REGISTRATION**

As a condition for admission, the Patient must provide accurate, current and complete information including a valid State issued photo ID such as a driver’s license.

**VISITORS ON PREMISES**

Due to the confidential nature of our business we ask that you do not bring visitors onto the premises unless necessary.

Anyone accompanying a Patient must show identification on request, sign a visitor confidentiality form and be seated in the waiting room. The Patient assumes responsibility for the behavior of the visitor while on the premises. Any visitor may be asked to leave the premises at the discretion of the Chief Executive Officer.

Visitors should be limited, but when necessary must abide by the rules.

**PHOTOGRAPHY AND VIDEOS**

Taking pictures, audio and/or videos on the premises, or of any person on the premises, is strictly forbidden. All patients have the right to confidentiality while receiving treatment. If a patient is found to be taking pictures, voice recording or video they will be involuntarily detoxed from the program.

**CELL PHONES**

Cell phones are not permitted to be in use at the check in windows, dosing windows, in counseling offices or restrooms.

**LITTERING**

Everyone is expected to share in the responsibility for keeping the center in a neat and clean condition by not littering and by using trash containers.

**FOOD, BEVERAGES & TOBACCO PRODUCTS**

Food, beverages and all tobacco use is **prohibited** in the building. This includes electronic cigarettes of any type.

**WEAPONS**

The Esper Treatment Center prohibits all persons from carrying a weapon onto Esper Treatment Center Property. Weapons include, but are not limited to handguns, knives (including pocket knives), firearm or other prohibited weapon of any kind regardless of whether the person is licensed to carry the weapon or not. Having a weapon on Esper Treatment Center property is reason for an involuntary discharge.

**PHYSICAL RESTRAINTS**

The Esper Treatment Center does not utilize any type of physical restraint or seclusion. ETC may contact the appropriate agency, such as the Erie Police Department or Crisis Services, if needed for the safety of patients, visitors and staff.

**DRESS CODE**

Clothing worn in center must include:

1. Shirt type tops
2. Pants, shorts or skirts of appropriate length
3. Shoes or sandals

Inappropriate wear

1. Bathing suits
2. Halter or revealing tops
3. Short skirts
4. Bare feet
5. Pajamas
6. Clothing that references drugs or alcohol culture.

**EMERGENCY PROCEDURES**

In the event of an emergency, for example a fire, all patients will leave by the closest exit and report to the Firestone Parking Lot. It is important that in any emergency evacuation, patients and staff report to this parking lot to help account for all persons. There are three exits in the building, the front north entrance, the west side entrance (in waiting room) and the east side entrance (by the back group room). Fire extinguishers are located in the main hall by the counseling offices and outside the dosing room.

In the event of the need for the clinic to be on lock-down, all patients and staff are to go to the closest room, shut and lock the door. They are to remain there until told by police or safety officers it is safe to leave the building.

**REQUIRED GROUPS**

All patients are required to attend a onetime group focusing on HIV/AIDS/Hep-C and STD. This group will be scheduled at your intake and is facilitated by Shout Outreach/Gaudenzia. All patients must also attend the ETC Orientation Group which is also held one time and you will be scheduled to attend at your intake.

# The Patient’s Bill of Rights

1. You have the right to be treated with dignity and respect at all times.
2. You have the right to a complete and understandable explanation of any treatment recommendation prior to signing Informed Consent to Treatment.
3. You have the right to know the costs of any services before you agree to accept them.
4. You have the right to confidentiality within the limits of the law.
5. You have the right to purchase copies of any records which pertain to you within limits of the law.
6. You have the right to express a concern or complaint about services, staff or the operation of the organization.
7. You have the right to express your opinion on ways to improve our services.
8. You have the right to a full explanation of all rules and policies of The Esper Treatment Center.
9. You have the right to obtain Take-Home Status based upon your progress in recovery, which there are written guidelines and conditions explaining how to obtain Take-Home Status.
10. You have the right to full disclosure of any information released with your consent.
11. You have the right to a copy of the Federal Regulations regarding information released with Patient consent prior to release of information.
12. You have the right to a safe and clean treatment facility, free of violence, threats of violence, sexual harassment, discrimination, and illicit drugs at all times.
13. You have the right to competent, caring, professional treatment and referrals.
14. You have the right to receive timely receipts or invoices to pursue third party reimbursement of your fees.
15. You have the right to receive your prescribed methadone dosage as described in the patient handbook.
16. You have the right to review your records by submitting a written request to your Primary Counselor. The Chief Executive Officer may temporarily remove portions of the records prior to your inspection if he/she determines that the information may be detrimental if presented to you. Reasons for removing sections shall be documented and kept on file.
17. You have the right to appeal decisions limiting access to records.
18. You have the right to request correction of inaccurate, irrelevant, outdated or incomplete information from your record.
19. You have the right to submit rebuttal or memoranda to your records.
20. You have the right of freedom from: any type of abuse, financial or other exploitation, retaliation, humiliation and neglect.
21. You have the right for referrals or access to: legal entities for appropriate representation, self-help support services and advocacy support services.

# PATIENT RESPONSIBILITIES

The Patient has the responsibility:

1. To be respectful and considerate of the staff, patients and consultants involved in his/her treatment.
2. To follow all state regulations, accreditation standards, policies, procedures, & practices covering his/her treatment and his/her behavior in the program.
3. To actively participate in the development of a meaningful treatment plan with the assistance of his/her counselor.
4. To adhere to your treatment plan regarding your financial obligations.
5. To provide the program (counselor) and the Medical Department with current and accurate information about the use of any licit or illicit substances, physicians, mental health providers and medications prescribed or taken over the counter.
6. To respect the rights of other Patients confidentiality.
7. To communicate to the clinic pertinent information about major life events that would significantly affect his/her recovery. This includes: marriage, divorce, death of a close friend or relative, legal issues, employment issues, medical problems, etc.
8. Make all court appearances scheduled.
9. To follow the action steps that are set forth in the treatment plan.
10. To follow the Patient Grievance/Appeal procedure when it is felt that the basic Patient rights have been violated.

Note: Patient Rights are posted on bulletin board in lobby. Complaint and/or suggestion box located in lobby.

## Civil Rights

It is the policy of The Esper Treatment Center approved by the President/Director/ Owner that a person receiving care or treatment under the provisions of, or subject to the provisions of Section 7 of the Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. §1690.107), shall retain all civil rights and liberties except as provided by law. No Patient shall be deprived of any civil right solely by reason of treatment.

Procedures

1. The civil rights policy of The Esper Treatment Center shall be included in the patient handbook and also posted in the common area of the clinic.

2. Employees shall be instructed of the intent of this policy and it shall be included in the employee handbook.

**ETC EMPLOYEE** **CODE OF ETHICS**

The Esper Treatment Center has adopted **The Pennsylvania Certification Board’s “Code of Ethical Conduct”** as our own code of ethical conduct. All Esper Treatment Center’s Employees are required to practice **The Pennsylvania Certification Board’s “Code of Ethical Conduct”** at all times. You can find this code hanging in the glass cabinet by the receptionist area. If you have any questions regarding the Code of Ethics for employees, or believe an employee has violated this code of ethics, please contact Jennifer Esper, President/Director or Vikki Donnelly, Clinical Director.

**NON-DISCRIMINATION**

It is the policy of The Esper Treatment Center approved by the President/Director/ Owner that service is provided to all regardless of race, creed, sex, ethnicity, color, national origin, marital status, age, sexual orientation, handicap or religion.

1. Age discrimination - Our Patients are specifically required to be 18 years of age or older. In the event that an individual under 18 requests our services, we will provide intake and referral to a facility specifically prepared to treat adolescent narcotic addicts.

### **PATIENT ACCESS TO RECORDS**

It is the policy of The Esper Treatment Center approved by the President/Director/ Owner, that all Patients have the right to inspect their records subject to certain provisions and procedures. A written request including reasons for the request must be submitted to the Programs Clinical Director. Patient’s will be informed of their right to review their record, further, this right is included in the Patient’s Bill of Rights that each Patient will receive upon admission.

The Chief Executive Officer may temporarily remove portions of the record, prior to inspection by the Patient, if he/she determines that the information may be detrimental if presented to the Patient. Reasons for removing sections shall be documented and kept on file.

If the Patient feels that records, which were removed, should not have been removed and wishes to inspect them, the Patient has a right to appeal the decision to limiting access to their records in a written letter to the Chief Executive Officer. This appeal is to be done within seven (7) days of the Patient’s review of the records. The Chief Executive Officer upon receipt of the notice of appeal will within 48 hours confer with the Medical Director, Clinical Director, and Counselor. Together they will decide if the Patient can review these records in question. The Chief Executive Officer will give the Patient a written decision. This will be done within seven (7) days of the appeal request.

The Patient will then be given the opportunity to review the records in the Counselor’s office with the Counselor present to ensure that the Patient does not remove materials. This inspection of the record is to take place no more than seven (7) days after the request. It is the Counselors’ responsibility to ensure this process is carried out.

The Patient has the right to request correction of inaccurate, irrelevant, outdated or incomplete information from his/her records. To accomplish the Patient is to submit a written request to their Counselor, as to the nature of the information to be corrected and why it is incorrect. The Counselor will then review this request with the Chief Executive Officer within 48 hours. The decision to amend the record will be given to the Patient in writing within one week of the request. If the information is to be removed from the record then it will be done within 48 hours of this decision. The record will reflect that such information was changed or deleted. The Patient will be given a copy of changes made.

The Patient shall have the right to submit rebuttal data or memoranda to his/her own records.

**CONFIDENTIALITY OF PATIENT IDENTITY & RECORDS**

It is the policy of The Esper Treatment Center that patient confidentiality shall be maintained. Further, the limits of confidentiality must be disclosed at intake and before admission, and documented in the intake request form. Provision of the PA Code §255.5 shall be described verbally and in writing at this time.

**ADMISSION CRITERIA**

1. The minimum age of 18
2. History of one (1) year addiction including current physical dependence.
3. Pregnant opiate-dependent women will be accepted with Patients’ written consent to inform obstetrician of treatment plan and treatment
4. **Priority Admissions** are giving to the following patients:
   * + Pregnant IV Drug Users;
     + Pregnant Women;
     + IV Drug Users; and

* Individuals with urgent needs;
* Individuals with emergency medical or psychiatric situations; and
  + - Others.

Emphasis will be placed on patients with two or more failed Drug-Free approaches, patients present harm to self or others and patients who present acute opiate withdrawal symptoms.

1. Depending on our Physician assessment of the severity of opiate addiction and lack of prior treatment we will refer the patient to another Level of Care before they attempt Narcotic Treatment Program (NTP). In these cases we would make a referral.
2. Patients on an opiate pain management program will not be eligible for our Narcotic Treatment Program, based on the physician assessment. In these cases we would make a referral.
3. **Patients who do not sign Releases of Information for our Physician to communicate with their physician (s) will not be eligible for our Narcotic Treatment Program. In these cases we would make a referral.**
4. If a patient has over-dosed on drugs while they have been in a NTP in the past they may not be eligible for our Narcotic Treatment Program, based on the physician assessment. In these cases we would make a referral.
5. Our Chief Executive Officer and the Medical Director on a case-by-case basis for admission will review patients with a known history of violent behaviors for the safety of the Center. In cases of rejected admissions, we would make a referral.
6. Participation in follow-up studies.
7. You agree to be photographed for our AMS Methadone ID Machine.

**CRITERIA FOR CONTINUED STAY IN NARCOTIC TREATMENT PROGRAMMING (NTP) IN THIS PROGRAM:**

1. Commitment towards recovery;
2. Fulfillment of ETC’s policies, procedures & practices;
3. Fulfillment of all aspects of your treatment plan, including a treatment plan focusing on maintaining financial responsibilities for treatment;
4. Regular attendance at scheduled individual counseling sessions;
5. Regular attendance at scheduled group counseling sessions;
6. Regular attendance of Methadone Maintenance dosing;
7. Continuing to make positive/healthy changes in:
   1. Drug and alcohol use and abuse;
   2. In healthy management plan of their physical health with their PCP;
   3. The development of healthy management plan for their emotional well being;
   4. Working towards understanding or accepting your addiction to the extent that they can maintain a self-directed recovery plan;
   5. Establishing healthy life styles, emotional responses, thought patterns & behaviors working towards a self directed recovery plan; and
   6. Patient’s social system/recovery environment.
8. Involvement in NA/AA or some form of outside support group; and
9. Employment or training, if applicable.

**TREATMENT METHODOLOGY**

Individual Counseling - sessions are by appointment, addressing issues such as behavior modification, present and past substance abuse history, values, future plans and provide strategies that will help the Patient to develop coping methods for current problems.

Group Therapy - is designed to accommodate 8-12 Patients and a Counselor.

Family Counseling

Biofeedback - educational information is presented relative to the methods of assessing symptoms associated with substance abuse or other medication.

**CRITERIA FOR SUCCESSFUL DISCHARGE OF TREATMENT**

Project Prospective

Each Patient may have the ability to achieve various stages of recovery, which will be defined and redefined as treatment goals are updated.

It is the ultimate goal of The Esper Treatment Center that each Patient completes treatment to maintain a lifestyle of self-sufficiency and productivity. This can be obtained after the Patient is fully detoxified from methadone and maintains a productive lifestyle. The Counselor and Patient will develop an aftercare program (Recovery Plan) to be followed and used as part of a support system & recovery plan. The plan will be documented in Patient’s chart, signed by Patient, Clinical Director and Counselor. Patients who are successfully discharged from the Esper Treatment Center have:

* + Remained drug and alcohol free;
  + Established a healthy management plan of their physical health with their PCP;
  + Established a healthy management plan for their emotional well being;
  + Accepted their addiction to the extent that they can maintain a self-directed plan;
  + Established healthy life styles, emotional responses, thought patterns & behaviors- Relapse potential is low; and
  + Patient’s social system/recovery environment is positive, healthy, learning, growing and supportive of recovery-patient is able to maintain a self-directed recovery plan.

**CRITERIA FOR INVOLUNTARY DISCHARGE/TERMINATION**

Fulfillment of ETC’s policies, procedures, practices, treatment plans, and financial obligations are required from both a therapeutic and practical point of view. The Esper Treatment Center reserves the right to involuntarily detox/terminate a Patient from the Project if it deems that such termination would be in the best interests of the health, safety, or welfare of the Patient and/or the Project, or if this methadone Project finds any of the following conditions to exist or have existed:

1. The Patient has committed threats or acts of physical violence in or around the premises of The Esper Treatment Center;
2. The Patient has sold or distributed controlled substances or possessed controlled substances without lawful prescription in or around the Project premises;
3. The Patient has sold/given away their Methadone take-out and is unable to come into the clinic seven (7)-days a week for dosing;
4. The Patient has been excessively absent from the Project;
5. The Patient has been absent (AWOL) for three (3) days consecutively without cause;
6. The Patient has failed to follow his/her treatment plan, including treatment plans addressing financial responsibilities;

Patients, regardless of agency reimbursement sources, i.e. Private Pay, Medical Assistance, Act 152, etc. shall not be involuntarily detoxified for their inability to pay.

Any Patient involuntarily terminated, except for threats or acts of physical violence, shall be afforded the opportunity to receive methadone detoxification over a period of time not to exceed 21 days but not less than seven (7) days or with Patient consent he/she shall be referred to another methadone project or a hospital approved for detoxification.

The following are the procedures to be taken in the event of any of the following occurs on ETC property.

**Illegal Drugs/Alcohol**:

The following procedures will be taken if a person is found to be in possession of illegal drugs or alcohol on Esper Treatment Center property:

1. By a patient: The patient will be served with an involuntary detox and the procedure regarding an involuntary detox will be followed.
2. By a person other than patient or staff member: the person will be told to leave the premises immediately.

**If an illegal drug is found on Esper Treatment Center property, we will contact the Erie Police Department to determine the appropriate steps to take. If a legal drug(alcohol) is found the property, it will be disposed of by pouring it down the drain.**

**Prescribed Medications**

Patients are not to bring their prescription medications to the clinic unless they are requested to do so by their counselor or medical department **or** the patient is bringing the medication in for verification for their file. All new prescriptions are to be brought to your counselor or medical department prior to being filled if possible. If that is not possible, bring the medication to the clinic the next day you come to the clinic. Patients are not to bring in their medication without need due to problems arising from losing the medication, selling it or someone taking it.

**If a prescribed medication is found on the property and it is a patient’s medication, it will be given to the medical department who will verify the contents and contact the patient. It will be documented regarding what was found, by whom and when, as well as the contact with the patient. The counselor will be informed as well. The counselor and medical department will also verify that we were aware of the medication.**

**Weapons:**

**Weapons of any kind are prohibited on ETC property. This includes, but is not limited to, pocket knives, kitchen knives, any type of firearm, or any other item that could be considered a weapon.**

The following procedures will be taken if a person is found to be in possession of a weapon on Esper Treatment Center property:

1. By a patient: The patient will be discharged from treatment.
2. By a person other than patient or staff member: the person will be told to leave the premises immediately

**In each circumstance the Project Director will be notified immediately of the situation. The police will be contacted if the weapon is a gun, bomb or other deadly weapon to determine the appropriate actions.**

If any of the above substances or items are found on ETC property, the Project Director will be informed and the police will be consulted on what action to take. If it is a controlled substance the DEA will be contacted. Any such incident will be reported on the Incident Form and if required, reported to our regulating bodies.

**ATTENDANCE AND APPOINTMENTS**

Patients are expected to arrive 15 minutes prior to scheduled appointments, and are expected to leave premises immediately after official business.

Counseling sessions will be by appointments except in emergency situations. Counseling hours can range from 1 to 5 hours a week. Sessions are scheduled between the hours of 5:30 a.m. and 12:30 p.m. The Clinical Director must approve requests for appointments after scheduled hours.

The primary counselor will inform Patient of the date(s) and time(s) of scheduled sessions. In the event appointments cannot be kept, please notify primary counselor at least one (1) hour before scheduled time.

All Patients are expected to arrive at the clinic for medication on their assigned days. If a Patient has a scheduled appointment, i.e. counseling, a physical, or other scheduled appointment, he or she should arrive fifteen minutes prior to their appointment and wait in the waiting room until escorted to the area of their appointment.

Patients’ attendance and appointment keeping are required in accordance with the schedule in the Individual Treatment Plan. This applies equally to medication dispensing, employment services, doctor’s appointments, group therapy, other counseling and therapy appointments, and all program-initiated referrals. A no-show with a call is a less serious infraction than a no-show without a call.

PLEASE NOTE: Failure to maintain your individual counseling sessions, methadone maintenance schedule (this includes courtesy dosing at another clinic), or other appointments will result in a performance contract/treatment plan. Failure to follow treatment plans and/or performance contracts may lead to an involuntary discharge. Three days of not attending the clinic without cause is reason to discharge a patient.

**FEES**

It is the responsibility of the Patient to meet financial obligations to The Esper Treatment Center. Any Patient that becomes delinquent will be subject to revocation of any obtained Take-Home Status and may be required to come in to dose at 10:30am. Any Patient who falls one week or more behind in payments and are experiencing financial hardship will be offered the opportunity to work out an Agreement between administration and Patient. Failure to fulfill this obligation of this Agreement and your treatment plan addressing fees may result in involuntary detoxification & discharge.

Fees must be paid according to the regulation of funding source. Upon intake the counselor will explain the source and payment schedule.

Where applicable, **fees must be paid on Monday each week**. If employment status changes, it must be reported immediately and proof of application for unemployment compensation must be provided or new employment information must be given.

**FEE ARREARAGE AND TAKE-HOME DAYS**

1. A Patient with current take-home status cannot earn further take-home days if fees are in arrears and their take home status will be suspended.
2. Take-home status will be removed if proper financial information is not submitted upon request.

**PSYCHOTHERAPY SERVICES**

It is the policy of The Esper Treatment Center approved by Director to make available a full range of psychotherapy services. The following services shall be offered either onsite or referred:

1. Informational
2. Recreational
3. Legal
4. Employment
5. Educational

A network for supportive services and community agencies will be utilized.

**DOSING PROCEDURES**

ETC DISPENSES METHADONE IN LIQUID FORM ONLY.

The following procedures when dosing must be adhered to at all times:

1. After checking in, the patient will wait in the waiting room until their number is called. If the patient has an appointment with their counselor they must see their counselor first prior to being dosed.
2. When the patient’s number is called the patient will go to the dosing window and present their number.
3. The nurse will verify the person’s identity utilizing the AMS system.
4. If the patient has empty methadone bottles to return, they will give them to the nurse at this time. If the patient does not return their empty bottles, they will not receive take-homes.
5. The dose will be dispensed into a small cup and handed to the patient.
6. The patient ingests the dose, gives the cup back to the nurse who will fill it with water for the patient to drink.
7. After dosing, the patient MUST speak to the nurse before leaving the dosing window.
8. If a patient has take home bottles, the nurse will fill the bottles, put labels on the bottles and place them in the patient’s lock box.
9. If a patient does not follow this procedure, they will lose their take homes, and/or be served with an involuntary detox.

**HIV POLICY**

All Patients will be offered HIV testing and educational information. Patients will be referred for HIV testing to the County Health Department or alternative sites. **CONFIDENTIALITY WILL BE MAINTAINED**

**HIV PATIENTS WILL BE ACCEPTED AT OUR CLINIC**

Referral to outside counseling services and to an infectious disease specialist will be offered to HIV positive Patients. All Patients seeking referral to outside counseling or to an infectious disease specialist must sign the appropriate Release(s) of Information forms before any referral can be made.

**PATIENT TAKE-HOME STATUS**

Once a Patient has enrolled with The Esper Treatment Center Narcotic Treatment Program (NTP), he or she may obtain take-home status. In order to obtain take-home status a Patient must demonstrate a responsibility in handling narcotic drugs; they must have a safe place to keep their methadone at home; their urines must be absent of illicit drugs; their attendance at the clinic must be regular including all scheduled counseling sessions; their behavior must be absent of serious behavioral problems; they must not have any legal involvement and they must demonstrate a STABILITY of home environment and social relationships, but most importantly they must be assessed to be at a certain stage of recovery for the level of take-home status they are trying to obtain.

Patients are expected to inform, and bring in to, their counselor all medications they take over the counter or are prescribed. Failure to do so, will result in the loss of take home status and a performance contract. If a patient refuses to sign releases of information, they will be involuntarily discharged from the program.

NO TAKE HOME BOTTLES OF MEDICATION WILL BE GIVEN IF A PATIENT DOES NOT PRESENT WITH THEIR OWN PERSONAL LOCK BOX EACH AND EVERY TIME THEY ARE TO RECEIVE TAKE HOMES. NO SHARING OF LOCK BOXES.

NO EXCEPTIONS!

**CALL BACKS**

As part of ETC ongoing efforts to ensure the safety of our patients and the community we have in place what are commonly called Call Backs for those patients who are on bi-weekly and six day status. Call Backs are when the clinic contacts a patient to request they bring in all of their take home bottles of methadone, both full and empty, on the following day between the hours the clinic is open. This process is to safeguard against diversion and abuse of methadone.

In order to obtain or maintain, bi-weekly or six day status the following conditions must be met:

* Must have a working phone number to contact the patient or be able to leave a message. It is the patient’s responsibility to inform the clinic if their phone number changes.
* The patient must have access to transportation on a 24 hr notice.
* The patient must be able to come to the clinic within 24 hrs of being contacted to bring in their medication (methadone take home bottles).

**HARDSHIP TAKE-HOME STATUS**

Hardship take-home status requests are evaluated on a case-by-case basis; example: a death or serious illness in the family. There is no specific time to be enrolled in the clinic for a Patient to request a hardship status; but all requests must be verifiable. A Patient who does not qualify for take-home status, must attempt to courtesy dose first.

**VACATION / BUSINNESS TRIP REQUESTS**

Vacation requests will be evaluated on a case-by-case basis. A Patient who does not qualify for take home medication can courtesy dose at another clinic, in their vacation area. All Patients must have a history of clean urines and must provide the clinic with documentation of travel; i.e.: where they will be staying, airline reservation, hotel reservation, etc.

A Patient who does not qualify for take homes is to courtesy dose. This will be attempted before a hardship will be considered.

Patients with specific length of time in the clinic are **not** guaranteed approval of the requested take-home status. Each request will be evaluated on a case-by-case basis and the policies, procedures & practices of The Esper Treatment Center and the recovery progress of the patient will be a determining factor.

**COURTESY DOSING POLICY**

* A two week notification of the request is required unless it is a medical emergency or death in the family.
* The patient must have:

Where are they going

What is the purpose

Dates they would like to go

Documentation

* If a patient does not have take home status, we must look at courtesy dosing them. If a patient has take home status, we must look at how many take homes they are eligible for and work around this.
* The counselor will contact the clinic the patient would like to courtesy dose at and get the information on their procedures, times, fees, if they courtesy dose, necessary paperwork to be sent, etc.
* The counselor will fill out the courtesy dosing form with a Physician Request Sheet and submit to the physician for approval or denial. The patient must also sign this form.
* **Our physician may not approve a patient to courtesy dose for various reasons.** For example, patients who are new to the program, patients who are not on a stable dose, patients who are prescribed benzodiazepines and patients who are currently abusing drugs or alcohol. There may be other reasons the physician does not approve a courtesy dose request. In all instances if a courtesy dose request is not approved by our physician, the patient will be informed as to the reason.
* The clinic a patient wishes to courtesy dose at will also have their own policies for courtesy dosing and we must abide by them. Some that we have seen are: a minimum number of days notification in advance of the request, no benzodiazepine prescription, no drug or alcohol use in the past 3 months, person is not currently detoxing.
* If approved, the form must then be faxed to the clinic the patient will be dosing at.
* The counselor must get a confirmation from the clinic the patient will be courtesy dosing at before informing the patient they may courtesy dose. If the patient chooses to leave without this confirmation, they run the risk of not being able to courtesy dose.
* If the patient’s plans change in any way, they are to contact their counselor to inform them of the changes. This includes: not attending the courtesy dosing clinic, not leaving for the courtesy dosing, etc.
* Inform the patient if they do not attend the clinic to courtesy dose and do not return to our clinic, they may be discharged after 3 days of no show.
* The counselor will make a copy of the Courtesy Dosing Form for medical and give a copy to the patient to take with them.

**IT IS RECOMMENDED THAT IF YOU ARE PLANNING A VACATION OR OTHER TRIP THAT YOU CHECK WITH THE ESPER TREATMENT CENTER REGARDING A HARDSHIP AND/OR COURTESY DOSING PRIOR TO FINALIZING YOUR PLANS. PLAN AHEAD AND LET YOUR COUNSELOR KNOW AT LEAST 2 WEEKS PRIOR TO THE DATE YOU WANT TO LEAVE ABOUT YOUR REQUEST. MANY CLINICS REQUIRE AT LEAST A ONE WEEKS NOTICE BEFORE THEY WILL AGREE TO COURTESY DOSE.**

**WARNING:** Patients found to be selling, giving, diverting or misusing their medication in anyway will forfeit their take-home status for the duration of their treatment at the Esper Treatment Center and will have to dose at the clinic seven (7)-days a week. For those patients who cannot dose at our clinic seven (7)-days a week they will be involuntary detoxed and referred elsewhere for treatment.

**URINE DRUG SCREENS (UDS)**

Urine Testing

It is the policy, procedure & practice of the Esper Treatment Center to perform a urine test for each Patient on a random schedule to test for opiates and any other synthetic narcotics; methadone, methadone metabolite, THC (marijuana), amphetamines, barbiturates, cocaine, benzodiazepines, alcohol and any other controlled substance as indicated by the Pennsylvania Department of Health. The Esper Treatment Center may test for other drugs as they determine are appropriate or if they have been identified in the patient’s drug and alcohol abuse history or there is reason to believe a patient is abusing a substance.

An initial drug screening urinalysis shall be completed for each prospective Patient and a random urinalysis at least monthly thereafter.

All Patients are required to submit monitored urine specimens on a random basis. The purpose of the urinalysis is to determine a Patient’s abstinence from illegal and illicit drugs. An initial drug-screening urinalysis shall be conducted upon each applicant who is requesting to enter The Esper Treatment Center and Narcotic Treatment Program. All Patients must be prepared to provide a monitored urine sample upon request by the medical staff or their Primary Counselor.

**All patients are to avoid eating poppy seeds or products containing poppy seeds.** These products may interfere with the UA results. A patient who tests positive for opiates and states the result is positive due to poppy seeds, will still be considered a positive UA.

In the case of a positive urinalysis result, an updated assessment will be conducted to determine the patient need for a Higher Level of Care or different Level of Care. **If Patient does not provide a specimen when requested or produces a false sample, it will be considered a positive (+) urine.**

**MEDICATIONS PRESCRIBED OR TAKEN OVER THE COUNTER**

It is the responsibility of the patient to inform their counselor of all medications prescribed or taken over the counter. Releases for the prescribing physician and pharmacy must be completed. It is important that all patients are honest with the Esper Treatment Center regarding physicians and medications prescribed as different medications can react differently with methadone causing some serious, possible life threatening, side effects. It is important you inform all physicians of all medications you are taking, including methadone. Prior to taking any medications it is strongly recommended you contact the Esper Treatment Center to check for possible interactions with methadone.

**PATIENTS FUNDED BY THE ERIE COUNTY OFFICE OF DRUG AND ALCOHOL ABUSE**

Erie County Office of Drug and Alcohol Abuse has established a grievance and appeal procedure for clients receiving drug and alcohol treatment or case and care management services. The grievance may be filed by the client, client’s family, provider (at the client’s request), or client’s designee. Clients will be informed of the grievance/appeal procedure during the initial contact with the case/care manager. The case/care manager will review the Grievance and Appeal Procedure with the client. A signed and dated copy of the Grievance and Appeal Procedure will be given to the client and a copy retained in the client’s record.

Clients shall have the right to grieve or appeal the following issues: Denial or termination of services, level of care determination, length of stay in treatment, length of stay in Intensive Case Management, determination of financial liability, and violation of client’s human or civil rights. The Grievance procedure can be found on the bulletin board located in our patient’s waiting room or ask your counselor or a supervisor.

**PATIENT GRIEVANCE/APPEAL PROCEDURES WITH THE ESPER TREATMENT CENTER**

It the policy, procedure & practice of the Esper Treatment Center that all complaints and grievances are encouraged by all organizational members to become a part of the formal complaint/grievance process. This is encouraged to provide consistency in our approaches and to keep all members of our organization informed of patterns and the nature of our complaint/grievance filed by our patients to be able to address specific programmatic or unresolved issues that may expose ETC to liability.

ETC accomplishes this policy by:

* Instructing all organizational members to write out a formal complaint or grievance on our Complaint/Grievance Form when they hear a complaint or grievance from our patients. All organizational members have access to these forms at their work stations. Patients may fill their own Complaint/Grievance Form where they can obtain from strategic located places around the building such as the reception area, waiting room and group room. All Complaint/Grievance Forms are turned into the Complaint/Grievance Form box (checked weekly) or the Chief Executive Officer.
* The Chief Executive Officer assigns appropriate staff to investigate the Complaint/Grievance. The Complaint/Grievance is investigated and a resolution is worked out with the patient and the treatment team. The patient will be informed of the disposition of the Complaint/Grievance within 48 hours of receiving the complaint. If the Complaint/Grievance needs more time to be investigated, the CEO or designee will inform the patient of the status and keep them updated.
* Results of all Complaint/Grievance Forms are brought to our weekly interdisciplinary team meeting held each Thursday.

All Complaint/Grievance Forms are aggregated and shared quarterly with our

***Advisory Board*** (AB) - Our President/Director/ Owner is a member of our AB. (for a complete list of AB members, please see a staff member). AB review the aggregated summary and all the Complaint/Grievance Forms and check for patterns and the nature of our complaint/grievance filed by our patients to be able to address specific programmatic or unresolved issues that mat expose ETC to liability.

Grievance issues may include but are not limited to:

* Appointment changes;
* Unprofessional conduct by staff;
* Unsafe conditions;
* Sexual exploitation;
* Discrimination;
* Unsafe accommodations; and
* Violation of ETC Policies, Procedures, & Practices.

The Esper Treatment Center encourages all patients to file a Grievance/Appeal whenever a patient feels they have been wronged by the Center and/or employees. Should any patient feel they need assistance in filing a Grievance/Appeal feel free to ask any employee to help you fill out or write out and file a form for you.

The Esper Treatment Center welcomes your suggestions for improving our services. You may either speak with your counselor or fill out the Suggestion / Complaint form found at the end of the Patient Handbook or located in the waiting area.

**TRANSFERS - POLICIES AND PROCEDURES**

It is the policy, procedure & practice of The Esper Treatment Center approved by the Director that Patients shall be transferred to and transferred from any methadone project for continued maintenance upon request of the Patient or when the Medical Director determines that transfer is in the best interest of the Patient.

**READMISSION - POLICIES AND PROCEDURES**

It is the policy of The Esper Treatment Center approved by the Director, when a Patient, after voluntary termination from the treatment project, requests for readmission shall be given priority consideration.

**MEDICAL SERVICES - PHYSICIAN AVAILABILITY**

Medical services will be provided by **appointment only**, except in cases of emergency. If you would like to speak to the physician, you must inform your counselor who will then speak to the medical department and if needed, make an appointment for you.

**SNOW AND HAZARD WEATHER POLICY**

It is the policy of The Esper Treatment Center approved by the Director that in the event of hazardous weather such as snowstorms, the center would extend operation hours to accommodate Patients who have called to express need for extended service hours.

**TRANSPORTATION**

It is the responsibility of the patient to have reliable transportation to and from the clinic. Not having transportation is not a reason to miss your medication or counseling.

**ESPER TREATMENT CENTER**

|  |  |
| --- | --- |
| **SUGGESTION** **COMPLAINT / GRIEVANCE REPORT** | |
| ***Patient Number And Initials*** (optional): | |
| ***Date Of Report***: |  |
|  | |
| Writer’s Signature: Date: | |

|  |
| --- |
| **RESOLUTION OR ACTIONS TAKEN:** to be completed by ETC personnel |
|  |
| Signature: Date: |

|  |  |
| --- | --- |
| **FORWARDED TO:** | |
| Clinical Director: | Date: |
| President/Director: | Date: |
| Date Reviewed at Advisory Board Meeting: | Date: |