

# **SOUTHWEST BEHAVIORAL & HEALTH SERVICES**

## *Individual Handbook & Program Orientation*

**Methadone Maintenance and Suboxone  
Outpatient Services**

**December 2019**

## **INTRODUCTION**

Welcome to the Southwest Behavioral & Health Services Opioid Replacement Services/Medication Assisted Treatment. This clinic provides opiate replacement therapies through the use of Methadone or Buprenorphine. Individual and group counseling services are required of all consumers enrolled with our programs. Following is information to help you understand our methods for supporting your successful recovery. Should you have questions concerning any aspect of our services or information in this book, please feel free to ask a staff member for assistance. Southwest Behavioral & Health Services (SB&H) has been providing behavioral health services to communities within Arizona for over 40 years and we look forward to working with you to achieve your treatment goals.

## **PROGRAM PURPOSE**

The purpose of our program is to assist you in reducing dependence upon opiates, and other addictive substances, including alcohol. We will also assist you with improving your quality of life and ability to function productively in your community.

## **AGENCY/PROGRAM RESPONSIBILITIES**

1. To provide quality behavioral health and substance abuse treatment services that will meet your needs.
2. To build an open and honest relationship with you to help you achieve maximum benefit from the services you receive.
3. To assess and plan with you how to address your needs.
4. To provide accessible and affordable behavioral health services in a comfortable and beneficial environment.
5. To inform you and to assist you in maintaining your rights as an individual of services.
6. To provide linkage to other treatment/support services/rehabilitation to meet those needs that cannot be addressed by SB&H. Other services may include but are not limited to self-help or recovery group options such as: Alcoholics Anonymous, Cocaine Anonymous, Al-Anon, Rational Recovery, and Smart Recovery. Staff will discuss options/resources in your neighborhood.
7. To provide language assistance services, including bilingual staff members and interpreter services, at no cost to each behavioral health service recipient with Limited English Proficiency at all points of contact, in a timely manner during all hours of operation. Please notify a staff member if you are in need of these services.
8. To provide follow-up and/or report of service engagement to referring party for any individual who has been mandated for treatment.

## **YOUR RESPONSIBILITIES AS A RECIPIENT OF SB&H SERVICES AT THIS CLINIC**

1. To collaborate with the treatment team members in building a treatment plan that will adequately and accurately reflect your needs and how to address your needs.
2. To assist the treatment team in building a trusting and honest relationship with you.
3. To follow program rules as identified by the treatment team so as to maximize your opportunity to successfully complete your treatment.
4. To report any behaviors that you observe that will undermine the ability of the program or your treatment team to successfully work with you.

5. To take responsibility for your own behavior.
6. To complete assignments as identified in your treatment plan, including follow through on referrals and community networking efforts to address all your identified needs.
7. If you are or become pregnant during the course of your treatment to inform the medical staff and psychiatrist so that treatment may be adjusted accordingly and appropriate information may be provided to you during the course of your pregnancy.
8. Keep scheduled appointments for counseling, medication monitoring and updating required documentations for your file.
9. Don't drink alcohol, don't use illegal drugs or abuse prescription medication and take only your medications, as prescribed.
10. To notify staff immediately of any changes in contact information, medical information, new prescribers, therapists, new medications, ER visits, hospitalizations or insurance.
11. To inform medical staff of all medications you are taking. Including but not limited to: over the counter (OTC) vitamins and herbal supplements.

### **Outpatient Clinic Hours**

#### **CLINIC HOURS**

<b>7TH AVE</b>	
Monday-Thursday	6:00AM-5:00PM
Friday	6:00AM-3:00PM

<b>BULLHEAD CITY</b>	
Monday-Friday	5:00AM- 5:00PM

<b>FLAGSTAFF</b>	
Monday-Friday	6:00AM- 5:00PM
Saturday	7:00AM- 9:00AM

<b>PRESCOTT VALLEY</b>	
Monday-Friday	6:00AM- 3PM
Saturday	7:00AM- 9:00AM

### **PROGRAM INFORMATION**

#### **Methadone Dispensary**

The Methadone Clinic dispensing hours are as follows:

<b>7TH AVE</b>	
Monday-Friday	5:00AM-12:00PM
Saturday	6:30 AM-11:30 AM

<b>BULLHEAD CITY</b>	
Monday-Friday	5:00AM-3:00PM
Saturday	7:00AM- 9:00AM

<b>FLAGSTAFF</b>	
Monday-Friday	6:00AM- 11:30 AM
Saturday	7:00AM- 9:00AM

<b>PRESCOTT VALLEY</b>	
Monday-Friday	6:00AM- 11:30 AM
Saturday	7:00AM- 9:00AM

Methadone is not dispensed after the dispensary window is closed. After hours services are available on an emergency basis only.

A Security Guard may be on-site during hours of dispensary operation. Follow any request made by the Security Guard.

Smoking tobacco products or electronic cigarettes is only allowed in the designated areas. No smoking within 20 feet of entryways, per the State of Arizona. Keep the smoking area clean and free of debris.

In the event of any on-site emergency, staff members will assist you to vacate the building. Follow their instructions to ensure your safety.

### Suboxone

The clinic hours are as follows:

7TH AVE	
Monday- Thursday	6:00AM-5:00PM

BULLHEAD CITY	
Monday-Thursday	7:00AM- 4:00PM

FLAGSTAFF	
Monday-Friday	6:00AM- 5:00PM
Saturday	7:00AM- 9:00AM

PRESCOTT VALLEY	
Monday-Friday	6:00AM- 3PM
Saturday	7:00AM- 9:00AM

## TREATMENT PLANNING

In order to receive services from SB&H you will be expected to participate in developing your treatment plan with your clinician. It is very important that you are fully committed to developing and implementing this plan, as it is a document that describes what, where, when and how you will successfully progress through treatment. Your primary clinician is your partner in this process, but it is your plan. You can change your plan at any time; however, it is required to be reviewed, updated if necessary, and signed every 90 days. The plan will include actions and goals that you and the SB&H treatment team will undertake to help you in your path to recovery and function more effectively in your community. The plan is an agreement developed by you and your treatment team.

## COUNSELING

Counseling services are offered to all individuals at this clinic. The type, frequency and duration of counseling depend upon your needs and what you and your counselor have identified in your treatment plan. Counseling recommendations and requirements vary on a case-by-case basis due to positive drug screens, disclosed relapses, probation/parole requirements, or any other health or social issue.

Methadone users are required to attend one individual counseling session for one (1) hour each month, and group counseling one time a week in their first three months of services. The need for additional counseling and other services will be determined on an individual basis, depending upon your progress in treatment. The Medical Director may require an increase in counseling requirements if you are prescribed Methadone doses that are higher than the national average of 85mg a day.

The Methadone Maintenance phase of treatment occurs after you have completed one year of Methadone treatment and one year of consecutive clean drug screens. This phase

requires you to attend at least one individual counseling session per month to continue Methadone treatment services.

All clients receiving Opioid Replacement Services are required to meet with a prescriber every three (3) months and annually for a history and physical. You can get your history and physical from an outside provider such as your PCP, however SB&H must have a copy of it on file. Coordination of care with all medical providers is crucial to successful treatment and positive outcomes. In order to provide exceptional care to you, it is required that SB&H be permitted to coordinate care with your PCP and other specialists. If you provide SB&H with a physical from your PCP it must be done within 30 days of intake or when it is due annually.

### **FEES**

You and your clinician and/or eligibility specialist will review your financial status and eligibility for funded services, as applicable, at the time of intake and throughout treatment. You will be provided information regarding the SB&H fee schedule and what your fee will be, if any.

Fees may be refunded under special circumstances. Please discuss this matter with a member of your treatment team if you feel that you may need to have your fee adjusted or refunded. Requests for fee adjustments or refunds must be submitted in writing. In general, fees are paid at the time of service delivery and are not refundable except in extenuating circumstances as reviewed and approved by the SB&H Vice President and Program Director.

Services are paid for through AHCCCS, Private Pay or SAPT/SABG funds.

### **SELF-PAY FEES PROCEDURE**

Self-pay fees are collected on a weekly basis, prior to service delivery. The costs of the services are:

<b>Private Pay Fees Description</b>	<b>Rate</b>	<b>Billing Frequency</b>
<b>1st Appointment/History &amp; Physical</b> includes: Intake/Annual Assessment History and Physical	\$150.00	PER VISIT
<b>Methadone</b> includes: one (1) group per week and one (1) monthly clinician visit	\$70.00	WEEKLY
<b>Medication Monitoring</b>	\$100.00	PER VISIT
<b>Courtesy Dosing</b>	\$20.00	PER DAY
<b>Psychological Testing</b> requires 6 to 98 hours	\$100.00	PER HOUR
<b>Suboxone</b> includes: one (1) Case Management, one (1) Medication Monitoring, two (2) Group Sessions	\$200.00	MONTHLY

Payments can be made by cash, money order, Visa, MasterCard or Debit card

- Payment is due at the time of the services.

- If you are unable to pay for services, you will not be able to meet with the medical provider.
- Prescriptions will not be supplied without meeting with the medical provider. No exceptions.

Nonpayment of fees will result in an administrative detox.

## **TRANSPORTATION**

Your clinician or an eligibility specialist will screen/evaluate your transportation benefits. A transportation screening checklist and evaluation is required to be completed with your counselor and approved prior to any transportation assistance. This screening is done annually. Your coverage may provide transportation via one of the following: SBH, COMTRANS, Veyo, MTBA, or the public bus. In the event you are eligible for a bus pass, the bus pass is good for one month. Bus passes are not replaced if lost or stolen.

If your insurance coverage does not provide transportation coverage you are responsible for your own transportation to your appointments, dosing, and individual and group counseling.

## **PARKING**

### **7<sup>th</sup> Ave Clinic**

In the event you have your own vehicle you are to park in any parking spaces that are not marked for specifically for other tenants or handicapped parking spaces. Staff at the 7<sup>th</sup> Ave have secure parking behind the secured fencing.

### **Bullhead City Clinic**

In the event you have your own vehicle you are to park in any parking spaces nearest the entrance that are not marked for specifically for handicapped parking spaces. Staff at the Bullhead City Clinic staff specifically park nearest to the street or on the street to allow for convenient parking nearest the entrance doors.

### **Prescott Valley**

In the event you have your own vehicle you are to park in any parking spaces that are not marked for specifically for other tenants or handicapped parking spaces. We ask that you park in the center and front rows of the parking lot. Staff have 5 covered parking spaces and side spaces to park in the lot.

### **Flagstaff Clinics**

In the event you have your own vehicle you are to park in any parking spaces that are not marked for specifically for other tenants or handicapped parking spaces. We ask that you park in the front row nearest the entrance to the clinic. Staff are asked to park in spots on the perimeter of the lot. If there is no parking staff are directed to park across the street.

You may not leave your vehicles overnight for any reason. You may not park in loading or unloading zones for any reason.

If you are being dropped off, you may utilize the loading and unloading areas nearest the office entrance. The vehicle dropping you off may not remain in this area. If the

individual dropping you off is planning on waiting for you they must park their vehicle in SBH assigned parking spaces. If there are no available parking spaces they will need to find alternative parking/leave the parking area and return at a later time to pick you up. Any vehicles that are loitering in loading and unloading areas are subject to being towed.

### **DISCHARGE/TRANSITION PLANNING AND CRITERIA**

Your discharge/transition plan depends on your treatment plan and your desire to continue services at SB&H. In the Methadone program your need to continue dosing and your commitment to the program rules impacts discharge. You can always speak with your assigned clinician regarding discharge. Listed below are some criteria for discharge, it is not an all-inclusive list.

- Successful completion of your treatment goals
- Transfer to another agency
- Non-compliance with treatment requirements and/or recommendations
- Dosing at more than one clinic
- Diverting doses
- Violent or threatening behavior
- Criminal activity
- Damage to building/property/vehicles

### **AFTER-HOUR EMERGENCY GUIDELINES**

- Call 911 for life-threatening emergencies. The SB&H Clinic does not provide emergency medical care.
- If you are receiving services at our Bullhead City, Flagstaff, Prescott Valley or 7<sup>th</sup> Ave clinic please call the regular clinic phone number and you will be provided an option to be routed to an after hour on-call service who can provide crisis assistance.

<b>7TH AVE</b>	602-258-3600
<b>FLAGSTAFF</b>	928-714-0010

<b>BULLHEAD CITY</b>	928-763-7111
<b>PRESCOTT VALLEY</b>	928-775-7088

- The after hour on-call service is not able to schedule or reschedule appointments or call in prescriptions. It is only for assisting with non-life threatening crisis.
- Please notify SB&H clinic staff, preferably your counselor, about any situation that may disrupt your treatment during regular business hours. This will help us to coordinate services with you.

### **PSYCHIATRIC SERVICES & MEDICATIONS**

Based upon the assessment of the psychiatrist, you may be prescribed medication to assist in your treatment. Medications are not administered at this site. Methadone dosing does occur at the dosing window. There are no pharmacy services on site. Staff members will assist you in identifying where and how to fill your prescriptions. Discuss your concerns about medications directly with the prescriber. Your prescriber will assist you with understanding the benefits, risks, side effects and proper administration for medications you receive.

## **DISPENSARY RULES - METHADONE**

**The following rules are intended to assist you in successfully maintaining your Medication Assisted Treatment services.**

1. If you miss three (3) consecutive doses of Methadone, you will be discharged from treatment unless the first of the three missed doses is the day preceding a two-day clinic closure (for holiday and training).

To be readmitted after 3 consecutive misses, you must request readmission with a counselor. You must also update your safety/support plan with a counselor. Your situation will be reviewed with your counselor and a prescriber and your dose will restart at 30mg, unless medically indicated.

Proof of medical, hospital, or previous clinic dosage must be provided, prior to your readmittance. Within 30 days, you can be readmitted with approval from a prescriber and counselor.

### **Northern Arizona**

After 30 days' absence, your medical record will be closed. The entire admission process (assessment, service plan, history and physical, and lab work) must be completed. In addition, you may be required to attend a clinical team staffing prior to re-admittance. There is no guarantee that you will be prescribed medication, as that decision is made by the prescriber based on your medical necessity.

### **Maricopa County**

After 30 days' absence, your medical record will be closed and you will not be readmitted until after 6 months have elapsed. At that time, the entire admission process (assessment, service plan, history and physical, and lab work) must be completed. In addition, you may be required to attend a clinical team staffing prior to re-admittance. There is no guarantee that you will be prescribed medication, as that decision is made by the prescriber based on your medical necessity.

2. You will be subject to random oral swab fluid test at least once per month, potentially after any missed doses, and upon request of medical, counseling and case management staff. Failure to allow a required oral swab fluid test to be obtained will be considered as a positive drug screen result and you may possibly not receive a Methadone dose that day.
3. If you appear to be alcohol or drug intoxicated to a dispensary nurse, you will not be given your Methadone dose on that day. You will be asked to complete a breathalyzer. **\*Repeated alcohol/drug intoxication will be grounds for involuntary Medication Assisted Treatment detoxification.**
4. Dispensary nurses and prescribers are available to discuss your Methadone dose level when requested in advance. Requests are staffed with your medical provider. \*If you feel nauseated, please inform the dispensary nurse of this BEFORE dosing.



5. Take-home doses will not be re-dispensed under any of the following circumstances: lost, stolen, and broken. It is your responsibility to maintain and store all your take-home doses of Methadone in a safe locked container.
6. *If you are incarcerated*, notify the Dispensary nurse as soon as possible and bring discharge/release paperwork from legal system when you are released from custody.
7. *If you are hospitalized*, contact the dispensary staff and/or counselor to authorize release of your Methadone dose level to your physician. If you plan on being hospitalized (for surgery, etc.) contact the dispensary staff or counselor and your private physician prior to hospitalization to make arrangements for Methadone dosing.
8. *No loitering is permitted*. After receiving your dose, you must leave Southwest Behavioral & Health property within twenty minutes, unless you are waiting to attend other clinic services and/or appointments. Loitering is strictly forbidden at any time on this agency's premises or its nearby vicinity. Loitering can result in you being placed on an administrative detoxification.

## **DRUG SCREENING**

Federal and State regulations require that Medication Assisted Treatment (Methadone/Suboxone) programs obtain random oral swab fluid for drug screen testing of individuals in Medication Assisted Treatment.

Southwest Behavioral & Health Services tests for marijuana/THC for those participating in Medication Assisted Treatment. Should you need marijuana for medicinal purposes, we highly encourage you to acquire a medical marijuana card and to obtain your marijuana from an authorized dispensary. You must provide a copy of your medical marijuana card to the clinic yearly. If you test positive for marijuana/THC without a medical marijuana card, you will not be eligible for take-home privileges.

**You are required to provide an oral swab anytime you are requested to do so by a staff member. The schedule and frequency of drug screens vary; you can expect approximately one drug screen per month.**

If you choose not to provide an oral swab when scheduled, you will be asked to sign a drug screen refusal form. The refused drug screen will be considered as TWO consecutive positive drug screen results, which results in privileges being denied for 4 months instead of the original 90 days.

Taking medications other than prescribed Methadone/Suboxone is not permitted unless you have a prescription that has been authorized by a physician. If the drug screen detects an unauthorized substance the drug screen will be considered positive. Positive drug screen results may be considered evidence of a lack of treatment participation.

We want to assist you in developing relapse prevention skills through individual and group counseling. We support a harm reduction model; however, if you continue to use alcohol/drugs, the following will occur:

1. **First positive drug screen:** Loss of take-home privileges (if applicable). You will be expected to attend individual or group counseling one time a week or at your clinician's recommendation and consult with the prescriber for dose evaluation. Staff will meet with you to discuss and update your Service Plan and complete an ASAM.
2. **Second positive drug screen result within 60-day period:** Attendance at group counseling required two times a week or as your clinician recommends and your case will be reviewed with the Medical Director and/or Program Director for treatment recommendations. Staff will meet with you to discuss and update your relapse prevention plan and complete an ASAM. A medication follow up appointment will need to be completed with the prescriber.
3. **Third positive drug screen result within 90-day period:** You will be required to attend a Clinical Team Staffing to discuss barriers to your treatment success and to determine what you will do to be active in your recovery. You will be required to follow through with treatment recommendations which may include intensive group and individual counseling sessions.
4. **A negative Methadone drug screen (meaning no Methadone is detected in the drug screen):** You will be placed on a 30-day detoxification, unless treatment team indicates otherwise at a clinical team staffing.

### **PRESCRIPTION REGISTRATION - METHADONE**

You must register prescriptions with the staff members within three (3) days of the issue date (including refills of previously approved prescriptions). The prescriber reviews all prescriptions in order to prevent:

1. The possibility of being overmedicated.
2. To ensure compatibility of prescription medication and Methadone, and
3. To assess the medication's compatibility with your substance abuse recovery program.

This program does not permit use of samples. Our Medical Director may need to consult with the prescribing doctor/dentist/health care provider before considering approval of the prescription. Drugs with high abuse potential (i.e., benzodiazepines, barbiturates, and narcotics) will be approved in rare circumstances. Use of any drug prior to authorization for use by your SB&H prescriber may result in an **unexcused positive drug screen**.

### **TAKE-HOME PRIVILEGES - METHADONE**

You need to see your counselor to apply for take-home medication privileges. If you and your counselor agree that you are making good treatment progress as demonstrated by your compliance with the criteria listed below, your counselor will complete the paperwork necessary to apply for take-home privileges. You and your counselor will attend a clinical team staffing where it will be decided if you qualify for take-home privileges.

### **Minimum Criteria for Take-home Privileges**

1. Bring a lock box to the clinical team staffing within which the weekend doses will be requested.
2. Continuous Methadone treatment for at least three (3) months. This includes, but is not limited to, current physical, lab work, and TB test.
3. Abstinence from illicit drugs/alcohol or abuse of prescription medication for at least ninety days (90).
4. No missed clinic appointments (including doses) for 90 days.
5. No involvement in criminal activity for at least 90 days.
6. Actively involved in school, employment or responsible care for children. Evidence of employment/school/child care must be provided to the treatment team, unless disabled.
7. Reasonably stable home environment.
8. Have developed a positive, stable social support system.
9. Assurances that take-home medication can be safely stored with the patient's home.
10. Consistently pay clinic fees on time (if applicable).

### **Take-Home Privileges Options and Requirements**

All privileges are subject to review and suspension due to violation of program rules. Staff members will review the expectations with you throughout treatment and how you can obtain or regain any privileges lost as a result of program rule violations.

**Weekend privileges:** Attend clinic M-F (Saturday and Sunday only) – 90 days' completion of the minimum criteria listed above.

**Tri-Weekly privileges:** Attend Clinic M, W, F (receiving Tuesday, Thursday, Saturday, Sunday doses) – 6 months' completion of the minimum criteria listed above.

**Bi-Weekly:** Attend Clinic (twice per week, at your request) – upon 9 months' completion of the minimum criteria listed above along with the approval of treatment team.

**Weekly:** Attend clinic once a week – upon one-year completion with consecutive clean drug screens and approval of the treatment team.

Failure to pay clinic fees on time may result in a loss of take-home privileges. If privileges allow you to receive your dosing on a monthly basis, your fees for service are based on a monthly total and are to be paid prior to receiving your doses. Your weekly fee is to be paid prior to receiving your doses whether you complete a full or partial week of treatment. Failure to attend the clinic for your medication, missing scheduled medical and clinical appointments or receiving additional treatment and support service does not change the fee amount charged on a weekly basis.

**You are responsible for the security of your doses. Doses will not be replaced if lost, stolen, spilled or vomited.** It is extremely important that your Methadone doses are stored out of reach of children and away from other adults. Methadone ingested by others could cause serious medical problems and/or death.

In the event of a dosing software failure the nurses will be required to hand dose.

- No take home doses will be given.
- No dose increases or decreases will be given

### **MEDICAL REQUIREMENTS**

Participation in Medication Assisted Treatment (Methadone/Suboxone) requires a yearly medical evaluation which includes the following items:

- Laboratory tests (blood draw)
- TB skin test
- Physical exam
- EKG

All of these evaluations can be done at the clinic; however, you may be required to have these items completed outside of the clinic if medically appropriate. Failure to participate in these evaluations within your first two weeks of starting the program may result in your discharge from the program.

### **MEDICATION BRIDGES (SUBOXONE)**

Attending your scheduled medical appointments is an important part of your recovery and ensures your medication is working for you. Failure to attend scheduled medical appointments may result in dismissal from the program. Medication bridges are only provided in emergency situations, and at the discretion of the prescriber. Continued request for medication bridges may jeopardize your participation in services at the clinic.

### **DIVERSION CHECKS FOR METHADONE/SUBOXONE**

Do not sell or give away your Methadone or Suboxone doses. If staff members determine that this has occurred, **ALL** take-home privileges will be discontinued immediately and you will be placed on a 30-day administrative detoxification. Staff members will assist you to transfer to another clinic, if requested.

**Do not remove the labels from the Methadone take home dose bottles.** This will result in a loss of privileges. Removing the label and reattaching the label will also result in a loss of privilege.

Diversion checks for Methadone/Suboxone will be conducted at the discretion of the team. If a staff member calls requesting a diversion check, you will be required to:

1. Provide an up to date phone number for your SB&H file ensures you can be notified when a diversion check needs to be scheduled.
2. Present to the clinic within 24 hours of the request with your remaining Methadone/Suboxone doses.
3. Bring all empty (used) bottles when you present for your diversion check (Methadone).
4. Staff will evaluate the quantity of medication remaining to insure medications are being taken as prescribed.
5. You will be asked to submit a swab during your diversion check. A positive swab is considered a failed diversion check.

6. When you present to the clinic, you will need to take your dose for that day in front of the nurse or medical staff.

Failing any portion of the diversion check will result in a loss of all privileges and you will return to daily dosing. You will have to earn privileges back per the take-home guidelines.

***All conditions, which you must meet to qualify for take-home privileges, must continue to be met for you to maintain your take-home privileges.***

### **TEMPORARY TAKE-HOME MEDICATIONS - METHADONE**

Medical Director or designee may allow temporary take-homes in some emergency and high-risk medical situations such as:

1. Physical disability, which prohibits daily attendance at the clinic.
2. Illness, family/personal crisis.

Requests for temporary take-homes should be made to the individual's counselor.

Temporary take home requests are only available once per year and must be submitted to state and SAMHSA for approval. Temporary take home requests can be denied by SAMSHA, SOTA, or the medical director or designee at their discretion.

### **INDIVIDUAL STATEMENT ABOUT TAKE-HOME DOSE SECURITY**

*I understand that it is my responsibility to ensure the safe clean storage of my take-home Methadone doses and carry bottles. SB&H will provide take-home medication in child-resistant containers only. I understand that it is my responsibility to rinse and replace the carry bottle child-resistant cap after each dose.*

*I understand that Methadone is a dangerous drug and that it can be potentially lethal if ingested by an individual for whom this drug has not been prescribed. I have discussed the storage and safety precautions of my take-home Methadone doses with my counselor. I hereby certify that I will safely store and otherwise handle my take-home Methadone doses and carry bottles in a responsible manner. Failure on my part to comply with the above stipulation will result in the loss of privileges.*

### **VACATION PRIVILEGES - METHADONE**

You must be on the program for more than 90 days to receive vacation doses. You must request permission for vacation carries fourteen (14) days in advance of departure date and that you must be 3 months clean. Make your request through your counselor.

### **COURTESY DOSING - METHADONE**

You may request courtesy dosing from your counselor when traveling to another city or state. You must request courtesy dosing one week in advance and receive approval from the treatment team to dose at another clinic. There must be confirmation from the courtesy dosing clinic that you have been approved for a courtesy dose.

## INVOLUNTARY TERMINATION

You are subject to involuntary termination from the Medication Assisted Treatment Program if you engage in any of the following behaviors while enrolled in the program:

1. Continued use of drugs and/or alcohol while in treatment.
2. Repeated positive drug results on monthly oral swab tests.
3. Lack of commitment to and attendance in group counseling, as a needed part of your recovery process.
4. Failure to comply with financial obligations.
5. Inappropriate behavior while on SB&H property, including but not limited to, aggressive behavior (verbal or physical),

If you do not understand any of the above reasons for termination, please ask for clarification from your counselor.

## SB&H CUSTOMER SERVICE POLICY

It is the policy of SB&H that all staff members will respond to all individuals in a manner that is:

**Prompt**—each individual acknowledged immediately, phones answered within four rings, messages returned by the next business day,

**Respectful**—individuals are addressed by name or title, common courtesies are used in every conversation, and the time taken to resolve problems at the point of service,

**Knowledgeable**—individuals are provided the name and title of the staff member that is working with them, problems are clarified first then resolved to the best of our ability and resolution follow-up with each individual for additional needs,

**Resolution Focused**—should a staff member be unable to solve/resolve an individual problem to the individual's satisfaction; referral will be made to the most appropriate source.

Employee performance to the contrary of the above is to be documented by you on a grievance form and turned into the program director. Your counselor, case manager or other clinic employees will assist you in completing the form, upon your request.

## WHAT IS ADDICTION?

Addiction is the repetitive use of substances despite negative consequences to the user.

Addictive drugs activate the circuits of the brain that respond to normal pleasures, like food and sex.

Addiction continues due to changes in the brain, the desire to feel pleasure from the drug, and the desire to avoid discomfort from withdrawal.

Many factors play a role in addiction: family history, personality, mental health issues, social and physical environment, age at first use, and frequency of use.

If you would like more information on addiction, please visit the following websites:

Substance Abuse and Mental Health Services Administration (SAMHSA)  
<https://www.samhsa.gov>

National Institute on Drug Abuse (NIH)  
<http://www.drugabuse.gov>

Arizona Opioid Treatment Coalition (AOTC)  
<https://www.aotc-arizona.org>

