

Medication Assisted Patient Services (MAPS)

PATIENT HANDBOOK



Create the Life You Want

Revised 10/9/2023



www.operationpar.org

| 1.888.727.6398

Operation PAR, Inc.
Medication Assisted Patient Services (MAPS)
Patient Handbook

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MAPS PROGRAM LOCATIONS & HOURS OF OPERATION

Operation PAR’s Medication Assisted Patient Services (MAPS) consists of six primary (full-service) Opioid Treatment Programs (OTPs) and three stand-alone Satellite clinics (aka “Medication Units”). The map to the right marks the locations for each of these programs.



Difference between a “Primary OTP” and a “Satellite clinic”:

- **Primary OTPs** are full-service programs where new patients can be admitted and where we offer all three FDA approved medications (plus counseling) for the treatment of Opioid Use Disorder (OUD): Methadone, Buprenorphine, and Vivitrol (naltrexone).
- **Satellite clinics** are limited-service programs intended to operate as an “off-site dosing location” from the Primary OTP, allowing *already-enrolled* methadone & buprenorphine maintenance patients to be able to dose at a more convenient location (e.g., a place closer to home). Vivitrol treatment is NOT currently offered at any of the MAPS Satellite clinics.

Please see tables below for important information about each of the individual MAPS Programs including Address, Phone & Fax Numbers, and Dosing Hours.

For after-hours contact - PAR’s Access Center Phone #: 1-888-PAR-NEXT (727-6398)

CITRUS COUNTY	
<p><u>MAPS - CITRUS</u> <i>(Primary OTP)</i></p> <p>Address: 480 Pleasant Grove Rd. Inverness, FL 34452</p> <p>Main Phone #: 352-560-6077</p> <p>Main Fax #: 352-560-6082</p>	<p style="text-align: center;"><u>DOSING HOURS</u></p> <p style="text-align: center;">MONDAY – FRIDAY</p> <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 11:30AM <p>SATURDAY: 5:30AM – 10:00AM SUNDAY: CLOSED</p> <p>HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.</p>

HERNANDO COUNTY	
<p><u>MAPS - HERNANDO</u> <i>(Primary OTP)</i></p> <p>Address: 1245 Kass Circle Spring Hill, FL 34606</p> <p>Main Phone #: 352-666-5709</p> <p>Main Fax #: 352-666-5713</p> <p>Nursing Fax #: 352-666-5712</p>	<p style="text-align: center;"><u>DOSING HOURS</u></p> <p style="text-align: center;">MONDAY – FRIDAY</p> <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 11:30AM <p>SATURDAY: 5:30AM – 10:00AM SUNDAY: CLOSED</p> <p>HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.</p>

PASCO COUNTY	
<p><u>MAPS - PASCO</u> <i>(Primary OTP)</i></p> <p>Address: 7720 Washington St. Port Richey, FL 34668</p> <p>Main Phone #: 727-816-1200</p> <p>Main Fax #: 727-816-1201</p> <p>Nursing Fax #: 727-816-1343</p>	<p style="text-align: center;"><u>DOSING HOURS</u></p> <p style="text-align: center;">MONDAY – FRIDAY</p> <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 11:30AM <p>SATURDAY: 5:30AM – 10:00AM SUNDAY: CLOSED</p> <p>HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.</p>

PINELLAS COUNTY	
<p><u>MAPS - CLEARWATER</u> <i>(Primary OTP)</i></p> <p>Address: 6150 150th Ave. N. Clearwater, FL 33760</p> <p>Main Phone #: 727-507-4673</p> <p>Main Fax #: 727-507-4674</p> <p>Nursing Fax #: 727-507-4799</p>	<p style="text-align: center;"><u>DOSING HOURS</u></p> <p style="text-align: center;">MONDAY – FRIDAY</p> <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 11:30AM <p>SATURDAY: 5:30AM – 10:00AM SUNDAY: 5:30AM – 10:00AM</p> <p>HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.</p>

<p><u>MAPS - ST. PETERSBURG</u> <i>(Satellite Clinic)</i></p> <p>Address: 1900 Dr. M.L.K. Jr. St. S. St. Petersburg, FL 33705</p> <p>Main Phone #: 727-550-4239</p> <p>Main Fax #: 727-550-4241</p>	<p style="text-align: center;"><u>DOSING HOURS</u></p> <p style="text-align: center;">MONDAY – FRIDAY</p> <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 10:00AM <p>SATURDAY: CLOSED SUNDAY: CLOSED</p> <p>HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.</p>
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MAPS PROGRAM LOCATIONS & HOURS OF OPERATION

(continued)

MANATEE COUNTY	
MAPS - BRADENTON	
<i>(Primary OTP)</i>	
<u>Address:</u> 6253 14th St. W. Bradenton, FL 34207 <u>Main Phone #:</u> 941-753-0877 <u>Main Fax #:</u> 941-753-0881 <u>Nursing Fax #:</u> 941-727-6489	<u>DOSING HOURS</u> MONDAY – FRIDAY <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 11:30AM SATURDAY: 5:30AM – 10:00AM SUNDAY: CLOSED HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.

SARASOTA COUNTY	
MAPS - SARASOTA	
<i>(Primary OTP)</i>	
<u>Address:</u> 6124 S. Tamiami Trail Sarasota, FL 34231 <u>Main Phone #:</u> 941-925-6672 <u>Main Fax #:</u> 941-925-6675 <u>Nursing Fax #:</u> 941-925-6680	<u>DOSING HOURS</u> MONDAY – FRIDAY <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 11:30AM SATURDAY: 5:30AM – 10:00AM SUNDAY: CLOSED HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.

CHARLOTTE COUNTY	
MAPS – PT CHARLOTTE	
<i>(Satellite Clinic)</i>	
<u>Address:</u> 946 Tamiami Trail Suite 201 Pt. Charlotte, FL 33953 <u>Main Phone #:</u> 941-613-0956 <u>Main Fax #:</u> 941-613-0951	<u>DOSING HOURS</u> MONDAY – FRIDAY <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 11:30AM SATURDAY: 5:30AM – 10:00AM SUNDAY: CLOSED HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.

LEE COUNTY	
MAPS – FORT MYERS	
<i>(Primary OTP)</i>	
<u>Address:</u> 535 Pine Island Rd. STE M N. Ft. Myers, FL 33903 <u>Main Phone #:</u> 239-656-7700 <u>Main Fax #:</u> 239-656-7702 <u>Nursing Fax #:</u> 239-656-7717	<u>DOSING HOURS</u> MONDAY – FRIDAY <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 11:30AM SATURDAY: 5:30AM – 10:00AM SUNDAY: CLOSED HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.

MAPS – FT MYERS SOUTH	
<i>(Satellite Clinic)</i>	
<u>Address:</u> 17240 S Tamiami Trail STE 9 & 10 Ft. Myers, FL 33908 <u>Main Phone #:</u> 239-433-6520 <u>Main Fax #:</u> 239-433-6524	<u>DOSING HOURS</u> MONDAY – FRIDAY <ul style="list-style-type: none"> • <u>Early AM Dosers:</u> 5:30AM – 6:30AM <i>(requires special approval)</i> • <u>All Other Patients:</u> 6:30AM – 10:00AM SATURDAY: CLOSED SUNDAY: CLOSED HOLIDAYS: Hours will be posted at clinic at least one week prior to the holiday.

MAPS MISSION STATEMENT

It is the mission of MAPS to provide comprehensive, individualized Medication Assisted Treatment (MAT) services to eligible persons struggling with the effects of Opioid Use Disorder (OUD).

MAPS PHILOSOPHY

The program considers methadone, buprenorphine, naltrexone, and other FDA approved medications to treat opioid use disorder to be valuable adjuncts to a comprehensive treatment strategy including individual and group counseling, support group participation, medical consultation, and referral. This treatment team approach ensures that each patient receives services in all areas of need to better assist them in their recovery from addiction to opioids and other substances, and to assist in their re-integration into the community.

MAPS PROGRAM GOAL

To improve the quality of life for our patients by making them productive in society through improved employment, coping skills, relationships, mental health, and understanding of the addiction process, as well as the absence of illicit drug use, criminal activity, and high-risk behaviors.

PATIENT INPUT TO TREATMENT

All patients have the right to provide input into treatment practices. Suggestions for improvement may be submitted in writing to the Program Director who will present the suggestion to the Administrator. Over the years many program improvements have been made that were driven by patient suggestion. Patient satisfaction surveys are also a means to provide input and effect change.

MENTAL HEALTH NEEDS

Operation PAR recognizes that the best way to assist our patients with their recovery is to treat the entire individual. Improved mental health will increase the chance of our patients achieving a solid recovery program. Patients who feel they may need psychiatric services should advise their counselor. A referral will be made for you to a local mental health provider, or you may access mental health services on your own. It is very important to sign a release of information authorization so PAR and your mental health provider may coordinate your care. Requesting these services will in no way influence your opioid treatment program.

FAMILY INVOLVEMENT & EDUCATION

It has been shown that family involvement can greatly enhance your treatment experience here. We strongly urge you to involve your family and significant others in your treatment at this program as appropriate to their age, maturity, and clinical condition. Family Education Sessions may be scheduled through your Counselor at your request. We also encourage you to sign a release so we can speak with your family about how best to support you in your recovery efforts.

PAR EMPLOYEE / PATIENT RELATIONSHIP

Boundaries

- Employees may not employ a patient (including casual work/yard work, etc.)
- Employees may not do business with patients, ever, for any reason.
- Employees are not permitted to accept gifts from patients.
- Employees are not permitted to give gifts or clothing to clients.
- Employees may not share personal information including personal phone numbers and addresses with patients.
- Employees may not be a sponsor or a friend
- Employees may not keep or hold onto a patient's money or personal belongings.
- Employees may not go to 12-Step meetings with patients unless it is part of the assigned job duties.
- Therapeutic relationships will encompass a wide range of emotions; however, physical attraction is not an emotion that works in a therapeutic relationship. If you are having these feelings about your assigned primary counselor, it is imperative that you request a new counselor. An employee can never enter into romantic or sexual relationships with any current or former patient – regardless of when they were last patients.
- Employees may not socialize with patients outside of the facility unless it is part of the assigned job duties.
- Once you are no longer active in a program, employees will not be able to provide clinical services.

Communications

- Employees may not interact with a patient on Facebook, Twitter, Instagram, or *any* other social networking site even after the patient leaves treatment.
- Employees may not share their personal phone numbers or email addresses with patients.
- Employees may not email a patient or communicate with a patient via email even after the patient leaves treatment except through e-Services.
- Employees may not text a patient, even after the patient leaves treatment
- Patients may only call PAR staff at PAR phone numbers.

Expectations

- Your counselor is not your friend – they are only your counselor.
- There are no secrets from the treatment team. Talking to a staff member is the same as talking to the treatment team.
- We are qualified to do counseling and will give expert opinion only within that scope of practice. (We are not permitted to give opinions regarding specifics about your case. For instance, whether or not you are a good parent, whether or not you will remain abstinent, etc.)
- What to do if the counselor/patient assignment is not a good fit? You are entitled to a different counselor if you feel you are not benefiting from our efforts. Talk to a supervisor.
- It is not therapeutically relevant whether a staff member is in recovery or not.

PATIENT RIGHTS & RESPONSIBILITIES

You are required to conduct yourself in a courteous manner toward staff and other patients. You must use mature and socially acceptable means of resolving disagreements and registering complaints. Each patient can expect to be treated with respect and dignity, in gender, ethnic, and culturally sensitive ways, by staff. All patients should receive care that is considerate and respectful of their values and belief systems. All patients should feel safe and respected while at the program, both by staff and other patients. Any deviation from safe and respectful treatment should be reported to the Program Director or Program Supervisor immediately.

PATIENT APPEARANCE / DRESS CODE

This is a medical facility, and you are expected to dress like you would when seeing your primary care physician. The following clothing is **NOT** considered appropriate dress for the clinic:

- Any clothing that advertises substance use, or other offensive, vulgar, or abusive content.
- Pajamas and any clothing that reveals the back, chest, stomach, or undergarments.

LOITERING, LITTERING, AND PARKING LOT BEHAVIOR

Loitering outside on or around clinic grounds, including the parking lot, is strictly prohibited. Unless you need to meet with your counselor or other program staff, once you have finished dosing you are expected to promptly leave the clinic property (including the parking lot) until the next day you are scheduled to return to the clinic. The clinic and its surrounding area and parking lot are not a hang-out spot for socializing. If you are waiting for a ride to come pick you up, you may ask clinic staff for permission to wait inside the clinic until your ride arrives. If you wish to wait outside, you should ask your ride to meet you away from the clinic grounds. Failure to abide by this rule may result in immediate discharge from the program. Non-patients who are frequently observed loitering on or around clinic grounds, including in the parking lot, will be asked to leave by program staff. Refusal to do so will result in being trespassed from the property.

DO NOT LITTER on or around clinic property. **This includes cigarette butts.** This sort of behavior is completely unacceptable, and any patients seen littering may face immediate discharge from the program.

All patients (and visitors) are expected to abide by all ordinary traffic laws when arriving at the clinic in a vehicle. Do not park in areas that are not clearly designated for parking. Do not park in handicap zones unless you have a valid handicap license. **Patients who have parked their vehicles in any restricted area may be refused service until their vehicle is moved to a proper location.**

TOBACCO / SMOKE FREE ENVIRONMENT

The use of tobacco and other smoking/vapor devices is prohibited both inside and outside at the program (e.g., do not smoke near the entrances of the program). Please leave tobacco products in your vehicle. We will be more than happy to work with you in your efforts to stop the use of tobacco products.

POSSESSION OF CONTRABAND AND OTHER ITEMS

“Contraband” is defined as any type of weapon, illicit substances, alcohol, or licit substances that are being misused or are being given or sold to individuals on the premises. The possession of contraband is strictly prohibited by patients, visitors, and staff within all MAPS program facilities & properties. A “weapon” in this context includes any type of firearm (even with a legal permit), ammunition, explosives, or anything designed or used for inflicting bodily harm or physical damage.

The possession of prescription medication may be permitted on program premises if it is stored/secured properly in the original container it was dispensed in and kept out of sight of (other) patients and visitors.

The possession of other legal drugs (excluding alcohol), vitamins, or herbs may be permitted on program premises if stored/secured in an appropriate container and kept out of sight of (other) patients and visitors.

It is strongly advised that any prescription medications or other legal drugs NOT be brought onto the program premises (stored on-person) except under the following conditions:

1. For the purposes of patients registering prescription medications with nursing as directed by program staff.
2. It is medically necessary to always have the medication(s) on-person for emergency use.
3. There is presently no other reliable location where the medication(s) may be safely secured to prevent unwarranted access and/or theft.

RESTRICTED USE OF CELL PHONES & OTHER PERSONAL ELECTRONIC DEVICES

The use of cell phones, tablets, or any other personal electronic device with the capability of taking pictures or recording video/audio is **strictly prohibited on clinic premises**. This rule is in place to protect the privacy and confidentiality of patients. If you have your device out and in use, there is no way for our staff and (or other nearby patients) to be certain that you are not taking pictures or recording video/audio of other patients. It is advised that you leave these devices at home or in your vehicle before entering the clinic. If you do bring the device with you to the clinic, you must have the device(s) put away and out of sight (i.e., in your pocket, purse, backpack, etc.). Under certain circumstances you may be permitted to use your device in the privacy of your counselor’s office, with your counselor’s permission. If it is discovered that you have been taking pictures or recording video/audio of other patients on premises, **including in the parking lot**, you will be immediately discharged and trespassed from the property.

TIME MANAGEMENT, LATE ARRIVALS, AND SUNDAY CLOSURES

Although most clinic visits may take only 5-10 minutes, we urge you to regularly prepare for at least 30 minutes of spare time for every clinic visit in preparation for unexpected delays. There are certain mandatory treatment activities that take time and may not be able to be rescheduled even if you happen to be in a hurry (e.g., random drug screening). There may also be occasions when the clinic unexpectedly loses power, or we experience staffing shortages that can cause long wait times.

There are absolutely no assurances that any patients who arrive to the clinic after the end of dosing hours will be permitted to enter the clinic or be dosed. There may be occasions when the nursing department may be able to make exceptions and accommodate late arrivals, but no patients should ever rely on any expectation of this flexibility. All patients are encouraged to plan accordingly and make a habit of preparing to arrive at the clinic at least 30 minutes before the end of dosing hours. If you are unable to make it to the clinic in time to dose, **DON'T PANIC**. Many patients mistakenly assume that missing a single day of dosing will cause them to into a full state of withdrawal. Methadone and buprenorphine are very long-acting medications and continue to provide substantial relief from opioid withdrawal symptoms for more than just 24 hours. It is likely you will experience some mild withdrawal symptoms, but most patients are able to manage just fine and are encouraged to come to the clinic early the next morning for their dose.

Many MAPS programs are now closed on Sundays and dispense take-home medication to all patients on Saturday to cover their Sunday dose. It is especially important to arrive to the clinic on time on Saturdays. Patients who do not make it to the clinic on a Saturday or are otherwise denied a Sunday take-home due arriving to the clinic in an impaired state on Saturday, may still be able to receive their Sunday dose by traveling to our clinic in Clearwater (which remains open on Sundays). You simply need to arrive at the Clearwater clinic during the Sunday dosing hours and notify the front-desk that you are a patient of another PAR clinic and need to guest-dose. The address and dosing hours for the Clearwater clinic can be found on page 2 above under Pinellas County.

EMERGENCY NEEDS / HOSPITALIZATION WHILE IN TREATMENT

PAR will make every reasonable effort to see that hospitalized patients are able to continue receiving their opioid treatment medication. If you are hospitalized for an emergency, have the hospital call the program and we will provide dosing information. If the program is closed have them call 1-888-PAR-NEXT (1-888-727-6398) to obtain dosing information. Please notify us in advance for any scheduled hospital care. You will need to sign releases allowing us to coordinate your care with the hospital.

INCARCERATION WHILE IN TREATMENT

If a patient is incarcerated, he/she should notify the jail about their dependence on methadone (or buprenorphine). PAR will advise the jail of your presence in treatment and dosage **if the medical personnel from the jail contact us**. Incarceration of PAR MAPS patients is handled differently in different counties. If you are pregnant, be sure to advise jail personnel you are a PAR patient receiving methadone (or buprenorphine) treatment, as most jails will make special arrangements to have pregnant patients continue with their opioid treatment medication.

TRAVEL PLANS WHILE IN TREATMENT

If the need to travel should arise, you must notify your counselor who will evaluate eligibility for travel doses to cover the travel duration prior to submitting the request to the Program Director/Supervisor and Program Physician for final approval. Several factors are taken into account when determining eligibility for travel doses, including time in treatment, drug screen results, stability and overall progress in treatment. **You must give at least 10 days' notice for travel dose requests.** Patients requiring state or federal exceptions may require more advance notice for travel doses. If you are not eligible for travel doses or are eligible for fewer travel doses than would be needed to cover the entire travel duration, your counselor can arrange for you to guest-dose at a nearby clinic.

DISASTER PLANNING

Please be sure that the program has your current phone number, email address, and physical address at all times, especially during hurricane season (June 1 – November 30). Also be sure to sign a release of information for Lighthouse Central Registry. With this release in place, we will be able to send you emergency email and/or text notifications in the event of a clinic closure due to some disaster. You can also go to the patient portal at www.thecentralregistry.com to see about closures and get instructions on where to dose should your clinic be closed. You may also go to PAR's website at www.operationpar.org for more information. **Again, it is your responsibility to advise us of any changes in your contact information.**

PAIN MANAGEMENT AND OPIOID PRESCRIPTIONS

Operation PAR's MAPS Programs are specially licensed to prescribe methadone (and buprenorphine) for the **exclusive** purpose of treating Opioid Use Disorder (OUD) and NOT for the purpose of treating pain. Although it is true that both methadone and buprenorphine have analgesic (painkilling) properties much like other opioid drugs commonly prescribed to treat pain, the manner in which it is prescribed and administered at MAPS is not designed for that purpose. The primary purpose/function of methadone and buprenorphine for the treatment of OUD is to suppress opioid withdrawal and block the euphoric effects of other opioids. Once reaching a stable dosage, these two specific functions remain effective for approximately 24-36 hours -- which allows for the once-daily dosing treatment model used at MAPS and all other specially licensed Opioid Treatment Programs to work. Unfortunately for many of our patients who are also struggling with chronic pain, the separate analgesic effect of methadone and buprenorphine only lasts approximately 6-8 hours after dosing. This means that patients struggling with chronic pain will likely need to find alternate (non-narcotic) means of addressing their pain for the remaining hours of each day until their next dose. There are a variety of highly effective non-opioid pain management treatment options available that we would strongly encourage our MAPS patients with chronic pain to explore.

The MAPS Program Physicians will typically not continue treating any patients whom we discover are simultaneously receiving any long-term (e.g., 30 day+ recurring) opioid prescription medications from an outside prescriber. **Short-term, non-recurring** opioid prescriptions are however usually acceptable while in treatment at MAPS – particularly following surgery, dental procedure, or as a result of acute injury/hospitalization -- but only if the MAPS patient signs a release of information to allow our MAPS Program Physician to coordinate care with the other treating practitioner. If you have any planned surgeries coming up, you should notify your counselor and/or the nursing staff as soon as possible.

DRUG SCREENING, DIRECT OBSERVATION, AND CONTESTING RESULTS

All patients admitted to the program are required to consent to provide specimens upon request for drug screening purposes. The written consent for drug screening is included in the PAR Client Rights & Responsibilities Agreement – which all patients must sign before being admitted to treatment.

All random specimens (both urine and oral fluid) collected from patients will be monitored either by direct observation or the use of a temperature sensitive device. Specimens will be collected in a safe and respectful manner, with consideration for physical, developmental, and abuse history of the patient. Containers used for specimens are labeled in the presence of the patient.

The Program Physician may order direct observation urine drug screening for any patient on an individualized basis as they deem clinically appropriate. Under *most* (but not all) circumstances, direct-observed urine drug screening is only ordered if there is a history or suspicion of urine drug screen tampering or substitution, OR if the patient is given advanced notice of when the urine drug screen will occur (i.e., when it is not technically “random”). Observed urine drug screens will be done by a staff member of the same sex only. All oral fluid drug screening requires direct observation and can be observed by a staff member of either sex.

Upon being notified of a random drug screen by MAPS staff, patients are not to exit the clinic or go walk out of sight of clinic staff until completing the drug screen collection process as instructed. Failure to abide by this instruction may result in clinic sanctions including (though not limited to) loss of take-home privileges. This rule is in place to preserve the integrity and reliability of the random drug screening process.

Neither the patients nor the front office staff have the authority to arbitrarily decide which drug screen type (oral vs urine) is administered. Urine and oral drug screening each have their own “pros and cons” regarding their detection ability & accuracy for specific substances and may have been purposefully scheduled with these differences in mind. The specific drug screening method used for each individual patient is often randomized by our electronic health record software, however it is ultimately at the discretion of the Program Physician what type of drug screening method is used for each patient.

All patients are expected to arrive at the clinic able to provide a urine specimen (or able to wait inside the clinic until able to eventually provide) in preparation for a randomly scheduled urine drug screen. We recognize that this may be uncomfortable for many patients, however it is a clinically necessary aspect of substance use disorder treatment.

There is a technical difference between drug “screening” and drug “testing”. Drug screening, while extremely accurate, is not infallible. **False positives** can and do occasionally occur. There are a number of factors that may cause a false positive drug screen, including certain over-the-counter medications. When a patient’s drug screen results return positive for any substance that is not otherwise accounted for by a legitimate, registered prescription (see section on Registering Prescriptions), the patient will be scheduled to meet with their Counselor or another clinical staff member to review the results. All patients are given the opportunity to either accept or contest the results (with some conditions). If a result is contested, the patient may request to have the drug screen specimen submitted for “confirmatory testing”, but with the agreement that if the confirmatory test results also return positive (consistent with the initial drug screen results), the patient will be required to pay a \$40 fee to cover the expense for the confirmatory test. If the confirmatory test returns negative (indicating that the initial screen was in fact a false positive), PAR will cover the expense for the confirmatory test. The confirmatory testing method used by our drug screening/testing laboratory is referred to as “Gas/Liquid Chromatography Mass Spectrometry” or “GCMS / LCMS” for short. This is widely accepted as the most accurate method of drug testing available.

DUPLICATE SERVICES AND THE PDMP

The Electronic-Florida Online Reporting of Controlled Substances Evaluation program (E-FORCSE) is Florida's Prescription Drug Monitoring Program (PDMP). The PDMP was created by the 2009 Florida Legislature in an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the State of Florida. The purpose of the PDMP is to provide the information that will be collected in the database to health care practitioners to guide their decisions in prescribing and dispensing these highly abused prescription drugs.

This program has been running since 10/17/2011. It gives us the ability to track prescribing and dispensing information for any controlled substances in Schedules II, III, and IV you have been receiving anywhere in the state of Florida. Your presence in Methadone/Buprenorphine Maintenance Treatment (MMT) and any records of medications administered by us are not entered into the PDMP and are therefore not accessible by outside healthcare practitioners. As part of your agreement to abide by the program guidelines outlined in the MAPS Patient Handbook, you are expected to inform any doctor treating you that you are on a methadone treatment program, since the use of other drugs in conjunction with methadone may cause you harm. You must present all prescription medications & refills to the nursing staff so that they may record what you are taking (see section on Registering Prescriptions).

We routinely check the PDMP for all active patients. Please be advised that obtaining opioids, buprenorphine (Suboxone, Subutex), or methadone from any provider other than Operation PAR without notifying this program will jeopardize your continued treatment at this program. This includes treatment by physicians, pain management programs, or any other source. Failure to notify this program of outside sources of scheduled drugs will result in immediate disciplinary action, up to being discharged without the benefit of a medically supervised withdrawal. Also, failure to sign a release of information to any outside provider and any pharmacy providing scheduled drugs will also result in immediate disciplinary action as stated above.

REGISTERING PRESCRIPTIONS AND CALL BACKS

If you are receiving any prescription medications, you are required to present those medications in their original bottles, as well as any subsequent refills, to the nursing staff so they can record what you are taking. Drug screens may be considered positive if any of these medications are detected and you have not first registered the prescription with nursing and signed a release of information between PAR and the prescribing physician. You are advised/expected to inform any physician treating you outside of PAR that you are currently enrolled in an opioid treatment program and are being prescribed methadone (or buprenorphine). It is especially important that your physician know this prior to prescribing you any medication as there are many commonly prescribed medications that may cause serious harm when taken with methadone and/or buprenorphine.

Some patients may be required to register certain medications more frequently if ordered by the Program Physician. Patients who register prescription medications for controlled substances (e.g., benzodiazepines, amphetamines, etc.) may be subject to a random "Call Back", requiring them to return to the clinic the following day (unless otherwise ordered by the Program Physician) with all of their medications in their original bottles to be presented to the nursing staff. The nursing staff will count the medication to check if it has been taken as prescribed. If the result of the count indicates that the medication is not being taken as prescribed, the Program Physician may ultimately choose to no longer accept the prescription registration for that medication (i.e., any positive drug screen result for that substance will no longer be excused).

ANNUAL MEDICAL REVIEW

Every patient in methadone maintenance treatment is *required by law* to meet with either the Program Physician or APRN for their annual medical review after one year of continuous treatment at PAR MAPS and annually thereafter. The purpose of the annual medical review is to assess your overall medical status, progress in treatment, and to determine the appropriateness for your continued treatment. Patients receiving buprenorphine or naltrexone treatment may also be required to complete an annual medical review. Note: Private-pay patients will be charged a \$50 fee for this appointment.

INDIVIDUAL COUNSELING

It is the patient's responsibility to initiate counseling with their assigned Primary Counselor. You will be assigned a Primary Counselor within the first few days of treatment. Prior to that, you may speak with any staff member if you need assistance. Failure to take this initiative may result in loss of clinic privileges. Individual counseling sessions must be a minimum of 30 minutes, and generally are focused on progress being made toward the goals and objectives on your treatment plan. Your required counseling frequency will decrease over time depending on the progress you have made. Your counselor is available to see you should you need assistance.

GROUP COUNSELING

PAR provides weekly on-site Relapse Prevention Groups. They may be required for patients who have positive drug screens and are subsequently assigned by the Program Physician. Relapse Prevention Group is also available to any patient who wishes to attend voluntarily. There is no charge for these groups.

SELF HELP GROUPS

Self Help Groups include Outside 12-step groups (AA, NA, etc.) and in house MA meetings. Attending self-help groups is important and fully supported by the program. Outside meeting attendance is not designed to give you an outlet to exclusively share information there without also sharing in treatment at this treatment program. Information shared at self-help groups in the presence of PAR staff members may be reported to the program and become part of your clinical treatment experience.

MEDICATION ALERT: BENZODIAZEPINES

Benzodiazepines are controlled substances which include (though not limited to) Xanax (alprazolam), Klonopin (clonazepam), Valium (diazepam), Ativan (lorazepam), Librium (chlordiazepoxide), and Restoril (temazepam). The synergistic interaction of methadone and benzodiazepines can be unpredictable, and the effect you feel one day may be greatly different on another day, especially early in your treatment. A synergistic effect is when the action of a drug is promoting or enhancing the effectiveness of another drug. In the case of benzodiazepines mixed with methadone/buprenorphine, the nervous system depressant effects in each drug are greatly enhanced (more than the sum of their individual parts).

If you are taking benzodiazepines by prescription, does your doctor know you are also taking methadone or buprenorphine? If not, it is very important that you tell them immediately. Even if your doctor knows you are on methadone/buprenorphine, we encourage you to ask them if another medication could be effective to treat you. All benzodiazepine prescriptions must be registered with nursing.

Taking benzodiazepines without a valid, registered prescription is completely unacceptable and may place your treatment here in serious jeopardy.

In some cases, patients who are abusing benzodiazepines may be required to seek medical supervision to safely discontinue their benzodiazepine use. PAR offers a 21-day inpatient benzodiazepine tapering in Clearwater where you will be able to continue your methadone/buprenorphine treatment during your stay. Talk to your counselor if this is something you are interested in. Otherwise, we recommend you seek an outside physician to supervise & facilitate the benzodiazepine tapering and discontinuation.

MEDICATION ALERT: ALCOHOL

You should NEVER consume alcohol when taking methadone or buprenorphine. Similar to benzodiazepines, alcohol also has a synergistic interaction with both methadone and buprenorphine. The nervous system depressant effects are enhanced by each drug which can potentially cause breathing to stop, resulting in coma or death.

MEDICATION ALERT: DRIVING

Anyone who is on methadone or buprenorphine AND taking any other non-prescription, mind-altering substance should NOT DRIVE. This includes alcohol. If you are taking a prescription benzodiazepine, opioid, amphetamine or barbiturate, you are advised not to drive unless your prescribing physician indicates you are okay to do so. In no case should you attempt to drive until you are sure of the effects of your prescription when combined with methadone or buprenorphine.

METHADONE INFORMATION

Methadone is a synthetic opioid that is used to prevent withdrawal symptoms and maintain stability in people who are addicted to, and physiologically dependent on, opioid substances. Methadone is also often used to treat severe pain. The methadone you receive is compounded by the manufacturer. You will receive it from Florida licensed nurses as ordered by a Florida licensed physician.

Precautions:

- Do not abruptly discontinue treatment.
- Do not take or use Stadol, Talwin, Nubain, Naltrexone (Revia), or Buprenorphine (Suboxone or Subutex), as these drugs may precipitate withdrawal.
- Avoid **alcohol** and other central nervous system depressants.
- Inform your doctor and PAR immediately if you are pregnant or breast feeding.
- Inform your doctor and PAR if you have kidney, liver, lung or heart disease.
- Inform your doctor and PAR if you have a seizure disorder.
- Always inform your doctor if you are taking methadone.

Potential side effects: drowsiness, dizziness, water retention, skin rash, weight gain (especially during the first year in treatment), constipation, sweating, decreased sexual desire, irregular menstrual cycle. These symptoms usually subside or disappear over several weeks and once you have stabilized on your dosage amount.

Drug Interactions: Inform your doctor and PAR if you are taking any of the following medications as these may cause toxicity if taken with methadone: carbamazepine (Tegretol), phenytoin (Dilantin), barbiturates (Phenobarbital), rifampin (Rafadin, Rimactane), fluvoxamine (Luvox), Cimetidine, Ketoconazole, Erythromycin, and Cipro. *This list is not all inclusive.*

Guidelines for use:

- May cause drowsiness – Use caution driving or performing other tasks requiring alertness, until you know how the medication affects you.
- Keep take home bottles out of reach of children and in a locked container that children cannot open. Take-homes must be kept secured and in a locked container at all times. Methadone does not need to be refrigerated and may be stored at room temperature.
- Do not skip a dose.

METHADONE INFORMATION

Other treatment facts:

- You should not feel a rush or a high on a proper dose.
- Methadone does not impair intellectual functioning.
- Methadone does not get into/rot your bones, cause tooth decay, or damage internal organs.
- Methadone works effectively for most people. However, it does not work for everyone. The more a person invests in his/her treatment experience the better chance for a successful outcome.
- How long should you stay on methadone? The best answer is “long enough”; it varies with each person. It is important to note that studies have demonstrated the longer an individual maintains in medication assisted treatment, the less likely they are to relapse after finally discontinuing treatment.

Medication and Dosing:

Your dosage will not be changed without your knowledge. Please understand the nursing staff has the right to refuse to administer your medication if you arrive at the program in an intoxicated state. Nursing will not risk possible overdose by providing methadone to any patient if they are intoxicated. Furthermore, if nursing has assessed you as being intoxicated, you will be instructed not to drive. If you blow positive on a breathalyzer showing a blood alcohol concentration (BAC) at or above 0.08 percent, you will be instructed not to drive (even if you are not visibly impaired). If you still decide to drive, the police will be notified, and you may jeopardize your continued treatment at this program.

If you vomit your dose, you will not be re-medicated unless it occurs on the immediate premises AND is observed by a staff member within 15 minutes of being dosed. If you feel nauseous, we advise you to wait until feeling better before being medicated. After dosing, it is recommended you sit in the lobby for 30 minutes or until feeling better. You may ask for a reduction in your dose at the medication window, but if your goal is to begin to withdraw from the program, you should meet with your counselor to develop a plan to get off the program.

Requesting to withdraw from the program:

There are two types of voluntary requests to withdraw from the program: Therapeutic and Against Medical Advice (AMA). If both you and the treatment team think you are ready to withdraw from the program, a therapeutic medically supervised withdrawal (MSW) will be initiated at your requested rate. If there is reason to believe you are not ready, an AMA withdrawal will be initiated at the rate you request. An AMA request is not considered to be adversarial. The therapeutic vs AMA designation may however impact take-home eligibility while you are in the medication tapering process.

TAKE-HOME DOSES

Misusing, diverting, selling or otherwise disposing of methadone (or buprenorphine) will result in an administrative medically supervised withdrawal and discharge from the program. All take-home bottles (including labels) must be returned. When returning bottles, it is the patient's responsibility to use the provided marker to cross off their name from each bottle. This is done to protect patient confidentiality. The misuse or diversion of take-home medication as well as the use of other drugs while receiving methadone treatment is the biggest threat facing methadone treatment programs today. Please do not ruin it for others. Patient fees must be up to date to retain take-home privileges.

Take-homes are not a right; they are a therapeutic privilege. All patients with take-homes are subject to "Call Backs". When called you are expected to come to the program within 24 hours with all unused take homes and any other prescription medications you may have in their original bottles. It is your responsibility to update the program staff with your current contact information. If a Call Back is attempted and the program staff is unable to reach you, your take-home privileges will most likely be revoked. Patients must transport and store take-homes in a locked container.

Patients who receive take-homes are expected to be stable on their dose of methadone/ buprenorphine (i.e., not experiencing any sedation or opioid withdrawal symptoms between doses). Even patients on a therapeutic withdrawal schedule should be stable. Patients who have take-homes who are not stable and who request dosage increases may have take-home privileges *temporarily* revoked until dose stability is acquired. **Do not request take-homes unless you are stable on your dose of methadone.**

Methadone Negative Drug Screens

Patients testing negative for methadone / methadone metabolite after receiving take-homes or travel doses will, in most cases, lose their take-home privileges for at least 90 days. Take your take-homes and travel doses exactly as prescribed.

Positive Drug Screens

Patients with take-homes who have a positive drug screen or test positive for alcohol when given a breathalyzer will be assigned to our relapse prevention group and receive more frequent testing. Failing to attend the required relapse prevention group sessions or having a second positive drug/alcohol test will result in a loss of take-home privileges for at least 90 days. Patients who are positive and who have State or Federal exceptions will lose their exceptions for a minimum of six months. Group assignment and retention of take-home privileges is ultimately at the discretion of the Program Physician.

TAKE-HOME PHASES

The following is an explanation of our Take-Home Phase System along with some clarification of the program policies. It is the patient's responsibility to become familiar with this system. Your counselor will be happy to answer any questions you might have about it. **The final interpretation of this system rests with program staff.** We strongly urge you to take advantage of the services we provide; Individual, Group, Family and HIV counseling. We can also make referrals to other agencies. We also urge you to involve your family, as appropriate to their age, maturity, and clinical condition. It has been shown that these kinds of involvements and support are very effective in helping patients progress in their recovery.

Patients receiving buprenorphine treatment where the medication is administered and dispensed directly from the treatment program (as opposed to receiving a prescription to be filled at a pharmacy) may also be eligible for take-homes. **Buprenorphine take-homes begin at Phase 6.**

All patients with take-homes are subject to Call Backs.

PHASE 0 (Entry Level):

- Includes all patients on PAR Methadone or Buprenorphine Program for first 30 days in treatment as well as any patients who have not met the requirements for Phase 1.
- Note: All patients enrolled at MAPS programs that are closed on Sundays are provisionally granted "Phase 1" status but are still expected to fulfill the following requirements listed below:
- Patients at Phase 0 are expected to do the following:
 - Participate in an initial interview/assessment session with intake staff.
 - Submit to an initial pre-intake drug screen.
 - Have had a medical history taken, a physical examination, TB test, and blood drawn for appropriate lab work.
 - Be familiar with and observe program rules.
 - Not supplement methadone/buprenorphine dose with other drugs.
 - Medicate daily during observed medication times.
 - See counselor frequently in order to get methadone/buprenorphine dosage stabilized.
 - Attend counseling sessions as per frequency requirements.
 - Attend, understand, and sign off on complete orientation session with counselor.
 - Pay assessed treatment fees as agreed.
 - Complete the psychosocial assessment with clinical assessor as scheduled.
 - Be familiar with the phase system.
 - Refrain from illegal activity.
 - Be actively involved in formulating an individualized treatment plan within 30 days of admission with counselor.
 - Comply with random drug screening requirements (1x per month minimum, and on request).

TAKE-HOME PHASES

PHASE 1: One (1) take-home per week.

- Note: All patients enrolled at MAPS programs that are closed on Sundays that have been provisionally granted “Phase 1” status are not given an option to select an alternative day (other than Sunday) for their 1 weekly take-home. Patients enrolled at clinics that are open 7 days/week and meet the following Phase 1 criteria are given the option to select any day of the week they wish.
- Requirements:
 - Completed and understand all Entry Level (Phase 0) requirements/expectations.
 - Regularity of clinic attendance
 - Absence of serious behavioral problems at the clinic
 - Assurance that take-home medication can be safely stored within the patient’s home.
 - Stable at current dosage (*i.e., no withdrawal and no sedation between doses*).
 - Stable home environment and social relationships.
 - Absence of known recent criminal activity (*e.g., drug dealing*)
 - Financial stability (*i.e., basic needs are able to be met with current income / financial support*)
 - 30 consecutive days in continuous treatment.
 - Negative drug screens for the last 30 days (*i.e., minimum of 2 negative drug screens, 30 days apart*)

PHASE 2: Two (2) take-homes per week.

- Requirements:
 - Continues to meet all the requirements for Phases 0 and 1.
 - Has been at Phase 1 for a minimum of 4 weeks.
 - 90 consecutive days in continuous treatment.
 - Negative drug screens for the last 30 days.

PHASE 3: Three (3) take-homes per week.

- Requirements:
 - Continues to meet all the requirements for Phases 0 through 2.
 - Has been at Phase 2 for a minimum of 4 weeks.
 - 180 consecutive days in continuous treatment.
 - Negative drug screens for the last 60 days.

PHASE 4: Four (4) take-homes per week.

- Requirements:
 - Continues to meet all the requirements for Phases 0 through 3.
 - Has been at Phase 3 for a minimum of 4 weeks.
 - 270 consecutive days in continuous treatment.
 - Negative drug screens for the last 60 days.

PHASE 5: Five (5) take-homes per week.

- Requirements:
 - Continues to meet all the requirements for Phases 0 through 4.
 - Has been at Phase 4 for a minimum of 4 weeks.
 - 270 consecutive days in continuous treatment.
 - Negative drug screens for the last 90 days.

TAKE-HOME PHASES

PHASE 6: Six (6) take-homes per week

- **Note:** *Scheduled pick-up day may not be on Saturday or Sunday.*
- **Methadone Requirements:**
 - Continues to meet all the requirements for Phases 0 through 5.
 - Has been at Phase 5 for a minimum of 4 weeks.
 - 270 consecutive days in continuous treatment.
 - Negative drug screens for the last 90 days.
- **Buprenorphine Requirements:**
 - Meets all the requirements for Phases 0 and 1.

PHASE 13 (Partial Medical Maintenance): Thirteen (13) take-homes per clinic visit.

- **Note:** *Scheduled pick-up day may not be on Saturday or Sunday.*
- **Methadone Requirements:**
 - Continues to meet all the requirements for Phases 0 through 6.
 - Has been at Phase 6 for a minimum of 12 weeks.
 - 365 consecutive days in continuous treatment.
 - Negative drug screens for the last 180 days.
 - Has successfully completed at least one random Call-Back at Phase 6.
 - Reviewed and signed the Methadone Maintenance Contract, Count Agreement, and Tablet Education forms.
- **Buprenorphine Requirements:**
 - Meets all the requirements for Phases 0 and 1.
 - Minimum of 90 days in continuous treatment.
 - Negative drug screens for the preceding 60 days.

PHASE 27 (Full Medical Maintenance): Twenty-Seven (27) take-homes per clinic visit.

- **Note:** *Scheduled pick-up day may not be on Saturday or Sunday.*
- **Methadone Requirements:**
 - Continues to meet all the requirements for Phases 0 through 13.
 - Has been at Phase 13 for a minimum of 12 weeks.
 - 2 consecutive years in continuous treatment.
 - Negative drug screens for the last 180 days.
- **Buprenorphine Requirements:**
 - Meets all the requirements for Phases 0 and 1.
 - Minimum of 180 days in continuous treatment.
 - Negative drug screens for the preceding 60 days.

CRITERIA FOR INVOLUNTARY TERMINATION

The following are potential reasons for involuntary termination. In each instance patients will be withdrawn from the program under medical supervision as quickly and safely as possible.

- Failure to show progress over time, after attempts to adjust the patient's treatment plan the patient continues to be lacking in progress.
- The patient develops a medical, psychological, and/or social condition which precludes outpatient treatment.
- The patient fails to attend the program for 10 consecutive days without notice.
- Failure to pay assessed fees. Medicaid patients will not be withdrawn for non-payment.
- The program maintains a **zero-tolerance** policy on threats, acts of violence, abusive language, possession of contraband, and behavior that is disruptive to the program by patients. **Weapons of any kind are prohibited anywhere on the property.** Depending on the behavior you may be administratively withdrawn from your medication, or immediately discharged.
- Attempting to sell or divert their prescribed medication.
- Become or continue to be actively involved in criminal behavior.
- Persistently uses illicit drugs, alcohol, or unapproved prescription medications.
- Does not effectively participate in treatment program requirements.

POTENTIAL ASSIGNMENTS & INTERVENTIONS

- The following assignments / interventions may be required to rectify program issues or concerns. You may be required to:
 - Attend internal relapse prevention group.
 - Attend outside self-help/support groups.
 - Obtain a sponsor.
 - Complete THC, Cocaine, or Relapse Prevention workbook.
 - Provide more frequent drug screens.
 - Obtain a Mental Health Evaluation.
 - Abide by specified dosing times.
 - Attend an outside Anger Management Group.
 - Apply for Medicaid
 - Abide by payment contract.
 - Abide by Program Guidelines.
 - Other individualized assignments / interventions as needed to continue your treatment here.

These interventions are designed to help you to stay in treatment and recover your good standing with the program. Every reasonable effort is made to retain patients in treatment.

MEDICALLY SUPERVISED WITHDRAWAL (MSW)

A urine specimen will be collected from any woman of childbearing age for pregnancy testing prior to the start of any Medically Supervised Withdrawal.

VOLUNTARY MSW

Therapeutic Medically Supervised Withdrawal

Patients requesting this withdrawal type will be evaluated according to the ASAM Dimensional Discharge Criteria. Approval of a Therapeutic MSW requires that the patient meets the specifications in at least one of the six dimensions. Patients are also evaluated based on the rate of withdrawal they are requesting.

Non-therapeutic Withdrawal from Methadone Against Medical Advice (AMA)

Patients not meeting the program guidelines, or any of the ASAM Dimensional Discharge Criteria for a therapeutic MSW, and patients preparing for incarceration, may request an AMA withdrawal. Patients requesting this MSW may be considered unstable and may forfeit take home privileges, depending on the nature of their request. An AMA MSW is in no way considered to be an adversarial action.

INVOLUNTARY (NON-COMPLIANT) MSW

Patients who meet the criteria for involuntary termination may be placed on a non-compliant withdrawal from methadone / buprenorphine and be referred to other treatment as clinically indicated. Each patient will be given a detailed Continuing Care Plan to further assist them in seeking treatment. Additionally, each patient is given an updated "Referral Resource List" which contains the phone numbers for alternative treatment providers. Patients may request a "staffing" to appeal a non-compliant MSW.

INVOLUNTARY (NON-COMPLIANT) withdrawal for behavioral problems

Violence or threats of violence against staff or other patients may result in termination without the benefit of a medically supervised withdrawal. Each case is evaluated by the primary counselor, the program director, and any other relevant staff member. Based on the evaluation a recommendation is made to the program physician who writes the order to withdraw or to immediately discharge the patient.

Staff are trained in verbal de-escalation to minimize threats and acts of violence. Patients are treated professionally and with courtesy and respect. This also minimizes "acting out" at the program. Every reasonable effort is made to retain patients in treatment.

INVOLUNTARY (ADMINISTRATIVE) MSW:

Patients who fail to meet their financial responsibilities, and who fall more than four days behind the agreed upon payment schedule without making suitable payment arrangements with the Program Director or their designee will be placed on a medically supervised withdrawal schedule until their payments are caught up or other suitable arrangements have been made. The withdrawal schedule is determined and approved by the program physician. **An MSW shall not be started on females below age 50 until a pregnancy test is done and the woman is found to be not pregnant. You are advised to report if you become pregnant at any time you are in the program.**

MEDICALLY SUPERVISED WITHDRAWAL (MSW)

INVOLUNTARY (NON-COMPLIANT) withdrawal for drug related issues

The use of illicit substances or abuse of prescribed substances may result in a noncompliant withdrawal from the program. While each case is evaluated individually, the following general guidelines typically apply:

1. Patient has positive drug screen
2. Counselor schedules a 1:1 counseling session with patient to discuss relapse prevention strategies and inform of potential consequences to continued treatment at the program if substance use persists.
3. If there continue to be positive drug screens despite regularly scheduled 1:1 Counseling sessions, Counselor may advise more frequent sessions, attending Relapse Prevention Group, and/or enrolling in PAR's Outpatient program.
4. If substance use still persists (as evidenced by further positive drug screens), the patient may be advised to enroll in PAR's inpatient Detox program or residential treatment program.
5. If the patient refuses options for PAR's inpatient treatment options, and substance use persists, the Program Physician may choose to order a Non-Compliant Medically Supervised Withdrawal (NC-MSW).
6. The NC-MSW will continue until there is sufficient evidence that the substance use has discontinued (i.e., negative drug screens) or until the patient's dose reaches 0mg and they are discharged from treatment with a referral to a higher level of care (e.g., Residential).
7. Specific criteria may be established by the Program for re-admission eligibility, which may include having to wait a specified period of time after discharge and/or testing negative for a particular substance on the pre-intake drug screen.

Patients on a noncompliant withdrawal may request a "staffing" (meeting with members of the Treatment Team) to discuss their withdrawal from the program and how they may be able to stop the NC-MSW and remain in treatment. Most patients on a noncompliant withdrawal request a Staffing, discontinue use, and are placed back on their therapeutic maintenance dose.

Patients who present at the program under the influence of drugs or alcohol will not receive their dose. Patients who do this with regularity will be withdrawn from the program or, depending on their condition, may be immediately discharged without the benefit of a withdrawal schedule.

EMERGENCY RESPONSE PROTOCOLS FOR MAPS PATIENTS

In the event of a clinic closure, information on dosing can be obtained at: www.thecentralregistry.com

Structure Fire

- If you smell smoke or find a fire, immediately notify staff.
- At the sound of the fire alarm, immediately evacuate the building.
- If the exit is blocked by smoke or fire, go to another exit.
- Do not try to walk or run through a fire.
- Stay calm and quiet and listen for instructions from staff.
- After exiting the building, proceed to the predetermined safe zone and check in with staff on scene.
- Do not ever re-enter the building for any reason.

Injured/Ill Person

- Notify staff immediately if you find an injured, ill or unconscious person.
- Do not move an injured or ill person unless not moving them would put them in more harm.
- If you must move somebody, make sure it is safe for you to do so. DO NOT touch somebody if they are being electrocuted or go near them if chemical gases are present.
- If there is visible blood, put on protective equipment (located in or by first aid kits).

Tornado

- When an announcement is made that there is a tornado in the area, immediately move to the closest designated Tornado Safe Zone.
- Stay calm and quiet and listen for instructions from staff.
- Nobody is to leave the Tornado Safe Zone until an all clear is given.

Hurricane

- Due to early tracking of hurricanes, you will be notified well in advance of plans to close programs or evacuate. Information about program closures or evacuations will be available on the Operation PAR website (www.operationpar.org) or by calling the Access Center (1-888-727-6398).

Power Failure

- In case of a power failure, do not move around unless told to do so by staff.
- Stay calm and quiet and listen for instructions from staff.
- Staff will try to determine cause and approximate duration of the outage and decide if program closure or evacuation is necessary.

Infant/Child Abduction

- Immediately notify staff if you become aware of a missing child.
- If it is your child, be prepared to give a description of the child and what he/she was wearing. Provide a picture if possible.
- Also tell staff where the child was last seen, and what he/she was doing.
- Staff will notify the police.

Aggressive Behavior

- Notify an employee immediately of any threatening or aggressive situation.
- Move away from the area.
- DO NOT try to break up a fight yourself.
- DO NOT get involved.

PREGNANCY WHILE IN TREATMENT

In the event you become pregnant while in treatment at MAPS it is essential that you advise the program staff as soon as possible. You must also advise your doctor that you are in a methadone (or buprenorphine) treatment program and what medications you are taking. Methadone is the only FDA approved and recommended treatment for opioid dependent pregnant women. Buprenorphine has also been used as an alternative to methadone, however it is not officially FDA approved for use during pregnancy.

It is important to avoid opioid withdrawal during pregnancy. Withdrawing from methadone or buprenorphine while pregnant is not advisable. Withdrawal can cause premature labor and fetal distress. Drugs that will cause withdrawal when taking methadone/buprenorphine include, but are not limited to: Stadol, Talwin, Nubain, Ultram (tramadol), Naltrexone (Revia or Vivitrol). Do not drink alcohol while pregnant. Even a little bit could result in Fetal Alcohol Syndrome. If you are taking methadone, do not attempt to supplement your dose with buprenorphine as it will result in withdrawal.

As your pregnancy progresses you may have increased signs of withdrawal. You may need increases in your methadone/buprenorphine dose due to the increase in blood volume and metabolism. It is essential that you report withdrawal symptoms to the program when they occur. It is also essential that you inform your obstetrician that you are on methadone/buprenorphine so that the hospital will be prepared to treat your baby after delivery. Of course, the use/abuse of other substances during pregnancy will decrease the chances for a successful birth outcome.

POST PARTUM: WHAT TO EXPECT

Patients who give birth will be seen by the Program Physician or ARNP soon after returning to the program, at which time sedation, withdrawal symptoms, and dose stability will be further discussed including:

- Patients may experience sedation and need a dose reduction as their body returns to a pre-pregnant state.
- Patients should immediately report any sedation or nodding to nursing.
- Staff will discuss the normalcy of being very tired with a newborn and the need for naps, and the need to distinguish being tired from feeling sluggish, nodding, or having great difficulty waking up, and
- The need for family support for care of the newborn.
- Make sure your baby sleeps only in their crib. **NEVER** sleep with the baby in your arms or in your bed. Smothering is a major cause of infant deaths.

Neonatal Abstinence Syndrome (NAS)

Infants born to mothers on methadone (or buprenorphine) will *probably* experience opioid withdrawal symptoms, however they can be safely treated by the baby's physician with a variety of medications. Temporary symptoms displayed by these infants in withdrawal include irritability, tremors, and tense muscles. There is evidence that smoking may increase and lengthen withdrawal symptoms of the baby. Infants will probably remain under neonatal care for withdrawal symptoms and that care may last upwards of four weeks or more. There is no evidence to suggest that infant withdrawal symptoms have any long-term adverse effects on the baby. There is no evidence to suggest that dosage amount has any correlation with the likelihood or severity of NAS. Keeping your dose lower than what is necessary to prevent withdrawal symptoms will not benefit you or the development of the fetus. Maintaining dose stability (no sedation, no withdrawal) for the duration of the pregnancy will improve the chances for a successful birth outcome.

PREGNANCY WHILE IN TREATMENT

Bonding/Breastfeeding

Your efforts to bond with your baby are especially important during these early days to help your baby through this time. Breast feeding is encouraged. The small concentration of methadone (or buprenorphine) in breast milk is not a danger to your baby.

Reduce the Risk of Sudden Infant Death Syndrome (SIDS)

- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should: Get regular health care during pregnancy, and not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.
- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching

NALTREXONE INFORMATION

(e.g., ReVia Tabs, Vivitrol Injection)

Uses:

Naltrexone is an opioid antagonist which is a form of Medication Assisted Treatment (MAT) in the treatment of opioid drug or alcohol dependence and addiction. Naltrexone blocks the effects of opioid drugs and alcohol. Naltrexone blocks the "high" that is achieved by use of opioid drugs and blunts the high and cravings for alcohol.

Precautions:

- Inform your prescriber immediately if you are pregnant, intend to become pregnant or are breast-feeding. Naltrexone is in the FDA pregnancy category C. This means that it is not known whether naltrexone will be harmful to an unborn baby. Naltrexone should not be used if you are pregnant or could become pregnant during treatment. A reliable method of birth control is required prior to beginning injection.
- Any planned surgeries or procedures should be discussed with your health care provider prior to starting treatment.
- Abstinence from opioid drugs is required for a minimum of 7-14 days prior to beginning treatment with Vivitrol.
- Vivitrol does not eliminate alcohol or opioids from your system after drinking or using. It will not neutralize intoxication. If patients drink or use and drive, they will still be considered impaired and under the influence.
- Any liver disease should be discussed with the medical provider prior to starting treatment as Vivitrol may cause liver damage or dysfunction and should not be used in patients with certain liver problems.
- Prior allergic and other reactions to naltrexone, PLG or other drugs need to be reported to your Prescriber.
- Greater sensitivity to lower doses of opioids may be experienced, especially if used when the next dose of Vivitrol is due. Because Vivitrol blocks the effects of opioids, patients may not feel high if they use which may lead to serious injury, overdose, coma or death.
- Do not use opioid medications while taking naltrexone. Never try to overcome the effects of naltrexone by taking large doses of opioid drugs. Doing so could result in dangerous effects, including coma and death. Use caution when driving, operating machinery, or performing other hazardous activities. Naltrexone may cause dizziness. If you experience dizziness, avoid these activities.
- It is important that a friend or family member is aware of your treatment and increased sensitivity to opioids and the risk of overdose.
- Inform your health care providers of all medications you are taking as they may cause interactions or toxicity if taken with naltrexone.
- You will be provided with a wallet card or wrist band which you are advised to carry on your person at all times to alert medical personnel that you are taking naltrexone. This will help ensure that you obtain adequate medical treatment in an emergency.

NALTREXONE INFORMATION

(e.g., ReVia Tabs, Vivitrol Injection)

Adverse Effects:

Every medication can cause side effects, but many people have no, or minor, side effects:

- Common side effects to naltrexone are nausea, vomiting, headache, toothache, tiredness, anxiety or insomnia and decreased appetite. Episodes of nausea tend to be mild and subside within a few days post-injection. Patients are less likely to experience nausea in subsequent injections.
- If you experience any of the following serious side effects, seek emergency medical attention or contact your provider.
- Symptoms and/or signs of liver disease such as joint pain or muscles aches, unusual bleeding or bruising, abdominal pain, nausea, vomiting, pale colored stools, dark colored urine, and yellowing of the skin or eyes.
- Anaphylaxis or allergic reactions such as difficulty breathing, swelling of lips, closing or throat, etc.
- Injection site reactions that are severe, ongoing or worsening such as intense pain, open wound, blisters, lumps, dark scab or hard area.
- Depression, suicidal thoughts, mood changes, hallucinations, or confusion should be reported to your family and health care provider right away.
- Naltrexone may cause an allergic pneumonia which is rare but serious. Patients should immediately notify their physician if they develop signs and symptoms of pneumonia, including breathlessness, coughing or wheezing.
- Injection site reactions may occur after Vivitrol including pain, tenderness, redness, swelling, and itching. Rarely, more serious injection site reactions may occur. Patients should be advised to seek medical attention for skin reactions which do not resolve or worsen.
- Vivitrol is an intramuscular injection of naltrexone and not an implanted device. Once Vivitrol is injected, it is not possible to remove it from the body until it is fully eliminated by the kidneys after 28 days.

BUPRENORPHINE INFORMATION

(e.g., Suboxone, Subutex)

Buprenorphine is an FDA approved medication for treatment of people with heroin or other opioid addiction. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

If you are dependent on opioids – any opioids - you should be in as much withdrawal as possible when you take the first dose of buprenorphine. If you are not in withdrawal, buprenorphine can cause severe opioid withdrawal. For that reason, you should take the first dose in the office and remain in the office for at least 2 hours. We recommend that you arrange not to drive after your first dose, because some patients get drowsy until the correct dose is determined for them.

Some patients find that it takes several days to get used to the transition from the opioid they had been using to buprenorphine. During that time, any use of other opioids may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opioids will have less effect. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. You should not take any other medication without discussing it with the physician first.

Combining buprenorphine with alcohol or other sedating medications is dangerous. The combination of buprenorphine with benzodiazepines (such as Valium®, Librium®, Ativan®, Xanax®, Klonopin®, etc.) has resulted in deaths.

Unless you are pregnant, the form of buprenorphine you will be taking is a combination of buprenorphine with a short acting opioid blocker (Naloxone). It will maintain physical dependence, and if you discontinue it suddenly, you will likely experience withdrawal. If you are not already dependent, you should not take buprenorphine, it could eventually cause physical dependence.

Buprenorphine sublingual films/tablets or buccal film must be held/left in place until they dissolve completely. You will be given your first dose at the clinic, and you will have to wait as it dissolves, and for two hours after it dissolves, to see how you react. It is important not to talk or swallow until the film/tablet dissolves. This takes up to ten minutes. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed. If you swallow the film/tablet, you will not have the important benefits of the medication, and it may not relieve your withdrawal. Most patients end up at a daily dose of 16 mg to 24 mg of buprenorphine (this is roughly equivalent to 60mg of methadone maintenance). Beyond that dose, the effects of buprenorphine plateau, so there may not be any more benefit to increase in dose. It may take several weeks to determine just the right dose for you. The first dose is usually 4 mg.

If you are transferring to buprenorphine from methadone maintenance, your dose has to be tapered until you have been below 30 mg methadone for at least a week. There must be at least 24 hours (preferably longer) between the time you take your last methadone dose and the time you are given your first dose of buprenorphine. Your provider will examine you for clear signs of withdrawal, and you will not be given buprenorphine until you are in withdrawal.

COMPLAINTS, GRIEVANCES, & PATIENT ADVOCACY

We encourage all patients who may have any complaint about their treatment experience at the program to request to speak with the Program Director or Program Supervisor (as that may be the quickest way to resolve the complaint). All patients may also file a written grievance if they feel their rights have been violated or they have been mistreated. A **Grievance Form** can be obtained from any staff member. If a grievance is filed, you will receive a response in writing, with a proposed resolution to the grievance, within three working days. If you disagree with the proposed resolution, you will have the option to further escalate your grievance to a higher level within Operation PAR.

Additionally, complaints may be filed with:

- **Operation PAR Client Advocate:** 727-456-3201
- **Department of Children and Families (DCF) Substance Abuse and Mental Health Program:**
 - Pinellas/Pasco/Hillsborough/Manatee/Sarasota/Lee Counties: 813-337-5700
 - Hernando/Citrus County: 407-317-7010
- **Disability Rights Florida:** 800-342-0823
- **Central Florida Behavioral Health Network (CFBHN) Director of Provider Services:** 877-355-2377
(Only for patients whose treatment is funded through CFBHN in Pinellas/Pasco/Hillsborough/Manatee/Sarasota/Charlotte/Lee County)
- **Lutheran Services Florida (LSF) – Access to Care hotline:** 877-229-9098
(Only for patients whose treatment is funded through LSF – Hernando & Citrus County)
- **Agency for Persons with Disabilities (APD):**
 - **APD Suncoast Region – Field 23** *(De Soto, Hillsborough, Manatee, Pasco, Pinellas, and Sarasota counties)*
1313 North Tampa Street, Suite 515, Tampa, FL 33602
Main Phone: 1-800-615-8720 | Main Fax: 813-233-4302
 - **APD Suncoast Region – Field 8** *(Charlotte, Collier, Glades, Hendry, and Lee counties)*
2295 Victoria Ave., Suite 221, Fort Myers, FL 33901
Main Phone: 1-800-615-8720 | Main Fax: 239-338-1355
 - **APD Central Region – Field 13** *(Citrus, Hernando, Lake, Marion, and Sumter counties)*
901 Industrial Drive, Suite 100, Wildwood, FL 34785
Main Phone: 407-245-0440 | Main Fax: 352-330-2726
- **Florida Relay Service**
Individuals who make calls using the Florida Relay Service should dial 7-1-1, or use the appropriate toll-free numbers below:
 - 1-800-955-8771 (TTY)
 - 1-800-955-8770 (Voice)
 - 1-800-955-1339 (ASCII)
 - 1-877-955-8260 (VCO-Direct)
 - 1-877-955-5334 (STS)
 - 1-877-955-8773 (Spanish)
 - 1-877-955-8707 (French Cr)

FLORIDA ABUSE HOTLINE AND MANDATORY REPORTING

The Florida Abuse Hotline accepts reports 24 hours a day and 7 days a week of known or suspected child abuse, neglect, or abandonment and reports of known or suspected abuse, neglect, or exploitation of a vulnerable adult.

**1-800-96-ABUSE
(800-962-2873)**

Florida Relay 7-1-1 or TTY: 1-800-955-8771

FAX: 1-800-914-0004

URL <http://reportabuse.dcf.state.fl.us>

Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare is a **mandatory reporter**. § 39.201(1)(a), **Florida Statutes**.

ABUSE REPORTING & PATIENT PRIVACY RIGHTS: Operation PAR, Inc. (PAR) is required by law to protect all information about you. All patients are required to sign PAR's Protected Health Information Privacy Notice prior to admission. Included in this notice is a list of scenarios which require us, by law, to disclose your information. This includes any information as it relates to a report of child abuse and/or neglect. Positive drug screen results and/or admissions of illicit drug use, by themselves (without any additional context), are not automatically interpreted by the MAPS program to be reasonable cause for staff to report any patient, whom we know to be a parent/legal custodian/caregiver/or other person responsible for a child's welfare, to the Abuse Hotline. MAPS does however consider any active use of an illicit substance in the immediate (observable) presence of a child, and/or being in a state of sedation/impairment while acting as the sole caregiver of a child, as reasonable cause for contacting the Abuse Hotline.

STD & COMMUNICABLE DISEASE REPORTING

Laboratory test results that return positive for certain communicable diseases (e.g., tuberculosis, syphilis) are **required by law** to be reported to the Health Department by the Laboratory conducting the tests. PAR may also be required to report results to the Health Department.

OTHER PAR SERVICES

Operation PAR offers a wide range of services in addition to our MAPS programs. These services include Prevention Programs, Intervention Programs, Outpatient Treatment Programs, Residential Programs, Outpatient and Residential Detox Programs, as well as both Adolescent and Adult Services. For more information you may call our Access Center at 1-888-PAR NEXT (727-6398).