

Glenwood Life Counseling Center

516 Glenwood Ave.

Baltimore, MD 21212

(410) 323-9811

Patient Handbook

Effective: 1993

Revised: 2000, 2004, 2006, 2009, 2012

Dear Patient:

Welcome to Glenwood Life Counseling Center!

We are very pleased that you are here. The staff at Glenwood Life understands that choosing to enter treatment is not always an easy choice and we are here to help you make the most of your treatment. Our ultimate goal is to help you enter and maintain recovery. You will have a primary counselor to guide you in your journey towards recovery, but please know that you may ask any staff member for assistance.

We are giving you this manual to inform you of the information you will need to be successful at Glenwood. Please make sure that you read it now and then keep it handy to refer to when you have a question about your treatment. Please feel free to ask about any information that you cannot find in the manual.

Glenwood has been helping Baltimore residents battle addiction and find recovery for over 40 years, and we are confident that we can help you too.

Sincerely,

The Staff of Glenwood Life Counseling Center

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Days and Hours of Operation

Counseling: Monday-Friday 6:30 a.m.-6:30p.m.

Medication: Monday, Tuesday, Thursday, Friday

All patients: 8:30 a.m. -1:00 p.m.

3:30 p.m.-6:30 p.m.

Wednesdays

All patients: 8:30 a.m.-12:30 p.m.

3:30 p.m.-6:30 p.m.

Saturdays and Sundays

All patients: 8:30 a.m.-12:30 p.m.

IOP Hours:

Tuesday – Friday 8:30am – 1:30pm

Holiday Hours

The clinic is generally closed on New Year’s Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

For certain other holidays or the eves of holidays, medication hours may change. Such changes will be posted at least two weeks in advance of the day the hours will be changing.

Snow and inclement weather

For inclement weather or other emergencies during the night:

1. Tune in to WBAL 1090 AM to listen for Glenwood announcements

2. Call the program and listen to the main greeting for instructions.

If inclement weather begins during the day (after 6:00 am):

1. Listen to WBAL 1090 AM for an early closing. (Early closings and cancellations are aired at 20 minutes after the hour and 10 minutes before the hour).
2. Monday through Friday:
 - a. Early morning medication will be as close to normal time as possible.
 - b. Call the clinic after 10:00 AM to see if other medication hours have been changed.
3. Weekend hours: Call the program and listen to the main greeting for instructions.

Emergencies that May Interrupt Medication If an unforeseen emergency occurs, listen to WBAL 1090 AM for clinic hours. We will always, if humanly possible, be open daily to insure you are medicated.

Access to Services after Hours You can leave a message for the clinic personnel after hours. However, if there is an emergency after clinic hours you should call 911 or go to the nearest emergency room.

Program Philosophy

Glenwood Life is founded on the philosophy that drug abuse and addiction is a result of various psychological and physical pressures impacting an individual. It is our belief that addiction is a treatable disease and that, given sufficient counseling and support services, a motivated individual can achieve a drug free state. We operate on the premise that all humans have the capacity to change their behavior and to make certain choices to enable them to lead more satisfying lives. To achieve this end, the program offers coordinated medical and counseling services to each individual in treatment here. Medication and counseling together is effective treatment for the addicted individual. Counseling is the primary treatment intervention

and because it is so important, all individuals in treatment must participate in counseling.

Mission Statement

Glenwood Life's mission is to deliver quality, medication-assisted treatment to opiate addicted adults in the least restrictive, most respectful manner possible.

Vision Statement

Glenwood Life's vision is to provide enhanced services so that patients can embrace recovery and live healthy, drug free and productive lives.

Confidentiality of Alcohol and Drug Abuse Patients

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

1. The patient consents in writing
2. The disclosure is allowed by a court order or
3. The disclosure is made to a medical personnel in a medical emergency or
4. The disclosure is made to qualified personnel for research, audit or program evaluation.

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

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such crime.

Federal law and regulations do not protect any information about suspected child abuse and or neglect from being reported under State law to appropriate State or local authorities.

Summary of Ethical Practices

All staff will adhere to the ethical principles established by the National Association of Alcohol and Drug Abuse. The following are the major principles found in all Codes of Ethics:

As a member of Glenwood Life Counseling Center staff or its board of directors, I will deliver kind and humane treatment regardless of race, creed, age, religion, sexual preference, handicaps, or economic situation.

All employees of Glenwood Life

I will not deliberately do harm to a patient, either physically or psychologically. I will not verbally assault, ridicule, attempt to subjugate or endanger a patient, nor will I allow other patients or staff to do so.

I will not engage in any dual relationships with a patient. I will have no relationship outside of a professional one. Nor will I engage in a relationship that could be construed as for the purpose of exploitation or patients for personal gain, be it financial, sexual or social, (i.e. I will not “date” or “hang out with” a patient). Nor will I enter into any financial arrangement with a patient (i.e. trade, purchase, employment, barter, etc.). I will not attempt to use my authority over a patient in a coercive manner to meet my own ends. I will not promote dependence on me but help patients to empower themselves.

I will not name or give information about a patient, former patient, or family member except to other Glenwood staff as required by treatment or when specifically authorized by the patient. I will abide by all Federal law and regulations regarding the confidentiality rules of drug and alcohol treatment programs.

I understand and agree to defend both the spirit and the letter of Glenwood Life policy on patient rights and the patient’s bill of rights, and to respect the rights of views of other professionals.

I will exhibit responsible concern for the well-being of my peers and the Glenwood community by reporting to the department supervisor or Program Director any manifestations of illness in colleagues or any abuse, neglect or exploitation of patients by Glenwood staff or violations of these standards.

I will accept responsibility for my continuing education and professional development as part of my commitment to provide quality care for those who seek my help.

During any recreational use of a substance I will conduct myself in a socially dignified and responsible manner.

If I am a member of direct care staff I will adhere to the above but also the following

I will urge changes in the lives of patients only in their behalf and in the interest of promoting recovery from the illness we were charged to treat. I will not otherwise press them to adopt beliefs and behaviors which reflect my value system rather than their own.

I will remain aware of my own skills and limitations. Since patients and former patients may perceive me as an authority and hence overvalue my opinions, I will attempt never to counsel or advise them on matters not within my area of expertise. I will be willing to recognize when it is in the best interest of my patients to release them to another program or individual.

As a caring and care-giving person, I understand that a therapeutic relationship does not end with a person's leaving Glenwood. I will recognize the need to conduct any subsequent relationships with former patients with the same concern for their well-being that is acknowledged above.

Patient Rights The following are the rights and responsibilities that every patient on the program has just by being a patient. If your rights are violated you may inform any member of the staff as soon as possible.

1. The right to give informed consent or to refuse or express your choice regarding service delivery, release of information, concurrent services, composition of the treatment team or involvement in research projects.
2. The right to actively participate in the development and periodic review of an individualized treatment plan.
3. The right to know the qualifications of the staff providing treatment and the right to express a preference regarding choice of counselor or other service provider.
4. The right to a grievance procedure.
5. The right to a humane and safe environment free from abuse, neglect, retaliation, exploitation, and humiliation.
6. The right to dignity and respect.
7. The right to know about the cost and third party coverage of treatment, including any limitations on the duration of services.
8. The right to refuse to participate in research without compromising access to services and the right to trust that all research will be conducted in an ethical manner.
9. The right to receive a complete explanation of patient rights and of the rules governing your conduct and infractions which can result in disciplinary action. You will be explained the rights at intake, again at orientation and annually after that. The rights are also printed in the client handbook and posted in the lobbies on each floor of the building.
10. The right to have all treatment information and records remain confidential in accordance with Federal Regulations 42 CFR Part 2, and HIPAA.
11. The right not to be discriminated against, at any point in treatment, with regards to race, religion, marital status, sex, ethnicity, age, handicaps or sexual orientation.

12. The right to be informed of clinical decisions made affecting treatment in sufficient time to facilitate your decision making.
13. The right to be given your appropriate dose unless you fail to attend during medication hours or medical judgment determines the appropriate dose would be harmful.
14. The right to be tapered from methadone if requested.
15. The right to privacy during facility visits.
16. The right to access legal entities for appropriate representation. If you require a referral for legal services you will be referred to an outside agency such as Legal Aid.
17. The right to participate in services outside of Glenwood Life Counseling Center as long as that treatment does not include another form of medication assisted treatment.
18. The right to access self help groups and advocacy groups either at Glenwood Life or outside of the agency.
19. The right to investigation and resolution of alleged infringements of rights.

Patient Responsibilities

1. You have the responsibility to treat other patients and employees with courtesy.
2. You have the responsibility to behave in such a way as to protect yourself and others from exposure to or transmission of any infectious or communicable disease, including diseases that are sexually transmitted.
3. You have the responsibility to make your concerns known to Glenwood Life Counseling Center staff and to ask questions when they require information from staff.

4. You have the responsibility to follow all of Glenwood Life Counseling Center's safety rules and posted signs.
5. You have the responsibility to keep scheduled appointments.
6. You have the responsibility to attend services without the use of alcohol or illicit drugs.

Program Rights

1. The right to establish admission criteria in accordance with Federal regulations and the policies of the Baltimore City Health Department and Alcohol and Drug Abuse Administration of the State of Maryland.
2. The right to deny admission to the applicants who do not meet the criteria for admission.
3. The right to establish rules governing the provision of services.
4. The right to establish rules governing the behavior of clients while on program premises.
5. The right to terminate clients who fail to follow the Program's guidelines and expectations.
6. The right to establish and set a fee for services in accordance with the guidelines established by the Department of Health and Mental Hygiene.
7. The right to award and rescind take-home privileges in accordance with the criteria set forth in Federal Regulations (21 CFR Part 2), the Program's established policy and procedures and, at other times, when the Program determines that it is in the client's, the Program's or the Community's best interest.
8. The right to deny methadone if medically contraindicated

Patient Input Your treatment is about you. In order for it to be successful the staff at Glenwood Life Counseling Center must have your regular input into your care and about the program. Please make it a habit to talk to your counselor and other staff in the program about your needs. Here are ways you can give your input about your treatment and the program.

- Create your treatment plan with your counselor and meet with him/her regularly
- Talk to your counselor or other staff members about your needs and concerns
- Fill out an annual patient survey. Signs will be posted when it is survey time.
- Talk to a CAT (Client Advocacy Team) member. Their names and pictures are posted in the lobby.
- File a grievance when you don't agree about a decision that was made or you feel you were treated unfairly.

Grievances All actions taken by staff members that impact a patient's treatment plan or treatment status are grievable.

- You must file a grievance report within 5 working days of the action taken.
- Grievances must be in written form (staff members or others may help you write the grievance if you want) and must include the reason why you feel that the action is unfair.
- You can get a grievance form at the front desk, from your counselor, in the medication room or in the patient drop in room across from the public restrooms on the first floor.
- When you are finished you may give the grievance form to your counselor or other staff member or ask the receptionist to give it to the Clinical Director.
- Further information about the decision being grieved will be gathered. If the grievance can be resolved at this time, all efforts will be made to do so.
- If the grievance can't be resolved at this step, the grievance will go to the grievance committee. The

- Clinical Director will notify the committee that the grievance is pending and will schedule the meeting.
- When possible, the grievance committee will be made up of:
 - The patient whose grievance is being heard
 - The patient's counselor (the counselor is there to advocate for the patient and not to vote on the decision)
 - The Clinical Director or designee
 - A member of the medical staff
 - A member of the administrative staff
 - An uninvolved counseling staff member
 - A patient representative who may be chosen by the patient whose grievance is being heard
 - The grievance committee will come to a decision and the decision will be presented to the Executive Director for approval.
 - The decision will be given to the patient in writing.
 - If you are not satisfied with the decision of the grievance committee then you may contact Baltimore Substance Abuse Systems (BSAS). The contact information will be provided to the patient.

What is methadone? Methadone is a synthetic (man-made) narcotic which was developed in Germany during World War II for the purpose of treating pain. Methadone is a physically addicting narcotic now used for the treatment of opiate addiction.

Why Methadone? Experience in the treatment of many thousands of narcotic addicts for over 30 years has demonstrated that methadone is effective and safe when properly used.

Methadone suppresses the physical craving for other narcotics and prevents withdrawal. When given at the appropriate level, methadone blocks the effects of other opiates. The duration of action of methadone is 22 to 48 hours (1 to 2 days). If a person stops taking methadone suddenly, it takes 1 to 2 days before withdrawal symptoms will be experienced (some people may experience symptoms sooner). Such withdrawal symptoms may last 1 to 2 weeks.

Methadone does not impair a person's ability to work or to live an enriching and productive life and it does not alter a person's reflexes or their ability to concentrate.

Side Effects of Methadone The most common side effect of methadone is constipation. A high fiber (bran, raisins, fruit, raw vegetables, prunes, etc.) diet is recommended. Laxatives should be avoided. Laxatives, enemas, or stool softeners can be used in emergencies but should not be used on an ongoing basis. Recommended medications are bulk laxatives such as Metamucil or Fiber All. Avoid laxatives such as Ex-lax or Correctal as they can cause your bowels to become dependent on laxatives. Many patients report the side effects of constipation and mild sweating. These symptoms usually go away for most patients after a few months.

About 10% report a decrease in sexual performance which should correct itself within a few months.

About 20% report an increase in sexual performance which may last due to other factors: better nutrition, better rest, improved family life, and changes in attitude.

Sleeplessness, agitation, or drowsiness may occur and may be corrected by an adjustment in methadone dose.

Myths There is no documented evidence that methadone "rots teeth", "eats at your bones", or "causes hair loss". Most physical ailments experienced by patients on methadone are due to years of illicit drug use and the subsequent poor hygiene, poor nutrition, and a lack of preventative medical and dental care.

Methadone is effective taken once per day orally. The liquid is dispensed by our computer system. Tablets are dispensed manually for 27-day take-homes. Both forms are to be mixed with water, and then ingested. The liquid is mixed with water, and then given to the patient to drink.

Getting Medicated Methadone is most effective when it is taken daily as prescribed. All patients are expected to attend daily for medication unless you have take-home doses or are incarcerated or

hospitalized. **The posted medication hours will be strictly adhered to.**

Entering the building:

1. When you enter the building please give your patient ID number to the receptionist.
2. The receptionist will check you into the computer and notify you of messages left for you from staff members or if you need to provide a drug screen. You may also ask to see a staff person at this time and the receptionist will call that staff person.
3. You will then be given your ID card and can then proceed into the building. It is very important that you check in with the receptionist when you come into the building.
4. Entering, leaving and re-entering the building are discouraged. However, if you need to leave the building before completing your program business, please turn in your ID card before you leave.
5. If you are waiting to see a staff member please wait in the second floor lobby. If you are waiting for a group or for medication please wait in the first floor lobby.

Being medicated:

1. While in the medication area, you are expected to conduct your program business as quickly and quietly as possible.
2. To protect the confidentiality of our patients and to avoid distractions in the medication area, no one may accompany you into the medication area; this includes children of any age.
3. You may not take any food or drink into the medication area.
4. You may not smoke, chew gum/ candy, or wear sunglasses in the medication area.
5. You may not use your cell phone or other electronic devices in the medication area. No texting or talking

- on the phone is permitted. Please remove headphones prior to entering the medication area.
6. When at the medication window please show the nurse your picture ID. You may be asked to provide a breathalyzer at this time.
 7. Drink your methadone and speak with the nurse (failure to do so will be considered diversion behavior).
 8. Drink water and discard your cup in the designated trash can.

Refusal or reduction of methadone dose Your dose of methadone may be refused or reduced if a member of the medical staff suspects that giving you your full dose (or any dose) will be harmful. This is most likely due to a positive breathalyzer reading, refusal to provide a breathalyzer test or exhibiting other evidence of intoxication such as erratic behavior, slurred speech, excessively small or dilated pupils, slowed reflexes or smelling of alcohol.

Nausea/Vomiting

1. If you feel nauseous before you get your methadone dose, you must inform the medicating nurse prior to being medicated.
2. If you feel nauseous after being medicated, you must inform the medicating nurse and remain in the medication area for observation for fifteen (15) minutes.
3. If you vomit after being medicated and this can be verified by a staff member and it occurs within fifteen (15) minutes of being medicated, a determination will be made by the Medical Staff as to whether or not another dose or partial dose will be given.

Dose Adjustments At intake the Nurse Practitioner or Medical Director will meet with you and complete a physical and medical history. During this time she/he will determine what methadone dose you will start with (if you are new to the program and are not coming from another program this will most likely be 30 mg). You will be able to go up 5 mgs each day at the window for 2 months or until you get

to a dose determined by the physician. After this time you may still request dose increases if you feel you are experiencing withdrawal. You can do this by speaking with your counselor who will fill out a dose adjustment form with you. After the form is filled out it will go to the physician who will then adjust your dose. If she/he has any questions about the dose adjustment then you will be scheduled to meet with her/him.

Coordination of Your Care and Prescription

Medications It is important that we be able to coordinate care with other medical staff that treat your physical and mental health. We will ask you to sign a consent form so we can speak with any doctor who is treating you. You must be willing to allow the staff at Glenwood to speak with your other health care professionals. Failure to do so may result in your being discharged from this program.

Because some prescription medications can interact with methadone, cause a positive drug screen or be abused, it is very important that you bring your prescription medication in to your counselor to be logged in every time you have a new prescription or get a refill. Be careful with your medications. Make sure they are safe and secure when you bring it in. Glenwood will not be responsible for any lost or stolen medication.

Medical Appointments If you want to see a Medical Provider at Glenwood regarding your dose or another issue concerning your substance abuse treatment, your counselor will make an appointment for you.

TB/Syphilis You will be screened each year for Tuberculosis and were screened at admission for syphilis. If you test positive for either of these diseases you must undergo the required medical evaluation and/or treatment or you may be discharged from the program.

HIV Testing/Counseling HIV testing and pre- and post- test counseling is available to you throughout your course of treatment. Ask your counselor, a Medical Provider, or the HIV prevention counselor about it if you are interested.

Condoms: You are encouraged to engage in safe sex practices regardless of whether or not you have tested positive for HIV. The

program makes condoms available free of charge. Baskets of condoms are located throughout the building or may be obtained through your counselor or a Medical Provider.

Absences from the Program Methadone is most effective when taken every day. We suggest that you do everything in your power to take your methadone each day. Glenwood staff will work with you to be able to do this. If you are absent from the program for any reason please contact your counselor or another staff member as soon as possible to let us know.

Missed Medication Days and Doses: If you miss more than three days of medication and are not being medicated during that time you will be asked to speak with your counselor or another staff member about why you were absent and how you can avoid being absent in the future. If you go without methadone for three or more days your tolerance for the medication will go down and it may be dangerous for you to take your whole dose. In these cases you be given half of your regular dose.

Hospitalizations: If you are hospitalized for any reason it is very important that you tell the medical staff treating you that you are taking a prescribed dose of methadone and are treated at Glenwood Life. The medical staff will contact Glenwood's medical staff and the hospital will give you your daily methadone dose. If the hospital staff does not verify your dose please call us as soon as possible. When you are released from the hospital it is very important that you bring your discharge summary with you when you return to Glenwood.

Illness and Surgery: If you become ill or are scheduled for surgery, you should inform your physician that you are taking methadone. Under no circumstances should you undergo surgery without informing him/her.

Incarcerations: If you are arrested and taken to Baltimore City Detention Center (BCDC) and tell the medical staff at BCDC that you are on methadone they will contact Glenwood's medical staff to verify your dose. You will

continue to be medicated while at BCDC. It is very important that you return to Glenwood as soon as possible after being released from BCDC. Glenwood staff will track your case status on Vinelink.com and the Maryland Judiciary Case Search website. We will be aware of your reason for arrest, when you are scheduled for trial and when you are released. You will not be discharged from this program as long as you remain at BCDC and are being medicated.

If you are incarcerated anywhere other than BCDC you will most likely not be maintained on methadone. You may be tapered from methadone depending on the policies at the detention center where you are detained. If you are detained anywhere other than BCDC for more than 30 days you will be discharged from the program. You may be readmitted if you return to the program as soon after you are released as possible and you meet all other requirements for readmission, i.e. you do not owe fees.

Vacations: If you are thinking about planning a vacation you should talk to your counselor as far ahead of time as possible. If you have earned take-homes you may be able to change the days of the take-homes or may be eligible for unscheduled take-homes (see unscheduled take-home policy) or an alternative medication site may be arranged for you.

Alternative Medication Site: An alternative medication site may be arranged for you if you are unable to attend the program for any reason and are not eligible for take homes. The program staff may also arrange an alternative medication site when the program is closed and you are not eligible for a take-home. For certain emergencies such as out of town funerals, serious illnesses of immediate family members, or employment, alternative medication sites may be arranged with you.

Pregnancy If you become pregnant while on the program, inform your counselor and the Medical Department immediately. Under no circumstances should you be tapered from methadone while pregnant without the knowledge of the Medical Director of this program. The

following information is important for all women of childbearing age who are taking methadone to know.

1. Why methadone: Methadone maintenance is the treatment of choice for narcotic dependent pregnant women. Glenwood Life Counseling Center will provide pregnant women with counseling, medical and support services they may not otherwise receive. Their services allow pregnant women to prepare mentally and physically for the birth of the baby. In addition, withdrawal from methadone, heroin and other opiates is not recommended during pregnancy due to stress on the unborn baby. During pregnancy, women will be given the appropriate dose which prevents the onset of withdrawal symptoms. The use of methadone during pregnancy prevents extreme swings in the mother's blood level of opiates. Methadone protects the unborn baby from repeated withdrawal. As the pregnancy progresses the methadone dose may be adjusted. Please tell your counselor and/or health care provider of any withdrawal symptoms as soon as possible.
2. Prenatal Health Care: Prenatal health care can reduce complications to the mother and unborn baby during the pregnancy, delivery and after the delivery. The mother's nutrition is monitored and the incidence of low birth weight babies is reduced. Exposure to HIV and sexually transmitted disease is reduced due to education and lessened exposure to needles. Therefore, comprehensive prenatal health care given on a routine basis is strongly recommended for all pregnant addicts. Since we offer limited medical services, you will be responsible for seeking out adequate prenatal care. Your counselor may assist you in finding a doctor or clinic appropriate to your needs. However, it is your responsibility to keep all appointments made for you and your baby.
3. The HIV Virus and Pregnancy: Testing for HIV during pregnancy is very important for you and the baby.

Recent studies have shown that HIV positive mothers who receive HIV medications are less likely to pass the virus on to their unborn babies. In general the sooner an HIV positive mother is medicated, the better that person does medically.

4. Drugs during Pregnancy: It is potentially dangerous for you and the unborn baby if you take drugs of abuse such as cocaine, marijuana, and benzodiazepines during pregnancy. Alcohol is very dangerous to use in any amount during pregnancy because alcohol affects the baby's developing brain. There is a risk of fetal alcohol syndrome, a set of permanent physical, mental and developmental abnormalities in the baby. Smoking cigarettes is not advised during pregnancy. The use of cigarettes can lead to low birth weight in the baby. Remember, the baby "uses" the same drugs that you "use". If you have the urge to use drugs while you are pregnant please see your counselor as soon as possible. During pregnancy, your doctor may prescribe vitamins or other necessary medications. Please take these as prescribed.
5. After the Baby's Birth: Your baby will undergo withdrawal symptoms. Withdrawal symptoms may include the following: fever, skin mottling, sneezing, yawning, poor feeding, vomiting, diarrhea, irritability, tremors, sleep problems, seizures and breathing problems. These withdrawal symptoms may occur anytime after birth and up to two weeks after birth. The symptoms may be treated with medications while the baby is in the hospital. Your methadone dose will be evaluated and adjusted accordingly. If appropriate, you will continue in the program. Otherwise, you will undergo a 30-day taper from the program. Please talk with your counselor about your plans for after the birth of your baby.
6. Questions: Anyone who has any questions about their dose or treatment should speak with their

counselor, the Physician Assistant or the Medical Director.

Drug Screens Drug screening is an important part of any substance abuse treatment program. As a therapeutic intervention, it serves as a tool to assist you in overcoming your denial and as a measure of success for you when you have been able to remain drug free. It is one concrete, behavioral and measurable source of data that we have available to use in establishing the efficacy of substance abuse treatment.

Drug Screen Procedure:

1. When you check in with the receptionist you will be notified if you are scheduled to leave a drug screen.
2. You will be directed to the drug screening area in the medication room and will check in with the Toxicology Technician.
3. You will be given a specimen cup with a label on it. Please make sure you check the label to make sure it has your patient number on it.
4. The specimen cups are temperature sensitive. If a specimen doesn't register on the temperature strip you will be asked to leave another specimen.
5. After you provide the specimen, make sure the lid is securely on the cup and return it to the Toxicology Technician.
6. If everything appears to be fine with the specimen you will then be given your ID card and can stand in line for medication.

Falsification: Falsification is when a staff member observes patients exchange drug tests, altering a drug test or providing a BA for someone else. If the drug test does not register on the temperature strip more information is gathered to rule out falsification. The test will be checked with the temperature gun. If the temperature falls outside the range of 90-99 degrees Fahrenheit you may be asked to provide another specimen depending on the results of the last two specimens. If the last two specimens are positive for drugs no further action will be taken because it will be assumed

that this specimen will be positive. If the last two specimens are negative for drugs then you will be asked to leave another specimen, either urine or an oral swab.

What if the specimen is falsified? If you provide a specimen that is falsified and you have take homes then you will lose all of your take-homes for 6 months and will have to earn them over again starting from the beginning. It is very important that you are honest with your counselor and the treatment team in order for them to help you move into recovery. If you lie about using drugs it shows that you are having difficulty working towards recovery and will result in increased counseling requirements. If the problem persists then you may be tapered from the program for failure to use the program resources appropriately.

Alcohol It is advised that you never use alcohol while taking methadone. You can overdose on alcohol and methadone at lower doses than you can if you are only using alcohol. Alcohol use can also aggravate liver damage from hepatitis C, which is common among methadone patients. Glenwood tests for alcohol use using breathalyzer machines. You will be asked to do breathalyzer tests every time you leave a drug screen, if you smell of alcohol or any staff member suspects you are intoxicated, or on a regular basis if it is known that you are drinking alcohol. You may also be restricted to evening medication and/or be treated with a medication for treating alcohol abuse if your drinking becomes a concern. **If you are intoxicated when you come in for medication you may also receive only half of your regular dose or not receive your dose at all to avoid overdose.**

Benzodiazepines - “Benzos”

Klonopin and Xanax are in the family of medicines called “benzodiazepines”. Valium was the first medicine to be developed in this family. Many people refer to the medicines in this group as “benzos”.

Benzodiazepines are used in surgery for sedation or as part of anesthesia. A very nice property of these medicines is that they help

people forget. A person may have pain but not remember it as a result of the benzo.

They are also used to treat anxiety and sometimes panic attacks, although there are other medicines that can work just as well in many people. The problem is that many people can become addicted to them. An overdose with these medicines can be very dangerous—especially if mixed with other medicines that can cause sedation, including methadone. The combination can put a person to sleep and stop breathing.

Mixing Klonopin or Xanax with methadone can be very dangerous!! That is why we worry so much when we see that one of our patients is on a benzodiazepine. There is a very difficult balance between the possible benefits of a benzodiazepine and the dangers associated with them, especially in combination with methadone.

Because benzos can be addictive, because the combination of a benzo and methadone can be dangerous, and because there are often safer medicines that can be used for the same purposes, we believe that any person who has had an addiction should not take Xanax, Klonopin, or another benzodiazepine unless they are prescribed by a psychiatrist.

It is true that a primary care doctor may be able to prescribe a benzodiazepine safely in most cases. But in a person with addiction the risk of benzos is just too great. There may be another treatment that can work just as well, and a psychiatrist is the person who is most likely to know the alternatives well.

If you are taking Xanax, Klonopin, or another benzodiazepine, we will be bothering you about this. If you have a prescription, that is not enough, unless the prescription is from a psychiatrist. And if you have a prescription from a psychiatrist, we will need permission to communicate with the psychiatrist so that we can be sure that he or she has considered other treatments with safer medicines.

We don't want to control your life, but we do have a duty to help keep your life as safe as possible.

Person Responsible for Your Service Coordination

Each patient at Glenwood Life is assigned a Primary Counselor who is responsible for coordinating your treatment. Please make an appointment to meet with your Primary Counselor as soon as you find out who he/she is. You will be notified in writing shortly after your admission the name and information about how to contact your primary counselor. The information you give at admission is used to match you with the counselor who can best meet your needs.

If you are having difficulty with your counselor and have attempted, unsuccessfully to resolve the problem with the counselor, you may speak with your counselor's Clinical Supervisor or the Clinical Director to discuss the difficulty.

Counseling Although medication is used for treatment in this program, it is the belief of the staff that real changes and moves towards recovery comes when someone participates in counseling. Because of this you will be expected to participate in group and individual counseling while in treatment at Glenwood. You will start out attending the four orientation sessions along with HIV education group, Staying Alive group, and weekly individual sessions with your counselor.

Counseling Guidelines: Every effort will be made to set your counseling sessions so they do not interfere with your employment. However, if your employment hours are such that you are unable to attend counseling, you will need to modify your employment or consider admission to another program.

Social engagements and professional appointments should be made so they do not interfere with your counseling schedule.

Missed sessions: If you are unable to make your counseling session you must contact your counselor as soon as possible.

Counseling Modalities

Group counseling: Group counseling is important because it allows you to interact with others who are struggling with some of the same problems with which you are struggling. Peer support is very

important in recovery and groups are one way for you to start getting that peer support. Below are some important things for you to know about groups.

1. All information discussed in group is confidential and is not discussed with non-group members. Patients who discuss information outside of group violate the confidentiality of the group members and will be considered for an administrative taper from the program. It is your responsibility to report to the group leaders or the clinical director any violations of confidentiality that you witness.
2. All people have in common the challenge of establishing and maintaining meaningful relationships. Working through these problems is a primary goal of groups and substance abuse treatment.
3. Nothing that you feel or have experienced is unusual. You will find that others feel and have experienced the same things. Discovering this will help you to be more honest about what you need to change in your life. You may also get ideas about how to make those changes from other group members.
4. Initially, it may feel awkward discussing your personal life in a group of people. Eventually, you will find relief when you are able to disclose secrets and get support from other group members who are struggling with the same issues.
5. As with all counseling and treatment programs, you will get out of group what you put into it and nothing more. There are no magical cures or answers.
6. Group rules:
 - a. No substances that can be abused in or on you
 - b. What is said in the group stays in the group
 - c. No acts or threats of violence in the group

Individual Counseling: Each patient is assigned to a primary counselor at Glenwood. You are to meet with your primary counselor on a

regular basis. The primary counselors are here for you to meet with on a regular basis (for most of you this will be weekly) to discuss your goals in treatment and any problems you are having in your life. Glenwood's counselors are skilled clinicians who are able to help with a variety of your needs including addiction problems, mental health problems, family and relationship problems and some case management problems. Please make sure you meet and get to know your counselor as soon as possible. If for any reason your primary counselor is not present when you need something, please ask for any other counselor or your counselor's clinical supervisor.

Family/Marital Counseling: It is important to involve your family and those close to you in your treatment. Family and marital counseling is available to you on an as needed basis and in addition to group counseling. Friends and family may be invited to attend a weekly support group if necessary.

Case Management: You may need services that are not provided at Glenwood Life. Some of these services may include: housing, medical, mental health, adult day care, insurance, benefit entitlement, and education or job training. If you need one of these services you can speak with your counselor for some help with this. If they are unable to help you access the services, you may be referred to Glenwood's case manager or to one of the Peer Case Managers. The Peer Case Managers are at 508 Glenwood Avenue from 10am – 2pm Monday through Friday to help you. However, Glenwood's case manager and the Peer Case Managers will not be the case managers for all your services. If you have another case manager or are eligible for a case manager, please use those services.

Biopsychosocial Assessments and Treatment Plans

You may wonder why we ask you so many questions when we do your intake. Addiction is a disease that affects many parts of your life. Our goal at Glenwood is to help you move into recovery. That means that all of the areas in your life where you are having difficulty could contribute to continued drug use or a relapse. Addressing these areas in counseling can help you stop using and improve your life. These areas will be addressed on your treatment plan.

Treatment plans: While at Glenwood you will work with your counselor to develop a treatment plan that will guide your treatment. Your treatment goals will be reviewed every 90 days during your stay at Glenwood. The following are some areas that may be included on your treatment plans:

1. Stopping the use of all drugs of abuse
2. Stopping all illegal activities
3. Getting and keeping employment or another productive activity
4. Finding stable housing
5. Improving your family relationships
6. Stabilizing your mental and physical health
7. Improving social relationships
8. Improving your hygiene
9. Finding drug-free recreational activities
10. Becoming an active member of your community

Discharge Criteria Reasons for discharge from Glenwood Life Counseling Center.

Voluntary, Therapeutic Taper: You and your treatment team believe that you are ready to successfully taper from the program

Against Medical Advice (AMA) Discharge: You request a taper from the program and the Glenwood staff feels that you are not quite ready for a therapeutic taper. You may continue with the taper whenever you want and will be notified of the possible consequences of a taper at this time.

Transfer to another program/modality: You may seek to transfer to another program at any time. It is suggested that you contact the facility to which you would like to transfer and find out what they require for a transfer. Your primary counselor will help you facilitate a transfer if you need help. For your own safety we require that you inform us immediately if you have transferred to another treatment that provides medication for opiate addiction. The clinical and medical staff may decide that for your own safety or the safety of others it is best to transfer you to another program.

Involuntary (Administrative) Discharge: You will be administratively tapered from the program for the following behaviors. An

administrative taper lasts 30 days and may, at the discretion of staff, take place at another treatment program.

1. Violent behavior or threats of violence
2. Carrying a weapon
3. Dealing or dealing-like behavior within the boundaries set by the loitering policy
4. Diversion of methadone or diversion-like behavior
5. Tampering with or manipulating your medication

You may be administratively tapered over 30 days for consistent non-compliance with treatment such as:

1. Failure to pay your assessed fee
2. Failure to comply with a referral to a higher level of care if interventions at this level of care aren't sufficient and drug abuse continues.
3. Failure to attend counseling sessions
4. Failure to sign a consent form for your other medical or psychiatric treatment providers
5. Failure to stop illegal activity
6. Failure to work actively towards your treatment goals
7. Failure to follow other general program guidelines at the discretion of the treatment team.

Readmission to the Program Please note that you will be asked to pay any back fee balance before you are readmitted to the program.

1. After a Therapeutic Taper you may be readmitted to the program whenever you feel you may need treatment. **It is not necessary to become re-addicted to any drug to be readmitted to the program.**
2. After an AMA Taper or a transfer to another program your case will be closed. After 30 days you may apply for readmission. You will then be placed on the waiting list and you will be given the next available intake appointment according to your place on the waiting list.

3. After you complete an Administrative Taper, you may reapply for admission to the program after one year. When you reapply you will be interviewed by the Clinical or Medical Director (or their representatives) who will gather information from the treatment team prior to your intake appointment. You may be provisionally readmitted, if the interviewer feels that you are sufficiently stable and willing to comply with a behavioral and treatment contract spanning at least the first 90 days of treatment. Following this interview and your agreement with the contract, you will be given the next available intake appointment.

Take-Home Doses Glenwood Life Counseling Center recognizes the therapeutic value of your learning how to live your life drug free and away from this treatment program. It is also important that the program staff be sure that the medication that we prescribe, dispense and monitor is being used appropriately by those who are supposed to use it. Glenwood follows all of the Federal, State, and Local guidelines for take-home doses. Below is the way to earn, lose and re-earn take-home doses. Please note that the number or take-home doses may be reduced or the schedule of take-home doses may be changed at any time if there is a medical or therapeutic reason to do so.

You must first meet the following criteria when requesting a take-home dose:

1. Determination that the therapeutic benefits of decreased clinic attendance outweigh the potential risk of diversion
2. Regular medication attendance
3. Regular counseling attendance
4. No behavioral incidences in the past 30 days (including loitering)
5. No arrests for new charges in the past 30 days
6. Stable home environment
7. Assurance of safe storage of take-home medication
8. Fee approval

Two or more positive drug or alcohol screens in one month may result in the loss of all take-home doses until it is clear that the reason for the relapse is stabilized.

You may not re-earn take homes if you have lost them more than 6 months ago. You must instead start earning the take-homes from take-home #1.

The following are criteria for each take-home dose:

Take-home	Earn	Lose	Re-earn
1 (attendance)	Be in treatment for at least 30 days Have four (4) consecutive weeks of attendance including: - Completion of New Patient orientation (4 groups) - Completion of Staying Alive group - Regular individual session attendance -Regular group attendance - Regular medication attendance	Failure to meet at least 75% of the requirements to earn the take-home	Same as earn requirements
2	- Be in treatment at	You lose take-home #2 for one	- Four (4) weeks in a row

	<p>least 3 months - Have no positive drug* or alcohol screens for 2 months</p>	<p>positive drug screen or, You do not consistently meet any of the “Requirements for all take-homes” or the above requirements</p>	<p>of negative drug screens for each lost take-home and, - Verifiable progress in treatment area(s) related to your relapse</p>
3	<p>Be in treatment at least 6 months Have no positive drug * or alcohol screens for 6 months Be engaged in at least a part time productive activity</p>	<p>You will lose one (1) take-home for each positive drug or alcohol screen or, You do not consistently meet any of the “Requirements for all take-homes” or the above requirements</p>	<p>Four (4) weeks in a row of negative drug tests for each lost take-home and, Verifiable progress in treatment area(s) related to your relapse</p>
4	<p>Be in treatment at least 9 months Have no positive drug* or alcohol screens for 8 months Be engaged in a full time productive activity***</p>	<p>You will lose one take-home for each positive drug or alcohol screen or, Failure to consistently meet any of the “Requirements for all take-homes” or the above requirements</p>	<p>Four (4) weeks in a row of negative drug tests for each lost take-home and, Verifiable progress in treatment area(s) related to relapse</p>
5	<p>Be in treatment at least 11</p>	<p>You lose one take-home for each positive</p>	<p>Four (4) weeks in a row of negative drug</p>

	months Have no positive drug * or alcohol screens for 10 months Be engaged in a full time productive activity	drug or alcohol screen or, Failure to consistently meet any of the "Requirements for all take-homes" or the above requirements	screens for each lost take-home and, Verifiable progress in treatment area(s) related to relapse
6**	Be in treatment at least 12 months Have no positive drug * or alcohol screens for 12 months Engage in a full time productive activity	You lose one take-home for each positive drug or alcohol screen or, Failure to consistently meet any of the "Requirements for all take-homes" or the above requirements	No positive drug or alcohol screens for 60 days and verifiable progress in treatment areas related to relapse

*Two positive specimens for THC must be at least 30 days apart to count as 2 separate positives

**Anyone who earns 6 days of take-home should be stable in his or her recovery and Glenwood staff should have no concerns that he or she being away from the program for 6 days will jeopardize recovery or that he/she will use the medication inappropriately

***Productive activities may include but are not limited to the following activities or a combination of these activities. They may change progressively as your needs change. Please note that these activities should not be considered something you do just to earn take-homes but are activities that are part of a healthy lifestyle and recovery.

1. Employment or seeking employment

2. Volunteerism
3. Education
4. Acquiring skills for daily living such as social skills, saving money, cooking, nutrition, anger management, parenting skills, etc.
5. Caring for children
6. Caring for a family member
7. Caring for your own health needs including doctor appointments, exercise, etc.
8. NA, AA, or other self help meetings
9. Attending religious events or services

Notification of loss of take-home Your primary counselor will notify you either in person or in writing when you lose a take-home. The notification will include the day of the loss and the reason for the loss.

Re-application for take-homes When you have take-homes privileges rescinded for a clinical incident, you may re-apply for the take-homes when you meet the eligibility requirements according to the schedule below.

Clinical Incident	# of Take-homes suspended	When Suspended	Minimum Time Frame for Reapplication
Diverted methadone dose	All	Immediately	6 months
Arrest for a new charge/ incarceration	All	Immediately	Until the treatment team has reviewed the case
Recall failure	All	Immediately	90 days
Falsification of drug screen	All	Immediately	For 6 months and must earn take-homes back from take-home #1
Violation of	All (at the	At the	When you are in

fee policy	discretion of staff)	discretion of staff	compliance with the fee policy
Unstable living situation as determined by staff.	At the discretion of staff	At the discretion of staff	When your living situation is stable
Mental, emotional or medical condition that renders you incapable of being responsible for the take-home medication	At the discretion of staff	At the discretion of staff	When the situation is stabilized

When all take-homes privileges have been rescinded, the patient must re-earn them beginning with “take-home #1-attendance take-home” (i.e. you will earn take-home #1 after 4 weeks of counseling attendance following the end of the suspension. Take-home #2 will be earned 60 days from the end of the suspension).

Unscheduled Take-Home Under certain circumstances such as for specific employment needs, out of town funerals, medical illnesses, personal and family crises or other hardships; if you attend counseling sessions regularly, have been free of all drugs of abuse, attend regularly for medication, have no clinical incidences and pay your fees regularly, you may apply for a limited number of unscheduled take-homes. You must verify the “unusual circumstance”. This may be done with an employment schedule or letter from your employer, obituary from the funeral you attend, medical documentation or a letter from your physician, or other applicable documentation. Please see your counselor if you need unscheduled take-homes.

Safeguarding Take-Home Medication Methadone is a narcotic medication that can be lethal to children and others who are not opiate tolerant. It is your responsibility to ensure your take-home doses are safely stored and out of the reach of children. Locked boxes are required. You must bring your locked box to the program before getting your first take-home.

Stolen, Lost or Spilled Medication It is your responsibility to carefully handle and/or store your take-home doses; so as to prevent them being stolen, lost or otherwise misused. Lost, stolen or spilled medication will not be replaced.

Failure to return take-home bottles within five days of returning to the program will result in no further take-home doses being issued until the bottles are returned. Also you will meet with a nurse and/or your counselor to determine why the bottles were not returned and the status of further take-home doses.

Not Being at Your Residence for More than a 24 Hour Period If you will not be at your place of residence for more than 24 hours you must notify the medical department or your primary counselor. We must be able to reach you by phone for take-home recalls and emergencies.

Take-Home Recall Procedure In order to ensure your safety, the appropriate use of medication and to prevent the illegal diversion of methadone, the staff at Glenwood Life will randomly and routinely recall your take-home medication according to the procedure below.

1. At the time of applying for your first take-home you will be notified of this policy
2. Take-home doses may not be swallowed before 6:30 am on the date for which it is prescribed. If you fail to comply with this policy it is considered a recall failure
3. You are responsible for ensuring that Glenwood Life has the correct telephone/pager number at which you can be reached in a timely manner
4. If you are going to be out of town or otherwise not available to be reached at the phone number we have on record within a 24 hour period you must

- inform Glenwood staff and submit a phone/pager number where you can be reached
5. In contacting you, confidentiality will be maintained. If someone other than you or an answering machine answers the phone, a message will be delivered that you must call _____ (staff person's name) at (410)323-9811 by _____ (date and time). This will be considered "a message delivered" and you then become responsible for returning your take-home dose(s) by the date and time indicated. It is your responsibility to ensure that you get your messages in a timely manner. "I didn't get the message" will not be accepted as an excuse for not returning dose(s).
 6. Glenwood staff will attempt to contact you two times during normal business hours. If you cannot be reached you will get a recall failure and lose all take-home bottles for 90 days.
 7. When you are contacted or a message is delivered you must return your take-home doses as requested and replacement doses will be given.
 8. Upon completion, if the correct amount of methadone is not found in the bottle(s) you will have a failed recall.

Visitors It is important that Glenwood Life Counseling Center is a safe place for all who come here. One way to make sure this happens is by having all visitors sign a confidentiality agreement when they come into the clinic. Please see your counselor to arrange all visitors coming into the program.

Changes in Name, Alias, Address, and Phone

Number Patients are responsible for immediately notifying his/her counselor or another staff member if there has been a change in their name, address, and/or phone number. The staff member will then update the computer. Patients experiencing a last name change will have to use both names as his/her last name while on the program. Patients may not use an alias at Glenwood.

Financial Management and Obligations If you do not have insurance that pays for your treatment at Glenwood you will be assessed a fee based on Maryland's sliding fee scale. It is in your best interest to pay your fee weekly. If you are unable to pay or your money situation changes you must inform your counselor and/or the fee administrator immediately. Falling behind in your fee payment may result in loss of take-home, paying daily before medication, or discharge from the program.

Health Insurance and Benefits If you have health insurance, please inform the fee administrator as soon as possible. Some public insurance covers methadone treatment. Please remember that it is your responsibility to maintain your health insurance coverage. This means that you keep all appointments for re-determination, complete and sign any necessary paper work, and notify all appropriate agencies of address or phone number changes. Sudden changes such as change in coverage, changes in your benefits, or changes of insurers could create financial difficulties and should be reported to the fee administrator or the billing coordinator as soon as possible.

If you are in need of Medical Assistance please see your counselor, the case manager, or the fee or billing coordinator.

Loitering Loitering is defined as "to stand idly, to stop numerous times, or to delay and procrastinate". Loitering is a serious issue for the program and the community. It is also a sign that you are not working on your recovery. It is important that while you are in treatment at Glenwood that you complete your program business and then move out of the program area as soon as possible.

What is the program area?

- Ending, to the West, at York Road
- Ending, to the East, at Ready Avenue
- Ending, to the South, at McCabe Avenue
- Ending, to the North, at Woodbourne Avenue

What happens if I loiter?: You are expected to use your time at Glenwood to participate in activities that will help to support your

recovery and assist you to accomplish your goals in treatment. Activities that may indicate that you are not using your time here productively include standing idly outside on the front steps or entering and leaving the building multiple times.

- The first time you are seen loitering you will receive a verbal warning and your counselor will be notified of the incident.
- If you are seen loitering a second time while on the program you will be referred to the “loitering group”. This group will help you to identify productive ways to use your time. You will attend this group for four weeks. You may also be placed on a behavioral contract at this time.
- If you receive a third loitering citation, you will be placed on afternoon medication restriction for a minimum of 30 days.
- Your fourth loitering citation will result in administrative taper from the program.

Drugs on the Premises At no times should you bring illicit or licit drugs of abuse into the program area. If you are seen with illicit drugs on the premises you may be discharged from the program.

Weapons on the Premises No weapons of any kind are permitted on the program premise. This includes any knife/blade that may be used in your employment. If you are found to have a weapon on the premises you may be discharged from the program.

Conflict with another Patient on the Program

Conflicts with another patient on this program should be brought to the attention of a staff person and should be resolved in a private area in the presence of a staff member.

Fighting or Verbal Threats of Violence Fighting or verbal threats on the premises will result in an immediate administrative taper. This taper may take place at Glenwood or at another program. All patients involved in the conflict will be discharged from the program regardless of the circumstance. Therefore, you should make every effort, including running away, to avoid a fight.

Conflict with a Staff Person Conflict with a staff person should be expressed and resolved in a private area of the program. Fighting or verbal threats on the premises will result in an immediate administrative taper which may take place at Glenwood or another program.

Crimes on Program Premises Federal regulations state that when a patient commits or threatens to commit a crime on the program's premises or against program personnel, the program is allowed to seek assistance from or report the crime to a law enforcement agency.

Appendix

Treatment Phases at Glenwood Life

Probation: Newly admitted clients will be on probation for the first three months of their treatment at Glenwood. During probation patients will:

1. Attend individual counseling weekly
2. Attend group twice weekly (including orientation and HIV group)
3. Submit urinalysis and breathalyzer samples weekly

Following probation, patients will be assigned to Phase 2 or 3, depending on their needs.

Phase 1: Patients who are in Phase 1 have been illicit drug free for at least six consecutive months; are engaged in productive full time activity; have made significant progress on their treatment goals; are current in their fee payment; and have been in treatment at GLCC (or other, similarly structured treatment program) for at least six months. Phase 1 patients will:

1. Attend individual or group counseling at least one time monthly (patients may request more frequent counseling at any time)
2. Submit urinalysis and breathalyzer samples monthly

Phase 2: Patients who are in Phase 2 are generally drug free but have yet to achieve their major treatment objectives (such as employment, housing, improved family relationships, etc.). Phase 2 patients will:

1. Attend bi-weekly individual counseling sessions
2. Attend one group session weekly
3. Submit urinalysis and breathalyzer tests bi-weekly; counselors may use rapid tests to screen for specific drugs of abuse more frequently if necessary.
4. Have their methadone dose adjusted if necessary
5. Pay their fees on a regular basis

Phase 3: Patients who are in Phase 3 are actively using illicit drugs and/or alcohol; Phase 3 patients may also be consistently absent from scheduled individual and group sessions. Phase 3 patients will:

1. Attend bi-weekly individual counseling sessions
2. Attend two group sessions weekly (on two different days; one group should be a closed, primary group with assigned counselor)
3. Submit weekly urinalysis and breathalyzer tests; counselors may use rapid tests to screen for specific drugs of abuse more frequently if necessary.
4. Identify a community/family support person and bring that person in to individual session.

Phase 4: Patients who continue to struggle with their treatment at GLCC will meet with the treatment team. The treatment team will create a treatment plan/contract for the patient's recovery. The goal of the treatment team intervention is to provide the support necessary for the patient's recovery while meeting their needs and maintaining a safe and therapeutic atmosphere. Patients will return to the treatment team after 60 – 90 days to reassess their progress.