

C.O.R.E. Medical Clinic, Inc.
NARCOTIC TREATMENT PROGRAM
RULES & INFORMATION

Your participation in treatment is voluntary and all services are confidential. Success in the Program depends on your willingness to change. Patients may voluntarily leave treatment at any time.

CLINIC HOURS

Monday through Friday 6:00am to 2:30pm

DISPENSING HOURS

Mon., Tues., Wed., Fri. 6:15am to 1:30pm
Thursday 6:15am to 1:00pm
Sat, Sun & Holidays 7:15am to 10:00am

Observed Holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving (Thurs. & Fri.), and Christmas Day

24-HOUR EMERGENCY

PHONE NUMBER:

(916) 442-4985

www.coremedicalclinic.com

NARCOTIC TREATMENT PROGRAM DESCRIPTION

Treatment involves administering an appropriate, adequate dose of a long-acting synthetic opiate. C.O.R.E. offers methadone for this purpose. This medication acts to stabilize the brain in opiate-addicted individuals. Once an adequate dosage level has been achieved, the patient can expect to experience very little, if any, "craving", "withdrawal" for at least 24 hours, or other discomfort associated with abstinence from illicit opiate use. "Adequate" dosage is defined as the dose level that relieves withdrawal symptoms and drug craving without producing sedation. At a sufficient dose, Methadone also acts as a blockade for euphoria if opiates, such as heroin, are taken. The dose may be adjusted up or down to achieve this state.

The stabilization process generally takes from 1-3 months. During and after the stabilization process, the patient will work with the counseling and medical staff to eliminate all illicit drug use. Methadone is designed as a long-term treatment that includes individual and group counseling centering on assisting the patient in overall lifestyle changes to achieve recovery.

All patients will receive a split dose on their first day of treatment unless the patient is transferring directly from another clinic. The initial dose will be split on all new admissions, so medical staff can assess for any allergic reactions, signs of intoxication, and assess relief from withdrawal symptoms.

There is a physician and clinic manager on call 24 hours a day, 7 days a week for emergency consultations or crisis intervention. You may call the 24-hour emergency phone number listed above. The poison control center number is 1-800-876-4766.

PREGNANCY INFORMATION

Methadone is safe for pregnant women and causes no known long-term problems for the child. The use of other drugs in addition to methadone may cause pregnancy complications. If you become pregnant while in treatment, you must inform your counselor immediately. Methadone is transmitted to the unborn child through the placenta. Some withdrawal symptoms, usually mild, may occur in the infant during the first two to three weeks after delivery. In some cases, the infant may be given medication to relieve the symptoms.

Abrupt withdrawal from methadone, or any narcotic, adversely affects the unborn child and is contraindicated. Pregnant women must receive a dose of methadone every day. Withdrawal may cause premature labor or a miscarriage. Methadone patients may breastfeed, but should consult with a physician before doing so.

PROGRAM RESPONSIBILITY TO THE PATIENT

The Program's responsibility is to provide a structured treatment experience to promote recovery. The Program is treatment plan-based and goal-oriented. Your involvement in planning your own treatment is an important factor in your recovery. You and your counselor will be identifying the changes and steps needed for a successful recovery. The treatment plan will also serve as a guideline to monitor progress. Treatment plans are reviewed, updated and signed approximately every three (3) months. C.O.R.E. will also provide support to the patient and help coordinate transition of care based on individual circumstances. Other staff members besides counselors that make up the treatment/service delivery team will be the Doctor, Allied Health Professional, Medication Nurse, Medical Assistant, and Clinic Manager. The Program offers opportunities for you to give input through PODS, Patient Suggestion Box, Patient Survey (annually)

and Patient Forums (held quarterly). Information and data collected from these methods is reported back to you annually in various ways, like bulletin board presentations, flyers, and postings on our website. The Patient and Counselor complete the treatment plan together, and at that time the patient will verify the counseling services provided to them during a specific time period by signing their name on the treatment plan.

C.O.R.E. STAFF CODE OF ETHICS AND CONDUCT

- Uphold C.O.R.E.'s Patient Bill of Rights
- Uphold the Code of Ethics applicable to the Employee's profession or certification
- Respect the personal dignity of all patients and staff
- Provide a safe environment, free from sexual, physical or emotional abuse
- Not bring weapons on the premises
- Promote a non-discriminatory environment for all patients and staff
- Respect the personal privacy and confidentiality of all patients and staff within the boundaries of applicable law and practice
- Inform patients of when the Employee is required to disclose information without express consent
- Practice only within the boundaries of the Employee's education, experience and/or licensing
- Avoid any situations involving actual or potential conflicts of interest
- Not have dual relationships with patients (i.e., sexual, financial or social including the exchange of gifts, money, and gratuities)
- Maintain clear, professional boundaries with patients
- Consult with Supervisor and/or management regarding ethical issues
- Report unethical or illegal behavior by staff when supported by evidence, not just hearsay
- Accept responsibility for one's own behavior
- Be honest and fair in all dealings with patients and staff
- Not make false, misleading or fraudulent statements verbally or in writing
- Wear appropriate clothing so as not to offend or intimidate patients or staff
- Avoid illegal drugs at all times
- Be reliable and prompt
- Represent and provide a positive professional environment of care both at C.O.R.E. and in the community
- Improve knowledge and skills through continuing education
- Perform one's duties as listed in any PEGs, providing eight hours of work for 8 hours of pay
- Respect patients' and staffs' time and space (i.e., knock before entering)
- Take reasonable measures to honor all commitments the Employee has made to patients or staff
- Cooperate in ethics investigations and resulting requirements
- Bill services in an ethical manner; all 3rd party billing will only be billed for services rendered or per contract. Private pay patients will be assessed and made aware of billing practices related to their care.
- Market only the services that are offered
- Abide by the California Labor Laws

PATIENT RESPONSIBILITY TO THE PROGRAM AND FAMILY INVOLVEMENT

The Patient's responsibility to the Program is to make a commitment to the treatment process with a goal of becoming illicit drug-free as soon as is practical. This is an outpatient ambulatory treatment Program requiring regular attendance.

At C.O.R.E., we encourage family participation. If you are interested in involving your family in the treatment process and in counseling, please speak with your counselor and sign the appropriate consent to release information in order for them to participate. See the Group section for more information on family participation in particular groups we offer.

PROGRAM REQUIREMENTS

1. Adherence to all Program Rules.
2. Individual counseling, usually about three to four hours per month, is determined by individual need. You may also be required to attend additional groups and workshops.
3. Treatment plans are formulated and reviewed every three (3) months.
4. Urinalysis/Body Specimen testing as required.
5. Timely payment of fees and/or submission of eligible Medi-Cal card.

INDIVIDUAL COUNSELING

Every patient will have an assigned counselor. In addition to working with the patient towards their recovery, counselors will assist patients in identifying and/or locating community resources as appropriate. C.O.R.E. respects patients seeking alternative therapies. Alternative therapies involving supplements, herbs, etc. should always be discussed with Medical Staff. Counselors will develop treatment plans with the patient approximately every three months and as necessary to appropriately direct the course of their individual treatment. If you have questions about Program services and/or Community resources, ask your Counselor. If you wish to involve your family, please ask your Counselor about obtaining proper consent.

GROUPS

Group counseling is an integral part of the treatment Program. Regular attendance is recommended and some may be considered part of a patient's mandatory treatment. Ongoing groups and workshops are provided to assist you in understanding and coping with your addiction and the recovery process. Friends and family members may attend the workshop on "Opiates and the Brain." This important informational session is generally held on the third Wednesday of the month. It answers many of the questions surrounding the addiction process, chemical changes in the brain, and the effects of methadone treatment. Please speak with your counselor about having family members attend this session. The "Overdose Prevention training" is also available to friends and family. Generally, the more involved you are and the more you learn about your own addiction, the more successful you will be in recovery.

PSYCHIATRIC SERVICES

C.O.R.E. recognizes the importance of addressing co-existing psychiatric disorders and facilitates referrals to county mental health services and/or private providers. See your counselor regarding the referral process.

IDENTIFICATION CARDS

Photo ID cards will be available to all patients. There is important medical and Program information printed on the card and all patients are encouraged to carry the card with them at all times. All patients must check in at the front desk upon entering the clinic by showing their ID card. There will be a \$5.00 charge for replacement cards.

COLLECTION OF URINE SPECIMENS

Each patient must be prepared to give a urine specimen daily. Specimens will be collected on a random basis. If you are scheduled to test you must do so prior to dosing. There will be a minimum of one specimen required for each patient monthly unless you are on the extended take-home Program (you will be tested a minimum of eight times a year). More frequent specimen testing will be required based on individual treatment requirements. Pregnant patients are required to test weekly. It is the patient's responsibility to comply with this policy. Any unexcused missed specimen tests will be counted as a positive result for illicit drugs.

When testing, only one person at a time in the restroom. This means children may not accompany patients in the restroom. Do not take UA specimen bottles out of the testing area. Do not wash or rinse your UA specimen bottle. Washing or rinsing may result in an altered urine specimen. Generally, UA testing is not witnessed, but there may be times when monitored testing will be required. Cameras may be used to monitor hallway activity.

If you disagree with a test result, you may request a retest within 30 days of the day the lab received the results from C.O.R.E.. If the original test result is confirmed, there is a \$25.00 fee for the 1st substance retested for and \$15 for each additional substance retested for. Speak to your counselor for more information.

Patients who are unable to provide urine specimens must get State and Federal approval annually. This must be coordinated through your counselor and the medical staff.

PRESCRIBED MEDICATION

If you are being seen for other medical care, it is recommended that you inform your doctor that you are on a Narcotic Treatment Program. There are many medications that could interact and the doctor should have some understanding of what other medications you are taking before he/she prescribes.

If a doctor is prescribing you medication, especially benzodiazepines such as Valium, Xanax, or Klonopin, or opiate medicine, such as codeine or Vicodin, it is required that you bring verification of these medications to your counselor right away so that they can be recorded in the chart. Failure to provide this prescription information will result in urine specimens counting as positive tests and could affect take-home privileges. You must also report codeine and/or Vicodin prescriptions to Lab Staff when obtaining a specimen bottle.

C.O.R.E. needs to know what other medications you are taking no matter what class of medicines they belong in because of the potential for interactions between medicines (including over-the-counter medications, vitamins and supplements, including herbal remedies). All medications brought on the premises of C.O.R.E. must be kept in your possession at all times, unless requested by medical staff or counselor when recording them in your medical record.

C.O.R.E. reserves the right to utilize the California State Prescription Monitoring Program (PMP) called CURES to ensure safe and effective outpatient addiction treatment. C.O.R.E. will be able to monitor your prescriptions while you receive methadone treatment here. At this time, this program only covers controlled substances (drugs that could potentially be dangerous and addictive). This includes benzodiazepines, stimulants, and pain relievers.

Patient data/information regarding your methadone treatment from C.O.R.E. is not submitted to this system so that your participation in methadone treatment is not available to other medical providers outside of C.O.R.E. Pharmacies will enter prescription medication into the CURES system and if you are being prescribed other controlled medications other than methadone at C.O.R.E., such as benzodiazepines, those medications will be reported into the system.

If we find out that you are being prescribed controlled substances that you have not registered with C.O.R.E., your treatment status will be reviewed by the medical and counseling staff. Further action will be determined after that review. If we find out that you are being prescribed methadone you will be discharged from treatment.

Under certain circumstances, such as prolonged prescriptions for opiates or benzodiazepines, patients may be required to sign a consent for coordination of treatment between C.O.R.E. Medical Clinic and the medical care provider who is prescribing these medications.

TALWIN, STADOL, NUBAIN, NARCAN, REVIA, AND TREXAN ARE NARCOTIC ANTAGONISTS AND WILL BRING ON OPIATE WITHDRAWAL SYMPTOMS. These medicines could be prescribed for pain and for alcoholism. You must NOT take any of them while you are on narcotic treatment therapy.

PHYSICAL EXAMINATIONS

You will be required to complete a physical exam and ordered lab work prior to admission to the Program. You will be required to have a Tuberculosis test, Syphilis (RPR), and possibly a Rubella/Rubeola test. Additional PPD tests will be required every nine months. If you have a history of positive TB (PPD) tests, or test positive on the Program, you will be required to wear a facemask until a clear chest X-ray is obtained (see section on Tuberculosis).

INCARCERATION

If you are incarcerated dosing in jail is on a case-by-case basis, usually reserved for pregnant patients, and subject to approval by the jail medical staff. Jails typically have their own internal protocols to help manage opiate withdrawal. Most jails protocols do not involve the use of methadone or buprenorphine. You will be responsible for C.O.R.E. Program fees while incarcerated. It is your responsibility to inform jail medical staff of your Program participation. In the event the Program learns of your incarceration, the jail will be contacted in an attempt to coordinate your care.

HOSPITALIZATION

In the event you become hospitalized inform the medical staff immediately that you are on methadone and encourage them to call the main clinic number to verify your methadone dose (dose can be verified after clinic hours). See clinic absences section below regarding reinstatement.

EMERGENCY PROCEDURES

Methadone is a medication that produces dependence and has the same side effects as other opiates. Overdose may cause sedation and/or respiratory and cardiac depression.

If you have difficulty breathing, chest pain or other serious symptoms, call 9-1-1.

If you have a milder reaction you believe is medication related, telephone the Clinic for assistance. After hours, contact UCD Medical Center Emergency Room or an emergency room near you. If it is necessary to go to the hospital, have someone drive you.

In the case of disaster or emergency preventing normal Clinic operation, contact the after-hours answering service at the Clinic number (any time of day) for instructions regarding dosing. BAART Clinic located at 310 Harris Ave., Suite A, Sacramento, CA 95838 will be the primary back-up for dosing. BAART Clinic located at 6127 Fair Oaks Blvd., Carmichael, CA 95608 will act as the second back-up.

C.O.R.E. does not use seclusion or restraint.

CLINIC ABSENCES

You are expected to attend the Clinic every day you are scheduled for dosing. If you miss dosing for three (3) or more days or are coming to the Clinic after any hospitalization or emergency room visit, you must see your counselor before dosing. You must bring in all paperwork received from hospital visits. You will be evaluated by the medical staff for reinstatement. Dosing levels will be adjusted on an individual basis. If reinstated after missing more than five days you may be re-induced to methadone as if you were a new patient.

Absences from the Clinic without notice for more than seven (7) consecutive days may result in discharge. Fourteen (14) consecutive missed days will result in discharge. Re-admission following such a discharge shall be through the regular intake process.

PROGRAM LIMITS (may be cause for termination from the Program)

1. Any patient who continually has positive specimen tests will have additional structured treatment interventions
2. Patients who do not make progress towards eliminating illicit drug and/or alcohol use
3. Any patient who fails to meet minimum counseling requirements
4. Any patient who is frequently denied dosing due to intoxication caused by alcohol and/or any other drug
5. Any patient that loiters around the clinic or fails to adhere to our No Tobacco and Nicotine Policy.

TREATMENT INTERVENTIONS/CONTRACTS/INCENTIVES:

In some cases a Treatment Contract may be utilized to assist and provide additional structure for a patient if it is determined to be helpful to the patient's recovery or to promote Program compliance. The treatment Contract may include positive and negative elements to promote positive changes and compliance with Program requirements. Certificates are utilized as positive reinforcement with our patients.

TAKE-HOME MEDICATIONS

Take-home medications involve a great deal of responsibility for the patient. The medications prescribed by the Program are highly regulated and can be dangerous to children and to adults who do not have established tolerance. The medications are meant only for you, to be taken as directed. Failure to comply with all rules and responsibilities when handling take-home medications will result in loss of take-home privileges and possibly termination from treatment.

Diversion (selling, sharing, storing, giving or any other misuse) of medications is a serious Program violation and potentially a legal offense. The Program will cooperate with law enforcement as required. Diversion will not be tolerated. All suspected diversion will be investigated promptly. The Program maintains the right to call patients on a random basis to return to the Program within twenty-four (24) hours. The patient must bring in all take-home medications, in their original container, label intact, for inspection. The Program may also request methadone serum levels to assist in investigating suspected diversion.

REQUESTS FOR REASONABLE ACCOMMODATIONS

In any circumstances a patient requests a reasonable accommodation the program will identify, review, decide upon and document the outcome. Patients must submit requests for reasonable accommodations in writing to the Business Service Director. The Business Services Director will be responsible for reviewing and determining accommodations based on factors including but not limited to; available resources, effects on other patients or staff members, safety issues, etc. All requested will be responded to in writing within 7 business days. If it is determined that an

accommodation cannot be made the program will utilize our approved referral list to help you utilize other resources that are accessible. Appeals to any decision may be made to the Program Director.

TAKE-HOME REQUIREMENTS

The criteria for take-home privileges include:

1. Adherence to treatment requirements and all rules of the Program.
2. Documentation in the patient’s record that the patient is participating in gainful vocational, educational, or responsible homemaking activity (e.g. primary caregiver, retiree with household responsibilities, or volunteer helping others) and the patient’s daily attendance at the Program would be incompatible with such activity.
3. Absence of illicit drug use, including alcohol.
4. Absence of known criminal activity, including the selling or distributing of illicit drugs.
5. Regularity of Program attendance at Clinic and active participation in counseling sessions.
6. Absence of serious behavioral problems while at the Program.
7. Stable home environment and social relationships.
8. Length of time in maintenance treatment as specified below in Obtaining Step Levels section (below).
9. Assurance that take-home medication can be safely stored within the patient’s home.
10. The rehabilitative benefit to the patient derived from decreasing the frequency of Program attendance outweighs the potential risks of diversion.

See your counselor for additional clarification and requirements.

OBTAINING STEP LEVELS

To be eligible for step level take-homes, in addition to the requirements, you must have documented incompatibility of: gainful employment (if you have Medi-Cal you must bring in proof that you are reporting your income); education responsible homemaking activity (e.g. primary caregiver, retiree with household responsibilities); or volunteer helping others.

STEP LEVEL	DESCRIPTION
Step Level 1 Sun T/O	After admission and the most recent body specimen test is negative for illicit drugs and positive for methadone and methadone metabolite, the medical director or Program physician may grant the patient not more than a one-day take-home supply of medication for holidays only.
Step Level 2 Sat, Sun T/O	After 90 days of continuous maintenance treatment, and the most recent body specimen test is negative for illicit drugs and positive for methadone and methadone metabolite, the medical director or Program physician may grant the patient not more than a two-day take-home supply of medication. The patient shall attend the Program at least five times a week for observed ingestion.
Step Level 3 Wed, Sat, Sun T/O	After 180 days of continuous maintenance treatment, and the most recent body specimen test is negative for illicit drugs and positive for methadone and methadone metabolite, the medical director or Program physician may grant the patient not more than a three-day take-home supply of medication at one time. The patient shall attend the Program at least four times a week for observed ingestion.
Step Level 4-6 Tues, Thurs, Sat, Sun T/O	After 270 days of continuous maintenance treatment, and the most recent body specimen test is negative for illicit drugs and positive for methadone and methadone metabolite, the medical director or Program physician may grant the patient not more than a six-day take-home supply of medication at one time. The patient shall attend the Program at least three times a week for observed ingestion.
Step Level – ETH13 Mon, Wed, Thurs Sat, Sun T/O	After one year of continuous maintenance treatment and 9 months of consecutive negative testing, the medical director or Program physician may grant the patient not more than a two week take-home supply of medication at one time. The patient shall attend the Program at least two times a month for observed ingestion.
Step Level – ETH27 Mon, Wed, Thurs Fri, Sat, Sun T/O	After two years of continuous maintenance treatment and one year of consecutive negative testing, the medical director or Program physician may grant the patient not more than a one month take-home supply of medication. The patient shall attend the Program at least one time a month for observed ingestion.

Nothing shall prevent any Program from establishing in its individual protocol any take-home medication requirement which is more stringent than is specified in the schedule contained herein.”

RESTRICTING A PATIENT'S TAKE-HOME MEDICATION PRIVILEGES

The Medical Director or Program physician shall restrict a patient's take-home medication privileges by moving the patient back at least one step level on the take-home medication schedule for any of the following reasons:

1. Patients on Step Levels 1 through 5 who have submitted at least two (2) positive consecutive monthly body specimens
2. Patients on Step Level 6 who have submitted at least two (2) positive monthly body specimens within the last four (4) consecutive months
3. Patients who submit an unacceptable (cold) test
4. The patient is inexcusably absent the first day due back in the Clinic after receiving take-home medication
5. Failure to return to the clinic within 24 hours per C.O.R.E.s call back procedure

REVOKING A PATIENT'S TAKE-HOME MEDICATION PRIVILEGE

The Medical Director or Program physician will revoke some of or **all** of a patient's take-home medication privileges for any of the following reasons:

1. The patient's test result is negative for methadone metabolite and the Medical Director does not invalidate the result. This shall not be applicable to patients whose daily dosage level is ten (10) milligrams or less
2. The patient is discovered to be misusing medication
3. The patient attempts to register in another Narcotic Treatment Program.
4. The patient submits an unacceptable (hot or adulterated) body specimen for analysis
5. Based on take-home medication criteria specified in Title 9, Section 10370 (eight point checklist), the patient is no longer a suitable candidate for take-home medication privileges
6. Whenever ordered to do so by the Department (DHCS or DEA)
7. Patients receiving ongoing SETH's will be subject to revocation after one positive monthly body specimen or any of the other reasons listed above.

The Medical Director or Program physician shall order the restriction or revocation within fifteen (15) days from the date the Program has obtained evidence for any of the reasons identified.

RESTORING RESTRICTED OR REVOKED TAKE-HOME MEDICATION PRIVILEGES

The Medical Director or Program physician will adhere to the following appropriate schedule when restoring a patient's restricted or revoked take-home medication privileges:

RESTRICTED	DURATION OF RESTRICTION
Patients on Step 1-5 who have; submitted two (2) consecutive illicit drug positive specimen tests, a cold test or failure to test, will lose at least one (1) step level.	Thirty (30) days with most recent specimen test negative for illicit drugs and positive for methadone and methadone metabolite.
Patients on Step 6 who have; two (2) illicit drug positive specimen tests in four (4) months, a cold test, or failure to test will move back at least one (1) step level.	Ninety (90) days with three (3) consecutive monthly body specimens negative for illicit drugs and positive for methadone and methadone metabolite.
Patients, after receiving a supply of take-home medication, are inexcusably absent from or miss a scheduled appointment with the Program without authorization from the Program staff will move back at least one (1) step level.	Ninety (90) days with three (3) consecutive monthly body specimens negative for illicit drugs and positive for methadone and methadone metabolite.
Patients with extended take-homes beyond Step 6; illicit drug positive specimen tests or failure to test will move back to a minimum of Step Six.	Ninety (90) days with three (3) consecutive monthly body specimens negative for illicit drugs and positive for methadone and methadone metabolite.

REVOKED	DURATION OF REVOCATION
Patients on any step who have a hot or adulterated specimen test or a specimen testing negative for methadone metabolite will have all steps removed.	Ninety (90) days with three (3) consecutive monthly body specimens negative for illicit drugs and positive for methadone and methadone metabolite

Reinstatement for any other revocations will be considered following a minimum ninety- (90) day period; restriction will be considered following a minimum thirty- (30) day period. No patient shall be advanced to a step level higher than he/she had been at prior to the restriction or revocation until they have satisfied the requirements for the new step level.

TAKE-HOME EXCEPTIONS and HOLIDAY TAKE-HOMES

In the event you have a documented medical condition or other reason for needing take-home doses that do not fit the standard criteria, you may be eligible for exception take-homes. Eligibility is determined on a case-by-case basis. Inform your counselor as soon as you become aware of the need and provide as much documentation as possible.

In the event you plan to travel to an area where courtesy dosing is not available, you may be eligible for an exception take-home dose(s). Please inform your counselor at least one (1) week in advance if you have planned a trip.

Patients may be granted a take-home for the following holidays: New Year’s Day, Memorial Day, Independence Day (Fourth of July), Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. See your counselor the week prior to the holiday to find out if you are eligible to receive a take-home.

COURTESY DOSING (Temporary Transfer)

Courtesy dosing at another Program may be arranged when a patient travels out of the area. Notify your counselor immediately and at least one week in advance if you plan to travel. Temporary transfers cannot exceed thirty (30) days.

VOLUNTARY WITHDRAWAL

A patient may voluntarily withdraw off of methadone at any time. C.O.R.E. will provide information and counseling to assist the patient in structuring their withdrawal to achieve the best possible outcome. C.O.R.E. will also provide referrals for optional support/treatment, psychiatric or medical care services if applicable, and give information regarding the option/process to return to methadone treatment if needed at a later time.

INVOLUNTARY WITHDRAWAL

A patient may be involuntarily withdrawn for any of the reasons cited in the Grounds for Dismissal from the Program. In the event you are involuntarily withdrawn from narcotic treatment, your withdrawal plan will be individualized based on circumstances. Abrupt withdrawal from methadone may produce acute opiate withdrawal symptoms and is generally contraindicated. C.O.R.E. will provide information to the patient of other appropriate treatment options and/or referrals will be made for Psychiatric follow-up if necessary within 72 hours. This may not be applicable to patients whose treatment is immediately terminated for reasons such as diversion or attempted diversion; or someone posing an immediate threat to other patients, staff, or property in or around the clinic.

FAIR HEARING PROCEDURE

A C.O.R.E. Medical Clinic, Inc. patient may request a Fair Hearing for reasons of termination.

Prior to termination, the patient will be presented a written notice of the reason(s) for termination. The notice to the patient will explain his/her right to a Fair Hearing.

The patient has until the end of the 2nd business day at 2:00 PM (48 hours) to submit a written intent to appeal. He/she shall be maintained without any change in dosage, with approval of the Medical Director, pending the outcome of the Fair Hearing.

The hearing shall be scheduled within seven (7) days from the patient's request. The Hearing Officer is assigned by the office of the Sacramento County Drug Program Administrator. The patient has the right to be represented at the hearing by any person or attorney and has the right to call witnesses.

If the patient signs a medical release of information and so wishes, the medical information in his/her chart shall be

released to the patient or his/her attorney. If information is to be released to persons other than the patient's attorney, the approval of the Medical Director or Program physician shall be obtained in accordance with Subdivision B of Section 5328 of the Welfare and Institution Code.

If the patient is requesting his/her own medical information, he/she must submit a request in writing to Marshall Stenson, Privacy Officer.

The Hearing Officer shall render a decision no later than 72 hours after the hearing. The Hearing Officer must find that: "It is more likely than not that the reason for the termination given by the Program is a true and adequate reason and that the reason for termination is the reason given in the Notice of Termination." The decision shall be in writing and based solely on the evidence presented at the hearing. Hearings will be tape-recorded.

A summary of the proceedings shall be entered into the patient record, and a copy given to the patient. Further appeals may be pursued by means of a Writ of Mandate pursuant to the Code of Civil Procedure Section 1094.5.

EXCEPTIONS TO PRE-TERMINATION FAIR HEARING ELIGIBILITY

If, in the judgment of the Medical Director, the patient's continued participation in the Program creates a physically threatening situation for staff or other patients, the patient may be terminated immediately.

Note: Authority Cited: Title 9 Section 10415 & 10420.

SERVICE COORDINATION

If you have questions/concerns about the services you are provided or how they are provided at C.O.R.E. Medical Clinic, Inc., contact the Clinic Manager for assistance/clarification.

PROGRAM FEES

MEDI-CAL (MC) - SUBJECT TO AVAILABILITY:

Medi-Cal eligibility is verified on the first business day of every month. Any patient who is no longer eligible for Medi-Cal may refer to the private pay fee schedule below. Share of cost payments are due the first of each month. Medi-Cal will **not** pay for drug or alcohol addiction treatment at more than **one facility** on any given day. If you continue to attend C.O.R.E. as well as another addiction treatment facility, you will be subject to discharge from C.O.R.E.. C.O.R.E. shall accept proof of eligibility for Drug Medi-Cal as payment in full for treatment services rendered, except where share of cost is applicable. C.O.R.E. shall not charge fees to beneficiaries for admission to a Drug Medi-Cal treatment slot or for any other substance abuse services.

PRIVATE PAY SCHEDULE AND COLLECTION POLICY

Private pay treatment is available (capacity permitting) for those who are able to pay full fees for service as follows:

1. Fees for the Program are based on a sliding scale.
 - Based on family income and dependents.
 - A Financial Evaluation Form will be completed on admission and must be renewed annually or when income and/or number of dependents changes. This will be done with the fiscal clerk.
2. Intake and admission fees must be paid in advance. (A full month's payment is due before day 1.) You will then determine the frequency of future payments with the fiscal clerk.
3. Fees are due on the first of the month. You must have at least the first half of your fees paid by the 15th and the second half by the last day of the month or a fee withdrawal will start on the next day.
4. The following month's fees will be pro-rated based on the admission/first payment date. Example: Admit date = 8/20. On 8/20, one full month's fees are due. The next payment must be paid by 9/30 and will be pro-rated accordingly. The standard payment schedule will then begin on 10/01.
5. Payment of the fees after the 15th or the last day of the month will reverse the withdrawal order. **(This may require multiple days for processing.)** Dose levels will increase on the same schedule they decreased.
6. If you are withdrawn from the clinic completely, reapplication to Maintenance Treatment will be the same as for any new or returning patient.
 - Old balances must be paid. (Contract for scheduled future payments may be considered in some circumstances.)
 - Acceptance is based on availability.
 - 1st month's fees are payable in advance; \$125 is a non-refundable intake fee (\$30 if only lab work was completed).

7. Unless the Clinic is notified in advance of a patient's intent to terminate treatment or if you are incarcerated, you will be responsible for all fees up to the day you are discharged from the Program. Medi-Cal does not cover narcotic treatment while you are incarcerated

SEXUAL CONTACT

By State standard, "Sexual contact shall be prohibited between participants/patients and the treatment/recovery Program staff, including members of the Board of Directors. The policy shall remain in effect for six (6) months after a patient is discharged from treatment services."

ADVANCE DIRECTIVE FOR HEALTHCARE

You have the right to make an advance directive and appoint someone to make health care decisions for you if you are unable. For more information on advance directives, please see the California State Advance Healthcare Directives information site: http://www.disabilityrightsca.org/pubs/540701.htm#_Toc122837732

GRIEVANCE PROCEDURE

If you are dissatisfied or have a concern, we encourage you to talk directly with the person involved. You may also follow the procedure below. Any formal patient complaints must be submitted in writing (a staff member or an outside party may assist you in completing the form if necessary) on the Patient Grievance Form available at the front desk. You will receive a written response within 7 business days or your next visit to the clinic stating the actions to be taken to address and/or resolve the alleged complaint. If the grievance is about the listed individual to submit, go to the next level. Any patient grievance that is submitted will not result in retaliation or barriers to services because the grievance was filed:

Put your complaint in writing and submit to:	Garrett Stenson, Program Director C.O.R.E. Medical Clinic, Inc. 2100 Capitol Avenue Sacramento, CA 95816
If you remain dissatisfied, you may write to:	Marshall Stenson, Business Services Director C.O.R.E. Medical Clinic, Inc. 2100 Capitol Avenue Sacramento, CA 95816
If you continue to feel dissatisfied, you may write to the non-biased party below:	Uma Zykofsky Sacramento Behavioral Health Services Mental Health Director/Alcohol and Drug Administrator 7001-A East Parkway, Suite 400 Sacramento, CA 95823
In accordance with Title 9, Chapter 4, Section 10544(c), of the California Code of Regulations, any individual may request an inspection of an alcoholism or drug abuse recovery or treatment facility. Complaints should be directed to:	Department of Health Care Services Narcotic Programs Branch P.O. Box 997413, MS 2603 Sacramento, CA 95899-7413 Attn: NTP Complaint 916-322-6682 or 1-877-685-8333 Fax: 916-440-5230
Each Medi-Cal beneficiary has the right to a fair hearing related to denial, termination, or reduction in Drug/Medi-Cal services. Procedures outlined in Title 22, California Code of Regulations, Sections 50951, 50953, and 51014.1; Welfare and Institutions Code, Sections 10950 through 10965; and the state Department of Social Services Manual of Policy and Procedures, Chapter 22, will be followed by the provider, utilization review committee, and the beneficiary. C.O.R.E. shall continue treatment services pending a fair hearing decision only if you the patient appeal in writing to DHCS for a hearing within ten (10) calendar days of receipt of the notice of withdrawal by submitting a written request to:	California Department of Social Services State Hearings Division P.O. Box 944243, Mail Station 19-37 Sacramento, CA 94244-2430 Telephone (800) 952-5253 T.D.: (800)-952-8349

GENERAL POLICIES

1. No visitors are permitted in the clinic.
2. No loitering in or around the clinic and parking areas.
3. Only one patient at a time at the medication window.
4. Patients appearing under the influence of alcohol or any other drug will be evaluated and may have their medication dosage adjusted or withheld.
5. Body specimens must be submitted as posted at the clinic.
6. Talk to the nurse after you drink your dose to assure that you have swallowed all medication.
7. Parents are responsible for direct supervision and confidentiality issues of children under the age of 18 while in the clinic.
8. Children are not allowed at the medication window.
9. Reasonable grooming, cleanliness, and appropriateness of attire is expected.
10. Shoes must be worn in the clinic.
11. Remove dark glasses and hats that hide your face when entering the building.
12. No food or drinks allowed in the clinic except bottled water.
13. Cell phones must be turned off before entering the clinic.
14. No pets allowed in the clinic.
15. No tobacco or nicotine use (includes electronic cigarettes and chewing tobacco) is allowed in the building or within 60 feet of an entrance to the building.

The following services are included in the Narcotic Treatment Program: Initial physical exam, PPD (TB) test or screen, initial RPR (syphilis) test, Rubella/Rubeola testing as required, UA testing as required, 1:1 counseling, groups and dosage changes as determined medically necessary.

CONFIDENTIALITY

ALL patient information and records obtained by the Program will be held in the strictest confidence and will be released only with the written, signed consent of the patient in accordance with State and Federal confidentiality requirements, or by court order. The Clinic may be required to release patient information without a signed release in the following circumstances: 1) If a patient threatens serious harm; 2) If a patient is believed to be perpetrating child or elder abuse, neglect or molest or reports evidence of this; 3) In a medical emergency; 4) Clinic staff are required to cooperate with law enforcement investigating a *crime in progress*; and 5) Patient records are subject to confidential audit by County, State and Federal agencies.

Patients are also expected to keep Program information confidential. Any patient may choose to disclose their personal information to others, but are expected to maintain confidentiality and respect the privacy of others. This applies to disclosing another patient's participation in treatment and to information disclosed in groups. Violation of another patient's right to confidentiality or privacy may result in termination from treatment.

HIV/AIDS AND OTHER HEALTH INFORMATION

The problems associated with intravenous drug use include: abscesses, endocarditis and other infections, hepatitis, and the high risk of contracting and spreading the AIDS virus (HIV) through needle sharing/borrowing and sexual contacts. AIDS (Acquired Immune-Deficiency Syndrome) is a fatal disease that attacks the body's immune system. Information and written material about HIV, AIDS and other risk factors will be provided in more detail during Program workshops and throughout treatment. The availability of HIV testing will be discussed (See HIV/AIDS attached information and the Quick Resource Guide). If AIDS becomes the primary health concern for any patient who requires hospice care, methadone treatment will be coordinated through the Primary Care Physician. Condoms are available at the Clinic.

TUBERCULOSIS

Tuberculosis (TB) is an infectious disease that is spread from person to person through the air. TB usually affects the lungs. The germs are put into the air when a person with TB of the lungs coughs, sneezes, laughs, or sings. All patients will be tested for TB annually. If a patient has a positive result, he/she will have to wear a facemask and be referred to their own physician or the County Health Clinic for a chest x-ray. **The mask must be worn prior to entering the Clinic and at all times while in the Clinic until cleared by medical staff.**

NONDISCRIMINATION

No person, on the basis of race, religious or spiritual beliefs, gender identity, gender expression, sexual orientation, ethnicity, age, physical or mental disability, or HIV status will be unlawfully denied the benefits of, or unlawfully subjected to discrimination under any Program or activity at C.O.R.E. Medical Clinic, Inc.

GROUNDS FOR DISMISSAL FROM THE PROGRAM

1. Threats, verbal abuse or physical violence - regardless of who initiated it
2. Theft or vandalism of Clinic or staff property
3. Diversion of medication; mouthing, selling, sharing or any other inappropriate use of medication. This includes suspicion of diversion including body specimen results, failure to comply with the call-back policy, observed behavior, information received from law enforcement, or the filing of charges by the District Attorney.
4. Bringing, consuming or using alcohol or other drugs on the premises
5. Bringing any weapons on to the premises
6. Suspicion of dealing based on substantial information. Any arrest for sales or possession for sales when it is followed by the filing of charges by the District Attorney automatically qualifies as "substantial information." Loitering in or around the Clinic is seen as waiting to make a drug deal. Discharge will be considered for patients who repeatedly loiter.
7. Tampering, altering or any manipulation regarding test specimens
8. Enrolling or attempting to enroll in another treatment Program
9. Exceeding Program limits
10. Nonpayment of fees or failure to submit eligible Medi-Cal card
11. Failure to attend 1:1 counseling sessions
12. Any patient who fails to get health care which the Clinic feels is critical to their health or the health and safety of others in the Clinic can be withdrawn from treatment. This would include conditions such as failure to follow through with tuberculosis screening, or failure to get adequate care for HIV infection.
13. Any patient who misuses prescription medications, especially Soma or those in the class of benzodiazepines, such as Valium, Xanax, or Klonopin, can be subject to withdrawal from treatment. This includes getting duplicate prescriptions and selling or buying these types of medications

C.O.R.E. Medical Clinic, Inc.
PATIENT BILL OF RIGHTS

You have a right to:

- ◆ Reasonable access to care, regardless of race, religious or spiritual beliefs, gender identity, gender expression, sexual orientation, ethnicity, age, physical or mental disability, or HIV status
- ◆ Personal dignity
- ◆ Receive care that is considerate and respects your personal values and belief systems
- ◆ A safe environment, free from sexual, physical and/or emotional abuse, financial and other exploitation, humiliation, retaliation, and neglect
- ◆ Request and receive full information about the professional capabilities of your treatment staff
- ◆ Individualized treatment and informed participation in decisions regarding care and services through participation in treatment planning
- ◆ Receive written information about the rules and regulations, fees and consequences of non-payment before beginning treatment
- ◆ Have all written information read and/or explained to you in a language you understand
- ◆ Report unethical and illegal behavior by staff members without fear of retaliation or barriers to service
- ◆ Participate in the discussion of ethical issues regarding your treatment
- ◆ Ask questions about your treatment and request a second opinion at any time about your treatment or your counselor's methods
- ◆ Seek alternative therapies
- ◆ Personal privacy and confidentiality and to know the rare cases when information is required to be disclosed outside of the Program (such as; reports of child or elder abuse)
- ◆ Right to review your own record with clinical staff supervision and obtain a timely response to a request for copies of the record by filling out an Access to Records Request Form (request from Front Desk)
- ◆ Request and receive a timely transfer of a copy of your record or a summary of your treatment to any individual or agency you choose
- ◆ Right to report any violation of rights and have C.O.R.E. investigate and resolve alleged violation without fear of retaliation or barriers to service
- ◆ Request and receive information regarding the Consumer Bill of Rights and Responsibilities developed by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry
- ◆ Give informed consent prior to being involved in research projects and receive a copy of the informed consent
- ◆ Access legal services or receive referrals to legal entities for appropriate legal representation
- ◆ Access to self-help and advocacy support services
- ◆ Participate in treatment decisions related to your healthcare, service delivery team, and concurrent services. Patients who are unable to participate fully in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators with proper consent.
- ◆ You have the right to make an advance directive and appoint someone to make healthcare decisions for you if you are unable.

HEPATITIS C (HCV)

WHAT IS HEPATITIS C?

Hepatitis C (also known as HCV) is a virus that attacks the liver. Hepatitis C is one of the most common types of hepatitis. All forms of hepatitis cause inflammation of the liver which can lead to scarring, which is called fibrosis. Severe scarring is called cirrhosis and can lead to liver cancer in some cases.

HOW DO YOU GET HEPATITIS C?

Hepatitis C is transmitted through blood to blood contact. It is spread when the blood of an infected person gets into the bloodstream of another person.

You should get tested for hepatitis C if you:

- Have ever used a needle to inject drugs or shared any part of your injection works including rinse water.
- Received tattoos or piercings in an unprofessional environment.
- Are a military veteran or reservist and have been in a situation where you were exposed to another's blood.
- Received a blood transfusion or organ transplant prior to 1992.
- Have had long-term kidney dialysis.
- Were a healthcare, emergency medical or public safety worker who was exposed to needle sticks/sharps.
- Have had an abnormal liver function test (LFT).
- Have unexplained fatigue.

IS THERE A CURE FOR HEPATITIS C? WILL I DIE FROM IT?

There is no vaccine for hepatitis C, but there are treatments that may cure it. You can do things to take care of yourself to help you stay as healthy as possible. If you don't take care of yourself, HCV can lead to very serious liver diseases such as cirrhosis or liver cancer. But if you do take care of yourself, you can live a good life with HCV and not get sick. 45-80% of patients treated with interferon and ribavirin will clear the hepatitis C virus.

I TESTED POSITIVE FOR HEPATITIS C? NOW WHAT?

Usually, this means you have tested positive for the hepatitis C (HCV) antibody. This means that sometime in your life you were exposed to the hepatitis C virus. However, this does not necessarily mean you have an active case of HCV. One out of four people with hepatitis C will clear the virus through their own immune system shortly after they were exposed.

Next steps should include:

1. Get a viral load test to determine if you have active hepatitis C in your bloodstream. If you do not have health insurance, contact your county health department to get a viral load test.
2. If you have not already had hepatitis A and/or hepatitis B or been vaccinated for hepatitis A & B, get vaccinated for these other forms of viral hepatitis. Unfortunately, there is not a vaccination for hepatitis C.
3. Get tested for HIV.
4. Avoid alcohol in all forms. Using alcohol is like pouring gas on a fire for someone with hepatitis C. For some people, simply avoiding alcohol use can mean that you never become sick from HCV.
5. If your viral test is positive, meaning you have active virus in your system, follow up with your doctor.
6. Join a support group (see referral list or attend a C.O.R.E. Hepatitis C support group).
7. If you wish to be a part of the solution in combating the hepatitis C epidemic, please join the S.T.O.P. Hepatitis Task Force (for more info call 916-760-7426).

SELF CARE

Starting this minute, you can do things to slow down or stop further liver damage. The more of these you follow, the better your chance of resisting the disease.

1. **Get vaccinated for Hepatitis A and Hepatitis B.**
2. **Stop drinking alcohol.**
3. **If you shoot drugs: Use your own needle, cotton, cooker, water, etc. Sharing anything that could have your blood on it may infect others with HCV. You can also catch other diseases they may have, such as HIV (AIDS) or another form of HCV.**
4. **Drink lots of water (at least 8 glasses a day) to help flush poisons out of your liver. Also, try to eat lots of fruits and vegetables.**

Hepatitis Quick Resource GUIDE

SUPPORT and RECOVERY SERVICES	
Native American Health Center (noon – 2pm on Fridays)	341-0575 ext. 252
Alcoholics Anonymous	454-1100
Wellspace Health	325-5556
Sacramento Black Alcoholism Center	454-4242
Narcotics Anonymous	732-2299
Strategies for Change	473-5764
Options for Recovery	395-3552
EDUCATION/PREVENTION	
Education for Healthy Choices	760-7426
CARES (HIV/HCV co-infected)	443-3299
Wellspace Health	325-5556
Strategies for Change	473-5764
MAAP, Inc. (Mexican American Alcoholism Program)	394-2320
Sacramento Co. HIV/Communicable Disease Prevention Program	875-6022
SANE	968-1563 968-1387
Harm Reduction Services	456-4849

TESTING	
Sacramento County Primary Health Clinics	875-5701
Wellspace Health	325-5556
Harm Reduction Services Testing for injectors only	456-4849
GENERAL INFORMATION - websites	
Hep C Support Project	www.hcvadvocate.org
VACCINATION SERVICES	
Sac Co. Primary Care	874-9670
Care-A-Van	875-0889
Harm Reduction Services	456-4849
MEDICAL CARE FOR HEP C	
Sac. Co. Primary Care	874-9670
CARES (HIV/HCV co-inf.)	443-3299
Kaiser Hepatology	973-5380
UCD Liver Clinic	734-8346

HIV/AIDS INFORMATION

C.O.R.E. Medical Clinic, Inc. will provide information and referrals to all patients regarding HIV testing locations. The referrals and information are made available to assist our patients in accessing other services and in gaining knowledge in an effort to reduce unnecessary risk and exposure to themselves or others.

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS. HIV damages the immune system. People who have HIV in their bodies are said to have HIV infection or be HIV-positive (HIV+). HIV has many stages. An HIV-positive person can range from being healthy to very sick.

Many of the symptoms of HIV infection are also symptoms of various minor illnesses or infections. But, with HIV, the symptoms either don't go away or keep coming back. See a doctor if any of these symptoms persist:

- Unexplained weight loss greater than ten pounds
- Recurring fever and/or drenching night sweats
- Unexplained tiredness
- Diarrhea
- Swollen glands, usually in the neck, armpits or groin
- Unexplained dry cough
- White spots or unusual sores on the tongue or mouth

Women with reoccurring yeast infections, pelvic inflammatory disease (PID), genital warts, ovarian or cervical disease, or abnormal pap smears should ask about HIV testing.

HIV is spreading through the needle-using community faster than any other group of people. Out of all new cases of this virus, women are infected at a higher rate than men. This virus is not spread through casual contact like shaking hands, hugging, toilet seats, towels, etc. HIV is only transmitted through blood, vaginal fluids, semen and mothers' milk. The virus cannot be spread through mosquitoes, due to the fact they cannot digest the virus.

Blood transmission occurs through sharing or borrowing needles that are used for shooting drugs. Needles can be disinfected with household bleach. The cotton, cooker (spoon) and water used for drug preparation should be your own. These can also spread virus. There is blood that can't be seen, but you could become infected. The virus can also be transmitted by tattoo and ear piercing needles. Don't share anything that may come in contact with someone else's blood.

If you are sexually active, you must use condoms (which should be latex). They should be rolled on. Never use Vaseline or any other oil-based substance for lubrication. Water-based lubricants such as KY Jelly can be used. This virus is spread by vaginal, anal and oral sex. Microwave Saran wrap can be put over the vaginal area and used for oral sex on women. Rubbers (condoms) must be used for oral sex on men.

Infected mothers can pass HIV on to their unborn baby. Mothers' milk is contagious, so an infected mother can pass it on to her child through breastfeeding. There is a 50% chance an HIV+ mother will pass the virus on to the baby. It is important for women who are considering getting pregnant to be tested. If you are already pregnant, you should still get tested. There are treatments that can reduce the risk of transmission to the fetus.

The only 100% safe way of staying free from the HIV virus is abstinence from needle use and sex. If this isn't what you choose to do, please follow the instructions we have given you. This virus is not an immediate death sentence. There are many new medications that can slow the progression of HIV+ to AIDS. HIV+ is NOT AIDS. There is no cure for the HIV virus, but medicine can prolong life. To stay healthy longer, you must change your lifestyle. If you continue to use any drugs, including alcohol, you speed the progress of the virus and you will shorten your life. There are survivors in this clinic who have been HIV+ for over 13 years! They have changed their behaviors, and are living with HIV.

The only way to know if you have HIV is to take an HIV antibody test. Antibodies are things your body produces when infected with HIV virus. It takes from 6 weeks to 1 year for most people to develop antibodies after they have been infected. The time it takes is called the "window period." During this time, if you are infected, you can pass the virus on to others, even if the test says you are negative. For this reason, we suggest you test every 3 to 6 months. Between tests you must not shoot drugs or have sex - or - you must practice safer sex (sex with condoms) and not share or borrow needles, cookers (spoon), cotton and water when using drugs. If you do share, use bleach. If you follow these rules, your test will be more accurate.

Remember, HIV is NOT AIDS and the more you know, the safer you are. It's scarier not to know, so be responsible: GET TESTED!

Information & Referrals

1-800-342-AIDS (2437)
Spanish speaking 1-800-344-SIDA
Nor-Cal Center on Deafness 349-7500

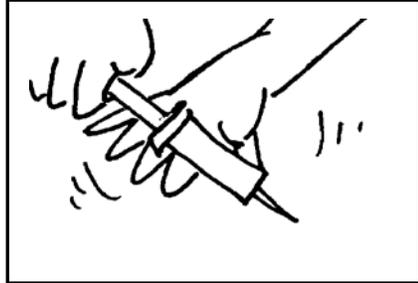
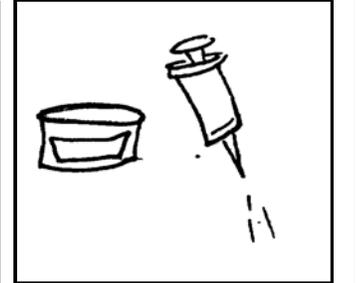
Center for Disease Control (CDC)
AIDS Hotline 1-800-342-2437

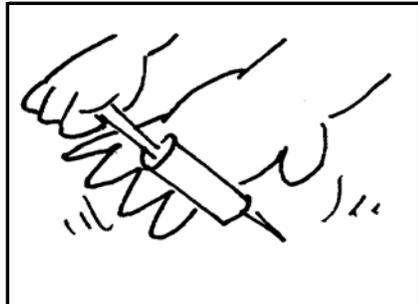
Sacramento County Health & Human Services Dept.
Anonymous Testing 874-7720
1500 C Street
Sacramento, CA
Corner of 15th/C Street
Walk in hours
8 am - 5 pm
Monday, Wednesday, Friday

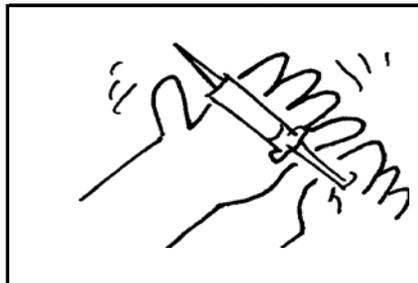
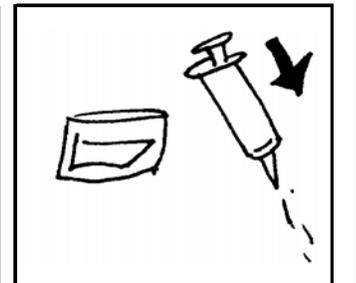
CARES 443-3299

C.O.R.E. encourages abstinence from all illicit drugs and sees this as a reasonable goal for our patients. If you do find yourself or someone else in a position to use a shared needle, follow the instructions below to help reduce the risk of contracting a blood borne disease.

Remember 3x3

<p>WATER</p> <p>*Use clean tap water to rinse out the syringe. * A little dish soap in the water can help break up blood clots.</p>	<p>Fill syringe all the way to the top</p> 	<p>Shake and tap a few times</p> 	<p>Empty syringe</p> 
<p>DO THIS AT LEAST 3 TIMES</p>			

<p>BLEACH</p> <p>*Use full strength household bleach. *Make sure the syringe is completely full of bleach for a total of 30 seconds.</p>	<p>Fill syringe all the way to the top</p> 	<p>Shake and tap a few times and leave in for 30 seconds</p> 	<p>Empty syringe</p> 
<p>DO THIS AT LEAST 3 TIMES.</p>			

<p>WATER</p> <p>*Use clean tap water. *Don't use the same water you used in step 1.</p>	<p>Fill the syringe all the way to the top</p> 	<p>Shake and tap a few times</p> 	<p>Empty syringe</p> 
<p>DO THIS AT LEAST 3 TIMES.</p>			

Department of Health Services
Office of AIDS
HIV Education & Prevention Services Branch
Sacramento, CA 94232-7320
(916) 449-5900

HIV/AIDS Quick Resource GUIDE

DRUG TREATMENT

Sacramento County Health and Human Services Alcohol/Drug Services Info.	874-9754
Alcoholics Anonymous	454-1100
Wellspace Health	691-3417
Sacramento Black Alcoholism Center	454-4242
Narcotics Anonymous	732-2299
Strategies for Change (Women Only)	448-2951
Options for Recovery	395-3552

ADVOCACY GROUPS

National Alliance of Methadone Advocates (NAMA)	(212) 595-NAMA/6262 nama.president@verizon.net
Drug Policy Alliance	444-3751 sacto@drugpolicy.org

GENERAL INFORMATION

No. California AIDS Hotline	1-800-367-AIDS
Resource & Referral Hotline	1-888-259-4HIV
Sacramento County AIDS Program	875-6022

EDUCATION/PREVENTION

Sacramento County AIDS Program	875-6022
Center for AIDS Research, Education, and Services (CARES)	443-3299
Wellspace Health	325-5556
Chemical Dependency Center for Women	448-2951
Hispanic AIDS Community Educational Resources (HACER)	394-2320
Asian Pacific Community Counseling	334-8959
Sacramento Urban League	383-6783
Harm Reduction Services	456-4849
Diogenes Youth Center	363-0063

MEDICAL CARE

CARES	443-3299
Kaiser Medical Center- So.	688-2106
Sutter General Hospital AIDS Program (CARES)	443-3299
UCDMC AIDS & Related Disorders Clinic	734-2715

TESTING

Sacramento County Primary Health Clinics	875-5701
Wellspace Health	325-5556
Mexican American Alcoholism Program	394-2320

YOUTH SERVICES

Sacramento County HIV Youth Prevention & Education Program (HYPE)	875-6022
LAMBDA Community Center	442-0185
Planned Parenthood	446-5037
UCD Pediatric Infectious Disease Clinic	734-3112

SUPPORT & SOCIAL GROUPS

HIV+ Support Group – Meets at CARES every Thursday from 3pm – 4pm
Sunburst Women’s Support Group – Meets Every Tuesday 12pm – 2pm @ 2500 K Street
Sacramento Valley Pozabilities - www.sacvalleypozabilities.org
Positive Personals – www.positivepersonals.com
Living Positive – www.livingpositive.com

SUPPORT SERVICES

Housing-Avalon Hospice	979-0925
Homeless Services-Loaves & Fishes	446-0874
LAMBDA	442-0185
CARES	443-3299
Positive Group (Wellspace Health)	444-6294
Project Inform	1-800-822-7422
Breaking Barriers	447-2437
PCRS	227-0446

Community Resources

EMERGENCY ONLY	
Police, Fire, Ambulance	911
Suicide Prevention, Sacramento	368-3111
W.E.A.V.E.	448-2321
Rape Crisis	920-2952
UCD Psychiatry	734-3574
CPC Heritage Oaks	489-3336
Sacramento Area Emergency Housing Center (Families)	455-2160
(Women)	455-0415
St. John's Shelter for Women and Children	453-1482
Bannon Street Shelter	443-4688
Volunteers of America	443-4688
Residence Program Mental Health Association (Referred by Dept. of Social Services Only)	443-4688

EMERGENCY FINANCIAL/COMMODITY ASSISTANCE	
Episcopal Community Services	446-2286
Lutheran Social Services	453-2900
S.T.E.A.C. (Yolo)	(530) 758-5444
Volunteers of America	442-3691
Salvation Army	442-0303

SUBSTANCE ABUSE	
Narcotics Anonymous	732-2299
Alcohol & Drug Abuse Referral Helpline	(800) 405-0194
Wellspace Health	444-6294
Sac. County Alcohol/Drug Program	874-9754
Chemical Dependency Center for Women	448-2951
People Reaching Out	576-3300
Community Clinic	371-1966
Alcoholics Anonymous	454-1100

MENTAL HEALTH COUNSELING	
Sacramento/Placer	368-3100
Yolo Mental Health	(530) 756-8181
Family Service Agency	368-3080
Catholic Social Services	452-7481
W.E.A.V.E.	448-2321
YWCA Counseling	264-8080

HEALTH	
Cancer Society	446-7933
Lung Association	444-5864
Heart Association	446-6505
Medi-Cal	323-1945

Community Resources

CRISIS LINES	
Fire or Ambulance	911
Drug Identification	1-800-876-4766
Psychiatric Emergency	732-3637
Run-A-Way Hotline	1-800-448-4663
Suicide Prevention	920-2952
W.E.A.V.E.	920-2952
Counseling	448-2321
A.A. Hotline	454-1100
Placer Co. Hotline	1-800-488-4308
N.A. Hotline	1-800-711-6375

DETOX FACILITIES	
Wellspace Health (Opiate)	691-3417
Wellspace (Stimulant)	691-3417
C.O.R.E. (Capitol)	442-4985
C.O.R.E. (Norwood/Harris)	649-6793
Davis Free Clinic (Opiates, Cocaine)	(530) 758-2060
Woodland, Beamer Street (Barbiturates, Alcohol) Cold Turkey	(530) 666-8655

ALCOHOL	
Alpha Oaks (Women Only)	944-3920
Woodland Beamer Street	(530) 666-8655

HIV TESTING FACILITIES	
UCD Medical Clinic	734-3282
Harm Reduction Services	456-4849

SIERRA FAMILY SERVICES	
Roseville	783-5207

ANONYMOUS PROGRAMS	
Alanon	334-2970
Cocaine	927-5740
Gamblers	447-5588
Naranon	646-6534
Alcoholic (A.A.)	454-1100

MISCELLANEOUS PROGRAMS	
Sac. Mental Health (24 hour service)	732-3637

RECOVERY PROGRAMS	
Wellspace Health	921-6598
New Dawn (Women Only)	969-4300
River City	442-3979
Sact., Recov. (Men Only)	455-6258
Gateway (Women Only)	451-9312
Mi-Casa	394-2328
Bridges/Promise House (Women Only) methadone friendly	450-0700

COUNSELING SERVICES	
Wellspace Health	444-6294
Chemical Dep.	448-2951
W.E.A.V.E.	448-2321

Family Services Referral List

Source: Community Services Planning Council, 2000

Child Action, Incorporated		www.childaction.org	
Address: 9961 Horn Road Sacramento, CA 95827		Phone: (916) 369-0191 Fax (for referrals): (916) 369-0318 Fax: (916) 369-0314	
Email: Chdact@cwo.com		Hours: M, W, F (7:30am - 5pm) Th (7:30am - 8pm)	
Fees: None		Languages: Cantonese, Mien, Russian, Spanish, Ukrainian, Vietnamese	
Application Procedure: Telephone or walk-in to schedule an appointment for subsidies		Services: Full or partial child care payments for low-income parents, referrals for child care centers, etc.; Child care advocacy; training in early childhood education, referrals to court-ordered parenting classes, sponsor of <i>Parent Voices</i> .	
ADDITIONAL LOCATIONS:			
<i>Alhambra</i> 2331 Alhambra Blvd., Suite 300 Sacramento, CA 95817 (916) 453-0115		<i>Hillsdale</i> 5655 Hillsdale Blvd., Suite 12 Sacramento, CA 95842 (916) 344-1062	
<i>Northgate</i> 4620 Northgate Blvd., Suite 125 Sacramento, CA 95834 (916) 649-8876			
<i>Power Inn</i> 5450 Power Inn Road, Suite D Sacramento, CA 95820 (916) 381-1549			
<i>North County</i> 5655 Hillsdale Blvd., Suite 12 Sacramento, 95842 (916) 344-1062 (916) 344-1117 (fax)			

Child Development Centers		Email: mkurtz@softcom.net	
Address: 6201 Winding Way Carmichael, CA 95608		Phone: (916) 961-4450 (916) 961-0461 (fax)	
Hours: M-F (7am-5:30pm)		Fees: Sliding Scale	
Application Procedure: Telephone or walk-in		Services Provided: Subsidized and non-subsidized child care services for families. Child nutrition Program and parent education. Eligibility based upon the family's need for services.	
ADDITIONAL LOCATIONS			
<i>Infant and Toddler House</i> 3441 Stockton Blvd., Sacramento 95820 (916) 452-3249		<i>Galt Child Development Centers</i> 600 A Street Galt 95632 209-745-2817	

Healthy Start Family Resource Centers- North Sacramento		Email: lisak@kidshome.org
Address: 477 Las Palmas Noralto Elementary School Sacramento, CA 95815	Phone: (916) 263-6506 (916) 263-6690 (fax)	Hours: M-F (8am-5pm)
Application Procedure: Telephone or walk-in	Languages: Hmong; Laotian; Spanish	Eligibility: Noralto Elementary School and North Sacramento School District students and families
Fees: none		
Other locations: Del Paso Heights School District, Elk Grove School District, Folsom Cordova School District, Rio Linda Union School District, Sacramento City Unified School District and San Juan Unified School District. Telephone for information.	Services Provided: School-based social services Program for students and their families. In-home counseling, health, dental and vision screening, parent education workshops, tutoring, translation assistance, screening for DHA eligibility services.	

Healthy Start Family Resource Centers- Sacramento City Unified School District			
<u>Address:</u> 5420 Lowell Street Sacramento, CA 95820	Phone: (916) 382-5950 (916) 382-5949 (fax)	Hours: M-F (8am-5pm)	Fees: none
<u>Area Served:</u> Students at Earl Warren, Elder Creek, Joseph Bonnheim elementary schools and their families	Application Procedure: Referral from schools, telephone or walk-in	Languages: Hmong, Spanish	Services Provided: TANF eligibility assistance, in-home counseling, referrals, CHDP exams, families in crisis, dental screening, etc.

Head Start/State Preschool- San Juan Unified School District		
Address: 5309 Kenneth Avenue Carmichael, CA 95608	Phone: (916) 971-7375 (916) 482-8389 (fax)	Hours: M-F (7:30am-5pm)
Fees: None	Application Procedure: Telephone or walk-in and ask for Headstart/State Preschool	Languages: Most languages by arrangement
Eligibility: Low-income and/or special needs children ages 3-5.	Services Provided: Instructional Program for children with multiple social service and medical interventions. Preference is given to four year old children. Parent participation and education classes	

PRIMARY CARE CLINICS

The following clinics may be accepting new Medi-Cal patients. Please call for information and appointments.

WELLSPACE HEALTH

1820 J STREET 325-5556

LAS PALMAS CLINIC

577 LAS PALMAS AVE 924-6703

HEALTH FOR ALL

923 V STREET 448-6553

LOAVES AND FISHES

1321 NORTH C STREET 446-3345

MERCY NORWOOD CLINIC

3911 NORWOOD AVE 929-8575

PLANNED PARENTHOOD (family practice)

1125 10TH STREET 444-7966

5700 WATT AVE, NORTH HIGHLANDS 332-5715

729 SUNRISE AVE, SUITE 900, ROSEVILLE 781-3310

5385 FRANKLIN BLVD, SACRAMENTO SUITE A, B, C, & D 452-7305

SACRAMENTO FAMILY MEDICAL CLINICS

3441 MARYSVILLE BLVD., SACRAMENTO 563-7200

6137 WATT AVE, NORTH HIGHLANDS 339-2229

2737 WOODBERRY WAY #103, RANCHO CORDOVA 363-2229

4730 47th AVE, SACRAMENTO 391-2229

3000 L STREET, SACRAMENTO (Urgent Care, Opens at 5:00 PM 737-7121

3637 MISSION AVE., SUITE #3, CARMICHAEL 971-6702

2727 W. CAPITOL AVE, W. SACRAMENTO, CA 95691 371-2275

PRIMARY CARE CLINIC

2921 STOCKTON BLVD. 874-9670

FAX: 874-9297

CAPITAL HEALTH CENTER

1500 C STREET (8AM – 5PM) 874-5302

SACRAMENTO NATIVE HEALTH CENTER

2020 J STREET 341-0575

FAX: 341-0574

SACRAMENTO COMMUNITY HEALTH CENTER (MAAP)

6950 65th STREET

HAND WASHING PROTOCOL



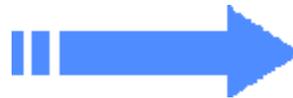
1. PALM TO PALM

2. RIGHT PALM OVER BACK OF LEFT HAND, LEFT PALM OVER BACK OF RIGHT HAND



3. PALM TO PALM, FINGERS INTERLACED

4. BACKS OF FINGERS TO OPPOSING PALMS WITH FINGERS INTERLACED



5. ROTATIONAL RUBBING OF RIGHT THUMB CLASPED IN LEFT PALM AND VICE VERSA

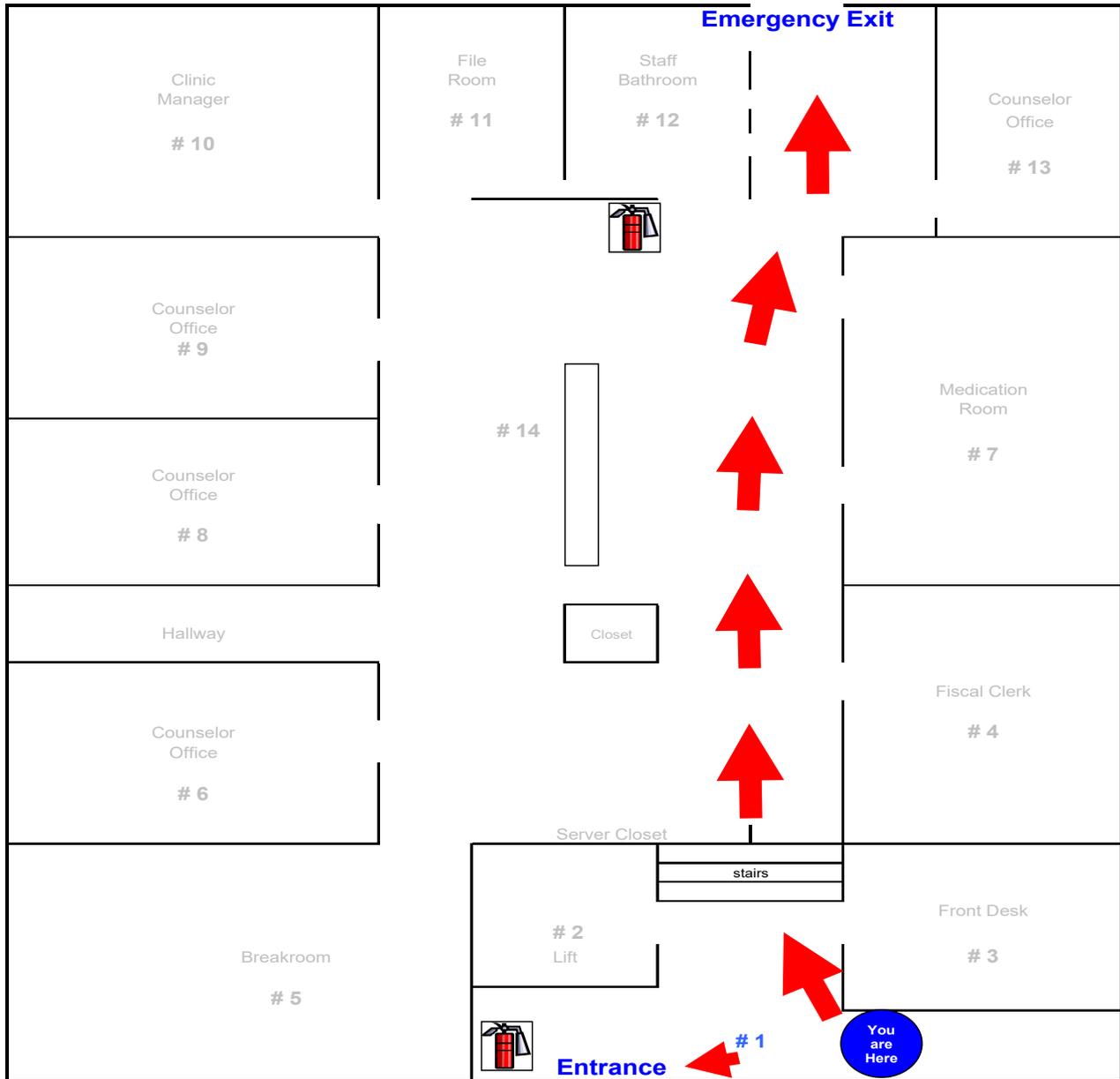
6. ROTATIONAL RUBBING BACKWARDS AND FORWARDS WITH CLASPED FINGERS OF RIGHT HAND IN LEFT PALM AND VICE VERSA. WRISTS ARE SIMILARLY RUBBED



10 THINGS TO DO TO PREVENT INFECTIOUS DISEASES

1. Keep immunizations up-to-date. Follow recommended immunizations for children and adults. And don't forget your pets!
2. Wash your hands often, especially during cold and flu season. Be sure to wash hands:
 - a. After using the bathroom.
 - b. Before preparing or eating food.
 - c. After changing a diaper.
 - d. After blowing your nose, sneezing or coughing.
 - e. After caring for a sick person.
 - f. After playing with a pet.
3. Be aware of what you eat, and be careful how you prepare it:
 - a. Keep hot foods hot and cold foods cold until eaten or cooked.
 - b. Be sure temperature controls in refrigerators and freezers are working properly.
 - c. Wash counters, cutting boards, and utensils frequently with soap and hot water, especially after preparing poultry or other meats.
 - d. Wash fresh fruits and vegetables before eating.
 - e. Cook ground beef until you can longer see any pink.
4. Use antibiotics exactly as prescribed. Take them for the full course prescribed by your doctor, but not for colds or other non-bacterial illnesses. Never self-medicate with antibiotics or share them with family or friends.
5. Report to your doctor any quickly worsening infection or any infection that does not get better after you take a prescribed antibiotic.
6. Leave wild animals alone and be cautious around domestic animals that are not familiar to you.
 - a. After any animal bite, clean the skin with soap and water, and seek medical care immediately.
7. Avoid areas of insect infestation. Use insect repellent on skin and clothing when in areas where ticks or mosquitoes are common. If you have visited wooded or wilderness areas and are now sick, your doctor needs all the details to diagnose both rare and common illnesses quickly.
8. Avoid unsafe, unprotected sex and injection drug use.
9. Stay alert to disease threats when you travel or visit undeveloped areas. Get all recommended immunizations, and use protective medications for travel, especially to areas with malaria. Don't drink untreated water while hiking or camping. If you become ill when you return home, tell your doctor where you've been.
10. When sick, allow yourself time to heal and recover. Be courteous to others: wash your hands frequently, and cover your mouth when you sneeze or cough.

2100 DOWNSTAIRS



NOTE: ONLY FRONT ENTRANCE/EXIT IS ADA ACCESSIBLE

C.O.R.E. MEDICAL CLINIC, INC.
2100 CAPITOL AVE.
SACRAMENTO, CA 95816
(916) 442-4985

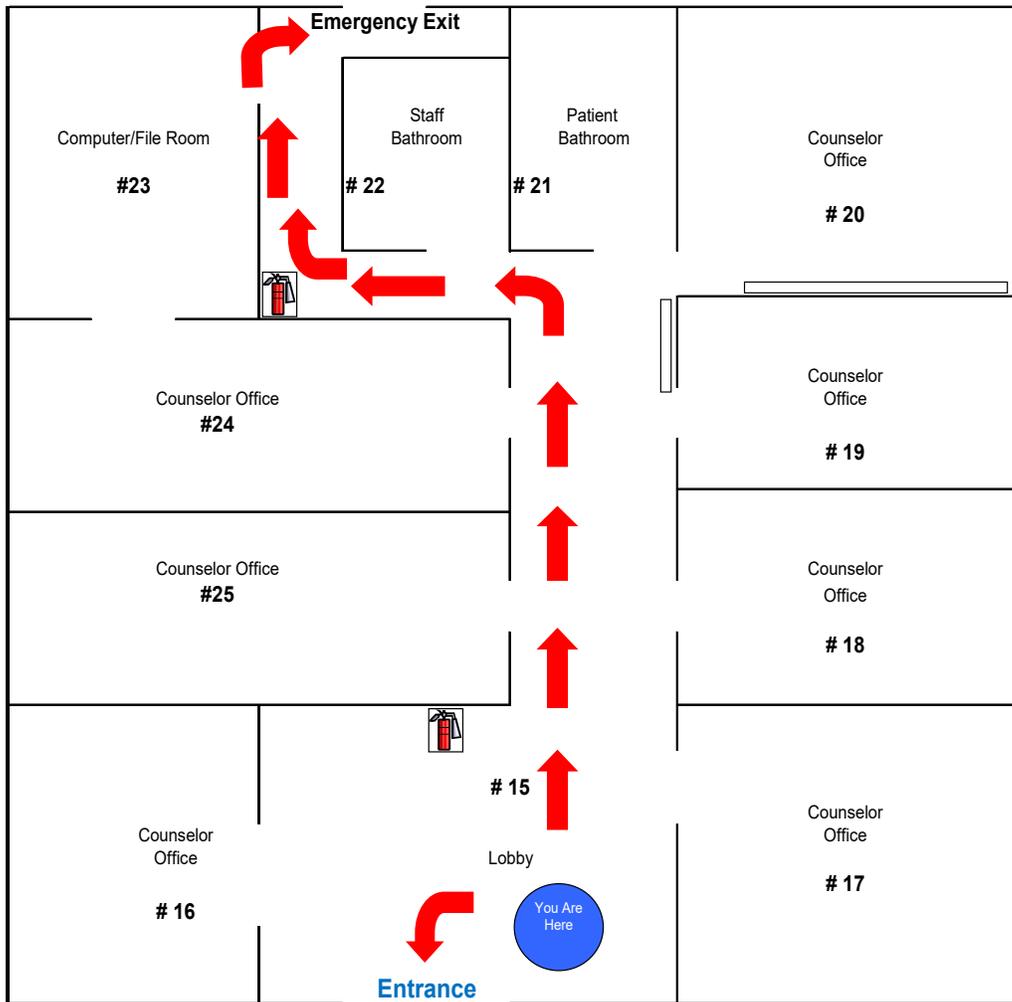
EMERGENCY PHONE: 911

 **Exit plan**

PRIMARY MEETING PLACE:
PARKING LOT CLOSEST TO CAPITOL AVENUE

SECONDARY MEETING PLACE:
PARKING LOT CLOSEST TO ALLEY

2100 UPSTAIRS



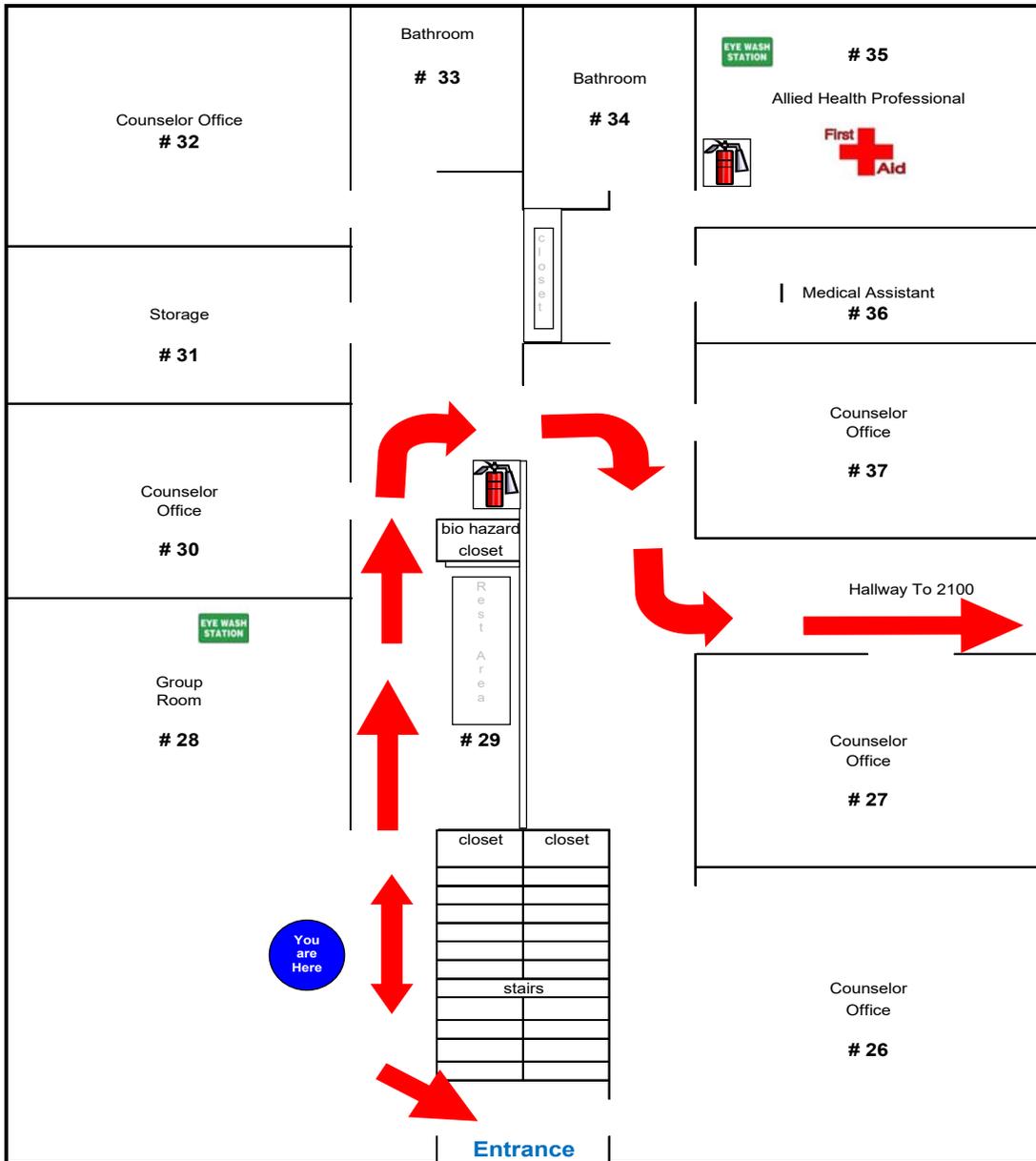
**C.O.R.E. MEDICAL CLINIC, INC.
2100 CAPITOL AVE.
SACRAMENTO, CA 95816
(916) 442-4985**

EMERGENCY PHONE: 911

**PRIMARY MEETING PLACE:
PARKING LOT CLOSEST TO CAPITOL AVENUE**

**SECONDARY MEETING PLACE:
PARKING LOT CLOSEST TO ALLEY**

2104 DOWN



C.O.R.E. MEDICAL CLINIC, INC.
 2104 CAPITOL AVE.
 SACRAMENTO, CA 95816
 (916) 442-4985

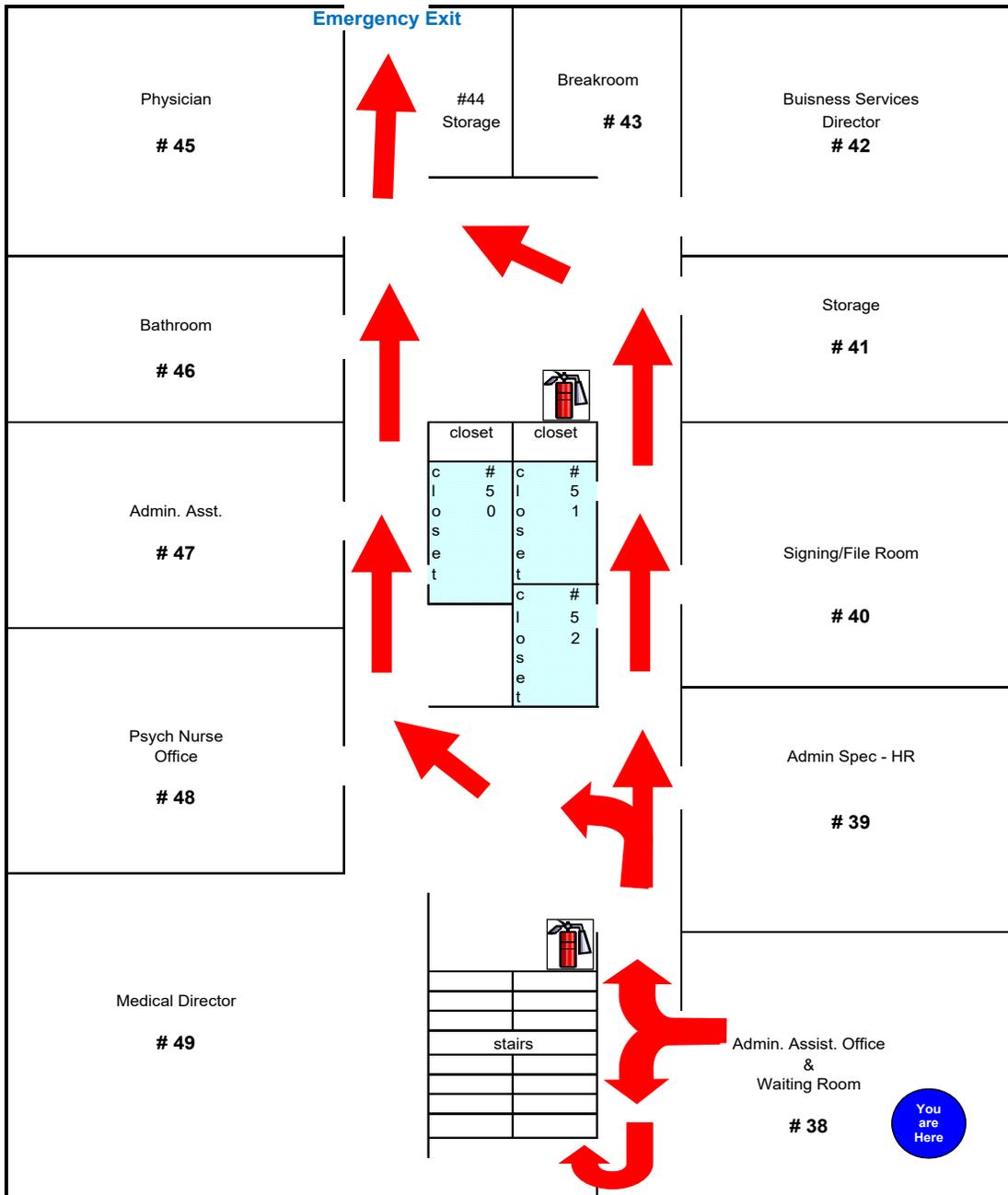
EMERGENCY PHONE: 911

Exit plan

PRIMARY MEETING PLACE:
PARKING LOT CLOSEST TO CAPITOL AVENUE

SECONDARY MEETING PLACE:
PARKING LOT CLOSEST TO ALLEY

2104 UPSTAIRS



C.O.R.E. MEDICAL CLINIC, INC.
2104 CAPITOL AVE.
SACRAMENTO, CA 95816
(916) 442-4985

EMERGENCY PHONE: 911

← Exit plan

PRIMARY MEETING PLACE:
PARKING LOT CLOSEST TO CAPITOL AVENUE

SECONDARY MEETING PLACE:
PARKING LOT CLOSEST TO ALLEY

C.O.R.E.'S EMERGENCY PROCEDURES

In order to prepare for an actual emergency, C.O.R.E. holds six safety drills per year. Drills are sometimes held while patients are in the building. We ask that you participate in these drills as if they were actual emergency situations.

- Fire
- Bomb Threat
- Natural Disaster (Earthquake, Flood, Severe Weather)
- Utilities Failure
- Medical Emergency
- Unusual Emergency (Workplace Violence, Bioterrorism, Explosion, Gas Leak)

DO YOU KNOW WHAT TO DO?

- If you spot a fire or other unsafe condition, notify a staff member immediately.
- In the event of an emergency, the Emergency Coordinator (Clinic Manager) will issue instructions through the overhead speaker system.
- Listen closely to the instructions – not all emergencies require evacuation. Some emergencies, such as an external gas leak, may mean it is safer to stay indoors.
- If the instructions are to evacuate, go to the designated meeting place (see clinic map – there is one posted in every room and hallway).
- It is important to stay at the meeting place until you are dismissed. The Emergency Coordinator will want to be sure no one is left in the building in unsafe conditions.

WHAT IF THE CLINIC IS CLOSED DOWN DUE TO AN EMERGENCY?

Call the Clinic phone number:

- CAPITOL: (916) 442-4985

You will be connected to the answering service. The answering service will give you instructions on what to do and where to go to receive your medication.

CLINIC MAPS AND EVACUATION

For all emergencies, listen carefully to the Emergency Coordinator's instructions through the overhead speakers. If evacuation is called, move calmly and carefully toward the nearest unblocked exit. Go to the designated meeting place, which is printed on every clinic map. The clinic map also shows at least two ways out of every building.

FIRE

If you spot a fire, notify a staff member right away! The staff member will call 9-1-1 and notify the Emergency Coordinator.

BOMB THREAT

If a bomb threat is called in or a suspicious package is found, the Emergency Coordinator will announce evacuation instructions overhead.

NATURAL DISASTER

Natural disasters may include earthquakes, floods and severe weather. In this kind of emergency, it is usually best to stay inside.

- In an earthquake, take cover under a sturdy piece of furniture, such as a heavy desk. If not cover is available, duck and cover in an area away from windows, cabinets, or wall hangings that may fall. Do NOT attempt to go outside.
- In a flood or severe weather situation, remain inside and wait for further instructions from the Emergency Coordinator.

MEDICAL EMERGENCY

Notify a staff member immediately if you witness someone fainting, injured, or otherwise physically endangered on the clinic's premises.

- Give the person room. Do not crowd the area around an injured person, and leave plenty of room for medical personnel to administer first aid and/or CPR.
- Do not attempt to move an injured person.

THREATS AND VIOLENCE

Notify a staff member immediately if someone is being threatened or attacked on C.O.R.E. premises.

- Weapons are not allowed in the clinic at any time.
- In the event of a violent situation, do not attempt to intervene.
- Find a safe place to hide or exit the building if it is safe to leave.

UTILITIES FAILURE

The most common utilities failure is a loss of power. C.O.R.E. has installed emergency back-up lighting and lighted exit signs.

- If a power failure occurs during severe weather, flooding, or earthquake, stay inside and follow the safety instructions for those emergencies.
- If it is safe to proceed outside, move calmly and carefully toward the nearest unblocked exit.

OTHER EMERGENCIES

C.O.R.E. has plans in place to address unusual emergencies, such as a gas leak, explosion, or bioterrorism. Any such emergency which results in damage to the clinic will be assessed by the Emergency Coordinator, and instructions will be issued through the overhead speakers.