



CLINICAL INTERVENTION PROGRAM
CONSUMER MANUAL

CERTIFICATION:

Missouri Department of Mental Health
Division of Alcohol and Drug Abuse

WELCOME

The staff of Midwest ADP's Clinical Intervention Program welcomes you to our program. The following is our Consumer manual. Please read this manual in its entirety. This manual was compiled as a guide to help familiarize yourself with our program and to answer questions you may have.

If at any time during your participation in the program you have any questions that cannot be answered through the use of this manual, please ask the staff. Our primary function is to be of service to you.

LOCATIONS

INDEPENDENCE
3923 S. Lynn Court
Independence, MO 64055
(816) 836-2220

GLADSTONE
6060 N. Oak Trafficway
Gladstone, MO 64118
(816) 468-6688

KANSAS CITY
615 W. 39th Street
Kansas City, MO 64111
(816) 221-8268

RAYMORE
313 Municipal Circle
Raymore, MO 64083
(816) 331-3090

HOURS OF OPERATION

Administrative Office: Monday through Friday, 8:30 a.m. to 5:00 p.m.

Counseling: Monday through Friday, by appointment only

To: All persons enrolled in the Midwest ADP Clinical Intervention Program.

A. The fee for the Clinical Intervention Program is \$1068.00. The State Standard Means Test will be used to determine if state funding will pay for a portion of these fees. In no case will the Consumer pay less than \$250.00. Payments must be made by one of the following schedules. All payments must be made with a money order.

1. If the Consumer's portion is \$250.00 it must be paid prior to scheduling the program.
2. If Consumer fees are more than \$250.00, Consumer must pay a minimum of \$250.00 prior to scheduling program. Remaining balance of fees can be paid in two installments, at the second and third individual session. **Full payment is required by the third individual session, no exceptions.**
3. Payments may be made in full prior to starting. No one will be permitted to attend sessions unless payment is made in one of the above-mentioned methods. No refunds will be made if a Consumer fails to complete the program.

B. Program Requirements:

1. Consumers will attend a minimum of 10 hours (2 hours weekly) of individual counseling.
2. Consumers will attend 20 hours (4 hours weekly) of group education.
3. Consumers will attend 20 hours (4 hours weekly) of group therapy.
4. Blood Alcohol and Urine tests may be used to insure Consumers maintain abstinence. Total sobriety is the primary focus of this program. Maintaining a drug and alcohol-free lifestyle is very important in your recovery process for the next five weeks.

You will attend two 4-hour group sessions and one 2-hour (120 minutes) individual therapy session each week for five consecutive weeks. Once you begin the program, you must attend each consecutive session to successfully complete the program. You are expected to complete the program in five weeks.

C. Consequences:

1. The use of alcohol or any illicit drug, including recreational marijuana may result in unsuccessful discharge. *
2. The Consumer will be discharged after the third unexcused absence. *

Absences will be excused for the following reasons only:

- a. Legal – In jail, court, etc. as directed by court or P.O. Must bring written verification.
- b. Illness – In hospital or under the care of a physician. Must bring written verification.
- c. Verified death of immediate family member.
- d. Car wreck that prohibited attendance and is verified.

Work is NOT an excused absence.

3. Consumer will not be admitted to sessions later than 5 minutes after scheduled starting time. This will be counted as an unexcused absence.

The OMU and/or court/probation officer will be notified when any of the above occurs.

* Consumers discharged unsuccessfully will not be eligible for state funding a second time.

RULES AND REGULATIONS

- A. You are required to abstain from all chemical use during the time that you participate in the Clinical Intervention Program. This does not mean just the time you are here at the facility, but the total time that you are a Consumer of our program. Should you choose to drink or use drugs during the time that you are a participant of the program, you may be discharged immediately.
- B. Punctuality is important!! You will be provided a schedule of all appointments. Please be here and ready to begin by the scheduled time.
- C. If you are unable to attend a session due to an emergency please notify the staff no later than 24 hours prior to the scheduled appointment. You will have the opportunity to reschedule your appointment.
- D. Respect the rights of others. Please keep in mind that we are all individuals and that we do have differences. Disagreements are bound to happen, but inappropriate and disruptive behavior is grounds for discharge from the program. Assaultive and/or abusive behavior toward other group members and/or staff will not be tolerated and will result in dismissal from the program.
- E. As a participant, you will be expected to wear tasteful clothing—a shirt or blouse, and pants or skirt, or dress of reasonable length. Short shorts or halter tops are unacceptable. T-shirts or other clothing bearing drug or alcohol related themes or promoting or advertising violence, drug or alcohol use are considered inappropriate. Sunglasses are not to be worn inside unless medically approved. Speak to your treatment team if you need assistance with clothing.
- F. Please be attentive and not disruptive. Do not bring cell phone, pager, headphones or any other items that will disrupt the group activity. You understand that if you engage in behavior that is disruptive to myself or others (violence or threats of violence, overt sexual conduct, possession, sale, or under the influence of drugs or alcohol, gambling or possession of a firearm on the premise) or detract from the program because of uncooperative behavior, you will be discharged from the program before completion.
- G. Remember – What is said in group stays in group, except where it may be necessary to coordinate your treatment. Be respectful to your fellow members by not sharing their information with others.
- H. Language is essential to treatment. Please avoid using profanity, racial/ethnic or sexual slurs.
- I. Avoid any behaviors that lessen the treatment environment. If you are not sure, consult the staff.
- J. Gambling or wagering of any kind on Midwest ADP premises is not allowed. Consumers found to be in violation of this policy will be subject to termination from the program, at the sole discretion of the clinical director.

GENERAL INFORMATION

CONFIDENTIALITY

The Federal Law prohibits our staff from telling anyone that you are a Consumer at Midwest ADP. If anyone calls or comes in to inquire about you, staff members cannot say that you are here. Before we can tell anyone you are in the program, you must sign a Release of Information form.

Should you have any questions regarding the Federal Confidentiality Laws, please see the counselor.

MEDICAL EXAMINATIONS

All Consumers will be asked to complete a medical questionnaire. This is to help identify any medical problems that may be present, and to determine if a Consumer is in need of a physician's monitoring.

ILLNESS AND POOR HEALTH

It is important that you inform the staff of any serious illness or health problem(s) that may occur during your involvement in the program. If you are experiencing symptoms or have tested positive for COVID, you will be asked to remain away from our office locations until you are no longer contagious.

LETTERS TO COURT

Letters may be requested by Consumers to verify their participation in the Clinical Intervention Program. This is an acceptable procedure and the responsibility of the counselor. There are some guidelines as to requesting these letters and the conditions under which they will be sent, i.e.:

- A. The letter must be addressed to a certain party; there will be no general letters written "To Whom It May Concern".
- B. The Consumer must sign a written consent form addressed specifically to whom the letter is to be written. One copy of the written consent goes in the Consumer's file; one copy is included with the letter of recommendation.
- C. It must be specified what type of information is being requested, and for what purpose.
- D. All letters of such requests must be approved by the Clinical Director.

NOTICE OF COMPLETION

Written notice will be provided to you or your OMU (who referred you) within 7 days after completion/discharge.

CONSUMER GRIEVANCE PROCEDURE

It is the policy of the Midwest ADP program to provide a way for Consumers to express concerns about difficulties, misunderstandings, and possible violations of the Consumer's rights. The procedure is provided for the Consumers benefit and with full assurances that under no circumstance will the Consumer suffer any reprisals or be penalized in any way for making use of this procedure.

Grievance Procedure:

1. The Consumer will discuss his/her grievance with his/her Primary Counselor. The counselor will respond within two working days of the reported grievance. Most problems can be resolved at this level.
2. If the Consumer is not satisfied with the efforts of their counselor to resolve the problem the Consumer can request a meeting with the Clinical Director to resolve the issue. This meeting will take place within two working days of the Consumer's request.
3. If the Consumer still feels that his/her rights are being violated, then the Consumer can request a meeting with the Executive Director. This will take place within two working days of the Consumer's request.
4. The Consumer has the right to contact the Consumer Rights Monitor, Department of Mental Health, 1706 East Elm Street, Jefferson City, MO 65102, phone number is (800) 364-9687.

GROUP THERAPY

While participating in the Clinical Intervention Program, you will spend a large amount of time involved in Group Therapy. This may be your first exposure to Group Therapy, and so you may have questions as to what the need is for such a process. Group therapy is the most common form of treatment for substance abusers. It is an essential component of an integrated, individualized approach to the treatment of substance use disorders.

A number of features of group therapy that contribute to behavior change include the following: (1) many of the problems or skill deficits associated with substance abuse are interpersonal in nature, and the context of group provides a realistic yet "safe" setting for practice in the acquisition or refinement of new social skills; (2) important aspects of social skill training, particularly modeling, rehearsal, and feedback, occur more powerfully in a group setting; (3) the instillation of hope that it is possible to overcome a substance use problem, the imparting of information, the realization that others share similar problems, helping others with their problems, the development of socializing techniques, the modeling of appropriate behaviors, and the development and enhancement of interpersonal learning and trust, appear to produce mental, emotional, and behavioral changes; (4) peer feedback in the context of a therapy group provides an opportunity to observe and "confront" others' and one's own "denial system" either directly or indirectly through identification and modeling; and (5) the group supports and directs an individual towards a commitment to recovery.

As a Consumer in the Clinical Intervention Program, you are asked to help in designing and implementing your recovery plan. In group therapy you can begin this process by being willing to be genuine and honest. We also ask that you become involved in the group process. Although you may be uncomfortable at first about sharing yourself in a group of people, risk taking is important if we are to benefit from Group Therapy.

INDIVIDUAL THERAPY

You will also spend considerable time participating in Individual Therapy. Through one-on-one conversations, individual therapy focuses on your current life and relationships within the family, social, and work environments. The goal is to identify and resolve problems with insight, as well as build on strengths. During this time, you will offer individualized issues and develop specific goals for use in directing and monitoring change in behavior and attitudes.

Our individual therapy is designed to track and assist each participant in moving forward in the process of change. Our clinicians are in a position to provide the assistance, resources, and support the participant needs to move effectively and efficiently through the various stages of change toward recovery. Individual therapy has a number of benefits that promote its use. When compared to other therapeutic approaches, individual therapy offers the following relative benefits: (1) it provides privacy and confidentiality, enabling the individual to discuss sensitive issues more openly; (2) it provides an individualized pace, allowing the clinician more flexibility in addressing the participant's problems as they arise over the course of therapy; (3) a greater percentage of time is spent on the individual's problem in comparison to group therapy, allowing more individual tailoring of the therapy session around the participant's concerns; and (4) the structure of individual therapy also has advantages in dealing with certain types of problems (e.g., relationship issues) or individuals.

An initial treatment plan will be developed by your counselor following an overall assessment. The plan will act as a guide for your five weeks of treatment. The plan will be developed in conjunction with you and will be updated as you progress through the program. Your progress will be reviewed by you and your counselor on a weekly basis in your individual sessions.

SELF-HELP GROUPS

Midwest ADP recommends that all CIP participants attend on their own time substance abuse self-help meetings while in treatment. A self-help group is a gathering of people who have a common bond that come together to create and share experiences, reach out and learn from each other in a trusting, supportive, safe and open environment. Self-Help is extremely affordable, because it is generally free (Occasionally donations are accepted). Self-Help groups provide a safe, confidential environment that assists the individual in developing trust. Self-Help groups provide the opportunity to practice recovery methods with fellow peers. The process is member driven, not agency or system driven. This allows the group members to make decisions, facilitate independence, increase self-reliance and gain back control over their lives. Self-Help groups provide acceptance within a non-stigmatising and non-judgmental environment. Self-Help assists consumers through sharing and increasing their knowledge and application of coping skills.

Your counselor has a list of local self-help group locations and times.

24-HOUR ACCESS CRISIS INTERVENTION HOTLINE

Access to crisis intervention services is available 24 hours a day, 7 days a week. If crisis intervention services are needed during Midwest ADP office hours, please call your primary counselor. If you need crisis intervention services outside normal office hours, call Comm Care at 1-888-279-8188.

 **MIDWEST ADP**
CIP Contract

I, _____, have read and understand the contents of the Consumer Manual and will successfully complete the Clinical Intervention Program offered by Midwest ADP by following the below described procedures:

(Initials)

- _____ 1. The program is designed to be completed in five weeks. Regular attendance is a sign of social responsibility and recovery. I will attend all required sessions as scheduled. I am expected to call 24 hours in advance if I am unable to attend an individual session or group. I understand that I can be dismissed from the program if I am late or absent more than two (2) times from group sessions, family, or individual counseling appointments.
- _____ 2. I will pay all fees in accordance with the original payment schedule. I understand that total payment of fees is a direct part of successful completion of the CIP program. Payments are accepted in money orders only. Non-payment can result in termination.
- _____ 3. I agree **NOT** to consume alcohol or use any controlled substances (unless prescribed by a physician) **throughout the entire course of treatment**.
- _____ 4. I will submit to random breathalyzer or urinalysis screens as part of the program, when required. I understand I am responsible for urinalysis lab fees. If I present at the lab for testing and am unable to provide a specimen I understand I will still be responsible for paying the lab fee. I understand that all drug screens and BAC results will be shared with me and become a part of the permanent file. I also understand that drug or alcohol use is cause for early unsuccessful discharge from the program.
- _____ 5. I agree to complete all intake forms, to participate in individual and group discussions, and to complete all assignments in a timely manner.
- _____ 6. I understand that if I engage in behavior that is disruptive to myself or others (violence or threats of violence, overt sexual conduct, use of profanity, name calling, possession, sale, or use of drugs or alcohol, gambling or possession of a firearm on the premise) or detract from the program because of uncooperative behavior, I will be discharged from the program before completion.
- _____ 7. I agree to respect the confidentiality of other persons in the program by not revealing their presence in the program. All issues shared in the groups will remain confidential.
- _____ 8. I understand that any violation of these rules can be grounds for termination from the program, a modification of my treatment status, or referral to a more intensive level of care.
- _____ 9. I understand that if I am unsuccessfully discharged from the program, I will not receive a refund of my initial \$250 fee paid and may not receive any refund due to the portion of the program I have attended.

Consumer Signature _____ Date _____

Witness Signature _____ Date _____

CONSUMER RIGHTS

The Consumer is informed at admission and annually of:

- a. Confidentiality of all personal and treatment/service related information.
- b. The right to privacy, security, and respect of property.
- c. The right for protection from abuse, neglect, retaliation, humiliation, exploitation.
- d. The right to have access to their own records for review and to obtain copies of pertinent information needed to make decision regarding treatment/services in a timely manner.
- e. The rights to informed consent or refusal or expression of choice regarding participation in all aspects of care/services and planning of care/services to the extent permitted by law including: 1) Service delivery, 2) Release of Information, 3) Concurrent services, 4) Composition of the service team.
- f. The right to access or referral to legal entities for appropriate representation.
- g. The right to access to self-help and advocacy support services.
- h. The right to investigation and resolution of alleged infringements of rights.
- i. The right to equal access to treatment/services for all persons in need regardless of race, ethnicity, gender, age, sexual orientation, or sources of payment.
- j. The right to a grievance procedure that includes the rights to: be informed of appeal procedures, initiate appeals, have access to the grievance procedures posted in a conspicuous place, receive a decision in writing, and appeal to an unbiased source.

If any restrictions are placed on a Consumer's privileges, the Supervisor/Administrator will meet with the Consumer to inform them of any and all restrictions and regularly evaluate the restrictions placed on the persons served through Consumer interviews, case notes, staffing minutes, incident reports, and any formally filed grievance reports. Only Supervisor/Administrator are able to make decisions that will place limits or return the restricted privileges of the persons served.

At all times the dignity and rights of the Consumer shall be protected.

I hereby acknowledge in writing that I have received a copy of the treatment contract, rules and regulations, and Consumer rights. I understand my rights as a participant in the Midwest ADP's Clinical Intervention Program.

Consumer Signature

Staff Signature

Date

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

Federal law prohibits disclosure or use of patient records unless permitted by the regulations. This means there are rules concerning whether any information may be released about you by Midwest ADP.

Information can be released if you give permission in writing. The consent to release information must include your name, person to whom the information is to be released, what information can be released, when the consent will expire and your signature. The person receiving the information about you cannot pass it on to a third person without violating Federal Law.

Your consent is not required:

1. When there is a court order
2. If disclosure is to medical personnel for a medical emergency
3. For qualified personnel to conduct an audit or program evaluation
4. Duty to Warn Statement: When a Consumer discloses to the counselor serious intent to harm self, another person, or is involved in the abuse of a minor child or elder person. I acknowledge the counselor is mandated by law to report that information to the appropriate authority.

The court, probation officer or agency that referred you to Midwest ADP cannot be given information about your attendance or participation in the program unless you have signed an Authorization of Disclosure Consent form.

Confidentiality of Patient's Records

Acknowledgement

I hereby acknowledge in writing that I have received a copy of "Confidentiality of Alcohol and Drug Abuse Patient's Records".

I understand my rights concerning confidentiality of my records.

Participant's Signature

Date

Staff Member/Witness

Date



MIDWEST ADP

NOTICE OF PRIVACY PRACTICES

THIS NOTE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your records are protected by 42 CFR Part 2 (a federal law protecting the confidentiality of drug and alcohol abuse treatment records). **WITHOUT YOUR WRITTEN CONSENT, NO INFORMATION WILL BE RELEASED TO ANY ENTITY OR PERSON UNLESS REQUESTED BY COURT ORDER.**

YOU'RE RIGHTS REGARDING MEDICAL/HEALTH INFORMATION ABOUT YOU.

You have the following right regarding medical information we maintain about you:

Right to Inspect and Copy You have the right to inspect and copy your medical/health information *with the exception of psychotherapy notes and information compiled in anticipation of litigation*. To inspect and copy your medical/health information, you must submit your request in writing to this facility's Privacy Officer or designee

Right to Request an Amendment If you feel that medical/health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. Requests for an amendment must be made in writing and submitted to the Privacy Officer or designee

If you wish to exercise any of these rights, please contact:

Kim Saunders
Clinical Director
3923 South Lynn Court
Independence, MO 64055
(816) 836-2220

COMPLAINTS

If you believe your privacy rights have been violated,

- You may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. You may call them at 877.696.6775 or write to them at 200 Independence Ave. S.W., Washington, DC, 20201.
- You may file a grievance with the Office of Civil Rights by calling 866-OCR-PRIV (866.627.7748), or 886.788.4989 TTY.

To file a complaint with the facility, contact Privacy Officer of Designee, at the following address and telephone number.

Brad Rentfrow
3923 South Lynn Court
Independence, MO 64055
(816) 836-2220

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OR DISCLOSURES OF MEDICAL/HEALTH INFORMATION

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind any revoke your authorization at any time, as long as it is in writing, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We may make the revised notice effective for medical/health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. In addition, each time you register at or are admitted or apply for services to the facility for treatment or services, we will offer you a copy of the current notice in effect.