

Johnson County Mental Health Center

**OUTPATIENT
ADULT
DUAL DISORDERS
TREATMENT
SERVICES**

ADMISSION HANDBOOK

Revised 12/2017

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SCOPE OF SERVICES

Johnson County Mental Health Center offers outpatient adult substance use assessment and counseling services. A lot of addiction counseling services are provided in a group setting, however, individual counseling is also available. Services have been specially designed to meet the needs of individuals with co-occurring disorders. Services also meet the requirements of offenders mandated for services as a condition of probation or as a result of a 3rd and subsequent DUI. Outpatient clients receive individual counseling as well as 1 to 8 hours of group counseling and basic alcohol/drug education per week, based on symptom severity and progress in treatment.

HOURS OF OPERATION

Outpatient treatment services are offered Monday through Friday. Groups are available during daytime hours (and evening hours based on need by location). The business office is open Monday through Friday from 8:00 am to 5:00 pm.

AFTER HOURS EMERGENCIES

Johnson County Mental Health Center operates an after hours crisis line, which can be accessed by calling 913-268-0156. In the event of a life-threatening emergency, call 911.

CLIENT RIGHTS

As a client you have certain rights.

1. **Dignity and respect.** You have the right to always be treated with dignity and respect, and not to be subjected to any physical abuse or exploitation.
2. **Freedom from mistreatment.** You have a right to be free from abuse, neglect, exploitation, and restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.
3. **Treatment environment.** You have a right to a safe, sanitary, and humane treatment environment that provides privacy and promotes dignity.
4. **Freedom from discrimination.** You have a right to receive treatment services free of discrimination based on the client's race, religion, ethnic origin, age, disabling or medical condition, and ability to pay for the services.
5. **Privacy.** You have a right to privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except for photographs used strictly for identification and administrative purposes, or video recordings used for security purposes and maintained only on a temporary basis.
6. **Outside representation and support.** You have a right to receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising your client rights.
7. **Personal communication.** You have a right to confidential, uncensored, private communications that includes letters, telephone calls, and personal visits with an attorney, personal physician, clergy, Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health staff, or other

individuals unless restriction of such communications is clinically indicated and is documented in your client record.

8. **Religious freedom**

- You have a right to practice individual religious beliefs including the opportunity for religious worship and fellowship as outlined in the program policy.
- You have the right be free from coercion to engage in or refrain from religious worship or a spiritual activity, practice, or belief.

9. **Participation in treatment planning.** You have a right to actively participate in the development of an individualized treatment plan that is reviewed periodically and revised as needed.

10. **Refusal of treatment.** You have a right to refuse treatment or withdraw consent for treatment unless such treatment is ordered by the court or is necessary to save your life or physical health.

11. **Referral.** You have the right to be referred to another program if the licensee is unable to provide a treatment service that you request or that is indicated in your assessment or treatment plan.

12. **Confidentiality.** You have the right to have your confidential client information protected and released only in accordance with federal confidentiality regulations (42 CFR Part 2 and HIPPA).

13. **Least restrictive treatment.** You have the right to be treated in the least restrictive environment, consistent with your clinical condition and legal status.

14. **Consent to Experimental Treatment.** You have the right to consent in writing, refuse to consent, or withdraw consent to participate in any experimental treatment, clinical trial, or research project without such decision affecting the services available to you.

15. **Grievances**

- You have the right to submit a grievance to this treatment program, the Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health, or another entity in accordance with established policies and procedures.
- You have a right to receive a response in a timely and impartial manner.
- You have a right to be free from retaliation for submitting a grievance to this treatment program, Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health, or another entity.

16. **Benefits and side effects of medication.** You have the right to receive information about any personal medical or psychiatric condition; what medications have been prescribed for you, including the risks, benefits, and side effects; whether medication is a condition of treatment; and discharge plans for medications.

17. **Medical record.** You have the right to see and review your own clinical record and have a copy made at your expense, unless the executive director of the Mental Health Center issues a written determination that specific portions should not be disclosed because they would be injurious to you or a close associate.

18. **Fees.** You have a right to be informed at time of admission and before receiving treatment services (unless it is a crisis situation) about all charges associated with treatment services, as well as payment and refund policies and procedures.

19. **Discharge Planning.** You have a right to receive treatment recommendations and referrals, if applicable, at time of discharge.

CLIENT RESPONSIBILITIES

As a client you also have certain responsibilities. I understand that failure to comply with my responsibilities may result in termination from the program.

1. **Provide treatment information.** You have a responsibility to be honest and open and to provide staff with all information necessary to provide adequate treatment.
2. **Attend all scheduled treatment appointments and groups.** You are expected to arrive at group promptly. You are expected to be on time or to let your clinician know in advance if you are unable to attend.
3. **Participate in treatment activities, including group descriptions, and complete assignments.** Your involvement in treatment is one of the ways your progress is assessed.
4. **Cooperate with alcohol/drug testing.** You will be required to submit to urine drug testing, as scheduled, and accept responsibility for payment of those drug screens.
5. **Abstain from the use of alcohol or other drugs.** You have a responsibility to help maintain a safe and drug-free environment. Continued use of mood-altering chemicals while in this program may be interpreted as a signal that you need more intensive treatment, which would require more frequent attendance. If you are still unable to maintain abstinence, you may be terminated and referred to a higher level of care.
6. **Respect confidentiality.** You are expected keep confidential any information (including identity) of other clients who might be seeking treatment at ADU.
7. **Respect the rights and property of others.** Violence and destruction of property will not be tolerated.
8. **Treat staff and other clients with courtesy and respect.**
9. **Let staff know if you are dissatisfied with services.** Your comments may be helpful to us in looking at ways to improve services.
10. **Pay all assessed treatment fees.**
11. **Obey the laws of the State of Kansas and the rules of the program.**

CONFIDENTIALITY

The confidentiality of alcohol and drug abuse client records is protected by Federal law and regulations. *(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)*

Johnson County Mental Health Center will NOT disclose the identity of any client or disclose identifying information about any client UNLESS:

- The client consents in writing.
- The disclosure is demanded by a court order.
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Staff members may share client information with other staff members for the purpose of ensuring continuity of care. A staff member may also discuss your case with a supervisor to obtain guidance.

The treatment program may provide limited client identifying information to organizations that perform services related to client treatment and care such as medical care, drug testing, etc. when an agreement protecting client confidentiality has been executed with such organizations.

Federal law and regulations do not protect client information disclosed in the course of reporting any crime committed on treatment premises. Nor do confidentiality laws protect client information if a client threatens to harm another individual. Client threats of suicide or acts of self-harm are taken very seriously and staff will notify authorities if client's safety is at risk.

The treatment program will report information to the court about a client's progress in treatment, including attendance and substance use if the client signs a diversion or probation agreement or other release that permits/requires such disclosures.

Violation of the Federal law and regulations by any program is a crime. Suspected violations may be reported to the United States attorney in your district or to Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health.

Electronic Communication

Johnson County Mental Health requires an Electronic Communication Informed Consent to be signed at the time of admission/intake regarding the use and potential risks/misuse of technology, including, but not limited to, cell phones, texting, social media, internet search engines and emailing. It is recommended the use of electronic communications be limited to scheduling and confirmation of appointments. JCMHC cannot guarantee the electronic communication will be private and cannot be held liable for breaches of confidentiality caused by the client. JCMHC cannot guarantee the timeliness of receipt, reading, or response to an electronic communication and it is the responsibility of the client to follow up for confirmation of receipt or response timeframe. Please review the Electronic Communication Informed Consent for full details of use and risks/misuse potentials.

GRIEVANCE POLICY

Clients have a right to voice complaints without fear of negative consequences. It is recommended that a client attempt to resolve problems by discussing them with his/her treatment provider. If the client feels uncomfortable doing so or the problem remains unresolved following such discussion, the client has the right to request a meeting with the Team Leader or Program Director to present the complaint. As a final option, the client can directly contact the Executive Director of the Mental Health Center with any concerns. If the client feels that the Center has not adequately addressed his/her concerns, the client may contact the Kansas Department of Aging and Disability Services (KDADS) / Behavioral Health offices at:

KDADS / Behavioral Health
503 S Kansas Ave
Topeka, Kansas 66603
785-296-6807

DRUG TESTING POLICY

All clients are required to participate in drug /alcohol testing as requested while in outpatient treatment. Testing needs will be determined and arranged by either the client's treatment clinician, JCMHC medication clinic provider, and/or their legal service provider. Clients receiving regular drug/alcohol testing through legal services may sign release so that clinician will receive the results from the legal services provider. Clients that have medication services with JCMHC will be asked to submit to an initial test and then random drug/ alcohol tests as requested/ ordered by either provider or clinician.

Testing is conducted by a professional laboratory service for all other clients not participating in testing as outlined above at the locations listed below. The client is responsible for the cost of \$16.00 for standard testing, unless special testing is requested.

All positive tests, after the second week of treatment, must be confirmed by GC/MS analysis if there are any questions about the results and/or if requested by the court.

Failure to show for a required test or having a diluted test result will be treated as positive test and will result in a change in the treatment plan.

Avertest Locations:

Olathe:

120 E. Park St.

Olathe, KS 66061

Phone/Fax: 913-233-4986

Email: olatheks@avertest.com

Hours: M-F 8am-6pm

Shawnee:

8001 Shawnee Mission Parkway Unit 100

Merriam Drive, Kansas 66202

Phone/Fax: 913-257-3836

Email: shawneeks@avertest.com

Hours: M-F 8am-6pm

INSURANCE AND FEES

Before your first appointment, we will determine your fee based on household income, family size and certain financial obligations. We ask that you provide complete and accurate financial information so that any discounted fee can be set appropriately.

Information about your personal finances, including available third party payment sources, such as insurance, must be provided unless you choose to pay the full cost of services without assistance.

You will be notified as soon as possible if Kansas Medicaid, AAPS funding, or the Kansas Department of Corrections will pay for your treatment.

If you have insurance, you will need to contact your insurance company to determine whether or not they will pay for services. We will file an insurance claim on your behalf if coverage is available.

You are expected to keep your payments current. Any payment in excess of your assessed fee for services delivered will be refunded promptly. However, if you do not follow through with your payments in good faith, Johnson County Mental Health Center may suspend or deny services. Problem accounts may be referred to a collection agency.

GROUP SCHEDULE

MISSION MENTAL HEALTH CENTER (6000 Lamar Ave., Suite 130, Mission KS)

Morning

Tuesday, Wednesday, and Friday Adult Treatment Groups..... 10:00 am - 12:00 noon
Wednesday Family Group.....12:00 pm-1:00 pm

OLATHE MENTAL HEALTH CENTER (1125 West Spruce St., Olathe, KS)

Tuesday Treatment Group.....02:00 pm- 04:00 pm
Thursday Treatment Group 10:00 am – 12:00 noon

(Evening groups- Please ask if available at time of intake if interested. Due to low need, evening groups are only offered when there are 3 or more interested individuals)

TREATMENT RULES & EXPECTATIONS

Primary Treatment Expectations

- I will arrive on time.
- I will remain committed to recovery by arriving drug-free and ready to fully participate. I will attend all scheduled groups and sessions. I understand failure to attend could result in an unsuccessful discharge.
- If I cannot attend a session, whether individual or group, I will notify my counselor at least 24 hours in advance to make other arrangements.
- I understand that a total of 3 absences without advance notice from group and/or individual or failure to complete the required number of group hours as agreed upon with clinician will result in unsuccessful discharge from treatment.
- I understand that there may not be a break during groups.
- I will honor the group rules of confidentiality.
- I will make my contributions count. I will share the group time. I will stay focused on the group topic.
- I will discuss valuable insights and experiences and not subject others to euphoric recall stories.
- I will focus on the topic and not the personality of the speaker. I will practice being non- judgmental with others in the group.
- I will complete program assignments in a timely manner.
- I will turn off my cell phone during group. I understand that I am not allowed to make or receive calls, send or receive text messages, or play games. I will not bring head phones to group.
- I will be honest regarding my cravings and use of substances.
- I will not engage in intimate relationships with other group members.
- I understand I may be placed on a pin number system for drug testing or be requested to obtain a U.A. at any time throughout my treatment.
- I understand if treatment is mandated, my therapist will communicate with my probation, parole or Community Corrections officer to report my attendance, participation, and treatment progress.
- I understand that violence is not tolerated.

Intoxication

- Any client suspected of being intoxicated or under the influence of alcohol or other drugs will be required to leave group or individual counseling.
- The client will be asked to make contact with someone to arrange pick up.
- In order to continue in treatment, the client must arrange an individual appointment with the client's counselor to review the incident and develop and sign a behavior contract.

ARRIVAL, DEPARTURE, & TRANSPORTATION POLICIES

Transportation

All clients are responsible for making their own arrangements for transportation to and from treatment. Clinicians are not able to provide transportation to and from scheduled appointments and groups.

Late Arrivals

In an effort to promote client responsibility and punctuality and maintain order in group, any client who arrives **15 minutes** late for a scheduled group will not be allowed into group for that session. The absence will be reported to probation if the client is involved in the legal system. The client will be required to make up any missed session.

Clients who arrive too late to participate in group cannot remain at the Mental Health Center facility. Someone must be available to pick up the client if the client did not drive his or her own vehicle.

DISCIPLINE / TERMINATION POLICIES

The use of corporal punishment, verbal abuse, threats, withholding of nourishment, and physical isolation or restraint to control or discipline clients are strictly prohibited.

Violations of the law including, but not limited to, physical violence, threats, sexual misconduct, damage to property, and possession, sale, or use of alcohol or other drugs, will result in a request for police intervention. Serious misconduct and/or disruptive behavior will result in immediate discharge from outpatient services. Any behavior that creates a potential health hazard may result in immediate discharge for medical attention.

CHANGING TREATMENT PROVIDERS

In the event you do not feel you can work with your assigned primary counselor, you may request a transfer to another member of our staff. Typically, it is best to discuss this with your assigned primary counselor. If you do not feel comfortable doing this, you may ask to speak with the Team Leader and/or Program Director.

BARRIERS TO TREATMENT

Please call the office in advance to make arrangements for any special accommodations that may be required.

Language

Staff members speak English only. With sufficient advance notice, interpreter services can be arranged to assist non-English speaking or hearing impaired individuals during the admission process. If the identified client needs counseling in a language other than English, a referral will be made, whenever possible, to an individual or agency that can provide services in that language.

Handicapped Accessibility

Johnson County Mental Health Center buildings are handicapped accessible.

Transportation

Staff members are unable to provide transportation for clients involved in treatment.

GOVERNANCE AND FUNDING

The adult addiction services programs are part of the Johnson County Mental Health Center. The Mental Health Center operates as a part of Johnson County Government, under the direction of a nine-member governing board appointed by the County Commission. All addiction services programs are licensed by the State of Kansas.

Partial funding for services is provided by the Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health.

SMOKING POLICY

Cigarette smoking and the use of other tobacco products is strictly prohibited in all Johnson County government buildings including Mental Health Center facilities. No smoke breaks are provided during treatment groups.

SMOKING CESSATION INFORMATION

A Smoker's Expectations for Quitting

Within 20 minutes:	Blood pressure, pulse rate, & temperature of hands & feet drop to normal
8 hours:	Carbon monoxide level in blood drops to normal & blood oxygen increases to normal
24 hours:	Chance of heart attack decreases
48 hours:	Nerve ends begin to re-grow & ability to smell & taste improves
2 weeks to 3 months:	Circulation improves, walking becomes easier & lung function increases up to 30%
1 to 9 months:	Coughing, sinus congestion, fatigue & shortness of breath decrease
1 year:	Smoking-related excess risk of heart disease drops by half
5 years:	Lung cancer death rate of the average former smoker decreases by half
10 years:	Lung cancer death rate is now similar to that of a non-smoker
15 years:	Risk of heart disease is that of a non-smoker

There is help for
QUITTERS!

**Contact the American Lung Association of Kansas
at 1-800-586-4872
to information about**

Freedom From Smoking[®]

The American Lung Association's highly
successful stop smoking program is available
three ways:

- As a seven-session clinic through hospitals, health departments and others
- In a self-help manual
- In a free, on-line version at www.ffsonline.org

HIV INFORMATION

Acquired Immune Deficiency Syndrome (AIDS) is a deadly, incurable disease which weakens the natural human defense systems. There are stages to the AIDS disease process:

- A. Carrier State - A person has been infected with the human immunodeficiency virus (HIV) and can pass it on to others but has no physical symptoms of the disease.
- B. AIDS - Severe infections, primarily pneumocystis carinii pneumonia and Kaposi's sarcoma, overcome the patient's weakened defense mechanisms. The AIDS virus itself is not fatal - it is the infections that cause deaths.

AIDS is passed from one person to another:

- Through sexual intercourse (including oral sex)
- Through blood (including shared needles)
- From an infected mother to her unborn child

AIDS is NOT passed in any of the following ways:

- Hugging, shaking hands, or kissing
- Use of toilets, sinks, bathtubs, or swimming pools
- Sneezing, coughing, or spitting
- Sharing bed linen
- Using dishes, utensils, or food handled by a person with AIDS
- Pets or insects
- Donating blood

Persons who participate in the following activities are at high-risk of contracting AIDS:

- Injected drug use
- Sex with prostitutes, homosexual or bisexual men, IV drug users, or sex with many different partners
- Infants of high-risk or infected mothers

To help control the spread of AIDS everyone should practice the following:

- Do not have sex with a known AIDS patient, someone who has a positive HIV test, or someone who is in the high-risk category. **Remember that your partner might not tell you about such risks.**
- If you do have sex with any of these persons, use a condom (latex) and nonoxynol-9 (spermicide).
- Do not use IV drugs. If you do, do not share your "works." If you share, rinse twice with bleach, then twice with water.
- Do not have sex when you are high or drunk to avoid risky sexual behavior.
- Make sure you know your sexual partner well - do not have sex with prostitutes or many different partners.
- Have an HIV screening test before becoming pregnant.
- If you are in a high-risk group, do not donate blood, sperm, or organs.

A simple screening blood test will tell you if you carry the HIV virus. If this test is positive there is a second, confirming test to determine if you are infected.

Johnson County Health Department provides walk-in HIV and sexually transmitted infection (STI) screening at two area locations:

Mission – 6000 Lamar Ave, Suite 140 (913-826-1200)

Olathe – 11875 South Sunset Drive, Suite 300 (913-894-2525)

Walk-in hours:

Monday / Tuesday (both locations) 8:00 a.m. to 4:00 p.m.*

Wednesday (both locations) 10:00 a.m. to 6:30pm*

Thursday (Mission location only) 8:00 a.m. to 4:00 p.m.*

Friday (Olathe location only) 8:00 a.m. to 4:00 p.m.*

* hours subject to change (particularly Thursday/Friday) – call to check

Cost: \$30 for the initial HIV and STI screening test. A sliding fee scale is available.

Confidentiality is respected. Results are called or mailed to a patient based on the patient's instructions.

For more information contact the Kansas AIDS Information Line (1-800-232-0040) or the Red Cross Hotline (1-800-342-AIDS).

TB INFORMATION

Definition

Tuberculosis (TB) is a chronic bacterial infection that can spread through the lymph nodes and blood stream to any organ in the body but is most often found in the lungs. Active TB disease can be fatal if left untreated. Once a widespread disease, TB became relatively rare with the use of antibiotics developed in the 1950's. Recently, the disease has resurfaced in a new form called multi-resistant TB.

Transmission

Although TB can be quite contagious since the bacteria that cause TB are transmitted through the air, it is nearly impossible to catch TB through a single, social contact with an infected person. Touching someone who has the disease does not spread it. To be at high risk of infection, you must be exposed to the TB bacteria constantly by living or working in close quarters with someone who has an active case of TB.

Most people who are exposed to TB never develop symptoms. In 90% to 95% of cases, the bacteria lie dormant within the exposed individual and never cause any further problem.

Risk and Symptom Assessment

During your intake assessment, you will be asked a series of questions about your exposure to TB and possible symptoms to determine whether you should be referred for TB testing or other interventions.

Your risk for having TB is higher if you have had contact with someone who is infected, if you are homeless, if you were born or had an extended visit in an area of the world where TB is common, if you have lived or worked in a residential facility (correctional facility, nursing home, treatment program), if you have HIV/AIDS or have had sexual contact or shared needles with someone who is HIV/AIDS infected.

Symptoms of active TB include a persistent cough; sputum production or blood with the cough; unexplained loss of appetite or sudden weight loss; fever, chills, or night sweats for no reason; persistent shortness of breath; increased fatigue, or chest pain. Any suspected or confirmed case of active TB must, by law, be reported to the local public health department

Testing and Diagnosis

A simple skin test is available to detect individuals who have been or are infected with the TB germ. Those who have been infected have a reaction (test site becomes swollen). A positive reaction does not mean the person is ill or contagious to others. It means that the germs causing TB have been or are present in the body. If a person has a positive test, additional laboratory testing and x-ray examinations are necessary to determine if the individual has active TB.

Johnson County Health Department provides walk-in tuberculin skin testing for 26.00 per test at two area locations:

Mission – 6000 Lamar Ave, Suite 140 (913-826-1200)

Olathe – 11875 South Sunset Drive, Suite 300 (913-894-2525)

TB testing hours:

Olathe

- Monday - 8:00 a.m. - 4:00 p.m.
- Tuesday - 8:00 a.m. - 4:00 p.m.
- 1st, 3rd and 5th Wednesday - 10:00 a.m. - 4:00 p.m.
- 2nd and 4th Wednesday - 10:00 a.m. - 12:00 p.m.
- Thursday (NO TESTING, READINGS ONLY) - 8:00 a.m. - 4:00 p.m.
- 1st, 3rd and 5th Friday - 8:00 a.m. - 4:00 p.m.
- 2nd and 4th Friday - 8:00 a.m. - 12:00 p.m.

Mission (Closed daily from 12:30-1:30 p.m.; Tests administered on Wednesday must be read in Olathe on Friday.)

- Monday - 8:00 a.m. - 4:00 p.m.
- Tuesday - 8:00 a.m. - 4:00 p.m.
- 1st, 3rd and 5th Wednesday - 10:00 a.m. - 4:00 p.m.
- 2nd and 4th Wednesday - 10:00 a.m. - 12:00 p.m.
- Thursday (NO TESTING, READINGS ONLY) - 8:00 a.m. - 4:00 p.m.
- Friday - CLOSED

Treatment

With treatment, the chances of full recovery are good. Although treatment protocols vary, they generally share three principles:

- The regimen must include several drugs to which the organisms are susceptible.
- The patient must take the medication on a regular basis.
- Medication therapy must continue for a sufficient time.

For more information contact the Kansas Department of Health and Environment – TB Control Program (1-785-291-3732) or the National Center for Disease Control (1-800-311-3435).

REDUCING INJECTION DRUG USE RISKS

The Centers for Disease Control and Prevention recommends that people who inject drugs should be regularly counseled to take the following actions:

- Stop using an injection drugs.
- Enter and complete substance abuse treatment, including relapse prevention.

For injection drug users who cannot or will not stop injecting drugs, the following steps may be taken to reduce personal and public health risks (HIV and hepatitis infection):

- Never reuse or “share” syringes, water, or drug preparation equipment.
- Only use syringes obtained from a reliable source (such as pharmacies or needle exchange programs).
- Use a new, sterile syringe each time to prepare and inject drugs.
- If possible, use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water).
- Use a new or disinfected container (“cooker”) and a new filter (“cotton”) to prepare drugs.
- Clean the injection site with a new alcohol swab prior to injection.
- Safely dispose of syringes after one use.

If new, sterile syringes and other drug preparation and injection equipment are not available, then previously used equipment should be boiled in water or disinfected with bleach before reuse. More information on reducing risks associated with drug infection is contained in the “*HIV Prevention Bulletin: Medical Advice for Persons who Inject Illicit Drugs*” (May 9, 1997).

Persons who continue to inject drugs should periodically be tested for HIV and hepatitis. For information on locating an HIV testing site, visit the National HIV Testing Resources web site at www.hivtest.org/.

ALCOHOL USE and PREGNANCY INFORMATION

Is it okay to drink during pregnancy?

- No. There is no time during pregnancy when it is safe to drink.
- When a woman drinks alcohol, her baby does too.
- There is no safe level of alcohol you can drink during pregnancy.
- All alcohol is bad for your baby. A 12-oz. can of beer has the same amount of alcohol as a glass of wine or a shot of straight liquor.

I drank before I knew I was pregnant. What should I do now?

- Stop now! The sooner you stop drinking, the better it will be for both you and your baby.
- Make sure you get regular prenatal checks and tell your doctor or nurse you have been drinking.

What are the effects of drinking alcohol during pregnancy?

- If you drink alcohol while you are pregnant, you can hurt your baby's brain, heart, kidneys, and other major organs.
- Your baby could be born with a problem called fetal alcohol spectrum disorders (FASD).

What are the symptoms of fetal alcohol spectrum disorders (FASD)?

- Some babies born with FASD have faces that do not look "normal."
- Some babies with FASD may be small and not weigh as much as other babies.
- Some babies with FASD will have mental retardation.
- Other babies with FASD will have a hard time learning and controlling how they act.

If I drank when I was pregnant, does that mean my baby will have FASD?

- It is not always easy to tell if a newborn baby has FASD. It typically takes time to determine whether the baby has FASD.
- Even if a baby does not have all the problems of FASD, the baby may be born with related problems if the mother drinks while she is pregnant.

Is there a cure for FASD?

- There is no cure for FASD.
- If children with FASD get help early, they may do better. If you think your child has FASD, or if you drank alcohol while you were pregnant, talk with your child's doctor as soon as possible.

Where can I get prenatal counseling and care?

If you do not already have an obstetrician, contact your local health department. The Johnson County Health Department (JCHD) offers prenatal services to Johnson County residents at its Olathe location at 11875 South Sunset Drive, Suite 300. Appointments are necessary. For information or an appointment, call (913) 826-1200. Fees are assessed on a sliding fee scale. Partial payment can be made. No one is denied service due to inability to pay.

Advanced Registered Nurse Practitioners, Registered Nurses, social workers, and dietitians work closely with OB/GYN physicians from the University of Kansas Medical Center. Delivery and hospital services are provided by the University of Kansas Medical Center.

Pregnancy test and counseling services include:

- Physical examinations on admission, through pregnancy, and postpartum
- Laboratory testing
- Assessment and counseling with social workers and dietitians
- Adoption services referral
- Individual/group prenatal education
- Postpartum home visits
- Birth control education and natural family planning

Johnson County Mental health Center
Dual Disorders Program
Attendance Agreement

- I will arrive on time.
- If I cannot attend a session, whether individual or group, I will notify my counselor at least 24 hours in advance to make other arrangements.
- I will notify my group leader at least 5 minutes prior to group starting if I will be more than 15 minutes late. If I arrive after 15 minutes and have not notified leader, I will not be allowed in group that day and it will count as an absence.
- I understand that if I miss 2 individual sessions in a row or 2 within 30 days, for any reason, that I must attend a walk in session before I may be rescheduled with my assigned clinician.
 - Mission walk in times:
 - Wednesday 1:00-3:00, please arrive by 1:30 pm
- I understand that in regards to these guidelines, my clinician will make efforts to engage me in services. If I do not attend scheduled sessions, my clinician will attempt 2 phone calls and will then, if no response, send me a letter informing me of program participation status.
 - In the event I have missed 2 appointments and or group sessions, I will be given 14 days to reschedule.
 - In the event I am being discharged from the program, clinician will remind me of procedure to request services, transfer, or access referral for other treatment options.
- I understand the following will result in unsuccessful discharge from treatment:
 - a total of 3 absences without advance notice from group and/or individual
 - failure to complete the required number of group hours as agreed upon with clinician
 - missing a rescheduled appointment after attending a walk in time, or having received either a “re-engagement” phone call or letter

My signature indicates that I have reviewed the above information and understand the importance of regular attendance in JCMHC’s Dual Disorders Program. I understand that when I actively participate, I will have better outcomes towards a successful completion of treatment.

Client signature

Date

Clinician signature

Date

Other Treatment Resources:

Heartland Regional Alcohol drug Assessment Center 913-789-0951
Assessment/ Referral/ Outpatient

Mirror- Shawnee 913-248-1943
Inpatient adult

Mirror- KCK 913-971-9688
Inpatient adult

Rainbow Services Inc. 913-242-2991
Sobering beds, crisis acute care- adult

Valeo Topeka 785-233-1730
Inpatient adult

Valeo Overland Park 913-432-4037
Outpatient

Preferred Family Healthcare 913-764-7555
Outpatient/ IOP- adult/ adolescent

Signature Behavioral Healthcare 816-795-1445
Outpatient/ IOP- adult/ adolescent