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Dear Family Members:

The decision to seek treatment for chemical dependence is not an easy one. Perhaps you are questioning, “Is treatment the right choice?” If your child’s alcohol/drug use has resulted in legal, school, and/or family problems, the answer is yes. The sooner you intervene, the better your child’s chances are for a healthy, productive life.

ACT’s treatment program is designed to help your child work through the denial associated with chemical dependence and understand the consequences of continued use of alcohol and other drugs. The program offers your child a chance to make new choices, improve life-coping skills, and learn how to avoid drug use.

Treatment will not be easy for your child. There will be moments of anger, frustration, and plain old homesickness. It is not unusual for parents to receive a telephone call when an emotional crisis strikes. If your child says something such as, “I don’t like it here. Will you come and get me out?” please avoid being caught up in the attempt to manipulate you. We understand that these telephone calls are upsetting to parents. However, it is important to remember that your child’s immediate crisis is fleeting, and the problems of chemical dependence are long term if not treated. Please call ACT for support any time you wish. Our administrative and professional staff are dedicated to helping you through this time of family crisis.

If you have any questions, please feel free to contact me or any staff member at (913) 782-0283.

Sincerely,

Kevin Kufeldt, LCPC, LCAC
ACT Program Manager
Facility Information

The Adolescent Center for Treatment is located in Olathe, Kansas, just south of metropolitan Kansas City. Our residential treatment facility accommodates thirty (30) adolescents. Each client is assigned to a semi-private room. The facility is designed to provide adolescents with a safe, drug-free environment in which to begin the process of recovery.

The Adolescent Center for Treatment is licensed by the state of Kansas.

920 W Spruce St ● Olathe, KS 66061
Phone: 913-715-7600 ● Fax: 913-782-0609
ACT Floor Plan
Admission Information

Program Eligibility

Eligibility for treatment at ACT is based on the following guidelines:

- Age 12-18 (male or female)
- Kansas residency (can accept from outside the state)
- Exhibiting symptoms of chemical dependence which indicate the need for residential treatment
- Capable of self-care and not in need of major medical or psychiatric care
- Voluntary participation in treatment

ACT does not discriminate on the basis of race, color, national origin, sexual orientation, religion, age, or disability in the provision of services.

Pre-Admission Assessment

Individuals (non-Johnson County residents) seeking admission to residential treatment who have Kansas Medicaid or qualify financially for Behavioral Health state-funded treatment must be assessed by their current funded treatment provider or by a qualified assessment agency (call if you need assistance locating an assessment agency in your area) to determine whether they meet admission eligibility criteria and have state approval for residential treatment prior to admission. Johnson County residents may be assessed by their current funded provider or Adolescent Center for Treatment (ACT). Prior to admission, the client must meet admission eligibility criteria and appropriateness for residential level of care.

Admission Appointment

Parent(s)/Guardian(s) are expected to accompany their child to ACT at time of admission. The admission process takes approximately one and one half hours. Program information is reviewed, and required paperwork is completed and signed. Following admission, the parent(s)/guardian(s) will be given a brief tour of the facility.

Fees and Insurance

Insurance

ACT is willing to assist families in accessing private insurance benefits. Checking the covered benefits/eligibility is the responsibility of the insured. It is also important to understand that ACT treatment services may not be covered by insurance, and the parent(s)/guardian(s) will, ultimately, be responsible for payment of treatment fees.

Full Fees

The full fee rate for ACT services is $345 per day plus the cost of any prescription medications and outside medical services required during treatment.
Reduced Fees – Johnson County Residents ONLY

Reduced fees are available only for Johnson County families who qualify based on income and family size. This reduction is offered by County tax subsidizes.

Families must provide complete and accurate financial information so that any reduced fee can be set appropriately. One third of the total estimated amount is required at time of admission, one-third at time of discharge and one-third within 30 days of discharge.

Third-Party Payers

Pre-authorization - All third-party payers (Medicaid, Behavioral Health Block Grant, and private insurance) require pre-authorization for admission to residential treatment.

- Kansas Medicaid/MCO - Medicaid clients must have a current valid Kansas Medicaid card. If Medicaid is cancelled during treatment or refuses to pay for services for any reason, the client’s family will be responsible for any unpaid treatment bills.

- Private Insurance – Insured clients must provide a copy of the insurance card and/or required insurance information. Insurance will be filed after the stay. Pre-payment will be required if not qualified for Medicaid/Block Grant.

- KDADS/Behavioral Health Block Grant – To qualify for state funding the following information must be provided prior to admission:
  o Proof of income (tax return or pay stubs for past 90 days)
  o Proof of Kansas residency (driver’s license or other ID)
  o Proof of US citizenship (Social Security card, birth certificate)

Damage to ACT Property

The parent(s)/guardian(s) of any client who intentionally damages ACT premises or property will be held financially responsible for the cost of repairs or replacement. Damages that would require restitution would include, but not be limited to, graffiti that cannot be removed by normal cleaning methods, water damage or damage to walls/doors/furniture/fixtures/equipment/bedding.

Refunds/Collections

Refunds are made to individuals whenever the total payment from all sources exceeds the full fee rate of $345 per day. Clients are expected to keep their accounts current. Failure to follow through in good faith with the payment plan may result in referral to a collection agency.
Adolescent Center for Treatment (ACT)
920 W Spruce St, Olathe, KS 66061
Ph: 913-782-0283 / Fx: 913-782-0609
Website: www.mentalhealth.jocogov.org
Email: ACT@jocogov.org

Complete both pages of this form and provide copies of the documents listed below, prior to the scheduled admission. They can be returned by fax to 913-782-0609 or by photo/scan/email to ACT@jocogov.org.

Client Name: (First Middle Last)  DOB:  SSN#:  

Provide the Following Copies of Documents (prior to admission):

- Social Security Card (client)
- Birth Certificate (client)
- Client ID (if available) / Parent/Guardian ID (required)
- Proof of Income (Adjusted Gross Income)
- Proof of Residency (JOCO resident only - utility bill, rent agreement, etc.)
- Immunization Records
- Last School  Grade Level

- Funding
- Medicaid Card/ID#
- Private Insurance Card/ID# (front and back) if applicable
- Release of Information (ROI) for Private Insurance (Signed by client and parent)
- Guardianship Papers/Power of Attorney (if applicable)
- Consent to Medical Care (KDOC/CINC)
- IEP (Y/N)?  Expelled (Y/N)?  GRAD/GED (Y/N)?

Please Print Clearly:

PARENTAL CONTACTS:

Primary Parental
Contact Name  Relationship
Address/City/State/Zip  Primary Phone
Email  SSN#  DOB#

Secondary Parental
Contact Name  Relationship
Address/City/State/Zip  Primary Phone
Email  SSN#  DOB#

PRIVATE INSURANCE INFO:

Primary Private
Ins Company  Member/ID#
Ins Holder SSN#  Name/Relationship
Ins Holder DOB  Ins Holder Phone

STATE CUSTODY

State Custody Agency (KDOC/CINC):
Name:
Address:
Office Phone#  Fax#  Direct Phone#
Emerg/Aftr Hr #  Case Mgr Email
Support Worker Name  Direct Phone#
Support Worker Email  Phone
Guardian Ad Litem Name

LEGAL INVOLVEMENT (DIVERSION, PROBATION, COURT SERVICES, COMMUNITY CORRECTIONS, ISP, PENDING CHARGES):

Legal Officer Name  Direct Phone
Check One  Fax#
Pending Chgs  Diversion  Prob/Court Serv  Comm Corr/ISP
County  Email

PRIMARY CARE INFO:

Physician Name  Agency/Practice Name
Phone#  Fax#

EMERGENCY CONTACT (AN ADULT AND NON-PARENTAL):

Emergency Contact  Relationship to Client
City/State  Phone#
### Allergies
(medications/food/environmental)

<table>
<thead>
<tr>
<th>Current Medications</th>
<th>Chronic/Current Medical Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Current / Past Mental Health Providers (including outpatient, hospitalization, PRTF, etc.): (List all within last 2-3 years)

<table>
<thead>
<tr>
<th>Agency Name / Provider's Name</th>
<th>City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone#</td>
<td>Fax#</td>
</tr>
</tbody>
</table>

### Current / Prior Substance Use Providers (including outpatient, inpatient, etc.): (List all within last 2-3 years)

<table>
<thead>
<tr>
<th>Agency Name / Provider's Name</th>
<th>City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone#</td>
<td>Fax#</td>
</tr>
</tbody>
</table>
ADMISSION SUPPLY LIST

- **DO NOT** bring girl/boyfriends, friends, siblings or pets to ACT at time of admission. They will not be allowed to participate in the admission process.
- All personal property is thoroughly inspected by a staff member at admission including the use of an electronic wand.
- All personal property (clothing and shoes) are submitted to high heat for sanitation purposes
- **Do Not** bring clothing or shoes after admission unless prior approval from case manager has been given
- Any personal belongings left at ACT 30 days after discharge will be disposed of. We will NOT be responsible for shipping any items left at ACT.

**Client Dress Code**
The dress code requires that all clients be fully clothed, with shoes on, when exiting their room. Pants or shorts will be worn at the waist. Shirts/tops cannot be tied, rolled, or altered in any way.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Prescription Medications at Admission</th>
<th>These items are NOT permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 day supply</td>
<td>Prescription(s) in bubble/blister/punch card packed from pharmacy</td>
<td>No capsule medications will be allowed into facility UNLESS they are bubble/blister packed from pharmacy. (Bring the prescription bottle/capsule medication for re-order.)</td>
</tr>
<tr>
<td>OR</td>
<td>Written prescription(s)</td>
<td>narcotic pain medications, benzodiazepine or Ambien (or similar sleep medication). Please have your physician taper you off these medications prior to admission. <em>(Exception: Ativan may be approved if used only for seizure conditions.)</em></td>
</tr>
<tr>
<td>refills must be available</td>
<td>Supply prescription bottle(s) (for verification of medication name, prescribing doctor, dosage, refills available) which will allow ordering of medications by ACT (this option may delay medication.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Needed Clothing Items (7 day supply including those worn)</th>
<th>These items are NOT permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Tops (shirts, t-shirts - loose fitting, long and/or short sleeve)</td>
<td>tanks tops, camisoles, sleeveless, see through, tube tops, V or scooped necked, inappropriate sayings, band/concert shirts, weapons, drugs, sexual contents, holes or rips, tight fitting.</td>
</tr>
<tr>
<td>1-2</td>
<td>Sweatshirt/Sweater</td>
<td>inappropriate sayings, band/concert shirts, weapons, drugs, sexual contents, holes or rips</td>
</tr>
<tr>
<td>7</td>
<td>Bottoms (jeans, long shorts, sweat pants, capris, joggers)</td>
<td>yoga, leggings, lounge/pajamas, holes or rips, tight, anything written across the seat area, or above the knees</td>
</tr>
<tr>
<td>1</td>
<td>Belt</td>
<td>large buckles</td>
</tr>
<tr>
<td>7-10 each</td>
<td>Underwear, socks and bras</td>
<td>thong underwear</td>
</tr>
<tr>
<td>1-3</td>
<td>Sleepwear, pajamas</td>
<td>see through, tank tops, sleeveless</td>
</tr>
<tr>
<td>1</td>
<td>Coat/Jacket/Stocking Hat (cooler weather)</td>
<td>baseball/cowboy hats, bandanas</td>
</tr>
<tr>
<td>1-2</td>
<td>Tennis shoes</td>
<td>(1 pair for indoor use only / 1 for outdoor use only) boots, sandals, house shoes, flip flops</td>
</tr>
</tbody>
</table>

**Washer/dryers/laundry soap are available - clients will do their own laundry once a week**
### Needed Hygiene Item

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
<th>These items are NOT permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>perfume, cologne, body sprays, aftershave, mouthwash, fingernail remover/polish, aerosol products, electrical/battery devices, metal bobby pins or elastic bands, sharpeners, Q-tips, nail clippers.</td>
</tr>
<tr>
<td>1</td>
<td>Bath Soap or Body Wash</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Deodorant (stick or roll-on)</td>
<td>aerosols</td>
</tr>
<tr>
<td>1</td>
<td>Shampoo</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Conditioner (optional)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Toothbrush and toothpaste</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Brush and/or Comb or Pick</td>
<td>metal or pointed handles</td>
</tr>
<tr>
<td>3-4</td>
<td>Disposable razors</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Shaving Cream</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gel and/or hairspray (optional)</td>
<td>aerosols</td>
</tr>
<tr>
<td>5 pieces</td>
<td>Makeup</td>
<td>glass containers or mirrored compacts</td>
</tr>
<tr>
<td></td>
<td>Feminine Products (Unopened Tampons/Pads)</td>
<td>opened boxes</td>
</tr>
</tbody>
</table>

### Jewelry/Piercings

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Piercings</th>
<th>These items are NOT permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Must be removed prior to arrival</td>
<td>watches, bracelets, necklaces, rings, earrings, all piercings, plugs, stud, tapers, spacers, etc.</td>
</tr>
</tbody>
</table>

### Miscellaneous

<table>
<thead>
<tr>
<th></th>
<th>These items are NOT permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clients are responsible for voluntarily handing over all contraband brought into the facility on their person or in their belongings. Contraband includes, but is not limited to, cigarettes, drugs, alcohol, knives, weapons, paraphernalia, etc. Client and clothing will be electronically scanned for safety and security.</td>
</tr>
<tr>
<td></td>
<td>alcohol, drugs, paraphernalia or weapons including pocket knives, box knives, or sharpened items.</td>
</tr>
<tr>
<td></td>
<td>drugs/alcohol of any kind.</td>
</tr>
<tr>
<td></td>
<td><strong>tobacco/nicotine products</strong> – Regardless of age, clients are not allowed to use any tobacco/nicotine or vapor products or associated items. Also, no nicotine patches, gum, lozenges, etc.</td>
</tr>
<tr>
<td></td>
<td>phone, chargers, radios, clocks, money, tokens including AA coins, purses, billfolds, pictures/photographs, reading materials/books, paper, notebooks, spirals, journals, pens, pencils, markers, toys, stuffed animals, blankets, towels, bed linens, food, beverages, gum, candy, sports equipment, games, playing cards, etc.</td>
</tr>
</tbody>
</table>
Program Information

Treatment Philosophy

The Adolescent Center for Treatment (ACT) believes that chemical dependence is a primary disease that is progressive, chronic, and can be fatal, if left untreated. The progressive nature of chemical dependence requires that intervention be offered at the earliest possible time in order to limit negative consequences and enhance the likelihood of successful recovery.

Scope of Services

The Adolescent Center for Treatment is a program of Johnson County Mental Health Center and is licensed to provide substance use treatment. Residential treatment clients participate in a thorough biopsychosocial assessment. During the course of treatment, clients receive information about the psychological and physiological effects and health risks of alcohol/drug use and participate in individual, group, and family counseling. Clients also participate in 12-step education/meetings and attend relapse prevention and recovery counseling groups.

Evidence Based Practices

The Adolescent Center for Treatment uses evidence based practices in our approach to substance use treatment. This refers to the use of mental and behavioral health interventions for which empirical research has provided statistically significant effectiveness as treatments. These interventions have been approved by Substance Abuse and Mental Health Services Administration, a part of the US Department of Health and Human Services. Some of the approaches used at ACT (but not exclusive) are: Trauma Informed Care, TCU Mapping, Motivational Interviewing, Cognitive Restructuring and Positive Behavioral Support.

Security

The Adolescent Center for Treatment is a SECURE FACILITY, BUT NOT A LOCKED FACILITY. Doors are alarmed to alert staff if anyone leaves the building without permission. Clients cannot be physically restrained from leaving the premises; however, police are notified immediately, and legal charges may result. A security wand will be used prior to admission on client and their belongings. A physical search of belonging and the client will be completed prior to admission, after outings and visitations or any suspicion of use or contraband.

Hours of Operation

ACT is staffed 24 hours a day, seven days a week, to serve residents of the facility. The business office is open Monday through Friday from 8:00 am to 4:30 pm.

After Hours Emergencies

Calls are answered 24 hours a day at ACT (913-715-7600). In addition, Johnson County Mental Health Center operates an After Hours crisis line (913-268-0156). In the event of a life-threatening emergency, call 911.

Staff

At time of admission, each client is assigned to the care of a masters-degreed, dually licensed substance use/mental health clinician. The clinician is responsible for completing a thorough client assessment, developing an individualized treatment/recovery plan, and assisting the client to achieve his/her treatment goals. Other staff members, including case managers, a consulting psychiatrist/APRN, registered nurse or LPN, certified teacher(s), and direct care staff (24/7), are also involved in assisting the client to succeed in treatment.
Length of Stay

Our residential program is designed for a 28 day stay. Any variance in the length of stay is based upon review of individual needs and progress in treatment by our clinical staff.

Education

All clients, currently enrolled in school prior to admission, will participate in educational pursuits, Monday through Friday when school is in session, during their stay at ACT. Clients that have not graduated or obtained their GED will be enrolled through the Olathe School District and upon their discharge the grades/credits (if applicable) will be transferred to the school designated by the client/parent(s)/guardians. Computer use is available for completing school-related assignments only during Olathe school district schedule. Clients attempting to access any unapproved sites (i.e. personal email, social network sites, or an inappropriate site) will be subject to consequences and possible loss of computer privileges for the duration of treatment. Clients not enrolled in educational pursuits, prior to admission, will receive additional substance use recovery skills and life skills.

Spirituality

Clients may choose to attend spiritual growth opportunities offered on site.

Orientation

Each client is orientated to the facility upon admission and participates in the orientation process. During this period, they are assigned a peer guide.

Changing Treatment Provider

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 counselor. If you do not feel comfortable doing this, you may contact the Program Manager.

Benefits and Risks of Treatment

Treatment provides individuals with the opportunity to become drug free and gain the skills necessary to maintain abstinence. Some clients may experience physiological and/or psychological withdrawal symptoms as a result of discontinuing their use of alcohol and/or other drugs. Clients involved with the legal system may incur additional legal consequences if they do not successfully complete treatment.

Barriers to Treatment

*Please call us in advance at 913-715-7600 to make arrangements for any special accommodations that may be required.*

Language

- Adolescent Center for Treatment (ACT) 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

- The Adolescent Center for Treatment (ACT) is a handicapped accessible facility. There are three client rooms in the living communities that have handicapped accessible bathrooms.

Transportation

- The Adolescent Center for Treatment (ACT) does not provide transportation for clients being admitted to or discharged from treatment at ACT.
1. 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 or verbal abuse or exploitation.

2. Freedom from Coercion and mistreatment. You have the right to not be subjected to the use of any type of treatment, technique, intervention or practice, including the use of any type of restraint or seclusion, performed solely as a means of coercion, discipline, retaliation or for the convenience of behavioral health personnel. You have a right to be free of abuse, neglect or exploitation from peer or behavioral health personnel.

3. Least Restrictive Treatment. You have the right to receive treatment in the least restrictive, most appropriate manner.

4. Treatment Environment. You have a right to receive treatment in the least restrictive, most appropriate manner.

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 and maintained only on a temporary basis.

6. Freedom from Discrimination. You have a right to receive treatment services free of discrimination based upon, race, religion, ethnic origin, age, disabling or medical condition, and ability to pay for services.

7. Religious Freedom. You have a right to be free from coercion to engage in or refrain from religious worship or spiritual activity, practice or belief.

8. Benefits and Side Effects of Medication. You have a right to an explanation of the potential benefits and any known side effects or other risks associated with all medications that are prescribed for you.

9. Benefits and Risks of Treatment. You have a right to an explanation of the potential benefits and any known adverse consequences or risks associated with any type of treatment that is included in your plan of care.

10. Alternative Treatments. You have the right to be provided with information about other clinically appropriate medications and alternative treatments, even if these medications or treatments are not the recommended choice of your provider. If you want to know about other treatment alternatives, please discuss this with your treatment provider(s).

11. Refusal of Treatment. You have the right (if you are voluntarily receiving treatment) to refuse any treatments or medications to which you have not consented.

12. Involuntary Treatment. You have the right (if you are involuntarily receiving services pursuant to a court order) to be informed that there may be consequences if you fail or refuse to comply with the provisions of your treatment plan or to take any prescribed medication.

13. Consent to Experimental Treatment. You have the right to refuse to take any experimental medication or to participate in any experimental treatment or research project, and the right not to be forced or subjected to this medication or treatment without your knowledge and express consent or as consented by your guardian when the guardian has the proper authority to consent to this medication or treatment on your behalf.

14. Participate in Treatment Planning. You have the right to actively participate in the development of an individualized treatment plan, including the right to request changes in the treatment services being provided, or to request that other staff members be assigned to provide these services to you. You have a right to receive treatment recommendations and referrals, if applicable, at the time of discharge. If you do not feel that you can work with your provider, please discuss this with your provider or their supervisor.

15. Coordination of Services. You have the right to receive treatment or other services from other licensed mental health professionals who are not affiliated with JCMHC, subject only to written conditions that JCMHC may establish to ensure coordination of treatment or services.

16. Referral. You have a right to be referred to another program if JCMHC is unable to provide the treatment services you request or indicated in your assessment, plan of care or discharge plan.

17. Outside Representation and Support. You have the right to be accompanied or represented by an individual of your choice during all contacts with JCMHC. This right shall be subject to denial if it is determined by professional staff that this would compromise either your rights of confidentiality or the rights of other clients, would significantly interfere with your treatment or the treatment of other clients, or would be unduly disruptive to the operations of JCMHC.

18. Medical Record. You have the right to see and review your clinical record, unless the Director of JCMHC determines that specific portions of the record should not be disclosed. This determination shall be accompanied by a written statement placed in the clinical record explaining why disclosure of that portion of the record at this time would be injurious to you or to others closely associated with you.

19. Confidentiality. You have the right to have information about you that is in our possession to be used or disclosed by use only as allowed or required by law. You have been provided with our “Notice of Privacy Practices for Protected Health Care Information,” which explains in detail how information in our possession can be used or disclosed.

20. Advance Directives. You have the right to exercise your rights by substitute means, including the use of advance directives, a living will, a durable power of attorney for health care decisions, or through springing powers provided for within a guardianship.

21. Complaints/Grievance. You have the right to make a complaint concerning a violation of any rights listed here or concerning any other matter, and a right to be informed of the procedures and process for making such a complaint. You have a right to receive a response in a timely and impartial manner, as well as be free from retaliation if you choose to file a complaint with JCMHC or another entity.

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

23. Residential Programs:
A. Personal Communication. You have a right to receive visitors and make telephone calls as established by program policy and posted conspicuously in the treatment facility unless a) the program director or designee determines and documents in your record a specific treatment purpose that justifies waiving this right and b) you are informed of the reason the right is to be waived and your right to submit a grievance regarding the decision.

B. Personal Property. You have a right to privacy in correspondence, communication, visitation, financial affairs and personal hygiene unless a) the program director or designee determines and documents in your record a specific treatment purpose that justifies waiving this right and b) you are informed of the reason the right is to be waived and your right to submit a grievance regarding the decision.

C. Personal Belongings. You have a right to maintain, display, and use your personal belongings, including clothing, in accordance with program policy.

D. Nutrition. You have a right to be provided with meals that meet person nutritional needs.

E. Medical Care. You have a right to be referred to medical services, if necessary, to maintain personal, health, safety, and welfare.

F. Treatment Activities. You have a right to have daily opportunities for social, recreational or rehabilitative activities.

II. CLIENT RESPONSIBILITIES
As A Client You Have Certain Responsibilities:

1. Provide all pertinent information needed for treatment. This includes your history and reasons for seeking treatment. Unless you pay the full cost of your treatment personally, we will need insurance, financial, and other information from you. Mental health professionals can only know how you feel and what your needs are if you tell them. Open and honest expressions of your thoughts, feelings, and needs are vital components of successful treatment.

2. Participate, to the degree possible, in understanding your behavioral health care problems and developing mutually agreed upon treatment goals.
III. PROCEDURES

1. Procedure for Changing Treatment Providers

In the event you do not feel you can work with your assigned primary treatment provider, you may request a transfer to another member of our staff. Typically, it is best to discuss this with your primary treatment provider. If you do not feel comfortable doing this, the receptionist will help you contact the appropriate Team Leader or Clinical Supervisor.

2. Procedure for Discontinuing Treatment

If you wish to discontinue treatment prior to the agreed upon time in the treatment plan, please discuss this with your primary treatment provider, physician or nurse. This is especially important if you are receiving medication therapy because suddenly stopping certain medications can have serious consequences.

3. Procedure for Voicing Complaints, Grievances or Recommend Changes in Services

If there is a problem which prevents you from receiving help or benefit from Center services, please let staff know. It is best to discuss problems first with your primary treatment provider. If you do not feel comfortable doing this, the receptionist will help you contact the appropriate Team Leader or Clinical Supervisor. If you prefer to speak with someone who is not directly responsible for or related to your treatment, the receptionist will also help you contact the Manager of Quality Improvement who is responsible for addressing any issues related to the quality of the services provided at the Center. As a final option, you can directly contact the Director with any concerns. If you feel as though the Center has not adequately addressed your concerns or you wish to directly file a grievance with another entity, you may, at any time, contact a representative from the Kansas Department of Aging and Disability Services (KDADS), Division of Behavioral Health at:

Johnson County DCF Office
PO Box 2177
Topeka, KS 66604

Or

Behavioral Health Program Consultant
8915 Lenexa Rd.
Lenexa, KS 66214
913-826-7300

Or

Kansas Department of Aging and Disability Services (KDADS)
New England Building
503 S. Kansas Ave.
Topeka, KS 66603
785-296-3471 or 785-296-7272

IV. FEES AND INSURANCE

JCMHC provides service to all residents of Johnson County regardless of ability to pay. 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. No Johnson County resident will be denied medically necessary services based on an inability to pay. 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.

Please keep your account current. If you experience a financial hardship, notify your primary treatment provider. They can arrange for your fee to be re-evaluated or a payment plan to be set up. If you do not follow through with the payment plan in good faith, the Center may suspend or deny services. Problem accounts may be referred to a collection agency.

LOCATIONS
Adolescent Center for Treatment
301 North Monroe
Olathe, KS 66061
(913) 782-0283

Adult Detoxification Unit
11120 W 65th St.
Shawnee, KS 66203
(913) 826-4100

Mission Office
6000 Lamar Suite 130
Mission, KS 66202
(913) 826-4200

Olathe Office
1125 W. Spruce
Olathe, KS 66061
(913) 826-4200

Shawnee Office
6440 Nieman Rd
Shawnee, KS 66203
(913) 826-4200

Prevention & Community Relations
1125 West Spruce
Olathe, KS 66061
(913) 715-7880

HELPFUL NUMBERS
24 Hr Emergency Services (913) 268-0156
Mental Services (913) 826-4200
24 Hr Cancellation Line (913) 826-1616
Mental Health Ctr Director (913) 826-4022
Compliance/Privacy Officer (913) 826-1563

OUR VISION
Placing the needs of our clients first, we are committed to building a healthy community through excellence in behavioral health care.

OUR MISSION
Johnson County Mental Health Center’s mission is to improve the mental health and quality of life for Johnson County residents. Our staff accomplishes this by providing mental health and substance abuse services tailored to the needs of those we serve, which are of the highest quality and easily accessible to all residents.
ACT Client Responsibilities

ACT clients must obey the laws of the state of Kansas and cooperate with the rules of the Adolescent Center for Treatment program. Specifically, all clients are expected to:

- Maintain a safe, drug-free treatment environment. The possession, sale or use of alcohol or other drugs is prohibited. The possession of weapons of any type is also prohibited.
- Submit to urine drug testing.
- Protect the confidentiality of other clients.
- Respect the rights and property of others.
- Refrain from any overt sexual misconduct.
- Refrain from physical violence.
- Treat clients and treatment staff with courtesy and respect. Demeaning verbal abuse is prohibited.
- Provide all information necessary for the staff to provide adequate treatment.
- Participate in treatment activities and work toward treatment plan goals.

Behavioral Management and Termination Policies

The Adolescent Center for Treatment (ACT) utilizes Positive Behavioral Supports (PBS) as part of the behavioral management system. Staff and youth use the phrase “At ACT, we achieve our goals.” Upon admission; the youth of ACT are provided with information about the GOALS acronym and an explanation of the facility behavioral expectations.

A pattern of negative behavior or any major violation of program will result in in a loss of privileges or termination from the program. Corporal punishment, verbal abuse, threats, and physical isolation or restraint are prohibited.

Serious misconduct will result in early discharge from the program. Violations of the law, including but not limited to physical violence, threats, sexual misconduct, damage to property, or possession, sale, or use of contraband (which includes, but is not limited to, cigarettes, drugs, alcohol, knives, weapons, paraphernalia, etc.) will result in police intervention and/or termination from the program.

Any behavior that creates a potential health hazard, including but not limited to refusal of prescribed medications, tattooing, piercing, cutting or branding, may result in immediate discharge for medical attention.

Grievance Policy

Clients have a right to write a grievance (formal complaint) without fear of negative consequences. It is recommended that a client attempt to resolve problems by discussing them with his/her primary clinician. 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 Program Manager, if unresolved the client may choose to discuss it with the Director of Addiction Services, the Quality Manager, or the Director of Clinical Services. As a final option, the client may 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 for Aging and Disability Services (KDADS) / Behavioral Health, 503 S Kansas Ave., Topeka, Kansas 66603 (phone 785-296-6807).


**Confidentiality**

The confidentiality of client records is protected by Federal law and regulations. The Health Information Portability and Accountability Act (HIPAA) of 1996 ensures the confidentiality of personal health information. Alcohol and drug treatment records are specifically protected by 42 CFR Part 2.

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 mandated 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 self or another individual. Client threats of suicide or acts of self-harm are taken very seriously and staff will notify parent(s)/guardian if a 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.

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

*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, 503 S Kansas Ave., Topeka, Kansas 66603 (phone 785-296-6807).*

**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.
**Co-Ed Living**

The Adolescent Center for Treatment is a co-ed facility. Every effort is made to insure a safe environment for both female and male residents.

- Clients are closely supervised around the clock.
- Clients are not allowed to enter other clients’ bedrooms.
- Sexual misbehavior is not tolerated and is grounds for dismissal from the treatment program. Serious sexual misconduct is reported to the police.
- The facility is equipped with video surveillance cameras in the common areas. These devices ensure the security and safety of the clients at the facility.

**Communication Policies**

**Phone Access**

Client access to the telephone is restricted while clients are at the Adolescent Center for Treatment (ACT) to help maintain client focus on recovery and minimize negative outside influences. Clients may make a phone call on the third day. The following guidelines are shared with all clients prior to admission to ACT.

Location/Days/Times:

- Client phones are located in the ACT treatment housing units. Clients are not allowed to have cell phones, pagers, or other personal communication devices in their possession while in treatment at ACT. **Incoming calls for clients are not accepted.**

- Daily during free time if the client is eligible for phone privileges.

- Clients are allowed to make one 10 minutes call per day depending on progress in treatment, compliance with program rules, and family involvement in treatment as well as family availability.

- Clients are allowed to call only those individuals on their approved communication list —limited to parent(s) or guardian(s) or individuals approved by their assigned clinician. They may **not** call girlfriend/boyfriend or other peers.

- Outbound calls cannot be made to pre-paid cell phones.

- We ask that all conversations be positive in nature and not reveal information/news which may be upsetting to the client.

- Clients who have phone conversations with any person not on their call list may be subject to a suspension of phone privileges.

**Mail**

Clients may receive mail only from **individuals approved** by their assigned clinicians. Mail must be opened in the presence of a staff member to prevent introduction of contraband into the facility.
Visitation/Family Education Program

Family involvement in treatment is considered essential to successful recovery. The Adolescent Center for Treatment Family Program is designed to help each participating family member understand more about chemical dependence and how to support recovery.

Visitation/Family Education Activities  (All visitors must have a Release of Information form completed prior to visiting.)

Visitation/Family Education Activities are held in the ACT Visitation Room (see ACT floor plan on page 3 of this handbook). Children under age 12 are not allowed to attend without pre-approval from clinician.

**YOU MUST arrive 15 minutes prior to visitation/education or entry will be denied.

Guidelines:

- Visitors are limited to 3 per client and only those on their approved (by clinician) visitation list.
- Clients’ girlfriend/boyfriend or other peers are excluded from visitation.
- Visitors are asked to bring in ONLY their ID’s and keys. No weapons, drugs or alcohol, cells phones, purses, food/drink/gum/pets/ or notes-letters or pictures, etc.
- Visitors must be appropriately attired. Nothing short in length, see-through, or low cut or inappropriate slogans, sayings on clothing.
- We ask that all conversations be positive in nature and not reveal information/news which may be upsetting to the client.

Parent Education (Sunday afternoon) - Clients are allowed visitation the first Sunday following admission. Parents who visit on Sunday are expected to participate in the education activity.

1:00—2:00 pm, Spiritual Growth Opportunity (can be attended by parent with their child)
2:00—3:00 pm, Family Visitation (Visitors are expected to attend Family education following visitation)
3:00—4:00 pm, Family Education (parent without client)

*schedule is subject to change.

Family Night (Wednesday evening) - Clients WILL NOT participate in Family Night activities during the week of their admission.

6:00—6:30 pm, Family Visitation: Only immediate family members who are participating in Family Night activities are allowed to visit clients. This brief visit provides the family with an opportunity to socialize and is designed to allow flexibility in arrival time, so that activities can begin promptly at 6:30.

6:30—8:00 pm, Family Education: Clinical staff members present information about chemical dependence and recovery issues, including Q & A session.

Family Counseling
Weekly family counseling sessions are scheduled by the client’s primary clinician.

Special Visitation-Holidays:
On the following holidays: New Year’s Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas there is special visitation from 2:00 – 4:00 p.m.
Visitation Expectations

Confidentiality Agreement

As a visitor, I understand that Federal Confidentiality Regulations prohibit me from revealing the identity of any person I may see while I am at the treatment center. I understand that any disclosure of client information, including the individual’s presence in treatment, without a specific written consent from that person, may be interpreted as a Federal criminal offense.

Client Safety Protection Agreement

I understand that as a visitor I must not possess or cause to be introduced into the treatment environment any item that could be a safety hazard to clients. I, hereby, declare that I do not possess on my person any sharp items (knives, blades, tools, etc.), firearms, alcoholic beverages, tobacco products, lighters, drugs, or any other contraband which may be harmful to clients.

As a visitor, I understand that all personal belongings brought into the facility will be placed into a provided locker.

Visitation Expectations

- Parents who visit on Sunday are expected to attend the Parent Education Group.
- Parents are welcomed to attend church services with their child at 1:00 pm. Parent Education group will follow.
- If you visit your teen on Family Night, you are expected to stay for the Education and Discussion Group.
- Please keep visits upbeat. Don’t share information that is likely to upset your teen.
- Please do not discuss other clients that are in treatment. This is a matter of confidentiality, and it is in violation of Federal Law.
- All visitors must be appropriate attired.
- Anyone who is disruptive or suspected of being under the influence of substances will not be admitted or asked to leave the facility.
- Do not bring food, drinks, gum, or candy to visits. Do not bring any smoking materials, including lighters.
- Please leave cell phone, purses and smoking materials in your car when you visit or in provided lockers.
- Do not accept/give letters/photos/notes from or to your teen from his/her friends, boyfriend, or girlfriend.
- You must give ACT staff any clothing items, medications or other items that you bring to the facility for your teen. DO NOT give anything directly to your teen. All items must be pre-approved.
- Pets are not allowed on the premises.
- Your teen has the option to decline visits.
- Visitors violating the guidelines will not be allowed further visitations at ACT.
- Be respectful of all clients, visitors or staff.
Continuing Care

An individualized Discharge Recovery Plan is developed for each adolescent prior to completion of residential treatment. Clients are directed to establish a strong network of support resources to assist them during the challenging days, weeks, and months after leaving residential treatment.

Follow Up Contact

Although we encourage our clients to maintain contact with us after leaving the program, ACT makes a committed effort to contact clients several times in their first 30 days after their discharge. This contact is made to encourage our client’s sobriety goals and further involvement in SUD treatment options, invitations for Alumni night, and gathering of statistical data regarding outcome measurements of substance use treatment. We also offer a Parent/ Guardian Survey, post discharge, for valued feedback regarding our program.

Continuing Care Program /Aftercare

Continuing Care/Aftercare meetings provide adolescents with support for abstinence and an opportunity to analyze their progress and identify creative solutions to life problems. The focus is on relapse prevention.

A referral for Continuing Care/Aftercare, available in their local areas, will be made by the clinician for all clients completing treatment.

Johnson County clients can receive Continuing Care/Aftercare through Johnson County Mental Health – Outpatient Services. Phone: 913-826-4200. Fees for this service are arranged through the outpatient services.

Community 12-Step Groups

Regular and frequent participation in Alcoholics Anonymous, Narcotics Anonymous, or a similar 12-step fellowship is considered important for supporting the recovery of many older teens. Parents are requested to assist in achieving this goal. Younger teens are typically referred to other supportive activities in the community.

Older teens are encouraged to select a “home group” where they feel comfortable, seek out a same-sex sponsor who has successfully remained abstinent for a significant period of time, and “work” the steps of the program.

Family members are encouraged to attend related groups such as Al-Anon and Stand-Up Parenting.

The only requirement for membership in AA or NA is a desire to remain abstinent. There are no dues or fees for membership. The groups are self-supporting through member contributions. Groups are not affiliated with any religious organization. The primary purpose of the fellowship is to help members remain abstinent. Anyone who participates in these fellowships can be assured that his or her identity (anonymity) will be protected. No membership files or attendance records are kept. Family members or close friends are welcome at “open” meetings, but only recovering members can attend “closed” meetings.
**Protective Procedures**

In order to maintain a safe, healthy, and drug-free environment, the Adolescent Center for Treatment requires compliance with the following protective procedures.

**Inspection of personal possessions.** The personal belongings of every client are inspected and electronically scanned prior to admission and may be re-inspected, as deemed necessary.

**Search of person.** Every client is searched and electronically scanned at time of admission, following visitation, and after any absence from the facility for medical appointments or court appearances. A same-sex staff member will conduct each search.

**Observation of urine specimen collection.** To insure specimen integrity, same-sex staff member is required to observe urination at the time of specimen collection.

**Personal hygiene/disease control.** To maintain community health, the personal hygiene of each client is monitored by the ACT staff.

**TB testing.** Clients are required to have a tuberculosis skin test at ACT or within the 6 months preceding admission to ACT.

**Video surveillance cameras and motion detectors.** The facility is equipped with video surveillance cameras and motion detection equipment. These devices are in common areas and hallways to ensure the security and safety of the clients at the facility.

**Drug Testing Policy**

All clients in residential treatment are required to submit to a baseline drug test during their first 24 hours at ACT. A same-sex staff person must observe the specimen collection. Specimens are sent to the laboratory for analysis. Drug testing is also completed randomly within the community or when a client returns to the facility after being away or if a client is suspected of using drugs while in treatment. Any positive test, other than at time of admission, must be confirmed prior to being used a basis for disciplinary action or discharge.

**Physical Examination**

All clients meet with the staff nurse for a health assessment during their first week in treatment. A referral for physical examination with a physician will be made as needed. Pregnancy testing may be done at the request of the client or staff nurse. Results of all testing are private and confidential. Clients will be encouraged to share test results with caregivers, but disclosure of testing information and results is at the discretion of the client.

**Health Counseling**

If a client reports engaging in high risk behaviors such as unprotected sexual intercourse, sex with multiple partners, needle sharing, or other risky acts, the client will be counseled about the dangers of such behavior and provided with information about how to protect his/her health. If testing, medical treatment, or more intensive counseling is needed, the client will be referred to medical care after treatment is completed.
Client Medication

All prescribed medications coming into the facility should be bubble/blister packed by a pharmacy. If this is not available, a written prescription must be brought to the admission or the prescription bottle(s) (with the medication name, dosage, prescribing doctor and refills) should be provided at Admission to record routine medications for ordering by ACT/WellPath. Medical staff must authorize continuation of the medication(s). The client's prescribing physician is consulted, as needed, to assist in evaluating the appropriateness of continuing medication(s).

Risks and benefits associated with any prescribed medication(s) are reviewed by the Center nurse with each client taking medications. Parents/Guardians will be consulted regarding any changes to medications.

Medical Care/Emergencies

The Adolescent Center for Treatment is not licensed or staffed to provide acute medical care. Any client requiring emergency medical care is transported by ambulance, at the client's expense, to the nearest medical facility for treatment. The client and his/her parent must sign an emergency medical release at time of admission and accept financial responsibilities for such emergencies.

In the event that a client becomes ill or needs other non-emergent medical care, the Adolescent Center for Treatment will attempt to contact responsible parents/guardians to allow them to seek medical care. If the Adolescent Center for Treatment is unable to reach the responsible person in a timely manner as determined by our professional staff, the client will be transported to the most appropriate medical facility available. Parents/ Guardians will accept financial responsibilities for all medical care rendered.

Smoking Policy

Clients, regardless of age, are not allowed to smoke cigarettes or use other tobacco products including vapor or electronic cigarettes on Mental Health Center property, including the grounds and parking lot areas. State law prohibits minors from possessing and using tobacco products. Nicotine replacement products are not recommended for adolescents and therefore are prohibited. Abstinence from nicotine is generally included as a condition of juvenile probation.
Transportation

The Adolescent Center for Treatment transports clients to a variety of activities such as, 12 Step meetings, or recreational/fitness activities. Vans that meet all established licensing standards are utilized.

The following transportation rules are explained to clients prior to each outing:

- Seat belts must be worn at all times.
- All doors are locked while the vehicle is in motion.
- Clients are not allowed to stand or walk inside the vehicle while it is in motion.
- Arms, legs, and hands must remain inside the vehicle at all times.
- No food or drink is allowed in the vehicle.
- No objects are to be thrown inside or outside the vehicle.
- Clients must remain quiet and refrain from conversing with the driver.
- Clients must remain seated until the vehicle comes to a complete stop.
- Clients must exit the vehicle in an orderly manner, on the curb side of the vehicle.

A parent(s)/guardian(s) is responsible for providing transportation to and from doctor or dental appointments, court appearances, etc.; in the event such needs arise and are approved in advance.

Recreation/Fitness Activity Participation

All clients are expected to participate in a variety of fitness and recreational activities including, but not limited to, yoga, aerobics, bowling, volleyball, and basketball. It is the responsibility of each client's parent or guardian to inform the Adolescent Center for Treatment if a client has any physical condition that would limit or prohibit participation in physical activity. It is the responsibility of the client to inform the Center nurse in the event that he/she becomes ill or sustains an injury and should not participate in physical activity.

Clients are required to maintain confidentiality when on outings from ACT by not engaging in conversation with anyone not in the group, and not to reveal they are in a treatment program.

Governance and Funding

The Adolescent Center for Treatment is a program 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. ACT is licensed by the State of Kansas.

Partial funding for services is provided by the Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health and managed by Beacon Healthcare. County mental health funds and local alcohol taxes also provide partial funding for services.
Affiliated Service Providers

EMERGENCY MEDICAL SERVICES
Johnson County MED-ACT 11811 S.
Sunset Drive, Suite 1100
Olathe, Kansas 66061

MEDICAL SERVICES
Johnson County Public Health Department 11875 S.
Sunset Drive, Suite 300
Olathe, Kansas 66061

EMERGENCY MEDICAL SERVICES
Olathe Medical Center 20333 W 151st St
Olathe, KS 66061

DRUG TESTING
Averhealth
7202 Glen Forest Dr., Ste. 302 Richmond, VA 23226

EDUCATIONAL INSTRUCTION
Olathe School District 223 1005 S Pitt,
Suite A Olathe, KS 66061

WALK-IN MEDICAL SERVICES
Olathe Medical Services, Inc. 20333 W 151st St
Olathe, KS 66061

FOOD/LAUNDRY/BEVERAGE
ARAMARK
1912 Talbridge Square Saint
Charles, Mo 63303

YOUTH CARE ADVISORS
Department of Correction (Youth Care Advisors) 920
W Spruce St
Olathe, KS 66061

MEDICAL SERVICES CORRECT WellPath
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217
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
For 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 confirmation 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 Dr., Suite 300 (913-894-2525)

Or contact your local Health Department

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 at two area locations or contact your local Health Department:
  - Mission – 6000 Lamar Ave, Suite 140 (913-826-1200)
  - Olathe – 11875 South Sunset Dr., Suite 300 (913-894-2525)

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 (785-291-3732) or the National Center for Disease Control (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 injection drugs.
- Enter and complete substance use 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
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSABLE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOU HAVE THE RIGHT TO A PAPER COPY OF THIS NOTICE. YOU MAY REQUEST A COPY AT ANY TIME.

Johnson County Mental Health Center (JCMHC) is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

JCMHC is required to abide by the terms of this notice.

JCMHC provides behavioral health care and substance use disorder treatment to our clients/patients. The information in this Notice of Privacy Practices will be followed by all JCMHC employees, all health care professionals who treat you at any JCMHC facility, JCMHC volunteers, and students present at JCMHC for the purpose of fulfilling the requirements of an internship or other educational program in which they are enrolled.

NOTICE REGARDING CONFIDENTIALITY OF SUBSTANCE USE DISORDER TREATMENT RECORDS

Protected health information contained in client records maintained in connection with JCMHC’s substance use disorder treatment programs may only be disclosed in compliance with the special regulatory requirements contained in 42 C.F.R. Part 2.

I. HOW JCMHC MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

JCMHC may use and disclose your health information for the following purposes without your express consent or authorization:

1. Treatment
   We may use and disclose information to behavioral health care professionals and others associated with JCMHC who are involved in your care to provide you with treatment.

   We may use your health information to discuss with you treatment options or health-related benefits. We may use your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone voice mail identifying JCMHC and asking for you to return our call. We will not disclose any health information in voice mail except to leave a message for you to return the call.

   JCMHC may use and disclose your health information to coordinate care with other persons not associated with JCMHC who are involved in your care, such as your attending physician and other health care providers who have agreed to participate in the coordination of your care.

2. Payment
   We may use and disclose your health information as necessary to collect payment for services we provide to you. For example, JCMHC may be required by your health insurer to provide health information so that the insurer will reimburse you or JCMHC. JCMHC may also need to provide health information to your health insurer in order to obtain prior approval from your insurer for any services that it provides to you.

   We may provide information to other health care providers to assist them in obtaining payment for services they provide to you.
3. **Health care operations**
We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care.

Such health care operations may include:
- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Professional review and performance evaluation
- Training programs
- Accreditation, certification, licensing, or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, and legal services
- Business planning and management

We may provide information to other health care providers or health plans with which you also have had a relationship for purposes of that provider’s or plans health care operations.

**Business Associates.** JCMHC provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

II. **Other Uses and Disclosures**
We may also use and disclose your health information without your written authorization for the following purposes:

1. **Uses and disclosures required by law:** We will use and/or disclose your information when required by law to do so. Disclosures required by law include:

   - **Disclosures about adult victims of abuse, neglect, or domestic violence.** JCMCH may disclose your health information to a government authority if we reasonably believe you are unable to protect your own interests and you are a victim of abuse, neglect, or domestic violence.

   - **Disclosures for judicial and administrative proceedings.** Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

   - **Disclosures for law enforcement purposes.** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

2. **Disclosure for public health activities.** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or controlling disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

3. **Disclosures for health oversight activities.** We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, or other activities necessary for appropriate oversight of the health care system or government benefits programs.

4. **Disclosures regarding victims of a crime.** In response to a law enforcement official’s request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated, if it appears you were the victim of a crime.

5. **Research.** We may disclose your health information for health research in certain situations.

6. **Disclosures to avert a serious threat to health or safety.** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

7. **Disclosures regarding decedents.** We may disclose health information to a coroner, medical examiner, or funeral director when an individual dies and to law enforcement officials if we suspect the death may have been
the result of criminal conduct.

8. **Disclosures for specialized government functions.** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

9. **Disclosures for workers’ compensation.** JCMHC may disclose your health information as authorized by and to the extent necessary to comply with State workers compensation laws.

III. **DISCLOSURES NOT DESCRIBED ABOVE**

We will obtain your express authorization before using or disclosing your information for any other purpose not described in Part II of this notice. In most instances, you will be required to provide written authorization.

In addition, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent that JCMHC has not relied on it.

JCMHC does not create or maintain psychotherapy notes.

**Addition to Notice of Privacy Practices - MyRC.** With your authorization, we may share information about you with specific Johnson County agencies/departments through My Resource Connection (MyRC) to provide caseworkers and other service providers’ information including health information, so that they can improve delivery of services to you. These agencies/departments will only use and disclose this information in accordance with federal and state confidentiality laws and this notice of privacy practices.

IV. **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

1. **Right to request restrictions.** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific written form providing information we need to process your request. JCMHC’s Privacy Officer is the only person who has the authority to approve such a request. JCMHC is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law; and (b) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid JCMHC in full.

2. **Right to request alternative methods of communication.** You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. JCMHC’s privacy officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

3. **Right to inspect and copy.** You have the right to inspect and copy health information maintained by JCMHC. To do so, you must complete a specific form providing information needed to process your request. If you request copies, we may charge a reasonable fee. You may request copies in electronic format if the document is contained with JCMHC’s electronic medical record. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party and we will comply with the outcome of the review.

4. **Right to request amendment.** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request.

5. **Right to an accounting of disclosures and access report.** You have the right to request a list of disclosures of your health information that we have made, with certain exceptions defined by law. To request an accounting or an access report, you must complete a specific written form providing information we need to process your request.

6. **Right to be notified of a breach.** You have the right to be notified of a breach of confidentiality of your records and JCMHC is obligated to provide you notice of the breach.

7. **Rights relating to electronic health information exchange.** JCMHC may participate in electronic health information exchange. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other exchange participants for purposes of treatment, payment, or health care operations. Your health information will be disclosed to the HIO approved by the State of Kansas to facilitate our ability to provide you with health care.
The HIO maintains appropriate safeguards to protect the privacy and security of your health information. Only authorized individuals may access your health information from the HIO. You have the right to request in writing that your health information not be disclosed by the HIO. The HIO is required to honor a written request not to disclose your health information. However, disclosure is permitted in an emergency or when necessary to satisfy JCMHC’s legal obligation to report to a government official. The inability to access restricted information by JCMHC may result in JCMHC not having access to information that it needs to provide you with appropriate care. You have two options with respect to HIE. First, you can permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you can restrict access to all of your electronic health information (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form available at http://www.khie.org. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information. Your decision to restrict access through an HIO does not impact other disclosures of your health information. Providers and health plans may share your information directly or through other means (e.g. facsimile or secure e-mail) without your specific written authorization. If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider about what action, if any, you need to restrict access.

V. Complaints

If you believe your rights with respect to health information have been violated, you may file a complaint with JCMHC or with the Secretary of the Department of Health and Human Services. To file a complaint with JCMHC, please contact Privacy Officer, Johnson County Mental Health Center, 6000 Lamar Avenue, Mission, Kansas 66202. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

VI. JCMHC’s RIGHT TO CHANGE TERMS OF PRIVACY PRACTICES

JCMHC reserves the right to change the terms of this Notice and to make the revised notice effective with respect to all protected health information regardless of when the information was created.

VII. HOW TO CONTACT JCMHC REGARDING THIS NOTICE

For information on how to submit your written requests, or if you have any questions about this notice of JCMHC’s privacy practices, you may call the Privacy Officer at 913-826-4200.