

**Brown Site**

700 SE Cross  
Mt. Sterling, Illinois 62353  
Phone: 217-773-3325  
Fax: 217-773-2425

***Day Program Building***

210 Country Lane  
Mt. Sterling, Illinois 62353  
Phone: 217-773-3958  
Fax: 217-773-2339

***Sterling Apartments***

211 Country Lane  
Mt. Sterling, Illinois 62353  
Phone: 217-773-2903  
Fax: 217-773-2907

***Country Lane Apartments***

213 Country Lane  
Mt. Sterling, Illinois 62353  
Phone: 217-773-3926  
Fax: 217-773-3476

***Harvest House Apartments***

608 SE Cross  
Mt. Sterling, Illinois 62353  
Phone: 217-773-3515  
Fax: 217-773-9001

***Curry Lane Apartments***

510 Curry Street  
Mt. Sterling, Illinois 62353  
Phone: 217-773-4710  
Fax: 217-773-4049

**Hancock Site**

607 Buchanan Street  
Carthage, Illinois 62321  
Phone: 217-357-3176  
Fax: 217-357-6609

***Randolph Lane Apartments***

30 Randolph Lane  
Carthage, Illinois 62321  
Phone: 217-357-0590  
Fax: 217-357-0591

**Pike Site**

120 N. Williams Industrial Drive  
Pittsfield, Illinois 62363  
Phone: 217-285-4436  
Phone: 217-285-4930  
Phone: 217-285-6111  
Fax: 217-285-2804

# Client Handbook

**Revised: 05/21/18**  
**Next Review: 07/18**

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# I. Agency Policies

## A. Quality Assurance

The Mental Health Centers of Western Illinois is licensed by the Department of Human Services Division of Mental Health, Division of Developmental Disabilities, and Division of Alcoholism and Substance Abuse to provide services. In addition, the agency's Outpatient, Substance Abuse, Case Management, Community Housing, and Community Day Services Programs are CARF accredited, ensuring you receive quality services.

## B. Code of Ethics

The Mental Health Centers of Western Illinois has been established to provide services to individuals in a professional, competent and ethical manner.

The following guidelines are intended to provide staff members of the Mental Health Centers of Western Illinois with direction regarding professional behavior in the provision of the agency's services.

### Professional Conduct

- **Professional conduct** incorporates the behavior that employees are to exhibit. Being professional means having specialized expertise in a given area in which we maintain a high level of proficiency. It also means we accept a level of self-regulation and agree to live by rule-governed conduct. This means we refrain from acts that violate the public trust, the client trust, or the client-employee professional relationship. If you have any questions about this, it is always best to ask/consult with your supervisor.
- **Boundaries** are defined as limits that protect the space between the professional's power and the client's vulnerability. Maintaining appropriate boundaries controls this power differential and allows for a safe connection between the employee and client based on the client's needs, i.e., services billable because they are on the client's Individual Treatment Plan.
- It is always the employee's responsibility to establish appropriate boundaries with clients. The employee's responsibility is to set and maintain boundaries.(Setting limits)
- The employee should avoid situations where the worker has a personal or business relationship, as well as a professional one. (Dual Relationships)
- The employee must refrain from any activities that may violate client trust.
- The employee must not share their religious beliefs or values with clients, or their political views.
- The employee cannot provide outside services to a client or his/her family. This includes selling products or services.
- The employee cannot have a sexual relationship with a client or an immediate family member of a client.
- Provide services to individuals, respecting their dignity, integrity and rights as stated in agency documentation. (see *Client Rights* statement)
- Provide services to individuals regardless of gender, age, race, religion, national origin, color, disability, sexual orientation, HIV status or legal status.
- Respect an individual's beliefs and differences by not attempting to change or influence to personal views.
- Regard interactions or documentation provided by an individual in the utmost confidential manner and only discuss or release such information according to legal standards.
- Ensure individuals know the benefits, risks, side effects and other pertinent information in order to make an informed decision regarding treatment.
- Provide services to individuals according to one's qualifications, training, competence and position.

- Harassing/abusive behaviors (including physical, verbal, sexual or psychological) or acts of negligence will not be tolerated toward any individual. Employees are responsible for reporting such behaviors or acts to the appropriate staff.
- The relationship developed through provision of services must remain professional at all times.
- One's position, relationship or services should never be utilized to exploit an individual for personal gain.
- Employee knowledge, skills, and abilities should be utilized to provide individuals with continuous quality services to maximize their full potential and functioning.
- Recognize potential situations of violence and protect the individual from harming him/herself or society by notification of the proper authorities.
- Conduct oneself in a professional manner with personnel and clients of the Mental Health Centers of Western Illinois and organizations associated with the agency at all times while representing MHCWI.
- An exchange of money or gratuities between an employee and a client or client's family is prohibited.
- An exchange of non-monetary gifts of a value estimated not to exceed \$10.00 between an employee and a client may be allowed if approved by an Associate Director or Executive Director. The agency realizes that a refusal of a small gift could be detrimental to the therapeutic relationship.
- A employee may be a witness only to MHCWI documentation. Documentation from other sources and/or notarization services is not allowed.

### **Personal Conduct**

- Employees will ensure agency funding and property are utilized in a proper manner, and not access either for personal gain.
- Employees are responsible for reporting conflicts of interest to supervisory personnel and abstaining from any decision-making in regards to the conflict.
- Waste, fraud, abuse and other questionable activities/practices committed by employees will not be tolerated. Employees are responsible for reporting any of these acts to the appropriate staff.
- Employees will not engage in reprisal activities against other personnel.
- ◆ A supervisory staffing will be held as a result of an employee being found guilty of violating any of the above standards. The employee and his immediate supervisor will be present at this meeting. (The Executive Director will be informed and may wish to be present as well.)

## **C. Drug-Free Workplace / No Tolerance Policy**

The Mental Health Centers of Western Illinois recognizes that certain substances and behaviors are detrimental to the treatment process. The following guidelines have been established to maintain a drug-free, healthy, and safe work environment for the provision of services:

- The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, including cannabis, is prohibited in or on the premises of agency facilities and vehicles.
- The possession or use of alcohol in agency owned facilities and vehicles is prohibited. The possession, consumption, or storage of alcoholic beverages in the MHCWI- managed buildings or on the property is prohibited. This prohibition includes the possession, consumption, or storage of alcoholic beverages in a unit or on property by the tenant and by any visitor to any unit or property, including any member of the tenants' family.
- While on agency owned or managed premises and while conducting agency-related activities off premises, no employee may be under the influence of alcohol or illegal drugs.

- No prescription or over-the-counter drugs will be brought on the premises by any person other than for whom it is prescribed. Employees may use medically prescribed substances when administered by or under the instructions of a physician. If advised by the physician that the drug will alter behavior such that job duties cannot be safely performed, the employee must report the use of the drug to the supervisor or Executive Director.
- The sale of smoking products is prohibited on agency-owned/managed property.
- MHCWI follows the Smoke Free Illinois Act which prohibits the use of tobacco products in the buildings or vehicles owned by the agency. However, tenants are allowed to use tobacco products in their apartments, except in Sterling Apartments and other designated apartments, which is tobacco free.
- Verbal and physical violence will not be tolerated.
- The service environment is to be free of weapons of any nature. Staff/individuals bringing weapons onto the premises will have the item(s) confiscated.

Law enforcement personnel will be contacted when warranted to ensure adherence to these guidelines, and MHCWI will fully assist in any resulting investigation and prosecution.

## **D. HIPAA Notice of Privacy Practices**

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

Effective Date: April 14, 2003 and modifications as of September 22, 2013.

We respect patient/client confidentiality and only release confidential information about you in accordance with Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by this Agency.

Privacy Contact. If you have any questions about this policy or your rights contact the Quality Assurance Supervisor at 217-357-3176, or your counselor.

### ***USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION***

In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our Agency. This includes for:

Treatment. We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our Agency that we are consulting with or referring you to.

Payment. With your written consent, information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes. You have a right to restrict certain disclosures of your protected health information if you pay out of pocket in full for the services provided to you.

Healthcare Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

**Information Disclosed Without Your Consent.** Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care. We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your voice mail or leave an email or text message unless you tell us not to.

As Required by Law. This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Coroners. We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure. We are also required to share information, if requested with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and to Illinois state agencies that fund our services or for coordination of your care.

Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

Fundraising/Marketing. As a not-for-profit provider of health care services we need assistance in raising money to carry out our mission. We may contact you to seek a donation. You will have the opportunity to opt out of receiving such communication. You may also opt out of our providing your contact information for any marketing that results in compensation to the Agency.

## **CLIENT HIPAA RIGHTS**

You have the following rights under Illinois and federal law:

Copy of Record. You are entitled to inspect the client record our Agency has generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records. You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization. Except as described in this Notice or as required by Illinois or Federal law, we cannot release your protected health information without your written consent.

Restriction on Record. You may ask us not to use or disclose part of the clinical information. This request must be in writing. The Agency is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the **Privacy Contact**.

Contacting You. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct. We also will be glad to provide you information by email if you request it. If you wish us to communicate by email you are also entitled to a paper copy of this privacy notice.

Amending Record. If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact the **Privacy Contact** and ask for the *Request to Amend Health Information* form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.

Accounting for Disclosures. You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, payment, or health care operations

purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years. Please submit your request in writing to our **Privacy Contact**. We will notify you of the cost involved in preparing this list.

Notification of Breach. You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that your protected information may be compromised.

Questions and Complaints. If you have any questions, or wish a copy of this Policy or have any complaints you may contact our **Privacy Contact** in writing at our office further information. You also may complain to the Secretary of U.S. Department of Health and Human Services if you believe our Agency has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy. The Agency reserves the right to change its Privacy Policy based on the needs of the Agency and changes in state and federal law.

Effective Date: April, 2003

Revised 07/05, 09/05, 01/06, 9/16/09, 07/01/13, 09/22/13, 02/04/16

## **E. Seclusion and Restraint**

The Mental Health Centers of Western Illinois does not utilize emergency intervention procedures, seclusion, or restraint in any of its programs in response to assault or aggression in the provision of services. In addition, intrusive procedures such as strip searches or pat downs are not utilized in any of its programs.

### **Definitions**

**Emergency Intervention Procedures:** A physical hold used only as a time-limited emergency measure until the appropriate law enforcement, safety, or other emergency service providers arrive on site.

**Restraint:** The use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit an individual's freedom of movement.

**Seclusion:** The separation of an individual from normal program participation in an involuntary manner. The individual is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is NOT considered seclusion.

## **F. Client Rights/Privileges Restriction**

The Mental Health Centers of Western Illinois has compiled a list of client rights, and strives to provide services in a manner that is respectful to the individual. The agency recognizes that in order to reduce/avoid psychiatric decompensation or modify inappropriate behaviors, restrictions of client rights and/or privileges may be necessary for effective treatment.

Any restriction on client rights or privileges will require the completion of a Notification of Client Restriction form. The purpose of this form is to describe the presenting problem, the restriction to be enforced, the purpose or benefit anticipated, and the plan with measurable objectives for restoring of the right or privilege. The agency obtains informed consent prior to implementation. The client, his or her parent or guardian and any agency designated by the client shall be notified of the restriction by the Associate Director. A parent/guardian signature section has been added to the form. Only Executive staff may place a restriction and are responsible for informing the individual of the restriction. The Executive Director reviews and approves all restrictions.

Restrictions must be reviewed within the specified timeframe to a maximum of thirty (30) days. Reviews are documented on the Notification of Client Restriction Review form, which determines the need for further restriction. The client, his or her parent or guardian and any agency designated by the client shall be notified of the results of the review by the Associate Director. The Executive Director is responsible for reviewing the continued appropriateness of the restriction.

All restrictions will be documented in the clinical file.

## G. MHCWI Fee Agreement

| Client Information |   |               |             |
|--------------------|---|---------------|-------------|
| Client Name:       |   | Client ID #:  | SS #:       |
| D.O.B.:            | <input type="checkbox"/> Male <input type="checkbox"/> Female | Home Phone #: | Cell #:     |
| Address:           |   | City:         | State: Zip: |

| Billing Information – Responsible Party other than Client <input type="checkbox"/> Same as above |  |               |             |
|--|--|---------------|-------------|
| Name:  |  | Home Phone #: | Cell #:     |
| Address:   |  | City:         | State: Zip: |

| Insurance/Medicare/Medicaid Information- Attach copy of insurance card (front & back) |  |   |   |
|---|--|---|---|
| Name of Insurance:  |  | <input type="checkbox"/> EAP # of EAP Sessions: _____ |   |
| Member ID #:  | Group #:   | Medicare ID #:  | Medicaid ID #:  |
| Policy Holder Name:   |  |   |   |
| Address:  |  | City:   | State: Zip:   |
| Phone:  | SS #:  | D.O.B. of Policy Holder:                              | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Employer:   | Relationship to Policy Holder: <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other (please specify): |   |   |

| Insurance/Medicare/Medicaid Information- Attach copy of insurance card (front & back) |  |   |   |
|---|--|---|---|
| Name of Insurance:  |  | <input type="checkbox"/> EAP # of EAP Sessions: _____ |   |
| Member ID #:  | Group #:   | Medicare ID #:  | Medicaid ID #:  |
| Policy Holder Name:   |  |   |   |
| Address:  |  | City:   | State: Zip:   |
| Phone:  | SS #:  | D.O.B. of Policy Holder:                              | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Employer:   | Relationship to Policy Holder: <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other (please specify): |   |   |

In order to see if you qualify for reduced fees through DHS or agency funding you are required to provide your insurance, proof of income, & household size information. Do you wish to be evaluated? **If you check "yes" you are acknowledging and understand that your private health information is reported to DHS as part of the requirement to receive DHS funding.**

Yes, information provided     No    Have you applied or will you apply with DHS/HFS for medical assistance:  Yes  No  N/A

| Fee Computation-Attach proof of household/client income and household size |                                 |
|--|---------------------------------|
| Household Income (Monthly):  | Client Income (Monthly):        |
| Household Income (Annual):   | Number of Household dependents: |

| **MD Eval  | **MD F/up    | *MH Ind      | *MH Group   | *SA Ind         | *SA Group | **Med Admin - Nurse |
|------------|--------------|--------------|---|-----------------|-----------|---------------------|
| \$         | \$           | \$           | \$  | \$              | \$        | \$                  |
| **DUI Eval | **DUI Update | **Update/SOS | **Children in Between   | *Miscellaneous: |           |                     |
| \$135.00   | \$90.00      | \$140.00     | <input type="checkbox"/> \$45.00 <input type="checkbox"/> \$64.00 | \$              |           |                     |

\*Charged by the hour.    \*\*Charged by the event.

| Substance Abuse Services Only:   |            |           |                |
|--|------------|-----------|----------------|
| Please note that the length, frequency, duration and estimation of cost will vary according to your service needs and progress towards your goals. The agency estimates your treatment as follows: <i>(Example: 1 hour per week for 6 months @ \$1,447.68)</i> |            |           |                |
| Length:  | Frequency: | Duration: | Estimation: \$ |

We are a voter registration center. Do you wish to register to vote?

|                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I'm already registered to vote |
|------------------------------|-----------------------------|---|

**ALL CO-PAYMENTS, COINSURANCE, DEDUCTIBLES AND SELF-PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED. FAILURE TO PROVIDE/LIST OR OTHERWISE IDENTIFY INSURANCE COVERAGE OR CHANGES IN INSURANCE COVERAGE WHEN IT OCCURS, CAN RESULT IN SERVICE FEES. I REALIZE I WILL BE RESPONSIBLE FOR PAYMENT REGARDLESS OF THIRD PARTY INSURANCE PAYMENTS.**

\_\_\_\_\_  
 Guarantor Signature and Date  
 09/01/13, 01/14, 02/14, 04/14, 06/14, 07/16

\_\_\_\_\_  
 Witness Signature and Date

## **H. Americans with Disabilities Act—Accommodations**

It is the intent of this agency to comply with all aspects of the Americans with Disabilities Act (ADA). Although some of our buildings/premises are old and have been remodeled on several occasions, ready access to everyone has always been the key consideration. Through our safety program, we adhere to our belief that it is an ongoing and important aspect of our total programming that safe and ready access be available at all times. In addition, we provide to all individuals who need adaptive equipment and all manner of technical equipment and all manner of technical assistance, either locally or through appropriate referral. We strive to ensure compliance with federal and state law regarding equal access and service delivery for Limited English Proficient (LEP) clients, persons who are hard of hearing or deaf, and clients who may have low literacy.

We make every effort to identify clients with disabilities and their needs for reasonable accommodation. If you have a need for an accommodation which we have not identified or is new, please feel free to discuss your needs with your primary counselor/case manager, who will follow-up on your needs.

## **II. Client Information**

### **A. Agency Services**

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*Reviewed 03/31/17*

#### **Case Management**

Case Management services are available to any individual seeking services with the agency to provide continuity with health and social services. These services are individualized according to need and are provided in areas related to medication, psychiatric/medical, financial, and coordination/support with community providers and resources.

#### **Children In Between**

Group services are provided to divorcing parents who share children together. The class provides education and encouragement to parents. The program uses workbook exercises and video tape excerpts to address common scenarios in families experiencing divorce. The course is curriculum based and is approximately four hours in length.

Topics addressed include: communicating messages to the other parent; avoiding “put-downs” towards the other parent; dealing with money issues related to the divorce; quizzing the child about the other parent; long distance parenting; playing sibling against each other; managing events where both parents are present; child guilt over parents loneliness; threatening the other parent; and quality parenting.

#### **Community Housing**

Community Housing services are available to individuals 18 years of age or older diagnosed with a psychiatric disorder who require a supervised or supported living environment for community residency. Program services are person centered and focus on improving functioning, increasing independent living skills and other supportive measures according to each individual’s unique need.

The Community Housing Program consists of five residential facilities, with individual apartments, each of which may be furnished depending upon the availability of funding: Sterling Apartments, Country Lane Apartments, Harvest House, Curry Lane Apartments and Randolph Lane Apartments.

#### **Community Intervention**

Community Intervention services are provided by staff of the agency upon contact and on an ongoing basis. The MHCWI Substance Abuse Program recognizes the importance of educating the community (i.e. law enforcement, probation, schools, social service organizations, etc.) regarding the services provided by the program, the effects of alcohol/substance use (particularly involving injecting drug users), education on the risks of HIV, and various treatment options.

### ***Community Support – Individual (CSI), Group (CSG), and Residential (CSR)***

Community Support – Individual services are person centered mental health rehabilitation services and supports for children, adolescents, families and adults necessary to assist clients in achieving and maintaining wellness and rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.

### ***Crisis Intervention***

Crisis Intervention services are provided immediately upon contact to individuals experiencing a major life crisis and/or a rapid decrease in functioning. Individuals are evaluated by clinical staff to determine whether crisis can be deflected or a referral for psychiatric hospitalization is required. After-hour crisis intervention services may also be accessed by calling 217/773-3977, 217/357-3176 or 217/285-6111. The agency has implemented a pager system in which clinical staff rotate on a weekly basis to respond to any pages received from the hotlines.

### ***Community Day Services***

Community Day Services are available to individuals 18 years or older who have a developmental disability which includes a diagnosis of intellectual disability, autism, cerebral palsy, and/or epilepsy. Program services provide adults with developmental disabilities with an array of daily, structured activities to promote and develop such skills as motor and sensory development, toileting, eating, grooming, expressive and receptive language development, survival skills training, money management, independent living skills, and social/recreational activities; included but not limited to classes in self-esteem building, basic academics and human sexuality.

### ***Driver Risk Education***

Driver Risk Education services are available to persons who have been charged with DUI offenses or violation of similar local ordinances. The purpose of this program is to provide orientation to offenders regarding the impact of alcohol/drug use on behavior and driving skills. It also allows the offender to explore the personal ramifications of their own substance use.

### ***DUI Evaluation***

Evaluation services are available to persons who are charged with driving under the influence (DUI) offenses or violation of similar local ordinances. The purpose of the evaluation is to determine the extent of alcohol/drug use and determine the offender's risk to public safety. A subsequent corresponding recommendation for intervention is determined and recorded for the Illinois courts or the Office of the Secretary of State.

### ***Early Intervention***

Individual or group educational services are provided to educate individuals who are at risk for developing alcohol or substance abuse problems.

### ***Home and Community Based Support***

HCBS services are awarded to children and adults who have been diagnosed with an Intellectual Developmental Disability through an Illinois Medicaid Waiver program, after they have been selected from the PUNS list. The funds can be used for Community Day Services, Service Facilitation, and Personal Support Workers, who are chosen by the individual to assist at home or in the community to work on their own individual goals. MHCWI provides Service Facilitation, which includes, but is not limited to writing the Individual Service Plans, monitoring the implementation of the plan, and providing assistance with special funding requests through this waiver.

### ***Outpatient Treatment***

Outpatient treatment services are available to individuals over the age of three who are experiencing psychological, emotional and/or social difficulties and impaired functioning in handling life's challenges. Individual, family or group counseling sessions provide a supportive environment to manage life's challenges. Treatment interventions include the use of evidence-based practices.

### ***Peer Support Services***

Peer Support Services are available to individuals in recovery from mental illness or dual diagnosis of mental illness and substance use disorders. This is an individualized, recovery-focused service that allows individuals the opportunity to learn to manage their own recovery and advocacy process. Interventions of the Peer Support Specialist serve to enhance the development of natural supports, as well as coping and self-management skills. Peer support may include peer mentoring or coaching, resource connecting, facilitating and leading recovery, educational and support groups, advocating for the person/family served, and/or building community supports.

### ***Psychiatric Services***

Psychiatric services are provided to individuals diagnosed with a psychiatric disorder to evaluate psychiatric symptoms and monitor prescribed psychotropic medications. Psychiatric services are provided weekly by a licensed psychiatrist employed by the agency.

### ***SASS Support Services***

Screening, Assessment and Support Services, (SASS) is a crisis mental health program for children and adolescents. SASS serves children experiencing a mental health crisis. SASS services are available by calling the CARES line.

**CARES Line: 1-800-345-9049 (Voice) 1-773-523-4504 (TTY)**

**MHCWI will provide support services for individuals eligible for the SASS Program in the areas of counseling and case management.**

### ***Sheltered Workshop***

Sheltered Workshop services provide individuals with disabled conditions with employment opportunities consistent with his/her physical and mental capabilities and supportive services designed to promote employment capacities. The supervised work environment provides occupational experiences similar to those found in competitive work settings, training on work skills to assist individuals in increasing their productive potential, and structure to assist in developing good working habits and attitudes.

### ***Substance Abuse Treatment***

Substance Abuse treatment services are available to individuals who are 12 years of age and older who are experiencing difficulties with alcohol and/or other substances. Individual or group sessions provide support with alcohol/substance abuse-related issues and coping strategies to reduce use, maintain abstinence and avoid relapse.

## **B. Agency Holidays**

Services will not be available (except in the housing facilities) on the following holidays:

- New Year's Day
- President's Day
- ½ day on Good Friday and the Monday following Easter
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving and the day after
- ½ day on Christmas Eve, Christmas Day and the day after

## **C. Grievance Procedure**

The Mental Health Centers of Western Illinois is committed to providing individuals the best possible services. Part of this commitment is encouraging an open atmosphere in which any problem, complaint, suggestion or question receives a timely response until the concern is resolved. If an individual, parent, or guardian disagrees with established rules of conduct, policies, practices or treatment decisions, he/she can express his/her concern through the Grievance Procedure. A grievance is filed utilizing the following procedures:

- 1) Any individual with a concern or complaint should first try to resolve the problem with the specific person involved, whenever possible. This should be done within seven calendar days after the incident occurs. The individual may represent him/herself or have the guardian or someone else present for the purpose of support and advocacy.
- 2) If an agreement is unable to be reached, or the individual does not feel comfortable addressing the person involved, the grievance should be brought to the assigned QSP / Program Supervisor. The QSP / Program Supervisor will consult with individuals concerned as warranted. The respective QSP / Program Supervisor will respond in writing within seven days of receipt of the complaint.
- 3) If the issue(s) is not resolved, within two days of the QSP / Program Supervisor's decision, the individual has the right to present his/her grievance in writing via the Grievance Form, or other preferred mode of communication, to the Executive Director at 700 SE Cross, Mt. Sterling, IL 62353. The Executive Director may require a meeting with the individual to discuss the grievance and/or will gather information regarding the grievance through discussion with all parties involved. The Executive Director will make a decision regarding the grievance and respond in writing within seven days of the receipt of the grievance or the meeting. Attachment A will be included with the letter and sent by mail, in addition to a self-addressed stamped envelope. Attachment A inquires the individual's response to the Executive Director's decision. If it is not returned to the agency within seven days, the grievance is considered resolved.

If the complainant is from the Community Day Services Program and is still not happy with the results, he/she may present his/her grievance to the Human Rights Committee. The Human Rights Committee will discuss this matter in a closed session and respond in writing to the individual within two weeks. A copy is placed in the client's file.

- 4) If the individual feels the issue is still not resolved, within two days of the Executive Director's or Human Rights Committee's decision, he/she may request the grievance be presented to the President of the Board of Directors for review. Within 30 days of the receipt of the grievance, a special Board meeting will be convened to discuss the grievance. The individual will receive a written response within seven business days of this meeting. The Board of Directors has full authority to make any adjustment deemed appropriate to resolve the problem; in addition no action shall be implemented prior to this final determination by the Board. The decision of the Board is considered final.

At no time will anyone directly involved in the action or decision being grieved or appealed be a part of the review of that action or decision. The decision to utilize the Grievance Procedure shall be the voluntary decision of the individual. No one will be penalized or retaliated against for voicing a complaint with MHCWI in a reasonable, business-like manner or for using the grievance procedure, regardless of the outcome. If assistance in utilizing the above grievance procedure is required, individuals may contact Equip for Equality, Inc. at 1-800-758-0464 or an attorney anytime during this process.

#### **D. Advocacy Groups**

Many government acts, laws and regulations have been enacted and many organizations established to advocate on your behalf to ensure your rights as a client at this agency. Although the Mental Health Centers of Western Illinois believes in providing services to individuals in an environment that respects their human dignity and rights, is accessible and accommodating, and conducted by employees who are ethical and professional, a situation may occur.

⇒ You will be provided with a list of client rights to sign during the completion of agency forms. A copy is provided below for your review. If at any time you believe that the services you received or the staff at the agency have not been appropriate and/or have violated your rights, you may contact Equip for Equality, Inc. at 1-800-758-0464 or Guardianship & Advocacy Commission at (309) 693-5001 to report your concerns. In addition, the Community Day Services Program has a Human Rights Committee to review any complaints about restrictions to an individual's rights.

⇒ The Illinois Department of Human Services has statutory authority 20 ILCS 301 and 625 ILCS 5 to license, inspect, and investigate programs providing alcoholism and substance abuse treatment and intervention services. If you have any complaints regarding licensed treatment or DUI services, you may contact:

Illinois Department of Human Services  
Office of Alcoholism and Substance Abuse  
100 West Randolph St., Suite 5-600  
Chicago, Illinois 60601  
212-814-3840

⇒ In addition, the Mental Health Centers of Western Illinois complies with the Department of Human Services Office of the Inspector General (OIG) mandate to report any abuse or neglect situations experienced by an individual served. If at any time while receiving services at MHCWI, you believe you have been the victim of an abuse or neglect occurrence, or have witnessed an abusive or neglectful situation, please report the situation to any MHCWI staff member or contact the OIG Hotline at 1-800-368-1463.

⇒ The Americans with Disabilities Act (ADA) has established guidelines to provide equal opportunity for individuals with disabilities. Complaints alleging discrimination on the basis of disability must be filed with the Department of Justice at the following address:

Coordination and Review Section  
PO Box 66118  
Civil Rights Division, U.S. Department of Justice  
Washington, D.C. 20035-6118

The following must be included in the complaint:

- the complaint must be in writing
- it should contain the name and address of the individual or the representative filing the complaint
- the complaint should describe the alleged discriminatory action in sufficient detail to inform of the nature and date of the alleged violation
- the complaint must be signed by the complainant or by someone authorized to do so on his/her behalf
- complaints filed on behalf of classes or third parties shall describe or identify (by name, if possible) the alleged victims of discrimination.

## **E. Client Rights**

The following is a list of individual rights. An individual shall not be deprived of any rights, benefits or privileges guaranteed by law, the Constitution of the United States, or the Constitution of the State of Illinois solely on account of the receipt of such service. Also, your rights are protected and all services provided to you comply with the Department of Mental Health and Developmental Disabilities Code (Chapter 2). The Mental Health Centers of Western Illinois wants you to know and understand your rights.

- 1) Access to services will not be denied on the basis of age, sex, race, color, religious beliefs, religion, physical or mental disability, disability, gender, sexual orientation, national origin, marital status, ethnicity, HIV status, legal status, or criminal record.
- 2) You have the right to have disabilities accommodated as required by the American With Disabilities Act of 1990, section 504 of the Rehabilitation Act, and the Human Rights Act [775 ILCS 5]. As a provider, MHCWI will make reasonable accommodation for the delivery of services to any individual for whom a site is inaccessible. You will have nondiscriminatory access to services in accordance with the American's With Disabilities Act.

- 3) Each individual is guaranteed the right of confidentiality of all communications and documentation with staff as governed by the Health Insurance Portability & Accountability Act of 1996 (HIPPA), Mental Health & Developmental Disabilities Confidentiality Act, the Confidentiality of Alcohol & Drug Abuse Patient Records regulations, the AIDS Confidentiality Act, and AIDS Code, as well as the policies of the Mental Health Centers of Western Illinois.
- 4) HIV and/or AIDS counseling or testing services shall be maintained in separate records available only to counseling or testing staff. You have the right to confidentiality of your status and records, including HIV status and testing as provided for under Illinois law.
- 5) An individual or individual's guardian has the right to authorize or withhold consent regarding confidential information contained in the clinical record. An individual may request in writing to review his/her record under the supervision of the counselor.
- 6) An individual shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an Individual Treatment Plan, which shall be formulated and periodically reviewed with the participation of the individual and/or individual's guardian.
- 7) An individual or individual's guardian will be provided with necessary information or documentation (i.e. benefits, risks, side effects or financial cost) in order to make an informed decision regarding treatment, including medication.
- 8) An individual or individual's guardian has the right to refuse generally accepted mental health/ substance abuse services, including, but not limited to, medication. If services are refused, the individual will be informed of alternative services and also the risks of these services, as well as the possible consequences to the individual due to his/her refusal of services. If such services are refused, they shall not be given unless such services are necessary to prevent the individual from causing serious harm to him/herself or others.
- 9) The Mental Health Centers of Western Illinois does not utilize restraint or seclusion as therapeutic interventions with an individual.
- 10) An individual shall be free from neglect, physical abuse, sexual abuse, harassment, physical punishment, and psychological abuse including humiliating, threatening and exploitative actions.
- 11) An individual will not be subject to fiduciary abuse or exploitation by staff of the Mental Health Centers of Western Illinois.
- 12) An individual has the right to contact Guardianship and Advocacy Commission; Equip for Equality, Inc.; Department of Human Services (the public payer); Department of Children and Family Services; or our Human Rights Committee or our Behavior Management Committee. Staff shall offer assistance to the individual in contacting these groups by providing each individual the addresses and telephone numbers.
- 13) If an individual is concerned about any aspect of your treatment, you should first talk to a person at your mental health center. If you cannot work out your concern, you may call the Consumer and Family Care Hotline at (866) 359-7953. They act on behalf of the Department of Human Services (the public payer). They will explain the steps in the process and also explain your rights when filing a complaint. If you decide you want to file a complaint, they will explain your rights and answer any questions that you may have.
- 14) An individual or the individual's guardian shall be permitted to present grievances and to appeal adverse decisions of the Mental Health Centers of Western Illinois up to and including the Board of Directors.
- 15) Notification for any restriction of Client Rights shall be provided to the individual and/or the individual's guardian. The restriction and justification for the restriction will be documented in the individual's clinical record. Documentation shall include a plan with measurable objectives for restoring your rights, and the plan is to be signed by the client or the client's parent or guardian, the QMHP and LPHA. In addition, the client affected by such restriction, his or her parent or guardian, as appropriate, and any agency designated by the client pursuant to # 12 above, shall be notified of the restriction and given a copy of the plan to remove the restriction of rights.
- 16) An individual shall not be denied, suspended or terminated from services or have services reduced for exercising any of his/her rights.

**All the rights listed above have been explained and provided to me using language or a method of communication that I and/or my guardian understands and documentation shall be filed in my clinical record.**

\_\_\_\_\_  
**Client Signature** (age 12 and older)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

I explained these rights and believe that the client and/or guardian understood.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Equip for Equality, Inc.  
PO Box 276  
Springfield, IL 62705  
217/544-0464 or 800/758-0464  
FAX: 217/523-0720

Guardianship & Advocacy Commission  
401 Main Street, Suite 620  
Peoria, IL 61602  
309/671-3030  
FAX: 309/671-3060

*Human Rights Committee or Behavior Management Committee:*

Pike Site  
c/o Associate Director  
120 North Williams Industrial Drive  
Pittsfield, IL 62363  
217-285-4930

Hancock Site  
c/o Associate Director  
607 Buchanan Street  
Carthage, IL 62321  
217-357-3176

Cc: Client  
Parent/guardian  
Agency designated (if any)

*R&R 01/05, 07/05, 6/08, 9/08, 08/09, 06/12, 07/12, 01/13, 02/13, 09/13, 05/15*

## **F. Consent to Treat**

It is the policy of MHCWI to require clients or their legal representative to consent to services for the client. Consent is documented by the client's or legal representative's signature on the Application/Assessment form and/or Client Orientation and Informed Consent to Services form.

## **G. Consent for Medication Treatment/Patient Medication Instruction Sheet and Understanding Statement**

It is policy of MHCWI to have documentation or confirmation of informed consent for each medication administered, when possible. Consent is documented by the client's or legal representative's signature on the Consent for Medication Treatment/Patient Medication Instruction Sheet and Understanding Statement at least annually and upon initiation of a new medication.

## **III. Client Education**

### **A. Advance Directives**

#### **What are advance directives?**

"Advance directive" is a general term that describes two types of legal documents:

- Living wills
- Medical power of attorney

These documents allow you to instruct others about your future medical care wishes and appoint a person to make healthcare decisions if you are not able to speak for yourself. Each state regulates the use of advance directives differently.

#### **What is a living will?**

A living will is a type of advance directive in which you put in writing your wishes about medical treatment for the end of your life in the event you cannot communicate these wishes directly. Different states name this document differently: for example, it may be called a "directive to physicians," "health care declaration," or "medical directive." Regardless of what it is called, its purpose is to guide your family and doctors in deciding about the use of medical treatments when you are dying.

Your legal right to accept or refuse treatment is protected by the Constitution and case law. However, your state law may define when the living will goes into effect, and may limit the treatments to which the living will applies. You should read your state's suggested document carefully to ensure that it reflects your wishes. You can add further instructions or write your own living will to cover situations that the state suggested document might not address. Even if your state does not have a living will law, it is wise to put your wishes about the use of life-sustaining medical treatments in writing.

### **What is a medical power of attorney?**

A medical power of attorney is a document that lets you appoint someone you trust to make decisions about your medical care if you cannot make them yourself.

This type of advance directive can also be called a "healthcare proxy," "appointment of a healthcare agent," or "durable power of attorney for healthcare." The person you appoint may be called your healthcare agent, surrogate, attorney-in-fact, or healthcare proxy. The person you appoint through a medical power of attorney usually is authorized to deal with all medical situations, not only end-of-life decisions when you cannot speak for yourself. Thus, he or she can speak for you if you become temporarily incapacitated-after an accident, for example-as well as if you become incapacitated because of irreversible disease or injury.

Generally, the law requires your agent to make the same medical decisions that you would have made, if possible. To help your agent do this, it is essential that you discuss your values about the quality of life that is important to you and the kinds of decisions you would make in various situations. For example, how aggressively would you want medical treatments supplied if you had Alzheimer's disease or if you were in a coma and unlikely to recover? Share your thoughts concerning someone you have known who was very ill and how you would want to be treated if you were in a similar situation. These discussions will help your agent to form a picture of your views regarding the use of medical treatments.

If this discussion does not take place, your agent will have to examine any general statements you might have made, your religious and moral beliefs, and what he or she knows about your values in general. When your wishes about a particular medical decision are not known your agent must act in your best interest, using his or her own judgment depending on your state's law.

Some states let you appoint an agent within the living will. This is different from a medical power of attorney, because an agent appointed in a living will can only make decisions about using medical treatments, and only if you are in one of the medical conditions specified in your state's law (such as "terminally ill," "permanently unconscious," or "imminently dying").

### **Why do I need advance directives?**

Advance directives give you a voice in decisions about your medical treatment, even if you are unconscious or too ill to communicate.

As long as you are able to make and express your own decisions, you can accept or refuse any medical treatment. But if you become seriously ill, you might lose the ability to participate in decisions about your own treatment.

Research has shown that 80 percent of us now die in a medical facility such as a hospital or nursing home, as medical technology can now prolong life as never before. The quality of that life, however, may be greatly reduced. As a result, many patients, families and caregivers face difficult questions about how much technology to use when the patient cannot get better. That means most of us will face a decision about whether to use life-sustaining treatments at the end of our lives. If we cannot speak for ourselves at that point, other people will have to make the decisions for us.

Providing your loved ones and caregivers with the information they need to make medical decisions for you is a great gift. It can spare them emotional anguish and conflict. Making end-of-life decisions for someone else is difficult and painful for loved ones and caregivers. You can make those decisions much easier for your family by talking about your wishes while you are able to do so.

If your loved ones do not know your preferences, decisions are even harder to make and serious conflicts can arise between your family and medical caregivers or within your family itself. Without clear evidence about a patient's wishes, some care providers will continue treatment, not only because they are trained to do so, but also to protect themselves from any liability. Even if your loved ones believe that you would not want a treatment, they might not be able to stop it without some direction from you depending on the state.

Remember, it's up to you to take the initiative and express your wishes. Your family or doctor is not likely to raise the issue for you.

## **B. HIV and AIDS**

Human immunodeficiency virus, or HIV, is the virus that causes acquired immune deficiency syndrome (AIDS). The virus weakens a person's ability to fight infections and cancer. People with HIV are said to have AIDS when they develop certain infections or cancers or when their CD4 count is less than 200. CD4 count is determined by a blood test in a doctor's office.

Having HIV does not always mean that you have AIDS. It can take many years for people with the virus to develop AIDS. HIV and AIDS cannot be cured. Although people with AIDS will likely one day die from an AIDS-related illness, there are ways to help people stay healthy and live-longer.

### **What Is AIDS?**

AIDS is the final stage of HIV infection. When the immune system CD4 cells drop to a very low level, a person's ability to fight infection is lost. In addition, there are several conditions that occur in people with HIV infection with this degree of immune system failure -- these are called AIDS defining illnesses.

### **How Do People Get HIV?**

A person gets HIV when an infected person's body fluids (blood, semen, fluids from the vagina or breast milk) enter his/her bloodstream. The virus can enter the blood through linings in the mouth, anus or sex organs, or through broken skin.

Both men and women can spread HIV. A person with HIV can feel okay and still give the virus to others. Pregnant women with HIV also can give the virus to their babies.

Common ways people get HIV:

- Sharing a needle to take drugs.
- Having unprotected sex with an infected person.

You cannot get HIV from:

- Touching or hugging someone who has HIV/AIDS.
- Public bathrooms or swimming pools.
- Sharing cups, utensils, or telephones with someone who has HIV/AIDS.
- Bug bites.

### **Who Can Get HIV?**

Anyone can get HIV if they engage in certain activities. You may have a higher risk of getting HIV if you:

- Have unprotected sex. This means vaginal or anal intercourse without a condom or oral sex without a latex barrier with a person infected with HIV.
- Share needles to inject drugs or steroids with an infected person. The disease can also be transmitted by dirty needles used to make a tattoo or in body piercing.
- Receive a blood transfusion from an infected person. This is very unlikely in the U.S. and Western Europe, where all blood is tested for HIV infection.

- Are born to a mother with HIV infection. A baby can also get HIV from the breast milk of an infected woman.

If you fall into any of the categories above, you should consider being tested for HIV.

Health care workers are at risk on the job and should take special precautions. Some health care workers have become infected after being stuck with needles containing HIV-infected blood or less frequently, after infected blood comes into contact with an open cut or through splashes into the worker's eyes or inside their nose.

### **HIV Tests**

The only way to know if you have HIV is to take an HIV test. Most tests look for signs of HIV in your blood. A small sample of blood is taken from your arm. The blood is sent to a lab and tested for HIV.

Clinics that do HIV tests keep your test results secret. Some clinics even perform HIV tests without ever taking your name (anonymous testing).

Before taking an HIV test:

- Ask the clinic what privacy rules it follows
- Think about how knowing you have HIV would change your life
- Ask your doctor or nurse any questions you have about HIV, AIDS or the HIV test

### **Who Should Be Tested?**

Currently, it is recommended that people who engage in risky behaviors such as unprotected sex or needle-sharing -- and all pregnant women be tested for HIV infection.

### **Does HIV Have Symptoms?**

Some people get flu-like symptoms a month or two after they have been infected. These symptoms often go away within a week to a month. A person can have HIV for many years before feeling ill.

As the disease progresses, both women and men may experience yeast infections on the tongue (thrush), and women may develop severe vaginal yeast infections or pelvic inflammatory disease.

### **What Are the Symptoms of AIDS?**

Signs that HIV is turning into AIDS include:

- A fever that won't go away.
- Sweating while you sleep.
- Feeling tired all the time. (not from stress or lack of sleep)
- Feeling sick all the time.
- Losing weight.
- Swollen glands. (neck, groin or underarms)

### **What Infections Do People With AIDS Get?**

People with AIDS are extremely vulnerable to infection, called AIDS defining illnesses, and often exhibit the following conditions:

- Kaposi's sarcoma, a skin tumor that looks like dark purple blotches.
- Mental changes and headaches due to fungal infections or tumors in the brain and spinal cord.
- Shortness of breath and difficulty breathing due to infections of the lungs.
- Dementia.
- Severe malnutrition.
- Chronic diarrhea.

### **How Is AIDS Diagnosed?**

If a person with HIV infection has a CD4 count that drops below 200 -- or if certain infections appear (AIDS defining illnesses) -- that person is considered to have AIDS.

### **How Can I Keep From Getting HIV?**

The best way to protect yourself is to avoid activities that put you at risk. There's no way to tell by looking at someone if he or she has HIV. Always protect yourself.

- Use latex condoms (rubbers) whenever you have any type of sex (vaginal, anal, or oral).
- Don't use condoms made from animal products.
- Use water-based lubricants. Oil-based lubricants can weaken condoms.
- Never share needles to take drugs.
- Avoid getting drunk or high. People who are drunk or high may be less likely to protect themselves.

### **What Is the Outlook for Someone With HIV or AIDS?**

It depends on how the virus responds to early treatment. When treatment fails to decrease the replication of the virus, the effects can become life threatening, and the infection can progress to AIDS.

Even with treatment, some people seem to naturally experience a more rapid course towards AIDS. However, the majority of HIV patients who receive appropriate treatment do well and live healthy lives for years.

## **C. Tuberculosis (TB)**

### **What Is Tuberculosis?**

Tuberculosis, commonly referred to as TB, is a bacterial infection that can spread through the lymph nodes and bloodstream to any organ in your body but is usually found in the lungs. Most people who are exposed to TB actually never develop symptoms. The bacteria can live in an inactive form in the body. Medication can be given to help get rid of the inactive bacteria. However, if the immune system weakens, such as in people with HIV or as we age, the bacteria can activate. In their active state, TB bacteria cause death of tissue in the infected organs, possibly resulting in death.

Because the bacteria that cause tuberculosis are transmitted through the air, the disease can be quite contagious. However, it is nearly impossible to catch TB simply by passing an infected person on the street. To be at risk, you must be exposed to the organisms constantly, by living or working in close quarters with someone who has the active disease. Even then, because the bacteria generally stay dormant after they invade the body; only 10% of people infected with TB will ever come down with the active disease. The remaining 90% will show no signs of infection, nor will they be able to spread the disease to others. Dormant infections can eventually become active, though, so even people without symptoms should receive medical treatment.

Once widespread, TB became relatively rare with the help of antibiotics developed in the 1950s. Today, however, a new and highly resistant form has emerged, creating a public-health hazard in many large cities worldwide. If you have TB -- in its active or dormant state -- you must seek medical treatment.

### **What Causes It?**

Tuberculosis is generally caused by exposure to microscopic airborne droplets containing the bacterium *Mycobacterium tuberculosis*. The disease is almost never transmitted through clothes, bedding or other personal items. Because most people with TB exhale only a few of these germs with each breath, you can contract the disease only if you are exposed to an infected person for a long time. If you spend eight hours a day for six months, or 24 hours a day for two months, with someone with an active case of TB, you have a 50% chance of getting infected.

People who are malnourished or who live in close quarters stand the greatest chance of contracting tuberculosis. Therefore, the conditions that accompany poverty, although not a cause of tuberculosis, certainly contribute to its ability to spread. Healthcare workers, long-term hospital patients, and prison workers or inmates also face a greater-than-normal risk of becoming infected with TB. The active form of the infection is more likely to occur in people with weakened immune systems, such as those with AIDS, or blood cancers, such as leukemia.

### **What Are the Symptoms?**

You will generally have no symptoms if you are infected with TB. In fact, you may not even be aware that you have the disease until it is revealed through a skin test, perhaps during a routine checkup. The Mantoux skin test

-- performed in a doctor's office or health department -- is the most reliable detector of TB. A small amount of liquid material is injected just under the top layer of your skin on your arm. After two to three days, a doctor or nurse will read the test to see if it's positive -- a hard, red welt at the injection site of five to 15 millimeters, depending on your risk factors for developing active TB. A positive test means that you have been infected with TB at some point, though not necessarily in its active form. An X-ray of your lungs will help reveal if the disease is active.

If you are concerned that you have active TB, look for these symptoms:

- Sensation of not feeling well
- Cough, at first with yellow or green mucus and occasionally bloody later in the disease.
- Fatigue
- Shortness of breath
- Weight loss
- Slight fever, night sweats
- Pain in the chest, back, or kidneys, and perhaps all three

Call Your Doctor If:

- You have any of the symptoms listed for TB, especially if you live in crowded conditions, are malnourished, or have HIV. (Note: Virtually all of the symptoms of tuberculosis can be confused with those of other diseases; bloody mucus, for example, can also be symptom of pneumonia.)
- You have been exposed to someone with active tuberculosis.

## **D. Sexually Transmitted Diseases (STDs)**

### **What Are STDs?**

STDs are sexually transmitted diseases. This means they are most often — but not exclusively — spread by sexual intercourse. AIDS, chlamydia, genital herpes, genital warts, gonorrhea, some forms of hepatitis, syphilis and trichomoniasis are STDs.

STDs used to be called venereal diseases or VD. They are among the most common contagious diseases. More than 65 million Americans have an incurable STD. Each year, 15.3 million new cases are reported; half of these infections are lifelong.

STDs are serious illnesses that require treatment. Some STDs, such as AIDS, cannot be cured and are deadly. By learning more about STDs, you can find out ways to protect yourself.

You can get an STD by vaginal, anal, or oral sex. You can also be infected with trichomoniasis by contact with damp or moist objects such as towels, wet clothing or toilet seats, although it is more commonly spread by sexual contact. You are at high risk if:

- You have more than one sex partner.
- You have sex with someone who has had many partners.
- You don't use a condom when having sex.
- You share needles when injecting intravenous drugs.
- You trade sex for money or drugs.

Except for AIDS and hepatitis B, sexually transmitted diseases can be cured or managed if they are treated early. You may not realize you have an STD until it has damaged your reproductive organs (rendering you infertile), your vision, your heart or other organs. Having an STD weakens the immune system and leaves you more vulnerable to other infections. Pelvic inflammatory disease is a complication of many STDs that can leave women unable to have children. It can even kill you. If you pass an STD to your newborn child, the baby may suffer permanent harm or death.

### **What Causes STDs?**

STDs include just about every kind of infection. Bacterial STDs include chlamydia, gonorrhea and syphilis. Viral STDs include AIDS, genital herpes, genital warts (HPV) and hepatitis B. Trichomoniasis is caused by a parasite.

The germs that cause STDs hide in semen, blood, vaginal secretions, and sometimes saliva. Most of the organisms are spread by vaginal, anal, or oral sex, but some, such as those that cause genital herpes and genital warts, may be spread through skin contact. You can get hepatitis B by sharing personal items, such as toothbrushes or razors, with someone who has it.

### **What are the Symptoms?**

STDs often are silent, meaning there are no symptoms. Especially if you are a woman, you may not notice any symptoms until you have developed serious complications. Be on the lookout for:

- A drip or discharge from the penis, urethra, vagina or anus. The color may be white, yellow, green or gray. The discharge may be blood-streaked and it may or may not have a strong odor.
- Genital and/or anal itching or irritation.
- A rash, blisters, sores, lumps, bumps or warts on or around the genitals, anus, or mouth.
- Burning or pain during urination.
- Swollen lymph glands in the groin.
- Pain in the groin or lower belly.
- Vaginal bleeding.
- Pain or swelling of the testicles.
- Swelling or redness of the vagina.
- Weight loss, loose stools, night sweats.
- Flu-like symptoms (such as aches and pains, fevers, and chills).
- Painful sex.
- Yellowing of the skin (jaundice).
- Bleeding from the vagina other than during a monthly period.

Call Your Doctor If:

- You must see a doctor if you have any of the symptoms listed above. DO NOT have any kind of sex with anyone until you see a doctor. Don't wait to get help. Sexually transmitted diseases are very contagious. They may result in serious complications or death if left untreated.
- If one of your current or former sex partners tells you they have or had an STD, see a doctor. Even if you don't have symptoms, you may have the disease.

### **How Do I Know If I Have an STD?**

If you or your sex partner has unprotected sex with anyone else, you are at risk. Ask your doctor to test you for STDs during your annual physical even if you have no symptoms. If you test positive, your sexual partners will need treatment. It may be embarrassing, but you must tell them they have been exposed. It is a matter of life and death.

STDs may be detected during physical examination; through Pap smears; and in tests of blood, urine, and genital and anal secretions.

Don't try to treat an STD yourself. These diseases are contagious and serious. You must see a doctor.

## **IV. Client Resources**

### ***Alcohol/Substance Abuse***

|  |   |              |
|--|---|--------------|
| Preferred Family Health Care   | 428 S. 36 <sup>th</sup> St., Quincy, IL 62301 | 217/224/6300 |
| McDonough District Hospital:<br>Behavioral Health Services (OP only) | 525 E Grant, Macomb, IL 61455                 | 309/836-1582 |

|   |  |                                 |
|---|--|---------------------------------|
| Blessing Behavioral Services (OP only)  | 927 Broadway, Suite 331, Quincy, IL 62301                          | 800/222-9913 or<br>217/224-4453 |
| Triangle Center   | 120 N. 11 <sup>th</sup> , Springfield, IL                          | 217/544-9858                    |
| Hopewell Clinical   | 847 West Adams, Pittsfield, IL 62363                               | 217/285-6353                    |
| Alcohol and Drug Dependency<br>Services of Southeast Iowa                           | 928 Main, Keokuk, IA 52632   | 319/524-4397                    |
| Family Counseling & Psychology Center   | 303 18 <sup>th</sup> Street, Rock Island, IL 61201                 | 309/788-6374                    |
| New Vision (medical detox services)   | One Memorial Dr., Alton, IL 62002                                  | 618/433-6084                    |
| Illinois Institute for Addiction Recovery:  |  |                                 |
| Unity Point Proctor Hospital  | 5409 N. Knoxville Ave., Peoria, IL 61614                           | 309/691-1055                    |
| Advocate BroMenn Medical Center   | Virginia @ Franklin Ave., Normal, IL 61761                         | 309/888-0993                    |
| National AA Helpline  | <a href="http://www.aa.org">www.aa.org</a>                         | 800/234-2046                    |
| Illinois District 20-Hancock, McDonough,<br>Fulton, & Schuyler Counties AA Helpline | <a href="http://www.aad20.org">www.aad20.org</a>                   | 309/839-9430                    |
| Illinois District 5-Quincy AA Helpline  | <a href="http://www.aad5.org">www.aad5.org</a>                     | 217/257-8787                    |
| Illinois District 6-Peoria AA Helpline  | <a href="http://www.aapeoria.org">www.aapeoria.org</a>             | 309/687-1329                    |
| Illinois District 15-Jacksonville AA Helpline                                       | <a href="http://www.jacksonvilleaa.org">www.jacksonvilleaa.org</a> | 217/371-0638                    |
| Illinois District 19-Springfield AA Helpline  | <a href="http://www.aaspringfield.org">www.aaspringfield.org</a>   | 217-525-5795                    |

## **Children**

|                                     |  |              |
|-------------------------------------|--|--------------|
| Chaddock                            | 205 S. 24 <sup>th</sup> St., Quincy, IL 62301    | 217/222-0034 |
| Dept. of Children & Family Services | 121 E. 2nd, Beardstown, IL 62618                 | 217/323-2286 |
|                                     | 55 S. Side Plaza, Jacksonville, IL 62052         | 217/245-9688 |
|                                     | 107 N. 3 <sup>rd</sup> , Quincy, IL 62301        | 217/221-2525 |
| Early Intervention (0-3) Program    | 121 E. 2 <sup>nd</sup> St., Beardstown, IL 62618 | 217/323-2980 |
| PACT Headstart                      | 300 S. Capitol, Mt. Sterling, IL 62353           | 217/773-3903 |
|                                     | 1310 W. Washington, Pittsfield, IL 62363         | 217/285-2234 |
| PACT Headstart                      | 712 Center St., Carthage, IL 62321               | 217/357-6764 |
| Two Rivers                          | 418 E. Main, Mt. Sterling, IL 62353              | 217/773-3141 |
| West Central Child Care Connection  | 510 Main, Quincy, IL 62301                       | 217/222-2550 |

## **Dental Services**

|  |   |              |
|--|---|--------------|
| Canter Family Dental                       | 900 E 15 <sup>th</sup> , Beardstown, IL 62618 | 217/323-2701 |
| Smiles Plus                                | 850 N. Jackson, Pittsfield, IL 62363          | 217/285-4084 |
| Mt. Sterling Dental Center                 | 839 Rte 24, Mt. Sterling, IL 62353            | 217/773-3213 |
| Carthage Dental Clinic                     | 671 Wabash, Carthage, IL 62321                | 800/422-8218 |
| Catholic Charities                         | Springfield, IL                               | 217/573-9201 |
| Pathway Services Unlimited, Inc.           | 1201 S. Main, Jacksonville, IL 62052          | 217/479-2300 |
| Dan Speckhart & Douglas White              | 110 E. Fayette, Pittsfield, IL 62363          | 217/285-5553 |
| Melvin Martin, DMD                         | 1165 W. Washington, Pittsfield, IL 62363      | 217/285-5525 |
| Barry Dental Clinic                        | 750 Mortimer, Barry, IL 62312                 | 217/335-2397 |
| Eagle View Community Health System         | 1400 E. Carroll, Suite 2, Macomb, IL 61455    | 309/833-2500 |
|  | 101 S. Division, Stronghurst, IL 61480        | 309-924-2424 |
|  | 1204 Hwy. 164 E., Oquawka, IL 61469           | 309/867-2770 |
| Quincy Family Dental, Tessa Johnson D.D.S. | 1891 Maine, Quincy, IL 62301                  | 217/223-7051 |
| Pike County Dental Clinic                  | 606 W. Adams, Pittsfield, IL 62363            | 217/285-5311 |

## ***Developmental Disabilities***

|                                   |  |              |
|-----------------------------------|--|--------------|
| Cass Co. Human Resource Center    | 121 E. 2 <sup>nd</sup> St., Beardstown, IL 62618 | 217/323-2890 |
| Transitions of Western Illinois   | 4409 Maine, Quincy, IL 62301                     | 217/223-0413 |
| Pathway Services Unlimited        | 1095 W. Morton, Jacksonville, IL 62650           | 217/479-2300 |
| Elm City Center                   | 1314 W. Walnut, Jacksonville, IL 62650           | 217/245-9504 |
| West Central Service Coordination | 955 W. Washington, Pittsfield, IL 62363          | 217/285-5227 |
| Bridgeway                         | 218 Des Moines, Keokuk, IA 52632                 | 319/524-7603 |
| Bridgeway                         | 900 S. Deer Road, Macomb, IL 61455               | 309/837-4876 |
| Western IL Service Coordination   | 509 N. LaFayette, Macomb, IL 61455               | 309/833-1621 |
| Mosaic                            | 220 N. LaFayette, Macomb, IL 61455               | 309/837-5506 |

## ***Disability/Unemployment Benefits***

|                                |  |              |
|--------------------------------|--|--------------|
| Illinois Veterans' Benefits    | 833 S. Spring, Springfield, IL         | 217/782-6645 |
| Job Service--Dept. of          | 4th & State, Quincy, IL 62301          | 217/222-2114 |
| Employment Security            | or 850 S. Main, Jacksonville, IL 62052 | 217/245-5148 |
| Social Security Administration | 2401 Lind, Quincy, IL 62301            | 217/224-8902 |
|                                | or                                     | 800/772-1213 |

## ***Domestic Violence/Sexual Abuse Services***

|   |   |              |
|---|---|--------------|
| Quanada Hot-Line                                    |   | 800/369-2287 |
| Quanada   | 2707 Maine, Quincy, IL 62301              | 217/222-0069 |
| Quanada   | 102 S. Congress, Rushville, IL 62681      | 217/322-2120 |
| Quanada   | 941 W Washington St, Pittsfield, IL 62363 | 217/285-6119 |
| WIRC Domestic Violence                              | Randolph Street, Macomb, IL 61455         | 309/837-3941 |
| Sexual Assault Prevention<br>& Intervention (SAPIS) | 521 State, Quincy, IL 62301               | 217/223-2030 |

## ***Eye Care Services***

|                                   |  |              |
|-----------------------------------|--|--------------|
| Eye Tech Opticians (Public Aid)   | 8th & State Plaza, Quincy, IL 62301        | 217/224-6168 |
| Quincy Medical Group (Public Aid) | 1025 Maine, Quincy, IL 62301 (ext. 159)    | 217/222-6550 |
| International Eyecare             | 210 N. Madison, Pittsfield, IL 62363       | 217/285-4800 |
| Walmart Vision Center             | US 36 & Shetland Ave, Pittsfield, IL 62363 | 217/285-9555 |
| SPECS (Carthage)                  | 514 Wabash, Carthage, IL 62321             | 217/357/9750 |
| SPECS (Mt. Sterling)              | 110 W. Main St., Mt. Sterling, IL 62353    | 217/773/2100 |
| Hannibal Regional Medical Group   | 101 E. Washington, Pittsfield, IL 62363    | 217/285-5012 |

## ***Fiscal Agent***

|                             |   |              |
|-----------------------------|---|--------------|
| Access - Springfield Office | 830 Spring, Springfield, IL 62704               | 217/528-7046 |
| PCG Public Partnerships     | 40 Broad St., 4 <sup>th</sup> Floor, Boston, MA | 888/866-0582 |

## ***Housing/Food/Utilities***

|   |  |              |
|---|--|--------------|
| Barry Food Pantry   | 145 Decatur, Barry, IL 62312               |              |
| Brown Co. Housing Authority                                   | 400 Maple, Mt. Sterling, IL 62353          | 217/773-2731 |
| Brown County Ministirium                                      | c/o Baptist Church, Mt. Sterling, IL 62353 | 217/773-3562 |
| Burnside Christian Church (clothing & food pantry-open daily) | 2088 ECR 2110, Burnside, IL 62321          | 217/746-3571 |
| Carthage Food Pantry  | 709 Main St., Carthage, IL 62321           | 217/357/2468 |
| Carthage Ministirium  | 402 Main, Carthage, IL 62321               | 217/357-3324 |

|  |   |              |
|--|---|--------------|
| Catholic Charities   | 620 Maine, Quincy, IL 62301                     | 217/222-0958 |
| Chrysalis House  | 1726 ECR 2300, Burnside, IL 62330               | 217/755/4402 |
| Dallas City Food Pantry (Tu. /Fri. 10:30-11:30)  | 2880 N State Highway 9, Dallas City, IL 62330   | 217/852-3335 |
| First Presbyterian Church (Children's Closet-clothes available up to age 6; Fridays 4-6 p.m. & Saturdays 10-12 noon) | 321 E. Main Street, Carthage, IL. 62321         | 217/357-3333 |
| Hamilton Food Pantry (Fri. 9a.m.-11 a.m.)  | 815 S. 10 <sup>th</sup> St., Hamilton, IL 62341 | 217/847-2410 |
| LaHarpe Food Pantry  | 200 E. Main St., LaHarpe, IL 61450              | 217/659-7813 |
| Nauvoo Food Pantry (Mon. 11-12)  | Knight St. Nauvoo, IL 62354                     |              |
| Pike County General Assistance   | 202 E. Adams, Pittsfield, IL 62363              | 217/285-2726 |
| Pike County Housing Authority  | 838 Mason Street, Barry, IL 62312               | 217/335-2616 |
| Pike County Unmet Needs  | Pittsfield, IL 62363                            | 217/285-2216 |
| Reach Out/Food Pantry  | 120 S Madison, Pittsfield, IL 62363             | 217/285-2054 |
| Southeastern Food Pantry (Thurs. Evening)  | 106 E. 1 <sup>st</sup> St., Bowen, IL 62316     | 217/842/5815 |
| Tri-T's (Adopt-a-Family)   | Contact: Pam Tracy, Mt. Sterling, IL 62353      | 217/773-3281 |
| Tri-State Family Services  | 603 Walnut, Carthage, IL 62321                  | 217/357-3343 |
| Two Rivers Regional Council  | 206 SW Cross, Mt. Sterling, IL 62353            | 217/773-3141 |
|  | 120 S Madison, Pittsfield, IL 62363             | 217/285-5424 |
| WIRC   | 2233 Randolph, Macomb, IL 61455                 | 309/837/3941 |
| Warsaw Food Pantry (2 <sup>nd</sup> Weds.)   | 705 Lafayette, Warsaw, IL 62379                 | 217/256-4593 |

## **Emergency Services**

|                                     |                      |                                     |
|-------------------------------------|----------------------|-------------------------------------|
| Brown Co. Ambulance (emergency)     |                      | 217/773-3111                        |
| Brown Co. Ambulance (non-emergency) |                      | 217/773-2113                        |
| Brown Co. Sheriff                   |                      | 217/773-2011                        |
| Carthage Fire Dept.                 |                      | 217/357-2105                        |
| Carthage Police Dept.               |                      | 217/357-2245                        |
| Hancock Co. Ambulance               |                      | 911                                 |
| Hancock Co. Sheriff                 |                      | 217/357-2115                        |
| Mt. Sterling Fire Dept.             |                      | 217/773-2341                        |
| Mt. Sterling Police Dept.           |                      | 217/773-3961                        |
| Pike Co. Ambulance Service          |                      | 911 or 217-285-9043                 |
| Pike Co. Sheriff                    |                      | 217/285-4471                        |
| Pittsfield Fire Dept.               | Emergency 911        | Non-Emergency 217-285-6423          |
| Pittsfield Police Dept.             |                      | 217/285-4471                        |
| Poison Control                      |                      | 800/222-1222                        |
| National Suicide Hotline            |                      | 800/273/8255                        |
|                                     | Text "Go" to 741-741 |                                     |
| Veterans Crisis Line                |                      | 800/273/8255 Press 1<br>Text 838255 |

## **Interpreter Services**

Illinois Department of Human Services Statewide Deaf and Hard of Hearing Coordinator (*The Coordinator's focus is: Advocacy, Awareness & Education, and Accessibility*)

(*Target population: deaf, hard of hearing, deaf-blind, late-deafened, anyone with hearing loss with a mental health need, both adults and children*)

Jessena Williams, MSW, LCSW  
217-786-0023 (Voice)

Her office is located at: McFarland Mental Health Center  
901 Southwind Road

**Legal Services**

|   |  |                              |
|---|--|------------------------------|
| Capps, Ancelet, Rasmussen & Icengole              | 55 S Adams, Carthage, IL 62321                               | 217/357-2107                 |
| Hartzell, Glidden, Tucker & Hartzell              | 608 Wabash, Carthage, IL 62321                               | 217/357-3121                 |
| Hooker, Jerry                                     | 111 W. Washington, Mt. Sterling, IL 62353                    | 217/773-2900                 |
| Land of Lincoln Legal Assistance Foundation, Inc. | 509 W. Capitol, Springfield, IL<br>Or 413 E. Broadway, Alton | 217/753-3300<br>800/642-5570 |
| Leonard, John                                     | 132 E. Main, Mt. Sterling, IL 62353                          | 217/773-3814                 |
| Kameron Miller                                    | 88 S Madison, Carthage, IL 62321                             | 217/357-2272                 |
| Walker Filbert                                    | 112 W. Washington, Pittsfield, IL 62363                      | 217/285-2926                 |
| David Shaw  | 303 E Adams, Pittsfield, IL 62363                            | 217/285-2772                 |
| Tucker, Edward                                    | 116 S. Capitol, Mt. Sterling, IL 62353                       | 217/773-3356                 |
| Flack, McRaven and Stephens                       | 551 Main, Carthage, IL 62321                                 | 217/357-2431                 |
| Mark Vincent (State's Attorney)                   | 118 N. Capitol, Mt. Sterling, IL 62353                       | 217/773-3112                 |
| Thomas Henderson                                  | 115 E. Washington, Pittsfield, IL 62363                      | 217/285-9676                 |
| Michael Hollahan                                  | 109 E. Washington<br>Pittsfield, IL 62363                    | 217/285-5593                 |
| Lowry & Hoskins, LLP                              | 130 S. Madison, Pittsfield, IL 62363                         | 217/285-4822                 |
| Stephen Morris                                    | 1040 Broadway St. Hamilton, IL 62341                         | 217/847/3711                 |
| Tyler Whitaker                                    | 116 N. Monroe, Pittsfield, IL 62363                          | 217/285-5010                 |
| Dempsey, Dempsey & Moelling                       | 236 N. 6 <sup>th</sup> , Quincy, IL 62301                    | 217/222-2432                 |

**Medical**

|                                    |  |              |
|------------------------------------|--|--------------|
| Beardstown Clinic                  | 507 Washington, Beardstown, IL 62618           | 217/323-2245 |
| Blessing Hospital                  | 14 <sup>th</sup> St., Quincy, IL 62301         | 217/223-1200 |
| Culbertson Memorial Hospital       | 238 S. Congress, Rushville, IL 62681           | 217/322-4321 |
| East Adams Co. Rural Health Clinic | 102 Prairie Mills Rd., Golden, IL 62339        | 217/696-4446 |
| Hamilton Warsaw Clinic             | 1102 NCR 700, Warsaw, IL 62379                 | 217/256-4100 |
| Hannibal Regional Medical Group    | 101 E. Washington, Pittsfield, IL 6236         | 217/285-5012 |
| Illini Community Hospital          | 620 W. Washington, Pittsfield, IL 62363        | 217/285-2113 |
| Illini Community Hospital (RHC)    | 321 W Washington St, Pittsfield, IL 62363      | 217/285-9447 |
| Iowa City VA Health Care System    | 601 Hwy 6 W, Iowa City, IA 52246               | 319/338-0581 |
| McDonough District Hospital        | 525 E Grant, Macomb, IL 61455                  | 217/836-1582 |
| Dr. Edward McKenney                | 1471 Keokuk St., Hamilton, IL 62341            | 217-847-3383 |
| Memorial Hospital                  | P.O. Box 160/1454 NCR 2050, Carthage, IL 62321 | 217/357-8500 |
| Memorial Medical Center            | 701 N 1 <sup>st</sup> , Springfield, IL        | 217/788-3000 |
| Memorial Medical Clinic            | 1450 NCR 2050, Carthage, IL 62321              | 217-357-2173 |
| Pike County Family Practice        | 1073 W. Washington, Pittsfield, IL 62363       | 217/285-9661 |
| Quincy Medical Group               | 868 Mortimer, Barry, IL 62312                  | 217/335-2343 |
|                                    | 521 E. Main, Mt. Sterling, IL 62353            | 217/773-3963 |
|                                    | 1025 Maine, Quincy, IL 62301                   | 217/222-6550 |
|                                    | 606 W Adams, Pittsfield, IL 62363              | 217/285-9601 |
|                                    | 405 East State, Pleasant Hill, IL 62366        | 217/734-2545 |
| St. John's Hospital                | 800 E Carpenter, Springfield, IL               | 217/544-6464 |
| Women & Family Medical Group       | 403 S Adams, Ste 239, Carthage, IL             | 217/357-0617 |

## ***Mental Health Services***

|  |  |              |
|--|--|--------------|
| Cass Co. Human Resource Center         | 121 E. 2 <sup>nd</sup> St., Beardstown, IL 62618 | 217/323-2980 |
| Schuyler Counseling & Health Services  | 127 S. Liberty, Rushville, IL 62681              | 217/322-4373 |
| Memorial Behavioral Health             | 340 W. State, Jacksonville, IL 62651             | 217/245-6126 |
| Transitions of Western Illinois        | 4409 Maine, Quincy, IL 62301                     | 217/223-0413 |
| Bridgeway                              | 208 Bank, Keokuk, IA 52632                       | 319/524-3873 |
| Evergreen Center for Behavioral Health | 630 Locust, Carthage, IL 62321                   | 217/357-6516 |

## ***Pharmacies***

|                           |   |              |
|---------------------------|---|--------------|
| County Market Pharmacy    | 1095 W. Washington Pittsfield, IL 62363       | 217/285-5515 |
| HyVee Pharmacy – Hamilton | 1075 Broadway, Hamilton, IL 62341             | 217/847-2214 |
| IHS Pharmacy              | 121 N. Franklin St. Pittsfield, IL 62363      | 217/285-4214 |
| Moreland & Devitt         | 124 N. Congress, Rushville, IL 62681          | 217/322-3333 |
| Moreland & Devitt         | 200 S. Pittsfield Dr., Mt. Sterling, IL 62353 | 217/773-2144 |
| Nauvoo Pharmacy           | 1350 Mulholland, Nauvoo, IL 62354             | 217/453-2717 |
| Pharmacy Plus             | 693 Bainbridge St., Barry, IL 62312           | 217/335-4444 |
| Wal-Mart –Pittsfield      | US 36 & Shetland Ave, Pittsfield, IL 62363    | 217/285-9709 |
| Wear Drug                 | 408 Walnut, Carthage, IL 62321                | 217/357-9327 |

## ***Phone Support Services***

### **Illinois Mental Health Collaborative For Access and Choice—Warm Line**

- Phone support for persons with mental health and substance use challenges, their families, friends, and community members.
- Staffed by professionally trained Recovery Support Specialists who have experienced mental health and substance use recovery in their own lives.
- Specialists provided emotional support, recovery education and self-advocacy support; actively listening to meet individuals where they are at.
- Referrals and information on community supports are available.
- The Warm Line is not a crisis hotline, but is a source of support for individuals in recovery, loved ones, and community members.
- Hours of operation: Monday through Friday, 8am-5pm.

**CALL: 1 (866) 359-7953**

**TTY: 1 (866) 880-4459**

## ***Pregnancy Services***

|                           |   |              |
|---------------------------|---|--------------|
| Catholic Social Services  | 926 State St., Quincy, IL 62301               | 217/222-0958 |
| Crisis Pregnancy Center   | 26 S Central Park Plz, Jacksonville, IL 62052 | 217/245-9340 |
| Pregnancy Care Center     | 225 W. Washington, Rushville, IL 62681        | 217/322-2700 |
| Pregnancy Crisis Center   | 436 S 6 <sup>th</sup> #2, Quincy, IL 62301    | 217/223-8200 |
| Tri State Family Services | 609 Locust, Carthage, IL 62321                | 217/357-3343 |

## ***Public Transportation***

|  |  |              |
|--|--|--------------|
| Hancock County Public<br>Transportation System | 607 Buchanan, Carthage, IL 62321             | 877/371-4278 |
| West Central Mass Transit                      | 206 S. Cross, Mt. Sterling, IL 62353         | 217-773-3025 |
| West Central Mass Transit                      | 260 <sup>th</sup> Ave., Pittsfield, IL 62363 | 217-285-4529 |

## ***Psychiatric Services***

|                   |                                   |              |
|-------------------|-----------------------------------|--------------|
| Blessing Hospital | Broadway & 14th, Quincy, IL 62301 | 217/224-4453 |
|-------------------|-----------------------------------|--------------|

|  |   |              |
|--|---|--------------|
| Psychology Associates                  | 20th & Maine, Quincy, IL 62301              | 217/224-4080 |
| Vine Street Clinic                     | 301 N. 6 <sup>th</sup> St., Springfield, IL | 217/726-7300 |
| Senior Behavioral Health Unit (65+):   | 525 E. Grant St., Macomb, IL 61455          | 309/833-4101 |
| Located at McDonough District Hospital |   |              |
| Worthington Square (55+):              | 640 W. Washington St., Pittsfield, IL 62363 | 217/285-2113 |
| Located at Illini Hospital             |   |              |
| Generations Program @ HSHS:            | 800 E. Carpenter St., Springfield, IL 62769 | 217/814-5040 |
| St. John's Hospital                    |   |              |

### ***Residential Services***

|                            |   |              |
|----------------------------|---|--------------|
| Bridgeview Housing Program | 7 Bridgeview, Beardstown, IL 62618        | 217/323-1239 |
| Transitions                | 4409 Maine, Quincy, IL 62301              | 217/223-0413 |
| Bridgeway                  | 900 S. Deer Road, Macomb, IL 61455        | 309/837-4876 |
| Mosaic                     | 216 N. Lafayette, Macomb, IL 61455        | 309/833-5206 |
| The Samaritan Well         | 212 W. Jackson, Macomb, IL 61455          | 309/837-3357 |
| Illinois Veterans Home     | 1707 N. 12 <sup>th</sup> Quincy, IL 62301 | 217/222-8641 |

### ***Senior Citizens***

|   |   |                                 |
|---|---|---------------------------------|
| Brown County RSVP                           | P.O. Box 13, Mt. Sterling, IL 62353     | 217/641-4146                    |
| Community Care Systems, Inc.                | 941 W. Washington, Pittsfield, IL 62363 | 217/285-5413                    |
| Pike County RSVP                            | P.O. Box 65, Pittsfield, IL 32363       | 217/641-4273                    |
| Senior Citizens Center                      | 301 E Main, Carthage, IL 62321          | 217/357-3716                    |
|   | 972 Broadway, Hamilton, IL 62341        | 217/847-3219                    |
|   | 115 N. Capitol, Mt. Sterling, IL 62353  | 217/773-3241                    |
|   | 220 W Adams, Pittsfield, IL 62363       | 217/285-4969                    |
| Senior Citizens Information<br>& Assistance | 1125 Hampshire, Quincy, IL 62301        | 217/223-7904<br>or 800-252-9027 |

### ***Services***

|                                |   |              |
|--------------------------------|---|--------------|
| Brown County Health Dept.      | 120 E. Main St., Mt. Sterling, IL 62353 | 217/773-2714 |
| Hancock County Health Dept.    | 671 Wabash Ave, Carthage, IL 62321      | 217/357-2171 |
| Pike County Health Dept.       | 113 E. Jefferson, Pittsfield, IL 62363  | 217/285-4407 |
| Social Security Administration | 2401 Lind St., Quincy, IL 62301         | 217/224-8902 |
| WIRC                           | 223 S. Randolph St., Macomb, IL 61455   | 309/837-3941 |
| Pike County Senior Citizens    | 220 W. Adams, Pittsfield, IL 62363      | 217/285-4969 |
| Meals Plus                     | 225 W. Memorial, Pittsfield, IL 62363   | 217/285-6150 |

### ***Veteran Services***

|                            |   |              |
|----------------------------|---|--------------|
| Veteran Service Office     | American Legion, 1302 W. Washington, Pittsfield, IL 62363<br>9 to 4 p.m. on the 1 <sup>st</sup> and 3 <sup>rd</sup> Wednesday of each month<br>217/285-2819 |              |
| Springfield, IL Vet Center | 12275 S. Ninth St. Springfield, IL 62703  | 217/492-4955 |
| Veterans Resource Center   | 333 Ward St. Macomb, IL 61455   | 309/298-3505 |

### ***Vocational Rehabilitation***

|                |   |              |
|----------------|---|--------------|
| Bridgeway      | 900 S. Deer Rd., Macomb, IL 61455               | 217/837-4876 |
| CRC Industries | 2300 N. 124 <sup>th</sup> St., Quincy, IL 62301 | 217/224-0643 |

|                                   |  |                                 |
|-----------------------------------|--|---------------------------------|
| Elm City Rehabilitation Center    | 1314 W. Walnut, Jacksonville, IL 62052 | 217/245-9505<br>or 217/245-2350 |
| Office of Rehabilitation Services | 14295 Maine, Jacksonville, IL 62052    | 217/245-9585                    |

## B. Hospital Support Groups

### **Memorial Hospital, Carthage**

|                             |                             |                     |
|-----------------------------|-----------------------------|---------------------|
| Diabetes Support Group,     | 1454 North County Road 2050 | 217/357-6540        |
| HUGS of Hancock County      | 1454 North County Road 2050 | 217/357-6540        |
| <i>Alcoholics Anonymous</i> | 1454 North County Road 2050 | Mon. & Wed., 8 p.m. |

**Blessing Hospital, Quincy** [www.blessinghospital.org](http://www.blessinghospital.org) Blessing Hospital Public Relations and Communications 217-223-8400 x4192 *(will have other possible meeting locations and times)*

| <u>Group/Telephone #:</u>                                    | <u>Meeting Times</u>   | <u>Location/Info.</u>                        |
|--|--|--|
| <i>Alcoholics Anonymous</i><br>217/257-8787                  | varies   | varies                                       |
| <i>Breast Cancer Support Group</i><br>223-8400, ext. 7715    | 1st Tues., 6-8 p.m.  | Lower Level Cancer Center<br>Contact: Bonnie |
| <i>Cancer Support Group</i>                                  | VARIABLES  | Illini Hospital<br>630 W. Adam, Pittsfield   |
| <i>Cancer Support Group</i><br>223-8400, ext. 7709           | Call for meeting times   |  |
| <i>Diabetes Group (Adults)</i><br>223-8400, ext. 4852        | 2 <sup>nd</sup> Wed. of Feb., Apr., June,<br>Aug. & Oct., 1-2 p.m. or 7-8 p.m. | Blessing Conf. Center<br>Loretta Musholt     |
| <i>Diabetes Center</i><br>217/214-5814                       | Classes 5-7 series (monthly)   | Blessing Physician Services                  |
| <i>Emotions Anonymous</i><br>217/223-1200                    |  |  |
| <i>H.E.A.L. (Grief Support Group)</i><br>223-8400, ext. 6824 | 3 <sup>rd</sup> Tues., 7 p.m.  | Hospital: Cancer Entrance                    |

**Passavant Area Hospital, Jacksonville** (217/245-9541, ext. 3296) [www.passavanthospital.com](http://www.passavanthospital.com)

| <u>Group</u>  | <u>Meeting Times</u>                                 | <u>Meeting Location</u> |
|---|--|-------------------------|
| <i>Always in Our Hearts</i><br><i>(Grief Support Group)</i> | 1 <sup>st</sup> Monday of the Month<br>at 6:00 p.m.  | 1600 West Walnut        |
| <i>Autism Support Group</i>                                 | 3 <sup>rd</sup> Monday of the Month<br>at 7: 00 p.m. | 1600 West Walnut        |

Meeting dates and times are subject to change. Call Educational Services Department at 217/245-9541 ext. 3296

They list a Bereavement Group and Grandparents Raising Grandchildren on their calendar, but when you click directly on support groups, it says the above statement about meeting dates and times changing.....

## **Other**

Blessing Hospital Public Relations and Communications  
(will have other possible meeting locations and times)

217-223-8400 x4192

## **C. Area Communities Support Groups**

### **Camp Point, IL 62320**

Group

*Alcoholics Anonymous*

Meeting Times

Tuesday, 7 p.m.

Meeting Location

205 East Spring Street

### **Carthage, IL 62321**

Group

*STOP: Supporting The families  
Of Prisoners*

Meeting Times

3<sup>rd</sup> Thursday of each month  
6:30 pm to 8:00 pm

Meeting Location

First Presbyterian Church  
321 Main Street  
For more information, please

call Diana at: 217-219-3394

### **Hamilton, IL 62341**

Group

*Alcoholics Anonymous-Came to Believe*

Meeting Times

Fri, 7 p.m.

Meeting Locations

First Christian Church  
961 Walnut Street

### **Jacksonville, IL 62052**

Group

*Alcoholics Anonymous*

Meeting Times

Thurs. & Sat., 8 p.m.

Meeting Location

The Club  
314 E. State Street

Mon., 8p.m.

First Baptist Church  
1701 Mound Ave.

### **Macomb, IL 61455**

Group

*Alcoholics Anonymous*

Meeting Times

Sun, Mon, Tues, Thur &  
Friday, 10 p.m.; Sat. 1 & 8 p.m.  
Wed., 8 p.m.

Meeting Location

314 N. MacArthur Street  
Red door-on side of house  
309/837-5039

*Alcoholics Anonymous*

Sat, 9:30 a.m.;  
Thur & Fri 12 p.m.

University Baptist Church  
315 N. Sherman Avenue

*Alcoholics Anonymous*

Sat, 8 p.m.

First Presbyterian Church  
400 E. Carroll Street

*AA & Al-Anon*

NA

Hotline: 309-837-5039 @  
McDonough District Hospital

*Narcotics Anonymous*

Tues & Fri., 6 p.m.

314 N. MacArthur Street  
Red door on side of house, in  
back

### **Mt. Sterling, IL 62353**

Group

*Alcoholics Anonymous*

Meeting Times

Wed., 7-8 p.m.

Meeting Location

McNeff Hall-2<sup>nd</sup>Floor  
105 East South St.  
217/773-2047

Sat., 7-8 p.m.

The Nunnery (Parish Center)  
401 W. North St.

### **Nauvoo, IL 62354**

Group

*Alcoholics Anonymous*

Meeting Times

Sun., 8 p.m.

Meeting Locations

Nauvoo City Hall  
60 N. Bluff Street

### **Pleasant Hill, IL 62366**

Group

*Alcoholics Anonymous*

Meeting Times

Wed & Sat. 8 p.m.

Meeting Location

Lions Club (734-2543)

### **Pittsfield, IL 62363**

Group

*Alcoholics Anonymous*

Meeting Times

Thurs., 8:00pm

Meeting Location

Pittsfield Methodist  
222 N Monroe  
Pittsfield, IL 62363

### **Quincy, IL 62301**

Group

*Addicts Victorious*

Meeting Times

Tues., 7 p.m.  
Thurs., 4 p.m. & 6:30 p.m.  
& Wed., 10 a.m.

Meeting Location

Quincy Seniors and Family  
Resource Center  
639 York Street

*Alcoholics Anonymous*

Sun., 6 p.m.

Quincy Serenity Club

Sat., 12 noon, 5:30 p.m. & 9 p.m.

801 Jefferson

Mon., 12 noon & 8 p.m.

Quincy, IL

Tues, Wed & Fri., 12 noon & 7:30 p.m.

217/222-9475

Thurs., 7:30 a.m. & 7:30 p.m.

*Narcotics Anonymous*

Wed., 6:30 p.m.

Senior Citizen Building  
639 York Street  
Quincy, IL

Thurs & Sat., 7 p.m.

Christian Science Church  
1664 Vermont Street  
Quincy, IL

**Rushville, IL 62681**

Group

*Alcoholics Anonymous*

*Alcoholics Anonymous*

Meeting Time

Wed., 8 p.m.

Tues, 7:30 p.m.

Meeting Location

Youth Center, 217-322-4373

Schuyler Co. Public Health

127 S. Liberty

Alliance for the Mentally Ill of Illinois

730 East Vine Street

Springfield, IL

217/522-1403

800-346-4572

Quincy Area Alliance for the Mentally Ill

636 Maine

Quincy, IL 62305

217/223-0432, contact: Alan Obert