

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

Outpatient And Substance Abuse Program Manual

Reviewed: 07/17
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I. Program Description

A. Philosophy

The Outpatient Program is designed to serve individuals who are experiencing difficulties and impaired functioning in coping with life's challenges. The Substance Abuse Program is designed to serve individuals who are experiencing difficulties with alcohol and/or other substances.

Services are provided to build resilience, and to support the recovery or well-being of individuals and the integration of individuals served into the community. Through service provision, symptoms or needs will be reduced and individuals will experience an improvement in level of functioning in their environment. The program strives to continually improve service provision in order that individuals served experience an enhanced quality of life.

B. Hours/Days of Operation

The Outpatient Program, consisting of counseling/therapy, case management, community support and medication, crisis intervention, and psychiatric services, operates from 8:00 a.m. to 4:30 p.m. Monday, Tuesday, Thursday, and Friday; and 8:00 a.m. to 7:00 p.m. on Wednesday from each of the Center locations. The Crisis Hotline (see section C below) is available after the regular business hours for individuals requiring immediate assistance. Arrangements can also be made for services at alternate locations, times, and days that meet the needs of the persons served.

The Substance Abuse Program, consisting of counseling/therapy, case management, Early Intervention (group and individual services), DUI Evaluation and Driver Risk Education, operates from 8:00 a.m. to 4:30 p.m. Monday, Tuesday, Thursday, and Friday; and 8:00 a.m. to 7:00 p.m. on Wednesday from each of the Center locations.

The Center facilities have been designed to provide access to individuals with physical disabilities. The agency endeavors to accommodate individuals with special needs, or refers to providers equipped to meet their needs.

C. Admission/Re-Admission Criteria

Individuals seeking Outpatient services from the Mental Health Centers of Western Illinois shall meet the following admission/re-admission criteria:

- age three and older
- meet criteria for DSM-5 diagnosis
- provide income, insurance, or payer information
- have mental health needs appropriate for treatment in an Outpatient setting
- be willing to cooperate with treatment recommendations and adhere to the rules which govern client behavior

Exclusionary or ineligibility criteria includes:

- under the age of three
- lack of criteria for a legitimate DSM-5 diagnosis
- refusal to provide income, insurance, or payer information
- needs services more intensive than can be provided in an Outpatient setting
- refusal to adhere to rules which govern client behavior

Individuals in crisis will be considered a priority for services. The Clinical Supervisor and/or the Associate Director is responsible for providing the final determination for eligibility.

Individuals seeking Substance Abuse services from the Mental Health Centers of Western Illinois shall meet the following admission/re-admission criteria:

- age 12 and older
- meet ASAM PPC-Third Edition placement criteria for levels 0.5, I or II
- provide income, insurance, or payer information
- be willing to cooperate with treatment recommendations and adhere to the rules which govern client behavior

Exclusionary or ineligibility criteria includes:

- under the age of 12
- fail to meet the standards for treatment prescribed in the ASAM PPC-Third Edition
- refusal to provide income, insurance, or payer information
- refusal to adhere to rules which govern client behavior

The Clinical Supervisor and/or the Associate Director is responsible for providing the final determination for eligibility.

D. Ineligible Individuals/Alternative Services

Individuals determined ineligible will be provided with the reason(s) for ineligibility and a referral to alternative services. In addition, the referral source will be informed of the reason(s) for ineligibility with the consent of the individual. All documentation of ineligible individuals is maintained by the agency in various binders/files.

No provider of substance abuse services receiving Federal Funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

Please be aware the Mental Health Centers of Western Illinois is a not-for-profit organization and is not of any religious affiliation. Federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the service you would have received from this organization.

E. Access to Services/Screening Process

Individuals seeking outpatient services will make telephone contact with the receptionist. The receptionist will complete the Screening Form with the caller to inquire about individual's needs, review services and schedule an appointment. If the individual is determined to be in crisis, the Clinical Supervisor, Associate Director or available counselor will provide services over the telephone and document the interaction on a crisis note on the CIS System.

Individuals seeking substance abuse services will make telephone contact with the receptionist. The receptionist will complete the Screening Form with the caller and schedule an appointment with the Substance Abuse Counselor. If the individual is determined to be in crisis, the Substance Abuse Counselor or available counselor will provide services over the telephone and document the interaction on the CIS System. Individuals will be screened for the following priority for service criteria:

- pregnant injecting drug users
- pregnant and postpartum women
- injecting drug abusers & known HIV-infected persons
- DCFS referrals; persons eligible for TANF and other women and children; DOC releasees who have completed a prison treatment program; and TASC referrals

Individuals meeting criteria for priority for service will be oriented and provided treatment services or referred to the Substance Abuse Counselor for treatment services within 48 hours of the initial contact. Individuals determined to require medical, prenatal, childcare, or pediatric care will receive referral(s) to other providers.

F. Course of Treatment

Individuals found eligible for services must participate in a client orientation. The purpose of the orientation is to complete various agency documents and receive a Client Handbook, which provides information on agency policies, client information/education, and referral sources.

You will be required to complete an Application for Service and other forms that are used to determine the appropriate type or level of services based on your needs. You and your counselor will begin by developing an individualized treatment plan establishing goals and objectives to achieve during the treatment process. **Program participation and the formation of therapeutic relationships are important in early recovery and success of treatment, so we ask that you participate in four sessions within the first thirty days of care.** The length of treatment will be individualized to your needs depending upon the type and level of services you require.

In addition, the agency has an optional form for individuals in the Outpatient and Substance Abuse Programs to complete. For adults, the Behavior and Symptoms Identification Scale (BASIS-32) will be administered to assess your difficulty with symptoms and functioning experienced during the previous week. This measurement tool is administered at intake, during your sixth counseling session, yearly and upon discharge. In addition the use of a tool known as LOCUS, Level of Care Utilization System (LOCUS), will be completed by staff at time of intake, changes in level of functioning, points of re-registration, and at discharge. For children the Ohio Youth Problem, Functioning and Satisfaction Scales & Columbia Impairment Scales (parent and youth versions) will be administered to assess your difficulty with symptoms and functioning experienced recently. This measurement tool is administered at intake, every 3 months throughout treatment and upon discharge. This self-reported information is utilized to provide the agency with clinical data to measure the effectiveness of our clinical staff and interventions utilized during the counseling process, as well as client outcome.

After six months of continuous service in the Outpatient Program, you and your counselor will review or revise your treatment plan. You will be requested to complete a Continuing Services Assessment form that is used to document new goals or objectives for continuing services. This will be an ongoing process until services are no longer required.

Ongoing assessment for individuals in the Substance Abuse Program is accomplished by the counselor's completion of the Continued Stay Review form with the client according to the timeframe indicated on the treatment plan (every 60 days, 10 hours or upon movement to another level of care).

It is important to the counseling process that you see your counselor on a regular basis. If circumstances arise that you cannot keep your scheduled appointment, please notify the agency/counselor 24 hours in advance of a scheduled appointment and reschedule for a more convenient time. Likewise, if the counselor will not be available for your appointment, you will be notified as soon as possible and provided with an alternative date and time.

MHCWI is committed to providing the highest quality of therapeutic and Psychiatric services to you and assuring your right to confidentiality. Our agency provides individual goal oriented therapy with focus on your own personal strengths and resources while working toward lasting solutions. While in treatment, we will attempt to reduce current symptoms, alleviate distress, and increase current functioning. With this in mind, we ask that you adhere to the guidelines established in the Consumer Responsibility Contract you will be asked to sign during the Assessment process. MHCWI feels that your adherence to this contract will increase the likelihood of successful treatment. Copies of the Consumer Responsibility Contract are at the end of this manual.

Once you and your counselor have determined that you no longer require services from our agency, a Transition Plan/Discharge Summary will be completed, in addition to the BASIS-32 or Ohio Youth Problem, Functioning and Satisfaction Scales/Columbia Impairment Scales. The Transition Plan/Discharge Summary form describes the progress you achieved during service participation and includes referrals or recommendations for continuing services.

The agency prefers that the discharge forms be completed in person; however, if you are unable to participate in this process, the forms will be mailed to your home for completion. Once returned to the Center, these forms will become a part of your clinical record.

Requirements for follow-up for individuals mandated to participate in treatment will be indicated on the treatment plan (i.e. consulting with probation). Regardless of the discharge outcome, continuity of care is carried out as outlined on the treatment plan and documented in progress notes.

G. Client Satisfaction

The Mental Health Centers of Western Illinois strives to provide individuals with quality services. Your satisfaction with services and suggestions for improvement are needed in order for the agency to continue meeting the needs of the individuals served. MHCWI solicits your input in several ways: (1) Initially, after receiving services for 60 days, you will be presented with a survey to measure your satisfaction with services received from the agency. (2) On a semi-annual and annual basis, the agency distributes a needs assessment to individuals currently receiving services to determine that the MHCWI is providing services that meet the needs of the individuals served and utilize suggestions for improvement to services. (3) As part of the discharge process, you will again be asked to complete a satisfaction survey. (4) At a point in time after discharge.

H. Discharge Criteria

An individual may be discharged from the Outpatient and Substance Abuse Programs when one or more of the following occur:

1. Individual request
2. Completion of treatment/intervention
3. Lack of individual participation
4. Individual requires level or type of service not provided
5. Non-compliance with agency policies
6. Violation of the Consumer Responsibility Contract

When an individual is discharged or removed from the program for aggressive and/or assaultive behavior, follow-up will occur within 72 hours to ensure linkage to appropriate care.

Any previous consumer who has been discharged may inquire about reinitiating services by contacting the Clinical Supervisor and/or the Associate Director at the appropriate Center location for review.

II. Program Services

A. Outpatient Counseling

Individual, family or group counseling sessions provide a supportive environment to cope with life's challenges. For more complex issues, therapy techniques are utilized to modify adaptive functioning.

B. Psychiatric Consultation

Psychiatric services are provided to individuals diagnosed with a psychiatric disorder to evaluate symptoms and monitor prescribed psychotropic medications. Psychiatric consultations are provided by a licensed psychiatrist. In addition, clinical staff can provide monitoring and assistance between consultations.

For individuals experiencing a medication reaction or problem related to psychotropic medication prescribed by the Medical Director, please contact the Nurse or your counselor.

C. 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 counseling or a referral for psychiatric hospitalization is required. After-hour crisis intervention services may be accessed by calling the Crisis Hotline:

Brown Site: 217-773-3977

Hancock Site: 217-357-3176

Pike Site: 217-285-6111

D. Case Management

Case Management services are designed to assist individuals in maintaining continuity with health and social services and are individualized according to your needs. The following services are available through Case Management:

- Support and monitoring of a psychiatric condition for recovery and continued stabilization
- Monitoring and education regarding prescribed medications and other treatment options to promote recovery and continued stabilization
- Referral, linkage, support & advocacy to access needed community resources and providers
- Representative payeeship to manage Social Security entitlements
- Integrated activities at agency facilities and in the community to promote socialization and recreational opportunities
- Nursing services consisting of administration/dispensation of physician orders, monitoring of medication compliance, and evaluation of medical or psychiatric issues
- Case Management services are provided by staff of the agency on an ongoing basis throughout treatment. The MHCWI Substance Abuse Program recognizes the importance of providing case management activities to improve continuity of care for clients and their family to retain clients in treatment and to increase access to care for certain target populations. Substance Abuse Case Management activities include: inter/intra provider record review, internal and/or external multi-disciplinary clinical staffing, telephone calls, letters and other attempts to engage family members or significant others in the recovery process, assistance with meal planning, letters or phone calls to employers on behalf of the client, assist with obtaining WIC, Link Cards, Medicaid, Social Security and other entitlements that they may need and assisting clients in obtaining medical, dental, mental health, vocational, recreational and social services as specified on the treatment plan.

E. Substance Abuse Services

The Substance Abuse Program offers the following services to individuals served in order to meet established goals and objectives:

- Individual, family or group counseling sessions are available to provide a supportive environment to cope with alcohol/substance abuse-related issues.
- Early Intervention individual or group services are available to educate individuals who are at risk for developing alcohol/substance abuse problems.
- DUI 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.
- 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 service is to provide orientation to offenders regarding the impact of alcohol/drug use on behavior and driving skills. It also allows offenders to explore the personal ramifications of their own substance use.
- 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.

F. Consumer Responsibility Contracts



MHCWI Adult Outpatient, Substance Abuse, and Psychiatric Services Consumer Responsibility Contract

MHCWI is committed to providing the highest quality of therapeutic and Psychiatric services to you and assuring your right to confidentiality. Our agency provides individual goal oriented therapy with focus on your own personal strengths and resources while working toward lasting solutions. While in treatment, we will attempt to reduce current symptoms, alleviate distress, and increase current functioning. With this in mind, we ask that you adhere to the following guidelines to increase the likelihood of successful treatment: We will continually evaluate your progress toward goals and the need for further sessions each time we meet. While we cannot predict the outcome of services, we encourage you to actively participate in treatment as your investment is the best indicator of therapeutic benefit.

Appointments:

- One failed Psychiatric appointment will result in the physician reviewing the treatment plan to determine if services will be continued. If you do not show for the initial Psychiatric evaluation, no further appointments for Psychiatric services will be provided. Re-admittance to all other services will be evaluated based on capacity, level of need, and compliance with therapeutic services.
- Two cancellations of Psychiatric appointments within six months will result in a physician review of your treatment plan and possible discharge from services.
- If you are participating in both Psychiatric and counseling services, you must keep appointments with your counselor in order to see the Psychiatrist. We reserve the right to cancel appointments with the doctor if you miss appointments with your counselor.
- MHCWI requires 24 hour notice prior to your scheduled appointment should you need to cancel or reschedule. Should you fail to cancel your appointment 24 hours in advance; the missed appointment will be considered a failed appointment.

Failed Appointments:

- Should you fail two appointments in a row with your counselor or the Psychiatrist, your file will be closed.
- If Psychiatric services are terminated, the following process will be implemented:
 - A.) A thirty day supply of medication will be authorized by the treating physician.
 - B.) Termination of services will be provided in writing.
 - C.) Every effort will be made to assist in referral and transfer to a primary care physician.
- **If your file is closed for noncompliance, MHCWI reserves the right to not reopen your file for 3 months.**

Medication:

- We reserve the right to limit medications if appointments are not kept on a regular basis.

Emergency Services:

- Regardless of your status at MHCWI (active client or closed), emergency services will be provided to you through the crisis hotline or through a local hospital Emergency Room.

Your signature below indicates the following:

- I confirm my commitment to keep all scheduled appointments to the best of my ability.
- I am aware that should I fail to present to two appointments in a row, services will be discontinued.
- I am aware that 24 hour emergency services will be available to me even if routine services have been suspended.

CLIENT SIGNATURE (age 12 and older)

DATE

PARENT/GUARDIAN SIGNATURE

DATE

STAFF SIGNATURE

DATE



MHCWI Children and Adolescent Outpatient, Substance Abuse, and Psychiatric Services Consumer Responsibility Contract

MHCWII strives to provide the highest quality of therapeutic and Psychiatric services to children and families. Our agency provides individual and family therapy to improve behaviors and enhance family relationships. It is important for the family to participate in the treatment process to ensure the greatest chance for success. With this in mind, we ask that you adhere to the following guidelines to increase the likelihood of successful treatment:

Appointments:

- The parent/legal guardian must be present for all appointments including the assessment, treatment planning, treatment plan reviews, therapy, and Psychiatric appointments. Any appointments in which the parent/legal guardian is not present will be cancelled. Any issues pertaining to this rule should be addressed with your assigned counselor.
- If you are participating in both Psychiatric and counseling services, you must keep appointments with your counselor in order to see the Psychiatrist. We reserve the right to cancel appointments with the doctor if you miss appointments with your counselor.
- MHCWI requires 24 hours prior to your scheduled appointment should you need to cancel or reschedule. Should you fail to cancel your appointment 24 hours in advance; the missed appointment will be counted as a failed appointment.

Failed Appointments:

- Should you fail two appointments in a row with your counselor or the Psychiatrist, your file will be closed.
- **If your file is closed for non compliance, MHCWI reserves the right to not re-open your file for 3 months.**

Medications:

- We reserve the right to limit medications if appointments are not kept on a regular basis.

Emergency Services:

- Regardless of your status at MHCWI (active client or closed), emergency services will be provided to you through the crisis hotline or through a local hospital Emergency Room.

Your signature below indicates the following:

- I am aware that a parent or legal guardian must be present at all counseling/Psychiatric appointments and I confirm my commitment to keep all scheduled appointments to the best of my ability.
- I am aware that should I fail to present to two appointments in a row, services will be discontinued.
- I am aware that 24 hour emergency services will be available to me even if routine services have been suspended.

CLIENT SIGNATURE (age 12 and older)

DATE

PARENT/GUARDIAN SIGNATURE

DATE

STAFF SIGNATURE

DATE