

# *first* call

## Intake Documents

Please read and initial each document as indicated, then complete the signature page and Release of Information page at the end.

A Printed Copy of these documents can be made available upon request.



## **Welcome to First Call Alcohol/Drug Prevention & Recovery**

Thank you for choosing our agency to assist you. Please take the time to review the following information about our agency and the services you will receive. If this orientation manual does not answer all of the questions you may have, please speak with your assigned staff person for clarification.

First Call employs a person-centered approach to providing services. Our staff is dedicated to providing you the best services possible. Our expectation is that you will be an active participant in the services you receive, because we believe that the best outcomes will result from a cooperative effort between you and the First Call staff.

## **Hours of Operation**

Our office is open between 9:00 a.m. and 5:00 p.m., Monday through Friday. Individual counseling sessions, assessments and other programming may also be scheduled in the evening as needed. First Call also provides a crisis call service; clinical staff are on-call outside of regular weekday business hours as well as on weekends and holidays. A crisis call service collects information from the caller including name, location and telephone number and then will notify the on-call staff member so that the call can be returned quickly.

## **Your Responsibilities**

It is your responsibility to attend all scheduled appointments. If you need to cancel or reschedule an appointment, we ask that you notify our office at (816) 361-5900 at least 24 hours in advance.

In order for our staff to provide you with the best service possible, we ask that you provide accurate, detailed information related to use of alcohol and other drugs, the impact of the substance use on other life domains, critical medical issues, and any concerns about your safety or the safety of those around you. We expect that you will respect the confidentiality of others receiving services from First Call.

## **Behavioral Expectations**

While at First Call, we expect that you will conduct yourself in a manner that is safe for you and others.

The following behaviors may lead to discharge/termination of services at First Call:

- 1) Physical violence or threats of violence against staff or other participants;
- 2) Verbal abuse or aggression towards staff or other participants;
- 3) Possessing alcohol or illicit drugs while on the premises of First Call;
- 4) Possessing firearms or other weapons while on the premises of First Call.

We do not allow smoking on the premises of First Call.



**IF YOU ARE HERE FOR A SUBSTANCE USE EVALUATION,  
PLEASE NOTE THE FOLLOWING:**

Each attorney, court, state, or federal agency may have different requirements for the evaluation you are expected to complete. First Call is willing and able to provide information about the evaluation process and the tools used, but **it is your responsibility** to ensure that our evaluation will meet the requirements of the person/court/agency that referred you for an evaluation.

A First Call substance use evaluation uses the following evaluative tools:

- Addiction Severity Index
- CAGE-AID
- MMS
- PC-PTSD-5
- SASSI-4
- SOCRATES

First Call provides evaluation of strengths and needs, as well as recommendations for services and community supports. First Call does not provide a formal diagnosis.

If you choose to complete the evaluation without having confirmed that it will be accepted by the attorney, court, state, or federal agency that has required you to be evaluated, you do so at your own risk. **First Call will not refund fees for evaluations** which are later determined to not meet the needs of the person/court/agency that referred you.



## Clinical Services

Determination of eligibility for sliding scale may include First Call's accounting staff who will evaluate funding sources and determine sliding scale payment if needed.

### **ASSESSMENT:**

The assessment administered at First Call is a bio-psycho-social assessment, which means that it is designed to gather and analyze information regarding your substance use behavior as well as about your social, medical, educational, legal, mental health and family history. This comprehensive assessment of your well-being allows our staff to develop a clearer evaluation of your overall strengths and needs.

Assessments will be administered using the Community CareLink (CCL) database assessment instrument and may also involve the use of the Substance Abuse Subtle Screening Instrument (SASSI-4) and other screening tools as needed. Results from these screening tools and the full evaluation will be discussed with you before you leave this appointment.

If additional services are indicated by your assessment results, you will be provided with information regarding service options in the community and/or at First Call. You will be an active participant in the development of your post-assessment plan, and will have the opportunity to discuss options available to you and to identify which options best meet your needs.

### **FAMILY SERVICES:**

When a loved one is using substances, their thinking and behavior are profoundly affected. Over time your own thinking and behavior change as well, sometimes so drastically that you don't recognize the person you've become. You may begin to question your own perceptions, tolerate negative behavior and find that your life has become centered around the addiction. First Call's **How to Cope** (HTC) program is for family and friends impacted by a loved one's addiction to alcohol and/or drugs. HTC is conducted at First Call and in the community, and helps people regain a healthy lifestyle for themselves while learning more about their loved one's substance use disorder. **Caring for Kids** offers youth emotional, social and physical alternatives to the fear and anxiety of living in a home impacted by alcoholism or another substance use disorder.

### **SOBER ME / ME FIRST / ME AFTER:**

Sober ME is a 3 week, 30 session group counseling curriculum designed to provide an introduction to recovery and sustain motivation to change. ME First is a 10-session group counseling curriculum designed to sustain an individual's motivation for recovery during the waiting period for treatment services. Weekly individual sessions are provided for Sober ME and ME First participants. ME After is available for individuals who have participated in treatment services and are working to sustain motivation while integrating recovery living. The program facilitator works with individuals in a small group setting; ME After participants receive weekly one-on-one mentoring/coaching sessions.

By consenting to enroll in Sober ME/ME First, or ME After, it is understood that there are limitations of confidentiality regarding court-related communications, i.e., engagement in services and compliance with court-referred/required participation.

### **RECOVERY SUPPORT SERVICES:**

First Call's recovery support services are available to you throughout your recovery process. **Recovery Advocates** provide guidance, connect you to community resources and collaborate with you to develop and to achieve your goals. Recovery advocates work with people at any stage of the recovery process. Our advocates can meet with you in our office or at a community location which is more convenient for you.



## FEE SCHEDULE

### Substance Use Evaluation

#### **\$150\*** -- Written report can be available within 3 business days

Includes evaluation, referrals/recommendations and 12 months of follow-up calls as needed. Payment of the full fee (\$150) includes copies of the evaluation mailed or faxed to up to three recipients. For those paying a reduced fee, written reports of the evaluation will be mailed or faxed to up to three individuals for an additional fee of \$50. (Total fee will not exceed \$150) If an individual is deemed indigent by the court (legal fees have been waived), the evaluation will be provided at no cost and up to 3 reports will be made available for \$10.

Within 12 months from evaluation date, additional copies of the evaluation can be mailed or faxed for \$5 each. After 12 months, additional copies will be available for \$10 each.

### How To Cope Class (Adults)

**\$35\*** -- Includes initial assessment interview, 7 group sessions (2.5 hrs each) and optional on-going support from a monthly How to Cope Alumni group.

**\*\*How to Cope Extended Support Services** -- HTC graduates will have the option of participating in up to 6 sessions of individual counseling, one of which may be a family counseling session. Interested participants must initiate participation in this service within 90 days of their final HTC group, and all sessions must be completed within 6 months of the first counseling session. The cost is \$45 per session, with the option of purchasing the package of 6 sessions for a discounted cost of \$180. Unused sessions will not be refunded.

### Caring for Kids Class (Children ages 6-17)

**\$35 per child\*** -- Includes 7 group sessions (1.5 hours each)

### Professional Development Classes

**Approx. \$45 per class** -- Fees vary by class offering and are posted on the First Call website.

### Speas Resource Center

**\$5 per 1 week DVD/Video rental** -- All other materials are distributed free of charge.

### Prevention Services

**\$25 per participant** -- Mental Health First Aid and Youth Mental Health First Aid

**\$45 per group session** -- Includes LifeSkills Training (8 sessions) and Say It Straight (number of groups is determined by site)

Fees for educational presentations/trainings are determined based on audience size, travel required and length of presentation.

\*All clinical services are available on a sliding scale fee schedule determined by the accountant in consultation with the client, using the Standard Means Chart as a guide. No one is refused services for lack of ability to pay.



## Informed Consent for Treatment

1. **Consent to Evaluate/Treat:** I voluntarily consent that I will participate in substance abuse evaluation and/or treatment by staff from First Call Alcohol/Drug Prevention & Recovery either in person or via telehealth. I understand that following the evaluation and/or treatment, complete and accurate information will be provided concerning each of the following areas:
  - a. The benefits of the proposed treatment
  - b. Alternative treatment modes and services
  - c. The manner in which treatment will be administered
  - d. Expected side effects from the treatment and/or the risks of side effects from medications (when applicable).
  - e. Probable consequences of not receiving treatment
  - f. Outcomes of diagnostic instruments used in this evaluation

The evaluation or treatment will be conducted by a certified substance abuse counselor, licensed therapist, or an individual supervised by any of the professionals listed. I understand that telehealth is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

2. **Benefits to Evaluation/Treatment:** It may be beneficial to me, as well as the referring professional, to understand the nature and cause of any difficulties affecting my daily functioning, so that appropriate recommendations and treatments may be offered. Uses of this evaluation include diagnosis, evaluation of recovery or treatment, estimating prognosis, and education and rehabilitation planning. Possible benefits to treatment include improved cognitive or academic/job performance, health status, quality of life, and awareness of strengths and limitations.
3. **Charges:** Assessment and treatment services are on a sliding scale and no one is refused services that cannot pay the fee. The fee paid is determined by the business office in consultation with the client, using the Standard Means Chart as a guide. I will be responsible for any charges not covered by insurance, including co-payments and deductibles. Fees are available to me upon request.
4. **Confidentiality, Harm, and Inquiry:** Information from my evaluation and/or treatment is contained in a confidential medical record and I consent to disclosure for use by Mobile MET staff for the purpose of continuity of my care. Per Missouri mental health law, information provided will be kept confidential with the following exceptions: 1) if I am deemed to present a danger to myself or others; 2) if concerns about possible abuse or neglect arise; or 3) if a court order is issued to obtain records.
5. **Prohibition against Rediscovery:** Information from my evaluation and/or treatment is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.
6. **Right to Withdraw Consent:** I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.

7. **Telehealth:** I understand the following with respect to telehealth:
- There are risks and consequences associated with telehealth, including but not limited to disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
  - There will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
  - The privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telehealth unless an exception to confidentiality applies (as detailed in item 4).
  - If I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telehealth services are not appropriate and a higher level of care is required.
  - During a telehealth session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten (10) minutes, please call me at the following number to discuss since we may have to reschedule:  
Contact Phone Number: \_\_\_\_\_
  - My therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.
8. **Expiration of Consent:** This consent to treat will expire 12 months from the date of signature, unless otherwise specified.
9. **Monitoring the Quality of Work:** In an attempt to assure quality services for clients, First Call regularly reviews its work for clients, some of which involves an evaluation carried out by an independent evaluator. I understand that the information summarized by the evaluator is not tied to individual clients, but rather is summarized by group patterns. This review work is done for the purpose of improving First Call's work for its clients. However, I have the choice not to participate in this review; and if I do consent to this review, but then decide to withdraw my consent, I can do so in writing to the treating clinician at any time without fear of negative consequences.

### **Emergency Protocols**

In case of an emergency, the following is my location. I agree to confirm my current location at the beginning of each session. I also agree to provide an emergency contact person who may be contacted on my behalf in a life-threatening emergency only. This person will only be contacted to go to my location or take me to the hospital in the event of an emergency.

In case of an emergency, my exact location is: \_\_\_\_\_

My emergency contact person's name: \_\_\_\_\_

My emergency contact person's address: \_\_\_\_\_

My emergency contact person's phone number: \_\_\_\_\_



## COMBAT Connections Notice of Privacy Practices

Effective August 1, 2008

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The COMBAT-Connections is a multidisciplinary collaborative effort designed to enhance sustainability of recovery for substance abusing persons and their families. By coordinating services through the use of a shared web-based tool, the coalition can more effectively and efficiently provide services to those persons and their families. It also assists the participating agencies in the betterment of quality of service by coordinating, delivering, and managing client care through simplified processes and improved communications.

At the core of the COMBAT-Connections is a shared web-based tool that connects the agencies involved to a central data repository. Authorized users will access this tool using a web browser to share a uniform set of personal information (name, nickname, gender). Additional treatment and personal information will be entered into the tool in the event that you receive services at one of the participating COMBAT- Connections agencies. Although this data is being stored in a central data repository, only agencies that provide services to a client will be authorized to view the data and have access to the file. These files will remain locked to all **other** agencies until a client presents themselves for service to a new agency and authorizes the information to be released. Only those individuals authorized by each of the COMBAT-Connections agencies will have access to the information in the shared web-based tool.

As part of the COMBAT-Connections, follow-up health surveys are conducted with clients via telephone six and twelve months after exiting services. Data collected through the surveys is used to help the COMBAT-Connections improve services and treatment for clients in the future.

### NOTICE REQUIREMENTS

This Notice explains how agencies participating in the COMBAT-Connections may use and disclose your personal health care and treatment information. Generally, federal and state law requires health care information that identifies you be kept private.<sup>1</sup> Further, the agencies participating in the COMBAT-Connections must give you this information related to their legal duties and privacy practices with respect to any health care information they create or receive about you. The COMBAT-Connections participating agencies are required to follow the terms of the COMBAT Connections Notice of Privacy Practices that is currently in effect.

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<sup>1</sup> The Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 & 164 and the Confidentiality Law, 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.



We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in each of the participating COMBAT-Connections agencies. A copy of the current Notice in effect will be available at the receptionist's desk at each of the participating agencies.

**This Notice applies only to the personal health care and treatment information that is generated by participants in the COMBAT-Connections and received by the COMBAT-Connections shared web-based tool and database. All references to health information in this document describe information about the treatment and services provided by participating COMBAT-Connections agencies.**

Contact: If you have any questions about this notice, please contact the Privacy Officer at (816) 531-7788 for any updated information.

### USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

Generally, you must sign a written authorization before COMBAT-Connections participating agencies can share health information about you to anyone outside the agency. For example, we must get your written authorization before we can release information to your health insurer for payment. You may cancel your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization but we will be unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

Federal law allows us to release information without your written permission for the following reasons:

*Business Associates:* Some services of participating COMBAT-Connections agencies are provided through contracts with business associates such as accreditation agencies, management consultants, and quality assurance reviewers. We may disclose your health information to these business associates so they can perform the job a participating agency has asked them to do.

*Commitment of a Crime:* A participating agency may report crimes committed on its premises or against its program personnel, or a threat to commit such crimes.

*Suspected Child Abuse or Neglect:* We may disclose information about suspected child abuse or neglect to appropriate state and local authorities.

*Health Oversight Activities:* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

*Medical Emergencies:* We may provide your medical and treatment information to medical providers responding to your medical emergency.

*Required by law:* We will disclose health information about you without your permission when required to do so by court order or federal, state, or local law.

## YOUR HEALTH INFORMATION RIGHTS

Although your record is the physical property of the COMBAT-Connections participating agency from which you receive services, the information belongs to you. You have the right to:

*Copy:* Obtain a copy of this Notice of Information Practices upon request.

*Inspect:* Inspect and request a copy of your health record for a fee. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that another health care professional, chosen by someone on our health care team, review the denial. We will abide by the outcome of that review.

With respect only to the records held by the COMBAT-Connections participating agencies *that must comply with federal HIPAA privacy laws*, you have the right to:

*Restriction:* Request a restriction on certain uses and disclosures of your information. We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

*Amend:* Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by the COMBAT-Connections participating agency's health care team, is not part of the information kept by one of the participating agencies in the coalition, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your record.

*Accounting:* Obtain an accounting of certain disclosures of your health information during the six years prior to your request, but not earlier than April 14, 2003.

*Confidential:* Request communication of your health information by alternative means or locations.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. This complaint must be in writing to: Privacy Official, COMBAT Jackson Co. Courthouse 415 E. 12<sup>th</sup> St., 9<sup>th</sup> Floor, Kansas City, MO 64106 (816) 881-1400 FAX: (816) 81-1416. There will be no retaliation or punishment for filing a complaint.

You also have the right to share your complaints with the Secretary of the Department of Health and Human Services. Secretary, Dept. of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201 – Phone (202) 619.0257.

Violation of the federal Confidentiality Law by a program is a crime. Suspected violations may be reported to the United States Attorney in your district or the MO-WRO/ Alcohol and Drug Abuse Services.



## Your Rights at First Call

**Each participant in services at First Call shall be entitled to the following without limitation:**

- Admission to services without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws, except for bona fide program criteria
- Reasonable accommodations in the case of sensory or physical disability, limited English proficiency, and cultural differences;
- Treatment in a manner sensitive to individual needs and which promotes dignity and self-respect;
- Protection from invasion of privacy except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
- All clinical and personal information treated in accordance with state and federal confidentiality regulations;
- Review of your own treatment records in the presence of the administrator or designee;
- Clinical contact with a same-gender counselor, if requested and determined appropriate by the supervisor, either at the agency or by referral;
- Full disclosure regarding fees charged, including fees for copying records to verify treatment and methods of payment available;
- Reasonable opportunity to practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service;
- The right to refuse participation in any religious practice;
- Necessary communication (a) between a minor and a custodial parent or legal guardian, (b) with an attorney, (c) in an emergency situation;
- Protection from abuse by staff at all times, or from others who are on agency premises, including (a) sexual abuse or harassment, (b) sexual or financial exploitation, (c) racism or racial harassment, and (d) physical abuse or punishment;
- Full disclosure and availability of **counselor disclosure requirements** described under C.F.R. 42;
- Receipt of a copy of the **grievance procedures** upon request;
- Access to these rights for review, including a physical copy upon request.

Participants will not be subjected to physical restraints or seclusions as a part of First Call programming.

In the event of agency closure or treatment service cancellation, you will be (a) given 30 days notice, (b) assisted with referral, (c) given refunds to which the person is entitled, and (d) advised how to access records to which you are entitled.



## Confidentiality and Disclosure

**First Call may only share your personal information with your consent. Consent must be in writing and include the following:**

1. Name or designation of the program making the disclosure;
2. Name or designation of the program that will receive the disclosure;
3. Name of the person who is the subject of the disclosure;
4. Specific purpose or need for the disclosure;
5. Description of how much and what kind of information will be disclosed;
6. The right to revoke the consent in writing and the exception to the right to revoke;
7. The date, event or condition upon which the consent expires if not previously revoked;
8. The signature of the participant and/or other authorized person;
9. The date on which the consent is signed;
10. A statement prohibiting further disclosure unless expressly permitted by the written consent of the person to whom it pertains.

Outside persons or organizations which provide services on behalf of First Call are required by written agreement to protect your confidentiality.

### **Mandatory disclosures:**

Release of personal and otherwise confidential information is *required* under the following conditions:

1. Mandatory child abuse/or and neglect reporting;
2. When cause of death is being reported;
3. With the existence of a valid court order.

### **Permitted disclosures:**

Release of personal and otherwise confidential information is *permissible* under the following conditions:

1. In cases of medical emergency;
2. In reporting crimes that occur on program property or against staff;
3. To entities having administrative control;
4. To qualified service organizations;
5. To outside auditors, evaluators, central registries, and researchers.



## Grievance Procedure

**First Call strives to address all concerns in a timely and respectful manner. Should you have a grievance or complaint concerning services at First Call, please contact the Chief Executive Officer (CEO):**

Emily Hage  
9091 State Line Road  
Kansas City, MO 64114  
(816) 361-5900  
emilyh@firstcallkc.org

**A formal grievance will include:**

- A description of the grounds for grievance;
- Date and time the grievance occurred;
- The outcome you desire as a result of the grievance.

**Grievances should be filed in writing, and can be submitted in person or via email to the Chief Executive Officer. All grievances received in writing by the CEO will be addressed within 72 hours.**

**If your grievance is in regard to First Call's CEO or you do not feel that the CEO has adequately addressed your concerns, you may contact First Call's Board Chair or Vice Chair:**

- Richard D. Rhyne, Chair, [rrhyne@lathropgage.com](mailto:rrhyne@lathropgage.com)
- George Lopez, Vice Chair, [mitanni97@gmail.com](mailto:mitanni97@gmail.com)

**All grievances received in writing by the Board Chair or Vice Chair will be addressed within one week.**

**If you have addressed your concerns with the CEO and/or Board Chair/Vice Chair and do not feel that the matter has been resolved, you may contact:**

Compliance Officer  
Missouri Department of Mental Health  
P.O. Box 687  
Jefferson City, Missouri 65102  
(573) 751-4942



## Mobile CCL

**Mobile CCL is a recovery and support tool to use on your path to healing.**

Created to guide you through your recovery from addiction to alcohol or another drug, Mobile CCL empowers you whenever you are ready to reach out for support. The website is an online recovery partnership built between individuals seeking recovery from a substance use disorder and qualified substance abuse professionals in Kansas City.

**Your personal information is safe on Mobile CCL.** The details of your recovery process are also safe on Mobile CCL. With Mobile CCL you can take online screenings, contact partner agencies and create a client account with Mobile CCL.

Mobile CCL empowers you to take full ownership of your recovery – you decide how frequently you interact with your support team. When you decide to make the first step to your recovery, create your account and explore the resources available to you.



## CONSENT SIGNATURE PAGE

My initials by each item attest that I have read and understand these documents, have had an opportunity to ask questions about this information, and that I consent to evaluation/treatment services at First Call. I also attest that I have the right to consent for these services. I understand that an electronic copy of any of these documents will be provided to me at my request and that these documents are also available on the First Call website ([www.firstcallkc.org/intake](http://www.firstcallkc.org/intake)). I understand that I have the right to ask questions of my service provider about the above information at any time.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Full Name \_\_\_\_\_

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

Witness Full Name \_\_\_\_\_