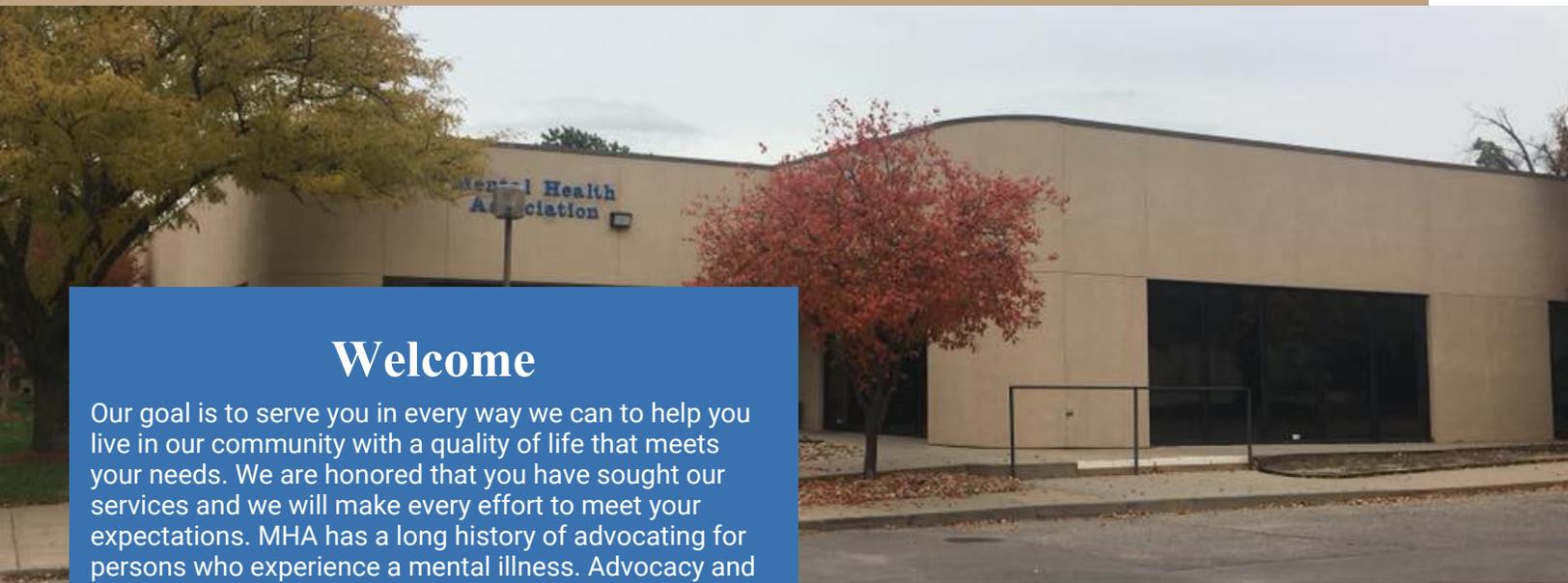


Mental Health Association of South Central Kansas

2022



Welcome

Our goal is to serve you in every way we can to help you live in our community with a quality of life that meets your needs. We are honored that you have sought our services and we will make every effort to meet your expectations. MHA has a long history of advocating for persons who experience a mental illness. Advocacy and education are at the very core of our purpose; we want to serve you in a manner that reflects the spirit of advocacy, as well as our commitment to service.

Clifford Beers, who founded the Mental Health Association in the early 1900's, was both a person who experienced a severe mental illness and a leader who spoke up in support of more humane service. He understood the dignity of each individual and that person's right to full community citizenship. The Mental Health Association was founded to spread those beliefs and practices across our land. Our organization has been pursuing those efforts in the Wichita area for over sixty years. We are proud of our achievements and the partnerships that have made our services possible. We are an affiliate of COMCARE, a member agency of United Way of the Plains and a chapter affiliate of the National Mental Health America. We work with those organizations and many others, including family and consumer groups.

You are our primary customer. The guidelines included in this booklet help identify the many different ways in which we provide services. Working together with you in a spirit of teamwork is our goal and will result in the most positive outcome.

Thank you for choosing MHA.

Sincerely,
Mary Jones, President & CEO



Mary Jones,
LCMFT,
LCAC
President and CEO

CONSUMER GUIDE TO SERVICES

What We Believe In

Values

Mission

The Mission of the Mental Health Association of South Central Kansas is to empower and assist youth, families and adults in our community to achieve optimal mental health and wellness through education, advocacy, and services.

Vision

MHA's Vision is achievement of a just, humane, and healthy community where all people are treated with respect and dignity, and where they have the opportunity to achieve their full potential, free from stigma and prejudice.

Diversity, Equity, and Inclusion

MHA is committed to promoting diversity, equity, and inclusion of all people. Our goal is to highlight, better understand, and effectively respond to the range of experiences held by individuals and families with diverse values, beliefs, and sexual orientations, in addition to backgrounds that vary by race, ethnicity, religion, gender identity, and language.

Consumer & Family Driven Services: Fully involving consumers and family in the delivery of mental health services toward recovery.

Access: Ensuring individual choice and timely access to high quality, community based, and integrated mental health services.

Evidence Based Practices: Achieving outcomes in treatment, recovery, and rehabilitation through evidence-based practices that improve the quality of life for persons served.

Excellence: Fostering the professional development of a workforce equipped in meeting human service needs in the ever-changing system of care.

Prevention: Assisting children and families in the prevention of mental illness, substance abuse, and related disorders.

Across the Lifespan: Bridging gaps in service across the life span, from early childhood through senior years.

Equality: Supporting and advocating equality in insurance coverage for mental health services.

Cultural Diversity: Advancing a culture of service that respects diversity and promotes the dignity and rights of every person in an environment free from stigma and discrimination.

Administration Integrity: Maintaining an organization that is fiscally and administratively accountable and consistent with Board governance dedicated to generating the resources necessary to fulfill the mission of the organization.

Valued Employees: Recognizing and respecting the dedicated service of employees and volunteers.

Education: Providing educational opportunities in the promotion of mental health and wellness.

Overall Health and Wellness: Ensuring we provide environments which foster health for all employees and for all of those served by our holistic approach.

Collaboration: Networking and collaborating with other organizations to improve the quality of life for members of our community.

THE **TREVOR** lifeline
866.488.7386

**YOU ARE
NEVER
ALONE**

TheTrevorProject.org

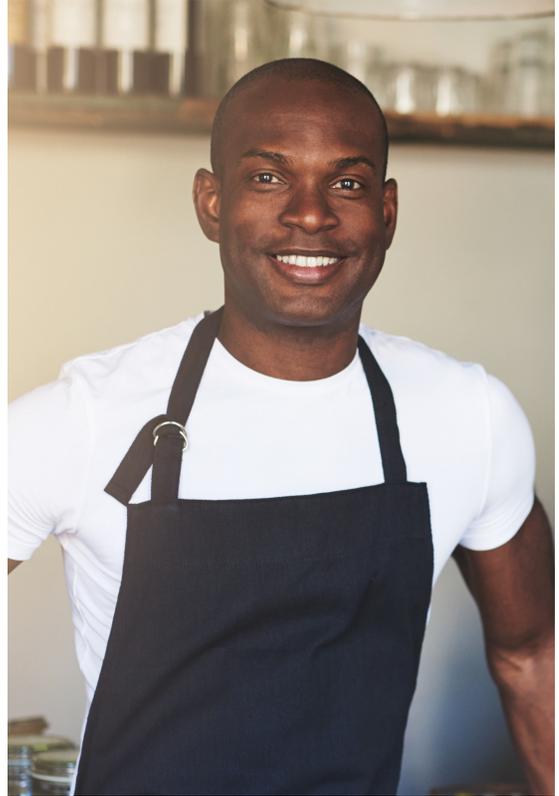
Services Available

Adult Services

Case Management: Individuals participating in this program work with a case manager on recovery and reintegration into the community. Case management focuses on accessing medical and social services, problem-solving, crisis support, resource linking, individual skill building and empowering consumers to reach their education, employment, and other life goals. Strengths-Based Case Management is the guide for service delivery.

Adult Attendant Care: Works with consumers to accomplish goals related to life skills such as cooking, grocery shopping, laundry, housekeeping, budgeting, hygiene, medication compliance, problem solving, utilization of community resources, crisis support, and social/emotional support.

Peer Support Services: Are intended to promote skills for coping with and managing mental health symptoms as well as developing a network of information and support from others who have been through similar experiences. Services are provided individually and in group settings.



Children's Services

Children's Case Management: Case Managers work with families to develop treatment goals to meet the youth's mental health needs. Case Managers work one-on-one with the youth to assist with symptom management and skill-building; as well as work on behalf of the youth by partnering with the important people involved in the youth's life and making additional referrals as needed to ensure success for every one.

Children's Attendant Care: Promotes recovery, positive problem-solving, coping skills, behavior management, school success, community tenure, and socialization through the development of appropriate interpersonal relationships on a 1:1 basis.

Family Services

Youth and Family Services: Services at-risk families who have children ages 5-24 in prevention and early intervention services to reduce poverty, prevent youth from engaging in high-risk behaviors and to help families achieve and maintain stability.



Services Available

Housing Services

Residential Care: Offers an array of housing options to individuals recovering from mental illness who are in need of housing. Residents of group homes, crisis homes, and apartments participate in services to help build skills needed for successful community living. MHA also operates independent living apartments for adults that have been diagnosed with a serious mental illness. The residential facilities are an essential resource and are designed to provide effective transition from treatment to independent living and provide safe and affordable housing.



Outpatient Services



The Counseling Center at MHA: Offers therapy services for adults, children, adolescents, families, and the elderly. Services include individual, family, and group therapy. A wide variety of treatments are available such as Play therapy, Parent-Child Relational therapy, EMDR, DBT, and mindfulness.

Medication Management: Evaluation, diagnosis, and medication interventions for the treatment of mental health disorders. Individuals receiving medication are monitored for progress in managing symptoms and improvement in quality of life.

Substance Abuse Services: Offers assessment and outpatient treatment that includes a combination of individual, family, and group counseling for adolescent and adults. DUI Evaluations, family education and early intervention are provided. Co-occurring treatments available as well.

Batterer's Intervention Program (BIP): BIP is a court-ordered, 24-week class for people convicted of domestic violence. Client's attend one class per week, however, several class times are offered each week. To participate in BIP, clients must go to the Counseling Center to enroll and pay for the class in full before an assessment can be scheduled.

OneCare Kansas (OCK)

OCK coordinates communication between all of the professionals involved in a consumer's care so medical, behavioral health, and social service needs are addressed in a comprehensive manner. The coordination of care is done by dedicated care managers who oversee, coordinate, and support consumers in optimizing their health.

Enrollment is open to any Kansas Medicaid participant with a diagnosis of schizophrenia, bipolar, major depressive disorder, or asthma.

If you or someone in your family is interested in enrolling, talk to your MHA service provider today.



**OneCare
Kansas**

a program of KanCare, Kansas Medicaid

Services Available

Prevention Services

PATHS for Kids (PATHS) - An early intervention and violence prevention program targeted to elementary school students, ages 5 – 11. PATHS curriculum covers five areas of social and emotional development including self-control, emotional understanding, self-esteem, peer relations, and interpersonal problem-solving skills. Program sessions are held weekly for 8-10 weeks in school or community settings.

PATHWAYS - Pathways is the oldest substance abuse prevention support program in Sedgwick County. The program serves children ages 11 – 18 who are at increased risk of alcohol/substance use, academic failure, and/or suspensions/expulsions. The program targets major social and psychological factors that promote risky behaviors. Weekly sessions are offered in both the school and community settings over the course of 8-10 weeks.

GIRL EMPOWERMENT (GEP) - The Girl Empower Program (GEP) is a structured support group for girls and youth who identify with female development from ages 9-18. GEP aims to counteract social and interpersonal forces that impede girls' growth and development by integrating relational theory, resiliency practices, and skills training to increase positive connection and collective strengths, and competence in girls. Topics covered may include body image, healthy relationships, trusting one's self, and decision-making.

BOYS TO MEN (B2M) - The Boys to Men Program (B2M) is a strengths-based group for boys and LGBT youth who identify with male adolescent development between ages of 12-18. B2M promotes boys' and young men's safe and healthy passage through pre-teen and adolescent years. Examples of topics discussed include challenging societal gender roles/expectations, cycles of addiction, conflict resolution, and healthy relationships.



COMPEER

Compeer is a youth mentoring program that connects area youth in grades K-12, who are faced with social and emotional barriers, with a caring trained adult in a meaningful, supportive relationship. Compeer services as a bridge to quality mental health for youth and their families. Compeer strives for optimal mental health through education, advocacy, and friendships.

Compeer offers two volunteer options:

Lunch Buddies: Volunteer mentors meet with their mentee once a week at the child's school over the student's lunch hour. Mentors role model prosocial behaviors, encouragement, and academic support.

Community-based Matches: Volunteer mentors spend 1-2 hours per week with their Compeer friend doing activities that they both enjoy. Examples of activities may include going on walks, playing board games, visiting museums, or attending sporting events.

Aging Services

Senior Companion Program: provide companionship and respite services to frail elderly and their family members. These volunteers focus on the health and safety of their client.

Sumner County RSVP: RSVP shows seniors how you can apply the skills and wisdom they've acquired throughout their lives to make a positive impact in the lives of others. Our highly structured program focuses on making a tangible difference. We'll prepare you for success with pre-service orientation and training from the organization where you will serve. To learn more, call 316.554.6303 or visit our RSVP office at 107 S. Washington in Wellington, KS.

Consumer Rights

You have the right to:

1. Ask for help and be treated with dignity and respect.
2. Be informed about your treatment/service and be told of any potential benefits/risks of treatment.
3. Help make decisions about your service, participate in the development and review of an individualized treatment plan and in planning for discharge.
4. Know how long you will be involved in treatment/service.
5. Receive treatment at convenient times and places.
6. Refuse treatment/service.
7. Ask for other treatment that may work for you.
8. Know the name of the person(s) providing your treatment and to request other staff be assigned to provide your treatment.
9. Be referred to another provider for service as needed.
10. Confidentiality.
11. Include other persons in your treatment
12. Be told of any research or educational activities that are part of your treatment and to refuse to participate.
13. Have bills and charges explained.
14. Make a written complaint.
15. A safe environment and freedom from verbal, physical or financial abuse or exploitation or restraint/seclusion that is used as a means of coercion, discipline, convenience, or retaliation.
16. Receive treatment in the least restrictive appropriate manner.
17. Be informed that there may be consequences for failing to comply with court-ordered treatment.
18. See or request a copy of your clinical record in accordance with MHA policy.
19. Make healthcare decisions through advanced directives, living will, and durable power of attorney.
20. Express preference regarding choice of service providers.
21. Receive information about your managed care company.
22. Exercise these rights without adversely impacting treatment.
23. Obtain access to services within specified access standards.
24. Right to request a 2nd opinion.



Consumer Responsibilities

You have the responsibility to:

1. Provide information needed for treatment/service
 2. Plan your service with the assistance of treatment providers and follow the plan.
 3. Let us know of special needs
 4. Keep and be on time for appointments and bring your insurance cards
 5. Arrange for care of your children while you are receiving services
 6. Let us know if you stop taking your medications or have problems with them
 7. Collaborate with your treatment provider to develop a crisis plan and work with provider to implement plan as needed
 8. Respect others confidentiality
 9. Let us know if your address, name, phone number or insurance information changes
 10. Tell us of all insurances carried
 11. Let us know if you are unhappy with services
 12. Let us know if you are not coming back
 13. Pay us in a timely manner
 14. Treat staff and consumers with respect
 15. Maintain a safe environment by not possessing weapons or using intoxicating or illegal drugs while receiving services
 16. Not come for services while under the influence of drugs, alcohol, or other substances.
 17. Notify staff of any unsafe situations you observe
 18. Not ask your treatment provider to purchase items for you out of their own funds
 19. Ensure a healthy environment for MHA staff by not smoking in close proximity to the service provider
-

CRISIS TEXT LINE |

Text HELLO to 741741

Free, 24/7, Confidential

If you or a loved one is having a mental health crisis, you can always call the Community Crisis Center, 24 hours a day, 365 days a week.

**Community Crisis
Center
316-660-7500**

Exclusion from Services

Persons may be excluded from services due to the following:

- Pattern of missed appointments.
- Violent, abusive, or behavior that constitutes harassment toward staff or other consumers.
- Unwillingness to substantially comply with treatment plan.

See program guidelines for other exclusions. A referral to other services will be made upon request. Reinstatement to service is based upon individual program guidelines.



GET CONNECTED. GET HELP.

Food Pantries • Utilities & Rent • Shelter • Medical
Senior Resources • Workforce Services • And more



CALL

Dial 2-1-1



TEXT

Text your ZIP code
to 898-211



CLICK

211Kansas.org



What to Expect from Your Providers

- Service that promotes safety and well-being for consumers and staff regardless of race, color, religion, ethnicity, veteran status, age, physical or mental disability, gender or sexual orientation.
- Informed consent for all services with an explanation of services in an understandable manner.
- Provision of services that take into account preferences, strengths and culture.
- Staff who only provide services for which they are trained.
- Services are provided in environments free from intimidation, insult, and harassment.
- Services that avoid conflict of interest, self-promotion, exploitation, or invasion of privacy.
- No employees are allowed to accept gifts or payment for services.
- Services are billed through our business office to the appropriate funding source.
- Services are guided by an assessment of needs and subsequent treatment planning and directed by the consumer.
- Opportunity to complete satisfaction surveys and to address questions/comments to program managers at any time.
- Staff who do not use tobacco products during service.

Payment Policy

INSURANCE: MHA will file insurance claims on behalf of the client and accept the maximum allowable reimbursement for services. The client is responsible for any deductible, co-insurance, and co-payment due and is 100% responsible for any non-covered services rendered. The Counseling Center will not become involved in disputes between the client and the insurance carrier. The client is responsible for timely payment on the account and to inform us of any insurance changes, including additional or new policies.

CO-PAYS: Co-payments are due at the time of service or prior to the service. Failure to have co-payment at the time of service will result in rescheduling of appointment.

UN-PAID BALANCES: Clients normally receive a statement from the Mental Health Association monthly, after the insurance company has processed the claims. The statement reflects charges that insurance company has not paid. Payment is due within 30 days of the statement date. An account is considered past due if not paid by the date on the statement unless prior arrangements have been made with the billing office. Payment arrangements can be made by calling 316-685-1821 and asking for billing. We accept cash, check, money orders, debit cards, MasterCard, and Visa. If no attempts at payments have been made, the account maybe referred to a collection agency.

RETURNED CHECK FEES: The charge for a returned check is \$25.00 payable by cash or money order. This fee will be applied to the client account in addition to the insufficient fund amount. MHA reserves the right to prohibit this payment method if this occurs.

Services for Minors

MHA is proud to provide services to children. Each program may have its own age limits and requirements but generally, we serve children from age 4 and older. To engage in services a parent or legal guardian will need to sign the child's intake forms and be present at the intake. Parents/guardians are also expected to be part of the treatment planning process throughout the course of the child's treatment.

Transportation Information

Wichita Transit Authority runs city buses ten minutes before every hour. The downtown transit center is open from 6:00 AM to 6:30 PM on weekdays and 7:00 AM to 5:30 PM on Saturdays. The main Mental Health Association office at 555 N. Woodlawn, Suite 3105, is one-half block from the Central and Woodlawn stop on the East Central bus route. For further information about bus schedules, call 316-265-7221.

Wichita Para Transit Service provides curb-to-curb shared ride accessible van service to individuals for a modest fee. Eligibility requirements apply. Non-Emergency medical transportation is available through various community providers and is reimbursed by Medicaid.



NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information About You For Services Delivered At The Mental Health Association May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are committed to protecting the confidentiality of your medical information. We create a record of the care and treatment you receive from the Mental Health Association (MHA). Such information may include work on treatment plan goals, symptoms, changes in your life, and information from other community service providers who are involved in your care and with whom you have signed a release. It also includes billing for services. We need this record to provide you with care and to meet certain legal requirements. This notice applies to all of the records held by MHA personnel.

Depending upon the circumstances, Kansas law may further limit the disclosures MHA may make.

This notice will tell you about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information. If you cannot read or comprehend this notice as written, let us know and we will read the notice to you. You may request a paper copy of this notice.

MHA is required by law to:

- Make sure that your medical information is kept private except as allowed by law;
- Give you this notice of our legal duties and privacy practices with respect to your medical information, and make a good faith effort to obtain your acknowledgement of receipt of this notice;
- If you are under the age of 18, this notice will be given to your parent or legal guardian who is responsible for consenting treatment;
- Follow the terms of the notice that is currently in effect. MHA does reserve the right to change this notice and its privacy policies as it feels necessary. A revised notice will be available upon request and will be available electronically or at the next treatment opportunity.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

MHA will not use or disclose your health information for any purpose not described in this Notice without your written authorization. MHA may use and disclose your health information without your written authorization for the following:

1. **Treatment:** We will use and disclose your health information in the course of providing, coordinating and/or managing your care and related services provided at MHA by your service providers and to other treaters. For example: Information obtained by an attendant care worker may be shared with your case manager; your therapist may share information with your psychiatrist or case manager.
2. **Payment:** We will use your health information in order to bill and collect payment from you, an insurance company or other third-party payers for services you receive at MHA. For example: Your health plan may be contacted to get prior approval for coverage of treatment you are going to receive or to determine whether your plan will pay for the treatment and services you receive.
3. **Healthcare Operations:** We will use your health information to assess the care and outcomes in your case and others like it to operate our business. Our health care operations include, among other things, the following functions: quality assessment and improvement activities; reviewing the qualifications and competence of providers; accreditation, and utilization review. For example: Your information could be used to evaluate the quality of care that you were provided, or your information may be combined with health information of other patients to evaluate the need for new services or treatment.
4. **Client Survey:** You will receive satisfaction surveys during service to help us evaluate our service and post-discharge to see how you are doing.
5. **Appointment Reminders:** You may receive appointment reminders in the mail or by phone. Appointment reminders may be left on voice mail at the phone number you have provided to us.
6. **Fundraising:** You may also receive information about MHA fundraising opportunities and may elect to opt out of these communications.
7. **Research:** Your PHI may be used by researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and consent form and established protocols to ensure the privacy of your health information.
8. **Coroners, Medical Examiners, and Funeral Directors:** MHA may use/disclose PHI to the coroner, medical examiner, or funeral director as necessary for them to carry out their duties.
9. **Organ and Tissue Donation:** MHA may use/disclose PHI to organ procurement organizations or other entities engaged in procurement, banking or transplantation of organs/tissues for the purpose of transplant or donation.

NOTICE OF PRIVACY PRACTICES

10. Law Enforcement: PHI may be disclosed to a law enforcement official in response to a valid court order, subpoena or warrant, or in response to a official request for the purpose of identifying or locating a missing person, suspect or fugitive; about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct at our offices; or in an emergency to report a crime, the location of a crime, victims of the crime or to identify the person who committed the crime.
11. Legal Proceedings: We may disclose/use your PHI in proceedings in response to an order, subpoena, discovery request or other lawful process.
12. Public Health Risks: Your PHI may be shared with the appropriate government agency relative to adverse events with respect to food, medications, products and product defects to facilitate product recalls, repairs or replacement, or for post marketing surveillance.
13. Treatment Coordination: We may discuss your treatment with family members or friends who are involved in your care. We may disclose PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.
14. Health Oversight Activities: to an agency for activities authorized by law, such as to prevent or control disease, injury or disability.
15. To Avert a Serious Threat to Health or Safety: We may use/disclose you PHI when necessary to prevent a serious threat to your health or safety or the health and safety of another person.
16. As Required by Law: We will disclose your PHI when required by federal, state or local law. This may include reporting of communicable disease, wounds, abuse, disease registries, health oversight and other public requirements.
17. Military and Veterans: MHA may use/disclose PHI to military command authorities as required by the Department of Veterans' Affairs authorities if you are a member of the military or a veteran.
18. National Security and Intelligence Activities: to authorize federal officials for conducting of intelligence or national security activities, including protective services to the President or other persons as authorized by law.
19. Workers Compensation: We may disclose health information about you for issues involving worker's compensation or similar programs.
20. Health Related Benefits and Services: We may use your personal information to provide information to you regarding treatment alternatives or health related benefits which may be of interest to you.
21. Inmates/Persons in Custody: MHA may disclose PHI if you are in custody or presently incarcerated to a correctional facility or law enforcement official when the disclosure is necessary for treatment or safety of others.

OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Uses and disclosures of your health information that are not covered by this Notice or laws that apply to mental health treatment will be made only with your written authorization. If you provide us with written authorization to use or disclose your health information you may revoke that authorization in writing at any time. If you revoke your authorization, such information will not be used or disclosed after the date we receive the revocation. However, a revocation of an authorization does not apply to uses and disclosures prior to the date of the revocation.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

1. Request a restriction on certain uses and disclosures of your health information. Although you have a right to make such a request, please note that we are not required to agree to a requested restriction. If we agree to the restriction, you will be notified in writing. We may however terminate any restriction with or without your agreement. You will be notified that we are terminating our agreement to the restriction. Restrictions must be requested in writing and include what information you want to limit, whether you want to limit use or disclosure or both, to whom you want the restriction to apply.
2. Request an electronic copy of your PHI.
3. Inspect and obtain a copy of your PHI except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or clinical laboratory information access to which is prohibited by law. You may be charged a reasonable fee for obtaining a copy of your records. You may also request that your PHI be sent in an electronic format to another individual.
4. Request amendment of your PHI, if you feel that your record is incorrect or incomplete. You have this right for as long as the information is maintained by MHA. Your request must be in writing with the reason(s) supporting your request and must be given to MHA's Privacy Officer. Your request to amend your medical record may be denied if: it is not in writing; it does not include a reason to support the request; the information was not created by a provider while

NOTICE OF PRIVACY PRACTICES

you received services from MHA; the information is not part of the medical record; the information is not part of the record which you would be permitted to inspect or copy; the information is accurate and complete. If your request for amendment is denied, you have the right to file a statement of disagreement that will be included with future disclosures of your PHI.

5. Obtain an accounting of disclosures of your PHI. An accounting will not include disclosures for treatment, payment and health care operations described in this Notice or disclosures made pursuant to your written authorization. To request a list of disclosures, you must submit your request in writing with the timeframe (which may not be longer than 3 years) and requested format of the list (print or electronic).
6. Request confidential communications and that we contact you about medical matters in a certain way or at a certain location.
7. Revoke your authorization to use or disclose health information except as to the extent that action has already been taken.
8. Request a paper copy of this Notice.
9. Be notified following a breach of your PHI.

REGARDING AN ELECTRONIC HEALTH INFORMATION EXCHANGE

MHA may participate in an electronic health information exchange, or HIE. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIE. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to all of your information through an HIO (except access by properly authorized individuals as needed to report specific information as required by law). If you want to restrict access to your records through the exchange, you must submit a request for restriction through the Kansas Health Information Exchange, Inc. Contact the KHIE Support Center at 785-783-8984 or visit www.khie.org for more information. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information. Please be aware that the inability to access restricted information may result in a health care provider not having access to information necessary to provide appropriate care.

Even if you restrict access through an HIO, providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization. Your information will also be available through the exchange by a properly authorized individual as necessary to report specific information to a government agency as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

For your protection, each request for restrictions is subject to verification procedures. Please allow sufficient time for your request to be processed. Your failure to provide all information required for verification may result in additional delay or denial of your request. If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

If you have questions regarding HIE or HIOs, please visit <http://www.khie.org> for additional information.

HEALTH INFORMATION SECURITY

We require our employees and business associates to follow the Company's security policies and procedures that limit access to health information about consumers to those employees and or entities that need it to perform their job responsibilities. In addition, the Association maintains physical, administrative and technical security measures to safeguard your protected health information.

COMPLAINTS

If you believe that your privacy rights have been violated you may file a complaint with the Secretary of Health and Human Services. You may also direct any complaints to MHA's Privacy Officer at 555. N. Woodlawn, Suite 3105, Wichita, KS 67208. 316.685.1821. You will not be retaliated against for filing a complaint.

QUESTIONS ABOUT THIS NOTICE

If you have questions about your privacy rights as described in this Notice and/or about our responsibilities as to your health information, please contact MHA's Privacy Officer at the following address and/or phone number: Privacy Officer, 555 N. Woodlawn, Suite 3105, Wichita, Kansas 67208. Phone: (316) 685-1821

Pest Management

At any given time, individuals and families could experience an infestation of various pests (including but not limited to bed bugs, cockroaches, scabies, lice, fleas, etc.). MHA services will continue while you are taking proper suggested precautions to reduce risk of spreading pests to additional locations.

Pest Management Precaution

- Gain as much knowledge as you can on pests, pest management, and prevention.
- If you are renting, report all pest sightings to your landlord as soon as possible.
- Let your MHA provider know as soon as possible as well to assist you in reducing the risk of transferring pests to other locations as well as developing a plan to address the matter.
- Only bring necessary items into offices, buildings, or other's homes to reduce the risk of transferring pests. (Your service provider may ask you to not bring certain items.)
- Maintain a clean-living environment. Vacuum your living environment regularly. Wash clothing and bedding regularly to minimize risks of bringing outside pests into your home.
- Take all efforts to minimize pests access to food, water, or hiding places.

If the infestation is to the degree that services are interrupted, MHA will work with individuals and families to explore resolutions to the infestation and identify any action plan to meet their behavioral needs without increasing risk or transference of such pests.



Infectious Disease Policy

MHA is dedicated to the well-being of our consumers, employees, and community. We are committed to ensuring that our company can continue all aspects of its critical work during a community health crisis and can safely resume normal operations as quickly as possible after a crisis affects our agency. We place a high priority on developing, validating, and, if necessary, implementing infection control plans.

We ask that consumers experiencing the following symptoms notify their service providers as soon as possible.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

You may be asked to reschedule your appointment or take other precautions to maintain everyone's safety.

Current universal precautions will be posted on the agency door and are expected to be followed by everyone entering the building. These may include but are not limited to:

- Wear a mask
- Hand washing
- Checking body temperature

Accessibility

The Association also adheres to the standards set forth in Section 504 of the Rehabilitation Act of 1973.

Specifically, no qualified individual with handicaps shall, solely on the basis of handicap, be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination under any Federally assisted program or activity administered by the Mental Health Association.

Planning for Discharge

Planning for discharge is an important part of service provision and begins at the time of admission. It is important that you participate actively in this planning. Typically, discharges occur in the following manner:

- Consumer decides service is no longer needed and notifies service providers of desire to terminate service.
- Consumer achieves treatment plan goals and is able to maintain community living without assistance.
- Consumer and service provider plan for a gradual termination from services over time.
- Consumer refuses to participate in the service, work on established goals, or follow program guidelines, and service provider discontinues service.

Service Animals

For the health and safety of our clients, staff and stakeholders MHA has a NO-PETS Policy. Although MHA has a respect and understanding of the role pets play in one's life, we ask that you please leave your pet at home during your visit/business to MHA.

This NO-PET policy applies to:

- All Pets
- Emotional Support Animals
- Comfort Animals
- Therapy Animals

MHA does allow a service animal to accompany clients to appointments. Under the ADA Section II and III, a service animal is identified as a dog that has been individually trained to do work or perform specific tasks for people with disabilities.

As of March 15, 2011, there are no protections for emotional support animals in terms of access to public accommodations and public entities.

Service animals are required to be leashed or harnessed except when performing tasks where such tethering would interfere with the dog's ability to perform specific tasks.

Service dogs must have up to date vaccinations, per ADA guidelines. Clients must always attend to and be in control of the service dog and may be asked to leave if unable to control the dog. Clients are asked to follow all city and state ordinances regarding dog waste. Thank you for your cooperation and consideration of others.



Tobacco Free Campus

As a health care provider, MHA is committed to providing a healthy and safe environment for employees, consumers, and visitors and to promoting positive, healthy behaviors.

With this policy, we hope to:

- Eliminate secondhand smoke so everyone on our campuses can breathe clean air
- Demonstrate our commitment to improve the health of consumers, employees, and the community
- Increase mental health providers involvement in treating nicotine addiction

Products Covered by the Policy

Tobacco products include, but are not limited to:

- Cigarettes
- Cigars
- Chewing tobacco Pipe smoking
- Dissolvable tobacco, including strips, sticks, orbs, and other new products
- Electronic smoking or vaping devices

Physical Boundaries of the Policy

This policy shall apply to all indoor and outdoor spaces owned, leased or contracted by MHA, including:

- Parking lots and driveways that are used by MHA
- MHA vehicles
- Vehicles on property that are owned, leased, or used by MHA
- Adjoining sidewalks to MHA owned or leased property, extending 25 feet from MHA property

MHA is proud to offer Tobacco Cessation Services.

Call 316-685-1821 to get more information.

Check out our new website at:

www.mhasck.org

- Find out more information about our services
- Learn about upcoming events
- Shop our MHA Store
- Read the latest Bell Blog
- Learn how to join our team!



Satisfaction Surveys

In an effort to continue to provide you the best service possible, MHA conducts satisfaction surveys at various times throughout the year. These surveys are done via email, phone calls, electronic and paper forms.

If you have suggestions for how to improve our services between survey times, please feel free to drop a note with your ideas into the suggestion box at any location or send an email to suggestionbox@mhasck.org.

Weapons Policy

Although Kansas state law allows individuals to carry firearms in public, MHA prohibits anyone from possessing or carrying weapons of any kind on MHA property or in MHA vehicles.

This includes:

- Any form of weapon or explosive
- All firearms
- All illegal knives or knives with blades that are more than three (3) inches in length

Police officers, security guards, and other individuals who have been given consent by the organization to carry a weapon on the property will be allowed to do so.

Prescription Drug Safety



Prescription medications are generally safe, but only when they are taken as prescribed and for the intended purpose. When they are abused—taken in ways that are not prescribed—they can cause an array of adverse health effects, including overdose and death. The risk of injury or death is even greater when prescription medications are abused alongside other drugs or alcohol.

It's vital to dispose of medications properly in order to protect our environment and to keep medications away from people with substance use issues or curious children and pets. Medications should never be poured down the sink or flushed down the toilet. The pharmacies below have indicated they are willing to dispose of out-dated or unused prescription medications for you.

Business Name	Address	City, State
Walgreen Co	3333 E Central	Wichita, KS 67208
Professional Pharmacy	744 N Waco	Wichita, KS 67203
Wal-Mart Pharmacy	303 N Rock Road	Wichita, KS 67226
Walgreen Co.	3150 S Seneca	Wichita, KS 67217

Grievance Policy

If a consumer feels his/her rights have been infringed upon, he/she has the right to initiate a grievance/complaint process. At no time will the filing of a grievance or complaint result in retaliation or barriers to service. If the grievance/complaint is not resolved at the first level, the consumer may advance to each successive level, until resolution is achieved. Grievance procedures are reviewed and explained at the onset of the treatment process and as needed thereafter.

These are the steps to follow if you have a grievance/complaint:

Level I - Complaint Resolution

Consumer will discuss the incident with involved party. Assistance may be rendered by any program staff to assist with resolution at this level.

Level II - Formal Grievance Process

If grievance/complaint is not resolved, the consumer will complete a Consumer Grievance Form and file it with the department head of the program where the incident occurred to initiate a formal review. The form should be completed and submitted within 180 days of the incident. The determination of the case, by the department head, will be made within 5 working days and written notification of the decision will be mailed to the consumer. Employees involved in the grievance may submit a written response and submit to the department head. Both parties may be interviewed.

Level III - Review

If grievance/complaint is not resolved to satisfaction, the consumer will submit a grievance form of the incident for review by the President/CEO. A decision regarding the incident will be made within 5 working days and written notification will be mailed to the consumer. The decision of the President/CEO completes the Agency's review of the incident.

Individuals may be assisted with this process by advocates and persons of their choice. Where necessary and appropriate, the director of the service area will initiate contact with the Adult/Children's Protective Service Unit of the State of Kansas Department of Social and Rehabilitation Services.

Members may file a grievance directly with their managed care company and may request a State Fair Hearing at that time. Grievances filed by members who receive psychosocial rehabilitation services will be forwarded to COMCARE and then to the appropriate entity within two business days of receipt.

If concerns are not resolved to the satisfaction of the member, or if it is the member's preference at any point in the process, the member can contact Kansas Department of Aging and Disability Services at:

Kansas Department for Aging and Disability Services
New England Building
503 S. Kansas Ave.
Topeka, KS 66603-3404
Phone: 785-296-4986 or 1-800-432-3535

Other Resources

NAMI Wichita (316) 686-1373
Disability Rights Ctr. of KS (877) 776-1541
COMCARE Community Crisis Center (24hrs.) (316) 660-7500
Project Independence (316) 262-6898
Kansas Legal Services (316) 265-9681
KanQuit(800)784-8669
United Way211
National Suicide Prevention Lifeline1-800-273-8255
or Text HELLO to 741741
Trevor Project Lifeline (866)488-7386
or Text "START" to 678678
SAMHSA Disaster Distress Helpline(800)985-5990
or text TalkWithUs to 66746

MHASCK Administrative Offices
555 N Woodlawn Suite 3105
Wichita, KS 67208
316-685-1821

ResCare Office
805 S Main
Wichita, KS 67213
316-685-1259

Counseling Center @ MHA
9415 E Harry Suite 800
Wichita, KS 67207
316-652-2590

