



# Mark Twain Behavioral Health

*Inspiring Hope & Wellness For Those We Serve*

## About MTBH

Mark Twain Behavioral Health (MTBH) is a private, not-for-profit Certified Community Behavioral Health Organization (CCBHO) serving the citizens of Northeast Missouri since 1975.

We are committed to caring for the individuals and families we serve by providing comprehensive programs and services to those affected by mental illness and/or substance use.

## OUR SERVICES

MTBH provides a wide range of services for youth, adults, couples, and families, which include, but are not limited to:

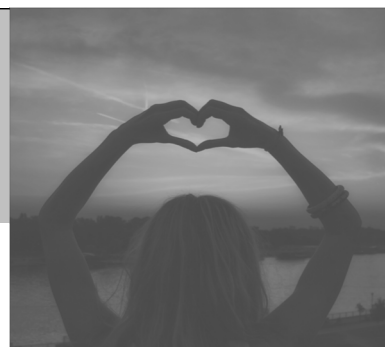
- Access Crisis Intervention/24 Hr Crisis Service
- Adolescent Diversion Education Program (ADEP)
- Clinical Intervention Program (CIP)
- Community Psychiatric Rehabilitation Program (Case Management)
- Consultation & Educational Services (Community & School)
- Education & Supportive Groups
- Individual, Couples, & Family Therapy
- Offender Education Program (OEP)
- Psychiatry & Medication Therapy
- SATOP
- Substance Use Social Detoxification (Detox)
- Substance Use Treatment
- Weekend Intervention Program (WIP)

Contact us today to see how we can help you be well!

Mark Twain Behavioral Health operates its programs and services without regard to race, color, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964.

If you believe you have been discriminated against on the basis of race, color, national origin or disability by Mark Twain Behavioral Health, you may file a Title VI/ADA complaint by completing, signing, and submitting the agency's Title VI/ADA complaint Form.

24 Hr Crisis Line: 1-800-356-5395



**Enhancing the  
Overall Health and  
Wellbeing of Those  
We Serve.**

154 Forrest Drive  
Hannibal, MO 63401  
P. (573) 221-2120  
F. (573) 221-4380

146 Communications Drive  
Hannibal, MO 63401  
P. (573) 248-1196  
F. (573) 248-1259

105 Pfeiffer Ave  
Kirksville, MO 63501  
P. (660) 665-4612  
F. (660) 665-4635

1119 S Missouri, Ste E  
Macon, MO 63552  
P. (660) 395-9114  
F. (660) 395-9115

[www.mtbh.org](http://www.mtbh.org)





## **Client Orientation Information**

### **Acknowledgement**

I have received a copy of the following information or it has been verbally explained to me:

1. An agency brochure that describes hours of operation and services offered;
2. Crisis line access information – If you are experiencing a crisis, call our toll-free crisis line at 1-800-356-5395; In the event of a natural disaster, go to your local Red Cross, local hospital, or local law enforcement office.
3. Privacy practices – a copy can be provided to you if you desire;
4. Client's Rights and Responsibilities;
5. Familiarization with premises, including emergency exits or shelter, fire suppression equipment and first aid kits;
6. Advance Directives;
7. Informed consent regarding services and payment for services;
8. An initial assessment with you and your team members will be held to help us all learn more about your needs and goals of treatment. The information gathered from the discussion will be used to develop the treatment plan that will guide the services and interventions to help you on your journey to health.
9. Treatment planning is a team event. A staff member will be assigned to you to develop an individual plan. Your input is required regarding the treatments that are chosen to participate in while receiving services here to reach the goals and objectives that have been agreed upon by you and your treatment team. A staff member will review with you, the treatment plan and the options that the course of treatment may include, initially and periodically to make updates and consider progress along the way.
10. Transition plans may be made with a specialized staff person if it is determined movement to another level of services is best for you. You and your clinician will communicate to prepare the transition plan and make arrangements as necessary.
11. Early in your treatment planning process, plans will be made for discharge and to support you to be successful. Your input in this plan will be requested and steps necessary for successful discharge from the program will be reviewed with the client by the staff member.
12. Although some referrals for services are mandatory, Mark Twain Behavioral Health will strive to do the following:
  - All proper releases for information will be obtained to exchange information with referral sources.
  - The clinician will work with you to establish a cooperative treatment plan.
  - The clinician will explore your motivation to change in determining the treatment plan.
  - You will be assigned a specialized staff for coordination of care.



## **Client Rights**

Each client in treatment at Mark Twain Behavioral Health has these rights:

1. To receive behavioral healthcare services and treatment in as open a setting as possible.
2. To have alternatives for care and treatment fully explained.
3. To have a treatment plan and to fully participate in its formulation.
4. To know the name of the person who is in charge of your treatment.
5. To participate in transition/discharge planning to assist with your continued support and success when moving to another level of service.
6. To be referred to prompt medical treatment when ill.
7. To be treated courteously and with dignity and respect.
8. To be treated in an environment free of seclusion and restraint.
9. To a safe, clean, and therapeutic environment, free from neglect and verbal, physical and sexual abuse.
10. To be free from financial abuse or other use for profit or personal gain.
11. To be free of retaliation (revenge) or humiliation (being put down).
12. To treatment by staff who uphold the standards of the agency and the ethics of their profession.
13. To prompt care and treatment on a scheduled or emergency basis.
14. To decline to be the subject of research.
15. To request a different therapist, community support specialist or physician.
16. To express grievances to the program supervisor, the privacy officer, and the Chief Executive Officer (and Board).
17. To refrain from working for the program.
18. To refuse treatment.
19. To review your records upon written request with a program representative.
20. To receive a copy of your records upon written request.
21. To treatment regardless of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, military status, or any other characteristic protected by law.
22. To have bills and charges for services explained.
23. To privacy and confidential records. (See Notice of Privacy Practices)
24. To know what medication has been prescribed for you and why.
25. To request and pursue a second opinion.
26. To have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law.
27. To receive an impartial review of alleged violations of rights.
28. To provide feedback regarding the services that you receive at our Center. This may be done through surveys available in the reception area or offered periodically from your service provider or at check-in or to group participants.



## **Client Grievance Procedures**

As a client, you have a right to express your opinion, recommendations and complaints. If you believe your client rights have been violated by any employed staff member or contract employee you may file a complaint by requesting a grievance form and writing out your specific complaint. This will be reviewed by the appropriate program director and you will be contacted, interviewed and an outcome will be reached, the results of which you will be informed. Additional steps, if necessary, will be taken to address your complaint.

In addition, you may contact the Dept. of Mental Health Client Rights Monitor at P.O. Box 687, Jefferson City, MO 65102; 800-364-9687. For hearing impaired: TT573-751-8017.

## **Client's Responsibilities to Mark Twain Behavioral Health**

We expect the following from you:

1. Be prompt for your appointments.
2. Give us at least 24 hours notice if you are unable to keep your appointments. If you fail to keep 3 scheduled appointments with your doctor, nurse practitioner or therapist, you may be discharged.
3. Actively participate toward established treatment goals.
4. Notify us if there are any changes in your address, telephone number, income or family size.
5. Make payment at the time services are rendered regardless of insurance coverage.
6. Behave in respectful manner to other persons in the Center. Aggressive or other inappropriate behaviors may result in a termination of services. Some examples of inappropriate behavior include hitting, yelling, threatening and fighting.
7. Do not carry any weapons or other dangerous or hazardous devices or illegal substances onto the property of Mark Twain Behavioral Health as they are not allowed on our property. In response to crises, we strive to use non-violent intervention strategies.
8. Do not smoke in unapproved areas. Smoking is not allowed in the building or in prohibited areas of agency property.

## **Mark Twain Behavioral Health's Responsibilities to the Client**

1. We will provide the most appropriate and professionally competent service possible.
2. You will be seen at the appointed date and time.
3. We will respect your "client rights".
4. We will treat you with respect and dignity.
5. We will uphold your right to confidentiality.
6. We will report any instance of physical, sexual abuse or class I neglect to the appropriate licensing agency.
7. For mandated services, we may report to the appropriate authorities about your treatment and your response to treatment.

I acknowledge that the client rights, responsibilities, and grievance procedures have been reviewed with me.

## **Acknowledgement of Notice of Privacy Practices**

I hereby acknowledge that I have received and had an opportunity to ask questions concerning MTBH's Notice of Privacy Practices with an effective date of September 23, 2013.



**AUTHORIZATION FOR DISCLOSURE OF INFORMATION**

I hereby authorize Mark Twain Behavioral Health, to disclose information listed below as follows.

Disclosure Authorized: To Missouri Purchase of Service Program

My last name  
My patient identifying number, the nature  
and extent of services received by me, identified  
by code.

Purpose: The purpose and need for such disclosure is to obtain payment for services rendered to me from the State of Missouri Purchase of Service Program.

Expiration: This authorization will expire when payment is received for services rendered.

**II.**

Disclosure Authorized: To the State of Missouri, and auditors employed by it in the event of an audit of the Program is made.

All my records both financial and clinical pertinent to an audit of the Purchase of Service Payments and Program.

Purpose: The purpose and need for such disclosure is to facilitate verification of the treatment received if the State is making a fiscal audit, monitoring management, and/or evaluating the program.

Expiration: This authorization will expire when the time provided for audit of Center's purchase of service records has elapsed.

I understand that no report, audit, or evaluation shall identify me by name or otherwise and that my anonymity will be preserved.

EITHER CONSENT SET FORTH ABOVE MAY BE REVOKED AT ANY TIME, EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE THEREON.



# Mark Twain Behavioral Health

## **Explanation of Insurance and Fees**

I, the undersigned, a Mark Twain Behavioral Health client, understand I must provide my Medicaid card or any private insurance card at the time my services are rendered. If I have private insurance and am responsible for any portion of my payment, it is necessary for me to pay the full cost for each visit until my insurance company processes my claims to determine my financial responsibility. Any overpayment will be refunded or applied to future services. If I have a co-pay on my insurance, I am responsible for paying my co-pay at the time of service. Then, when an insurance payment is received by the agency, the insurance payment will be applied toward the remainder of my bill. If the amount of insurance payment does not cover the amount of my remaining bill, I will be responsible for the outstanding balance.

## **Assignment of Insurance Benefits**

I have given MTBH my current insurance information, including company name, policy holder name, employer, policy number/group ID, and social security number. I hereby instruct and direct the insurance company(s) to pay by check made out and mailed to:

Mark Twain Behavioral Health  
154 Forrest Drive  
Hannibal, MO 63401

If my current policy(s) prohibits direct payment to a facility or provider, I hereby instruct and direct the insurance company(s) named above to make out the check to me and mail it to:

Mark Twain Behavioral Health  
154 Forrest Drive  
Hannibal, MO 63401

I authorize payment for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy, as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT of my rights and benefits under this policy. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy or electronic copy of this assignment shall be considered as effective and valid as the original.

I authorize the release of any information pertinent to my treatment to any insurance company, adjuster, or attorney involved in this case. I also authorize Mark Twain Behavioral Health to initiate a complaint to the Insurance Commissioner for any reason on my behalf.



# Mark Twain Behavioral Health

## **Notice of Cost**

It is my understanding that I am responsible for charges made for these services based on the following fees:

\$100 per session for therapy

\$250 per psych eval

\$150 per med check

\$0 per school based therapy visit

Client or Responsible Party is required to provide insurance information. Failure to release this information will result in the charges to be assessed at actual cost. Insurance companies will be billed the actual cost of the services provided.

Clients with MO HealthNet or Managed Care coverage will have a \$0.00 fee for all services. The charges were determined by application of the Standard Means Test (Section 630.210, RSMo. and 9 CSR 10-31.011). The cost is the Department of Mental Health's actual cost of providing the services or its contract cost for purchasing the service. The charge is redetermined annually or at any time it is known that changes have occurred in the financial ability of the client (or the person responsible for the client) to pay. The difference between the cost of care and treatment and the amounts received in payment may be a claim upon the client's estate at death by the Department of Mental Health (Section 473.398, RSMo.).

## **Informed Consent for Treatment**

It is the policy of MTBH that all consumers entering treatment sign a Consent for Treatment Form regarding treatment for their stated condition. The clinical staff member engaging in treatment will review the following areas of informed consent:

- The nature of the treatment (e.g., explanation of therapy or medication management process)
- Potential benefits, risk, or side effects of the treatment, including any potential setbacks that might occur
- The likelihood of achieving treatment goals
- Reasonable treatment alternatives (e.g., self-help programs)
- The possible result of not receiving treatment
- Any limits on confidentiality (e.g., mandated reporting)

Adult consumers or guardians of youth consumers may give valid informed consent. If they are not available onsite, the forms may be faxed or mailed to the responsible party.

I, as the client/parent/legal guardian, do hereby give my consent for myself/minor child/ward, to receive services from Mark Twain Behavioral Health.



# Mark Twain Behavioral Health

## Activities Permission Form

I give my permission for myself/minor child/ward to ride with Mark Twain Behavioral Health's staff members, including transportation from schools, while participating in activities provided by Mark Twain Behavioral Health. I understand that some of these activities may be out of town. I/minor child/ward will be supervised by Mark Twain Behavioral Health.

## Title VI Public Notice

Mark Twain Behavioral Health (MTBH) operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act of 1964.

MTBH posts Title VI notice on our agency's website and in public areas of our agency.

If you believe you have been discriminated against on the basis of race, color, national origin by Mark Twain Behavioral Health, you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

How to file a Title VI complaint with Mark Twain Behavioral Health:

1. Obtain a Title VI Complaint Form from the receptionist at one of our locations or download the form from our website: [www.mtbh.org](http://www.mtbh.org).
2. In addition to the complaint process at Mark Twain Behavioral Health, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region 7, 901 Locust Street Suite 404, Kansas City, Missouri 64106.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated, and include your contact information. If information is needed in another language, contact 573.221.2120.
5. Return completed Title VI Complaint Form to Mark Twain Behavioral Health, Attention Celia Hagan, 154 Forrest Drive, Hannibal, MO 63401.

Nondiscrimination obligations and complaint procedures may be translated as needed.

Persons interested in knowing more about the nondiscrimination obligations of Mark Twain Behavioral Health may submit their request to Celia Hagan, 154 Forrest Drive, Hannibal, MO 63401.





# Mark Twain Behavioral Health

## ADA Public Notice

Mark Twain Behavioral Health (MTBH) is committed to ensuring that its transportation services are accessible to all persons and strictly prohibits discrimination based on disability. If you have a complaint about the accessibility of our services or believe you have been discriminated against because of your disability, you can file a complaint.

MTBH posts ADA notice as well as our non-discrimination statement on our agency's website and in public areas of our agency.

If you have a complaint about the accessibility of our services or believe you have been discriminated against because of your disability, you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

### How do you file an ADA complaint with Mark Twain Behavioral Health?

1. Obtain an ADA Complaint Form from the receptionist at one of our locations or download the form from our website: [www.mtbh.org](http://www.mtbh.org).

2. You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See Question 1 of the complaint form.)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 6, 7, 8, 9, 10, and 11 of the complaint form.)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the complaint form.)
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Please submit your complaint form to address listed below:

Celia Hagan, Title VI Coordinator  
Mark Twain Behavioral Health  
154 Forrest Drive  
Hannibal, MO 63401  
Email: [chagan@mtbh.org](mailto:chagan@mtbh.org) Fax: 573.221.4380

### Do you need complaint assistance?

If you are unable to complete a written complaint due to a disability or if information is needed in another format, such as braille or large print, we can assist you. Please contact us at (573-221-2120) or ([chagan@mtbh.org](mailto:chagan@mtbh.org)).



If CPR services are requested/suggested, the following is information regarding this program:

## **COMMUNITY PSYCHIATRIC REHABILITATION PROGRAM**

### **What is it?**

The Community Psychiatric Rehabilitation Program (CPR Program) is a program that serves individuals diagnosed with severe and persistent mental illnesses along with other psychiatric disorders, such as Posttraumatic Stress Disorder.

### **Services**

It provides an evaluation of their illnesses and needs, community support, medication services, crisis intervention, and psychosocial rehabilitation.

### **Where can community support be provided?**

Community support is generally provided in the individual's home and/or home community.

### **Goal of the program**

The goal of the program is to help reduce the number of psychiatric hospitalizations that mentally ill individuals tend to have, to assist with stabilization of symptoms, to keep individuals functioning as independently as possible, and to promote community integration.

### **Program Requirements**

You are required to meet with your Community Support Specialist (CSS) within 4 weeks of your enrollment in the program or you may be discharged from all our agency services.

At your first meeting with your Community Support Specialist (CSS), you and your CSS will determine the frequency of your meetings. Failure to follow through will require discharge from all our agency services.

MTBH CPRP Staff shall not administer medications, but will assist clients in complying with self-administration. Only certified staff in accordance with medication administration policy can administer medications. Clients who self-administer medications will be expected to keep their own medications.

Clients who are transported in agency vehicles and who do not administer their own medications will have their medications stored in a locked box on the van/bus for transportation purposes. For clients being transported to a PSR site, these medications will then be transferred by the driver to the PSR staff person in charge where they will then be placed in a locked storage unit.

### **Failed appointments**

We are always concerned as to how you are doing. Please keep us informed. If you fail to keep an appointment for any services you have at our agency, your CSS will try to contact you within 24 hours to check on how you are doing.



# Mark Twain Behavioral Health

## **Recovery Program Contract Agreement:**

1. I am actively seeking services for my alcohol/drug use problem and agree to voluntarily participate in services.
2. I understand that should I possess alcohol/drugs while in treatment, I will be discharged immediately.
3. I consent to follow up activities after my discharge from treatment.
4. I consent to being photographed and this becoming a part of my record.

I have read and understand the above statements and I understand that my signature pertains to each item.

## **Recovery Program Release of Responsibility Agreement**

1. I voluntarily agree to completely release Mark Twain Behavioral Health and all employees/Board Members of any financial/individual responsibility in regard to any theft, illness, or accident befalling me while a Consumer of Mark Twain Behavioral Health.
2. I agree that Mark Twain Behavioral Health's employees may dispose of any/all personal property of mine left on the premises thirty (30) days following my discharge from the program.
3. I understand that any medications brought to this agency that are not properly labeled and in the original bottle will be disposed of upon admission. Any medications that are discontinued by the prescribing physician will also be disposed of and not returned to me.
4. I am physically fit to participate in physical activities and have no limitations placed on my activities by a physician.
5. I agree to Emergency Medical Care if/when determined necessary by Mark Twain Behavioral Health's staff. I understand that local EMS or 9-1-1 will be called in the case of an emergency.

I have read and understand the above statements and I understand that my signature pertains to each item.



## **What is Telehealth?**

Telehealth at Mark Twain Behavioral Health (MTBH) provides a new way to deliver and receive existing services. It is not a new or different health care service, but a way to deliver health care through the use of telecommunication technologies.

Using live, interactive video conferencing, clients can have a live, real-time visit with their provider almost as if they are in the same room even though they are in different locations. The client views the provider over the television, computer or other device at his/her location and can hear and see the provider. The provider views the client over the television, computer or other device at his/her location and can hear and see the client.

Benefits of telehealth include:

- Increased access to care
- Saving time and money by reducing travel time while still receiving quality care from the provider

Limitations of telehealth include:

- Impact of the client/provider relationship by not being physically in the same room with the provider
- Clients may have discomfort with the technology or seeing the provider on television
- Privacy concerns

A MTBH representative will obtain client or parent/guardian consent to deliver services via telehealth. At the time of the appointment, the provider will initiate the connection and introduce all persons at both sites who are participating in the encounter. When the client is at a non-MTBH location, the client and/or parent/guardian will ensure privacy at their location with closed doors and private environment to ensure only intended participants have access to the content of the encounter. The client will communicate with the provider about their needs/concerns or healthcare progress and the provider will share recommendations and make follow-up plans as needed.

Clients are always welcome to drive to a location and see the provider in person when possible at the next available appointment.

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## **Treatment Planning Process**

An initial assessment with you and your team members will be held to help us learn more about your needs and goals of treatment. The information gathered from the discussion will be used to develop the treatment plan that will guide the services and interventions to help you on your journey to health.

Treatment planning is a team event. A staff member will be assigned to you to develop an individual plan. Your input is required regarding the treatments that are chosen to participate in while receiving services here to reach the goals and objectives that have been agreed upon by you and your treatment team. Non-monetary motivational incentives may be utilized and will be indicated in your individualized treatment plan. A staff member will review with you, the treatment plan and the options that the course of treatment may include, initially and periodically to make updates and consider progress along the way.

Transition plans may be made with a specialized staff person if it is determined movement to another level of services is best for you. The staff member assigned to you will communicate with you to prepare the transition plan and make arrangements as necessary.

Some referrals for services are mandatory. We at Mark Twain Behavioral Health will strive to obtain proper releases to allow us to exchange information with referral sources, explore your motivations to aid us in determining an appropriate treatment plan and ensure you have a staff member assigned for coordinating your care.

Early in your treatment planning process, plans will be made for discharge and to support you to be successful. Your input in this plan will be requested and steps necessary for successful discharge from the program will be reviewed with the client by the staff member.

# Living Wills and Other Advance Directives

## ► What is a Living Will?

A living will is a brief declaration or statement that a person may make indicating their desire that certain medical treatment be either withheld or withdrawn under certain circumstances. The Missouri statute authorizing the creation of living wills specifies that the statement or declaration be in substantially the following form:

“I have the primary right to make my own decisions concerning treatment that might unduly prolong the dying process. By this declaration I express to my physician, family and friends my intent. If I should have a terminal condition it is my desire that my dying not be prolonged by administration of death-prolonging procedures. If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw medical procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain. It is not my intent to authorize affirmative or deliberate acts or omissions to shorten my life, rather only to permit the natural process of dying.”

## ► How is a Living Will Made?

Any competent person 18 years of age or older can make a living will by signing and dating a statement similar to that shown above before two witnesses. These witnesses must be at least 18 years old, and should not be related to the person signing the declaration, a beneficiary of his or her estate or financially responsible for his or her medical care. The statement can be typed or handwritten. It is recommended that a living will or any other advance directives be considered and prepared in advance of any hospitalization or impending surgery — it is not something anyone should feel pressured to decide in a short period of time, if that can be avoided.

## ► Limitations of Living Wills

While most people have heard of living wills, many are unaware of the significant limitations of the living will as defined by Missouri statutes. The terms “death-prolonging procedure” and “terminal condition” are used in the statute to

specify the circumstances to which a living will applies. The statute defines both of those terms as relating to a condition where death will occur within a short period of time whether or not certain treatment is provided. In other words, the patient will die shortly with or without artificial resuscitation, use of a ventilator, artificially supplied nutrition and hydration or other invasive surgical procedures. By definition, then, a living will only avoids treatment when death is imminent and the treatment is ineffective to avoid or significantly delay death. Furthermore, the statute prohibits a living will from withholding or withdrawing artificially supplied nutrition and hydration, which is sustenance supplied through a feeding tube or IV.

## ► Alternatives to Living Wills

For patients who desire to give instructions for their health care which exceed the limitations of the living will statute, there is an alternative, commonly referred to as “advance directives.” An advance directive is an instruction by a patient as to the withholding or withdrawing of certain medical treatment in advance of the patient suffering a condition which renders the patient unable to refuse such treatment. A competent patient always has the right to refuse treatment for himself or herself or direct that such treatment be discontinued. Without an advance directive, once a patient becomes incapacitated, he or she may well lose that right. A living will is simply one type of advance directive. Recent court cases have made it clear that people have the right to make other types of advance directives which exceed the limitations of the living will statute. Those directives need to be “clear and convincing,” and may include instructions to withhold or withdraw artificially supplied nutrition and hydration or other treatment or machinery which may maintain a patient in a persistent vegetative state. These expanded advance directives can be tailored to meet the needs and desires of each individual patient, and need not be in any standard form. For example, they can specify that certain procedures are to be used for a reasonable period of time and then discontinued if they do not prove to be effective. Generally, additional advance directives should be signed, dated and witnessed in the same manner as living wills.

## ► What Should I Do With My Living Will?

The most important part of having a living will or other advance directives after they are signed is to be certain that they are accessible. They should be kept close at hand, not in a safe deposit box, because they may be needed at a moment’s notice. Many people travel with them. Some even keep them in their purse or billfold. At a minimum, it is recommended that you deliver a copy to your attending physician and at least make your close relatives aware that you have one. Giving a copy of your living will or other advance directives to your physician gives you an opportunity

to discuss your desires and ask any questions you may have about any procedure and also to ask your physician if he or she will follow your directions. If you have appointed an attorney-in-fact to make health care decisions in case of your incapacity, he or she should have a copy. If you are hospitalized, a copy should go into your medical records. For these reasons, it is often wise to sign more than one copy of your living will or other advance directives.

## ► **Revoking a Living Will**

Once made, a living will or other advance directives are easily revoked or cancelled. They can be revoked either orally or in writing. If possible, it is advisable to gather and destroy all copies of the advance directives if you desire to revoke them. By statute, health care providers are required to note a revocation of a living will in the medical records of the patient.

## ► **Durable Power of Attorney**

If you have a durable power of attorney which appoints someone to make health care decisions for you, do you still need a living will or other advance directives? The answer is yes. Whether or not you have a power of attorney does not affect the need or desire for a living will or other advance directives. If you do not have a power of attorney, your advance directives will be very helpful to instruct your physician and the hospital as to the care you desire. If you do have a power of attorney, your advance directives will give very important guidance to your attorney-in-fact as to how he or she should act. In fact, you may want to combine your power of attorney, your living will and your other advance directives into one document.

## ► **Why Give Advance Directives?**

You accomplish at least two things by giving advance directives, regardless of whether they direct all possible treatment, no treatment or only some treatment. First, you ensure that the treatment you receive is the treatment you desire, no more and no less. Second, you take the burden off of your family and friends to make those decisions for you at a time when they will most likely be emotionally upset by your critical condition. Finally, you may be avoiding litigation to determine what treatment you really desired or intended. In any event, it is time well spent.



# Brief Guide to Psychiatric Advance Directives

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## Do you want more say in your mental health treatment?

If you are someone who is in psychiatric treatment, you might be interested in finding out how to have more say in your treatment, especially when you are in crisis. This guide will help you understand how a psychiatric advance directive (PAD) might be useful to you.

It's always a good idea to start with your psychiatrist or other mental health treatment provider if you are interested in creating your own PAD. Ask if they know about PADs, and if they can help you create one. If they don't know about them, you can share this brochure with them so they can learn more, too. There are also volunteers in your community who will help you create a PAD.

## What is a psychiatric advance directive?

A psychiatric advance directive is a legal document that tells treatment providers your preferences for treatment in a crisis. It goes into effect if you are incapacitated – that means if you are in a state of mind where you cannot speak for yourself. An example of being incapacitated would be if you were unconscious, or couldn't speak, or were experiencing significant confusion, psychosis or mania.

If you have a wellness plan or crisis plan, there are some similarities with a PAD. A PAD is different because it is a legal document. To make it official, it must be signed in front of a notary public and two witnesses.

Treatment providers are required to follow your wishes stated in the PAD, unless those wishes include something they cannot do (like send you to a hospital in another state, or to a hospital that has no beds available), or it's an emergency and they need to preserve your safety or the safety of others.

## Where did the idea for PADs come from?

Medical advance directives have been used in medical settings for years for people who wanted more control over their medical care at times when they had a serious medical illness and knew they would not be able to express their wishes on their own – like if someone was at the end of life, or had a very serious illness or injury. They were created as the result of the Patient Self-

Determination Act of 1990, a federal law designed to give all patients more say in healthcare decisions.

### Are PADs always respected?

We hear from some people that their PAD was not followed when they wanted it to be followed. They are not used often, and medical providers are just starting to learn more about them. By getting more PADs out there, we hope to strengthen the voice of people who live with mental health conditions and to encourage more shared decision making with their treatment providers.

### Do you have a trusted family member or friend who can help you in a crisis?

A psychiatric advance directive can include a health care power of attorney (HCPA). The HCPA is a legal document that lets you put someone in charge of communicating your wishes to medical providers if you are not able to. The person appointed by the HCPA is called your health care agent. That person can speak for you in a crisis. It's your choice to have a health care agent or not. Sometimes family members are in this role, and sometimes friends or another person you trust and who can help you in a crisis. You can work with your agent to understand what you would want, and they can have your written advance instructions to guide them in speaking for you.

### Are there other benefits to having a PAD?

The process of creating a PAD helps you think through what you can do to prevent a crisis, what to do during a crisis, and how best to recover from a crisis. The conversations with your treatment providers, your family and friends, can help you take control of your mental health and improve communication between all the people who support you.

### What do I need to think about before I create a PAD?

What kind of treatment is helpful to you? What medications work for you? What medications don't work for you? Is there a hospital that you prefer? Who should be contacted if you are in a mental health crisis?

### Where can I get more information about PADs?

**National Resource Center on Psychiatric Advance Directives:** <http://www.nrc-pad.org/> For information about PADs nationwide.

## How to be an Effective Health Care Agent

**For family members and friends who are willing to serve in the role of a health care agent for a person with mental illness, here are some things to consider:**

- ⇒ Are you able to represent the wishes and best interests of the person?
- ⇒ Do you know the person, and do they trust you?
- ⇒ Do you know how to navigate in crisis situations?
- ⇒ Are you able to communicate assertively?
- ⇒ Are you accessible and willing to help?
- ⇒ Are you good at thinking ahead and problem solving?
- ⇒ Do you know who to contact and where to go to access help in a crisis?
- ⇒ Do you have PAD documents accessible, and in a shareable form (the notebook or the file)?

### **Crisis Intervention knowledge and skills**

- ⇒ Safety first
- ⇒ Remain calm
- ⇒ Communicate clearly
- ⇒ Be accessible

### **Who to call/where to go**

- ⇒ Psychiatrist, therapist and other service providers
- ⇒ Managed care organization
- ⇒ Crisis facility
- ⇒ Mobile crisis
- ⇒ ED: may be best choice if medical issues involved
- ⇒ 911 – immediate danger, other routes not working
  - ask for a police officer who has gone through Crisis Intervention Training

### **Essential knowledge and skills for the advocate in crisis settings**

- ⇒ Know the person you are advocating for
  - History of illness, prior treatment
  - Preferences
- ⇒ Know patient rights and responsibilities
- ⇒ Know how the system works
- ⇒ Follow up if things don't go well
  - Patient advocates in the hospital/contacting executives/state agencies
- ⇒ Know when to take care of yourself

**How to help me in a crisis:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Psychiatrist: \_\_\_\_\_  
Phone: \_\_\_\_\_  
PCP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
MH Provider: \_\_\_\_\_  
Phone: \_\_\_\_\_

**For more information on PADs:**

Crisis Navigation Project: [CrisisNavigationProject.org](http://CrisisNavigationProject.org)  
National Resource Center on PADs: [NRC-PAD.org](http://NRC-PAD.org)  
NC Secretary of State Advance Directive Registry:  
[SOSNC.gov/divisions/advance\\_healthcare\\_directives](http://SOSNC.gov/divisions/advance_healthcare_directives)  
NAMI NC: [NamiNC.org](http://NamiNC.org)

**My emergency contacts:**

I have a health care agent who can speak for me:

☐ Yes ☐ No

HCA Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Other: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Other: \_\_\_\_\_  
Phone: \_\_\_\_\_



**I have a Psychiatric  
Advance Directive (PAD)**

My PAD is a legal document that communicates my preferences for mental health treatment in a crisis.

This card provides summary information from my PAD.

**Hospital Preference:**

\_\_\_\_\_  
\_\_\_\_\_

**Treatment Preferences:**

\_\_\_\_\_  
\_\_\_\_\_

Sample wallet card – printed double-sided, folded in thirds to fit in a wallet.

# Overdose Prevention Framework

## FDA Priorities

In 2021, a record number of Americans – more than 107,000 – died from drug overdoses.<sup>1</sup> The individual and societal costs resulting from this public health crisis, including but not limited to death, are enormous.<sup>2</sup> The drug overdose crisis is multifaceted and has evolved beyond prescription opioids. In recent years illicit opioids, largely driven by fentanyl and its analogues, have become key contributors to the overdose crisis. Other controlled substances, including benzodiazepines and stimulants (particularly methamphetamine), are also being used in combination with opioids. While FDA's previous strategies have largely focused on opioid use and overdoses, the evolving nature of this crisis calls for a new approach.

In October 2021, the U.S. Department of Health and Human Services announced an Overdose Prevention Strategy, which supports the National Drug Control Strategy. The Office of the Assistant Secretary for Planning and Evaluation led the broad interagency effort to develop

the HHS Strategy with support from FDA and other HHS agencies. HHS' Strategy reflects the evolving nature of the overdose crisis and features four priority areas: primary prevention; harm reduction; evidence-based treatment; and recovery support. The HHS Strategy is also guided by four cross-cutting principles: equity; data and evidence; coordination, collaboration, and integration; and stigma reduction.

Deriving from the HHS Strategy, FDA has identified specific Overdose Prevention Priorities to provide a framework and focus for FDA's actions to address the crisis and sustain long-term recovery outcomes. FDA's priorities build upon existing initiatives and incorporate a greater focus on the evolving crisis. Priority areas one through three in the HHS Strategy correspond with FDA's priorities one through three. FDA's fourth priority reflects our critical role to regulate drug supply safety. The FDA Framework is guided by the same four cross-cutting principles as the HHS Strategy.

## FDA's four priorities are:

1. **Supporting primary prevention** by eliminating unnecessary initial prescription drug exposure and inappropriate prolonged prescribing;
2. **Encouraging harm reduction** through innovation and education;
3. **Advancing development of evidence-based treatments** for substance use disorders; and
4. **Protecting the public from unapproved, diverted, or counterfeit drugs presenting overdose risks.**

<sup>1</sup> [Provisional Drug Overdose Death Counts](#)

<sup>2</sup> [The High Price of the Opioid Crisis, 2021](#)

## Supporting Primary Prevention

*To eliminate unnecessary initial exposure and inappropriate prolonged prescribing of substances with abuse potential, FDA is:*

- Promoting appropriate prescribing of medications with abuse potential, including opioids, stimulants, and benzodiazepines
- Exploring the need for potential new authorities for opioid approval standards
- Supporting development of alternative, non-addictive therapies and technologies
- Evaluating innovative packaging and disposal solutions of medications with abuse potential

 *USG Partners: HHS, CDC, CMS, NIH, SAMHSA*

## Encouraging Harm Reduction

*To reduce morbidity and mortality associated with overdoses, FDA is:*

- Expanding availability and access to overdose reversal products, including naloxone, by supporting accelerated review of products and exploring over-the-counter access
- Supporting development of novel overdose reversal products
- Supporting development and authorization of fentanyl test strips to test human specimens at the point of care

 *USG Partners: HHS, CDC, CMS, IHS, NIH, SAMHSA*

## Advancing Evidence-Based Treatments

*To expand therapy options, availability, and access, FDA is:*

- Expanding availability and access to evidence-based treatments for substance use disorders
- Facilitating development of treatments for substance use disorders, with focus on stimulant use disorder
- Facilitating opportunities to incorporate stakeholder engagement into treatment development

 *USG Partners: HHS, CDC, CMS, DEA, IHS, NIH, SAMHSA, VA*

## Protecting the Public from Unapproved, Diverted, or Counterfeit Drugs Presenting Overdose Risks

*To enhance the security of the U.S. drug supply chain, FDA is:*

- Preventing and reducing counterfeit and illegal online sales
- Instituting enhanced targeting and screening methods at International Mail Facilities, Express Couriers, and Ports of Entry
- Taking compliance and enforcement actions against unapproved, diverted, or counterfeit drug products

 *USG Partners: CBP, DEA, DOJ, FBI, HSI, and USPIIS*

## Acronyms

*CBP - U.S. Customs and Border Protection*

*CDC - Centers for Disease Control and Prevention*

*CMS - Centers for Medicare & Medicaid Services*

*DEA - Drug Enforcement Administration*

*DOJ - U.S. Department of Justice*

*FBI - Federal Bureau of Investigation*

*FDA - Food and Drug Administration*

*HHS - U.S. Department of Health and Human Services*

*HSI - U.S. Department of Homeland Security Investigations*

*IHS - Indian Health Service*

*NIH - National Institutes of Health*

*USPIS - U.S. Postal Inspection Service*

*SAMHSA - Substance Abuse and Mental Health Services Administration*

*VA - U.S. Department of Veterans Affairs*

## **Missouri Opioid Treatment Programs (OTP) Demographic and Personnel Information**

### **Center for Life Solutions**

Cheryl Gardine, Chief Executive Officer  
9144 Pershall Rd.  
Hazelwood, MO 63042  
(314) 731-0100

[Cheryl@centerforlifesolutions.org](mailto:Cheryl@centerforlifesolutions.org)

MO Accreditation/Certification Expires: June 2020

### **Springfield Treatment Center**

Megan Holly-Michalski, Clinic Coordinator  
404 East Battlefield  
Springfield, MO 65807  
(417) 865-8045

[megan.hollymichalski@bhgrecovery.com](mailto:megan.hollymichalski@bhgrecovery.com)

### **Behavioral Health Group - Seven clinics in MO:**

#### **Behavioral Health Group, LP**

Administrative Office  
5950 Sherry Lane, Suite 750  
Dallas, Texas 75225

#### **Joint Commission Accredited**

MO Certification Expires: September 2021

Regional Director, Southern Missouri  
[Pam.Barrett@bhgrecovery.com](mailto:Pam.Barrett@bhgrecovery.com)

Regional Director, Regional Director,  
Northern Missouri and Kansas  
[Michelle.McGraw@bhgrecovery.com](mailto:Michelle.McGraw@bhgrecovery.com)

### **Columbia Treatment Center**

Melissa Thomas, Clinic Coordinator  
1301 Vandiver, Suite Y  
Columbia, MO 65202  
(573) 449-8338

[Melissa.Thomas@bhgrecovery.com](mailto:Melissa.Thomas@bhgrecovery.com)

### **DRD Kansas City Medical Center**

Cammy Testerman, Clinic Coordinator  
723 East 18<sup>th</sup> Street  
Kansas City, MO 64108  
(816) 283-3877

[Cammy.Testerman@bhgrecovery.com](mailto:Cammy.Testerman@bhgrecovery.com)

### **Springfield North Treatment Center**

Chauntay Bunch, Clinic Coordinator  
2545 West Kearney St.  
Springfield, MO 65803  
(417) 210-6025

[Chauntay.Bunch@bhgrecovery.com](mailto:Chauntay.Bunch@bhgrecovery.com)

### **Joplin Treatment Center**

Daniel Bingham, Clinic Coordinator  
2919 East 4th Street  
Joplin, MO 64801  
(417)-782-7933

[Daniel.Bingham@bhgrecovery.com](mailto:Daniel.Bingham@bhgrecovery.com)

### **Poplar Bluff Treatment Center**

Pam Barrett, **Interim** Clinic Coordinator  
624 South Westwood Blvd.  
Poplar Bluff, MO 63901  
(573)-772-7937

[Pam.Barrett@bhgrecovery.com](mailto:Pam.Barrett@bhgrecovery.com)

### **West Plains Treatment Center**

Tess Miley, Clinic Coordinator  
1639 Bruce Smith Parkway  
West Plains, MO 65775  
(417) 257-1833

[Tess.Miley@bhgrecovery.com](mailto:Tess.Miley@bhgrecovery.com)



### **ReDiscover – Two Clinics in MO**

Full MO Accreditation/Certification

Expires: November 2019

### **Rediscover: Treatment Options**

#### **Program (TOP)**

Hank Dietz, Program Manager

88 Blue Ridge Blvd.

Kansas City, MO 63138

(816)-384-0700

[mdietz@rediscovermh.org](mailto:mdietz@rediscovermh.org)

#### **Rediscover: Transitions**

Dee Ann Shelton, Program Director

1000 E. 24<sup>th</sup> St.

Kansas City, MO 64108

(816) 384-0700

[dshelton@rediscovermh.org](mailto:dshelton@rediscovermh.org)

### **Colonial Management Group, LP/New**

#### **Seasons - (Four sites in MO)**

MO Accreditation/certification expires: May  
2021

James Williams, Regional Director (Missouri  
clinics)

(407) 885-2036

[james.williams@cmglp.com](mailto:james.williams@cmglp.com)

### **Metro Treatment of Missouri – St.**

#### **Louis**

John Mullins, Program Director

9733 St. Charles Rock Road

Breckenridge Hills, MO 63114

(314) 423-7030

[John.Mullins@cmglp.com](mailto:John.Mullins@cmglp.com)

### **Cape Girardeau Metro Treatment**

#### **Center**

Angelica O'Neill, Program Director

Cape Girardeau Metro Treatment Center

760 South Kingshighway, Suite F

Cape Girardeau, MO

(573) 335-4333

[angelica.oneill@cmglp.com](mailto:angelica.oneill@cmglp.com)

### **St. Joseph Metro Treatment Center**

Janice Chandler, Program Director

St. Joseph Metro Treatment Center

3935 Sherman Ave.

St. Joseph, MO

(816) 233-7300

[Janice.chandler@cmglp.com](mailto:Janice.chandler@cmglp.com)

### **New Season/St. Charles Treatment Center**

Jennifer Brassard, Program Director

2027 Campus Drive

St. Charles, MO 63301

636-321-7600

[jennifer.brassard@cmglp.com](mailto:jennifer.brassard@cmglp.com)

#### **Westend Clinic**

Wardell Carter, Executive Director

5736 West Florissant

St. Louis, MO 63120

(314) 381-0560

[Westendclinic45@yahoo.com](mailto:Westendclinic45@yahoo.com)

MO Accreditation/Certification expires April  
2020