

CDAC BEHAVIORAL HEALTHCARE, INC.
WOMEN AND FAMILY INTERVENTION SERVICES
ORIENTATION PACKET

The Women and Family Intervention Services (WFIS) program provides intervention, case management, care coordination and advocacy for pregnant women and parents across Circuits 1, 2 and 14 who are struggling with substance use disorders. The WFIS program includes three recovery-oriented systems of care (ROSC) components:

1. **FIS- Family Intervention Services**, is a program which provides the tools for parents to develop substance-free lifestyles and strong family relationships.
2. **WISE- Women's Intervention Services and Education**, is a program which assists pregnant and parenting women to ensure healthy moms, pregnancies and children.
3. **SEN-NAS – Substance Exposed/Neonatal Abstinence** is a program which supports families experiencing, or at risk for, NAS.

WFIS SERVICES

All WFIS services are voluntary and free. Office hours are Monday – Friday 8:00 am to 5:00 pm. Evening and weekend hours are available for appointments and group activities. Our individualized services address the following areas:

Assessment of the individual's needs:

- Evaluation and Referral to Treatment
- Coordination of Prenatal Care
- Individualized Intervention Planning

Monitoring progress

- Relapse Prevention Skill Building
- Support Groups
- Life Management Training
- Parenting Skills Training

Linking and assisting in acquiring needed services to remove barriers to recovery

Advocacy to ensure equity of services and of treatment for program participants.

- Coordination of services with outside agencies and systems
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Abuse and Neglect Reporting

The Disability Rights Florida will help you if you are having problems with services or if your rights have been denied. You may call toll free 1-800-342-0823 or TDD call 1-800-346-4172.

Call the Abuse Hotline at 1-800-962-2873 to report abuse

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Individual Rights

The WFIS program is licensed by the Department of Children and Families Substance Abuse and Mental Health Program Office. Please call (850) 778-4045 should you have complaints regarding service. The WFIS program will make every effort to ensure that your rights are not violated. As a participant of the WFIS Program, you are entitled:

- To receive non-discriminatory services and not be denied services due to race and ethnicity, military status, gender, gender identity, age, sexual orientation, HIV status, disability, or developmental level
- To be treated courteously, with dignity and respect
- To receive Case Management and have every effort be made to use the least restrictive and most appropriate resources available based on your needs and optimum care
- To be given the opportunity to participate in activities that are designed to enhance your recovery
- To refuse services at any time without penalty. However, if you have been ordered to service by the court, or other official agency you will be informed of the consequences of your refusal
- The right to participate in the formulation of an Individualized Intervention Plan developed to meet your needs for recovery and additional goals
- To the right of confidentiality.

Program Rules and Responsibilities

Program rules and participant responsibilities have been established to ensure safety and to ensure that all participants receive maximum benefit from services. Program rules and participant expectations include:

- Any information that is learned about other agency participants is confidential and must not be shared; Respect the confidentiality of other participants.
- The possession of any mood-altering chemicals, unless prescribed by a physician, will not be permitted.
- Smoking is not allowed on the WFIS campus or in the building.
- Violence, physical threats, verbal threats, or abuse will not be tolerated and may result in immediate discharge from the program.
- Damage to agency property and stealing from the agency, staff, or other participants will not be tolerated
- Prompt attendance at scheduled appointments and groups is required. If a participant cannot keep an appointment or attend a group, he/she is responsible for making every effort to contact the agency and cancel.
- All participants must actively take responsibility for their recovery and work toward their goals.
- All participants must treat staff and other participants with courtesy and respect.

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Grievance Protocol

The purpose of a participant grievance protocol is to provide individuals with recourse when they feel that an issue concerning their rights or services has not been properly addressed without interference or retaliation. If your concern is regarding services provided by an organization other than WFIS, you should contact the administration of that organization, and we can assist you with filing a grievance under their protocol. To address an issue with WFIS:

- Discuss the issue with the staff member assigned to your case. If this does not resolve the problem, you may request to present the issue at the weekly staffing. If the matter cannot be resolved through these discussions, you may request that your situation be presented to the Program Director as a grievance.
- If you submit a Participant Grievance Submission form to the attention of the Program Director, an appointment must be scheduled with you to hear your concerns within five working days of the request.
- The Program Director will meet with you and the parties involved to resolve the problem to your satisfaction within a period of five working days. Within five working days of the meeting, the Program Director will provide you with a written response outlining possible solutions unless the urgency of the matter requires a faster response. • If you do not feel that the response resolves the problem, you may request a meeting with the Chief Executive Officer of CDAC who will schedule a problem review meeting with you and the appropriate staff within five working days to resolve the situation. Additional meetings may be scheduled and at the CEO's discretion a member of the Board of Directors may help with the resolution of the problem.
- A written response to the problem will be provided to you within five working days. The decision of the Chief Executive Officer is final.

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Consent Documentation

Orientation

I received a copy of the Women and Family Intervention Services Orientation Packet, and I acknowledge that I have read or had explained to me the following information: the services that the agency provides, my individual rights, the limits of confidentiality, the program rules and my responsibilities as a participant, and the agency grievance procedure.

Consent for Services

I agree to become a Women and Family Intervention Services participant and consent to the services offered to me by WFIS. I also understand that services are voluntary, and I have the right to refuse services at any time. I understand that no information concerning my participation may be disclosed without my written consent and that this consent may be revoked at any time.

Photo Release

I hereby consent to be photographed while receiving services from CDAC. The term “photograph” includes video or still photography, in digital or any other format, and any other means of recording or reproducing images. If you would like to opt out of being photographed, you can indicate this on the electronic signature form by checking “I would like to opt out of being photographed.”

HIV/AIDS Education

I received a Health Packet containing information concerning HIV/AIDS and other health information. I acknowledge that this information has been explained to me, and I have been made aware of the resources available to me for further services.

Transportation and Off-Site Activities

I agree to be transported by CDAC Behavioral Healthcare, Inc. staff if necessary. I understand that CDAC provides Liability Insurance while I'm being transported by a CDAC staff member. I release and agree to hold harmless CDAC, its agents, servants, employees and successors from all responsibility and liability arising out of my participation in an off-site CDAC activity. I release and agree to hold harmless the obtaining of and consenting to medical treatment; and I agree to assume full responsibility and liability for all expenses, damage, accident, illness, injury, or medical expense of and to myself or my property resulting from such participation.