

# **FAMILY HEALTH CARE OUTPATIENT BEHAVIORAL HEALTH PROGRAM ORIENTATION**

## **Contents**

Purpose

Services

What You Can Expect from Us

What We Can Expect from You/Program Rules

Completing the Program

Payment for Services

Safety

## **Welcome to the Family Health Care Outpatient Behavioral Health Program**

### **Our Purpose**

We believe that recovery from a Mental Health Disorder/Substance Use Disorders is possible and can be defined as “a journey of healing and transformation enabling a person with a mental health and/or substance abuse problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” Our purpose is to help you in your recovery journey.

### **Our Services**

The Family Health Care Outpatient Behavioral Health Program provides assessments, individual counseling, group treatment, and/or referral to other necessary services. Our services include interventions designed to assist individuals in entering into meaningful recovery from a Mild to Moderately severe Mental Health/Substance Use Disorders to improve a person’s life and overall functioning. This program does not include urgent/emergent services. Staff do not carry 24 hour pagers.

In the case of an emergency you should access services offered to the community that include: contacting 911, visiting your local emergency room, or calling your local Community Mental Health Agency.

### **What You Can Expect from Us**

We will treat you with dignity, courtesy, and respect. You will not be discriminated against based on age, creed, gender, race, sexual orientation, marital status, national origin, religious beliefs, or financial status. We will respect your rights and will protect the privacy, confidentiality, and security of your personal health information. We will not use seclusion or physical restraint.

Our offices are open 5 days a week from 8 am – 5pm. Appointments are made during these hours. Some appointments and groups may be offered in the evenings.

Your counselor will work with you to develop a treatment plan that addresses those areas of your life that you would like to see improved. We will then work together to find the motivation and the action steps necessary to reach your goals.

You may be asked to participate in voluntary surveys to get your feedback about your satisfaction and the progress you feel you have made. The surveys help us continually improve our services. If you would like to provide input at anytime, you may provide your written comments to the Front Desk or you may contact your Counselor or the Program Team Leader.

### **What We Can Expect from You**

We ask that you attend all of your scheduled appointments and/or groups on time and be ready to participate fully in sessions. If you are unable to keep an appointment, please call to reschedule at least 24 hours in advance. We also ask that you pay for your services at each appointment, if a co-pay applies.

### **Program Rules and Client Agreement**

As a client in the Outpatient Counseling Program, you are asked to agree to abide by the following rules:

1. No alcohol, illegal drugs, or non-prescribed controlled substances will be allowed in a FHC building or on FHC property. Prescribed medications may be brought with you and must be kept on your person (pockets, purse kept with you, etc) at all times. Tobacco products may be used at designated locations outside of the building only.
2. No weapons of any kind may be brought into a program building.
3. Clothing and personal appearance must be clean and appropriate. There should be no messages on your clothing or personal belongings that promote violence, sex, gangs, alcohol or drug use as determined by program staff. If you are found to be in violation of this standard, you will be asked to make the appropriate changes to be in compliance with this program rule.
4. You agree to not attend appointments under the influence of any substances.
5. If it is determined that your continued participation in the program will cause injury or is detrimental to other participants, you will be referred to another more appropriate service and/or terminated from treatment.
6. You agree to consider attending Self Help support groups available in the community such as AA, NA, Dual Recovery, Celebrate Recovery, etc as required or recommended as part of your treatment plan.
7. You agree to submit to physical search as requested by clinical staff. If requested, you agree to empty pockets and other personal items such as a bag or purse. This request will NOT include a pat down or removal of clothing. You agree to allow staff to confiscate all contraband that is discovered. Any personal property that is considered legal will be returned to you.
8. Your treatment requires regular attendance at your scheduled appointments. If you are unable to attend an appointment, you agree to call as soon as possible.
9. Staff of this program may determine that you may be in need of services that are not available in this program. In such cases, staff members will work with you to get connected with services that are most appropriate and most beneficial to you and your recovery.

Note: Violations or abuse of the above listed rules may result in Discharge from services.

### **Completion of Services**

Successful completion of the program occurs when you and your counselor(s) mutually agree that you have completed your program goals. If you have been ordered by a court or required by an employer or some other entity to complete the program, they will be informed of your successful completion.

Discharge from services may occur when there is a significant and/or recurrent violation of program rules, when there are repeated missed or rescheduling of appointments, and/or when you do not make contact with us within 30 days of your last appointment. In such cases, if you have been ordered by a court or required by an employer or some other entity to complete the program, they will be informed of your unsuccessful discharge from the program, as required and allowed by a signed release.

### **Payment for Services**

Fees for services depend upon your insurance coverage. We accept several Medicaid Health Plans, Medicare, and a variety of commercial insurances. Depending on your insurances, co-pays may apply. There is also an income based sliding fee scale for our Counseling services.

Changes to your insurance coverage should be brought to our attention immediately as your coverage and/or required co-pay could be affected and must be re-determined.

It is our policy that we will hold all treatment completion reports you may have requested to courts, employers, or others until your account has been paid in full.

### **Professional Conduct/Ethics**

It is the policy of the Family Health Care that agents of our organization shall comply with the Code of Ethics set forth by the Family Health Care, as well as any relevant ethical standards held by his/her professional organization or professional licensing body. This means that our clinicians have values, principles, and standards that guide their conduct in ways that protects clients like you and have your best interests in mind.

If you have any questions about our Code of Ethics, please feel free to ask a staff member for clarification.

### **Health and Safety**

We are dedicated to the health and safety of everyone at our offices. Staff members are trained annually in emergency procedures, infection control, and evacuation plans for our buildings. Fire equipment and first aid supplies are available at all offices.