



# COUNSELING ASSOCIATES

## Outpatient Services



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<b>Conway</b>	<b>501.336.8300</b>
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<b>Marshall</b>	<b>870.448.2176</b>
<b>Morrilton</b>	<b>501.354.1561</b>
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# COUNSELING ASSOCIATES

## **Welcome**

Welcome to Counseling Associates Outpatient Services. This handbook is designed to provide you with the information you need regarding our services and policies that may affect you. Your comments and feedback are always important as we strive to overcome any barriers to treatment. You can request feedback forms from our front desk staff.

## **Mission**

Counseling Associates exists to provide a full continuum of innovative, community-based behavioral healthcare services to enhance the quality of life for individuals in our community.

Fundamental beliefs of the organization are that services should be easily accessible, cost-effective, evaluated for improvement, culturally sensitive and client and family centered.

## **Core Values**

We believe that the persons we serve are our highest priority. They are the reason CA exists.

We believe in the preservation of human dignity, self-respect and client rights in a caring environment.

We believe that services should be consumer-based, easily accessible and continually evaluated for improvement.

We believe in the person-centered approach to care. The persons served and families are encouraged to become involved in their loved ones treatment.

We believe that CA should be responsive to the behavioral health care needs of its communities and should direct its resources to meet those needs in a cost effective manner.

We believe in advocating for persons served in a manner that will reduce stigma and promote the elimination of discrimination through the education of the community and other stakeholders.

## **Hours and Days of Operation**

CA provides services at our sites Monday through Thursday from 8:00 to 5:30; 8:00 to 4:30 on Friday. Some sites may have extended hours so please check with each facility.

## **Building Orientation**

The admissions coordinator will review the layout of the building to ensure you have proper orientation to the clinical areas, waiting rooms, restroom facilities and front desk/check out information.

## **Behavioral Health Care Treatment**

Counseling Associates, Inc. (CA) is accredited by the Arkansas Division of Behavioral Health and CARF (Commission on Accreditation of Rehabilitative Facilities), an international accrediting agency to provide mental health and substance abuse services to the residents of a ten county catchment area (Conway, Cleburne, Faulkner, Johnson, Perry, Pope, Searcy, Stone, Van Buren and Yell). CA accepts Medicaid, Medicare, private insurance, self-pay, and other funding sources as the person qualifies.

CA's philosophy states any psychiatric disorder and/or any substance use disorder may occur in any person, regardless of age, gender, or socioeconomic status. Effective responses are tailored to the needs of the consumer, instead of consumers needing to fit the specifications of the program.

Integrated, continuous treatment relationships, using evidence based interventions, are developed to support the consumer with a balance of appropriate interventions and care.

The system is created utilizing existing services and programs as much as possible, with matching of programs to individual needs to ensure opportunities for meaningful choice and empowerment at each point during the course of treatment.

## **Individual Treatment Process**

Persons seeking treatment at CA will be assessed by a clinical staff person during the initial appointment during which time a person centered plan will be developed with the person to best meet the identified treatment needs. The following services are provided at CA and maybe available to you based on a collaborative agreement with your primary therapist.

## **Admission**

**Same Day Access-** Counseling Associates has an open access system, meaning we will see the person today for admission into our agency. No appointment necessary. Depending on location and type of insurance coverage, we have open access times available for walk in appointments. The person will then be seen by the first available clinician. Once in with the therapist the intake process can take anywhere from 45 minutes to 2 hours. The intake is very important to make sure we are meeting your specific needs. Then, follow-up appointments are scheduled.

## **OBH Services**

CA provides the following OBH Services (Medicaid Rehabilitative Services): A copy of the OBH regulations is available on request.

**Assessment by Clinician** – The cultural, developmental, age and disability-relevant clinical evaluation and determination of a beneficiary’s mental status; functioning in various life domains; and DSM 5 diagnostic formulation for the purpose of developing a plan of care.

**Assessment by Physician** – A direct face-to-face service contact occurring between the physician and the beneficiary for the purpose of evaluation. Psychiatric Diagnostic Assessment includes a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. This service may be done in the office with the prescriber or it may be done via telemedicine where the prescriber meets with you over the video conferencing equipment.

**Person Centered-Master Treatment Plan** – A developed plan in cooperation with the beneficiary (parent or guardian if the beneficiary is under 18), to deliver specific mental health services to restore, improve or stabilize the beneficiary’s mental health condition. The plan is based on individualized service needs and includes goals for the medically necessary treatment of identified problems, symptoms and mental health conditions.

**Master Treatment Plan Review** – The periodic review and revision of the master treatment plan, in cooperation with the beneficiary, to determine the beneficiary’s progress or lack of progress toward the master treatment plan goals and objectives.

**Individual Therapy** – Face-to-face treatment provided by a licensed mental health professional on an individual basis. Services consist of structured sessions that work toward achieving mutually defined goals as documented in the master treatment plan.

**Family Therapy** – Face-to-face treatment provided to more than one member of a family simultaneously in the same session or treatment with an individual family member that is specifically related to achieving goals identified on the beneficiary’s master treatment plan.

**Group Therapy** – Face-to-face interventions provided to a group of beneficiaries on a regularly scheduled basis to improve behavioral or cognitive problems to work toward goal attainment.

**Medication Management** –This service includes evaluation of the medication prescription, administration, monitoring, and supervision and informing beneficiaries regarding medication(s) and its potential effects and side effects in order to make informed decisions regarding the prescribed medications. This service maybe done in the office with the prescriber or it may be done via telemedicine where the prescriber meets with you over the video conferencing equipment.

**Behavioral Assistance/Adult Life Skills, Life Skills, Group Life Skills**

– Face-to-face medically necessary therapeutic interventions provided to re-direct a beneficiary from a psychiatric or behavioral regression or to improve the beneficiary’s progress toward specific goal(s) and outcomes. May be provided by a mental health professional or paraprofessional.

**Child and Youth Support** – A face-to-face contact by a mental health professional or paraprofessional with caregivers, family members, or other community-based providers on behalf of and with the expressed written consent of an identified beneficiary in order to provide structured intervention tied to the master treatment plan, and/or rehabilitation.

**Crisis Intervention** – A screening service provided to a beneficiary who is experiencing a psychiatric or behavioral crisis. These services are designed to stabilize the person in crisis, prevent further deterioration, and provide immediate indicated treatment in the least restrictive setting.

**Crisis Stabilization** – Scheduled face-to-face treatment activities provided to a beneficiary who has recently experienced a psychiatric or behavioral crisis that is expected to further stabilize, prevent deterioration, and serve as an alternative to 24-hour inpatient care.

**Outpatient Substance Abuse Services:** Services are available to meet the needs of those individuals struggling with co-occurring substance abuse and mental health concerns. In addition, those with strictly a substance treatment need may participate in



services at CA. We offer individual, group, family/marital, psychoeducation and medication management.

**Peer Support:** is a consumer centered service provided by individuals (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with beneficiaries to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Peer Support, Youth Support and Family Support are available based on needs of persons served.

**Psychological Evaluation** –Standardized psychological tests conducted and documented for evaluation, diagnostic, or therapeutic purposes. The evaluation must be medically necessary, culturally relevant; with reasonable accommodations for any disability, provide information relevant to the beneficiary’s continuation in treatment, and assist in treatment planning.

All psychometric instruments must be administered, scored, and interpreted by the qualified professional.

**NOTE:** Psychological Evaluation services that are ordered strictly because of court-ordered services are not covered unless medical necessity criteria are met. Psychological Evaluation services for employment, disability qualification, or legal/court related purposes are not reimbursable by Medicaid, as they are not considered treatment of illness.

### **Requirements for Recipients of Medicaid Services**

1. If you have been tiered a Level 2 through the OPTUM Independent Assessment, then you are required to be evaluated by a CA psychiatrist, APRN (advance nurse practitioner under a doctor’s supervision), or a physician.

If you do not keep your appointment for the medical necessity evaluation, any services provided after this will be billed directly to you for 100% of the charges.

2. In accordance with Medicaid rules, all agree to provide a valid referral from his/her Primary Care Physician (PCP) upon entering care, and every six months thereafter for Tier 1 clients. If the client begins or continues treatment without a valid PCP referral, the client or responsible party agree to pay 100% of the charges for services provided during the period(s) that a valid PCP referral is not on file with CAI.
3. After the initial evaluation with a CA physician for those in Tier 2, the client agrees to see a CA physician every twelve months thereafter. If the client continues treatment beyond each twelve-month period without seeing a CA physician, the client or responsible party agrees to pay 100% of the charges for services provided between the end of this period and the date of the next CA physician visit.
4. Any services not covered by Medicaid, Medicare, private insurance, or other funding sources may be billed to you. In addition, there may be services listed in your Treatment Plan that are not covered under Medicaid; these services may be covered under another grant or self pay. This is fully outlined in your financial agreement before services are rendered.

The doctor is stating that the treatment is medically necessary to improve functioning in everyday life and activities, and/or to prevent relapse of symptoms. Functioning means the way a person feels, acts, and thinks as he or she goes about work, school, and play.

- A medical necessity evaluation must be consistent with the symptoms or diagnosis of the illness under treatment.
- Necessary and consistent with generally accepted professional standards (not experimental).

- Those covered services provided by practitioners within the scope of their practice.
- Not furnished primarily for the convenience of the consumer or of the provider.
- Is furnished at the most appropriate level that can be provided safely and effectively to the consumer.
- Promote progress towards the highest possible level of health and self-sufficiency.
- Working toward a higher level of functioning also constitutes necessity.
- To prevent disease, disability, and/or other adverse health conditions or their progression.

## **Person Centered Treatment and Wraparound**

Treatment at CA builds on the basic premise of the client's needs, strengths, abilities, and preferences in order to develop a plan and identify gaps in services so that referrals can be made. The Treatment Plan provides goals, objectives, timeframes, and identifies the members of the multidisciplinary team responsible.

Family therapy is based on the premise that although there is one identified client, the involvement and input from family (especially in children and adolescent clients), can determine whether the outcomes are positive or negative,

The wraparound (wrap) approach is based on the belief that the child and family should be at the center of coordinated health & mental health, educational, and other social welfare services and resources, and that an interventions specialist has the following core functions:

### **Family Focused and Youth Driven:**

- Outreach
- Assessment of strengths, needs, & resources
- Service planning & monitoring

- Linking
- Referring
- Advocacy
- Crisis Intervention wraps around the person served and family.
- Intervention Specialist (Case management)

The main purpose of the intervention specialist is to coordinate the provision of services for children and their families who require services from multiple service providers. CA follows the mode of treatment called “wraparound,” which involves families in a participatory process of developing an individualized plan focusing on individual and family strengths in multiple life domains.

## **Transition/Discharge/Follow Up**

Transition, discharge and follow up planning will begin at admission and will continue to be reassessed throughout the treatment process. This is a collaborative effort between the person served and the treatment team to ensure quality treatment, continuity of care and to assist in assessing program effectiveness.

Transition planning will assist the person served in experiencing a seamless transition from a higher level of care to a less intensive level of service as treatment progresses. Identifying natural supports, community resources and other services that may help with the individual’s recovery will be explored.

Once the person served has progressed through treatment to the extent that services are no longer warranted, the treatment team will assist with any referrals or follow up care that is needed to ensure a successful discharge.

# Rights, Responsibilities, Input

## Advocacy

CA demonstrates an active consumer advocacy program at work through the Consumer Council for persons served over the age of 18. The vision for this group is a statewide system to advocate and secure sustainable funding for Community Mental Health Services, to reduce stigma, and for persons served to support each other in their recovery. Activities include educating community leaders on issues, writing letters for legislative proposals and commenting on efficacy and proposed regulations to the CA Board.

These advocacy campaigns recognize the interconnectedness of layers where influence can result in positive change and effective use of the voices of staff, persons served, family members, community leaders, and others who share a common vision.

Advocacy efforts influence both funding for programs and decisions impacting the structure, the availability and the delivery of services. These efforts in addition focus on educating lawmakers about the importance of proactive mental health services and resources. CA believes that advocacy and public policy cannot work independently; together they work to create the best program outcomes.

Contact information for CA Advocates are as follows: **Clinical Director, Lee Koone, LCSW, (501-327-4889); Client Advocate, Brynda Lilley (LSW, 501-354-1561).**

## Boundary Policy

It is important to us to provide you the best quality care in an ethical and caring way. To help us do just that we have adopted a boundary policy which guides our staff and clients in always maintaining a professional and therapeutic relationship.

Boundaries are limitations we place on our staff's relationships with clients in order to practice ethical standards and to provide the best quality care.

Staff may only have professional relationships with clients defined by their job responsibilities and may not have personal relationships with clients.

***These limits apply to staff relationships with all clients and former clients.***

We have five categories of limitations:

**Special favors:** Staff may not accept from or give to clients any special favors. For example, staff may not ask you to buy something for them.

**Gifts:** Staff may not give or accept any gifts.

**Personal or financial gain:** Staff may not enter into any type of financial or business relationship with you.

**Self-disclosure, Socializing and Friendship:** Staff may not socialize with you unless the interaction is specifically part of a program function. Staff members may not “friend” a client on social media (Facebook, etc.)

**Physical Contact and Sexual Relations:** Staff may never have sexual relations with you even if it does not involve physical touch.

**Mandatory Reporting:** For your benefit and other clients if you are aware of any violation or attempted violation of these rules, please report them immediately to us by calling our Corporate Compliance Officer at **501-336-8300**.

## **HIPAA Privacy Practices**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **Our Responsibility:**

Counseling Associates commits to:

- maintain the security and privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you

- abide by the terms of this notice, until such time as our privacy practices or the law changes
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

**We reserve the right to change our privacy practices and the terms of this Notice at any time.** This Notice took effect 4/13/03 and will remain in effect until we replace it.

Each time you receive health care services from Counseling Associates, a record of your service is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for further care or treatment. This information often referred to as your health or medical records serves as a:

- basis for planning your care or treatment
- means of communication among the many health professionals who contribute to your care legal document describing the care you receive
- means by which you or a third-party payer can verify that services billed are actually provided a tool in educating health professionals, clinical and support staff
- a source of information for public health officials charged with improving the health of the nation (communicable diseases)
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure by others

## **Your Health Information Rights**

Although your health record is the physical property of Counseling Associates, or the facility that compiled it, the information belongs to you. You have the right to:

- request restrictions on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- obtain a paper copy of the notice of information practices upon request.
- inspect and copy (exception psychotherapy notes) as provided for in 45 CFR 164.524; (exception: Arkansas State Statute deems that if the information could be detrimental to the patient's health, inspection and copy of the record can be denied) amend your health record as provided for in 45 CFR 164.528.
- obtain an accounting of disclosures of your health information as provided for in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations.
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **Uses and Disclosures of Health Information Treatment**

Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the treatment team will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in your treatment once you are discharged from this facility.



## **Payment**

*Example:* A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

## **Regular Health Operations of Counseling Associates**

*Example:* Members of the medical staff, the risk, compliance or quality improvement manager, or members of the Performance Improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

## **Business Associate**

We provide some services through contracts with business associates.

Examples include transcription services and data processing services. When these services are used, we may disclose your health information to the business associates so they can perform the function(s) we have contracted with them. To protect your health information, however, we require the business associates to appropriately safeguard your information.

## **Your Authorization**

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

## **Marketing Health-Related Services**

We will not use your health information for marketing communications without your written authorization.

## **Law Enforcement**

We may disclose health information to law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

## **Abuse or Neglect**

As required by law, we may disclose your health information to appropriate authorities if we reasonably believe that child or elder abuse, neglect, or domestic violence has occurred. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

## **Public Health**

We may disclose personal health information when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

## **Appointment Reminders**

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters)

## **Privacy Rights of Persons Served**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending a letter to the

Health Information Manager where you received services. If you request copies, we will charge you .50 per page for the first 25 pages and .25 per page for each additional page with a maximum charge of \$25. If chart is in storage, a \$15 retrieval fee will be charged. The maximum charge would be \$40. Please allow five business days for processing.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we limit how we use or disclose your protected health information. CA will consider your request, but we are not legally bound to agree to any requested restrictions.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended). We may deny your request under certain circumstances. We will respond within 60 days of receiving your request.

### **Confidentiality of Alcohol and Substance Abuse Patient Records**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless one of the following conditions is met:

1. the persons served consents in writing;
2. the disclosure is allowed by a court order;

3. the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the federal law and regulations by a program is a crime.

Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Other uses and disclosures will be made only with the individual's written authorization and the individual may revoke such an authorization.

### **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may contact us:

**Contact:** ..... Lee Koone, Corporate Compliance Officer

**Telephone:** ... 501-208-2382

**Fax:** ..... 501-327-4492

**E-mail:** ..... lkoone@caiinc.org

**Address:** ..... 350 Salem Road, Ste. 9  
Conway, Arkansas 72034

You may also submit a complaint to the U.S. Department of Health and Human Services: (202) 619-027. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us.

## **Rights of Persons Served**

CA persons served enjoy the right to treatment without regard to age, gender, social supports, cultural orientation, psychological characteristics, sexual orientation, physical situation or spiritual beliefs or ability to pay for services.

The right to receive competent and professional services by a treatment team trained and credentialed in appropriate behavioral healthcare disciplines.

The right to considerate, respectful care, and to be treated by professionals who adhere to the highest ethical standards for the delivery of behavioral healthcare services.

The right to receive individualized treatment in a safe, comfortable and accessible environment.

The right to receive treatment/services in an atmosphere that is free from physical, psychological, emotional, and fiduciary abuse including sexual abuse or harassment, physical punishment, neglect, humiliation, threats and exploitation of any kind.

The right to access records or information in a timely manner as appropriate.

The right to actively participate in and understand the plan for treatment and discharge.

The right to receive all necessary information in order to give informed consent prior to treatment regarding service delivery, releases of information, concurrent services, and treatment team members.

The right to every consideration of privacy regarding treatment.

The right to expect that all communication and treatment records will be kept confidential to the extent permitted by law.

No person served identifying information will be disclosed through any marketing efforts.

The right to refuse treatment to the extent permitted by law.

The right to expect reasonable continuity of care including the name of the primary care provider.

The right to receive treatment in the least restrictive setting.

The right to be informed of what will be expected of you during your treatment.

The right to examine and receive an explanation of all charges regardless of source of payment.

The right to request a review of fee or eligibility criteria.

The right to file a grievance to address concerns regarding services received or infringement of rights and have these grievances resolved.

The right to report problems or concerns without fear of retaliation.

The right to have family members or other persons of your choice involved in the treatment process.

The right to access or seek a referral to legal representation, self help support groups or Advocacy Services at Disability Rights by calling 1.501.296.1775

Note: Individual programs/services have additional information regarding the rights of persons served which apply to specific programs administered by Counseling Associates. For specific questions about confidentiality issues, contact your intervention specialist or therapist. See also HIPAA Notice of Privacy Practices.

## **Responsibilities of Persons Served**

Provide correct and complete information regarding your medical & mental health status and history including a list of all medications taken from all providers.

Communicate questions or concerns to treatment team members and seek clarification if you do not understand information or instructions.

Actively participate in the treatment planning process or inform a treatment team member if you do not intend to or cannot follow the treatment plan.

Commit to the recovery process including maintaining a healthy lifestyle.

Keep appointments or call at least 24 hours in advance if unable to keep appointments, with the exception of a potentially communicable illness. Remain home if running a fever.

Respect the privacy and property of others persons who are being served at CA.

Meet financial obligations on time and provide information on insurance/payment changes in a timely fashion.

Respect the privacy of CA staff by not contacting them afterhours and by understanding that that their Code of Ethics prohibits them from accepting contact requests on social media sites.

## **Loss and Regaining of Rights to Outpatient Services at CA**

### **Firearms, Illegal Drugs, Weapons and other Contrabands**

If a person served brings or sells firearms, illegal drugs, weapons and other forms of contraband into a CA facility, the contraband will be collected and law enforcement will be contacted.

If a person served destroys any CA property or threatens a CA employee physically or sexually, or loiters, law enforcement may be contacted. Additionally if a person is so disruptive to the therapeutic process, the person may be asked to leave. The above behaviors will place the individual at risk of permanent termination of services at CA.

### **Alcoholic beverages or other drugs**

If a person served brings alcoholic beverages or other drugs into a CA facility or is under the influence of alcohol or other drugs in a CA facility, he/she may have services terminated for six (6) months and receive appropriate referral to another facility.

### **No Shows**

If you no show three scheduled appointments in a six month period, you will not be allowed to reschedule for six months. A no-show appointment is defined as a scheduled appointment that was not cancelled the day before the appointment. You may not be allowed to make a regularly scheduled appointment, but may be seen in a crisis situation. Certain populations may be excluded from this policy to conform to compliance standards.

## **Input, Grievances, Suggestions and Opinions Submitted by Persons Served**

CA seeks input from the persons served on a regular basis. Satisfaction surveys are completed annually where individuals have the opportunity to tell us how we are doing in the delivery of our services.

It is the policy of CA that any person served, next of kin, family member, or legal representative of persons serviced may file a grievance as a formal notice of dissatisfaction regarding facility operations, treatment services, and/or staff actions (including suspected violations of professional ethics). All opinions, suggestions and grievances that are seriously and conscientiously submitted will be evaluated with the intent of improving CA services, facilities, programs, and operations.



It is the policy of CA that every person admitted for services will be informed of the procedures for addressing grievances and offering formal suggestions and opinions for program improvement.

CA management reserves the right to consider or reject any opinion or suggestion submitted without formal notification to the originator and/or without benefit of a formal review and appeal process.

Arkansas statutes mandate that “the administrator of each receiving facility or program shall designate a patient or client advocate for that facility or program who shall report directly to the administrator”.

It is the policy of CA to uphold and support the spirit and intent of this law. Therefore, CA includes specific provisions for appointing advocates to persons served. Persons receiving services through CA programs are also entitled to advocacy representation/services through the Disability Rights Center and the Adult Protective Services Hotline. Additionally, persons receiving services funded by the Arkansas Division of Behavioral Health also have the right to submit a grievance directly to that agency if the CA grievance process proves to be unsuccessful in resolving any complaint.

Finally, persons receiving services funded by State and Federal offices have rights regarding complaints pertaining to the Americans with Disabilities Act (ADA) of 1990. It is the official policy of CA that these rights will be respected and honored.

Please refer to Rights of the Persons Served for a listing of your rights, as well as how to file a complaint with outside agencies if CA cannot resolve any problems.

CA makes every effort to resolve any complaints regarding your care. **You may contact the Program Operations Director for your county; Clinical Director, Lee Koone, LCSW, (501-208-2382); Client Advocate, Brynda Lilley (LSW, 501-354-1561) ; or The Division of Behavioral Health, Director of Policy and Certification, 305 South Palm, Little Rock, AR., 72205 501-663-6903.**

# Grievance Procedures for Persons Served

Persons with complaints are encouraged to attempt to resolve problems with their therapist, prescriber or intervention specialist. In the event that a problem cannot be resolved through discussions with your treatment provider, we encourage you to discuss the problem with the Program Operations Director and/or Client Advocate.

In the event that you would like to file a grievance, “Grievance, Suggestion, or Opinion (GSO)” forms are kept in the reception area of each CA office and maintained by CA staff persons.

To file a grievance, complete the GSO form and submit it to the Program Operations Director or Client Advocate.

If you have questions about the form, or need help in completing the form therapist, prescriber or intervention specialist are able to provide you with assistance in submitting a grievance. If the therapist, prescriber or case therapist is the subject of (or is involved in) the grievance, other staff members are prepared to help you in the grievance process.

After you submit a grievance, the Program Operations Director will meet with the involved staff member(s), and supervisor within ten (10) days to evaluate the grievance and prepare a written response. You will be contacted within fifteen (15) days of the filing of the grievance.

Any person involved in the grievance process may request a time extension from the Program Operations Director. Extensions of up to ten (10) days can be approved and will not be unreasonably denied.

If you are not satisfied with CA’s response to the grievance, you may use the same GSO form (bottom half of second page) to request that the grievance be continued. In this event, the Clinical Director will review the grievance and will respond.

If not satisfied, the final step is for the President/CEO to receive a written complaint and request for review. CA will consider those requests received within thirty (30) days after the initial response was mailed.

# Psychiatric Advance Directives

“Psychiatric advance directives (PADs) are relatively new legal instruments that may be used to document a competent person’s specific instructions or preferences regarding future mental health treatment, in preparation for the possibility that the person may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness.” (Bazelon Center for Mental Health Law)

## Frequently Asked Questions

### **Can I write a legally-binding psychiatric advance directive (PAD)?**

*Yes, by appointing a health care agent under Arkansas’ Durable Power of Attorney for Health Care Act. If you become unable to make decisions for yourself, your agent can make any health care decision for you, which could include decisions about mental health treatment. You must appoint your agent in a written document, which must be signed, by you, the agent, and two competent witnesses over the age of eighteen. The Arkansas Bar Association has published a Durable Power of Attorney for Health Care form, which is useful, but not mandatory as long as you comply with the witness requirements.*

### **Can I write advance instructions regarding psychiatric medications and/or hospitalization?**

*The Arkansas statute does not allow you to create a freestanding document for your mental health treatment wishes. However, you may wish to specify the choices you would like your agent to make on your behalf. A good way to do this would be to discuss your choices carefully with your agent, document them clearly and attach them to your Durable Power of Attorney for Health Care reform making sure they are witnessed along with the form.*

### **Does anyone have to approve my advance instructions at the time I make them?**

*No. However, your Durable Power of Attorney for Health Care form must be witnessed by two competent adults.*

**Can I appoint an agent to make mental health decisions for me if I become incompetent?**

Yes.

**If I become incompetent, can my agent make decisions for me about medications, and/or hospitalization?**

*Yes. The general rule is that your agent can make decisions for you about any aspect of your health care, including mental health care, at times when you are unable to make them yourself. This may include refusals of medication or other hospital treatment. One exception to this rule is that your agent cannot make decisions about life-sustaining treatments, which are covered by a separate statute. Another important exception is that your provider may disregard your agent's instructions if you are considered dangerous, or otherwise in an emergency.*

**Does my agent have to make decisions as he/she thinks I would make them (known as "substituted judgment"), or does he/she have to make them in my "best interest"?**

*The statute does not specify how your agent must act, although on general principles your agent should follow your desires as much as he/she can. The best way to ensure that your agent understands your preferences is to discuss them fully with him/her.*

**Is there any rule that says that I can only make advanced instructions, only appoint an agent, or that I must do both?**

*Yes. As explained above, the Arkansas statutes do not allow you to create freestanding instructions. Therefore, you must appoint an agent if you wish to create a PAD, whether or not you add specific instructions to your documentation.*

**Before following my PAD, would my mental health care provider need a court to determine I am not competent to make a certain decision?**

*No. The statute does not formulate any procedure, which must be followed before your agent's authority goes into effect, but in practice, it would usually begin when your mental health care providers believe that you are unable to make decisions for yourself.*

# Emergency Crisis Services

## Mental Health Emergency

A mental health emergency is a potentially life threatening situation in which an individual is imminently threatening harm to self or others, severely disoriented or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.

### Examples of a Mental Health Emergency may include:

- Suicidal thoughts, plans or threats
- Homicidal thoughts, plan or threats
- Self-injury needing immediate medical attention
- Exhibiting acute onset of psychosis or exhibiting severe thought disorganization
- Highly erratic or unusual behavior that indicates very unpredictable behavior and/or an inability to care for themselves.

### Action Plan

- Come to a CA clinic or local ER for a crisis screening evaluation
- Call 911 if unable to safely transport or the person is out of control or is severely impaired by drugs or alcohol
- **CA Crisis Line 24 hours daily : 1-800-844-2066 (Faulkner, Conway, Perry, Pope, Yell and Johnson County Residents use this number)**
- **CA Crisis Line 24 hours daily : 1-800-592-9503 (Cleburne, Stone, Search and Van Buren County Residents use this number)**

### Involuntary Court Ordered Evaluation

While it is always preferable for an adult to seek emergency treatment themselves, we recognize that on occasion a person's judgment & reasoning may be so grossly impaired by their condition that they are unable or unwilling to seek voluntarily treatment.

On those rare occasions, a friend, loved one, caregiver, mental health professional, etc. may seek a court order to involuntarily commit the individual to treatment, for the purpose of saving their life or of that those who are threatened. A Petition for Involuntary Mental Health Evaluation or Substance Abuse Treatment is an option of last resort and may be completed through the local Prosecuting Attorney's office. Following a court hearing, a Judge is the person who decides if a time limited Involuntary Commitment is warranted.

## **Non Violent Practices Emergency Intervention Procedures**

One of the fundamental beliefs of CA is that persons served, staff members, volunteers and other consumers of service should benefit from an environment that is free from threats to their personal safety. CA strives to be a learning environment to persons served in the development of recovery, resiliency, and wellness and to establish a culture of engagement, partnership, respect and self direction. Recognizing that there are times when persons served may show fear, anger, or pain which may leave to agitation or aggression it is acknowledged that therapeutic intervention be required to ensure the safety of all persons involved.

It is the policy of CA that seclusion or restraints are not acceptable staff interventions for use in these situations.

CA staff members are expected to respond to persons served who are agitate, aggressive, or assaultive in a manner that ensures the safety of staff and other persons served. This may require the use of Crisis Prevention Institute (CPI) endorsed methods of de-escalation and/or calling law enforcement authorities.

Interventions may include (but are not limited to):

- Encourage verbal expression of feelings
- Verbal reassurance/redirection
- Environmental change/Reduction of stimuli
- Respect of personal space and need to verbally and physically express feelings in a safe and appropriate space
- One on One interaction with staff
- Limit setting

- Voluntary time out
- Requesting assistance from the parent or caregiver
- Holding a person's hand or arm to safely guide him or her from one area to another
- Separating individuals threatening to harm one another, without implementing restraints
- Briefly holding a person served, without undue force for the purpose of comforting him or her or to prevent self-injurious behavior
- Calling 911 for law enforcement backup

## Wellness

The World Health Organization (WHO) defines wellness as:

**Wellness** is an active process of becoming aware of and making choices toward a healthy and fulfilling life. "...a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." The mission and core values of CA support a spectrum of services designed to promote wellness for the persons and families we serve.

SAMSA (Substance Abuse and Mental Health Services Administration) recognizes Eight Dimensions of Wellness.

These dimensions are linked together recognizing that problems in one area often affect other areas of one's life. CA believes that recovery in one dimension can positively impact other areas and is dedicated to providing services and resources to promote the pursuit of wellness by those we serve.

### **SAMSA's Eight Dimensions of Wellness are:**

1. **Emotional**—Coping effectively with life and creating satisfying relationships
2. **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
3. **Financial**—Satisfaction with current and future financial situations

4. **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
5. **Occupational**—Personal satisfaction and enrichment from one’s work
6. **Physical**—Recognizing the need for physical activity, healthy foods, and sleep
7. **Social**—Developing a sense of connection, belonging, and a well-developed support system
8. **Spiritual**—Expanding a sense of purpose and meaning in life



## Emotional Resources

- Counseling Associates: <http://www.caiinc.org>
- Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/>
- US Department of Health and Human Services: <http://www.mentalhealth.gov/>
- National Alliance on Mental Illness or NAMI: <https://www.nami.org/>
- Children’s Emotional Health and Emotional or Behavioral Disorders Project: <http://www.pacer.org/cmh/>
- American Foundation for Suicide Prevention: <https://www.afsp.org/arkansas>
- Hot Line Numbers
  - Arkansas Crisis Center **1-888-CRISIS2**
  - National Suicide Prevention Hotline **1-800-273-TALK**



## Environmental Resources

- Housing: <http://www.hud.gov/>
- ARVAC: <http://www.arvacinc.org/>
- Russ Bus: (479) 967-4059
- CAPCA: Community Action Program for Central Arkansas: (501)329-3891
- Supplemental Nutrition Assistance Program (**SNAP**) (formerly known as Food Stamp Program) –apply at local DHS or online at: : <https://access.arkansas.gov/Welcome.aspx>
- Food Pantries (by county): <http://www.foodpantries.org/ci/ar-morrilton>
- Medicaid Non-Emergency Transportation
  - Johnson, Pope, and Yell Counties: (888-783-6632
  - Conway and Perry Counties: (800)568-9987'
  - Faulkner County: (855)223-1225
- Western Transit System (WTS) for Non-Medicaid transport for all ages serving Pope, Conway, Yell and Johnson Counties (855) 642-0060

## Financial Resources

- Help Network: <http://www.helpnetworkinc.net/>
- Social Security Administration: <http://www.ssa.gov/>
- Arkansas Benefits Summary: <http://www.benefits.gov/benefits/browse-by-state/state/AR>
- Legal Aid Services: <http://www.arlegalservices.org/legalaid>

## Intellectual Resources

- US Department of Education: <http://www2.ed.gov/parents/landing.jhtml>
- Arkansas Adult Education: <http://aalrc.org/>
- Division of Developmental Disabilities Services: <http://humanservices.arkansas.gov/ddds/Pages/default.aspx>
- Waiver Services: <http://humanservices.arkansas.gov/ddds/Pages/waiverServices.aspx>

## **Occupational Resources**

- Arkansas Department of Workforce Services:  
<http://dws.arkansas.gov/>
- Arkansas Rehabilitation Services:  
<http://ace.arkansas.gov/arrehabservices/pages/default.aspx>
- Career One Stop Worker Reemployment:  
<http://humanservices.arkansas.gov/ddds/Pages/waiverServices.aspx>

## **Physical Resources**

- Arkansas Dept of Health:  
<http://www.healthy.arkansas.gov/Pages/default.aspx>
- Arkansas Aids Foundation:  
<http://www.arkansasaidsfoundation.org/>
- Free Medical Clinics in Arkansas (by county):  
<http://www.freeclinics.com/sta/arkansas>
- Arkansas Health Insurance Exchange:  
<http://www.healthinsurance.org/arkansas-state-health-insurance-exchange/>

## **Social Resources**

- Area Agency on Aging: <http://www.seniorspecialists.org/>
- Arkansas Public Library System:  
<http://www.publiclibraries.com/arkansas.htm>
- Arkansas Chamber of Commerce (by county):  
<http://www.arkansasstatechamber.com/>

## **Spiritual Resources**

- Celebrate Recovery Group Locator (by community):  
<http://www.celebraterecovery.com/cr-groups/group-locator>

*Printed resources available upon request.*

# Healthy Lifestyle

1. Balanced diet
  - Low in fat, cholesterol, sugar and refined carbohydrates
  - High in whole foods like vegetables, fruits, fish, lean meat, dry beans, whole grains
  - Resources: [www.choosemyplate.gov](http://www.choosemyplate.gov)
1. Weight control
  - Portion sizes of healthy diet
  - Exercise
2. Physical Exercise
  - Start with Stretching – 10 min before cardio and 10 min after
  - Work up to 30 min cardio exercise 3-5 times weekly, if approved by your PCP
3. Avoid Unhealthy Habits
  - Stop smoking: **Arkansas Tobacco Quitline at 1-800-QUIT-NOW**
  - Avoid excessive alcohol-AA meetings: [www.aa.org](http://www.aa.org)
  - Avoid prescription abuse-NA meetings: [www.na.org](http://www.na.org)
  - Avoid illegal drug use
4. Adequate Sleep – need varies by age. Ask your MD/APRN for recommendations.
5. Medications
  - Take exactly as prescribed, do not share or take meds from others
  - Keep a medication list with you at all times and give to each prescriber you see
  - Include Vitamins, Herbs and Natural supplements as they can sometimes interact
  - Get all your medications at the same pharmacy so they can monitor for interactions

- Always participate in medication counseling offered at the pharmacy
- Resource: [www.webmd.com/drugs/index-drugs.aspx](http://www.webmd.com/drugs/index-drugs.aspx)

## 6. Communicable Illnesses/ Infection Control

- Wash hands frequently using soap & water for at least 20 seconds
- Cough/sneeze into a disposable tissue or into your arm or sleeve
- Follow universal precautions: If you come into contact with bodily fluids/feces from another person consider it potentially contaminated and use gloves (sandwich bags in a pinch) to clean it up. Then wash your hands thoroughly afterwards.
- Follow recommended childhood immunization schedule to prevent certain illnesses
- Get a flu shot yearly, unless medically contraindicated

## 7. Safe Sex

- Sexually Transmitted Diseases: HIV, HPV, Syphilis, Gonorrhea, Hepatitis, Genital warts, Genital Herpes, Chlamydia can be spread to another person through sexual contact.
- A condom reduces but does not eliminate your risk of getting an STD.
- **Testing for any type of STD or other communicable illness can be provided at the local Health Department. Ask your therapist if you need any assistance with scheduling these services.**
- [www.cdc.gov/sexualhealth](http://www.cdc.gov/sexualhealth)

## 8. Prevent Poisoning

- Keep medications locked up and out of the reach of children or others at risk
- Keep cleaning supplies/chemical products out of the reach of children
- Take discontinued medications to medication take back drop boxes at local law enforcement offices

- **Poison Control Hotline: 1800-222-1222**

9. Monitor for increase in suicidal or homicidal thoughts or behaviors.

- Report these in yourself, your child or loved one immediately
- Report warning signs like saying goodbye or giving away belongings, increased talk/preoccupation with death
- Report increased agitation or anxiety
- Report withdrawn behavior
- Present to CAI during business hours or to the local ER afterhours
- **CA Crisis Line 24 hours daily : 1-800-844-2066 (Faulkner, Conway, Perry, Pope, Yell and Johnson County Residents use this number)**
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**COUNSELING**  
ASSOCIATES

**24 Hour Emergency Services**

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