



*Serving persons in Bienville, Bossier, Caddo, Claiborne, DeSoto,
Natchitoches, Red River, Sabine and Webster Parishes*

Behavioral Health Clinic

Client Handbook

*“Living Recovery in the Present,
Offering Hope for the Future”*



Revised June 2019

Handbook is also located on our website at www.nlhsd.org

Welcome...

to Northwest Louisiana Human Services District. We are pleased that you have selected us as your provider of choice. We are a state-operated behavioral health organization. If mental illness or alcohol and drugs have negatively affected your life, we are here to help.

Our Behavioral Health Mission

To increase public awareness of and to provide access to care and support to improve the quality of life of individuals with mental illness and addictive disorders through a broad range of programmatic and community based wellness and recovery promoting services.

To help support your progress towards recovery, we utilize a simple, five-minute self-assessment that is intended to empower you, provide us information on how you are doing and to assist us in helping you reach your goals. We will ask that you complete this TOMS self-assessment at most appointments.

Our Vision

The Northwest Louisiana Human Services District exists so that individuals with mental health, addictive disorders, and developmental disabilities residing in the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster are empowered, and self-determination is valued such that individuals live a satisfying, hopeful, and contributing life.

Standards of Professional Conduct

We expect all of our employees to conduct themselves in a professional manner at all times. Every employee is required to follow our code of ethics and conduct, which covers discrimination, privacy of client information, professional relationships with clients, employee conduct and what to do if you believe one of our employees is violating this code. We take all allegations seriously.

Your feedback is important!

We want to hear what you think about our services, what we're doing right and what we can do to improve. We have placed a suggestion box inside the clinic for you to share your feedback with us and we also utilize a Quality of Care survey that you may be asked to complete throughout your treatment.

We make every effort to address your concerns at the lowest possible level. However, if you wish to voice a compliment or a complaint, a comment officer is available on site to provide you information on our process for resolving your concern. Your clinician or receptionist will direct

you to the comment officer. You will be notified within 10 days of our plan for addressing the complaint.

Our Services

We provide a variety of services to individuals seeking help for mental health and/or addiction problems. Services vary in type and level of intensity, depending on an individual's need. Services include:

- ✓ Assessment / Evaluation
- ✓ Community Psychiatric Support and Treatment (CPST)
- ✓ Crisis Intervention
- ✓ Individual and Group Therapy
- ✓ Interpretive Services
- ✓ Medication Management
- ✓ Peer Support
- ✓ Pharmacy/Medication Assistance
- ✓ Referral to Contract Services
- ✓ Transportation Assistance
- ✓ Wellness and Recovery Education

*** Some services require prior authorization and we will have to obtain that authorization before those services can be provided. Additionally, we are unable to schedule you to see two service providers on the same day (Clinician/Doctor).

How is your privacy protected?

The information you provide is confidential and will not be released to others without your written permission or without a court order, unless there is an emergency that endangers your life or the lives of others. Your privacy is protected under federal and state laws. The procedures inside this facility are private; no taking pictures/videos or sound recording is allowed.

Your Safety is Important to us

- If someone becomes unmanageable and causes a safety risk, the police or sheriff's office is contacted immediately.

- The possession or use of any illegal substance is prohibited at Northwest Louisiana Human Services District Behavioral Health Clinics. If illegal substances are found, police will be notified. The medical director determines which legal substances may be brought into the facility.
- All weapons are prohibited at Northwest Louisiana Human Services District Behavioral Health Clinics. If weapons are found, the police will be contacted.
- Fire and tornado evacuation plans are posted at the exits throughout the building. The clinic must conduct drills which include:
 - Fire, Tornado, Violence in the workplace, and bomb threat drills.
 - Consult your clinician for instructions in the case of an emergency.
- First Aid kits are available at each clinic.
- Children and adolescents must be supervised at all times.

Financial Responsibility

You are required to provide requested financial information within a 10-day time period. If the requested information is not provided within that period, you will be held responsible for all financial charges incurred. Fees are determined by a sliding scale based on your income level and household composition. If you do not have Louisiana Medicaid and have not completed a Medicaid application in the last 90 days, you are required to complete a Medicaid application. Accounts with a client responsibility balance will not receive letters/certificates of program completion until outstanding balances are paid. Clients needing disability or FMLA paperwork completed will be charged a \$10.00 processing fee for each document requested. NLHSD accepts Medicare, Medicaid, Blue Cross Blue Shield and other insurances. NLHSD will accept out of network benefits for any plan with which the district is not credentialed.

No Show Policy

No Shows are missed opportunities for our clinic because someone needing help could have been seen during your appointment time if we knew you couldn't come in. Our clinics limit these missed opportunities by having a no show policy requiring clients to cancel their appointment 24-Hours in advance.

If you are unable to keep your scheduled appointment, please cancel at least 24 hours prior to your scheduled appointment if possible. If the clinic is closed, please leave a message on the answering machine.

Any client who has two "no show" individual appointments will be required to attend a reengagement appointment/group prior to being given any future appointments for services to ensure that they understand the importance of attendance at appointments and its impact on their own recovery as well as other clinic clients. Further "no show" appointments may result in discharge from the clinic.

Late Policy

You are responsible for arriving on time. If you arrive later than 10 minutes after your scheduled appointment, you may be asked to reschedule your appointment in order to accommodate clients that have arrived on time.

What are Your Rights?

As a client at a Northwest Louisiana Human Services District Behavioral Health Clinic you have the right to:

- ✓ Be served without discrimination due to race, color, religion, sex, age, national origin, disability, political beliefs, veteran status or sexual orientation;
- ✓ Be treated with courtesy and respect;
- ✓ Accept or reject treatment including medication, except as stated by law;
- ✓ Participate in your treatment planning to meet your specific needs;
- ✓ Know the services that are available, and when the facility cannot provide the needed services;
- ✓ Know the rules and/or policies that apply to you as a condition of your admission and ongoing treatment;
- ✓ Have your personal and treatment information remain private and confidential (except as required by law, no information concerning you may be released without your written permission or court order);
- ✓ Have your Behavioral Health Advanced Directives respected to the fullest extent possible;
- ✓ Be free from seclusion (isolation) or restraint (confinement);
- ✓ Be informed of costs for services;
- ✓ Receive services in a safe environment;
- ✓ Not be retaliated against or experience a barrier to services for expressing your complaint and to have access to a peer advocate or other assistance as needed; and
- ✓ Appeal a non-authorization of Bayou Health Plan services by contacting:
 - Aetna (855) 242-0802 LA Health Care Connections (866) 595-8133
 - Healthy Blue (844) 270-8350 United Health Care (866) 675-1607
 - Amerihealth Caritas (855) 285-7466You may also contact the Office of Behavioral Health at (225) 342-2540 or the Northwest Louisiana Human Services District at (318) 676-5111.

These rights will be reviewed with you annually.

Behavioral Health Assessment

Why do we do a behavioral health assessment? So we can get a clearer picture of how best to serve you. This is achieved by gathering as much information as possible from agencies, courts, hospitals, doctors or any places that you have been treated. But most importantly, we interview you and possibly your family or significant others. All clients will routinely be assessed for substance use at the time of admission and at any other points clinically necessary. We want to ensure that individuals with addictive disorders are identified and offered appropriate treatment.

Clients with Mental Health Only Diagnosis

It is our belief that mental health diagnosis are best treated in a bio psychosocial model and that individuals recover when they receive both psychotherapy as well as psychotropic medications that are evidence-based treatments for their illness. All individuals seeking admission for treatment of mental health issues will be expected to commit to recovery clinic services (combination of therapy and medication management) for at least six months. Additionally, individuals who have two “no show” appointments will not be eligible for medication pick-ups *until they have attended a re-engagement appointment* – prescriptions will be provided.

Clients with a Co-occurring Mental Health and Substance Use Diagnosis

It is our belief that mental health and substance use diagnosis are interrelated. Recovery is most successful when both disorders are treated in an integrated model. It is the policy of NLHSD Behavioral Health Services to assist our clients with developing a treatment plan which includes all of those services necessary for the client to recover and reach their greatest potential.

At the time of the initial evaluation or anytime during treatment, any clients found to have a substance use diagnosis will be required to be seen for an ASAM assessment. Recommendations for addiction treatment will be made at that time and documented. If you decline the recommended treatment, the physician who completes the psychiatric evaluation will make the determination whether or not you can be provided mental health services without the recommended addiction services. If you agree to the addiction services but do not comply with the agreed upon treatment plan, the treatment team will staff and determine whether or not you can continue to be provided mental health services.

Clients requesting/receiving addiction services who report receiving prescriptions for controlled substances will be required to obtain documentation from their prescribing physician indicating (1) medical rationale for treatment with that medication, and (2) that the prescribing physician is aware of the individual’s addictive disorder. Documentation must be provided to the treating clinician within two weeks of beginning treatment, or within two weeks of starting a new prescription for a controlled substance.

Substance Use Services

- A) Priority admission and preference to treatment given in the following order:
- a. Pregnant injecting drug users

- b. Other pregnant substance abusers,
- c. Injecting drug users
- d. All other individuals

B) Charitable Choice - Northwest Louisiana Human Services District is not a religious organization or faith based program. If you feel, however, services provided by our agency, include activities such as worship, religious instruction or proselytization, you have the right to services from an alternative provider.

The rights include:

- 1) Right to a referral and services that reasonably meet the requirement of timeliness,
- 2) Capacity to provide comparable services,
- 3) Accessibility within a reasonable period of time, and
- 4) Equivalency requirements, value of referred services are not less than rejected services

Consent to Treatment

As part of the admissions process, we want to inform you about:

- Your responsibility to provide us with information as a condition of your admission into the program and your ongoing treatment;
- Reasonable treatment choices, discussed at the time when you consented for treatment; and
- Risks, benefits, and side effects related to your treatment, including the possible results of not receiving care, treatment and services.

Treatment Plans

Your Treatment Plan is where your goals, strengths and preferences are documented. This document helps you and your treatment team stay focused on the important things for your recovery.

We use the SNAP process to develop your treatment goals.

- S – Strengths
- N – Needs
- A – Abilities
- P – Preferences



The SNAP process helps us to align your treatment to your Strengths, Needs, Abilities and Preferences throughout the treatment process.

What are Your Responsibilities?

As a client who is provided treatment and services in this facility, you must:

- ✓ Treat all staff, other clients and visitors with respect and courtesy;
- ✓ Avoid verbal abuse, threats, violence and aggression at all times;

- ✓ Not use tobacco on the grounds in accordance with the District’s Tobacco Free Workplace Policy;
- ✓ Not bring weapons or illegal substances on the grounds of the agency;
- ✓ Not damage property or steal from the agency, agency staff, or other program participants;
- ✓ Provide accurate and complete information for billing and patient assistance program purposes, and notify staff if your financial status, telephone number or address changes;
- ✓ Provide full information about problems including physical health information, to allow for proper evaluation, diagnosis and treatment;
- ✓ Actively participate in your treatment;
- ✓ Arrive for your appointments on time, and notify this facility at least 24 hours ahead to cancel appointments;
- ✓ Avoid discussing other clients’ names or issues at the facility/program;
- ✓ The procedures in our facilities are private, avoid taking pictures/video or sound recordings;
- ✓ Pay required Northwest Louisiana Human Services District assessed fees; and
- ✓ Notify staff any time your Advanced Directives change.
- ✓ I understand I am requesting services in this clinic. I understand that I cannot have two service providers for the same service. Therefore, I understand that it is my responsibility to notify any other existing behavioral health providers that I am seeking services in this clinic and I am terminating services with them.

These responsibilities will be reviewed with you annually.

Family Involvement

Involvement of family members and/or other support persons is highly encouraged and expected in treatment. Family/Support persons can be actively involved in the assessment, development of individual treatment, ongoing evaluations of the services received, and can improve your progress and recovery. Your permission is needed to include family/support person in your treatment.

What is an Advance Directive?

This document allows you to make decisions in advance (when you are well) about your mental health treatment, which includes, but is not limited to medication, short-term admission to a treatment facility and outpatient services. If you are deemed “incapable” by at least two physicians, the directive will be followed. Incapable means that due to any infirmity, you are currently unable to make or communicate reasoned decisions regarding your mental health treatment.

Your instructions cannot limit the state’s authority to take you into protective custody, or to involuntarily admit or commit you to a treatment facility if it becomes necessary in an emergency. Your instructions can be disregarded in an emergency if they have not reduced the behavior that has caused the emergency. In a non-emergency, you may be medicated contrary to your wishes only after an administrative review in which you are provided legal counsel. If you would like assistance preparing an Advanced Directive you can contact the Mental Health Advocacy Service at 1-800-428-5432.

Applying for benefits

Decisions about whether an individual with behavioral health needs should apply for benefits are complex. Benefits can provide needed financial support and access to medical care, but they can be psychologically discouraging and can reduce interest in pursuing educational and vocational goals. Clients and family members should consider both the benefits and risks before taking this step. The Northwest Louisiana Human Services District believes that all individuals with behavioral health issues can recover. An important aspect of recovery involves not only getting better, but also achieving a full and satisfying life. Education and employment can accelerate your recovery. Education creates more opportunities and studies show that employment increases income, self-esteem, and quality of life and reduces symptoms.

Discharge Criteria

Planning for discharge is a part of your treatment beginning at the time of your admission. The eventual goal is to transition your treatment to your community physician/psychiatrist. Discharge occurs when:

- ✓ You have achieved the agreed upon treatment goals and identified a relapse prevention plan that is necessary for successful discharge from treatment;
- ✓ Your symptoms and level of functioning in the home, community and work have improved to the point that you don’t require as frequent appointments to maintain your improved functioning;
- ✓ Your clinical condition has worsened such that you require a higher level or more intense level of care; and
- ✓ You demonstrate lack of motivation to participate in the agreed-upon plan of treatment as shown by poor attendance at scheduled appointments, poor record of completion of homework assignments, not following-through with referrals to community-based support groups, or not taking medications as agreed upon and prescribed.

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Northwest Louisiana Human Services District

Locations and Contact Numbers

Shreveport Behavioral Health Clinic

1310 N. Hearne Ave.
Shreveport, LA 71107
(318) 676-5111

Fax: (318) 676-5137
8 a.m. - 6:30 p.m. Monday -
Thursday
8 a.m. - 4:30 p.m. Fridays

Minden Behavioral Health Clinic

502 Nella Street
Minden, LA 71055
(318) 371-3001 or 3002
Fax: (318) 371-3300
8 a.m. - 4:30 p.m.
Monday – Friday

Natchitoches Behavioral Health Clinic

210 Medical Drive
Natchitoches, LA 71457
(318) 357-3122

Fax: (318) 357-3240
8 a.m. - 4:30 p.m. Monday – Friday

Northwest Louisiana Human Services District - District Office

1310 North Hearne Avenue
Shreveport, LA 71107
(318) 676-5111

Fax: (318) 676-5021
8 a.m. - 4:30 p.m. Monday – Friday

Crisis Line Number: 1-866-416-5370 or 911

Poison Control: 1-800-222-1222

Louisiana Tobacco Quit Line: 1-800-QUIT-NOW

To report adult and elder abuse, neglect and exploitation: 1-800-898-4910

To report child abuse, neglect and exploitation: 1-855-452-5437

Department of Health Standards -Health Standards Section 1-225-342-0138
(Monday – Friday 8:00 am – 4:30 pm)

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Client Orientation Handbook Acknowledgement

<ul style="list-style-type: none"> ➤ Welcome Statement ➤ Our Mission and Vision ➤ Standards of Professional Conduct ➤ Client Comment Policy (Your feedback is important!) ➤ Our Services ➤ Privacy Policy (How is your privacy protected?) ➤ How am I protected at this facility? (Your safety is important to us) ➤ Financial Responsibility including: <ul style="list-style-type: none"> ✓ Requirement to pay client responsibility balance to receive letter/certificate of program completion. ✓ No Show Policy / Late Policy ✓ Disability/FMLA paperwork processing fee ➤ What are Your Rights? 	<ul style="list-style-type: none"> ➤ Appeal Process ➤ Behavioral Health Assessment ➤ Clients with Mental Health Only Issues ➤ Clients with Co-Occurring Mental Health and Substance Use Issues ➤ Consent to Treatment ➤ Treatment Plans ➤ What are Your Responsibilities? ➤ Family Involvement ➤ What is an Advance Directive? ➤ Applying for benefits ➤ Discharge Criteria ➤ Service Locations and Contact Numbers ➤ Review of emergency exits and availability of first aid kits ➤ Addendum A: Notice of Privacy Practices for Substance Use Patients ➤ Addendum B: Substance Abuse Treatment Program
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Please Initial As Appropriate

_____ I have participated in an orientation to the substance abuse program and received an explanation of the goals, rules and regulations of the program.

_____ I agree to follow the requirements outlined in the Treatment Contract and Treatment Objectives in my efforts to make the major changes necessary to break away from old patterns.

_____ I have an existing Advanced Directive

If yes, a copy of my Advanced Directive will be placed in my chart

_____ I would like assistance preparing an Advanced Directive

The number for the Mental Health Advocacy Service is: 1-800-428-5432

_____ I am not interested in preparing an Advanced Directive at this time.

My signature certifies that I have received a copy of the Northwest Louisiana Human Services District Behavioral Health Client Orientation Handbook covering the above topics.

Client Signature

Date

Staff Signature

Date

Client Name: _____

Client Number: _____

NOTICE OF PRIVACY PRACTICES FOR SUBSTANCE USE PATIENTS

As a patient receiving substance use disorder prevention and treatment services by our Substance Use Disorder Treatment staff at the Northwest Louisiana Human Services District or an affiliated provider, your treatment records have additional privacy protections under federal law. Private information regarding your health and substance use disorder care is protected by two federal laws including HIPAA, and what we refer to as “Part 2.” The full description of these laws are: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. § 290dd, 42 C.F.R. Part 2 (“Part 2”).

Specifically, Part 2 includes confidentiality provisions relating to the access, use, and disclosure of substance use disorder patient records and identity of patients. These protections go above and beyond the protections described in our Notice of Privacy Practices.

Under Part 2, you must give written consent before information identifying you as a patient who needs or is receiving substance use disorder prevention and treatment is disclosed, including to entities or individuals who are paying your insurance claims. We ask you to help us care for you and support your treatment goals by providing a written consent that allows your providers to receive from, and disclose to, other treating providers, your identity and information in order to provide you the care you need, to obtain payment for care and treatment, and to allow for communication with other professionals, friends, and advocates involved in your treatment or recovery.

Under federal law, we may disclose information about your care and treatment for substance use disorder services without your written consent for the following reasons:

- 1) The disclosure is allowed by court order;
- 2) The disclosure is made to medical personnel in a medical emergency;
- 3) The disclosure is made to appropriate authorities to report suspected child abuse or neglect;
- 4) The disclosure is made to a qualified service organization/business associate;
- 5) The disclosure is made to qualified personnel for research, audit or program evaluation; or
- 6) The disclosure is made in connection with a suspected crime committed on the premises or a crime against any person who works for us or about any threat to commit such a crime.

For example, we can disclose information without your consent in order to provide services in a medical emergency to ensure your emergency is treated effectively.

Violation of Part 2 is a crime and suspected violations may be reported to appropriate authorities, including the US Attorney in the judicial district where the violation occurs.

If you have any questions about disclosure of your private health information, you can contact the medical records custodian at the behavioral health clinic.

Substance Abuse Treatment Program

Treatment Contract

To maximize the benefit of treatment, we have found certain actions necessary on your part. These actions are your responsibility as a client and are a requirement for you to remain at NLHSD. Failure to comply with the guidelines may indicate a need for more intensive treatment, usually in a more restrictive environment.

To participate in treatment you agree to protect the confidentiality of other members. This means **who you see in group, what you hear in group and what happens in group stays in group**. You may not talk about other people in group to outsiders. Confidentiality is essential to do the work you need to do. If any client breaks confidentiality, he or she may be immediately terminated from treatment.

In addition,

1. Clients agree to abstain from all alcohol and other mind-altering drugs while in the program. Drug screens are taken frequently to support your efforts. A staff member observes clients giving urine drug screens to insure that the specimen belongs to you. The screens will detect substances that you have used, either legal or illegal. Positive drug screen results often indicate the need for a more restrictive treatment environment. Failure to provide a urine screen upon request or adulterated specimens will be considered positive drug screens. _____
2. Clients are expected to arrive on time for activities. Tardiness shows a lack of respect for other group members, so clients may not be allowed to enter group late. I understand that if I am more than fifteen minutes late for group, the facilitator will decide if I can participate. If I am not permitted to stay it will be considered an unexcused absence.

3. If I am absent, I will call my primary counselor at once. I understand that if I have two (2) No Shows or undocumented absences, I am required to attend a Reengagement session before I can return to group or receive any further services. Excessive unexcused absences could result in termination from the program. _____
4. Clients are asked to sign in at the beginning of each group meeting USING YOUR FIRST NAME AND INITIAL OF LAST NAME ONLY. Federal Probation and ATR clients need to sign in at the front window as well. Any client who leaves the premises of the NLHSD, or the site of any group activity, without permission from a counselor, may not be allowed to return to group sessions. _____
5. Threats of violence or physical abuse toward other group members, staff or visitors will result in immediate termination and possible prosecution. _____
6. There are times set during long sessions for breaks. Please take care of all personal needs during breaks. No tobacco use is allowed inside the building or on the grounds. _____
7. Respect the rights of each client, staff member, student or volunteer at all times. Cross-talking and/or belittling of others will not be tolerated. One person should speak at a time.

8. The group room belongs to you. It is your responsibility to keep it clean and in good order daily. _____
9. No physical/sexual contact among clients is permitted. Traditional AA/NA hugs and handshakes are okay. Sexual disrespect is not tolerated. Sexual contacts, gestures or romantic relationships between clients or directed at staff could be grounds for dismissal. _____
10. Casual clothing such as jeans, slacks and knee-length dresses or shorts are appropriate. No short-shorts, muscle shirts, miniskirts or other provocative clothing will be allowed. No gang-related or drug culture clothing is permitted, including beer/liquor/wine logos, drug designs or gambling logos. Shoes must be worn at all times. No house slippers or lounging pants are allowed. _____
11. Louisiana law prohibits firearms on State Property. No other weapons (knives, scissors, razor blades, etc.) are permitted. No alcoholic beverages or illegal substances are allowed on State Property. Violators will be prosecuted. _____
12. Cellular phones must be kept on silent and not used while in the group room. No other electronics are allowed in the group room. _____

This program is designed to address the health of the Whole Person – physical, emotional, mental and spiritual. At NLHSD you will find a group of people working together for the purpose of self-understanding. It won't take long before you will find yourself sharing experiences and feelings in a way you never have before.

Activities in your treatment program will include education about chemical dependency, videos, guest speakers, lectures, and group, individual and family counseling sessions. Clients are encouraged to attend as many Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings as possible. Lists of all area meeting locations, dates and times are available in the literature rack in the lobby.

We strongly encourage you to invite family members and supportive friends to participate in our Family and Friends Engagement Program, which meets on the first _____ of the month at _____.

Client Reading/Listening List

The following books are the basic tools upon which to build a life of recovery. You may buy them in most bookstores and/or Amazon.com. (Prices listed below are the most recent ones found on Amazon.)

1. AA Big Book- Read daily (First 164 pages are essential) - \$12.50
2. Narcotics Anonymous Basic Text- Read daily - \$12.50
3. It Works, How and Why- A guide to the 12 steps - \$12.95
4. The NA Step Working Guide- A personal workbook for the 12 steps \$6.50 (kindle edition) \$12.95 (hardcover)
5. Twelve Steps and Twelve Traditions- Basics about the 12 step principles - \$5.99 (kindle edition) \$14.72 (hardcover)
6. Just for Today- A highly recommended NA meditation book \$12.95