



HURON BEHAVIORAL HEALTH
POLICY

Procedure #: **SD.1.14**
Issue Date: 04/23/07
Rev. Date: 10/11/16
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Title: Welcoming Policy

Prepared By: Clinical Director

NOTE: This Document Copy is Uncontrolled and Valid on this date only: November 17, 2016. For Controlled copy, view shared directory I:\drive

Purpose:

To define guidelines for ensuring HBH staff embraces a welcoming philosophy and a welcoming approach to all individuals in all treatment programs including when co-occurring mental health and substance use disorders exist.

Scope:

This policy applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH). This procedure also applies to all individuals served by Huron Behavioral Health.

Information:

1. In accordance with Huron Behavioral Health's core values of dignity, integrity, hope, excellence, action, and innovation, HBH staff shall be welcoming, accepting, and helpful with all consumers and participants regardless of the challenges or the problems they face. Welcoming principles are utilized regardless of the original entry point and is part of a continual and seamless process throughout the agency from access and entry through on-going services. This will be done in a way that is non-judgmental using good customer service skills. We expect many of the individuals that present at our programs may have co-occurring disorders and clinical staff will screen for these disorders. We provide life enhancing recovery options including integrated services related to alcohol and drug addiction and other behavioral health disorders. Our goal is to maintain an empathic, ethical, responsive, and professional attitude in all phases of care and we are dedicated to creating an environment of opportunity, choice, and hope.
2. It is also recognized that when a person enters Huron Behavioral Health she/he is reaching out for help, and deserves an empathetic and welcoming response. The life of each person is precious, and we are part of welcoming her/him into quality sobriety, including recovery from co-occurring medical and psychiatric conditions. HBH will assist each person who enters our door seeking help by making sure the individual:
 - Has an integrated risk assessment to assure safety
 - Is connected to a treatment relationship that integrates attention to his/her multiple needs while in addiction treatment
 - Is appropriately referred and/or provided all of the necessary resources during and after treatment.
3. HBH welcomes all individuals seeking recovery from co-occurring disorders. It is our mission to provide integrated services related to alcohol and drug addiction and other psychiatric disorders in order to improve the quality of recovery. We recognize consumers often have addiction, other psychiatric disorders, and medical conditions that interact and impact their quality of life. In order to provide the most holistic and comprehensive recovery treatment, we recognize and place high importance on integrating attention to addiction, psychiatric, and medical issues throughout the treatment process in order to assist individuals in achieving stabilization in all life areas. These integrated services may include referrals to other providers when appropriate for the needed area of recovery for the consumer and if so, these other areas are incorporated into the consumer's individual Person Centered Plan (PCP)/recovery plan.
4. HBH adheres to a "No Wrong Door" approach in order to remove barriers to care and services. Outreach is a system-based effort and as a result of advocacy and referral, individual needs are addressed either by our direct services or by a collaborating provider within the human service community. Our philosophy is to ensure that individuals receive all the services that they need and for which they are eligible.
5. HBH respects each individual served and makes every effort to provide safe, clean, barrier-free facilities which make the consumer feel safe, comfortable, and welcomed.

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Policy:

1. All consumers must meet eligibility criteria for Serious and Persistent Mental Illness (SPMI), Serious Emotional Disturbance (SED), Intellectual/Developmental Disability (I/DD), and/or Co-Occurring Disorders (COD) whereby both Mental Health and Substance Use Disorders are present.
2. At all stages of service, the following Welcoming Expectations will apply to all persons served:
 - a. Consumers will be accepted at any stage of their illness pattern; "Where they are" concept
 - b. All staff will be adequately trained in the welcoming philosophy
 - c. Consumers will be offered opportunities to participate in wellness
 - d. Providers will be skilled in listening and assisting the individual with trauma, crisis or functioning difficulties to assess their experiences and to determine a range of options and provide appropriate clinical interventions within budgetary constraints
 - e. Consumers will be diagnosed utilizing the appropriate screening tools
 - f. Programs will strive for consumer satisfaction regarding their treatment/services
 - g. Providers will strive to provide useful, relevant, and meaningful treatment
 - h. HBH will provide continuity and consistency of care across all programs and services
3. All consumers (new, established, and/or returning) will be assessed for co-occurring disorders using the LOCUS and/or MIDAS assessment tools and oriented/educated about available services. A service array will be developed and incorporated into the PCP that encompasses the individual's needs and he/she will be referred to the appropriate services.
4. The consumer will also be screened for safety and medical stability. If the consumer is not medically stable, he/she will be encouraged to get medical clearance at the local emergency room or will be linked to natural supports within the context of their treatment.
5. All staff shall be knowledgeable, friendly, helpful, and dressed appropriately; all staff should demonstrate a positive, warm, and welcoming attitude toward consumer.
6. Consumers are familiarized with the lay-out of the building including the location of their meeting room, restrooms, materials (such as brochures), etc.
7. Consumers are provided a copy of the regional consumer handbook which includes a written welcoming statement as well as additional information and possible resources.
8. Consumers are provided with appropriate resource materials and telephone numbers (i.e., brochures, handbooks, emergency phone numbers, area providers, area self-help groups, etc.).
9. All staff will do their best to assure that the consumer feels welcomed, valued, accepted, and that the consumer's needs are met.

Definitions/Acronyms:Acronyms:

COA – Council on Accreditation

COD – Co-Occurring Disorders

HBH – Huron Behavioral Health

I/DD – Intellectual/Developmental Disability

IDDT - Integrated Dual Diagnosis Treatment

LOCUS – Level of Care Utilization System

MH – Mental Health

MIDAS – Mental Illness Drug & Alcohol Screening

PCP – Person Centered Plan

SED – Severe Emotional Disturbance.

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SPMI – Severe and Persistent Mental Illness.

SUD – Substance Use Disorders

Definitions:

Co-Occurring Disorders (COD) – Emotional/psychiatric problems and substance use disorders.

Integrated – Person centered treatment for both mental illness and substance use disorders needs to be provided simultaneously by the same clinician within the same organization.

Integrated Dual Diagnosis Treatment (IDDT) – A treatment model of evidenced based practice used to help in the treatment of individuals with co-occurring disorders.

Welcoming Attitude – Non-judgmental and accepting attitude and understanding how individuals present for treatment regardless of the challenges or problems they face.

Forms:

N/A

Records:

Records are maintained in accordance with the [“HBH Record Retention & Storage Policy” \(QI.1.23\)](#).

Reference(s) and/or Legal Authority

COA standards

[ISP.2.05 New Consumer Procedure](#)

[QI.1.23 HBH Record Retention & Storage Policy](#)

[RR.2.46 Limited English Proficiency \(LEP\) Procedure](#)

Change History:

Change Letter	Date of Change(s)	Changes
None		New policy required by IDDT workgroup and RCA audit
A	02/21/13	Reviewed and revised to comply with 8 th edition COA standards; minor grammatical corrections/changes made, removed “90-388 Welcoming Form as this was never developed but instead was added to regional handbook, removed COA chapter-specific references (G1, G7, G9, & S5), in “Policy” section #1 changed “Substance Abuse” to “Co-Occurring (both mental health and substance use disorders),
B	10/29/14	Reviewed and revised to comply with MSH Policy “Utilization Management – Access” adopted 11/22/13 – Information section #1 added second sentence, changed “consumer” to “individual” several places throughout document (4 places), #1 changed “DD” to “ID/DD” & added “Intellectual Disability”, added “ID” to “Acronym” section and removed “AAM”, made several small grammatical changes without changing sentence content, removed reference to SD.2.09 (2 places) as this procedure was never adopted, corrected hyperlinks.
C	10/11/16	In “Information” section #1 added second & third sentences, in “Policy” section 2.d added “skilled in listening.....of options and”, and in #3 added “LOCUS and/or MIDAS assessment tools”, in #9 added “welcomed”, in “Acronym” section added “LOCUS” & “MIDAS”, made several additional minor wording/grammatical changes/corrections throughout document without changing sentence content.