Title: Welcoming Policy

Prepared By: Clinical Director

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Purpose:

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

Scope:

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

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 problems they face. Welcoming principles are utilized regardless of the original entry point and is part of a continual and seamless process throughout the organization from access and entry through on-going services and eventual discharge from services. This will be done in a way that is non-judgmental using kindness, patience, and good customer service skills. HBH expects many of the individuals who present may have co-occurring disorders and clinical staff will screen for these conditions. HBH provides life enhancing recovery options including integrated services related to alcohol and drug addiction and other behavioral health disorders. HBH's goal is to maintain an empathic, ethical, responsive, and professional attitude in all phases of care. HBH is dedicated to creating an environment of opportunity, choice, respect, privacy, and hope.
2. It is also recognized that when a person enters services at Huron Behavioral Health, he/she 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 him/her into quality sobriety, including recovery from co-occurring medical and psychiatric conditions. HBH will assist each person who enters the door seeking help, by making sure the individual:
   - has an integrated risk assessment to identify any safety concerns
   - is connected to a treatment that integrates attention to his/her multiple needs
   - is appropriately provided and/or referred for all of the necessary resources during and after treatment.
3. HBH welcomes all individuals seeking recovery from co-occurring disorders. It is the mission of HBH to provide integrated services related to alcohol and drug addiction and other psychiatric disorders in order to improve recovery success. HBH recognizes consumers often have addiction, psychiatric disorders, and medical conditions that interact and impact their quality of life. In order to provide a holistic and comprehensive recovery treatment, staff recognizes and places 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 individual's needed area of recovery and if so, these other areas are incorporated into the consumer's individual Plan of Service (IPOS) which is developed through the person-centered planning process (see also "Person-Centered Planning Policy" QI.1.05 and "Person-Centered Planning Process and Individual Plan of Service/IPOS Procedure" QI.2.18).
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 direct services or by another community provider. HBH's philosophy is to ensure that individuals receive the services they need upon meeting eligibility requirements.
5. HBH respects each individual served and makes every effort to provide safe, clean, barrier-free facilities which make the consumer feel safe, comfortable, welcomed, and protected from harassment and violence.

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 (SUD) 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 (the "where they are" concept)
    b. employees will be adequately trained in the welcoming philosophy
    c. consumers will be offered opportunities to learn about and participate in wellness activities
    d. consumers will be informed about HBH's procedures for maintaining a safe service environment, including practices for addressing harassment and violence towards consumers and staff.
    e. providers will be skilled in listening and assisting the individual with trauma, crisis, and functioning difficulties to assess their experiences and to determine a range of options and provide appropriate clinical interventions within eligibility requirements and budgetary constraints
    f. consumers will be diagnosed utilizing the appropriate screening tools
    g. programs will strive for consumer satisfaction regarding their treatment/services
    h. providers will strive to provide useful, relevant, and meaningful treatment
    i. 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 IPOS which 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, dressed appropriately, and demonstrate a positive, warm, and welcoming attitude toward consumers free from bias.
6. Consumers are familiarized with the lay-out of the building including the location of their meeting room, restrooms, informational 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 (e.g., brochures, handbooks, emergency phone numbers, area providers, area self-help groups, HBH website, etc.).
9. All staff will strive to assure that consumers feel 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
IPOS – Individual Plan of Service
LOCUS – Level of Care Utilization System
MH – Mental Health

MIDAS – Mental Illness Drug & Alcohol Screening
SED – Severe Emotional Disturbance.
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) – An evidence-based treatment model 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
QI.1.05 Person-Centered Planning Policy
QI.1.23 HBH Record Retention & Storage Policy
QI.2.18 Person-Centered Planning Process and Individual Plan of Service (IPOS) 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 8th 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.
D	05/23/18	Made numerous minor wording/grammatical changes/corrections throughout document without changing sentence content.
E	04/14/20	In "Information" section #1 2nd second added "and eventual discharge", in #3 changed "Person Centered Plan (PCP)" to "Individual Plan of Service (IPOS)", in "Policy" section #3 changed "PCP" to "IPOS", in "Acronyms" section added "IPOS", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
F	04/02/21	In "Information" section #5 added ", and protected from harassment and violence", in "Policy" section added 1.d., made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
G	02/14/23	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
H	11/15/24	In "Information" section #3 added references to QI.1.05 and QI.2.18, in "Acronyms" section removed "PCP", in "References" section added QI.1.05 & QI.2.18, made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
I	09/09/26	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.