

Behavioral Health Patient Handbook

FHCHC Mission Statement:

To improve the health and social well-being of the communities we serve through equitable, high quality, patient-centered care that is culturally responsive.

Welcome to FHCHC!

Since 1971, when we saw our first patients in a local elementary school, we have been part of the community we serve. Under the leadership of the Alliance for Latin American Progress, a community advocacy agency, Fair Haven Community Health Care (then known as Fair Haven Clinic) began seeing patients two evenings a week. The clinic served adults and children on a walk-in basis for minor illnesses, immunizations, and family planning services. Soon patients identified Fair Haven as their medical home and not just a place for episodic care. Today, we provide care for multiple generations at over 130,000 office visits in 18 locations. As we grow to serve new families and new communities, we still work to put the patient first in everything we do.

Note: this schedule reflects hours for Behavioral Health services and is subject to change. This does not reflect overall clinic open hours.

<u>Location</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
374 Grand Ave	8:30am-5pm	8:30am-7pm	10:30am-5pm	8:30am-7pm	8:30am-5pm	8:30am-5pm
150 Sargent Drive	8:30am-7pm	8:30am-5pm	10:30am-7pm	8:30am-5pm	8:30am-5pm	N/A
50 Grand Ave	8:30am-5pm	8:30am-7pm	10:30am-5pm	8:30am-5pm	8:30am-5pm	N/A
Bella Vista	8:30am-5pm	8:30am-5pm	10:30am-5pm	8:30am-5pm	8:30am-5pm	N/A
Branford Shoreline	8:30am-7pm	8:30am-7pm	10:30am-5pm	8:30am-5pm	8:30am-5pm	N/A
School Based Health Centers	Treatment offered during school hours.					N/A

What responsibilities do I have while participating in services at Fair Haven Community Health Care Behavioral Health Services?

- Arrive before the start of all appointments or call at least 24 hours in advance to cancel an appointment.
- Consistently attend appointments throughout the course of treatment.
- Respect the privacy of others by keeping confidential information you may hear/overhear in the groups, lobby, or any other area on the property.

- Refrain from photographing or using any type of recording device while on FHCHC grounds to protect client confidentiality.
- Treat all clients and staff in a respectful manner.
- Refrain from bringing alcohol or drugs onto FHCHC property.
- Refrain from smoking in non-designated areas
- Pay all co-pay as appropriate.
- Provide updated insurance and contact information regarding any changes.
- Completing all REQUIRED registration paperwork that is necessary to receive care at FHCHC (including but not limited to: annual patient registration forms, HIPAA agreements, and consent to treatment).
- Keep all personal belongings with you while at FHCHC; we are not responsible for any personal property.
- Do not leave your car overnight; parking at FHCHC is at your own risk, and vehicles may be towed at the owner's expense if left overnight.
- To provide a safe and secure environment for all FHCHC Campuses, personnel, patients and visitors, weapons of any kind are prohibited. Any object considered as a dangerous weapon such as a gun, rifle, revolver, pistol, dagger, a knife, pocketknife opened by a mechanical device, or brass knuckles, are prohibited.
- We are not able to provide the necessary care of clients who come under the influence of substances that impede their comprehension capacity in therapy.
- Parents/Guardians are required to remain in FHCHC property while the child is in therapy.
- Always abiding by any other clinic policies, inclusive of, but not limited to, those listed in the Patients' Rights & Responsibilities [listed on our website](#).

Service Description

The Behavioral Health Department consists of a multidisciplinary team, which includes psychologists, clinical social workers, licensed marriage and family therapists, licensed professional counselors, psychiatrists, licensed alcohol and drug counselors, recovery coaches, patient navigators, patient care coordinators, nurse practitioners, and administrative support staff. They work closely together to help ensure client treatment goals are met. We address the needs and concerns of families of diverse backgrounds with a culturally diverse staff, providing bilingual services and cultural understanding.

Currently, our department utilizes brief therapy evidence-based practices. This means goals-oriented therapy work that focuses on developing skills to manage immediate challenges over the course of several weeks or months (approximately 1-20 sessions or 12-20 weeks). Due to the nature of our demand and capacity, we are unable to see patients in a long-term therapy model. We do not offer psychoanalysis, psychodynamic therapy, or rehabilitative psychotherapy.

Our clinicians are encouraged to use clinical judgment and consider the unique circumstances of each patient, including co-morbidities, safety and supportiveness of the patient's environment, and the unique needs and vulnerabilities of children and adolescents. Symptoms which, are not expected to show significant

improvement from psychotherapy should be discussed and offer other possible treatment modalities outside of FHCHC.

For any clients who desire long-term therapy, we can assist with referring those patients out to external resources. Long-term psychotherapy is typically referred to as psychotherapy that exceeds the normal parameters of time allotted for the treatment of most psychological disorders. There is no generally accepted standard duration of treatment defined as “long-term”, and evidence suggests that short-term psychotherapy is sufficiently effective for most individuals experiencing psychological distress.

Will medications be part of my treatment?

We evaluate the need for medication management throughout ongoing treatment and will refer to a psychiatric specialist when clinically indicated. FHCHC provides a wide range of physical and psychiatric medications based on a person’s illness and symptoms.

- **Medication for Substance Use Disorders (MSUD):** FHCHC offers Suboxone and Vivitrol treatment for individuals with opiate and/or alcohol use. Clients seeking MSUD can make an appointment through Primary Care to determine eligibility. Engagement in regularly scheduled therapy is a necessary part of MSUD.
- **Smoking Cessation:** We are a smoke-free agency. We offer a full range of nicotine replacement medications, patches, gum and lozenges as well as prescription non-nicotine medications. Talk to your FHCHC Primary Care Provider to schedule a brief health screen to discuss options and tailor the treatment plan to your needs. Therapeutic support is also available and often results in better outcomes when combined with medication. To pursue this additional option, speak with your clinician or attend our Walk-In hours to complete an assessment.
- **Benzodiazepines:** Benzodiazepines are medications, which are used to treat anxiety and insomnia. Benzodiazepines are habit forming and should be used limitedly under the advice of a Primary Care or Psychiatry Provider. Our standard is to only prescribe benzodiazepines with intent for short-term use. However, in certain situations we may determine that longer courses are medically appropriate.
- **Opioids:** Opioid pain medications are used for the treatment of acute and chronic pain. Opioid pain medications can cause physical dependence, psychological dependence, and overdose. Opioid pain medications are rarely the appropriate treatment for chronic pain. Providers should consider Opioid Therapy only if the expected benefits for both pain and function outweigh the risks to the patient. Opioid Therapy should be limited to the lowest dose that treats pain for the shortest duration possible. Opioid Therapy is not typically the treatment of choice for chronic non-malignant pain.

- **Stimulant Medications:** Stimulant medications are sometimes used to treat ADHD and have a risk of abuse and medical complications. Stimulant medications will only be prescribed with a confirmed diagnosis of ADHD through a clinician qualified to make the diagnosis. This diagnosis may be through documentation provided prior to starting services at FHCHC. Clients can be referred for evaluation of ADHD through a referral to outside resources.

Note: for any Behavioral Health medication management services, patient and/or guardian will need to sign informed consent paperwork prior to the prescribing of new medication for pediatric patients, as well as prior to a FHCHC provider taking over the management of medication initially prescribed by another non-FHCHC provider.

What are the consequences of missing my appointments?

We require clients to arrive before the start time of their appointment or to cancel at least 24 hours in advance. We wait for clients in a window of 15 minutes, if you arrive late for your appointment, the appointment may be given to another client.

- **Therapy:** Participation in treatment is essential to recovery. If you are struggling to attend your scheduled therapy sessions or groups, it is important that you discuss this with your therapist, as late arrivals or missed therapy (group or individual) appointments could result in discharge. Three (3) absences or cancellations to groups or sessions may result in discharge, **and will require a new referral and potential waiting period (as dictated by clinic capacity) for client be reconnected to services.**
- **Psychiatric Medication Management:** We do not provide medication refills without an appointment. If you miss or arrive late for a medication management appointment, you will need to make a new appointment for your refills.

What if I have transportation issues?

If you have Medicaid (Husky), you can call **MTM at 855-478-7350** to see if you are eligible for a medical cab or bus passes. If you do not have Medicaid and want to explore your options, you can discuss this with our Patient Navigation team or your provider.

How do I communicate with my Behavioral Health Providers?

Behavioral Health has a Patient Navigation Team that works Monday-Friday 8:30am-5:00pm ready to take your call and answer any questions you may have. The team will assist you and/or route your concern to the providers. Please call 203-752-5271 our staff is fully bilingual in English/Spanish.

Does Behavioral Health Providers fill out disability paperwork?

For BH providers/Clinicians to adequately assess your functioning and discuss completion of disability paperwork, you must be attending consistently with your clinician or provider for at least 3 months. We will fill out the forms during a scheduled appointment. It is the responsibility of the client to discuss this need with their provider, book appointments, and bring the needed documentations.

Does FHCHC write letters or any other type of paperwork?

We can assist clients with work/school related letters or FMLA documentation as applicable. We prefer to complete these with the client during an appointment. All documentation and letters require a 7-10 day window for our providers to complete. We also require a signed release of information detailing where this paperwork is going.

Do you offer childcare during my appointments?

Childcare is not provided, and children may not be left unattended during an adult's session. Adults may bring their children to FHCHC during their session time, only if a responsible individual supervises the child (age 12 or over).

How do I give feedback about my experiences at FHCHC?

To provide feedback about your experience with staff, we suggest several options: direct feedback to the provider, requesting a meeting with a supervisor, or on our website at fhchc.org > For Patients > Tell Us About Your Visit ([link](#)).

All patients have the right to file a formal complaint/grievance when they feel their rights have been violated and/or they have complaints against an administrative staff member or member of the professional staff. In the case that you need to file a grievance, the staff member you tell will write a note in the patient's chart. In accordance with FHCHC's Patient Grievance Policy, all grievances will be documented in writing and investigated and resolved, when possible, within thirty (30) calendar days.

Appendix:

A: Below are some of the therapeutic modalities used:

Art Therapy

Art therapy uses artistic methods to treat psychological disorders and enhance mental health. Art therapy is a technique rooted in the idea that creative expression can foster healing and mental wellbeing. People have been relying on the arts for communication, self-expression, and healing for thousands of years. The goal of art therapy is to utilize the creative process to help people explore self-expression and, in doing so, find new ways to gain personal insight and develop new coping skills.

ART (Accelerated Resolution Therapy)

Accelerated Resolution Therapy (ART) is a unique approach to psychotherapy. ART is unique because the ART Therapist guides the client to replace the negative images in the mind that cause the symptoms of Post-Traumatic Stress with positive images of the client's choosing. This is done quickly, most often within one session! Once the negative images have been replaced by positive ones, the triggers will be gone. Nightmares and repeated intrusive thoughts will stop.

CBT (Cognitive Behavioral Therapy)

CBT is a type of psychotherapy that helps people identify and challenge negative thoughts and behaviors to improve their mental health. CBT is based on principles including that: psychological problems are rooted in unhelpful ways of thinking or learned patterns of unhelpful behavior.

DBT (Dialectical Behavior Therapy) Skills only

We provide services to adolescents and adults who engage in self-harming and suicidal behaviors. Based on the practices of Dialectical Behavior Therapy (DBT), this specialized treatment uses a skills-based approach to help individuals develop a capacity to safely manage distressing experiences and to improve the overall quality of their lives.

EMDR

Eye movement desensitization and reprocessing (EMDR) therapy is a mental health treatment technique. This method involves moving your eyes a specific way while you process traumatic memories. EMDR's goal is to help you heal from trauma or other distressing life experiences.

Play Therapy

Play Therapy (PT) is an interpersonal process where a trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development

Child and Family Treatment

The Child and Family Treatment Program provides in-clinic treatment for children and their families. Children referred to our program may be suffering from adjustment issues to more severe behavioral challenges. A treatment plan based on the child's presenting issues will be developed with the parent, who is considered an important member of the treatment team. Family Therapy is a form of talk therapy focusing on improving relationships among family members. It can also help treat specific mental health or behavioral conditions,

such as substance use disorder or oppositional defiant disorder. Family therapy can involve any combination of family members.

Developmental Behavioral Pediatrics

Developmental-Behavioral Pediatrics (DBP) is a specialized program dedicated to the evaluation, diagnosis, and management of children and adolescents facing developmental and behavioral disorders. These disorders can encompass a range of conditions such as autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), learning disabilities, anxiety disorders, depression, and other neurodevelopmental and emotional challenges. DBP provides comprehensive, multidisciplinary care that includes detailed assessments to understand a child's developmental trajectory, behavioral functioning, and psychosocial needs.

Adolescent IOP (Intensive Outpatient Program)

The adolescent IOP is a weekday, after-school program that provides comprehensive assessment, therapeutic structure and support within a group-therapy format. Clients typically participate in IOP three times per week for 8 to 12 weeks.

Substance Use /Abuse Services (Co-Occurring Disorders)

Individuals who find themselves affected by both substance abuse and mental health struggles received skillful therapeutic treatment in both these areas through dual diagnosis services. Trained clinicians and recovery coaches, assist clients in identifying both psychiatric and addictions symptoms, along with their interaction. Modalities of treatment may include group therapy, individual therapy, and medications evaluation. Services are gender responsive, as well as, available in Spanish. This integrated approach allows for a course of treatment that validates the whole person. Through a genuine, authentic connection with a clinician, and perhaps with other group members, people find the pathway to wellness.

B: Confidentiality:

While the information shared by you and/or your child is confidential and we will not share your information without written permission, there are some situations, your or your child's clinician is required by law or by the guidelines of his/her job to disclose information, whether or not you have agreed.

Confidentiality cannot be maintained when:

- Clients tell clinician they plan to cause serious harm or death to themselves, and clinician believe they have the intent and ability to carry out this threat in the very near future. The clinician must take steps to inform a parent or guardian or others of what the client has told him/her and how serious he/she believes this threat to be and to try to prevent the occurrence of such harm.
- Clients tell clinician they plan to cause serious harm or death to someone else, and clinician believes they have the intent and ability to carry out this threat in the very near future. In this situation, a clinician must inform a parent or guardian or others, and he/she may be required to inform the person who is the target of the threatened harm [and the police].
- Clients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, clinician will need to use his/her professional judgment and consult with his/her supervisor to decide whether a parent or guardian should be informed.

- Clients tell clinician, or clinician otherwise learns that a child is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, the clinician will be required by law to report the alleged abuse to the Department of Children and Families, pursuant to Section 17a-101 of the Connecticut General Statutes.
- A clinician is ordered by a court to disclose information.

Also note: your/your child's clinician may share information about you or your child's treatment in case meetings and other treatment team meetings. When information is shared among clinic staff (i.e., supervisors and clinicians), it is shared anonymously to the extent possible. However, this cannot be certain, mainly when direction of care is required. For instance, this may occur in cases where clinicians treating family members are part of the same treatment team or need to consult with each other to come up with treatment plans. Please note that while information may be shared among clinic staff, it will not be shared with other family members or friends who may be in treatment at the clinic, unless you have clearly agreed to this in writing.

Furthermore, please note that our clinic has an integrated Electronic Health Record with the Yale New Haven Health System and several other community health agencies, which allows providers within these systems to better manage your care in one place.

C: Medical Emergencies:

For clinic-based patients:

- FHCHC will provide routine and emergency medical care through its Primary Care Departments.
- All clients will be provided the opportunity of registering for primary care services, as part of routine medical care, when they come to the Center. Such care will be provided through the pediatric service in the Primary Care Department. When a child requires first aid, his/her provider will escort them to the Primary Care Department for treatment.
- In cases where clients require emergency medical attention, the Behavioral Health provider will call Primary Care for a provider to come immediately to the Behavioral Health offices to assess the client's condition. The provider may also elect to call emergency services if he/she considers the client's condition to be life threatening. At this time the event will be handled as per FHCHC's Emergency Medical Events (STAT Calls) and Standing Order for Emergency Medication Administration Medication guidelines.

For all school-based health center patients:

- During medical emergencies, staff are to follow school protocol. The provider may also elect to call emergency services if he/she considers the child's condition to be life threatening.