



## Client Orientation Packet

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**This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them during our meeting.**

Welcome to Clatsop Behavioral Healthcare. Our agency has provided services to the residents of Clatsop County since 1964.

## **Standards of Care Policy**

*CBH Clinical Policy 332*

Clatsop Behavioral Healthcare strives for excellent service delivery systems that are in compliance with state and federal guidelines. Clatsop Behavioral Healthcare strives to provide trauma informed, evidenced based treatment and promising practices. Clatsop Behavioral Healthcare also implements care in accordance with Oregon Administrative Rules, Oregon Health Authority (OHA), Health Systems Division: Behavioral Health Services, Chapter 309. These rules prescribe minimum service delivery standards and supports provided by providers certified by the Health Systems Division of OHA.

## **Clatsop Behavioral Programs and Services**

### **Community Based Services**

- Assertive Community Treatment
- Community Support Services
- Crisis Assessment and Stabilization
- Early Assessment and Support Alliance
- Nurturing Parenting Program
- Peer Support
- School-Based Services
- Supported Employment
- Wraparound Care
- Intensive In-home Behavioral Health Treatment

### **Early Intervention Programs**

- Parent-Child Interaction Therapy

### **Counseling Services**

Counseling is a healing support service that requires active participation and meaningful, transparent communication with treatment providers. There are a number of different approaches that can be utilized to address the problems you hope to address. It is not like visiting a medical doctor, in that it requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and at home.

Counseling has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings like sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy often requires recalling unpleasant parts of your history. Psychotherapy has also been shown to have benefits for people who work at it. It often leads to a significant reduction of feelings of distress, better relationships and resolution of specific problems.

### **Mental Health Outpatient Services**

- Coordination of Care
- Counseling Services
- Psychiatric Services
- Pain Management
- Problem Gambling Services
- Rapid Access Clinic
- Mental Health Treatment Court
- Family Treatment Court

### **Substance Use Disorder Treatment**

- Drug Court
- Medication Assisted Treatment
- Recovery Allies
- Substance Use Counseling Services

The end of the assessment will offer you some initial impressions of what our work will include and an initial treatment plan, if you decide to continue. You should discuss these initial impressions with your clinician as well as identify important things you hope to have in a treatment relationship. Counseling involves a large commitment of time and energy. If you have questions about the procedures, we should discuss them whenever they arise.

## **Crisis Services**

A mental health emergency can happen at any time, which is why Clatsop Behavioral Healthcare's Mobile Crisis Team operates 24 hours a day and 7 days a week. We collaborate with law enforcement, local hospitals, our local crisis line provider, and our community to ensure a timely, compassionate response whenever someone experiences a crisis, wherever that may be in Clatsop County. The crisis team ensures that a person experiencing a crisis receives the right interventions, in the moments they need it the most.

*If you or someone you know is thinking about suicide or experiencing a mental health crisis, don't wait to act. Call the Clatsop County Crisis Line at 503-325-5724. If you believe the situation is an emergency, immediately call 911.*

## **Medication Treatment Services**

Medication treatment is one of the options offered by Psychiatrists (medical doctors) and PMHNP's (psychiatric mental health nurse practitioners).

Your licensed medical professional (LMP) will encourage you to ask questions about the medications prescribed and possible side effects that may occur. Your LMP will attempt to give the most up to date information about the medications, alternative treatments, risks or side effects. In the allotted time it is impossible to cover every single side effect you may encounter. Full prescribing information is available at your request for any medication. If you have any specific concerns or have had any previous bad reactions (especially allergies) to a medication, tell your LMP.

All other medical conditions that you have may also impact your treatment. Please provide your treating practitioner with a list of all medications you take. If you are not sure, look them up and report back with notes on doses and frequency. Medication interactions are a significant cause of unwanted side effects and may be avoided if your LMP is informed of changes you have made. Even if the changes are with "over the counter" or "natural" agents, they may have significant interaction risks. This especially includes "St. John's Wort", "5-HT", "Melatonin" or other vitamin supplements.

Primary care providers (PCP) are an important link in continuity of care. Medical treatment records are very important to providing an accurate assessment. If you are seeing a primary care provider or other providers, please inform the staff. They will ask you to sign a "Release of Information" form so we can request records from your PCP.

## Prescription Refills

Before coming in for your next appointment, please be sure to check your medications for necessary refills. If it is necessary for a medication refill prior to your next appointment, please note the following....

1. Contact your pharmacy who will send a refill request to your psychiatric provider.
2. Please plan accordingly, not all providers are here daily. As a result, please allow five to seven business days for processing non-controlled prescription refills. For controlled medications, please allow up to ten business days to process your request.

Your provider may decline a refill request for failure to keep scheduled appointments or if you haven't been seen within the past six months. If you need assistance or have questions regarding your medications, please ask to speak with our Medication Technician who can assist you.

## Declaration of Mental Health Treatment

As an adult, you have the right to complete a Declaration of Mental Health Treatment form. This form allows you to make decisions ahead of time about treatment in case of mental health emergency during which you are unable to make treatment decisions for yourself. Your clinician can provide you with a copy of the Declaration of Mental Health Treatment, written guidelines and a contact person who can provide information and assist you in filling out the form. This document is also available on our website at [www.clatsopbh.org](http://www.clatsopbh.org) under opening paperwork menu or at the front desk. If you have any questions about this, please ask your clinician.

## Appointments

Most services are provided by appointment. Following your initial evaluation, additional appointments are to be scheduled by office personnel.

On arrival to your appointment, check in at the front desk and make payment due for service(s) if required. Providers may elect to reschedule your appointment if co-payment, co-insurance, deductible, and/or fees are not paid and current. If you have a telehealth appointment, you can make a payment on the patient payment portal at [www.clatsopbh.org](http://www.clatsopbh.org).

A 24-hour advance notice MUST be given for cancelled appointments. To make, change or cancel an appointment, you must speak directly to a receptionist or staff. In case of illness, you must call as soon as you know you cannot come. Reasonable advance notice in appointment changes is still expected. If you leave a message on the agency general mailbox after hours, that message will not be received until the next working day.

Weather extremes are an occasional factor with appointments in the winter. If you are in doubt, call the office at 503-325-5722 or listen to KAST radio at 1370 AM. Providers will update their message on their individual voice mail as long as the phones are working or check our website [www.clatsopbh.org](http://www.clatsopbh.org) for closures.

## **Treatment Attendance**

Clatsop Behavioral Healthcare (CBH) recognizes that for individuals to receive the most effective services available, it is essential that each person attend sessions and groups as agreed on in their Treatment/Recovery Plan. Our attendance policy is that no-shows or late cancellations may result in termination of treatment.

## **Billing and Payments**

Clatsop Behavioral Healthcare is a private non-profit agency. The funding for our agency comes primarily from billing Oregon Health Plan and Moda insurance. Most other insurance plans do not include CBH as a preferred provider and will not reimburse us for services. Also, the Medicare benefit is limited and does not cover the full cost of services, therefore you will be required to pay what is not covered.

At the time of intake, you will be or were asked to sign a financial agreement. This agreement includes any co-payment or sliding scale fees you will owe. If you do not have the ability to pay please discuss this with your counselor.

All fees will be collected at the time of service. If you do not pay the agreed upon fee, you will not be scheduled for a follow-up appointment until you either pay the fee or work with your provider and our billing department to develop a payment plan. We accept personal checks, money order, cash, VISA and MasterCard.

We can offer discounted rates to mandated DUII/MIP clients who provide us with proof of household income and qualify for a rate reduction. Proof of household income requires at least three consecutive pay stubs, all annual W-2s or 1099 documents from the prior tax year, or last year's income tax return. Financial documentation and/or award letters from other state or government agencies, including wage verification forms, unemployment benefit award letters, or other documents indicating financial need, may be used as documentation or as supplemental proof of income, depending on the amount of detail provided by the document. In some cases, it may be necessary for you to provide more than one piece of documentation as proof of income, particularly if your financial situation is complex; i.e. self-employment, multiple, part time, or seasonal jobs, public assistance, etc. If you qualify for reduced fees, you will be notified immediately upon processing of your documentation.

If you did not bring in proof of household income and you believe that you are eligible for a discounted rate you may receive a retroactive discount if you submit proof of income within 30 days. If proof is submitted after 30 days, you will receive a discounted rate effective the date your proof of income was turned in.

Clients will receive statements once a month showing activity for the month. The estimated client balance due listed on the client statement is payable upon receipt of the monthly statement.

Non-compliance of payment policy may result in the suspension of services. We do not charge interest rates or late fees for services provided. If you are having financial hardships and are unable to stay in compliance with a current payment plan, please discuss this as soon as possible with your clinician so that other options can be explored.

The office does not accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. You are responsible for payment of your account, including any unpaid insurance claims. If payment arrangements must be made, please contact the Insurance Coordinator.

Accounts carried 90 days without payment may be turned over to a collection agency. In that event the contingency fee assessed by the collection agency will be added to the principal and service charges due. You will be additionally liable for attorney fees. Both collection agency fees and attorney fees will increase the balance you owe. If your account is turned over to a collection agency, it may affect your credit rating. In most cases, the only information that is released to a collection agency about a client's treatment would be the client's name, the nature of the services provided and the amount due.

## **Insurance Reimbursement**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment. If you have a health benefits policy, it will usually provide some coverage for mental health treatment.

Our office will verify your insurance benefits as a courtesy to you. Verification of benefits quoted to our office is **NOT** a guarantee of payment. In addition, we will provide you with whatever assistance we can in facilitating your receiving the benefits to which you are entitled.

It remains the client's responsibility to be aware of their entitled benefits and stay in compliance with the insurance carriers' rules. Please bring in your insurance cards as soon as possible or you could be billed our standard rates. It remains your responsibility to make whatever co-payment your insurance requires at the time of check-in. All insurance companies and third-party payers are billed at our standard rate. In the event that your insurance does not cover all the cost, your signed fee agreement rate will be used to determine your cost. If your insurance does not pay within 45 days of the billing date we will forward the bill to you at your signed fee agreement rate.

The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits that sometimes makes it difficult to determine exactly how much mental health coverage is available. "Managed Health Care Plans" such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. These plans are often oriented towards short-term treatment, the approach designed to resolve specific problems that are interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions.

You should also be aware that insurance agreements require you to authorize us to provide a clinical diagnosis and, depending on the insurance carrier, many require additional clinical information such as a treatment plan or summary, or in rare cases, a copy of the entire records. This information will become part of the insurance company files and, in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, we have no control over what they do with it. In some cases, they may share the information with a national medical information data bank. If you request it, we will provide you with a copy of any report that we submit. Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if the insurance benefits run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for our services yourself and avoid the complexities that are described above.

## **Contacting the Clinician**

We are often not immediately available by telephone. While we are usually in our offices between normal business hours, we are not able to answer the phone when we are with a client. Our telephones are answered by a receptionist who will put you through to our personal confidential voicemail. If you are difficult to reach, please leave times when you will be available.

In case of an after-hour emergency or if you are having a crisis, you can call 503-325-5724. This line is answered 24 hours a day and will give you access to the crisis clinician on duty. If for some reason these services do not appear to be adequate, go the emergency room at the nearest hospital.

## **Records**

A record shall be maintained for each client who receives direct treatment training and/or care services. The record shall contain client identification, problem assessment, treatment, training and/or care plan, medical information when appropriate, and progress notes.

Retention of Records. Records shall be retained in accordance with OAR 166-005-0000 through 166-040-0010 (State Archivist). Financial records, supporting documents, statistical records, and all other records (except client records) shall be retained for a minimum of three years after the close of the contract period, or until audited. Client records shall be kept for a minimum of seven years.

Confidentiality of Client Records. Client records shall be kept confidential in accordance with ORS 179.505, 45 CFR 205.50 and 42 CFR Part 2, any Division administrative rule pertaining to client records, and the most current edition of the Division Handbook on Confidentiality.

You are entitled to receive one free copy a year of your records unless we believe that seeing it would be emotionally damaging, in which case we will be happy to forward the records to an appropriate mental health professional of your choice. In general, because professional records can be subject to misinterpretation, it is recommended that if you are to request your records you should review them with your clinician so that any questions that may arise could be discuss. You should be aware that this will be treated in the same manner as any other professional (clinical) service, and you will be billed accordingly.

If your child is in treatment, both parents have rights to see and receive copies of records in your child's chart. Also, both parents can talk to any staff person who has met with your child. This is true even if you are not married to the child's other parent except when limited by a court.

## Minors

If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is our policy to request an agreement from parents that they will not ask what you are specifically saying in counseling. If they agree, we will provide them only with general information on how your treatment is proceeding unless we feel that there is a high risk that you will seriously harm yourself or another, in which case we will notify them of our concern. We will also be available to answer general questions or provide family sessions.

Parents of minor clients hold the legal right of privilege or confidentiality. A non-custodial parent who wants to learn about their child's treatment may have the right to review the child's record and to discuss their child's care with your clinician. However, it is our experience that counseling can be greatly hindered if teens feel the clinician is simply a conduit to their parents and many are reluctant to discuss personal issues without privacy. Therefore, the office has the following policy:

Parents are given general information about therapeutic progress. Regular consults are encouraged (every 2-3 sessions) unless contraindicated. Teens are informed of phone calls or contact between sessions. When parents are consulted, minors are given the option to remain or leave the room. For difficult issues, family sessions are encouraged with the clinician assisting the minor and the parents in working towards a resolution.

The clinician will notify parents if the minor is in danger of hurting him/herself, someone else, or is a victim/perpetrator of child abuse. Parents are encouraged to discuss any concerns with the clinician in front of the child if appropriate to age and developmental level.

Please note that in the situation of custody disputes, it is not appropriate for a treating clinician to make comment or recommendations on custody issues.

All children under age 14 need to have consent from their parents or guardian for us to provide services. For youth 14 and over accompanied by a parent, we obtain consent from both the youth and the parents (or guardians). Youth aged 14 and over may legally request and consent to services without their parents. For youth 14 or older seeking services, with a parent/guardian, we will involve the parent/guardian unless there is a clear reason not to, the youth has been abused by the parent, or the parents are not willing to be involved.

## Coordination of Care Policy

*CBH Policy 055*

Clatsop Behavioral Healthcare (CBH) establishes relationships and coordinates care with community partners to assist individuals and families with care specific to their needs.

### Procedures

**Newly enrolled clients:** All clients seeking services will complete an intake packet that requests the name and contact number of their health care (physician and dental) providers and other community agencies they may be involved with. If no provider is identified, intake staff will discuss and share information on potential health providers in the local area or encourage those with private insurance to select a provider from their network panel. Clients are asked to sign a Release of Information for their Primary Healthcare Provider (and any auxiliary providers who may inform treatment), to make coordination of care more fluid, interactive and informed.

**Clients with providers:** A letter to the primary care provider (PCP) and dental provider is sent by the Referral Coordinator in our call center or reception in the office of services to inform them that the client has engaged in services upon the first day of service, UNLESS the client declines releasing this information to their providers. A letter to identified community service professionals will also be sent by the Referral Coordinator (upon client consent) informing them of the client's engagement in services. If clients refuse to allow CBH to share information with relevant contacts, staff will continue to encourage and educate clients during the course of treatment on the benefits of coordinated care. In the event of mandated treatment or probation/parole involvement, staff will continue to work with clients to inform their decisions, as acknowledgement of treatment attendance and progress is often part of the requirements of courts and probation/parole. Staff will be aware of each agency affiliation as it impacts their work and coordination of care with these agencies.

**During Services/Treatment:** CBH expects staff to coordinate care in cooperation with the PCP and other providers/teams within the clients' system of care in a timely manner, as well as to provide assistance as needed. Information and/or coordination may include:

- Communication of identified diagnosis of disorders, up to and including full assessments, service plans, and discussion of treatment progress.
- Coordination of medication management, reported medication side effects or noncompliance.
- Identification of healthcare needs and gaps.
- Determination and updating of care coordination and/or service plans.
- Prevention or other supports needed that may not be provided by CBH, including referrals for those services.
- Communication of client needs and supports to individuals identified by the client to either create or communicate a safety plan, and to address treatment goals within the clients' systems of care.

Additionally, staff are expected to:

- Monitor aspects of care both requested and dispersed.
- Consider and utilize alternatives to care when indicated.
- Document care information and actions taken.
- Coordinate a member's medical care with community resources.
- Educate clients as appropriate about procedures and treatments, and appropriate use of resources.
- Provide reasonable accommodations and protections as defined under the Americans with Disability Act (ADA).

**SERVICE CONCLUSION:** Upon termination of services, staff are expected to coordinate and connect clients with supportive services that will help promote and sustain wellness. Additionally, resources for follow-up care upon transition of services, including crisis services appropriate for individuals, should be provided. Information and contact numbers are to be provided upon the last face-face contact or mailed upon termination.

## Confidentiality of Client Information

CBH Clinical Policy 110

### Policy

Clatsop Behavioral Healthcare (CBH) shall protect the confidentiality of all information relating to clients, or former clients. Information may be given only with a current standardized consent signed by the client or legally responsible other, except for disclosure permitted under relevant statute or regulations.

### Procedures

1. Standardized forms authorizing release and/or exchange of confidential information shall be used and shall contain the following: name of client; date; name and address of agency; name and address of person or entity to whom the information is to be provided; the reason for the disclosure; specific kind of information to be disclosed; period of time the consent is to be in force; signature of client and/or responsible other; and, the signature of a witness. Any request for information from outside agencies will be complied with only if a CBH Release of Information form has been completed.
2. Exception to the need for a written informed consent are as follows;
  - a. To a court under Judges order;
  - b. To other agency personnel as needed;
    - To the extent necessary to make an insurance or medical assistance claim, or
    - To agency volunteers and trainees only to the extent necessary for treatment.
  - c. To hospital or emergency medical personnel for the purposes of dealing with an emergency;
  - d. To law enforcement or public health officers, to the extent necessary to carry out their responsibilities;
  - e. To child protective services in accordance with applicable Oregon Administrative Rules; or,
  - f. To Law enforcement officers and/or the intended victim(s) where there is clear and serious threat of homicide or intent to do serious bodily harm to another person(s).
3. All disclosures of information that are made by the Agency personnel, both with and without the consent of the client and/or legally responsible other, shall be documented in the client's records, including:
  - a. The date of the disclosure of information;
  - b. The person or entity receiving the information;
  - c. The nature of the information disclosed and
  - d. The reasons for the disclosure without consent, if such has not been obtained.
4. The Agency will attempt to verify legal custody of consenting parents if any circumstances suggest that it is necessary.
5. In the case of court-appointed guardians the Agency must be provided with a copy of the court order and may request verification from the Community Human Services staff if it is the legal guardian.
6. A copy of the consent form shall be kept with the client's file.
7. Agency staff shall explicitly confirm knowledge and acceptance of the client confidentiality requirements of the Agency by a signed statement in personnel files.
8. Requests for information shall be accompanied by a written release as covered above.
9. CBH shall charge persons/agencies requesting copies of client information in a manner consistent with prevailing CBH Business Policies & Procedures.

## Client Rights

CBH Clinical Policy 080/ Individual Rights OAR 309-019-0115

### Policy

Clatsop Behavioral Healthcare prioritizes, respects and discloses the rights of all individual clients, in accordance with Oregon Administrative Rule.

### Procedures

1. Clients, prospective clients, and/or legally responsible others shall be informed of client rights at admission. Clients acknowledge that the following documents have been made available to them on the CBH website when they sign the Consent to Treat Document provided at intake.
  - CBH Client Orientation Packet (Grievance Policy, Consumer Rights, etc.)
  - Release of Information
  - Notice of Privacy Rights
  - Voter's Registration Card
  - Declaration for Mental Health Treatment
  - Investigation and Resolution of Complaints Policy and Procedures
2. CBH shall post a written statement of clients' rights at each clinical facility. A copy shall be available to the clients upon request. See Appendix A below for a copy of the Client Rights and Responsibilities Form.
3. Any individual or parent or guardian receiving services may file a grievance with the provider or any management personnel at CBH.

## **APPENDIX A** **CONSUMER RIGHTS**

**RIGHT TO RECEIVE SERVICES** regardless of race, ethnicity, religion, age, gender, sexual preference, handicap, place of residence, or ability to pay.

**RIGHT TO APPROPRIATE CARE AND TREATMENT** that is responsive and sensitive to personal needs and differences and the least restrictive alternative available, understanding that treatment is a time-limited procedure that will be periodically reviewed and updated.

**RIGHT TO BE TREATED WITH DIGNITY AND RESPECT.**

**RIGHT TO PARTICIPATE IN THE DEVELOPMENT, REVIEW, AND UPDATE OF MY SERVICE PLAN**, and I have the **RIGHT TO RECEIVE A COPY** of the written Service Plan

**RIGHT TO RECEIVE AN EXPLANATION OF MEDICATIONS** prescribed, including expected effects and possible side effects. Have all services explained, including expected outcomes and potential risks;

**RIGHT TO CONFIDENTIALITY** and the **RIGHT TO CONSENT TO DISCLOSURE** of information. (f) Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:

**RIGHT TO REVIEW MY RECORDS** in the presence of a CBH employee upon my written request. I have the **RIGHT TO REQUEST CHANGES TO MY TREATMENT RECORD** as described in the Notice of Privacy Policies, a copy of which I have been given.

**RIGHT TO PARTICIPATE** in research, experimental, or potentially hazardous procedures and the

**RIGHT TO REFUSE TO PARTICIPATE** in such research and/or procedures.

**RIGHT TO RECEIVE PRIOR NOTICE OF TRANSFER**, unless the circumstances necessitating transfer pose a threat to health and safety

**RIGHT TO BE FREE FROM ABUSE OR NEGLECT** and to report any incident of abuse or neglect without being subject to retaliation.

**RIGHT TO RELIGIOUS FREEDOM.**

**RIGHT TO BE FREE FROM SECLUSION AND RESTRAINT.**

**RIGHT TO BE INFORMED OF THE AGENCY'S POLICIES AND PROCEDURES, SERVICE AGREEMENTS, AND FEES** applicable to the services provided, and to have a custodial parent, guardian, or representative, assist with understanding any information presented;

**RIGHT TO HAVE FAMILY INVOLVEMENT** in service planning and delivery; (i) Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence;

**RIGHT TO MAKE A DECLARATION FOR MENTAL HEALTH TREATMENT.**

**RIGHT TO FILE A COMPLAINT OR GRIEVANCE** if I feel that my privacy and any other rights have been violated, and I understand that the procedures for the filing of a complaint are stated in the Notice of Privacy Practices, a copy of which I have been given and which is posted in each of the agency's offices and also are explained in the Client Complaint Policy that I have been asked to sign. I understand that filing a complaint will not affect my treatment from CBH.

**RIGHT TO BE FREE OF SEXUAL EXPLOITATION OR HARASSMENT.**

**RIGHT TO ASK** for all communication from CBH to occur in a particular way or at a specific place (at my home or work or a friend's house, by mail or telephone or by fax, etc.)

**RIGHT TO A COPY OF THIS NOTICE.**

**RIGHT TO EXERCISE ALL RIGHTS** without any form of reprisal or punishment.

## **Cultural Humility**

*Clinical Policy 135*

Clatsop Behavioral Healthcare is committed to effectively providing services to recipients of all cultures, ages, races, gender, abilities, sexual orientation, socio-economic status, languages, ethnic backgrounds, veteran status, family status, spiritual beliefs and religions in a manner that recognizes values, affirms, and respects the worth of the individuals and protects and preserves the dignity of each person. Our staff embraces multi-culturalism and recognizes that all people uniquely contribute to the broader community.

### **Procedure**

Cultural Humility is an integral value at CBH. All staff are expected to:

- Maintain current demographic and cultural information of the communities we serve.
- Ensure individuals from the identified cultural group receive effective and respectful care that is provided in a manner compatible with their cultural health beliefs, practices, and preferred language.
- When measuring customer satisfaction race, ethnicity, and language data will be considered.
- Include members on our governing board that are representative of the cultural populations being served.
- Communicate identified areas of agency growth to the Quality Improvement Committee or supervisor.
- Utilize appropriate resources to ensure linguistic needs of the recipient and family are met. When necessary and requested, translation services will be available to recipients. The interpreter will assist with oral translation, as well as translating any intake, treatment plan, evaluation, or other documents shared with family. Employees will reach out to contracted translation service provider.
- Assist families in identifying appropriate community-based resources and provide relevant services and care coordination.
- Communicate with supervisor and/or treatment team to gain additional support in identifying and providing clinically appropriate, evidence-based practices for all clients.
- Demonstrate self-awareness of biases and efforts to seek assistance when such personal views interfere with one's ability to effectively work with others.
- Acknowledge that discrimination is not tolerated and employees will conduct services in a manner that recognizes, values, affirms, and respects the worth of the client and protects and preserves the dignity of each person.
- Actively outreach to culturally-specific community partners and clients to improve treatment responsiveness, inclusivity and accessibility.

### **RECRUITMENT AND HIRING:**

CBH seeks staff members that are committed to their community, represent a variety of cultural backgrounds, and are capable of communicating in cross-cultural situations. We seek to hire staff who are bilingual and able to relate and communicate with non-English speaking individuals.

### **TRAINING:**

All staff are expected to complete ongoing training in cultural humility/competency throughout the duration of their employment

## Investigation and Resolution of Complaints

CBH Clinical Policy #205

### Procedures

Any individual or parent or guardian receiving services may file a grievance with the provider or any management personnel at CBH. CBH discusses and resolves any problems as soon as they come up. Concerns about CBH services can be reported to the Clinical Operations Officer by calling (503) 325-5722. Investigations will be completed within 30 calendar days.

In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The Clinical Operations Officer or designee shall review and respond in writing to the grievance within three business days of receipt of the grievance. The written response shall include information about the appeal process.

A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness.

Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:

If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten business days of the date of the Clinical Operations Officer or designee's response to the grievance or notification of denial for services. The appeal shall be submitted to the Oregon Health Authority (OHA). If requested, program staff shall be available to assist the individual. OHA shall provide a written response within ten business days of the receipt of the appeal and if the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to OHA.

#### Contact Information for Complaints and Grievances

- Clatsop Behavioral Healthcare Clinical Operation Officer (503) 325-5722
- Health System Division of the Oregon Health Authority (503)945-5763
- Disability Rights Oregon 1 (800) 452-1694
- Columbia Pacific Coordinated Care Organization (CPCCO) Members -contact Care Oregon at 1-800-224-4840.
- Department of Human Services-contact the Governor's Advocacy Office at: (503) 945-5941

There are also additional resources available for certain situations.

- Abuse or Neglect -contact the Office of Adult Abuse Prevention and Investigation at: (503) 945-9702 or the CBH Abuse Investigator at 503-325-0241, ext. 107
- Other Oregon Health Plan Members –contact the Division of Medical Assistance Programs Client Services at: 1 (800) 273-0557
- Civil Rights (504 Plans, Medical Issues, etc.)-contact the Office of Equity and Inclusion, Civil Rights Coordinator at: (971) 673-2000

**Clatsop Behavioral Healthcare adheres to the following Oregon Administrative Rule regarding grievances and appeals.**

## Grievances and Appeals

OAR 309-019-0215

- (1) Any individual or parent or guardian receiving services may file a grievance with the provider, the individual's coordinated care plan, or the Division.
- (2) The provider's grievance process shall:
  - (a) Notify each individual or guardian of the grievance procedures by reviewing a written copy of the policy upon entry;
  - (b) Assist individuals and parents or guardians to understand and complete the grievance process and notify them of the results and basis for the decision;
  - (c) Encourage and facilitate resolution of the grievance at the lowest possible level;
  - (d) Complete an investigation of any grievance within 30 calendar days;
  - (e) Implement a procedure for accepting, processing, and responding to grievances including specific timelines for each;
  - (f) Designate a program staff individual to receive and process the grievance;
  - (g) Document any action taken on a substantiated grievance within a timely manner; and
  - (h) Document receipt, investigation, and action taken in response to the grievance.
- (4) The provider shall post a Grievance Process Notice in a common area stating the telephone numbers of:
  - (a) The Division;
  - (b) Disability Rights Oregon;
  - (c) Any applicable coordinated care organization; and
  - (d) The Governor's Advocacy Office.
- (5) In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.
- (6) A grievant, witness, or staff member of a provider may not be subject to retaliation by a provider for making a report or being interviewed about a grievance or being a witness. Retaliation may include but is not limited to dismissal or harassment, reduction in services, wages, or benefits, or basing service or a performance review on the action.
- (7) The grievant is immune from any civil or criminal liability with respect to the making or content of a grievance made in good faith.
- (8) Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:
  - (a) If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services. The appeal shall be submitted to the Division;
  - (b) If requested, program staff shall be available to assist the individual;
  - (c) The Division shall provide a written response within ten working days of the receipt of the appeal; and
  - (d) If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the Division Director.