



CLIENT HANDBOOK

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HANNAHVILLE BEHAVIORAL HEALTH



Address:
N15019 Hannahville B-1 Rd
Wilson, MI 49896



Telephone:
(906) 466-2878
Fax:
(906) 466-9144



Hours Open:
Monday-Friday
8am-4pm



Accessibility:
Handicap accessibility
Transportation assistance

Emergency Telephone Numbers

Health Center Nurse's Cell Phone: 280-2669

Please make sure to leave a message including phone number for response

Native Youth Crisis Hotline: 1-877-209-1266
Northpointe (Menominee County): 1-800-750-0522
Pathways (Delta County): 1-888-728-4929
National Suicide Prevention Lifeline: 1-800-273-8255

ELIGIBILITY

Those qualified for services are members of Federally recognized tribes, eligible descendants, and most Hannahville employees.

The Behavioral Health Department also prioritizes eligibility for substance abuse services in the following order:

1. Pregnant
2. Pregnant IV drug user
3. IV drug user
4. Parent in danger of child being removed due to substance abuse



Emergency services will be provided without concern for eligibility. Those found not eligible for services will be provided a list of alternate resources.

COST OF SERVICE

Clients pay no direct fees for services. 3rd party insurance will be billed if applicable.

SERVICES OFFERED

The primary services provided by the Hannahville Behavioral Health Department are **outpatient substance abuse** and **mental health counseling**. These services are designed to meet the needs of individuals whose substance abuse and mental health problems can be managed in the context of the community. Services are provided to adults, adolescents, and children. Individual sessions are scheduled at a frequency determined between you and your counselor.

Services include screening, evaluation, individual, family, couples and group counseling, case management, intensive outpatient substance abuse, crisis response, psychiatric services, buprenorphine therapy, recovery coaching, and possibly referrals for certain services not provided by this department. Evidence based practices are incorporated into treatment services. If you have questions about types of services, you can ask your counselor to explain them further.



MISSION

The mission of the Hannahville Behavioral Health Department is to deliver a quality, individualized, and effective range of behavioral health services that are responsive to the needs of the community.

VISION

We are committed to working collaboratively with individuals, families and organizations of the community to reduce the harmful effects of addictive disorders and emotional and mental health problems. Our mission will be accomplished through programs and services that stress our program philosophy and utilize direct community involvement to realize our goals.

GOAL

The goal of the Hannahville Behavioral Health program is to provide effective mental health and substance abuse services to improve the health of the Community.

INDIVIDUAL PROGRAM GOALS

Substance Abuse:

To reduce or eliminate the use of alcohol or other drugs and improve or restore functioning to those areas impacted by substance use

Mental Health:

To restore psychological, social, and occupational functioning

Psychiatric:

To improve symptom management

Crisis Intervention:

To stabilize acute mental health and substance abuse related problems



****COUNSELOR CODE OF ETHICS****

Our counselors adhere to a strict Code of Ethics. If you wish to review this Code of Ethics, it is posted in the lobby by the Office Manager's window.

CONSENT FOR TREATMENT

All new clients or their guardian must sign a "consent for treatment" form giving permission to Hannahville Behavioral Health staff to begin providing services. You may decline all or part of your services at any time. However, if you are court ordered for treatment, or referred through the drug policy, this may be reported to the court or Human Resources.

Youth age 12 or older may consent to their own substance abuse treatment.

Youth age 14 or older may consent to their own mental health treatment.

YOUR RIGHTS AS A CLIENT

Clients of mental health and substance abuse services are protected by many rights. Your rights include, but are not limited to...

- ❖ The right to be free from abuse and neglect
- ❖ The right to confidentiality. Therapists, however, are mandated reporters and will share information in order to protect a child, vulnerable adult, or elderly person who is being abused or neglected. This includes unborn children who are exposed to drugs or alcohol. As well, we must break confidentiality if an individual is suicidal or indicates an intention to do bodily harm to another individual or in the case of a medical emergency.
- ❖ The right to be treated with dignity and respect
- ❖ The right to treatment suited to your condition
- ❖ The right to refuse services
- ❖ The right to obtain a copy or summary of your client record unless the program director recommends otherwise
- ❖ The right to complain about services without fear of retaliation



Questions about rights may be directed to the Behavioral Health Manager or the Director of Health and Human Services. Complaint/Grievance forms are available in the reception area.

YOUR RESPONSIBILITIES AS A CLIENT

Expectations of you as a client of the program include:

- **Complete all necessary paperwork**
- **Provide accurate information to the program**
- **Comply with the goals, rules, policies and procedures of the program**
- **To participate in the development and implementation of your treatment plan**
- **To attend all scheduled appointments**



****SECLUSION AND RESTRAINT:**

It is the policy of the Behavioral Health Department to avoid the use of seclusion and restraint by employing alternative means of prevention, verbal de-escalation, evacuation, and law enforcement intervention if necessary.

PROGRAM RULES

Smoking is prohibited within the building, on the Health Clinic grounds, and in program vehicles

Possession or use of alcohol, illegal drugs, and weapons are prohibited in the facility and program vehicles.

Clients suspected of being intoxicated may be questioned and services delayed until staff no longer suspect intoxication or the client has established he/she is sober through use of a breathalyzer.

Clients are encouraged not to bring medication into the Behavioral Health Department unless absolutely necessary. Clients that do bring medication with them are required to keep them in a secure location at all times.

Clients are to respect other clients, program staff, and program property

Clients are expected to maintain confidentiality

Clients will not abuse services by habitual cancellations and/or no-shows or abusing transportation services

Clients will follow staff instructions in case of emergency

Clients who violate these rules may be denied services, have services suspended, be discharged, and/or face legal action. If you have had your services denied, suspended, or have been discharged, and wish to regain rights to services, you may request to meet with the Behavioral Health Manager to discuss how to regain services.

COMPLAINT PROCESS

Any Hannahville Department of Health and Human Services client with a complaint concerning services or staff should follow the following protocol if he/she desires resolution of their problem.

FIRST:

All complaints will first be directed to the Health Director or the immediate supervisor, if incident involves an employee, who will generate a written incident report signed by the client. If complaint is taken over the phone it will be noted on the incident report along with the time of call.

SECOND:

The Health Director/immediate supervisor will review the incident report with the specific department staff and person initiating complaint to help resolve the complaint. If the person initiating the complaint does not want to participate, the issue will be discussed with the department staff, his/her immediate supervisor and Health Director.



THIRD:

A written notice will be given to both parties as to the results of the meeting within 10 working days of the incident report.

FOURTH:

If conflict continues to persist, the person issuing the complaint may submit the complaint to the Health Board at their regular monthly meeting. A written report of the Health Board's decision will be given within 10 working days.

FIFTH:

If conflict continues to persist beyond Health Board's decision the person issuing the complaint can then submit it to the Tribal Council at their regular monthly meeting. All decisions by Tribal Council are considered final.

****ADVANCE DIRECTIVES FOR MENTAL HEALTH & SUBSTANCE ABUSE****

We all value the right to make decisions for ourselves. Whether we term this autonomy, liberty or independence, it is central to our concept of dignity. One important area in which we exercise independence is in choosing the mental health treatment we receive. Unfortunately, due to illness, we may become unable to make informed choices about our care. No one likes to consider the possibility of becoming unable to make decisions even on a temporary basis. It is easy to put off thinking about that happening, and what treatment we would like in those circumstances. As difficult as it is to confront these issues, by doing so we can help ensure our wishes are honored in the future. Any action you take to plan is completely voluntary. Once you determine your wishes, the next step is relatively simple and inexpensive or free, and can be part of your treatment planning process. Speak with your counselor regarding completing Advance Directives for care if you so wish. Our counselors can supply you with a Question and Answer Booklet on Advance Directive; these booklets are available at the front desk as well.

TREATMENT PROCESS

Referral: You may be referred by another individual, agency, or request services on your own. Referral information includes your name, contact info, source of referral, reason for referral, and services requested.

Preadmission screening: Information is gathered by Behavioral Health staff to determine your eligibility, priority, and service needs. An appointment may be scheduled or a list of alternative resources provided to you.



Intake: This takes place at your initial appointment and prior to meeting with your counselor. You will be asked to complete several forms that serve to collect information on your need for treatment, symptoms, health, relationships, treatment history, etc... Your Tribal I.D. and insurance card will be copied for your file.

Assessment: Your counselor will review your rights and responsibilities, make sure you understand these and are consenting to treatment. The counselor will review the information you provided during the intake and ask you additional questions to help define your need for treatment and determine what treatment may be recommended.



Treatment Planning: At some time between your 1st and 3rd appointment, your counselor will ask you to participate in developing a treatment plan. This is a very important part of your treatment. He/she will again ask you to define your need for treatment, have you identify what you would like to get from treatment, and how you think it would be helpful to reach these goals. This plan will be reviewed on a regular basis and modified to meet your treatment needs.

Least Restrictive Environment of Care: It is our policy to provide services in the least restrictive environment of care. This means that we will work with you at assuring that the services you need are appropriate to your needs, and that we will work with you at transitioning from one program to another within our agency, or to another community program, as needed (example: from IOP to individual outpatient care). This transition plan will be completed as a part of your treatment planning.

Referrals/Transitions: Sometimes during the course of treatment or at the time of discharge your counselor may recommend that you receive additional services from another provider. This could be to help you find a job, to get medication, for financial assistance, more intensive services, etc... Information shared could include your strengths, needs, abilities, and preferences in order to help that provider serve you best. You will be asked to provide written consent before information is released to another service provider.

Case Staffing: During your treatment, your counselor may consult with other Hannahville Behavioral Health staff, the supervising physician, and/or the Hannahville Health Clinic doctor regarding your case.

We do not need your consent for these discussions. However, we are required to receive your written consent prior to discussing your case or releasing information to anyone else, with the exception of some legal situations. You may ask your counselor to discuss these exceptions with you.



Discharge: You may be discharged from the program when you complete treatment, refuse treatment, violate program rules, do not make contact with us for 90 days, move, or transfer your services somewhere else. This is an administrative function and does not mean you cannot receive additional services if you need them.

Sometimes discharge could include transition such as recovery support, lengthier times between counseling sessions, referral to less restrictive services, or other recommendations.



FAMILY PARTICIPATION

All clients are encouraged to request family participation in their treatment. This is not mandatory, but has been found to be quite helpful for certain concerns. It is especially important for parents to be involved in their children's treatment

DRUG AND ALCOHOL POLICY CLIENTS

Behavioral Health receives funding from the Tribal government to provide treatment to those individuals who fall under the employment drug and alcohol policy. If you are receiving services under this policy it is important that you understand the policy and your responsibilities. **Behavioral Health has no control over your employment, but we do have a responsibility to report your treatment compliance to Human Resources.**

Understanding the following information will be helpful to you:

- ✓ You must attend all scheduled appointments to be considered “in compliance” with treatment.
- ✓ You will also be considered “in compliance” if you cancel and reschedule your appointment.
- ✓ If you fail to cancel, and do not show for your scheduled appointment, you will be in non-compliance and this information will be sent to the Human Resources Department.
- ✓ **We will allow you one (1), 24-hour grace period to call and reschedule if you fail to cancel or show for your appointment.**
- ✓ Habitual cancellations will also be treated as non-compliance. Please discuss any scheduling conflicts with your counselor.

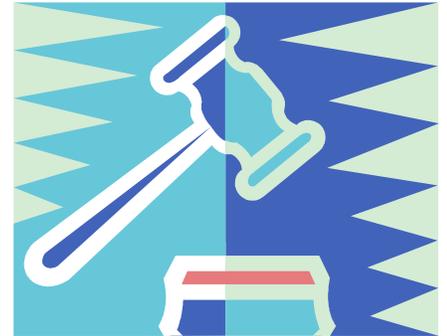
- ✓ Responsible attendance and good communication with your counselor will help prevent problems and keep you in compliance with the Drug and Alcohol Policy.

COURT ORDERED CLIENTS

If you have been referred by a court you are responsible for complying with the court order.

Your probation officer, a court clerk, or Behavioral Health staff will ask you to sign a consent to release information to the court about your treatment. In most cases we will release only limited information on your diagnosis, prognosis, treatment recommendations, and compliance.

Occasionally the court may request a copy of your complete assessment or parts of your record. Behavioral Health will obtain your consent prior to releasing this specific information.

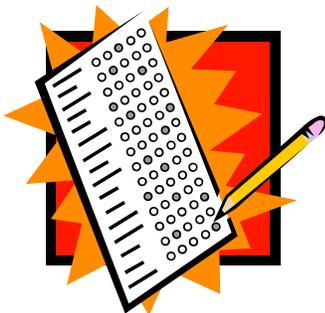


You have a right to revoke your consent at any time. Please discuss the consequences of this action with your counselor. We request you revoke your consent in writing. You must attend all scheduled appointments to be considered “in compliance” with treatment.

You will also be considered “in compliance” if you cancel and reschedule your appointment.

Habitual cancellations will also be treated as non-compliance. Please discuss any scheduling conflicts with your counselor.

DRUG TESTING



Your counselor may request that you agree to drug testing or a breathalyzer as part of your treatment plan. If you fail your drug test or the breathalyzer, this information will not be reported to Human Resources or the Court. However, it is an indication of your compliance with treatment and your success, and this information may be reported to the Court or Human Resources.

TRANSPORTATION

Clients are expected to provide their own transportation to services. However, transportation assistance is provided by Behavioral Health if needed. Staff will assist you in locating transportation, provide you with transportation, and in some case may provide you with a voucher for gasoline.

Transportation funding to and from residential Treatment may be provided once per year.

Please discuss your transportation needs with staff.



DETOX

Hannahville Behavioral Health does not provide detoxification services. Staff may coordinate this service through another provider on your behalf. Contract Health will only cover the cost of one detox per year. Please consult the health clinic for further information on funding for detoxification services.

RESIDENTIAL TREATMENT

Hannahville Behavioral Health does not provide residential treatment. Staff may coordinate this service on your behalf. Your counselor will talk to you about referrals to treatment and assistance with funding if applicable.

CRISIS SERVICES

Clients may access the Hannahville Health Clinic's after hours **nurse's cell phone: 280-2669**. On-call staff are available to provide you with support and connect you to appropriate crisis services.



Staff will not respond in person to after-hours emergencies. Please call **911** if you have an emergency that requires immediate assistance.

FREQUENTLY ASKED QUESTIONS

Do you have to be a tribal member to be eligible for services? No. Members of all federally recognized tribes and some descendants are eligible for services. Most Hannahville Indian Community and Casino employees are also eligible for some services.

Do I have to pay for services? No. There are no direct fees, but Hannahville Behavioral Health may bill Medicaid, Medicare, and other 3rd party insurance.

Do you help with transportation?

Staff will assist you in finding transportation, may provide you with transportation, and in some case provide gas vouchers.



Can I be seen at home, jail, school, etc...? Generally, you cannot be seen outside the office. An exception might be able to be made if it is necessary for your treatment, it is safe for you and our staff, and resources are available.

Can I choose who I see? You may indicate your preference for a specific individual. In most cases your preference will be honored.

Who will know I am coming here? Your privacy is important and will be protected as much as possible. We will not disclose your status as a client to anyone outside of our department without your consent, or as allowed by the law or policy and procedure.

Do I have to tell my parents? If you are 12 or older you may receive substance abuse services without your parents' permission. If you are 14 or older you may receive mental health services without your parents' permission.

Will you tell my probation officer if I miss an appointment? Your probation officer will not be notified if you call and reschedule. We will allow you one 24-hour grace period to call and reschedule if you fail to cancel or show for your appointment. Habitual cancellations may be reported as non-compliance.

Why doesn't anyone ever answer the phone? Our secretary may already be on the phone. Counselors may be with other clients. Please leave a message. They are checked often and someone will call you back.

EMERGENCY EXITS/FIRST AID:

Maps of the building with emergency exits are located throughout the building. These maps indicate the safest route to exit the building in case of fire, and safe areas in case of a tornado. Your therapist will show you where these are located.

First Aid Kits are also located throughout the building and are easily accessible for your convenience. Your therapist can show you where these are located.

Sharp containers for needle disposal are located in the restrooms, mounted on the walls.

HIV AND AIDS: WHAT YOU NEED TO KNOW

HIV stands for *human immunodeficiency virus*. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells) that the immune system must have to fight disease.

AIDS stands for *acquired immunodeficiency syndrome*. AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections. When someone has one or more of these infections a low number of T cell, he or she has AIDS.

HIV is a fragile virus. It cannot live for very long outside the body. As a result, the **virus is not transmitted through day-to-day activities** such as shaking hands, hugging, or a casual kiss. You **cannot** become infected from a toilet seat, drinking fountain, doorknob, dishes, drinking glasses, food, or pets. You also cannot get HIV from mosquitoes.

HIV is primarily found in the blood, semen, or vaginal fluid of an infected person.

HIV is transmitted in three main ways:

- ✓ Having sex (vaginal, anal, or oral) with someone infected with HIV
- ✓ Sharing needles and syringes with someone infected with HIV

- ✓ Being exposed (fetus or infant) to HIV before or during birth or through breast feeding

You may be at risk for infection if you have:

- ❖ Injected drugs or steroids, during which equipment (such as needles, syringes, cotton, water) and blood were shared with others
- ❖ Had unprotected vaginal, anal, or oral sex (that is, sex without using condoms) with men who have sex with men, multiple partners, or anonymous partners
- ❖ Exchanged sex for drugs or money
- ❖ Been given a diagnosis of, or been treated for, hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD) such as syphilis
- ❖ Received a blood transfusion or clotting factor during 1978-1985
- ❖ Had unprotected sex with someone who has any of the risk factors listed above

PLAY IT SAFE

Your risk of getting HIV or passing it to someone else depends on several things. Do you know what they are? You might want to talk to someone who knows about HIV. You can also do the following:

- Abstain from sex (do not have oral, vaginal, or anal sex) until you are in a relationship with only one person, are having sex with only one person, are having sex only with each other, and each of you knows the other's HIV status.
- If you have or, or plan to have, more than one sex partner, consider the following:
 - Get tested for HIV
 - Talk about HIV and other STDs with each partner before you have sex.
 - Learn as much as you can about each partner's past behavior (sex and drug use), and consider the risks to your health before you have sex.
 - Ask your partners if they have recently been tested for HIV; encourage those who have not been tested to do so.

- Use a latex condom and lubricant every time you have sex.
- Get vaccinated against hepatitis B virus.
- Even if you think you have low risk for HIV infection, get tested whenever you have a regular medical check-up.
- Do not inject illicit drugs. This is particularly risky to the potential transmission of HIV contaminated blood. Drugs also cloud the mind, which may result in riskier sex.
- Do not have sex when you are taking drugs or drinking because being high can make you more likely to take risks.

What is hepatitis?

Hepatitis means inflammation of the liver. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can all cause hepatitis. However, hepatitis is often caused by a virus. In the United States, the most common hepatitis viruses are hepatitis A virus, hepatitis B virus, and hepatitis C virus.

Hepatitis A, hepatitis B, and hepatitis C are liver infections caused by three different viruses. Although each can cause similar symptoms, they are spread in different ways and can affect the liver differently. Hepatitis A is usually a short-term infection. Hepatitis B and hepatitis C can also begin as short-term infections, but in some people, the virus remains in the body and causes chronic (long-term) infection. There are vaccines to prevent hepatitis A and hepatitis B; however, there is no vaccine for hepatitis C.

- **Acute hepatitis C** occurs within the first 6 months after someone is exposed to the hepatitis C virus. Hepatitis C can be a short-term illness, but for most people, acute infection leads to chronic infection.
- **Chronic hepatitis C** can be a lifelong infection if left untreated. Chronic hepatitis C can cause serious health problems, including liver damage, cirrhosis (scarring of the liver), liver cancer, and even death.

Chronic hepatitis C can be a serious disease resulting in long-term health problems, including liver damage, liver failure, cirrhosis, liver cancer, and even death. It is the most common reason for liver transplantation in the United States. There were 15,713 deaths related to hepatitis C virus reported to CDC in 2018, but this is believed to be an underestimate.

More than half of people who become infected with hepatitis C virus will develop a chronic infection. In 2016, an estimated 2.4 million people were living with hepatitis C in the United States. The hepatitis C virus is usually spread when someone comes into contact with blood from an infected person. This can happen through:

- ▶ **Sharing drug-injection equipment.**
- ▶ **Birth.**
- ▶ **Health care exposures.**
- ▶ **Sex with an infected person.**
- ▶ **Unregulated tattoos or body piercings.**
- ▶ **Blood transfusions and organ transplants (generally before 1992).**
- ▶ **Sharing personal items such as sharing glucose monitors, razors, nail clippers, toothbrushes, and other items that may have come into contact with infected blood, even in amounts too small to see.**

You can be infected again even if you have cleared the virus or were successfully treated and cured. This is why people who currently inject and share needles, syringes, or other drug preparation equipment, along with those who receive maintenance hemodialysis,

A person can be “co-infected” with both HIV and the hepatitis C virus. People who are co-infected are more likely to get cirrhosis as a result of their chronic hepatitis C infection. Of every 100 infants born to mothers with hepatitis C, about six will become infected with the hepatitis C virus. However, the risk is greater if the mother has both HIV and hepatitis C.

Symptoms

Many people newly infected with the hepatitis C virus don't have symptoms, don't look or feel sick, and therefore don't know they are infected. For people who develop symptoms, they usually happen 2–12 weeks after exposure to the hepatitis C virus and can include yellow skin or eyes, not wanting to eat, upset

stomach, throwing up, stomach pain, fever, dark urine, light-colored stool, joint pain, and feeling tired.

Most people with chronic hepatitis C don't have any symptoms or have only general symptoms like chronic fatigue and depression. Many people eventually develop chronic liver disease, which can range from mild to severe and include cirrhosis (scarring of the liver) and liver cancer. Chronic liver disease in people with hepatitis C usually happens slowly, without any signs or symptoms, over several decades. Chronic hepatitis C virus infection is often not recognized until people are screened for blood donation or from an abnormal blood test found during a routine doctor's visit.

Treatment

Treatment is recommended for all people, including non-pregnant women, with acute or chronic hepatitis C (including children aged ≥ 3 years and adolescents). Current treatments usually involve just 8–12 weeks of oral therapy (pills) and cure over 90% with few side effects. The FDA has a list of currently approved FDA treatments for hepatitis.

Content source: Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention