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# WELCOME

Welcome to Ninilchik Traditional Council's Behavioral Health Clinic. Please read through this handbook to familiarize yourself with our agency. During your orientation process and initial session, this handbook will be discussed with you. Your therapist will then complete an integrated assessment with you. The assessment process will consist of many questions regarding various aspects of your life and functioning. Once this information is gathered, with your assistance, an individual treatment plan will be developed. This plan will allow you to identify specific concerns that you wish to address during your treatment and set individual goals. Treatment plans may include, but are not limited to; psychotherapy, medication management, medical collaboration, Medication Assisted Treatment collaboration, advocacy, case management, and crisis support to assist with any behavioral, emotional and/or mental health needs. Your clinician will also begin discussing discharge criteria with you so the members of your team can remain focused on problem resolution. We are glad you have selected Ninilchik Traditional Council's Behavioral Health Clinic as your treatment provider. We look forward to working with you on your journey to wellness.



# NINILCHIK TRADITIONAL COUNCIL

## ➤ Health

- Medical Clinic
  - Primary Health Care (Acute & Chronic- all ages)
  - Cold Laser
  - Medication management
  - Immunizations
  - Well Child Exams
  - Yearly mammogram bus visit
  - Yearly Alaska Native Medical Clinic (ANMC) visit for eye exams
  - Ambulatory transportation
  - Laboratory testing
  - Referrals to specialists
  - Chronic disease management
  - Alternative pain management
  - Physical exams
- Weight Reduction Assistance Program (WRAP)
  - Medically supervised weight loss program
  - Billable to insurance
  - Certified health coach sessions
  - Health & Wellness Club membership
  - Prescriptions (as needed)
  - Nutritional counseling
- Medication Assisted Treatment (MAT)
  - Opioid use
  - Alcohol use
  - FDA approved
  - Naltrexone, Vivitrol, Suboxone, and Sublocade
  - Counseling services
    - Substance Abuse Assessment
    - Co-occurring screenings
    - Psychotherapy
  - Peer support
    - Job Services
    - Transportation
    - Sober activities
  - Case Management
    - Treatment coordination
    - Collaboration with legal or other pertinent entities
- Behavioral Health
  - State of Alaska certified Alcohol Safety Action Program (ASAP) provider
  - Integrated assessments
  - Outpatient treatment
  - Psychotherapy (individual, couples, family)
  - Psychiatric Services
  - Crisis intervention

- Case Management
- Commission on Accreditation of Rehabilitative Facilities (CARF) accredited
- Mental Health and Substance Abuse services
- Court ordered and Office of Children's Services (OCS) referred services
- Open to everyone
- Accepts Medicaid and a wide variety of insurances
- Sliding fee scale discount
- Youth Outreach
  - Events and activities for youth
  - Teen Center
  - Study Hall
  - Halloween Hoot
  - Youth Education and Learning Program (YELP)
  - Community Garden
- Elders Outreach
  - Alaska Native/American Indian elders aged 55+
  - Those living within the Ninilchik tribal boundaries or neighboring Cook Inlet area
  - Weekly luncheons
  - Home visits
  - Transportation
  - Travel and outings
  - Classes and contests
  - Care giving support
- Health and Wellness Club
  - Gym
  - Personal training
  - Showers and towel services
  - Massage
  - Tanning
  - Yoga Classes
  - Physical Therapy (limited schedule)
  - Tribal waivers and scholarships available
  - Athletic apparel for sale

➤ Community Services

- The Cheeky Moose
  - Laundromat
  - Showers
  - Tanning
  - Deli/Espresso
  - Open six days a week
- Community Gillnet Fisheries
  - Kasilof River/Kenai River
  - Fish permits fulfilled on a first come first served basis

- Community Bussing (BUMPS)
  - Low cost
  - One way or round-trip availability
  - Serving the following communities:
    - Ninilchik
    - Happy Valley
    - Anchor Point
    - Homer
    - Clam Gulch
    - Kasilof
    - Soldotna
    - Kenai
- Tribal Services
  - General Assistance
  - Indian & Child Welfare Act (ICWA) Services
  - Burial Assistance
- Housing
  - Home Ownership
  - Home Rehabilitation and Modernization
  - Home Weatherization
  - Snow Removal
  - Tovarish Manor Apartments
  - Emergency Assistance
- Education
  - Early learning program (children ages 3 to 5)
  - Johnson O'Malley Program at Ninilchik School
  - Preschool Summer Camp
  - Summer Youth Camps (ages 6 to 18)
  - Ninilchik Traditional Council Scholarship
  - Higher Education Grant
  - Adult Vocational Training
  - Kenai Peninsula College Adult Basic Education Tutoring and Testing
- Culture and Arts
  - Cultural Events and Activities
  - Nigmalchint Library
    - Book Club
    - Computer station
    - Books and media rental
  - Historical Culture & Preservation



# BEHAVIORAL HEALTH SERVICES



## OUR TEAM

### *Medical Staff*

- Janet Mullen, RN, Tribal Health Director
- Sharon Geraghty, PMHNP, Psychiatric Nurse Practitioner

### *Case Managers*

- Laura Ullmann, Behavioral Health Services Case Manager
- Bettyann Steciw, BH/MAT Case Manager

### *Therapists*

- Lukas Ficklin, M.A, LPC-S, CDC I, Behavioral Health Clinical Supervisor
  - M.A. Counseling, Eastern New Mexico University
  - AK Board of Professional Counselors – Licensed Professional Counselor (LPC 141952)
  - AK Board of Professional Counselors – Licensed Professional Counselor Supervisor (LPC-S 141953)
  - AK Commission for Behavioral Health Certification – Chemical Dependency Counselor (CDC I 4310)
  - NM Counseling and Therapy Practice Board – Licensed Professional Counselor (LPCC CCMH0144951)
  - Specializations: Substance Use, Couples, Transgender/Identity Issues, Anger Management
- Christine Prokop, M.A, LPC, Behavioral Health Clinician
  - M.A. Counseling Psychology, Capella University
  - AK Board of Professional Counselors – Licensed Professional Counselor (LPC PCOP675)
  - Specializations: Eating Disorders, Chronic Medical Conditions, Trauma and Stress
- Kathleen Eagle, M. Ed, LPC, Behavioral Health Clinician
  - M.Ed. Community Counseling, University of Alaska Fairbanks
  - AK Board of Professional Counselors – Licensed Professional Counselor (LPC 113119)
  - Specializations: Child and Family Therapy, Creative Interventions (Play, Expressive Arts, and Nature), Trauma and Stress/EMDR
- Sue Fallon, Ph.D, BHA-P, CDC I, Behavioral Health/Substance Abuse Clinician
  - Ph.D. Experimental Psychology, Indiana University, Bloomington
  - Alaska Native Tribal Health Consortium - Behavioral Health Practitioner (BHP 21-177-BHP)
  - AK Commission for Behavioral Health Certification – Chemical Dependency Counselor (CDC I 4448)
  - Specializations: Substance Use, Trauma and Stress, Domestic Violence

“This information is required by the Board of Professional Counselors which regulates all licensed professional counselors”. Board of Professional Counselors Division of Corporations, Business & Professional Licensing P.O. Box 110806 Juneau, AK 99811-0806 Phone: (907) 465-2551.



## **MISSION STATEMENT**

The Ninilchik Traditional Council Behavioral Health program's mission is to provide the highest quality of care in meeting the client's self-determined goals for treatment, by providing integrated mental health and substance abuse treatment in a supportive, compassionate, culturally competent, and strengths-focused treatment setting. The mission statement will be reviewed every five years with the strategic plan for relevance and amended accordingly.

## **VALUES**

NTCBH values are identified in the person-centered philosophy of treatment and delivery of services:

- Respect- Providing care that respects and values the individual's culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language.
- Integrity- Promoting the highest standards of behavior and trustworthiness.
- Quality Care- Providing care that restores the individual, is strength-building, and promotes well-being.

## **STANDARDS OF PROFESSIONAL CONDUCT**

Personal counseling relationships are strictly professional and contacts between clients and therapists are expected to be professional in nature. Sexual intimacies between a client and therapist are never appropriate, even after the counseling relationship has ended. Dual relationships are to be avoided if at all possible. Our licensed, clinical staff adhere to the Code of Ethics and standards of practice of the American Counseling Association.

## **CODE OF ETHICS**

Ninilchik Traditional Council Behavioral Health (NTCBH) code of ethics is established to define ethical behavior and best practices provided by employees while ensuring culturally competent care. NTCBH believes in the dignity of each individual and maintains cultural awareness of the peoples served. NTCBH staff will make every reasonable effort to protect the welfare of our clients. All NTCBH staff is committed to high standards of competency within their job position. The American Counseling Association (ACA) Code of Ethics is followed, while providing services in the best interest of the client, their families, and the community. All NTCBH staff is required to be licensed, certified, or registered under the Alaska Department of Commerce, Community and Economic Development's Division of Professional Licensing or their licensing board and is responsible for obtaining their license and renewals within specified timeframes for licensing. NTCBH staff is educated on ethical codes of conduct for personnel upon employment.

## **CARF ACCREDITATION**

The Commission on Accreditation of Rehabilitation Facilities (CARF) is the organization that establishes standards by which treatment facilities can be assessed. It also provides review services to ensure standards are being met. CARF is a non-profit commission that functions globally. Facilities with CARF accreditation provide established, quality programs that have been proven to help individuals. NTCBH has been accredited since 2012. This demonstrates quality, accountability, and commitment to the satisfaction of the persons served. In addition, CARF accreditation is a public seal of trust and commitment to quality based on internationally accepted standards.

## BEHAVIORAL HEALTH INTEGRATION

NTC is an integrated clinic. NTCBH's integrated care incorporates substance use screening, medical screening, system level change, and use of best practice strategies as they best suit the client's needs for services. This means that Behavioral Health (BH) providers may work directly with primary care providers (PCP) as well as the Medication Assisted Therapy (MAT) treatment team. NTCBH uses a model that is a comprehensive integrated system of care with attention to continuity.

## HOURS

NTCBH Clinic is open Monday through Friday from 9:00 a.m. to 5:00 p.m. NTCBH does not offer after hours assistance. The clinic is closed for the following Federal and Alaskan holidays:

- New Year's Day
- MLK Jr. Day
- President's Day
- Seward's Day
- Memorial Day
- Juneteenth Day
- Independence Day
- Labor Day
- Alaska Day
- Veteran's Day
- Thanksgiving Day
- Native American's Day
- Christmas Eve
- Christmas Day

## LOBBY

We want our lobby to be a relaxing place that you can feel comfortable in. We provide toys for children to play with, books and magazines to read, as well as coffee. Please make sure to clean up any messes that are made. There is a risk of seeing people you may know when in the lobby. If this is a concern for you, please tell a member of the behavioral health staff and we will do our best to accommodate you. In addition, we respectfully ask that you respect the privacy and confidentiality of others. We ask that you refrain from taking phone calls in the lobby area. If you need to take a call, please do so outside as sound carries and can be bothersome to clients in session. You can find a comment/suggestion box in our lobby, and any feedback you may have can be submitted there. In case of emergency, you will find a first aid kit, a defibrillator, emergency evacuation protocol, and disaster response information visibly marked. Bathrooms are located down the west hallway.

## ADMISSION

Enrollment occurs when an individual demonstrates symptomology and diagnosis consistent with Diagnostic and Statistics Manual (DSM-5), the individual exhibits symptoms that interfere with their ability to function in at least one life area, or there is an expectation that the individual will respond well to therapeutic interventions.

## **WAITLIST**

Anyone placed on a waitlist will be informed of this. Individuals seeking services will be given resources for area providers that can provide similar services if they decide to not be placed on the waitlist. NTCBH staff will review the waitlist on a weekly basis. Staff will attempt to contact a waitlisted person three times and document each attempt. If the person is unable to be reached or declines services, staff will move on to the next person on the waitlist.

## **HEALTH AND SAFETY**



## **USE OF TOBACCO**

All NTC buildings are smoke-free and smoking is not permitted inside the building. All employees and clients are informed of the no-smoking policy upon hire/intake/admission into treatment. No-smoking signs are posted clearly at each facility. Individuals who request to smoke are given directions to the designated smoking area behind the building. Tobacco products must be used outside in designated areas only. No tobacco products will be used in NTC vehicles or around clients.

## **ILLEGAL/ILLICIT DRUGS AND WEAPONS POLICY**

No illegal substances, illicit drugs, or weapons are permitted on the NTC clinic annex property or in any behavioral health offices. No staff or client shall be under the influence of illicit or illegal substances while on any NTC property.

Any illegal substances or weapons that are discovered in the NTC clinic will be reported to the Alaska State Troopers. Any individual who is found to be carrying illegal substances on their person will be reported to the Alaska State Troopers. Any person discovered to be carrying a firearm

or other weapon on their person will be asked to leave the building and informed that no weapons are allowed. Only law enforcement officers in the performance of their duties are permitted to possess or carry firearms or weapons. No employees are permitted to have illegal substances, illicit drugs or weapons on their person.

Weapons include: Guns, knives, pocketknives, box cutters, brass knuckles, picks, explosive devises, pepper spray, etc.

Alcohol includes: Beer, wine, distilled liquors, mixed drinks, energy drinks containing alcohol, medication with alcohol as an ingredient, rubbing alcohol or any other form.

Illicit Drugs include: Prescriptions that are not prescribed, marijuana (in any form), heroin, pills, methamphetamine, “street-market” drugs (i.e., khat, bath salts, K-2), hallucinogens, and any other drug or substance used to alter a mind-body experience. It also includes paraphernalia such as needles, rigs, pipes, etc. used for introducing substances into your body.

## **PRESCRIPTION DRUGS**

If a client is taking a legally prescribed medication, this will be disclosed to the clinician in order to determine if the substance(s) interferes with treatment or if the client could be considered impaired or under the influence while using the prescribed medication. The clinician has the right to request that the session be postponed, and the client return when the effects of the medications are not a distraction.

Any prescription drugs brought onto NTC property must be kept in your possession at all times, and not be shared with any other person. These medications must be in their original bottle and labeled with your name. In the event that legal substances are left on NTCBH property without a prescription label clearly visible on the bottle they will be disposed of immediately. In the event a prescription is left on NTCBH property with a visible label, two staff members will count the number of medications in the bottle and record the amount. NTCBH staff will first attempt to contact the individual whose name is on the label and then the prescribing doctor or clinic. If there is no response within 72 hours the prescription will be disposed of.

## **ANIMALS**

Animals are not allowed in our building. The exception is an approved service animal; this animal is a working animal that has been trained to perform certain tasks that assist a physically disabled person and does NOT include emotional support animals. Our Behavioral Health staff are trained to provide emotional support during your appointments.

We understand that you may like to bring your dog on rides with you, which may include your appointment at our clinic. We ask that if you have a dog in your vehicle, you park in the back of the building. Barking dogs can be quite bothersome, to both staff and clients. Please help us maintain a calm and quiet presence inside our building.

## CHILDREN

Children are welcome at NTCBH. The waiting room is equipped to keep children entertained with fun activities. The bathrooms are child friendly and equipped with stools to reach all facilities. We ask that children are not left unattended in any NTC building; this includes the lobby area. Staff members are not responsible for children.

***Note: Persons registered with a sex offense against minors are not permitted in the Ninilchik Outreach Building due to the integration of youth and adult services at NTCBH. These individuals can call the office and inquire about telehealth appointments and/or alternative option for services.***

## SECLUSION AND RESTRAINT

NTCBH does not engage in seclusion, restraint, or major aversive behavioral interventions in its service to clients. If an adult client becomes agitated, the clinician will de-escalate the client using verbal communication. If the adult client becomes physically violent or aggressive, the clinician/staff will remove themselves as quickly as possible, call 911 or State Troopers, ask nearby staff and other clients/consumers to leave the area, and notify their immediate supervisor. Youth clients will be treated the same as noted above. In addition, the youth's guardian will be notified as soon as possible. NTCBH does not exclude children or adolescents from services solely based on juvenile justice status. At no time will NTCBH staff utilize cruel and/or unusual punishment to manage a client, including physical and verbal abuse.

## MANDATED REPORTING

### Abuse/Neglect of Clients

- Abuse is defined as physical contact that is acted out in anger without a need to protect oneself or another person. Verbal constitutes speaking to someone in a rude, affrontive or demeaning manner, verbally or nonverbally, that would cause harm to a client's sense of worth. Financial abuse refers to the financial exploitation of a client.
- Sexual abuse or harassment may include any gestures, verbal or physical, that reference sexual acts or sexuality or that objectify the individual sexually.
- Neglect is defined as the absence of behaviors by staff of not maintaining behavioral health program components, including abandonment of the client or not responding to treatment needs identified by the client in the treatment plan.

Any abuse or neglect of a client by NTCBH staff or volunteers will not be tolerated by NTC. If any NTCBH employee or volunteer witnesses an event which the employee/volunteer believes is possible abuse or neglect of a client, the employee/volunteer are mandated to immediately report this incident to their immediate supervisor or the Tribal Health Director.

## HIGH RISK AND CRISIS CLIENTS

NTCBH does NOT offer crisis services after hours. If you need crisis services after hours, please call one of the following phone numbers:

- 911 for immediate emergency services (24/7)
- 1-800-273-8255 (TALK) National Suicide Prevention Hotline (24/7)
- 1-877-266-4357 (HELP) Alaska's Careline (24/7)
- 1-907-235-8101 The Center Mental Health Emergency Line, Homer AK (24/7)
- 1-907-235-0386 South Peninsula Hospital, Homer AK

- 1-907-714-4404 Central Peninsula Hospital, Soldotna AK
- Poison Control 1-800-222-1222

NTCBH makes all reasonable efforts to ensure that the duration between a request for service and intake/assessment appointment is minimal for individuals assessed to be high-risk or in crisis.

High-risk and crisis clients will be scheduled as follows:

- Individuals in crisis will be seen by a clinician or referred to a clinician in the community immediately.
- Individuals assessed to be high-risk will be scheduled within 72 hours.
- All other individuals will be scheduled within seven (7) business days.

Priority is given to those persons who are in crisis or whose substance use puts them at risk of harming themselves or others, injection substance users, pregnant women, and individuals with multiple previous substance abuse treatment episodes. Special attention is paid to providing treatment for persons with HIV/AIDS, youth (including youth in State custody), and persons whose children are in State custody or under State supervision.

NTCBH will respond to crises, dependent upon the situation, via telephone, in-person, or on site at the medical clinic and/or the behavioral health clinic. NTCBH staff will respond during office hours to any need that is identified. NTCBH staff develops a comprehensive plan to address each crisis as they arise in collaboration with other area resources (e.g., State Troopers, South Peninsula Hospital in Homer, Central Peninsula Hospital in Soldotna, and on-call behavioral health providers).

In all cases, the provider will attempt to stabilize the client or individual presenting in crisis. If the provider is unable to de-escalate or stabilize the client, and the client refuses voluntary inpatient treatment, then the staff member must contact the State Troopers to escort the client to the Homer or Soldotna emergency room to receive appropriate intervention services and maintain the individual's safety.

The NTC staff member will make every attempt to keep an individual in crisis at the medical or Behavioral Health clinic until adequate referrals and services may be arranged but will not hold the client against his or her will. The State Troopers will be notified immediately for all callers or clients reporting homicidal ideation. They will also be contacted in any case requiring immediate transportation to a different location.

#### Involuntary Commitment

Involuntary commitment of clients is allowable under the State of Alaska Statutes for clients who are adjudicated and determined by a judge to be:

- 1) a danger to themselves
- 2) a danger to others
- 3) gravely disabled

NTCBH will work with Homer and/or Soldotna crisis clinicians, as well as any approved facility (Alaska Psychiatric Institute (API) or Providence Hospital) to assist in appropriate placement. The behavioral health or medical provider will encourage the individual to voluntarily enter treatment. State of Alaska standardized involuntary commitment procedures will be followed for any persons or clients who are involuntarily committed.



## FINANCIAL



NTCBH fees are determined by the State of Alaska Medicaid charges for mental health and substance abuse treatment services. The client begins being charged at the start of assessment and is charged for each session until the final session. At times, the client may be charged for case management and peer support services.

The client is informed during orientation to services of specific charges and their responsibility to pay for those services. During orientation, information will be collected from the client about eligibility for third party payers. Clients are expected to pay for services when rendered; payments may be made in person at the NTCBH office, by mail, or online through Follow My Health.

### INDIAN HEALTH SERVICES

The Alaska Area Indian Health Service (IHS) works in conjunction with Alaska Native Tribes and Tribal Organizations (T/TO) to provide comprehensive health services to 174,990 Alaska Natives (Eskimos, Aleuts, and Indians). The Alaska Tribal Health Compact is a comprehensive system of health care that serves all 228 federally recognized tribes in Alaska. IHS-funded, tribally managed hospitals are in Anchorage, Barrow, Bethel, Dillingham, Kotzebue, Nome and Sitka. The Alaska Native Medical Center in Anchorage is the statewide referral center and gatekeeper for specialty care. Other health promotion/disease prevention programs that are statewide in scope are operated by the Alaska Native Tribal Health Consortium (ANTHC), which is managed by representatives of all Alaska tribes. NTCBH offers a wide variety of services to all IHS eligible individuals and families, regardless of tribal affiliation, and basic primary care to the general public.



## INSURANCE

NTCBH accepts the following insurance companies for behavioral health services:

- Blue Cross Blue Shield
- Aetna
- GEHA
- MODA
- Optum
- Medicaid

Insurances that NTCBH is NOT able to accept:

- Medicare
- Tricare
- VA

(\*NOTE\* Psychiatry services ARE covered by Medicare, Tricare, and VA)

If you have Medicare as your primary policy, and Medicaid as your secondary, we are unable to bill for either. In order to bill on a secondary policy, we must first receive a denial from the primary policy. Being that we cannot bill for Medicare, we are unable to bill in order to receive any type of denial letter. If this is the case for you, please talk with staff further and we can discuss what other options are available to you. \*Please remember this does not pertain to medical appointments with your Primary Care Physician.\*

Public assistance offices on the Peninsula can be located as noted below:

- Homer District Office  
3670 Lake Street, Suite 200  
Homer, AK 99603  
Phone: 907-226-3040; 1-877-235-2421  
Fax: 907-235-6176; 1-877-235-2421
- Kenai Peninsula Job Center  
11312 Kenai Spur Highway, Suite 2  
Kenai, AK 99611  
Phone: 907-283-2900; 1-800-479-9032  
Fax: 907-283-6619; 1-888-248-6619

### Private Insurance/Third Party Payments

Clients are encouraged to contact their employers, Employee Assistance Programs (EAP), and insurance providers, for specific information regarding their insurance coverage for mental health and alcohol/drug treatment services. Insurance plans may require a preliminary approval before NTCBH can accept a client into services. Clients are encouraged to call their insurance carrier and discuss their policy and benefits directly. Occasionally an insurance provider will require follow-up reviews to continue payment of services.

The Patient Account Specialist will work with a client's insurance company to provide them with the necessary information required to review the need for covered treatment. NTCBH has no input or control over the results and insurance carrier decisions. The Patient Account Specialist will

follow prior authorization or identification of client eligibility and performance of professional services requirements. This ensures that NTCBH is billing at a usual, customary and reasonable rate of charge according to that third-party payer. Any charges that are not covered by the insurance carrier are the responsibility of the client.

### **SELF-PAY/SLIDING SCALE**

Another option to pay for services is “out of pocket” or “Self-pay”. Out of pocket means you are personally responsible for covering the cost of the service. Some individuals choose this method of payment for maximum confidentiality as no information will be sent to insurance companies regarding diagnoses, treatment dates, etc. Others will choose this method to independently submit their receipts to their insurance company for reimbursement. Those that do not have insurance coverage must pay out of pocket. To prevent a barrier to services, the discount sliding-fee schedule allows clients to receive any needed services and be charged based on the client’s ability to pay. To qualify for the Discount Sliding-fee schedule, a client must show proof of financial need by providing documentation of current income and show that all funding sources are exhausted. Court-mandated clients are not eligible for the Discount Sliding-fee schedule.

### **ADDITIONAL INFORMATION**

#### Noshow-Administrative Charges

Clients who do not show for their scheduled appointments will be charged a \$40.00 administrative fee. This will be self-pay and can NOT be billed to insurance, nor is it covered by IHS. You must cancel with twenty-four (24) hour notice in advance to avoid this \$40.00 fee.

#### Over-payment and Cash Receipts

Any over payment of fees is refunded to the client if made by the client. The Patient Account Specialist is responsible for preparing the client's bill and will request any refunds as appropriate. Please note this can take up to two weeks. When paying with cash please request a printed receipt as this is your confirmation that payment has been made. The Patient Account Specialist is available for any questions you may have about your receipts.

#### Collection of Delinquent Accounts

Clients are sent a monthly financial statement reminding them of their payment responsibilities. If no payments are made, a notice will be sent for warning of potential collection activity. If an account is sent to collections, treatment could be affected until a payment plan is established. NTCBH has the option to administratively discharge from treatment services any client who has the ability to pay but refuses to pay outstanding treatment fees. Accounts that are in arrears of more than \$100.00 are subject to collections if monthly payments are not being made. Accounts that are in arrears more than \$500.00 are required to sign and maintain a payment plan to continue services. Established clients that are substantially in arrears of more than \$1,000.00 will not be eligible to schedule further appointments until payments have been made to lower the amount to less than \$1,000.00.

Your clinician will not be involved with the collection of fees but will communicate outstanding fees to clients and refer any discussion of any issues to the Patient Account Specialist. It is the policy of NTCBH to not deny services to individuals who are in crisis or need immediate services regardless of their ability to pay or how outstanding their account might be.

## LEGAL



### ALCOHOL SAFETY ACTION PROGRAM (ASAP)

The Alaska Alcohol Safety Action Program (ASAP) provides substance abuse screening, case management and accountability for DUI/DWI and other alcohol/drug related misdemeanor cases. This involves screening cases referred from the district court into drinker classification categories, as well as thoroughly monitoring cases throughout education and/or treatment requirements.

ASAP operates as a neutral link between the justice and the health care delivery systems. This requires a close working relationship among all involved agencies, such as: Enforcement, prosecution, judicial, probation, corrections, rehabilitation, licensing, traffic records, and public information/education.

The benefits of ASAP monitoring include:

- Increased accountability for offenders
- Reduced recidivism resulting from successful completion of required education or treatment
- Significant reductions in the amount of resources spent by prosecutors, law enforcement officers, judges, attorneys and corrections officers enforcing court-ordered conditions
- Increased safety for victims and the larger community because offenders are more likely to be receiving treatment, making court appearances, and complying with other probation conditions

Ninilchik Traditional Council's Behavioral Health department is an approved ASAP provider.  
Alaska's ASAP Program Manager: Anthony Piper Phone: 907-264-0735 Fax: 907-264-0786  
Kenai's ASAP Administrator: Veronica Kline Phone: 907-283-6586 Fax: 907-283-4029

### **OFFICE OF CHILDREN'S SERVICES (OCS)**

The Office of Children's Services works in partnership with families and communities to support the well-being of Alaska's children and youth. NTCBH works with OCS when referrals are made for parents, children, and families. In addition, clinicians are mandated reporters (refer to pages 9-10 for further explanation of mandated reporting). If there is suspected child abuse or neglect, it is our responsibility to file a report. If you have concerns about the treatment of a child, you can call: 1-800-478-4444. The following is the contact info for the Homer office: 3670 Lake Street, #100, Homer, AK 99603 #907-235-7114. You can find additional info regarding OCS at: <http://dhss.alaska.gov/ocs/Pages/default.aspx>.

### **URINALYSIS**

The NTCBH program promotes sobriety. Court referred and ASAP referred individuals may be required to submit random urinalysis (UA) testing. Urinalysis and breathalyzer tests can be conducted whenever the clinical staff believes that a client is under the influence of, or has been using, alcohol or mood-altering substances. NTCBH staff cannot conduct an assessment or session with a client who is under the influence of alcohol or a non-prescription substance. If the client presents under the influence of a prescribed medication, the NTCBH staff will use their discretion to determine if a session can continue.

All clients are referred to the Ninilchik Traditional Council's Community Clinic (NTCCC) for testing. The UA referral form is given to the client to walk over to the medical clinic. The NTC Community Clinic bills the client for the UA. The client is notified immediately of a positive UA. Any positive UA result is reviewed with the client and positive UA documentation is filed in the client's chart. The next treatment session will be used to explore client motivation, treatment plan revisions, and support system involvement to encourage sobriety.

### **RELEASES OF INFORMATION**

At times, health care providers need to share behavioral health information to enhance patient treatment and ensure the health and safety of the patient or others. The Health Insurance Portability and Accountability Act (HIPAA) regulations are designed to protect the privacy of all individuals' identifiable health information and ensure that health information is transmitted securely when needed for treatment and other appropriate purposes. Information regarding your treatment will only be released to another person if you have signed a Consent to Release Confidential Information form. Some conditions apply, such as with minors, and this will be discussed further upon intake. A release of information form is valid for one year unless a request to revoke it earlier is submitted.

### **CONSENT**

NTCBH staff obtains client understanding and consent for evaluation, treatment, and the client's right to terminate treatment. While the client is responsible for their own progress in treatment, the NTCBH provider commits to providing the best possible treatment and care to the client within the provider's scope of knowledge and pledges to responsibly refer the client when needed services fall outside of the clinician's ability to provide services.

## CONFIDENTIALITY REGARDING MINORS

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without consent, usually in writing, except where disclosure is required or permitted by law. However, confidentiality looks different when a minor seeks treatment. **Legally speaking, minors under the age of 18 do not have a right to confidentiality in therapy when a parent or guardian requests access to their records.**

Usually, many therapists ask parent/guardians to respect their child's confidentiality before they begin treatment. This is fully discussed at intake so all parties may give informed consent. For therapy to be optimally effective a person must be able to:

- disclose their thoughts, feelings, experiences, and behaviors without fear of judgment
- be confident that their therapist will not share this information with third parties
- feel safe and supported in the therapeutic relationship

Also, since minors must defer to the decisions of their guardians, it is the parent/guardian's decision to release information to third parties (e.g. schools, other professionals, etc.).

While parent/guardians retain the legal right to access records, *there are exceptions*. **When a minor seeking counseling services is age 15 or older and deemed emotionally/cognitively capable to make their own treatment decisions by their directing clinician, NTCs policy states that this minor may be granted services without parental consent.** In this case, parents or guardians do not have legal access to the minor's records without authorized consent. In sum, parent/guardian consent and involvement for treatment of a minor is typical but not always required.

## ADVANCED DIRECTIVE FOR MENTAL HEALTH SERVICES

A mental health advance directive can be used to state your treatment choices in advance and/or to designate a health care agent who will make health care decisions for you when you are incapable. This document allows you to make decisions in advance (when you are well) about your mental health treatment, which includes, but is not limited to:

- medication
- short-term admission to a treatment facility
- outpatient services

If one is deemed incapable by at least two physicians, the directive will be followed. "Incapable" means you are unable to make or communicate reasoned decisions regarding your mental health treatment. Your instructions cannot restrict the state's authority to take you into protective custody, or to involuntarily admit or commit you to a treatment facility, if it becomes necessary in an emergency. Your instructions can be disregarded in an emergency if they have not stabilized the behavior that has caused the emergency. In a non-emergency, you may be medicated contrary to your wishes only after an administrative review in which you are provided legal counsel. If you would like assistance preparing a Mental Health Advanced Directive you can contact the Mental Health Advocacy Service at 1-800-428-5432.

## **COMPLAINT/GRIEVANCE/APPEAL PROCEDURES**

### Grievance Procedure

Clients are informed of the grievance procedure and their right to file a complaint with NTCBH and the appropriate credentialing body. Upon intake, clients are informed of:

- their rights
- informed consent for treatment
- responsibilities while in treatment
- privacy and confidentiality

The NTCBH Code of Ethics and the grievance/complaint policy is posted in the lobby.

### Client/Consumer Relations (Grievances) Process (sec. 1.K.4)

Client-filed grievances, while receiving NTCBH services, will be documented, expedited and given fair and due consideration. Clients are informed of procedures for filing grievances in the Consent for Treatment form, the Orientation to Services form, and the Client Rights form. The NTC Executive Director (ED) and Tribal Health Director (THD) provide examination of all consumer relations issues.

### Consumer Grievance Process

Clients may file grievances or complaints for any perceived infraction including the professional misconduct of NTCBH staff or any other issue within an NTC site. These concerns will be documented by either the client or the assisting staff with the client's request. Consumer Grievance, Suggestion, and Concern Forms are available in the NTCBH office, the NTCCC waiting area, and the NTC website. Client grievances/concerns need adequate information and detail of the event to allow for a comprehensive investigation and review. Once a grievance is completed it can be submitted to any NTCBH staff member or dropped in the suggestion box anonymously located in the NTCBH lobby.

### Review of Formal Complaints (sec. 1.K.5)

A review of formal complaints is conducted annually by the Behavioral Health Clinical Supervisor and the Tribal Health Director to examine policies that may need to be changed or updated. The review will examine trends and all identified areas needing improvement. Staff training and qualifications to enhance provision of services will also be evaluated. The Behavioral Health Clinical Supervisor and Tribal Health Director will determine what actions need to be taken and then assign duties toward resolution accordingly.

# PRIVACY



## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. The Notice of Privacy Practice (NPP) is present in our lobby. In addition, you will be given a copy of the NPP upon your orientation into our program and will be asked for your signature as confirmation of receiving it.

## CLIENT NOTICE OF HEALTH INFORMATION PRACTICES (HIPAA) AND 42 CFR Confidentiality, Privileged Communication, and Privacy

NTCBH employees will follow HIPAA and 42 CFR Part 2 guidelines of privacy and confidentiality. Employees do not disclose client information without specific client release and consent. There are exceptions to confidentiality. Exceptions and limitations to disclosure are outlined in the behavioral health policies and procedures and are given to the client upon admission to the program in the Acknowledgement of Privacy. Exceptions include, but are not limited to:

- Medical emergencies
- suspected harm to children or vulnerable adults
- threat of harm to self or others
- treatment team staffing
- AKAIMS data entry



## **ELECTRONIC HEALTH RECORD/S**

### **AKAIMS**

Alaska Automated Information Management System (AKAIMS) is a statewide electronic health record system that is designed for the collection of data required by the State. NTCBH only reports the minimal data set required. Per the State of Alaska AKAIMS website <http://dhss.alaska.gov/dbh/Pages/akaims/history.aspx>:

*“AKAIMS is a “free”, evolving, web-based application and database that serves dual purposes, a management information system (MIS) and clinical documentation tool. As an MIS tool, the system allows the Division to meet current and emerging State and Federal reporting requirements”*

### **Therapy Notes**

An Electronic Health Record (EHR) is maintained for each client. NTCBH will maintain clinical records according to federal and state regulations. Per the Health Insurance Portability and Accountability Act (HIPAA), clinical records of adult clients will be kept seven (7) years after the date of discharge and clinical records of minor clients will be kept seven (7) years after the minor reaches the age of eighteen (18). A client record may contain:

- demographic
- identification and financial data
- verification of consent
- identity
- income
- insurance
- a biopsychosocial integrated assessment
- progress notes
- treatment plans
- assessment measures
- collateral information
- releases of information
- discharge summaries

Client information and/or records will not be released to third parties without an authorized Release of Information on file, unless responding to the law, regulations set forth herein, or in the case of emergencies. At all times, client privacy will be maintained to the extent permitted by law. When information is released, we will maintain the practice of only releasing what is **minimally necessary**.

## QUALITY ASSURANCE MEASURES

NTCBH strives to abide by all state and federal laws and regulations. NTCBH shall continuously meet regulatory and documentation requirements of CARF and the State of Alaska/Medicaid when applicable. Patient satisfaction and complaints are addressed through the patient satisfaction survey information, patient advocacy program, and referred to NTC's quality assurance committee. Quality Assurance criteria are developed to review:

- quality of service delivery
- support of clinical diagnosis
- effectiveness of individualized treatment plans
- appropriateness of treatment, objectives, and interventions
- services billed are services rendered

## CLIENT ORIENTATION FOR SERVICES



This section offers a quick overview of the forms you are expected to understand upon enrollment in Behavioral Health services. An appointment will be scheduled with the Patient Advocate to review, discuss, and inquire about the information on these forms.

## CONSENT FOR TREATMENT AND CLIENT RESPONSIBILITIES FOR SERVICES

This form summarizes what you are agreeing to as a client of NTC Behavioral Health. NTCBH clients can refuse treatment services and terminate treatment at any time and are informed of this upon their orientation and intake. Court ordered/ASAP clients are also able to terminate treatment or select another State of Alaska ASAP approved provider at any time. NTCBH documents client consent which confirms the legal decision-making authority of the person being served either through client or legal guardian. If the client is unable to make a decision for treatment due to impairment, appropriate action and referrals will be made according to state guidelines.

## **CONFIDENTIALITY FOR COUNSELING SERVICES AGREEMENT**

This form reviews the circumstances in which your information may be released. Your signature is required as confirmation that you are consenting to treatment and that you understand your rights regarding confidentiality.

## **CLIENT RIGHTS**

This form reviews your rights as an NTCBH client. It is important you understand all your rights and advocate the strict protection of them. This form ultimately explains how ALL individuals have the right to be treated equally.

## **ORIENTATION TO SERVICES CHECKLIST**

This form is a summary of information you should know prior to your admission to our behavioral health program. The information on this form allows you to set expectations of the enrollment process.

## **DISCLAIMER FORM REGARDING MINORS**

This form will be reviewed with individuals that have children. In summary, this form shows your understanding that if your child is left unattended, NTCBH staff will not be responsible to watch over children, nor be held liable.

## **BEHAVIORAL HEALTH PROGRAM FEES FOR SERVICES**

This form is the breakdown of fees for services that are offered with NTCBH. It is your responsibility to contact your insurance provider to make sure you have behavioral health coverage, and what may be covered. In the event that your insurance company were to deny payment of a claim, it is your responsibility to cover the fees that were billed.

## **HIV, TB, FASD, AND HEPATITIS C INFORMATION**

This form provides information regarding HIV, TB, FASD, and Hepatitis C. You will be offered testing for HIV, TB, and Hepatitis C. If a referral is warranted, one will be provided for you. It is your responsibility to discuss these services with your insurance, prior to testing, to see if these services are covered.

**\*NOTE\*** By law, all infectious disease results are reportable to the Center of Disease Control.

## **CLIENT ORIENTATION SIGNATURE PAGE**

This form outlines all the forms and information that will be reviewed with you during the orientation process. We will ask that you checkmark you have received each document and sign the bottom of the form as acknowledgement that you received and understand this information.

## **CONSENT FOR INTEGRATED SERVICES**

This form gives a general overview of how integration works. As an integrated clinic (Medical and Behavioral Health), we may collaborate with other treatment providers located in our clinic. Your signature is required to represent your understanding and consent.

## **MEDICAL HISTORY INFORMATION FORM**

This form collects medical information about you and your immediate family. It is helpful to the clinician to understand any medical issues to determine if they could be affecting mental health. It provides staff with pertinent information regarding medications, allergies, or potential medical referrals one may benefit from.

## REGISTRATION FORM

This form is used to gather information about basic demographics. It will ask for information like address, phone number, emergency contact, race/ethnicity, and method of payment. This information is important to coordinate access to care and notify you of any changes that may arise.

## CLIENT PLANNING SHEET

This form allows you to inform your clinician about the steps you have taken to address any issues you would like to discuss and process. Your clinician will learn which steps have worked and which ones have not. It is also an opportunity for you to explain what is important for you to prioritize and what you would like to avoid.

## SCREENINGS



### ALASKA SCREENING TOOL (AST)

The Alaska Screening Tool (AST) is an assessment by the State of Alaska, to be administered at the beginning of services. This assessment is designed to screen for substance abuse, mental illness, and traumatic brain injury. It is also used to determine adverse childhood and lifetime experiences, fetal alcohol exposure, and possible dual diagnosis/co-occurring disorders. The results can produce multiple recommendations for more efficient care, specify population needs for each agency, and assist the state in federal reporting requirements. All clients who need services are screened using the AST to determine if dual diagnosis is a possibility during the intake process.

### BASIC ALCOHOL AND DRUG EVALUATION (BADE)

This is an assessment that is typically administered by your clinician, in question and answer form. It will help your clinician get an accurate assessment of your alcohol and/or drug history as well as your need for substance abuse treatment and/or referral. It provides information regarding abuse versus dependence, problems with guilt, personal insight into addictive behaviors, possible psychiatric issues, motivation to make changes, and healthy versus unhealthy coping strategies you engage in. It is an evidence-based screening tool.

### EVIDENCE-BASED SCREENING TOOLS

Your clinician may introduce other clinical assessment tools to assist in the diagnosing of specific disorders, like ADHD, psychotic episodes, suicidality, eating disorders, phobias, etc. These tools allow your clinician to gather more specific information of the symptoms you are experiencing and can help with understanding your experience or referring to specialists, if needed. “Evidence-based” means the screening tool has been researched and studied over a long period of time and results have proven to be accurate.

## SELF-ASSESSMENT TOOLS

These are the assessments that you will find located in the back of this handbook. They are labeled the following: AUDIT- The Alcohol Use Disorders Identification Test (Appendix A) and the GAD- 7 (Generalized Anxiety Disorder) assessment (Appendix B). Self-assessment tools can help you decide about enrolling into services. NTCBH staff encourages you to bring the results into the office with you to discuss the scoring and interpretation of the results with a trained clinician.

## INTEGRATED ASSESSMENT



## BEHAVIORAL HEALTH ASSESSMENT

Mental health and substance use are often co-occurring. Recovery is most successful when treated in an integrated model. NTCBH clinicians will assist you with the development of a treatment plan including the necessary services for the client to reach their greatest potential. Information obtained during the assessment process includes the following:

- Past and current mental health (MH) and substance abuse (SA) issues
- treatment and symptomology
- past MH and SA issues within family
- client and family medical history
- family upbringing
- social history
- educational and occupational background
- strengths and needs
- and legal and financial status

In addition, the directing clinician will determine if any further assessments or screenings will be administered. The directing clinician will also discuss what brings you to treatment as well as gather information pertaining to your presenting problem. You will be asked to share your treatment goals, objectives, and expectations for treatment. Once all this information is obtained, the directing clinician can identify an accurate clinical diagnosis, your eligibility for services and recommendations for treatment.

## TREATMENT



### PSYCHIATRIC SERVICES

NTCBH offers psychiatric services provided by a Psychiatric Nurse Practitioner (PNP). The PNP is a specialized area of nursing committed to promoting psychiatric health through the assessment, diagnosis and treatment of mental health and substance use disorders. Essential components of this specialty practice include health and wellness promotion through identification, prevention and care/treatment of persons with mental health and substance use disorders who will benefit from prescribed medications.

Your psychiatric provider will:

- Direct your treatment team and the care that is provided.
- Assesses the need and benefits of psychotropic medications.
- Prescribe and monitor your response to any psychotropic medications.

You can expect:

- To have your primary care provider notified of significant changes in your condition.
- To be informed of any medications or medication changes being provided and information about these.
- To be kept updated about the reasons for your progress and goals to be met to begin discharge.

### CASE MANAGEMENT SERVICES

NTCBH offers case management services provided by a Case Manager (CM). The responsibility of the CM is to admit new BH clients, assess their needs, create a community connections plan (CCP), and monitor and document the progress of clients. The CM is a valuable link to community resources and will provide updating of CCPs as needed. Prior to meeting a case manager, clients will meet with a behavioral health clinician to complete an integrated assessment. This process will assist the case manager in their evaluation of client's specific needs.

Your case manager will:

- Work with you to create an individualized community connections plan.
- Monitor and document progress in order to continue achieving your goals.
- Direct you to necessary resources tailored to your needs.

You can expect:

- To work closely with your case manager and maintain regular contact with them.
- To inform your case manager of new events that arise in your life that may alter your CCP.
- For your case manager to provide ongoing advocacy for you, especially when working with outside agencies.

## **CLINICAL MODALITIES USED**

NTCBH clinicians are diversified in their training and clinical approaches. The most common modalities used amongst our clinicians are:

Cognitive Therapy- This approach focuses on the client's thinking patterns. It explores negative thinking and teaches ways to reframe the way we talk to ourselves and others. It teaches clients how to develop a more positive worldview about themselves and their past and future. Cognitive Therapy is a strength-based approach that supports the increase of self-esteem.

Cognitive Behavioral Therapy (CBT)- This type of therapy helps a client problem solve. It helps reveal relationships between beliefs, thoughts and feelings, as well as the behaviors that follow. Clients will learn how their perceptions can greatly influence how they respond to specific situations.

Eye Movement Desensitization and Reprocessing Therapy (EMDR)- This approach is designed to treat trauma and other distressing life experiences including PTSD, anxiety, depression and panic disorders. Sessions follow a specific sequence of phases and include bilateral stimulation, such as eye movements, to decrease symptoms and help the client process unresolved memories from adverse experiences.

Motivational Interviewing (MI)- This is a directive, client centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. This type of counseling is more focused and goal directed.

Solution Focused Brief Therapy- This approach focuses on the client's present and future circumstances and goals rather than past experiences. In this goal-oriented therapy, the symptoms or issues bringing a person to therapy are typically not targeted.

Our clinicians are trained in a number of modalities and will also utilize techniques from:

- Reality Therapy
- Person-Centered Therapy
- Behavioral Therapy
- Interpersonal Therapy
- Gestalt Therapy
- Transactional Analysis Therapy



NTCBH clinicians offer the following types of therapy:

- Individual Therapy
- Couples Therapy
- Child/Adolescent Therapy
- Group Therapy

## **TREATMENT PLANS**

Clients are responsible for fully participating in the development of their treatment plans. Your clinician will work closely with you in identifying achievable short-term goals and measurable objectives. Clients will be informed about expectations for family/community involvement as well as the achievement of their goals and the expected course of their treatment.

Your treatment plan is where your goals and objectives are outlined. This document helps you and your treatment team stay focused on the important issues you want to address while you are in treatment. We obtain information via the SNAP-IR process to implement into your treatment plan. This helps us to align your treatment with your Strengths, Needs, Abilities, Preferences, Interests, and Resources throughout the treatment process.

Treatment plans will be reviewed and updated on an ongoing basis, typically every 90 days. Throughout the treatment plan review, your treatment progress and setbacks will be reviewed. You and your clinician will discuss any changes that should be made and how best to tailor your treatment plan to achieve your current goals.

## **TRANSITION PLAN**

When the initial treatment plan is completed at the start of services, clients create a transition plan with their therapist. The transition plan is reflective of mental health and substance abuse relapse prevention and resources for continued health and wellness after discharge. The transition plan is helpful when a discharge is unexpected or when symptoms return after a planned discharge.

## **INTAKE PAPERWORK/YEARLY UPDATES**

The following forms will be completed during the intake and orientation process, and annually thereafter:

- Registration
- Client Rights
- Confidentiality for Counseling Services Agreement
- Consent for Integrated Services
- Consent for Treatment and Client Responsibilities for Services
- Medical History form
- Notice of Privacy Practices
- Consent to Release Confidential Information
- Emergency Contact

## DISCHARGE CRITERIA AND PROCEDURES

Discharge planning starts at the beginning of treatment. Each client will discuss with their clinician when discharge may be appropriate and complete a transition plan for aftercare planning. On occasion, a discharge may happen for reasons other than successfully meeting goals and reporting improved moods. Discharge will not take place as a punishment for displaying symptoms of a disorder.

Discharge may happen in the following cases:

- the individual successfully meets treatment plan goals/objectives
- the individual withdraws consent for counseling and no longer wants to participate
- the individual requires a higher level of care and is referred
- the individual is non-compliant with treatment recommendations
- the individual violates NTC policies
- the individual regularly misses appointments
- the individual moves out of state

All clients are asked to attend a discharge appointment to discuss progress made during treatment, aftercare plans, and satisfaction of services received.

## FREQUENTLY ASKED QUESTIONS (FAQ'S)



How do I make an appointment?

- Contact the office at: 907-567-3370. This is your first point of contact where you can schedule a time to complete your orientation. Once this is complete, your clinician will call you and schedule a time to come in for your assessment.

What do I need to bring to my first appointment?

- A copy of your ID
- Insurance card/tribal enrollment card
- Any documentation that you think may be helpful for your clinician to review (past treatment documents, court, ASAP, or OCS documents) that have not already been faxed over to our clinic.

Do I have input regarding my treatment?

- Absolutely! Your treatment is dependent upon your input. Your treatment goals and objectives will be discussed during treatment planning. This is a joint effort between you and your therapist.

What if I don't like my therapist?

- It is very important that you are comfortable with your therapist. If you feel any discomfort you can request to work with a different therapist at NTC. If you are still uncomfortable, staff will work with you to find a counselor in the community you are comfortable with and provide a referral.

How long will I be in therapy?

- This is different for everyone. You will have the opportunity to discuss this with your therapist once you begin the treatment planning process. Each therapist navigates treatment with their clients differently. It is typical that when starting therapy, you will come to weekly sessions. This allows time for you and your therapist to build rapport, become comfortable with one another, and establish a strong foundation for working on your treatment goals. Frequency of treatment can be discussed with your therapist as well. It is likely that the longer you are in therapy, the less frequently you may meet.

What if I need to miss an appointment?

- We ask that any appointments that need to be cancelled or rescheduled are done as far in advance as possible. At minimum, a 24-hour cancellation notice is required (to avoid any fees). Talk with your therapist about why you need to cancel or reschedule your appointment and they will do their best to accommodate your schedule. Communication is key.

What will we talk about?

- It will be different for each person. It is important that you come to your scheduled session with an agenda in mind. Your therapist will let you know if there are certain topics that will be discussed, and how to best plan ahead. Some therapists assign homework. Please come prepared with your homework completed and ready to discuss. Some individuals feel that if they don't have anything to talk about or if things are going well, they should cancel their appointment. We ask that you avoid this. Your session time can be used to discuss not only symptoms and issues but things that are going well too.

Do you offer telehealth services?

- Yes. We offer telehealth services for psychiatry, counseling, and case management. If you have a good internet connection and a device with audio/visual capability you can opt to receive telehealth services. You can sign enrollment paperwork via the patient portal of our electronic records system. For more questions about getting set up with telehealth services and electronic enrollment please call our patient advocate at the main office for Behavioral Health: (907) 567-3370.

Can I be Facebook friends with my counselor?

- No. It is important to keep a therapeutic relationship with your counselor. If your therapist receives a Facebook friend request, please do not feel upset when they decline. They are advised to deny them.

# APPENDIX

# SELF ASSESSMENT TOOLS

**Note:** These tools are for information purposes only and are meant to be interpreted by a licensed professional. They are not meant to replace services a licensed professional can offer.

# Appendix A

**AUDIT- The Alcohol Use Disorders Identification Test-** Developed in 1982 by the World Health Organization, is a simple way to screen and identify people at risk of alcohol problems.

1. How often do you have a drink containing alcohol?

- (0) Never (skip to questions 9-10)
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- (0) Never

- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

8. How often during the last year have you had a feeling of guilt or remorse after drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

Add up the points associated with the answers. A total score of 8 or more indicates harmful drinking behavior.

# Appendix B

## GAD-7 (Generalized Anxiety Disorder)

Over the last 2 weeks, how often have you been Bothered by the following problems?	Not at all	Several days	Over half the days	Nearly every day			
1. Feeling nervous, anxious, or on edge	0	1	2	3			
2. Not being able to stop or control worrying	0	1	2	3			
3. Worrying too much about different things	0	1	2	3			
4. Trouble relaxing	0	1	2	3			
5. Being so restless that it's hard to sit still	0	1	2	3			
6. Becoming easily annoyed or irritable	0	1	2	3			
7. Feeling afraid as if something awful might happen	0	1	2	3			
Add the score for each column	[   ]	+	[   ]	+	[   ]	+	[   ]

Total Score (add your column scores) =

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_  
 Somewhat difficult \_\_\_\_\_  
 Very difficult \_\_\_\_\_  
 Extremely difficult \_\_\_\_\_

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006; 166: 1092-1097.



**END**