**Wabash County Health Department**

**Depot Counseling Center Orientation**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mission Statement**: The mission of the Wabash County Health Department is to provide effective, efficient, and quality services to promote better health for a brighter tomorrow. Our philosophy is the promotion of individual responsibility, self-determination and self-sufficiency. Our approach is one of community support strategies, enhancing therapeutic interventions delivered in order to facilitate skill building, and identification and use of natural support and community resources. Our primary focus is on prevention and remediation, and to maintain rehabilitative resiliency and recovery goals. We assist individuals and families with comprehensive services addressing issues arising in a variety of life situations.

**Responsibility to Individuals:** All agency staff is expected to adhere to professional ethics standards. A copy of these standards is available upon request and is also located in the agency waiting room.

**Behavioral Health Services Available (Only ages 3 and up are eligible for services)**

• Assessment / Referral Services

• Outpatient Therapy Services (Individual/Family/Groups/Anger Management)

• 24 hour Mental Health Crisis Assessment/Referral Services performed at Wabash General Hospital

• Mental Health Case Management Services

• Limited Psychiatric Consultation/Medication Prescription.

• Medication Monitoring (Individual) and Medication Training (Individual and Groups)

• Community Support Services (Individual and Groups)

• Support Groups

• Substance Abuse Services (DUI Evaluations, Risk Education, Early Intervention, Treatment/Individual and Group)

**Fee Policy**

• Fees are charged for all services performed on an individual’s behalf, not only direct contact with the individual;

 examples include telephone calls, and consultation with significant others.

• Most counseling services are billed in 15 minute intervals, referred to as “units”. Services by the psychiatrist are per

 encounter, with no regard for amount of time spent.

• Individuals are expected to appear for their scheduled appointments unless cancellation/ rescheduling occurs at least

 24 hours prior to scheduled appointment. Fees may be charged for missed appointments.

•Medicaid-Eligible individuals must provide proof of coverage at every visit prior to receiving services.

• Individuals with insurance or with no insurance must pay in full in advance to get an appointment. If appointment is

 not kept due to the individual not showing or by canceling less than 24 hrs in advance, the advance payment is

 forfeited to WCHD to cover the lost professional time costs.

**Fee**

 **Agency Outpatient Service Fees \*:**

$200/hour or $50/unit

Assessment/Referral Services

Individual/ Services (Marital/Family Therapy, Medication Monitoring or Training,

Community Support Services, Case Management Services)

Court Appearance at Client’s request

$50/hour or $12.50/unit

Group Services (Therapy, Medication, Community Support)

$300

Initial Consultation with Psychiatrist

$150

Medication Checks with Psychiatrist

Support Group

$5

$220/hour

Emergency Crisis Services

Photocopying

$1/page

**\*** You may be eligible for a sliding scale discount based on total household monthly income and number of persons in the household and eligibility criteria from the Illinois Department of Mental Health. To qualify you will need to provide proof of entire household income.

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**WHAT TO EXPECT FROM COUNSELING SERVICES**

**IT IS IMPORTANT THAT YOU KEEP ALL APPOINTMENTS SCHEDULED IN ORDER TO BEGIN AND CONTINUE TREATMENT**

Based on State rules and regulations for funding and accreditation, our policy and procedures for clients maintaining eligibility for services is as follows:

1. **Emergency Crisis Assessment and Referral** services are available to everyone without regard to payor. Emergency crisis services are defined as necessary services to assess a client for the need for inpatient psychiatric hospitalization to prevent imminent harm from occurring to client or others due to mental illness. This is not therapy or counseling. If you are suicidal, homicidal or unable to care for yourself due to mental illness, you should either go to a hospital emergency room. If you need help getting to the ER- call for assistance from the local law enforcement agencies or 911. Wabash County Sheriff’s Department phone is: 262-4186. Mt. Carmel Police Department phone is: 262-4114. Mental Health Professionals will be called by the ER to consult in these situations.
2. Your first appointment will be scheduled after all **initial application and orientation paperwork** is completed, returned to WCHD and proof of income/payor source is provided. You will also be shown around the building and provided emergency/safety procedure information.
3. On your first visit, a **comprehensive mental health assessment** must be started. It must be completed within 30 days of the first appointment. It may take 1-2 hours to complete.
4. After the completion of the assessment, you and your therapist will complete a treatment plan. You (and/or parents or guardian if appropriate) must actively participate in the **treatment planning** process, including plans for transition and discharge. The treatment plan must be completed within 45 days from the completion of the assessment and you will need to sign the plan. The plan will set goals and measurable objectives detailing what services you will be authorized to receive and set time frames for goal/objective completion. The state may implement limits on the services you are allowed to receive based on you medical needs and re-authorization may be required. If re-authorization is not approved for specific services, those services will not be continued.
5. If either the assessment or treatment plan cannot be completed in the stated time frames, you will have to begin again from the beginning in order to receive services.
6. We consider psychiatric medication as a back up to counseling, not as the first option. There may be some requirement regarding your continued active participation in counseling services with your assigned therapist to receive consultation/prescription services with our psychiatrist. Your therapist will specify this if applicable.
7. Your treatment plan will specify how often you are to receive services and what the criteria is for discharge from services. If you are not utilizing services per the treatment plan, your services may be changed, decreased or stopped.
8. We must review your treatment plan at least every 6 months and change it when appropriate but at least annually in order to continue services.
9. We must do a full mental health assessment every 12 months in order to continue services.
10. We promote recovery, resiliency and consumer involvement in all of our clients and to this end we invite all of our clients to participate in educational opportunities in these areas and in the development of Wellness Recovery Action Plans, Crisis Plans, Transition/Discharge Plans.
11. All Services must be medically necessary.
12. The use of tobacco products (including vapor products) is prohibited on agency property.
13. Drugs/Medications shall not be brought into the agency without a request from staff to do so.
14. Weapons, of any kind, shall not be brought into the agency.

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