



## **Consumer Handbook**

This handbook is designed to provide consumers and guardians with information about Hope Services Programs and address frequently asked questions.

### **Our Services Include:**

**Open Access Assessments**

**Outpatient Therapy**

**Medication Management**

**Outpatient Plus**

**Intensive In-Home**

**Day Treatment**

**Partial Hospitalization**

**Intensive Outpatient Therapy**



## Hope Services

**We strive to provide compassionate, beneficial, and clinically appropriate mental health services for children, adults and families in the office, the community, and home settings.**

**Open Access Assessments-** Hope Services offers walk in hours for comprehensive clinical assessments. If you are in need of mental health services, we can see you without an appointment between the hours of 9-3 M-Th Friday 9-12. This appointment will be with one of our licensed clinicians. Following this appointment you will be referred to a level of care based on your individual or families needs. Before leaving the office, families will also be provided with a follow-up appointment and will have the opportunity to develop a Person Centered Plan with a Qualified Mental Health Professional. To learn more about Open Access Assessments contact **Trish Wisse, Program Director (twisse@hopeservices4u.com) (office 919-714-7500 Ext. 1101) (fax 919-714-7513)**

**Therapy Services-** These services are most commonly office based. Community Based sessions may be available based on clinician availability and clinical appropriateness. These services include, individual , family therapy and group therapy. Through the use of evidenced based interventions (Triple P, ABC, Motivational Interviewing, Cognitive Behavioral Therapy “CBT”, Play Therapy, ART Therapy, Trauma Focused CBT, Dialectical Behavioral Therapy, Parent Child Interactive Therapy “PCIT” and other models), clinicians use a person centered approach to help clients overcome mental health symptoms.

**Psychiatric Services-** These services include initial Psychiatric Evaluations and medication management services. These services are office based with one of our Licensed Psychiatrist. Psychiatrists in our clinic include Board Certified Child, Adolescent, and Adult Psychiatrists. Initial Evaluations are scheduled for one hour and include a comprehensive review of individual and family medical and mental health history. Follow-up appointments vary based on clinical complexity but generally require a 20 minute appointment.

**OPT Plus-** Outpatient Plus (OPT Plus) is a combination of best practice outpatient therapy services, monitoring, support and management of care interventions to be provided for individuals with complex clinical needs that traditional outpatient cannot adequately address. OPT Plus is a home and community-based treatment service focused on decreasing psychiatric and behavioral symptoms in order to reduce the need for higher levels of care or increase the likelihood of a successful transition to Outpatient Therapy from higher levels of care.

**Intensive In Home Services-** This a team approach designed to address the identified needs of children and adolescents who are unable to remain stable in the community/home without intensive interventions due to crisis behaviors. The team delivering services is comprised of a licensed professional, a qualified professional and one additional qualified or associate professional. All three team members work with the family as a unit to provide services to the consumer and family. As part of this service, the team also provides linking of multiple services as needed based on the consumer’s needs.

**Day Treatment-** This is a facility based mental health service designed for children and adolescents between the ages of 5-20 years. Day Treatment services provide mental health interventions in a structured therapeutic group treatment setting. These interventions build on strengths and address identified functional difficulties associated with the complex conditions of each individual consumer and family. Day Treatment services are provided at a maximum of 6 hours a day and a minimum of 3 hours a day, based on need and clinical appropriateness.

**Partial Hospitalization-** Is a short-term service designed to prevent hospitalization or to serve as an interim step for those leaving the hospital. A physician shall participate in the diagnosis, treatment planning and admission or discharge decisions.

**Intensive Outpatient Therapy-** Intensive outpatient services are for individuals who often experience crisis symptoms. This treatment service includes individual, group and family therapy. Services are provided 2-3 hours per day 3-5 days per week. Services will become less frequent as symptoms are reduced.

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## Evidenced Based Treatment

\*All of our Evidence Based Practices are offered in each department

**Trauma Focused Cognitive Behavioral Therapy (TFCBT)** In this model, children and parents learn new skills to help manage and resolve distressing thoughts, feelings, and behaviors related to their trauma.

**Parent Child Interaction Therapy (PCIT)** This model works with children between the ages of 2.5-7 and their caretakers. There is an emphasis on strengthen the bond between parent and child while also providing parents with appropriate discipline strategies.

**Positive Parenting Program (Triple P)** This model is designed to prevent and treat behavioral and emotional symptoms in children birth to twelve. It aims to prevent problems in the family, school, and community and to improve family interactions.

**Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)** (Group Therapy) Group Sessions (age 12-21) focus on gaining coping strategies and teaching adolescents how to make choices mindfully even in the face of ongoing trauma and/or chronic stressors. Adolescents learn concrete steps to help them better manage the moment & make it more likely that they can get what they want and need when under stress and struggling with conflict in their relationships.

**Cognitive Behavioral Therapy (CBT)**- This model focuses on helping clients identify unhealthy thoughts and learn to make adjustments to their thinking which will impact they way they respond in situations.

**Eco-Systemic Structured Family Therapy (ESFT)**-This model works with the entire family. By joining with the family the staff will help families understand unhealthy interactions and learn to interact with one another in healthy ways.

**Child Parent Psychotherapy (CPP)** - In this model, the clinician will work with the child (age 0-5) who has experienced a traumatic event and primary caregiver to support and strengthen the relationship between them in order to restore the child's sense of safety, attachment, and appropriate affect. CPP will also improve the child's cognitive, behavioral, and social functioning.

**Cognitive Processing Therapy (CPT)** -In this model, the clinician will work with individuals age 16 and older to help them learn new ways to think about traumatic events by helping them to identify and change distressing thoughts related to the trauma.

**Attachment Bio Behavioral Catch Up (ABC)** - This model focuses on building strong relationships between parents and children (age 6mo-2y). ABC helps parents maximize the positive relationship they have with their child while also helping them learn effective strategies for managing their child's behavior and emotions.



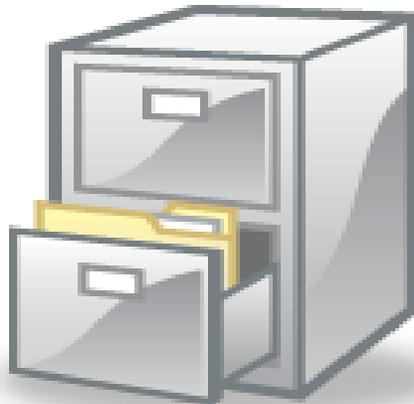
## HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 has caused changes in the governing of the condition of health benefits, the delivery and payment of healthcare services and the security and confidentiality of protected health information. The HIPAA Privacy Rule, which took effect in 2003, regulates the disclosure of certain information held by organizations such as HOPE Services, LLC. The Privacy Rule established regulations for the use and disclosure of Protected Health Information (PHI), which includes a client's health status, provision of health care, and payment of healthcare.

Protected Health Information (PHI) may be used and disclosed in a variety of circumstances, and for different reasons. Many of these uses and disclosures need prior authorization or approval from a client's parent or legal guardian. Many of these uses/disclosures occur with treatment, for payment of health services, or for healthcare operations. When disclosing or using PHI, Hope Services, LLC will always make an effort to disclose only the minimum necessary information required to achieve its purpose. **Additional situations may arise, where the law permits or requires an organization to use and disclose health information without authorization, such as reporting suspected child abuse to state welfare agencies emergencies (G.S 122C-55 e; G.S. 7B-302 e) Department of Correction (DOC) when requested regarding any individual of that facility when the inmate has been determined by the DOC to be in need of treatment for mh/dd /sa concerns (G.S. 122C-55 c,) advanced instruction (G.S. 122C-55 (e2). or other exceptions as detailed in (G.S. 164.512) or HIPAA.**

### Under HIPAA, every consumer:

1. Must be told (in writing) how their healthcare information (PHI) may be used.
2. Has the right to see their medical records.
3. Has the right to amend (change) incorrect/incomplete information in their medical records.
4. Must give authorization before health information is released (with few exceptions).
5. Has a right to complain formally if they feel their privacy was not protected.



## **Comprehensive Services Agreement**

I understand that should I have concerns regarding treatment services: I will direct my concerns to the appropriate director/clinician/staff of the specific treatment services. I understand that concerns shared during sessions with staff may be confidential and it is my responsibility to address those concerns with the appropriate staff providing the service.

### **Feedback from Families and Stakeholders**

We strive to provide compassionate, beneficial, and clinically appropriate mental health services for children, adults and families in the office, the community, and home settings. Tell us how we are doing by submitting your comments to: **comments@hopeservices4u.com**

### **Formal Complaints or Grievances**

It is HOPE Services, LLC policy that all consumers have the right to submit a complaint about services without fear of judgment, retaliation, or program discharge. All complaints will be treated with respect and confidentiality. Any complaint must be submitted in writing to the Program Director within one week of the situation occurring, or becoming aware of the situation. This documentation will then be reviewed by the HOPE Services, LLC Quality Assurance Department. An investigation will take place, and the corporate office will step in if the grievance cannot be settled at the program management level. A follow up will be done exactly one week from the date of the original grievance, and a report of the findings and follow up will be offered to the consumer, as well as the consumer's legal guardian.

**Sara Leonard**

**Quality Assurance Director**

**919-791-7124**

**sleonard@hopeservices4u.com**

If consumers or families are not satisfied with the results or feel further action is necessary they may contact Alliance directly at (800)510-9132 or at [complaints@alliancebhc.org](mailto:complaints@alliancebhc.org)

### **Access to Records**

Parents/Legal Guardians may have access to "Designated Record Sets" related to their child. These may include:

1. Medication Administration Records
2. Physician's Orders
3. Consents signed by parent or legal guardian
4. Person Centered Plan
5. Clinical Evaluations

There may be times when the clinical staff of the program determine that access to some types of information (i.e.: Clinical Assessments and evaluation tools) may not be in the best interest of the consumer. In those cases, access to records and information may be denied. Parents/Guardians are asked to contact the QA Department for any requested access to records and information. The QA Department will make arrangements with the clinical supervisor of the program to meet with the consumer and his/her parent to review the information requested. For any records containing substance use, HIV, AIDs or STD information, additional signed consents from the individual client will be required prior to release. This includes both child and adult records.

**Please allow 10-14 days for records to be processed for release**



## **Additional Consumer Rights**

We are pleased that you have chosen to receive services from Hope Services, LLC. We welcome your comments concerning your experience with Hope Services, LLC at [comments@hopeservices4u.com](mailto:comments@hopeservices4u.com). For your convenience, we also have several comment boxes located inside each of our offices. Please feel free to contact our QA Director Sara Leonard (919-791-7124 or [sleonard@hopservices4u.com](mailto:sleonard@hopservices4u.com)) directly if you have any questions or comments.

At any time there is need for another advocate not available through the child/family treatment team the following agencies are available, and I have the right to:

**Contact the Disability Rights North Carolina**  
**3724 National Drive, Ste 100, Raleigh, NC 27612**  
**919-856-2195 Toll Free (within NC): 1-877-235-4210**  
**TTY: 1-888-268-5535**

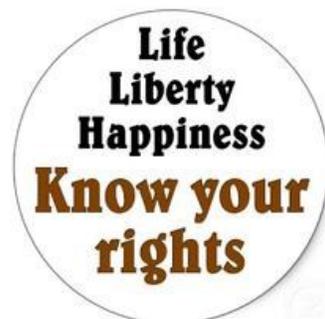
**Contact Wake County Human Services Consumer Rights Program**  
**PO Box 46833 Raleigh, NC 27620-6833 919-212-7155**

**Contact NC Division of MH/DD/SA Services Advocacy/Customer Service/Community Rights**  
**3009 Mail Service Center Raleigh, NC 27699-3009 919-715-3197**

**Contact NC Division of Facility Services**  
**2711 Mail Service Center Raleigh, NC 27699 919-855-4500**

### **Student Interns**

Hope Services takes pride in being a learning environment for students pursuing a degree a human services field. We place masters & doctoral level interns across our continuum of services to ensure they have diverse experiences while placed in the agency. Interns are held to the same Client Rights and Confidentiality as well as reporting requirements (in regards to allegations of abuse/neglect or exploitation) as all other Hope Services staff.



## **Your Responsibilities:**

- For therapy and medication management services we ask that you remain in the office while your child is in their appointment or communicate with your therapist if alternative arrangements need to be made.
- Be actively involved in the development and review of your Treatment Plan or PCP
- Identify family members and other individuals that you would like to be included in your treatment
- Express your cultural needs and desires or advance directives to Hope Services, LLC staff
- Make your designated staff aware of any court orders and or required court appearances and be present such appearances
- Keep all scheduled service appointments and call at least 24 hours ahead of time to reschedule if you must cancel (see below for attendance policy)
- Give updated and complete information about current and past issues, including medications and other matters pertaining to your health
- Ask questions about your service plan, transition plan, outcomes and recommendations
- Treat Hope Services, LLC staff with dignity and respect
- Follow safety rules, including use of a seatbelt while being transported by Hope Services, LLC staff
- Help prevent the spread of illnesses by informing us when you are ill and not attending services when you are sick or running a fever
- Refrain from bringing alcohol, drugs, guns or weapons to any Hope Services, LLC office/site or session
- Refrain from unauthorized use or possession of licit or illicit substances
- Refrain from physical and verbal harassment, including foul or sexual language
- Notify Program Director immediately if there are any changes in your insurance or funding

## **Safety**

The safety of our clients, families, communities and staff are very important. We ask that our clients/families make our staff aware of any dangerous or potentially dangerous situations in my home or neighborhood. We also ask that any weapons be unloaded and locked up during home visits. We ask that no one participating in sessions or in the presence of the session be under the influence of illegal drugs and alcohol. Our staff are mandated by law to report any behaviors that abusive or neglectful to local authorities. We are also mandated to warn others if they are considered to be at risk for any serious harm.

Staff cannot be left alone with children/adolescents in the home setting for more than 15 minutes. If a situation arises where an adult cannot be present for a session, staff transport the client into the community setting for the duration of the session. If this is not planned ahead of time, staff will make every attempt to contact the legal guardian via phone. If the legal guardian cannot be successfully contacted (via phone or voicemail) a note will be left in the house detailing the community location and the time of return.

## **Attendance and Commitment to Treatment**

As a comprehensive service provider Hope Services provides a comprehensive array of service to ensure the best outcomes for the clients and families we serve. Hope Services strives to provide clients/families with services and appointment times that meet their family's needs. Regular attendance in recommended services and consistent communication are essential to successful treatment outcomes.

Hope Services, LLC requires that notification of all appointments that need to be cancelled should be done 24 hour prior to the scheduled appointment time. Appointments can be cancelled via telephone or email. Failure to maintain scheduled appointments in one service may result in being discharged from all services.

An administrative discharge from the agency may occur when an individual or family ceases to participate or is unable to participate in enhanced services (Intensive In Home/Day Treatment) for a period of one week, or basic services (OPT/Psychiatric Services) for more than 10 business days. All administrative discharges will be discussed with the Clinical Team and/or Program Director.

## **Child and Family Team Meetings**

Child and Family Team (CFT) meeting every month for each consumer in Intensive In Home, Day Treatment and OPT Plus. If a parent/guardian is unable to attend a CFT meeting, the meeting will need to be rescheduled for a later date in the given month. If the program is not able to reach a parent/guardian to schedule or reschedule a CFT meeting, the program will not be able to continue to provide services into the following month. CFT meetings and regular communication with parents/guardians/team members are important aspects of the treatment process and assist the program with providing the highest level of care and the most clinically appropriate treatment

## **Financial Obligations**

Staff will inform you of any financial obligations or fees associated with your service prior to service delivery. This will include your copay for services.

It is your responsibility to notify us immediately should your insurance or benefits change. In the event that your eligibility related to benefits covering services change and you do not notify us, you agree to assume responsibility for payment of services if new carrier does not cover the service. Hope Services reserves the right to suspend services during any period that insurance or benefits become inactive.

**Notifications regarding changes in benefits should be made to:**

***Todd Penree (919)714-7500 ext. 1008***

***TPenree@hopeservices4u.com***

## **Consumer Satisfaction**

We would like to follow-up with you after discharge to discuss your satisfaction with services, the effectiveness and/or efficiency of your services, and your ability to access services. Hope Services, LLC uses data obtained to monitor trends, to improve the quality of services, and to ensure the continuity of care of services.

## **Unauthorized Leave**

If my child leaves the an assigned area in the community without staff permission, Parents/Guardians along with local law enforcement will be notified immediately. Hope Services is not liable should an accident/injury occur during such unauthorized leave.

## **Operation Hours**

Our location at 3000 Highwood's Office is open from 8 am- 7pm Monday through Friday. Ray of Hope is open from 11am-5pm Monday through Friday. Each office/program also provides after-hours crisis support. We ask that you utilize office support staff for questions regarding billing, payment, documentation requests or other non-treatment related information. After-hours crisis support should only be utilized for consumer/family related crisis situations.

**The program will be closed in observance of the following holidays:**

New Years Day

Good Friday

Memorial Day

4th of July

Labor Day

Thanksgiving Day

Christmas Eve

Christmas Day

**After Hours (5PM-9AM) Crisis and Emergency Situations  
Day Treatment, Therapy, OPT Plus, Medication Management**

**(919-417-2929)**

**Intensive In Home Crisis Line**

**(919-866-2223)**

## **Community Resources**

Below is a list of websites/contacts for assisting you with locating community resources. Hope Services, LLC staff will be glad to assist you in locating needed resources.

[NCCarelink.gov](http://NCCarelink.gov)

[AANorthCarolina.org](http://AANorthCarolina.org)

[Wakegov.com](http://Wakegov.com)

[www.disabilityrightsnc.org](http://www.disabilityrightsnc.org)

## Outpatient Services

3000 Highwood's Blvd. Suite 310 Raleigh NC 27604

Outpatient Therapy Services are provided by licensed clinicians. We offer services in English and Spanish. **To learn more about our therapist please review the Clinician Bio Booklet located in the lobby of our offices.**

### Outpatient Therapy

Therapy Services can be provided in various formats. Based on client's preferences as well as specific goals of treatment one or more of these treatment settings may be recommended.

**Individual Therapy**– Most therapy sessions are individual sessions when the clinician meets only with the client. For children and adolescents all individual therapy is combined with a family therapy component.

**Family Therapy**– Can be used when identified goals will be best reached when the entire family or a portion of the family is engaged in therapy.

**Group Therapy**– Several specific therapy models are conducted in a group format. This generally has 8-12 participants that meet weekly. Groups run for an average of 12-16 weeks.

*We currently accept the following insurance: NC Health Choice, Medicaid (Alliance, Partners, Cardinal, Sandhills, Smokey Mtn., Trillium, Centerpoint), BCBS, Medicare and Tricare.*

**My Therapist is** \_\_\_\_\_ **(phone number)** \_\_\_\_\_

**Appointment Date and Time:** \_\_\_\_\_

### Outpatient Therapy Plus

Outpatient Plus (OPT Plus) is model being provided by only a selected few providers within the Alliance Behavioral Health catchment area. Hope Services has been asked to pilot this service to assist with treatment engagement and positive outcomes for clients and families that fall between the needs of OPT and IIH services. In OPT Plus families will have one to two hours of Therapy a week with a Licensed Clinical and one to two hours per week with a Qualified Professional. This services will be available for individuals with complex clinical needs that traditional outpatient cannot adequately address. OPT Plus is a home and community-based treatment service focused on decreasing psychiatric and behavioral symptoms in order to reduce the need for higher levels of care or increase the likelihood of a successful transition to Outpatient Therapy from higher levels of care.

*We current accept the following insurance for OPT Plus: Alliance Medicaid*

### After Hours Crisis Support

**(919-417-2929)**

**My Therapist is** \_\_\_\_\_ **(phone number)** \_\_\_\_\_

**My Coordinator is** \_\_\_\_\_ **(phone number)** \_\_\_\_\_

## Psychiatric Services

Psychiatric Services are provided by Board Certified Child/Adolescent, Adult Psychiatrist, Psychiatric Nurse Practitioner and Physician Assistant. Initial appointments are scheduled for one hour and require a parent or legal guardian be present. Follow-up appointments are usually between 20-30 minutes. Prescribers reserve the right to monitor prescription use through the NC controlled substance reporting system for all clients being seen for psychiatric services. When reports are run they are made a permanent part of your clinical record. Concerns with drug interactions and prescribing may be discussed with all medical prescribers regardless of written consent.

*We currently accept the following insurance: NC Health Choice, Medicaid (Alliance, Partners, Cardinal, Sandhills, Trillium), BCBS, Cigna, Medicare, Tricare.*

### **For patients receiving Psychiatric Services we ask the following:**

- Do not stop taking medications or change medication dosing without discussing it with the prescriber. There is risk of potential physical or mental negative affects if patients do not take medications as prescribed.
- Notify your prescriber of all medications/supplements you are taking. This is necessary to reduce the risk of drug interactions.
- Allow 48 hours to process refill requests. If 48 hours notice is not provided, the prescription may not be available in time.
- Certain prescriptions require a written prescription and cannot be called in. These prescriptions will have to be picked up in person.
- For follow-up appointments if the parent or guardian of a minor patient is not present at the appointment, then the parent or guardian must be available by phone to discuss treatment recommendations.
- Report any changes in custody or any parental objections in order to be prescribed medications.
- **If you do not have contact with the clinic in 60 days, it will be assumed that services have been identified with another provider and you will be discharged from the care of the staff psychiatrist or PA.**
- If you arrive more than 15 minutes late for an appointment be aware that your appointment may need to be rescheduled.

**My Psychiatric Services Provider is** \_\_\_\_\_

**Appointment Date and Time:** \_\_\_\_\_

**Clinic Phone Number** \_\_\_\_\_

## Communication

Any questions or concerns for the psychiatrists please contact the clinic manager during the hours of 8AM – 5PM Monday through Friday 919-714-7369. Outside of those hours, contact the agency after hour's line at 919-417-2929 or wait until normal business hours. For all medical emergencies, contact 911.

## Attendance Policy

As a comprehensive service provider Hope Services provides a comprehensive array of service to ensure the best outcomes for the clients and families we serve. Hope Services strives to provide clients/families with services and appointment times that meet their family's needs. Regular attendance in recommended services and consistent communication are essential to successful treatment outcomes.

Hope Services, LLC requires that notification of all appointments that need to be cancelled should be done 24 hour prior to the scheduled appointment time. Appointments can be cancelled via telephone or email. Failure to maintain scheduled appointments in one service may result in being discharged from all services.

## **Intensive In Home Services**

IIHS is a home and community based treatment model that is delivered by a team of highly trained mental health professionals. The goal of this service is to reduce crisis behaviors and prevent out of home placement for the child and adolescents.

The team delivering services is comprised of a licensed professional, a qualified professional, and one additional qualified or associate professional. All three team members work with the family to provide services to the identified client and his/her family. Treatment will include: individual therapy, family therapy, skill building exercises, and connecting the family to other community and mental health resources. After hours crisis support is also available to assist families in need outside of regular business hours.

It is our program's belief that client and their family's participation in treatment is essential in making progress on their treatment goals. Guardians must commit to the client and the immediate family members attending the sessions as per the agreed upon treatment schedule on a regular and consistent basis. If a client accumulates more than 3 unexcused absences, discharge from the program may be recommended. Each session date/time and needed family participants will be determined the week prior for the following weeks sessions. Each IIH session will last up to two hours. A team member may work with one individual during a session or multiple family members during a session. The first month of IIH services is the most intensive. There will be 4-5 scheduled IIH sessions per week. There must be at least 12 sessions in the first 30 days.

The IIH team provides "first responder" crisis response 24/7/365 to recipients of IIH services. This may include phone and/or in person support in efforts to ensure the safety of your child and family as well as crisis planning to prevent further incidents. By using us as the first crisis response we will assist your family in preventing police involvement or acute hospitalization for your child whenever possible.

## **Student Interns**

Interns are held to the same Client Rights and Confidentiality as well as reporting requirements (in regards to allegations of abuse/neglect or exploitation) as all other Hope Services staff. As part of IIH Services Student Interns may shadow sessions or assist with session planning. If you wish to not have an intern work with your family please let your assign team lead know. Declining intern involvement in your families treatment will not affect your ability to receive services.



**IIH Crisis Line 919.866.2223**

## Program Goals

Expected outcomes include but are not limited to a decrease in crisis intensity/episodes, reduction and improved management of mental health symptoms, improved functioning in all settings, increased use of coping skills, increased use of support systems and overall healthy family interactions. Discharge planning often includes step down to community resources and natural supports.

## Scheduling and Communication

IIH team members create schedules on Fridays for the following week. Clients and families are expected to confirm the schedule within 24 hours of receipt of schedule. Please help us identify the preferred method of communication (phone, text, email). We will do our best to utilize this method when possible. If there are any concerns regarding treatment or communication we ask that you address these concern with your team lead.

My Team Lead \_\_\_\_\_ (phone number) \_\_\_\_\_

My Other Team Members \_\_\_\_\_ (phone number) \_\_\_\_\_

My Other Team Members \_\_\_\_\_ (phone number) \_\_\_\_\_

## Inclement Weather

Please be aware that IIH is a 24/7/365 service and as such staff will do the best they can to maintain scheduled appointments during time of inclement weather. In the event that driving is unsafe staff will communicate with clients and families to ensure that scheduled appointments are rescheduled within the give day/week based on safety.



**IIH Crisis Line 919.866.2223**

## **Intensive In Home Treatment Models**

**Trauma Focused Cognitive Behavioral Therapy (TFCBT)** is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. Children and parents learn new skills to help manage and resolve distressing thoughts, feelings, and behaviors related to their trauma. Within the IIH service, the team lead conducts the specialized therapy sessions with the individual client, identified non-offending support person and joint sessions. The IIH support staff play a vital role in this model by working with the client on identified coping skills and case coordination to reinforce skills learned in therapy.

**Parent Child Interaction Therapy (PCIT)** is an evidence-based, real time, coached, behavioral parent training intervention for young children with emotional and behavioral disorders. The parent and child are seen together with an emphasis on restructuring interaction patterns in order to strengthen the bond between parent and child while also providing parents with appropriate discipline strategies. Within IIH services the team lead or QP conducts a weekly office based coaching session. The support staff assists families with implementing the treatment model in the home by assisting with barriers to completing “special time” practice.

**Eco-Systemic Structured Family Therapy (ESFT)** is an evidenced-based family therapy model that promotes the functioning and well-being of the family. While the team assesses the needs of all family members including siblings of the referred child, the primary therapeutic focus involves the referred child, the child’s parents or legal guardians, and the family system as a whole. An underlying assumption of ESFT is that each child lives in a family and a community, and that the child’s functioning needs to be understood within the context of relationships within the family and relationships with individuals and systems external to the family, not just in terms of the characteristics of the child individually. ESFT interventions are based on an understanding of the developmental tasks and challenges that involve the child and the family as a whole.

# Ray of Hope

## **Day Treatment and Partial Hospitalization**

Once admitted into the program a consumer (child/adolescent) is assigned to a treatment group based upon their age/developmental level and individual needs. Each group has between 6-9 children/adolescents (the younger groups have a smaller ratio). Each group is led by a Lead Instructor and Instructor who provide the treatment interventions. In addition to direct care staff members, the program also has full-time Licensed Professionals, Program Director, Program Manager and a Crisis Responder. Throughout the treatment day, consumers follow a structured schedule and curriculum which includes socially-based and/or skill-based objectives and therapeutic group activities. Consumers are with their treatment group, supervised, and engaged in structured treatment activities during all parts of the treatment day.

**Sample Day Treatment Program Schedule:**

11-11:45am	Group Therapy
11:45-12:30pm	Music & Self Expression
12:30-1	Lunch
1-1:30	Relaxation
1:30-2:15	Health & Movement
2:15-3	Creative Art
3-3:45	Snack & Independent Time
3:45-4:30	Life Skills
4:30-5	End of Day Group

## **Partial Hospitalization Program**

Partial Hospitalization consumers also receive interventions through Daily Rounds by a Physician, Physician Assistant, Nurse Practitioner, or Psychiatrist. All consumers enrolled in the Partial Hospitalization program will have ongoing oversight of medications by the doctor throughout their enrollment in this service. Typical length of stay for Partial Hospitalization is 7-14 days with the intention to serve as a step down from a higher level of care or for consumers in crisis in order to prevent hospitalization. During a Partial Hospitalization stay licensed clinicians will make treatment recommendations after compiling a thorough comprehensive clinical assessment.

**Sample Partial Hospitalization Schedule:**

11-11:45am	Group Therapy
11:45-12:30pm	Music & Self Expression
12:30-1	Lunch
1-1:30	Relaxation
1:30-2:15	Health & Movement
2:15-3	Life Skills

## Behavior Assessments

When enrolled, consumers in both Day Treatment and Partial Hospitalization will have an individualized behavior plan outlining behavioral expectations within the program and as related to their individual needs. Behavioral progress is tracked on a daily behavior assessment which identifies when an expected behavior is met or not met. The behavior assessment serves as a record of the consumer's behaviors throughout the day. Each consumer's behavior assessment will be sent home daily to provide parents with communication from the program regarding the consumer's day, which parents can then review with their child.

Targeted Behavior	# of cues/ prompts	Deposit (accomplished)	Debit (not accomplished)
Follow Directions (written/verbal)	2	+	-
Uses Respectful language	1	+	-
Respectful of Property	2	+	-
Participations and complete assigned tasks	2	+	-
Remains in assigned area	1	+	-

## Group Therapy

**Cognitive Behavioral Therapy (CBT)**- Each client participates in CBT group daily. Adolescents may also be assigned to participate in one of the groups below on a weekly bases. Group assignment is based on a child individual needs. Group Sessions focus on healthy decision making. Children learn to make connections between their thoughts, feelings and how these effect their behavior.

**SPARCS** (Structured Psychotherapy for Adolescents Responding to Chronic Stress)- Group Sessions focus on enhancing coping strategies and teaching adolescents how to make choices mindfully even in the face of potential danger. Adolescents learn concrete steps to help them better manage the moment & make it more likely that they can get what they want and need when under stress and struggling with conflict in their relationships.

**Dialectical Behavioral Therapy (DBT)**- Group Sessions are designed for adolescents experiencing difficulty managing their emotions. From depression, anxiety, low self esteem or self injurious behaviors, adolescents learn positive strategies to help them learn to build a life that is worth living.

## **Days and Hours of Operation**

The Ray of Hope facility is open Monday - Friday.

Day Treatment program hours are: 11am-5pm.

Partial Hospitalization program hours are: 11am-3pm.

The facility will be closed in observance of the following holidays:

- ⇒ New Years day
- ⇒ Good Friday
- ⇒ Memorial day
- ⇒ 4th of July
- ⇒ Labor day
- ⇒ Thanksgiving day
- ⇒ Christmas Eve
- ⇒ Christmas day

If a particular holiday listed here falls on a Saturday or Sunday then the actual holiday will be observed on the Friday prior or Monday immediately following the holiday. Your child's Lead Instructor can provide you with specific information regarding any of the aforementioned holidays. On days when school is not in operation or operates on a different schedule (i.e. teacher workdays, early release days, school holidays, and Spring/Summer Break, the program may change treatment times to be closer to a traditional workday schedule. Due to the change in schedule, parents/guardians will need to assist with transportation on these days. Please speak with the Lead Instructor assigned to your child's treatment group for further information. Please contact us if you have any questions/concerns regarding our operation hours. We strive to accommodate consumers who are on the Year-Round school calendar. Please let us know if there are additional matters with the schedule that you feel we should consider.

## **Inclement Weather Policy**

Please be aware that Ray of Hope operates based upon Wake County Public Schools closing schedule, in the event of inclement weather. In the event that Wake County public schools have a system wide closing, due to weather related conditions, our facility will also be closed. Likewise, should Wake County Public Schools announce an early dismissal, due to weather conditions, our programs will work with each individual family and consumer to ensure safe transportation home, as soon as contact has been made and supervision is arranged. Day Treatment and Partial Hospitalization will operate on normal scheduled hours in the event of a delay at the start of the school day for Wake County Public schools.

Please note that Ray of Hope staff will do their best to inform all families of scheduling changes for our programs, but that information regarding closings due to inclement weather can be found on the Wake County Public School Systems website as well as on local television and radio stations. If you have any questions regarding scheduling and inclement weather policies please do not hesitate to contact us.



## **Search and Seizure and Electronics' Policy**

It is the policy of Ray of Hope that belongings, assigned area, and person be searched when it is deemed necessary by staff in order to find contraband, illegal drugs, dangerous substances, weapons and/or stolen articles. Electronic devices are not permitted within the facility. Any contraband discovered or devices in violation of the electronics policy will be seized. Any seized electronic devices will be stored in a secured/locked cabinet and will be returned to the client at the end of the treatment day.

If clients refuse to participate in a search or seizure they will be unable to go to their assigned treatment groups and will be moved to a location where their behavior can be processed. Clients will be informed that they have 5 minutes to comply with staff's request before guardians/caregivers will be contacted. Parents will be asked to support the program either via phone or if necessary coming to the program to further process the behavior.



## **School Involvement**

The Day Treatment program maintains regular contact with consumers' teachers and schools in order to ensure communication and consistency across settings. It is our goal for each of our consumers to be able to transition back to a full day of school and experience both behavioral and academic success. While Day Treatment's primary focus is mental health, Day Treatment does offer an academic component through Wake County Public School System (WCPSS) for consumers with an IEP who are unable to attend school. The academic program consists of one hour per day with a certified teacher in a small group setting. When a consumer participates in Day Treatment's academic program, he/she continues to be enrolled in his/her base school through WCPSS and the base school is responsible for sending course work, grading, and end of grade testing.

Facility staff will communicate with schools, guardians, and outside agencies and is able to attend IEP and/or any other school meetings. This coordination with the school system is an integral part of our treatment programming.

## **Student Interns**

As part of Ray of Hope services there will be times in which clients will be working with student interns. This may occur in group and/or individual settings. These services do not constitute formal Outpatient Therapy services. Interns receive ongoing clinical supervision with a Licensed Clinical Social Worker as part of their internship. During clinical supervision matters of a clinical nature will be discussed with their Clinical Supervisor. Interns are held to the same Client Rights and Confidentiality as well as reporting requirements (in regards to allegations of abuse/neglect or exploitation) as all other Hope Services staff.



## **Transportation**

To receive transportation to our facility, we recommend that consumers who are currently in school and have an Individualized Education Plan (IEP) request Special Transportation services through WCPSS. The school system may only provide transportation to Ray of Hope. Consumer's transportation home in the afternoons/evenings is determined on an individual basis. Parents/guardians are expected to provide transportation whenever possible. This allows for face to face communication with program staff regarding the consumer and his/her ongoing treatment. Programming will work with families on an individual basis to assist with transportation as needed. For consumers who are 12 and over and have Medicaid, Medicaid Transportation can be utilized to provide transportation to and/or from Ray of Hope. If a consumer has Medicaid and is under the age of 12, Medicaid will provide parents/guardians with gas cards to transport consumers to and/or from the facility. Ray of Hope staff can provide appropriate contact information for guardians who would like to access gas cards. The main number for Medicaid Transportation is (919) 212-7005.

If a consumer is currently in a residential treatment program or in therapeutic foster care, it is expected that the residential program or foster parent provide transportation.

## **Crisis and Emergency Situations**

In the event of an incident, crisis, or emergency during regular business hours please contact our office at (919)532-7599 and ask to speak with your assigned staff or their supervisor.

For crisis events that occur after hours, families should contact on-call support as soon as possible.

### **After Hours Crisis Support**

#### **Crisis Line**

**919-417-2929**

In the event that the on-call staff does not answer immediately, please leave a brief message and contact number. If you have not received a return phone call within 15 minutes please contact one of the persons listed on the back of this handbook.



**Contact Us**

**Hope Services, LLC**

**919-714-7500**

**www.hopeservices4u.com**

Please contact the individuals below with any questions or concerns you may have. If you have a question or concern but would like to remain anonymous, you may do so via the Hope Services, LLC website provided above.

**For Questions regarding referrals for services,**

**Contact:**

**Intake Director**

**Trish Wisse**

919-714-7500 ext. 1101

twisse@hopeservices4u.com

**To Schedule a Psychiatric Evaluation and Medication Management Appt. Contact:**

**Hope Services Clinic**

**919-714-7369**

**Clinical Director**

**Lindsay Caldwell**

Ext. 1005

C (919)215-8847

lcaldwell@hopeservices4u.com

**Assistant Clinical Director**

**Lori Krasner**

Ext. 1008

C (919)400-0462

lkrasner@hopeservices4u.com

**Training Director**

**Melissa Greene**

Ext. 1004

C (919)210-7214

mgreene@hopeservices4u.com

**Quality Assurance Director**

**Sara Leonard**

Ext. 1003

C (919)791-7124

sleonard@hopeservices4u.com

**Johnston County Site Director**

**Brandi Coble**

Office: 919-646-9560

Fax: 919-404-7200

bcoble@hopeservices4u.com

**Service Access Director**

**Marva Baker**

Office (919) 714-7500 ext.1601

Fax (919) 714-7528

mbaker@hopeservices4u.com

**Utilization Director**

**John Kozemko**

Office:(919) 714-7500 x 1007

Fax: (919) 714-7528

jkozemko@hopeservices4u.com

**Ray of Hope Program Director**

**Neal Frazier**

Office: 919-532-7599

Fax: 919-532-7597

nfrazier@hopeservices4u.com

**Intake Director**

**Trish Wisse**

Office: 919-714-7500

Fax: 919-714-7367

twisse@hopeservices4u.com