

LITS Bulletin

Louisiana Integrated Treatment Services Technical Assistance Bulletin (TAB)

Issued by the LA Behavioral Healthcare Taskforce

TAB No. 1

Below are guidelines to assist your Local Integrated Steering Committee in the development of a Welcoming Policy specific to the needs of your own community programs. By utilizing these guidelines, you are promoting a customer-focused culture within your local system of care!

Welcoming Policy Guidelines

I. Purpose

Addictive Disorder (AD) and Mental Health (MH) service providers welcome all persons seeking treatment for co-occurring addictive and mental health disorders, regardless of race, ethnicity, religion, gender, age, or disability. This policy is adopted to ensure that treatment services and supports are delivered in a compassionate and continuous manner, thereby enhancing the client's treatment success, recovery, and maintenance of wellness.

II. Implementation

A. Training – Programs ensure that all employees receive routine training on the nature and dynamics of co-occurring disorders and any special risks and needs of clients with co-occurring disorders (including issues related to culture, gender, age, disability, medical conditions, trauma, and family). Employees shall also receive routine training on relevant treatment approaches, resources, and referral protocols appropriate to their role within the agency.

B. Program Compatibility – All AD and MH providers ensure that policies and procedures are consistent with the expectation that clients with co-occurring disorders are welcomed to treatment. The provider also shall actively seek to eliminate any and all potential conflicts with this welcoming philosophy in each of its policies and procedures.

III. Policy

AD and MH service providers recognize and welcome the needs of their clients with co-occurring addictive and mental health disorders. As part of this philosophy, AD and MH providers adopt and incorporate the “Three A’s – Access, Availability, and Attitude” in this welcoming policy in order to promote a customer-focused culture in the system of care.

A. Access: Effective treatment systems ensure that clients needing treatment will be identified and assessed and will receive treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services.

B. Availability: Treatment access and supports are available at any point of entry to meet the client's needs, provided level of care criteria is met.

C. Attitude: Employees treat clients as welcomed customers, and strive to understand and address their needs as quickly as possible for better treatment outcomes.

Therefore, the following specific guidelines apply:

- 1. Welcoming Attitude** - Employees shall demonstrate a courteous, welcoming attitude at every juncture and across all levels of interaction with clients and their families.
- 2. “No Wrong Door”** – AD and MH providers shall not deny services to any client solely on the basis of the client having a co-occurring mental health/addictive disorder. Therefore, there is “no wrong door” to access treatment services.
- 3. No Barriers** - Clients shall not be denied access to services, including initial evaluation and treatment intervention. Employees shall seek to avoid and eliminate any arbitrary barriers to treatment, for example, ensuring that services are offered at convenient times for clients. Employees shall also take reasonable measures to facilitate and follow up on an appropriate referral for additional or alternative services.
- 4. Respect** - Employees shall develop and maintain treatment relationships founded on empathy and respect. Employees, treatment programs, clinical protocols and standards shall demonstrate a “no shaming” approach, regardless of the client’s readiness to participate in treatment.
- 5. Engagement** - Employees shall demonstrate an understanding that a client’s treatment adherence and overall success is solely dependent upon fostering a client’s engagement in services. Therefore, employees shall use a variety of excellent customer service practices (eg., friendly and courteous reception) and clinical techniques (eg., positive reinforcements and motivational interviewing) to facilitate service connections and engagement. Employees shall address non-adherence and relapse as a natural part of the overall treatment and recovery process, and shall maintain awareness of the client’s readiness to change.
- 6. Continuous Relationships** - Employees shall utilize motivational techniques and take reasonable measures to ensure the treatment relationship with the client is maintained and enhanced, regardless of the client’s ambivalence towards treatment, until the client is ready or willing to respond.
- 7. “Whole Person”** – Employees shall demonstrate an understanding that clients with co-occurring disorders often have an array of other short-term and long-term needs. In an effort to treat the “whole person”, employees shall provide additional assistance and education to clients to meet their individual or family needs (eg., linking clients to resources that provide assistance with food, shelter, medical care, legal services, self-help meetings, and peer mentor supports).

Notations:

A variety of departmental resources were used in the preparation of these guidelines, as well as outside resources, including wording and language from COCE resources, TIP 42, and “Tips and Topics” by David Mee-Lee, Vol. 2, No. 7, November 2004.