



San Luis Walk-In Clinic, Inc.
Family Behavioral Integrated Services

*“An Integrated, Comprehensive and Continuum
Primary Behavioral Healthcare Model”*

Client Handbook





We are pleased to introduce you to Regional Center for Border Health, Inc./San Luis Walk-In Clinic, Inc., a nonprofit 501 (c) 3 organization, an integrated comprehensive and continuum primary behavioral healthcare model.

This booklet is designed to provide you with a better overview about RCBH/Family Behavioral Integrated Services. Please do not hesitate to reach to us at any time if you have further questions.

Meet our Providers



Dr. Prakshep Bhatt
Internal Medicine
Medical Director



Dr. Daniel Calabrese
Pediatrician



Dr. Leonardo Rodriguez
Pediatrician



Dr. Charlotte Richards
OB/GYN



Dr. Robert Brooks
OB/GYN



Monica Montufar
Certified Nurse Midwife



Leah McNair, FNP
Family Practice



Russell McNair, FNP
Family Practice



Gina Botello, FNP
Family Practice



Steve Covington, FNP
Family Practice



Mani Murugeson, PA-C
Family Practice



Karina Cruz, PA-C
Family Practice



Joanna O'Campo, PA-C
Family Practice



Michael Kennedy, LCSW, BHP
Behavioral Health Services



Hubert Kenney
DMS



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We are pleased you have chosen San Luis Walk-In Clinic, Inc. / Family Behavioral Integrated Services as your provider for Behavioral Health Services, a family-centered approach to treatment. SLWIC is proud to serve children, youth and adults. Primary care settings have become a gateway for many individuals with behavioral health and primary care needs. To address these needs, many primary care providers are integrating behavioral health care services into their setting. Models have emerged that include the use of care managers, behavioral health consultants, behaviorists, or consultation models. (SAMHSA, 2015)

Mission Statement

Committed to improving the quality of life of the residents along the U.S.-Mexico Border by increasing accessibility to quality training and affordable healthcare.

Vision Statement

Access to quality healthcare and training opportunities for rural and border communities.

RCBH History

SLWIC/Family Behavioral Integrated Services is a division of the Regional Center for Border Health, Inc. (RCBH) a 501 (c) 3 nonprofit organization founded in 1986, formerly known as Western Arizona Health Education Center (WAHEC).

In addition to Behavioral Health, RCBH is composed of a wide range departments including: Rural Health Clinic, College of Health Careers, CAPAZ-MEX, and Somerton Main Street-Café. Moreover, RCBH programs include: WAHEC & Binational Council of Health and Environment.

Furthermore, outreach program such as: Nuestros Niños Youth Summer Program, Well Woman Healthcheck, Asthma Camp, Medical Mobile Clinic, Family Care Coordinators & Support Groups. Offices extensions are located in Yuma, Somerton, San Luis, Lake Havasu & Parker. RCBH is proud to serve Mohave, La Paz & Yuma Counties.



Service Locations

SOMERTON, ARIZONA

San Luis Walk-In Clinic, Inc. / Family Behavioral Integrated Services

214 W. Main Street
Somerton, AZ 85350

Mailing Address:
P.O. Box 617
Somerton AZ 85350

Phone: (928) 627-1120
Fax: (928) 627-8315

Hours of Operation: 8:00am – 6:00pm



SAN LUIS, ARIZONA

San Luis Walk-In Clinic, Inc. / Family Behavioral Integrated Services

1896 E. Babbitt Lane
San Luis, AZ 85349

Mailing Address:
P.O. Box 1669
San Luis AZ 85349

Phone: (928) 722-6112
Fax: (928) 722-6113

Hours of Operation 8:00am -6:00pm



SOMERTON, ARIZONA

Family Behavioral Integrated Services

Phone: (928) 627-2017
Fax: (928) 627-2168

1130 E. Main Street, Somerton, AZ 85350

Hours of Operation 8:00am -6:00pm





ENROLLMENT PROCESS

INTAKE

- Please bring photo ID
 - Social Security Card
 - Current Insurance Card (If Necessary)
 - Referral (If Necessary)
 - Court / Probation paperwork (If Necessary)
- Children:
- Birth Certificate
 - Guardianship paperwork

Services

- Substance Abuse Evaluation and Treatment
- Behavioral Health Evaluation and Treatment
- Family & Individual Therapy including Anger Management
- Psychiatric Health and Medication Management
- Family Support Services (case management, family, peer and direct support)
- DUI Screening, Treatment and Education Services
- Misdemeanor Domestic Violence Services
- Group Support Counseling Sessions
- Adult, Youth & Children Services

Cost of Services

Upon intake, a client financial situation is assessed to determine any possible available funding sources. However Individuals receiving services at SLWIC/Family Behavioral Integrated Services are expected to pay all insurance co-payments and deductibles at the time services are rendered. Clients who have no insurance are required to pay 100% for services rendered at each visit unless prior arrangements are made. Those individuals who have insurance that pays the insured directly are responsible for the entire fee at the time services are rendered.

SLWIC is currently approved contracted with:

- AHCCCS
- Mercy Care
- Medicare
- CIGNA
- AETNA
- BCBS
- Cenpatico
- United Health Care Community Health Plan
- TRICARE
- University of Arizona Family Care
- Health Net
- Arizona Foundation
- Humana

Patients not eligible for sliding fee, AHCCCS or private insurance, can apply for CAPAZ Medical Discount Network (please ask any RCBH representative).



FEE/REFUND

Client has a right to a refund if they didn't attend a service they had paid for in advance or if insurance pays for services you have already paid for.

Court Mandate Programs / FFS (Fee for Service)

AHCCCS does not cover "Court mandated" services such as DUI's, and/or Domestic Violence Treatment.

- Intake/Assessment \$80.00
- Individual: \$35.00
- Substance Abuse Evaluation: \$80.00
- DUI Education Level II (16 Hrs.): \$35.00 per session
- DUI Treatment Level I (20 Hrs.): \$25.00 per session
- Substance Abuse Group: \$25.00 per session
- Domestic Violence Group: \$25.00 per session

RCBH is a state licensed programs approved by the Arizona Department of Health Services (ADHS), Arizona Department of Transportation (MVD), & Cenpatico



COURT / PROBATION Ordered Programs

SLWIC/Family Behavioral Integrated Services reports to court/probation on the following occasions:

- Intake process
- Monthly reports
- Not participating in groups
- Not reporting to RCBH within the timeframe outlined by the court
- Arriving late or not showing (no admittance beyond 15 minutes from the start time)
- Verbal or physical treat to staff or other clients
- Arrive to RCBH premises under the influence of AOD (Alcohol or other Drugs)
- Irregular attendance (more than 4 absences the case will be close)
- Not meeting financial obligations

If the client fails to meet the above criteria, the case will be close and a termination letter will be sent to the referral source.



SLWIC / Family Behavioral Integrated Services Policies

NO ALCOHOL, DRUGS or WEAPONS are allowed on RCBH premises at any time, or participating in services under the influence of alcohol & drugs.

Client Responsibilities

- No Cellphones allowed during sessions
- Participation in groups
- No Food/Drink allowed (except water)
- Must arrive on time, if 15 minutes late, will need to reschedule the appointment
- The client is responsible to maintain all receipts as proof of payment
- Cancel 24 hours in advance

General Rules

SLWIC/Family Behavioral Integrated Services EXPECTATIONS

- Do not leave children unattended; arrive 15 minutes before the end of the session.
- SLWIC/Family Behavioral Integrated Services does not tolerate the possession of weapons, illicit drugs or alcohol.
- Do not bring relatives or friends that are involved in the treatment.
- Clients are expected to treat themselves, their fellow clients and the staff with respect. Verbal and physical abuse of other clients and staff members can result in immediate discharge and police involvement.
- There is no smoking in SLWIC/Family Behavioral Integrated Services facilities. Smoking outside must be 20 ft. from the entrance.
- The staff is not allow to receive gifts or exchange items; to avoid any possible conflict of interest or dual relationship.
- Everyone must wear shoes and shirts in the office.
- No pets are allowed in SLWIC/Family Behavioral Integrated Services facilities except for medical reasons.
- Clients are not allowed to loiter in SLWIC/Family Behavioral Integrated Services premises or on the streets near the building or surrounding property within a block of the clinic.
- Clients must keep all appointments with SLWIC/Family Behavioral Integrated Services counseling staff.
- Clients are required to pay client fees on their scheduled day.
- Clients are expected to keep their AHCCCS eligibility current at all times.
- Constant cancellations and or no show will result on termination of services.

Discontinuation of Services-Clients have the right to refuse or discontinue any service or procedure. In the event that treatment has been court ordered, that there may be legal consequences from failure to follow the court ordered treatment.

Discrimination and Harassment-Discriminatory/harassing comments will not be tolerated. Jokes or negative comments will be confronted when made about race, gender, disability, ethnicity or sexual preference. Please note that this is whether directed at a specific individual or made as a general comment. Such statements create a hostile environment and could jeopardize the client's future participation in services.



RIGHTS OF THE PERSONS SERVED

CLIENT RIGHTS AND DISCRIMINATION PROHIBITED

Regional Center for Border Health, Inc. recognizes the existence of a reciprocal relationship between the company and the client based on the principle that the company will protect fundamental constitutional and statutory rights of each client, and clients will be expected to take responsibility for their behavior. The company demonstrates in RCBH clinical records, code of ethics, and other practices RCBH adherence to all applicable federal and state/provincial laws regarding client's rights.

RCBH will ensure that:

1. At the time of admission, a client and, if applicable, the client's guardian, receive a written list and verbal explanation of:
 - a. The client rights;
 - b. If the client is an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, the rights contained in R9-10-1008;
2. A client or, if applicable, the client's guardian acknowledges, in writing, receipt of the written list and verbal explanation.
3. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights. Interpreter & Sign Language services are available upon request.
4. A client is afforded the rights listed in A.R.S. 36-504 through 36-514 and in subsection (C).

A client has the following rights:

1. To be treated with dignity, respect, and consideration;
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment; American Indian clients will not be discriminated against and will receive service regardless of whether they are RBHA or TRBHA clients;
3. To receive treatment that:
 - a. Supports and respects the client's individuality, choices, strengths, and abilities;
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's consent; or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the client's treatment needs;



4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
5. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation;
6. To have grievances considered by a licensee in a fair, timely, and impartial manner;
7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense;
8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
9. If enrolled by ADHS/DBHS or a Regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by ADHS/DBHS or ADHS/DBHS's designee in understanding, protecting, or exercising the client's rights;
10. To have the client's information and records kept confidential and released only as permitted under R9-10-1008;
11. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, except as required for treatment;
12. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For temporary video recording used for security purposes;
13. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in A.R.S. § 12-2293, 12-2294, and 12-2294,01;
14. To review the following at the agency or at ADHS/DBHS:
 - a. This Chapter, R9-10-1008;
 - b. The report of the most recent inspection of the premises conducted by ADHS/DBHS;



- c. A plan of correction in effect as required by ADHS/DBHS;
 - d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by ADHS/DBHS, the most recent report of inspection conducted by the nationally recognized accreditation agency; and
 - e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by ADHS/DBHS, a plan of correction in effect as required by the nationally recognized accreditation agency;
15. To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a crisis service;
 16. To consent to treatment after receiving a verbal explanation of the client's condition and the proposed treatment, including the intended outcome, the nature of the proposed treatment, any procedures involved in the proposed treatment, any risks or side effects from the proposed treatment, and any alternatives to the proposed treatment;
 17. To be offered or referred for the treatment specified in the client's treatment plan;
 18. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;
 19. To express his or her preferences regarding choice of assigned clinician or other service provider;
 20. To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health;
 21. To be free from:
 - a. Physical abuse, sexual abuse, harassment and physical punishment;
 - b. Psychological abuse, including humiliating, threatening and exploiting actions;
 - c. Neglect;
 - d. Exploitation;
 - e. Coercion;
 - f. Manipulation;
 - g. Retaliation for submitting a complaint to the Department or another entity;
 - h. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to



the client's treatment needs;

- i. Treatment that involves the denial of:
 - I. Food,
 - II. The opportunity to sleep, or
 - III. The opportunity to use the toilet; and
 - IV. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation;
22. To participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan. The client is provided with information pertaining to immediate, pending, and potential future treatment needs. Information is offered that is clear and understandable, with risks identified when applicable;
23. To control the client's own finances except when:
 - a. The client is under guardianship or conservatorship or has a representative payee; or
 - b. Otherwise ordered by a court of competent jurisdiction;
24. To participate or refuse to participate in religious activities;
25. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
26. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
27. To participate or refuse to participate in research or experimental treatment;
28. To consent in writing, refuse to consent, or withdraw written consent to participate in research or treatment that is not a professionally recognized treatment;
29. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
30. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility, according to the agency's policies and procedures.



Confidentiality

The confidentiality of alcohol and drug abuse records maintained by RCBH/Family Behavioral Integrated Services is protected by Federal laws and regulations. Generally the program may not say to a person outside the program that a client attends the program or disclose any information identifying a client as an alcohol or drug abuser **unless**:

1. The client consents in writing.
2. The disclosure is mandated by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for audit or program evaluation.
4. The disclosure is made to report suspected child, incapacitated/vulnerable adult or elder abuse or neglect as required by State law to State authorities.
5. The disclosure is made to protect the client or others from serious bodily harm. The program may be required to take protective actions which may include notifying others, including law enforcement, or seeking appropriate hospitalization.
6. The disclosure is made pursuant to a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Violation of Federal laws and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with Federal regulations.
(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42CFR part 2 for Federal regulations).



INFORMED CONSENT TO TREATMENT

Regional Center for Border Health, Inc. will participate in the ADHS/DBHS and RBHA policies regarding General and Informed Consent. Regional Center for Border Health will apprise clients seeking behavioral health treatment services of all necessary information pertaining to their treatment. Voluntary written consent for treatment will be obtained from each client and/or parent/guardian as appropriate prior to treatment.

Treatment Information Available to Clients

1. Prior to admission, the client and/or family will have the opportunity to speak with staff to learn about program hours, attendance, and participation expectations; the cost of treatment; and the treatment planning and discharge process. Written materials may also be available which describe the continuum of services, treatment philosophy, and payment options and schedules.
2. As part of the admission process, clients and family members are informed of their rights and responsibilities and receive a written copy of the information. A copy of client rights and responsibilities will be posted in the client lobby.

Obtaining Informed Consent

1. At the time of the first face-to-face enrollment interview, the clinician will explain to the client and/or guardian:
 - a. the course and purpose of treatment;
 - b. the intended outcome, nature and procedures involved in treatment;
 - c. any risks and side effects of treatment including the risks of not proceeding with treatment;
 - d. alternatives to treatment;
 - e. that consent is voluntary and may be withheld or withdrawn at any time;
 - f. that by signing the Consent to Treatment form the client gives permission for ADHS/DBHS to access information and records maintained by Cenpatico and/or RCBH concerning the provision of covered services.



GRIEVANCE PROCEDURE

The grievance procedure is intended to provide a formal mechanism for the resolution of disagreements that may arise between clients and staff, and to assure that any client with a legitimate grievance is given the opportunity for redress. The grievance procedure is divided into two sections. The first deals with the grievance in general, and the second concerns involuntary termination.

General Grievance Procedure:

1. It is the best interest of the client and the staff of the program that grievances be resolved informally whenever possible. The first step in the grievance procedure will be the written presentation of the grievance to your counselor or case manager.
2. If the grievance is not resolved satisfactorily on an informal level, you should inform your counselor that you wish to initiate a formal grievance hearing. This hearing will involve a meeting with the Program Director or his/her designee to explain your grievance. The hearing will occur as soon as practical.
3. The Program Director will provide a written response to you within 5 days of the hearing.

Appealing Involuntary Termination Decisions:

1. The client will be advised in writing of the decision to terminate treatment and the reason(s) for the decision.
2. In cases of involuntary termination, written notice of intent to terminate shall be given to the client at least 48 hours prior to termination unless:
 - The client's location is unknown to the program and is not discoverable through reasonable effort or if contacting the client would jeopardize client confidentiality.
 - The client's actions present a perceived danger to other clients or staff, or disrupts normal clinic functioning.
3. Upon request of the client, within 48 hours of his/her receipt of the written notice, an independent review will be conducted by the Program Director or Designee.
4. The independent review shall be conducted within 72 hours of the request for review. The review will be informal; however, the program and client shall be given the opportunity to provide documentation and witnesses in support of their respective positions.
5. The person conducting the independent review will render a written decision within 48 hours of the close of the review. When a client has made a written request to review the notice of intent to terminate (and within 48 hours of the receipt of the notice), termination will not begin until the review process has been completed.
6. Clients may file an appeal with Cenpatico within 10 days if they receive a notice of action terminating or suspending their services. Procedures for filing an appeal can be found in your Cenpatico handbook as well as attached to the notice of action.
7. If you are diagnosed as seriously mentally ill (SMI) or are enrolled in Cenpatico of Arizona under Title 19 or State funding, you have additional avenues for grievance and appeal which will be explained to you by your counselor and are described in The Cenpatico Customer Handbook.



Filing a Complaint with the Arizona Department of Health Services

150 N. 18th Ave Suite 450
Phoenix, AZ 85007-3242
(602) 364-3030

Filing a Complaint with Regional Center for Border Health, Inc.

Michael G. Kennedy L.C.S.W. B.H.P, Behavioral Health Clinical Director
Regional Center for Border Health, Inc.
214 W Main Street / P O Box 617
Somerton, AZ 85350
(928) 627-9222



Filing a Complaint with Cenpatico

Complaints and Grievances Department
Cenpatico Behavioral Health of Arizona
Administration Office
1501 W. Fountainhead Parkway, Suite 295
Tempe, AZ 85282
(866) 495-6738 ext. 26138



Filing a Complaint with ADHS

Arizona Department of Health Services
Division of Health and Child Care Review
Office of Behavioral Health Licensure
1647 East Morten, Suite 240
Phoenix, AZ 85020
(602) 674-4300



Filing a Complaint with D.E.S. DCS

D.E.S. – Department of Child Safety
224 South Third Avenue
Yuma, AZ 85364
(928) 783-5970



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Filing a Complaint with D.E.S. APS

D.E.S. - Adult Protective Services
230 South Third Avenue
Yuma, AZ 85364
(928) 782-9255



Telephone Numbers You Should Know

Emergency	911
Yuma County Poison Control	(928) 344-2000
Crisis Line – Nurse Wise	(866) 495-6735
Amberly’s Place	(928) 373-0849
Cenpatico Behavioral Health of Arizona	(866) 495-6738
Social Security Office	(800) 772-1213
Cross Roads Mission Shelter Hotline	(928) 783-9362
Community Legal Services	(928) 782-7511
Yuma Regional Medical Center Emergency Room	(928) 344-2000 (928) 336-7100
Vocational Rehabilitation	(928) 247-8880
Arizona Department of Health Services Office of Behavioral Health Licensure	(602) 364-2536
Arizona Department of Health Services Division of Behavior Health Services	(800) 867-5808 (602) 364-4558
Advocates for the Disabled	(602) 212-2600
Arizona Department of Economic Security Adult Protective Services	(928) 782-9255
Arizona Department of Economic Security Child Protective Services	(928) 341-1159
Cenpatico Behavioral Health of Arizona	(866) 495-6738
RCBH Behavioral Health On-Call	(928) 920-1019



Follow up instructions will be provided by treatment staff based upon the presentation and need of the client. (I.e. AA meetings locations and phone numbers).



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Family Behavioral Integrated Services

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San Luis Walk-In Clinic, Inc.



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(F) (928) 627-8315
www.rcfbh.org



1896 E. Babbitt Lane
San Luis, AZ 85349
(P) (928) 722-6112
(F) (928) 722-6113
www.slwic.org

1130 E. Main Street
Somerton, AZ 85350
(P) (928) 627-2017
(F) (928) 627-2168



Notice: This Handbook is available in Spanish upon request.

Aviso: Este manual está disponible en Español a petición.

Revised: January 2016

RCBH/SLWIC is an equal opportunity
provider and employer.