



## **Behavioral Health Community Services**

---

Handbook for Individuals Served

# Welcome

We're committed to providing you with the best service possible. Please review this handbook and feel free to ask a member of our staff if you have any questions about our policies or procedures. You will have the opportunity to review this handbook with a staff member if you need assistance.

## Who We Are

Jefferson Parish Human Services Authority (JPHSA) helps people in Jefferson Parish affected by mental illness, addictive disorders, and/or developmental disabilities to live full, healthy, independent and productive lives to the greatest extent possible for available resources. We promise courtesy, empathy, and respect in meeting the expectations of those we serve and each other.

Behavioral Health Community Services (BHCS) at JPHSA provides treatment and support in the community where you work and live. BHCS is staffed by a professional team that includes psychiatrists, psychologists, social workers, counselors, care managers, recovery support peers, and support staff. One or more of these individuals will work with you to develop a plan to identify and cope with problems you are experiencing. We will conduct a thorough assessment to make sure your plan of service and/or care best meets your needs. Family members and friends are welcome to attend these planning sessions if you would like.

Jefferson Parish Human Services Authority embraces person-centered and recovery-oriented service planning and delivery. We are committed to assisting you with overcoming barriers to reach your full potential. We want to help increase your participation within the community, including employment when appropriate.

## How We Can Help

### Services

After we complete your assessment, we will discuss our service and/or treatment recommendations with you. Recommendations may include case management; therapy; therapy with medication management; support group participation; referral for primary care, housing, vocational, or substance abuse services; or inpatient treatment when appropriate.

We offer the following programs and services:

- Assertive Community Treatment/Forensic Assertive Community Treatment
- Community Psychiatric Support & Treatment (CPST)
- Community Support Services
- First Episode Psychosis Program
- Functional Family Therapy and Functional Family Therapy-Child Welfare
- Hospital Coordination & Transition
- Housing Coordination

- Intensive Case Management
- Mobile Crisis Services
- Multisystemic Therapy
- Pathways for Independent Living
- Permanent Supportive Housing
- Problem Gambling Treatment
- Projects for Assistance in Transition from Homelessness (PATH)
- Residential Substance Abuse Treatment (by referral)
- Shelter Plus Care
- Social Inclusion Program
- Substance Abuse & Gambling Prevention
- Supported Employment

Priority admission and preference for substance use treatment is given in the following order for residential substance abuse services: pregnant women who inject drugs, pregnant women with other substance use disorders, and others who inject drugs.

## **Charitable Choice**

You have the right to receive services from an alternative provider if you object to the religious character of the current program. Federal law gives you:

1. the right to a referral and to services within a reasonable time after the date of such objection;
2. the right to receive substance use treatment services from a provider that has the capacity to provide such services;
3. the right to access services from an alternative provider that is reasonably accessible to you; and
4. the right to equivalent services, i.e. the value of referred services are not less than the value of the rejected services.

Additionally, the faith-based substance use treatment provider is not allowed to require participation in any religious activity as a component of treatment and may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

## **Locations & Hours**

For Behavioral Health Community Services, please call (504) 846-6901, Monday through Friday, 8:00 AM-4:30 PM. Administrative Offices: 1500 River Oaks Road W., Suite 100, Jefferson, LA 70123

## **Access After Hours**

JPHSA provides 24-hour telephone and face-to-face crisis response and intervention services for children, adolescents, and adults with mental illness, addictive disorders, and/or developmental disabilities. Mobile Crisis Services (MCS) can be reached at (504) 832-5123. The MCS team has the capacity to respond to crises in a variety of settings (e.g. homes, schools) across Jefferson Parish and can provide resources, assessment, intervention, brief in-home respite, and transportation to Health Centers when needed.

*Note: If you are experiencing a life-threatening emergency, you should call an ambulance or go to your nearest hospital's emergency room.*

## **Access to Records**

In most instances, you have a right to see and obtain a copy of your record. There is a copy charge of \$1 per page for the first 25 pages, 50 cents per page for pages 26-350, and 25 cents per page thereafter. A handling charge (not to exceed \$25) and postage costs may also apply. Copying charges are collected prior to the release of information to individuals, families or attorneys.

## **Protecting Your Privacy**

In order to serve your needs, our staff members gather personal information about you. The information you provide will not be released to others without your permission in most cases. Our Notice of Privacy Practices lists all the occasions we are required or permitted by law to disclose or use your information. It also describes additional privacy rights. A copy of the Notice of Privacy Practices is located in the back of this handbook. If you have any questions or concerns regarding your privacy, please contact JPHSA's Privacy Officer at (504)512-3651.

For your safety and to assist in ensuring JPHSA providers have your most recent and up-to-date medical information, JPHSA participates in the Greater New Orleans Health Information Exchange (GNOHIE). This program provides your care team with information from any participating emergency department, hospital, or outpatient health center you might visit in between appointments with JPHSA. This information may include diagnoses/problem lists, names of treatment providers, medications, prescriber notes, allergies, immunizations, and recent test results.

Participation is voluntary on your part and you may decide not to participate in this program at any time while receiving treatment. In order to stop participation in this program, you are required to visit the GNOHIE website at [www.gnohie.org](http://www.gnohie.org) or call 1-855-4GNOHIE (1-855-446-6443) to opt out. A copy of the Notice of Disclosure to the Greater New Orleans Health Information Exchange (GNOHIE) is located at the back of this handbook. You may ask a member of your care team to assist you in this process.

## Appeals & Feedback

JPHSA respects the needs of individuals. You, your family, guardian and/or advocate have a right to appeal JPHSA decisions regarding behavioral health eligibility and resource allocation (the services you receive and the number of times those services are provided). Copies of the appeals procedures are located at the back of this handbook. JPHSA staff members are also available to provide copies of appeal forms and any needed assistance.

Your satisfaction with JPHSA is important to us. If you have feedback, please speak directly to the staff person with whom you have been working. If this person is not available or if you wish to speak with someone else, please call our offices at (504)846-6901 and ask to speak with a supervisor.

You may provide feedback in a number of ways:

- On the JPHSA website (can be done anonymously)
- Electronically through [myjphsa@jphsa.org](mailto:myjphsa@jphsa.org)
- By U.S. mail addressed to 3616 S. I-10 Service Rd., W., Metairie, LA 70001, Attention: Quality Improvement Specialist (can be done anonymously)
- To a JPHSA staff member

If the matter is not resolved, you will be asked to present your feedback in writing. A form is available but not required, and the supervisor can provide any assistance you need when completing it. A copy of the feedback form is located at the back of this handbook. You will be notified of the decision concerning your feedback, if requested.

If you have any questions regarding the privacy of your information or would like to contact the Privacy Officer, please address your concerns in writing to the JPHSA Privacy Officer at 3616 S. I-10 Service Road W., Suite 200, Metairie, LA 70001.

JPHSA recognizes the importance of listening to and acknowledging all feedback received so that we may continuously improve the quality of services and meet your expectations for responsive and high quality service delivery.

## Voter Registration

JPHSA respects the rights of individuals to be included in aspects of community life shared by all citizens, including participation in elections. JPHSA offers the opportunity to register to vote at the following times: admission to a program; financial recertification; renewal; change of address; or change of name (when staff is made aware of the address/name change). If you are interested in registering to vote at any time during your treatment at JPHSA, please ask a JPHSA staff member to assist you in doing so.

# How You Can Help

## Medical History and Changes in Circumstance

Please keep your care team informed of any visits to an emergency department, hospitalizations, or visits to behavioral health or other providers in between your appointments with JPHSA. We recommend keeping the staff member you are working with aware of any and all changes in your behavioral health or life circumstance that may impact your participation in the services you receive. This will greatly assist JPHSA in providing appropriate care.

## Participation and Attendance

It is important for you to provide accurate and complete information to make sure your needs are identified. You must also take an active role in the services you receive, including developing goals, completing homework assignments, and tracking your own progress. The frequency of services depends on your needs and the plan that you and our staff develop.

Attending appointments and following through with suggestions or recommendations is an important part of the services you receive. You are expected to participate in all scheduled appointments and to notify us 24 hours in advance if you are unable to attend scheduled appointments.

If you miss an appointment, a member of the care team may call to discuss your absence and reschedule your appointment. We may also send a letter asking you to call us by a specific date to reschedule your appointment. If we do not receive a call by the date in the letter, we will understand that you no longer wish to receive our services.

Unless you are receiving court-ordered services, participation is voluntary and requires your consent. You can stop receiving services at any time. If you decide to stop receiving services, we encourage you to discuss this decision with us and/or your other service providers before you take any action.

## Fees & Payment

JPHSA expects payment, including any private insurance co-payments, at the time of service, unless prior arrangements are made with JPHSA's Finance Operations office. We will bill you for all outstanding fees.

Discounted fees may be available based on the U.S. Federal Poverty Guidelines along with your income and household size. To be considered for a discounted fee, you must submit an initial application and re-applications on an annual basis thereafter. As part of this process, you will be asked to provide a copy of your most recent tax return, three most recent paycheck stubs, or annual social security statement.

If you are interested in applying for Medicaid, Medicare, or private insurance through the Health Insurance Marketplace, we can assist you and your family in the application process. Please advise any staff member of your interest, and he or she will schedule an Outreach and Enrollment Specialist to assist you in completing your application.

## **Advance Directives**

Please inform a JPHSA staff member if you currently have any advance directives specific to your physical or behavioral healthcare in place. JPHSA staff members will make every effort to honor your wishes in situations where your advance directive is implemented. If you do not have an advance directive and are interested in obtaining more information, please ask a staff member you are working with.

## **Positive Behavior**

If you become frustrated or upset while on our premises, our staff will make every attempt to help you become calm. They will escort you to a quiet place and will work with you to resolve the issue. If you should present a danger to yourself or someone else, we may use physical holds to keep both you and our staff safe. Physical holds are only used as a last resort and only to ensure your safety and the safety of others. Physical holds will remain until you regain self-control or, if not, until emergency services arrive. If this kind of crisis occurs in the community or in your home while our staff member is present, he or she may contact 9-1-1 for assistance if needed and may also leave the area to ensure his or her safety. A copy of JPHSA's Behavior Support and Management policy is available upon request.

## **No Weapons**

JPHSA does not allow weapons on the premises or wherever services are being provided. If you arrive at a JPHSA facility with a weapon, you will be asked to leave it in your vehicle. If the request is refused, you will be asked to leave and the appointment will have to be rescheduled. If you refuse to leave, we will contact law enforcement. If a weapon is present during a session or visit in a community-based location, our staff will request it to be safely secured and stored. If the request is refused, our staff member will leave and the appointment will have to be rescheduled.

## **Tobacco and Electronic Cigarettes**

JPHSA prohibits the use of tobacco/electronic cigarette (e-cigarette) products in the interior of properties occupied, owned, or leased by JPHSA and within 25 feet of any entrance/exit.

Tobacco/e-cigarette products include but are not limited to smoking tobacco of any kind, oral tobacco products (dips, chewable tobacco, etc.) and any form of smoking device. If you need help quitting smoking, please ask a staff member about a referral for smoking cessation treatment.

## Appendix A: Notice of Privacy Practices

**This notice describes how JPHSA may use and disclose your private information, and how you can get access to this information. Please review it carefully.**

**When it comes to your information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of your service record:** You can ask to see or get an electronic or paper copy of your service record and other information we have about you. Ask us how to do this. We will provide a copy or a summary of your information, usually within 15 days of your request. We may charge a reasonable, cost-based fee. We may not be able to produce some or all of your records electronically.

**Ask us to correct your service record:** You can ask us to correct information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share:** You can ask us not to use or share certain information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information:** You can ask for a list (accounting) of the times we’ve shared your information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. A copy can also be found at [www.jphsa.org/privacy](http://www.jphsa.org/privacy).

**Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your information. We will make sure the person has this authority and can act for you before we take any action. You must provide a copy to us so we can have it on file.



**File a complaint if you feel your rights are violated:**

- You can complain if you feel we have violated your rights by contacting our Privacy Officer by phone at (504)512-3651, or address your concerns to: Privacy Officer, 3616 S. I-10 Service Road W., Suite 200, Metairie, LA 70001.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-800-368-1019, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**JPHSA safeguards your private information.** You have choices about how your information is shared. We will never release your private information without your written consent unless we are legally obligated or permitted to do so. Certain information, including psychotherapy notes and substance use treatment records, are never released unless we are legally obligated to do so.

**We will never sell or share your information for marketing purposes without your written permission.**

**How do we typically use or share your health information?**

We typically use or share your information in the following ways:

- We can use your information and share it with other professionals who are treating you.
- We can use and share your information to run our practice, improve your care, and contact you when necessary.
- We can use and share your information to bill and get payment from health plans or other entities.

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues:** We can share health information about you for certain situations such as the following:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Comply with the law:** We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Address workers' compensation, law enforcement, and other government requests:** We can use or share information about you for the following purposes:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- For activities authorized by law with health oversight agencies
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions:** We can share information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **For more information, see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

*If the terms of this Privacy Notice change, a notice will be posted, and copies will be handed out. If you see the notice and did not receive a copy, please request one from the front desk staff.*

## **Appendix B: Appeals Process**

### **You Have a Right to Appeal Decisions About Your Eligibility for Services and Supports**

If you disagree with JPHSA's eligibility decision regarding a determination of ineligibility for entry for behavioral health and/or developmental disabilities services and supports, you (or your family member, guardian, or advocate) may call:

The JeffCare Division Director at 504-838-5257 weekdays between 8 a.m. and 4 p.m. or may mail a written request to appeal to: Jefferson Parish Human Services Authority, 3616 S. I-10 Service Rd. W., Suite 100, Metairie, LA 70001, Attention: Appeals.

The Behavioral Health Community Services (BHCS) Division Director at 504-838-5702 weekdays between 8 a.m. and 4 p.m. or may mail a written request to appeal to: Jefferson Parish Human Services Authority, 1500 River Oaks Road W., Suite 100, Jefferson, LA 70123, Attention: Appeals.

The Developmental Disabilities Community Services (DDCS) Division Director at 504-838-5424 weekdays between 8 a.m. and 4 p.m. or may mail a written request to appeal to: Jefferson Parish Human Services Authority, 1500 River Oaks Road W., Suite 200, Jefferson, LA 70123, Attention: Appeals.

Please state why you believe you are eligible for services and/or supports and give any additional information you have to support this. The appeal, whether by telephone or letter must be made within thirty (30) calendar days of being informed you are not eligible for services.

The respective Division Director will provide you with written notification of the decision within ten (10) working days of receipt of your appeal.

Any decision you receive from the JeffCare or BHCS Division Director is final.

If you are denied developmental disabilities services or supports, you have a right to further appeal to the Louisiana Department of Health (LDH) Division of Administrative Law (DAL) within thirty (30) calendar days of your denial notice. You may inform the DDCS Division Director of your desire to receive assistance in making your appeal to LDH/DAL. JPHSA adheres to final decisions rendered by LDH/DAL.

**Appendix C: Jefferson Parish Human Services Authority's  
Feedback Form**

In order to quickly and appropriately route your feedback, please select the relevant category below.

Compliment     Suggestion     Complaint     Other

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print Name)

Individual Seeking/Receiving Services     Family Member     Other \_\_\_\_\_  
(Relationship)

If a family member or other, who are you filing this complaint on the behalf of? \_\_\_\_\_  
(Print Name)

Select a choice:  I would appreciate a personal response.  I just thought you should know.

Do you prefer to be contacted by:  Mail     Phone | Phone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Address) (City)  
\_\_\_\_\_  
(State) (Zip Code)

Feedback Details:

---

---

---

---

---

---

---

---

---

---

*If you have any complaint about privacy or confidentiality, you may contact JPHSA's Privacy Officer at  
3616 S. I-10 Service Road W., Suite 200, Metairie, LA 70001, 504-512-3651.*

*This form is also available online at [www.jpbsa.org](http://www.jpbsa.org).*

**Appendix D: Notice of Disclosure to the Greater New Orleans Health Information Exchange (GNOHIE)**

This is to notify you that Jefferson Parish Human Services Authority and its programs (JPHSA) share certain protected healthcare information with the Greater New Orleans Health Information Exchange (GNOHIE). GNOHIE is an electronic health information exchange that provides participating healthcare providers access to data in your electronic health records. The information shared in GNOHIE includes your diagnosis, name of treatment provider, medications, and prescriber notes. This information is shared in the system in order to assist JPHSA as well as other participating providers you see make an informed decision about your treatment.

**YOU HAVE THE RIGHT TO OPT-OUT OF THE DISCLOSURE OF YOUR PROTECTED HEALTHCARE INFORMATION TO THIS EXCHANGE.**

If you decide to opt-out, you are required to do so in one of the following ways:

- Go to the GNOHIE website at <http://www.gnohie.org> or
- Call 1-855-4GNOHIE (1-855-446-6443).

JPHSA staff can assist you with the opt-out process and answer any questions you may have about GNOHIE and the benefits of participation. If you decide to participate, you still have the option to opt-out at any time.

**YOU MUST TAKE ACTION TO OPT-OUT OF GNOHIE IF YOU DO NOT WANT YOUR INFORMATION TO BE INCLUDED IN GNOHIE.**

GNOHIE will have access to your information on the fourth day following this visit with a JPHSA provider. If you choose to consent and allow JPHSA and its programs to share this information, then you do not need to do anything.

Your signature on this form acknowledges that you have read this notice and that JPHSA staff answered your questions. Your signature also shows that you understand you have three (3) days from this visit with JPHSA to opt-out of GNOHIE before your information is automatically shared.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Parent or Guardian Signature (if applicable)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name of Parent/Guardian (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Appendix E: The Rights and Responsibilities of Individuals Served

The Rights of Individuals Served include, but are not limited to, the following:

- The right to be given a handbook which includes a copy of the Rights and Responsibilities of Individuals Served, and to receive an explanation of these rights, prior to receiving the first service. In the case of individuals seeking telehealth services, access to the handbook is provided via the JPHSA website;
- The right to be treated with courtesy, empathy, and respect;
- The right to receive services for which eligibility is determined without regard to religion, race, color, creed, sex, national origin, age, sexual orientation, or disability;
- The right to receive services in a manner consistent with JPHSA program rules and expectations, including JPHSA policies and procedures, grant requirements, and federal and state laws and guidelines;
- The right to be referred to an appropriate provider if JPHSA does not offer the services the individual requires;
- The right to receive services in a manner that is non-coercive and protects the right to self-determination;
- The right to participate in decisions regarding services provided;
- The right to be informed of the benefits, risks, side effects, and alternatives to planned services;
- The right to refuse any service, treatment, or medication, unless mandated by law or court order, including the right to receive an explanation of potential consequences of refusal, such as discharge;
- The right to advance notice of the reason(s) for ending services, and to be included in discharge planning;
- The right to receive an explanation of the reason(s) for denial of services and the right to appeal decisions about eligibility and service level;
- The right to a current, written, individualized service/care plan that addresses identified emotional and/or health and wellness goals, and social, educational, or economic needs;
- The right to be included in the development and periodic review of the service/care plan;
- The right to seek second opinions from providers not affiliated with JPHSA, at one's own expense;
- The right to seek legal opinion, at one's own expense;

- The right to be informed of JPHSA's privacy practices and its feedback processes;
- The right to privacy of all personal and protected health information except when JPHSA is permitted or required by law to disclose that information with or without consent;
- The right to access one's own service record;
- The right to advance notice of applicable fees and expectations for payment, and the right to appeal a fee determination;
- The right to be informed that services are not refused due to an inability to pay at the time of service;
- The right to reasonable accommodation in service delivery, such as an interpreter or other aids, to eliminate or minimize visual, auditory, linguistic, cultural, and/or mobility barriers;
- In addition to the Rights of Individuals Served, JPHSA's Developmental Disabilities Community Services Division subscribes to the Rights of Persons Who Have Developmental Disabilities, per Louisiana Revised Statute 28:452.1.

The Responsibilities of Individuals Served include, but are not limited to, the following:

- The responsibility to provide an accurate and complete treatment and/or social history as well as to verbally inform staff if services are obtained elsewhere;
- The responsibility to notify the treatment/service team if there are any changes to primary, behavioral health, or disability needs;
- The responsibility to actively participate in treatment/service planning and decisions on the services;
- The responsibility to attend appointments and to provide no less than one business day's notice if unable to attend;
- The responsibility to follow treatment/service recommendations and to understand the potential impacts of not following treatment/service recommendations;
- The responsibility to provide payment, including private insurance co-payments and deductibles, at the time of service, and to adhere to terms of any payment plans;
- The responsibility to inform staff of any current advance directives;
- The responsibility to adhere to the facility rules when on the premises, such as no weapons, no use of tobacco/electronic cigarette products within 25 feet of an entrance, etc.; and
- The responsibility to refuse to sign any documents/forms that are not understood.