



Client Handbook

Coastal Horizons Center, Inc.

Day Treatment Services

Agency Mission

Coastal Horizons Center provides a continuum of professional services to promote healthier lives, stronger families, and safer communities

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1. WELCOME!

Welcome to Coastal Horizons Center's (CHC) Day Treatment Services. We're glad to have the opportunity to work with you. It is our hope that your involvement with us will be helpful to you. Please feel free to ask us if you have any questions about our program.

As a part of our Day Treatment Service, you will be connected to a qualified mental health professional in addition to a licensed therapist who will provide support and clinical intervention to make progress towards your goals. It is important that you make an honest commitment to get the most out of our program you possibly can. Regardless of the reason(s) that brought your child here, please jump into the treatment process with both feet! We're here to help you and your family move forward and achieve a happier and healthier level of functioning.

We hope that working with our Day Treatment team will help your child as an individual and family unit. In order to make that happen, the services that you can expect from us may include:

- **Individual Therapy**
- **Family Therapy**
- **Substance Use Disorder Treatment**
- **Psychoeducation about the identified client's diagnosis, condition, and treatment plan**
- **Case Management and Wrap Around Care**
- **Referrals as Needed (For example: psychological, psychiatric evaluations, primary care services)**
- **Crisis management**

Coastal Horizons provides Day Treatment services across New Hanover, Brunswick, Pender, and Bladen Counties, offering structured therapeutic and behavioral support for students in educational settings. Programs operate during each county's standard school day and follow the local school calendar, with ongoing services during intersessions and breaks to ensure continuity of care.

Across all counties, Day Treatment functions as part of a multidisciplinary team that includes families, educators, student support staff, and mental health professionals. Services are designed to help students meet goals outlined in their Individualized Education Plans (IEPs) and Person-Centered Plans (PCPs).

The CHC team looks forward to walking through this growth process with you. During the challenging moments you can count on our support and belief in you and your child.

2. DAY TREATMENT OVERVIEW, INTAKE-ADMISSION PROCESS, PHILOSOPHY, & SERVICES

The Day Treatment component of CHC provides clinical and supportive services to individuals in New Hanover, Pender, Brunswick, and Bladen Counties.

The purpose of Day Treatment is to reduce symptoms and improve level of social, emotional or behavioral function including:

- functioning in an appropriate educational setting;
- maintaining residence with a family or community based non-institutional setting and

- maintaining appropriate role functioning in community settings.

The Intake-Admission Process will include:

- a review of supporting school documentation;
- a comprehensive clinical assessment (Up to 2 hours and may take place over the course of multiple sessions);
- the creation of an individualized person-centered plan;
- fees agreement;
- completion of paperwork that includes authorizations to release information, consent for treatment, information about your rights, emergency or crisis resources, required state or federal documents. All of which is necessary to enroll you into the Day Treatment Program.
- Information about and linkage to community resources, peer supports, or other providers if they are better suited to meet your current needs

CHC will attempt to complete the Intake-Admissions process as quickly as possible within either the office or school setting. For some, this process may be completed within the same day. While for others, the process may take longer and extend over a number of days.

Treatment services are individualized and scheduled with your preferences in mind and clinician availability.

The needs are evidenced by the presence of a diagnosable mental, behavioral, or emotional disturbance (as defined by DSM-5 and its successors), with documentation of symptoms and effects reflected in the Comprehensive Clinical Assessment (CCA) and the Person-Centered Plan (PCP).

The therapist and qualified professionals will utilize a variety of therapeutic and treatment approaches, which are individualized based on the specific needs of each client. Your child's therapist will use one or more research-based practices, evidence-based practices, field recognized practices, or published practice guidelines. Some examples of the types of therapy that may be used include Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Solution-focused Therapy, and The Seven Challenges curriculum. We offer individual and family therapy as well as case management and crisis services. Some of our Therapists are also trained in additional evidenced practices such as EMDR (Eye Movement Desensitization and Reprocessing) and TFCBT (Trauma Focused-Cognitive Behavioral Therapy).

All of our services are designed to:

- Support the health and well-being of the people we work along with and their families,
- Enhance quality of life for all of our clients,
- Reduce symptoms or needs and build resilience and strength,
- Restore and/or improve functioning, and
- Support the integration of people we serve into the community.

All of our Therapists regularly participate in clinical supervision and training, so that we can ensure that we are providing competent treatment services. Your Therapist shall make you aware of their credentials, experience, training and supervision.

3. CONFIDENTIALITY (& CODE OF ETHICS – see appendix)

N.C. General Statutes 122C and the code of Federal Regulations ensure that since you are being treated by a federally funded Day Treatment program, no information can be released without your prior, written, and informed consent except under the conditions listed below. Therefore, before any identifying information can be

given out, the client or client's Guardian must sign a consent form for each person or agency. Revocation of consent must also be done in writing with the date/time specified. It is also each client and client's guardian's responsibility (and others who attend with clients) to keep information about all other program clients confidential.

Conditions allowing release of information without client or their guardian's consent:

1. In medical emergencies
2. In response to a court order
3. For the purpose of internal communications
4. With a Qualified Service Organization Agreement or Business Associates Agreement
5. For the purpose of audit or evaluation
6. If you commit a crime on program premises or against program personnel
7. For the purpose of reporting suspected child abuse or neglect
8. As set forth in NCGS122C, 42 CFR Part 2 or 45 CFR Parts 160 and 164

Our team members will make every reasonable consideration and follow federal law to protect the client and family's confidentiality.

4. CLIENT RIGHTS, GRIEVANCES, & CONSUMER INPUT PROCESS

If you feel that your child's rights have been violated, we encourage you to attempt to resolve the matter with the staff person or with the Director of the program that your child is enrolled with. Otherwise, grievances may be reported and filed by following this procedure:

1. Put your grievance in writing. You can give your written grievance to the Director in person or you can submit your written grievance by placing it in the designated, secure submission box located in the office of our Day Treatment programs. If you so desire, an appointment can be made for you to meet personally with the Program Director. You can expect a response back from the Program Director (or his/her designee) on all grievances within seven (7) to ten (10) working days.
2. If you are not satisfied with the results from this procedure, there are successive levels of authority that you may continue the grievance process with, which are to be followed in the following order:
 - a) President & CEO of CHC;
 - b) Board of Trustees of CHC;
 - c) Area Director of Local Management Entity (LME) for MH/DD/SA Services; and,
 - d) The Governor's Advocacy Council for Persons with Disabilities (GACPD) at 1-800-821-6922.

(You have the right to seek other remedies that may be available, or to contact client/patient advocacy groups that might be able to assist you as well. CHC also has a Clients' Rights Committee that might be of assistance)

5. SERVICE DO'S & DON'TS

DO's:

Do notify us immediately of changes in address, phone, employment, or legal status.

Do call if you will not be able to be available when scheduled.

Do be respectful of others

Do inform staff of medication concerns and efficacy.

Do make the most of your time at Coastal Horizons by focusing on wellness development and maintenance

Do your best to arrive on time for all appointments.

Do actively express your beliefs about treatment progress routinely

DON'Ts:

Don't come to any sessions high or intoxicated.

Don't bring any illegal drugs, alcohol, or weapons on the premises.

Don't use cellular phones during treatment sessions or team meetings (have them set to silent or turned off).

NO violence, threats or verbal abuse, or other improper behavior on or around the premises.

6. GUARDIAN INVOLVEMENT

As outlined in the Day Treatment Program Contract which you will review during your intake assessment, your involvement as a guardian of a child receiving Day Treatment Services is not only a required component of this program, but crucial to your child's success. As a guardian it is necessary to prevent risk of being discharged from the program, that you agree to:

- be available and responsive to contact attempts by Day Treatment;
- notify Day Treatment staff of any changes in your contact information;
- abide by the Day Treatment program schedule and give notice to Day Treatment staff of dates my child may be absent from the program;
- attend monthly Child Family Team (CFT) meetings and conferences.

7. CLIENT FEES & PAYMENT FOR SERVICES

Coastal Horizons Center, Inc., a private non-profit agency providing mental health and substance abuse treatment services licensed by the Division of MH/DD/SAS, is required to "prepare fee schedules for services and shall make every reasonable effort to collect appropriate reimbursement for costs in providing these services from individuals able to pay..." [N.C. MH/DD/SAS Laws, 1990 edition, 122C-146]

There are a variety of types of "3rd party" reimbursement entities that may allow certain clients to have less of a "copay" obligation than others.

Day Treatment is currently provided under state-funded resources. If state-funding is not readily available at a given time, we will work with you to link you with resources to meet your needs.

Day Treatment Services fees will be discussed prior to receiving services. If a co-pay or self-pay portion is determined to exist, payments will be transacted through an agency office manager. It is your responsibility to share changes in insurance status, and failure to inform staff of status changes could impact the ability to continue services.

8. COMPLETING DAY TREATMENT (or moving into aftercare phase)

Before discharge or program completion, we will work with you to develop a written "transition plan" or "discharge plan" to help you assess what you need to be successful after treatment. This plan will focus on your progress, strengths, and gains that you made during your participation in treatment services. This plan will help identify what services and supports you need to be successful in continuing your progress and will help us plan together to make sure that you are equipped with the tools and resources to continue your recovery and growth long after you leave CHC.

Successful completion of treatment may include but is not limited to the following:

(1) Demonstration of learned skills by the client to sustain anger management strategies, coping skills, de-escalation tactics, and self-regulation skills.

- (2) Achieving relevant goals on treatment plan/Person-Centered Plan. Some goals may be carried on to aftercare.
- (3) Symptoms have been improved and there is no further medical necessity for treatment.
- (4) Active participation in services.
- (5) Completion of any requirements as outlined by the school system.
- (6) Payment of treatment fees.

Examples of clients' success may include: decreased harmful behaviors (I.e., physical/verbal aggression), improved levels of social functioning, improved or maintained educational status, compliance with school/mental health expectations, and improved mental health status or "self-care".

9. IMPORTANT PHONE NUMBERS

<u>Regional Day Treatment Program Director</u>	910-228-1446
<u>Bladen County Day Treatment</u>	
Elizabethtown Primary	910-622-1934
Elizabethtown Middle	910-833-2688
<u>Brunswick County Day Treatment at Bolivia Elementary</u>	910-756-5070
<u>New Hanover County Day Treatment (Lake Forest Academy)</u>	910-772-2515
<u>Pender County Day Treatment (Pender Innovative Learning Academy)</u>	910-789-6073
<u>After Hours First Responder Line for active clients</u>	910-685-0205

Coastal Horizons Center Main Office
 Willie Stargell Office Park
 615 Shipyard Blvd.
 Wilmington, NC 28412
 Toll Free: 800-672-2903
www.coastalhorizons.org

Additional Community Resources will be provided upon request



Client Handbook Receipt Form

Coastal Horizons Center, Inc.

Day Treatment Services

- I acknowledge that I have received the Day Treatment Services Client Handbook.
- I understand that the Day Treatment Client Handbook discusses overview of Day Treatment services, intake process, philosophy, services, confidentiality and code of ethics, client rights, grievances and consumer input process, DOs and DON'Ts, treatment completion criteria and aftercare planning, and important phone numbers and resources.
- I may obtain an additional copy of the Day Treatment Handbook by contacting the receptionist at:

Coastal Horizons Center, Inc.
Community Based Family Services
Phone: 910-202-3155

Print Name

Signature

Date

Legal Guardian Signature

Date