



# **PATH Behavioral Healthcare Ohio**

## **Client Handbook**

**If you have questions or do not understand any information contained in this handbook, please contact your individual service provider for assistance.**

## **Office Hours of Operation**

Monday-Friday [Call office for specific hours]

## **Mission**

PATH is an acronym for Positive Advocates Teaching and Helping. We felt it was important to choose a name that put positivity first as we believe seeing themselves in a positive light is crucial to our client's success.

We also intentionally choose the term "advocates" for our employees because advocates are defined by the support they provide. Our team is happy to serve in support of your success!

## **Services**

- Outpatient Therapy
- Community Psychiatric Support and Treatment
- Therapeutic Behavioral Services)
- Medication Management

## **Outcomes**

The outcomes the agency desires to achieve are that the individuals and families served have:

- Choices among good clinical care options
- Support of family and friends
- Work, school or other meaningful daily activity
- A feeling of power and control over one's life
- Can overcoming stigma individually and collectively
- Productive involvement in the community
- Access to needed resources
- Education about the illness and about helpful behaviors
- To manage symptoms and triggering stressors.

## **Likely Course of Treatment**

While the type and frequency of services will be determined in an individualized service plan the typical person who receives outpatient therapy participates in the program 2-4 times per month. People who receive case management services receive services weekly. People who participate in Intensive Outpatient Program typically receive 3 hour per day 3 days per week of services for 3 months and afterwards participate in outpatient therapy for several months as aftercare.

## **Transition Planning**

A transition plan is initiated with the client as soon as clinically appropriate in the person-centered planning and service delivery process.

The written transition plan is prepared or updated to ensure a seamless transition when a person served:

- Is transferred to another level of care or an aftercare program.
- Prepares for a planned discharge.
- Identifies the person's current:
  - Progress in recovery or move toward well-being.
  - Gains achieved during program participation.
- Identifies the person's need for support systems or other types of services that will assist in continuing recovery, well-being, or community integration.
- Includes information on the continuity of the person's medication(s), when applicable.
- Includes referral information, such as contact name, telephone number, locations, hours, and days of services, when applicable.
- Includes communication of information on options and resources available if symptoms recur or additional services are needed, when applicable.
- Includes:
  - Strengths.
  - Needs.
  - Abilities.
  - Preferences.
- Identifies the person responsible for coordinating the transfer or discharge.

The written transition plan is:

- Developed with the input and participation of:
  - The person served.
  - The family/legal guardian, when applicable and permitted.
  - A legally authorized representative, when appropriate.
  - Team members.
  - The referral source, when appropriate and permitted.
  - Other community services, when appropriate and permitted.
- Given to individuals who participate in the development of the transition plan, when permitted.

There may be times when the person served chooses to abruptly leave a program and transition planning is not possible. In those cases, documentation would include a discharge summary.

## **Informed Consent**

We will inform you and the legally responsible person about services and treatments and we will obtain your written consent prior to service delivery.

## **Discharge Criteria**

### Discharge Criteria

You will be discharged from services when your level of functioning has improved with respect to the goals outlined in your service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- You have achieved positive life outcomes that support stable and ongoing recovery.
- You are not making progress, or are regressing and all realistic treatment options have been exhausted indicating a need for more intensive services.
- Recipient no longer wishes to receive services.

## **Discharge Process**

For all persons leaving all services, a written discharge summary will be prepared to ensure that the client has documented treatment episodes and results of treatment. The discharge summary:

## **Code of Ethics and Professional Conduct**

Path Behavioral Healthcare is committed to the pursuit of excellence in the provision of services to persons with mental health and substance use challenges, and other disabilities that may limit full participation in daily life. The agency encourages and expects high standards of performance throughout the organization. Those serving at all levels of the organization including the CEO, managers, and supporting staff are expected to perform their duties competently, honestly, compassionately and with commitment to the highest standards of ethical conduct.

This Code of Ethics is designed to provide guidance to all employees in the company in achieving the expected level of ethical conduct. In maintaining the ethical standards required by the agency, each employee will:

- Provide all services in a manner that demonstrates the utmost respect for the humanity and dignity of each person served;
- Provide competent, caring service/support to each individual consistent with the goals in the person-centered plan;
- Communicate with persons served in a manner that is respectful and best helps them understand the information being presented;
- Protect all persons served from abuse, neglect, humiliation, or exploitation;
- Provide the individuals served with the information they need to make informed decisions about their services;
- Advocate for the rights of persons served;
- Protect the confidentiality of all information related to persons served
- Recommend only those services/treatments considered to be beneficial to the individual;

- Document honestly and accurately all services provided and bill responsible payers only for services provided;
- Maintain and continuously improve levels of professional competence in order to provide the highest quality of services;
- Operate within the scope of their professional practice
- Observe professional boundaries that are conducive to therapeutic or collegial relationships
- Comply with all local, state, and federal rules/regulations/laws governing the service provided
- Conduct business in a manner that is not wasteful, fraudulent, abusive or may be considered wrongdoing
- Market services in an ethical manner that is not self-serving
- Not use human resources for personal gain.
- Practice corporate citizenship in communities served.
- Not comment on the agency, persons served, or colleagues on any social media platform.
- Not use human or material resources for personal gain.
- Avoid any personal, business relationship or financial transactions that could reasonably impair objective judgment or effectiveness in service delivery or expose individuals served, families, staff or the company to harm including avoiding conflicts of interest such as
  - Exchanging gifts, money, or gratuities.
  - Soliciting or Personal fund-raising while at work
  - Fund-raising for non-profits is allowable, with permission of the CEO.
  - Use of personal or real property of individuals served or property owned by the agency
  - Witnessing non-agency legal documents
  - Buying or selling goods to individuals served.
- Participating in any activities that might be construed as a conflict of interest or use his/her relationship with the agency for personal gain including:
  - Receiving compensation from organizations in a position to make decisions on referrals to the agency, conduct utilization reviews of services, or monitor the agency;
  - Receiving compensation from an organization to which the agency makes referrals or monitors services.
  - Using Agency resources for personal gain.

### **Staff Qualifications**

PATH staff are qualified mental health and substance abuse professionals with training to assist you achieve your goals.

### **Service Coordination**

Depending on the service(s) you receive your therapist or case manager will coordinate your services.

## **Your Responsibilities**

**Transportation:** Understand that staff may transport you at times, if it applies to specific goals in your treatment or person-centered plan and is consistent with the guidelines of the service you are receiving. However, it is not part of the general service to take you places that are not part of your service plan.

**Appointments:** Understand that time with staff is extremely important, and you agree to make every effort to keep all scheduled appointments. The Agency reserves the right to discharge you from service if you do not show for scheduled appointments.

**Assessments:** PATH staff will work with you to cater your service(s) around your preferences, needs and wants. In order for us to get to know you better, you will be asked to participate in an assessment. The assessment you receive is dependent upon your specific needs.

**Individualized Service Plan-** Once an assessment is completed, you will work with your staff to develop your individualized plan for treatment. We ask that you are honest with yourself and staff about your goals. We encourage you to ask questions about things you do not understand. If you would like a copy of your Individual Service Plan please contact our medical records coordinator.

**Family Involvement:** We encourage you to include your family in treatment. With your permission family members may participate in treatment planning and treatment team meetings.

## **Fees**

We accept Medicaid as payment in full.

## **Court Mandated**

If you are receiving services because you have been ordered by a court of law, then appropriate reporting will be followed per the requirements of the court.

## **Your Rights**

Each person client who is admitted to and is receiving services from the agency has the right to treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse. Each client has the right to an individualized service plan setting forth a program to maximize the development or restoration of his capabilities.

A list of your rights will be posted in the agency's' facilities and staff will be available for clarification at all times. Your rights include:

- Freedom to choose his/her agency
- The right to ask for a different agency
- The right to participate in and request changes to their treatment plan, crisis plan, and discharge plan

- The right to confidentiality
- The right to review their record
- The right to complain about their services without fear of reprisal, such as discontinuance of services
- The right to be free from being restrained or secluded.
- To have privacy when receiving treatment
- Freedom from:
  - Abuse
  - Financial or other exploitation
  - Retaliation
  - Humiliation
  - Neglect
- Access to:
  - Information pertinent to the person served in sufficient time to facilitate his or her decision making
  - His or her records during business hours by contacting the medical records coordinator.
- Informed consent or refusal or expression of choice regarding:
  - Service delivery.
  - Release of information
  - Concurrent services
  - Composition of the service delivery team
  - Involvement in research projects, if applicable
- Access or referral to:
  - Legal representation at your cost
  - Self-help and advocacy support programs
- Adherence to research guidelines and ethics when persons served are involved, if applicable
- Investigation and resolution of alleged infringement of rights
- Explanation of fee assessment and collection practices for services rendered
- Grounds for suspension and expulsion
- Ways input is given regarding quality of care, achievement of outcomes and satisfaction
- Freedom from unnecessary or excessive medication. Medication shall not be used for punishment, discipline or staff convenience
- To be fully informed of the services that will or could be provided, the alleged benefits, potential risks, and possible alternatives and to give or withhold informed consent for any research projects, treatment or concurrent services and withdraw consent at any time
- To exercise the same civil rights and civil remedies as any other citizen, e.g., own and dispose of property, execute instruments, make purchases, enter into contractual relationships, register and vote, bring civil actions, and marry and get a divorce, procreate and have children, unless the exercise of a civil right has been precluded by an un-revoked adjudication of incompetence

- To receive a timely response from the agency to a request for service, support, or information
- To communicate with staff at all reasonable times

## **Grievances**

Path Behavioral Healthcare will provide individuals served and their family members and/or guardians with an opportunity to present grievances and to appeal management decisions through a dispute resolution/ grievance procedure. The agency attempts to resolve all grievances, including Title VI matters, promptly under the provisions of this policy. Filing a grievance under this policy does not alter or endanger the person's continued service by the agency.

A grievance is defined as an allegation of a violation of Agency policy/procedures.

The person's served has a right to an internal or personal advocate during the proceedings.

Name: Ashley Fire

Location : Utah Office

Title: Client Rights and Clinical Supervisor

Hours of availability: 7AM – 3PM Mon-Fri

Email:afire@pathihc.com

Telephone: 216-250-2643

## **PROCEDURES FOR GRIEVANCES**

- Step One: Consumer completes Grievance form provided by employee or through PATHIHC.COM and submits to the Operations Team. The Operations Team has 10 business days to investigate and respond in writing.
- Step Two: The Operations Team will attempt to resolve the issue. If The Operations Team resolution does not satisfactorily resolve the issue, the decision can be appealed in writing to the Clinical/Regional Director. The consumer is responsible for insuring that the appeal is received by the Clinical/Regional Director within 10 business days of the Operations Team response. The Clinical/Regional Director is to receive a copy of the original grievance form completed and signed by the person served. The Clinical/Regional Director has 10 business days to respond in writing.
- Step Three: If the person served is dissatisfied with the Clinical/Regional Director's decision a final appeal may be made to the CEO by submitting the grievance to the CEO. The Committee will hear the issue at the next regularly scheduled meeting.
- A person served filing a grievance against the Clinical/Regional Director may appeal to The Operations Team. The timeframes in Step One will apply.
- The person served has the right to contact UTDHS, respective licensing boards, and CARF at (888) 281-6531.



- Final decisions on grievances are not precedent setting or binding on future grievances unless they are officially stated as Company policy.

The agency will not allow any retaliation against any person who files a grievance

### **Ways to give us input:**

- Satisfaction Surveys
- Talk to local staff for additional ways you can have input into services, quality of care and outcomes related to your services or service delivery in general.

### **Discharge Procedure**

You have the right to request to be discharged from any program at any time, for any reason. You have the right to appropriate discharge and/or transition planning. In some instances the Agency may decide to administratively discharge you from services for the following reasons: changes in service definition requirements for eligibility, it is determined that you need service(s) not offered by the Agency, you are not participating in services as it is defined in your service plan, not showing for appointments or failure to pay. If you are discharged and continue to need services the Agency will ensure linkage to appropriate care with 72 hours of discharge.

### **Confidentiality/HIPAA**

We require a written release of information to release any information about you, unless permitted or required by law. See attached privacy statement. Any information released will only be used for the specified purpose and is protected by State and Federal HIPAA regulations. Release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the CFR 42 Part 2 and 45 CFR 164.512 of HIPAA.

### **Education about advanced directives**

The agency will provide forms and instruction about advanced medical and mental health directives at your request.

### **Use of seclusion and restraint**

It is the policy of the agency not to use restrictive interventions, seclusion or therapeutic holds as emergency or planned interventions in its programs. If a person served behavior is an immediate threat to themselves or others law enforcement will be called.

### **Dress**

This is a comfortable and casual environment. Please be respectful when choosing your attire, by avoiding suggestive clothing, t-shirts with inappropriate or offensive messages. We have learned that individuals feel better when they dress in a clean and neat manner, but we also understand that it can be a struggle. Even if you don't feel like "cleaning up", you are still encouraged to join us.

### **Tobacco Use**

Tobacco use including e-cigarettes and vaping are prohibited in all Agency offices.

Smoking areas are available outside of the building for adult smokers. Please only smoke in designated areas.

### **Medications**

We understand that you may have prescription or over the counter medications with you when you visit our office locations. We ask that you do not bring medications onto the premises unless necessary. If you must have medications with you when you are visiting an agency office, then please keep your medications on your person at all times.

### **Illegal Drugs**

The agency is a drug free workplace. All employees, contractors, persons served, and visitors are prohibited from the illegal use, sale, distribution, possession, or manufacture of illegal drugs and controlled substances on agency premises or in any setting persons are served. Alcohol is prohibited on office premises and in staff possession in the community.

### **Weapons**

No weapons are allowed in agency offices or while in the community with staff. Weapons are considered anything which may cause physical harm. This includes, but is not limited to: guns, knives, pepper spray, stun guns, etc...

### **Referring a Friend**

We would love for you to tell your friends about our programs and would be happy to arrange a meeting with them.

### **Personal Items**

Please do not leave any personal items unattended at the Agency office or staff's vehicle. We are not for any lost, stolen or damaged items.

### **Religion and Spirituality**

We provide care to individuals from families with varied religious backgrounds and beliefs. We do not promote or teach religious doctrine at our centers; however, we have designed our learning programs to teach caring and respect for others, regardless of religious affiliation.

**The following list includes Holidays when the office is closed. Check with your staff regarding service availability for these days.**

- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

**Accounting and safeguarding personal funds-** the agency does not manage people's funds.

### **After Hours Crisis Line**

The agency provides 24/7/365 after hours crisis intervention. The telephone number is on the front of this handbook.

### **Emergency Preparedness**

In the event of a natural disaster the agency office will be closed. Our staff will endeavor to assist you in finding shelter and food. If you require our assistance, please call our crisis line.

### **Office Safety**

You will be given a tour of our office including emergency exits and/or shelters, fire suppression equipment, and first aid kits.