

# CLIENT RIGHTS HANDBOOK

## BEHAVIORAL HEALTH



*Everyone deserves to be treated with Dignity & Respect*



8904 Brookside Ave  
West Chester, Ohio 45069  
513-644-1030



CREDIBILITY • INTEGRITY • ACHIEVEMENT





## Mission Statement

### **Our Mission:**

To improve the lives of children by providing strengths-based foster care, adoption, and mental health services that promote the permanency, safety, and well-being of youth.



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## Service Hours

### **Clients receiving Behavioral Health Services**

- Mental Health Services are provided Monday – Friday 8:00 AM to 6:00 PM. There is opportunity for night appointments as scheduled individually Monday – Thursday to 8:00 PM with your assigned therapist, based on availability.
- Behavioral Mental Health Services are available throughout southwest Ohio.
- In the event that you are in crisis and at risk to harm yourself or others, please call 911 immediately and seek immediate attention at the nearest hospital.
- **For crisis situations only**, it is recommended that you seek assistance immediately.

Examples of **crisis situations**:

- serious injuries
- significant behavior outburst
- youth engaging in risky behaviors
- illness or death of child, parent, or foster parent
- traffic accidents involving a foster child or foster parent, etc.
- suicidal or homicidal ideations or attempts





## OHIO CRISIS HOTLINES

National hotline: 1-800-273-TALK (8255)



### HAMILTON COUNTY

Crisis Care Center  
24 hours/7 days a week  
(513) 281-2273

### CLERMONT COUNTY

Crisis Hotline (513) 528-7283  
Mobile Crisis Team  
(513) 218-9800

### DAYTON

Suicide Prevention Center  
24 hours/7 days a week  
(937) 229-7777 / (937) 463-2961

### BUTLER COUNTY

Crisis Care Center  
24 hours/7 days a week  
(513) 281-2273

### WARREN COUNTY

Hotline: (877) 695-6333

#### **Oxford/Hamilton**

(513) 523-4146

#### **Fairfield/West Chester**

(513) 894-7002

#### **Middletown**

(513) 424-5498

### **9-1-1**

Emergency Number

### **2-1-1**

United Way

For the answers to your social and human service needs.

These services are all 24/7.



## **WEATHER EMERGENCIES**

The office is considered open unless the Executive Director orders it closed or a weather emergency is declared. If there is a scheduled meeting or training you are registered to attend and there is inclement weather, a representative from Focus on Youth, Inc. will contact you to reschedule your appointment.

## **Holiday Office Hours**

**If a holiday falls on a Saturday, the office will be closed the Friday beforehand. If the holiday falls on a Sunday, the office will be closed the following Monday.**

- New Years Day
- Martin Luther King Day
- Presidents Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving and the Day After
- Christmas Eve
- Christmas





## **Behavioral Health Services: Client Rights Policy**

**The adult accompanying you can provide you with the necessary information to understand your rights as a client.**

Focus on Youth adheres to the following list of client's rights as written in the Ohio Administrative Code 5122:2-1-02 and 5122:26-18.

Any allegation of neglect and/or abuse by agency staff of a person served, regardless of the source, shall be investigated. The written results of an investigation into an allegation of neglect and/or abuse of persons served shall be reviewed by the executive director of the agency. Focus on Youth will report any allegation of staff neglect or abuse to the community mental health board within twenty-four hours of the event occurring and communicate the results of the investigation to the community mental health board. In situations that involve child abuse or adult abuse, any notification required by law shall be made to the appropriate authorities. Focus on Youth maintains policies and procedures that are consistent with state law.

(1) All who access mental health services are informed of these rights:

(a) The right to be informed of the rights described in this rule prior to consent to proceed with services and the right to request a written copy of these rights;





- (b) The right to receive information in language and terms appropriate for the person's understanding; and
  - (c) The right to be fully informed of the cost of services.
- (2) Services are appropriate and respectful of personal liberty:
  - (a) The right to be treated with consideration, respect for personal dignity, autonomy, and privacy, and within the parameters of relevant sections of the Ohio Revised Code and the Ohio Administrative Code;
  - (b) The right to receive humane services;
  - (c) The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
  - (d) The right to reasonable assistance, in the least restrictive setting; and
  - (e) The right to reasonable protection from physical, sexual and emotional abuse, inhumane treatment, assault, or battery by any other person.
- (3) Development of service plans:
  - (a) The right to a current ISP that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral; and
  - (b) The right to actively participate in periodic ISP reviews with the staff including services necessary upon discharge.
- (4) Declining or consenting to services:
  - (a) The right to give full informed consent to any service including medication prior to commencement and the right to decline services including medication absent an emergency;
  - (b) The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs, or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to



observe seclusion rooms or common areas, which does not include bathrooms; and

(c) The right to decline any hazardous procedures.

(5) Restraint, seclusion or intrusive procedures:

The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.

(6) Privacy:

The right to reasonable privacy and freedom from excessive intrusion by visitors, guests and non agency surveyors, contractors, construction crews or others.

(7) Confidentiality:

(a) The right to confidentiality unless a release or exchange of information is authorized and the right to request to restrict treatment information being shared; and

(b) The right to be informed of the circumstances under which an agency is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A) (7) of section 5122.31 of the Revised Code.

(8) Grievances:

The right to have the grievance procedure explained orally and in writing, the right to file a grievance, with assistance if requested; and the right to have a grievance reviewed through a grievance process, including the right to appeal a decision.

(9) Non-discrimination:

The right to receive services and participate in activities free of discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.

(10) No reprisal for exercising rights:

The right to exercise rights without reprisal in any form including the ability to continue services with



uncompromised access. No right extends so far as to supersede health and safety considerations.

(11) Outside opinions:

The right to have the opportunity to consult with independent specialists or legal counsel, at one's own expense.

(12) No conflicts of interest:

No agency employee may be a person's guardian or representative if the person is currently receiving services from said facility.

(13) The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. If access is restricted, the treatment plan shall also include a goal to remove the restriction.

(14) The right to be informed in advance of the reason (s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.

(15) The right to receive an explanation of the reasons for denial of service.



## Right to Participate in Services

**Clients will participate in all service decisions and have the right to:**

- Request an in-house review of their care, treatment, and service plan.
- Refuse any service, treatment, or medication, unless mandated by law or court order; and
- Be informed about the consequences of such refusal, which can include discharge.
- The right to receive information in language and terms appropriate for the person's understanding.
- No Focus employee may be a person's guardian or representative if the person is currently receiving services from Focus on Youth, Inc.





## Client Rights of Persons with Developmental Disabilities

1. Procedures for working with persons with developmental disabilities are client specific and include following treatment recommendations of mental health and health care professionals. Focus on Youth assists in coordinating services needed for clients and monitors families who implement interventions that may limit physical movement, diminish sensory experience, restrict personal freedoms, or cause personal discomfort.
2. An intervention will be discontinued immediately if it produces adverse side effects, or is deemed unacceptable according to professional standards.
3. Persons with developmental disabilities will be treated with dignity and respect and interventions that are against agency policies will be prohibited.
4. All persons receiving services will receive such services in a manner that is non-coercive and non-discriminatory and protects the person's right to self-determination. Clients are the primary source of information about the need for services and the information gathered for assessments. When services are needed that are not provided by Focus on Youth, a referral will be made to obtain those services.
5. A service plan is developed and implemented with the person, and his or her team according to the person's wishes. The service planning process includes conflict resolution between all involved in the development and implementation of the plan.
6. To those eligible and receiving its services, Focus on Youth provides assistance, as appropriate to the person's needs, appropriate telecommunication devices, or other assistance (i.e., interpreters fluent in the first vernacular language of the person served). This service is provided, at no additional cost to persons served, as well as, to their families or significant others. If Focus on Youth is unable to accommodate this level of service a referral to a



resource that is better able to meet the person's needs will be facilitated.

7. Focus on Youth provides or arranges for communication assistance for persons with special needs who have difficulty making their service needs known and considers the person's literacy level.
8. Services and support systems are developed to meet the individual's needs to achieve community involvement and participation.
9. Caregivers are supported and provided information to strengthen care, prevent inappropriate placements, and maintain family unity.
10. Persons with a developmental disability will receive appropriate support and education regarding sexuality and relationships.





## Rights to Confidentiality

**Confidentiality Policy:** Client records are the property of Focus on Youth and are maintained for the benefit of the consumer, staff and the agency. Confidentiality and/or access of all matters pertaining to the identity, physical, mental or emotional conditions of the consumer and his/her treatment is safeguarded against loss, defacement, tampering, or use by unauthorized persons. All information is kept in the strictest confidence and is not released, except as required by law, without the expressed, written consent of the client (if legal age), family or responsible agency representative.

Focus on Youth maintains an Individual Client Record (ICR) and informs the client, prior to his/her disclosure of confidential or private information, about circumstances when the organization may be legally or ethically permitted or required to release such information without the client's consent.

A designated Privacy Officer assures compliance with HIPAA regulations regarding the confidentiality, release, and access of all consumer records.

When Focus on Youth receives a request for confidential information about a client, or when the release of confidential information is necessary for the provision of services, prior to releasing such information, Focus on Youth will:

- a. determine if the reason to release information is valid;
  - b. obtain the client's informed, written authorization to release the information; and
  - c. obtain informed, written authorization from a parent or legal guardian, as appropriate.
1. Focus on Youth offers a copy of the signed and completed release of information form to the person or family authorizing the disclosure of confidential information and places a copy in the case record.
  2. A consent form is signed by the client and/or legal guardian regarding the locations of video and audio equipment.
  3. Focus on Youth informs a client and receives a written consent from the client, or a legal guardian, prior to recording, photographing, or filming.





## Client/Grievance Rights

### **Client Grievance/Complaint Procedure:**

You have the right to file a complaint about the services you have received or if you feel your rights may have been violated in any way. Assistance in filing the grievance, if needed by the grievant, investigation of the grievance on behalf of the grievant, and agency representation of the grievant at the agency hearing will be provided to the grievant, if desired. No interference or retaliation will be taken by Focus on Youth, Inc. in response to the filing of such a complaint or grievance.

**Step I:** If you have a difference with a foster parent, youth specialist, therapist or another service provider associated with Focus on Youth, Inc., first try to work out the problem directly with this person.

**Step II:** If this does not resolve the difference, speak directly to your youth specialist, therapist, or an appropriate Focus on Youth, Inc. staff member about the problem. If you are having a difference with your youth specialist or therapist, you or your designated representative may ask to speak directly to the supervisor.

**Step III:** If the grievance is not resolved by the supervisor, or you are having a difference with a supervisor, you or your designated representative may ask to speak directly to the Executive Director.

**Step IV:** If this does not resolve the difference, you may put the complaint in writing using the provided form. You may request a grievance/complaint form from any Focus on Youth Staff member. If you are unable to read or write, a staff member who is not directly involved in the situation will be assigned to assist you in filing your complaint. **To file a written grievance, the grievance must be made within 90 days of its occurrence.**

**Step V:** During regular office hours of M-F, 8:00 AM to 4:30 PM, you may deliver the written grievance/complaint to:





Jeanie Kleiber, Client Rights Officer  
Focus on Youth, Inc.  
8904 Brookside Avenue  
West Chester OH 45069  
Phone: 513-644-1030  
Email: jkleiber@focusonyouth.com

Or at any time, the complaint may be emailed to:  
clientrights@focusonyouth.com

In the event that the complaint is against the Client Rights Officer or if Jeanie Kleiber is unavailable, to assure prompt accessibility to the grievance process, using the same address and phone number, you may contact:

Bryan Forney, Executive Director at  
bforney@focusonyouth.com

- A written acknowledgement of receipt of the grievance will be provided to each grievant within three business days from receipt of the grievance. An acknowledgement of receipt shall include, but not be limited to, the following:
  - Date grievance was received
  - Summary of grievance
  - Overview of grievance investigation process
  - Timetable for completion of investigation and notification of resolution
  - Treatment provider contact name, address and telephone number
- The grievant will be provided a face to face meeting, if appropriate.
- A review that does not involve the person about whom the complaint has been made or the person who reached the decision under review will be completed.
- The total length of time for resolving the grievance will be 20 days or less from the date of filing the grievance.



### **Filing Other Complaints**

The griever also has the option to initiate a complaint with outside entities including the following:

Ohio Department of Mental  
Health & Addiction  
Services Board

30 East Broad Street  
Columbus, Ohio 43215  
(614)466-2596

Ohio Legal Rights Service  
50 West Broad Street  
Columbus, Ohio 43215  
(614) 466-7264

US Department of Health &  
Human Services  
200 Independence Ave SW  
Washington, DC 20201  
(202) 690-7000

CSWMFT Board

50 West Broad Street,  
Suite 1075

Columbus, Ohio 43215-5919  
(614) 466-0912

Office of Families & Children,  
Field Office

6680 Poe Avenue, Suite 350  
Dayton, Ohio 45414  
FAX (937) 264-5733

Butler County Mental Health  
Board

5963 Boymel Drive  
Fairfield, Ohio 45014  
(513) 860-9240

The griever has the right to request Focus on Youth to provide all relevant information about the grievance to one or more of the organizations specified should the griever initiate a complaint.

A copy of the grievance procedure is posted in the main office and annex of Focus on Youth and provided to each client at the initiation of services and anytime upon request. Any staff member has the responsibility to immediately advise a client who is articulating a concern of the name and availability of the agency's client rights officer and the grievant's right to file a grievance.



## Client Grievance/Complaint Form

Client's Name	DOB	Date
Name of person completing form		

Complaint is against:

☐ **Foster Parent(s):**

Name(s) \_\_\_\_\_

☐ **Youth Specialist:**

Name(s) \_\_\_\_\_

☐ **Therapist:**

Name(s) \_\_\_\_\_

☐ **Other:**

Name(s) \_\_\_\_\_

Please provide a complete description of the problem. Attach additional pages if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What steps have you taken already to resolve this difference?

☐ **Addressed with foster parents: Date of contact \_\_\_\_\_ Outcome:**

\_\_\_\_\_

\_\_\_\_\_



☐ Addressed with youth specialist/therapist: Date of contact \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Addressed with supervisor/clinical director: Date of contact \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you like to see the problem resolved? Attach additional  
pages if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

.....  
This section to be completed by Focus on Youth, Inc.

Date complaint received	Date reply must be provided to complainant (within 3 working days)
Staff member signature receiving complaint	



## Behavior Support & Management

### **Behavior Support and Management Procedures:**

1. All service recipients and their parents or legal guardians will be provided an explanation for and offered a copy of the written behavior support and management policy and procedures and restraint policy and procedures at admission, which includes strategies used to maintain a safe environment and prevent the need for restrictive behavior management interventions.
2. Focus on Youth will obtain the written consent of service recipients, parents, or legal guardians for the use of interventions to be utilized, including restrictive behavior management interventions as identified in the client's ISP. This consent will be reauthorized on an annual basis. The parent or legal guardian will be notified promptly if a restrictive intervention is utilized.
3. Client preferences regarding the use of physical restraint will be determined and considered and documented in the ICR.
4. The service recipient, and/or parent or legal guardian has the right to refuse consent to treatment, including the use of restrictive behavior management interventions. Focus on Youth may determine that the individual cannot be served as a result of refusal.
5. Focus on Youth approves the use of physical restraint according to the Use of Physical Restraint Policy and Procedures (Policy BSM VIII.2)
6. An Initial Behavior Support Plan will be completed for each service recipient at admission as part of the initial intake process. Each service recipient will participate in a screening of the potential risk of harm to self or others to determine the need for behavior support and management interventions. A follow-up Functional Behavior Support Plan/Crisis Plan will be completed on each individual for whom it is indicated in need of such planning. This will be included as part of the client's ISP and review.
7. Each client's history will reviewed, prior to placement and throughout placement, to determine if there are reasons that particular behavior interventions, behavior management



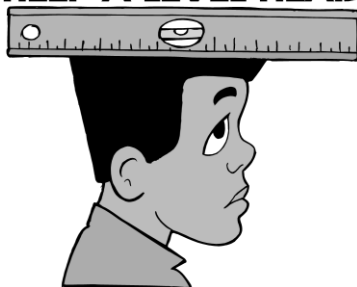
techniques, or aversive procedures would be contraindicated. If such a condition(s) exists, all persons working with the client will be so informed and the condition and resultant contraindication recorded in the client's Individualized Service Plan. Consideration of contraindications shall take into account a client's gender; age; developmental issues; culture, race, ethnicity, and primary language; history of physical and/or sexual abuse, or psychological trauma; medical and other conditions that might compromise physical well-being (e.g. asthma, epilepsy, obesity, lung and heart conditions, an existing broken bone, pregnancy, and drug/alcohol use); and physical disabilities.

8. Focus on Youth adheres to the principle of "Least Restrictive Alternative", in which a continuum of intervention options moving from least restrictive to more restrictive are utilized. Only the least restrictive alternative necessary to safely manage an individual's behavior will be utilized.
9. Focus on Youth has procedures that address harassment and violence towards the service recipients, staff, and/or foster parents. When the service recipient is a minor, the parent or legal guardian will be notified promptly when the minor is involved in an incident involving harassment or violence.
10. Focus on Youth adheres to the support of positive behavior by developing positive relationships with service recipients; building on client strengths and reinforcing positive behavior; and responding consistently to all incidents of harassment and violence. Focus on Youth, Inc. will utilize the Nurtured Heart Approach (NHA) as a primary intervention to accomplish the above stated goals. Direct service staff and foster caregivers will be trained, coached and assessed in the practice of the NHA techniques.
11. All personnel and foster caregivers will be trained in behavioral support and management interventions appropriate to their job responsibilities and/or needs of children they are serving. Such training may include Focus on Youth policies and procedures; The Nurtured Heart Approach; classes on Behavior Support and Management and Crisis Intervention; and Safe Crisis Management.
12. Possible positive behavioral interventions to be utilized are:
  - a. Positive Responses: Ignoring inconsequential behavior; walking away then re-engaging; sharing feelings; self-talk; and recognition techniques as prescribed by the Nurtured Heart Approach.



- b. Secondary Strategies: Includes Non-verbal intervention; Para-verbal intervention; and Verbal interventions of Encouragement, Discussion, and Direction strategies.
  - 1. Encouragement: Includes indicating concern; using a soothing demeanor; encouraging participation and cooperation; changing the environment; using “I” and “We” messages; using clear language; attempting to divert focus; and offering choices.
  - 2. Discussion: Includes paraphrase techniques; behavior description; reflecting feelings; perception checking; open ended questions and phrases; and summarization..
  - 3. Direction: Includes direct appeal; positive problem-solving; benign confrontation; setting clear expectations; redirection; positive correction; limit setting; consequence reminder; and natural and logical consequences.
- c. Time-Out/Reset: Directing a child to initiate a time away from his/her current activity to reset his/her behavior.

**KEEP A LEVEL HEAD**





*Notes:*





*Notes:*



## **Behavioral Health Client Rights Handbook and Behavior Support & Management Receipt**

I have read and understood the rules and privileges and have discussed these with the therapist, case manager, or supervisor. I have received a copy of my Client Rights Handbook. I understand my rights regarding:

- Participation in service decisions
- Denial of services, treatment, and/ or medication, that is not enforced legally, at any time
- A reasonable amount of privacy and confidentiality
- Filing a grievance
- Behavioral Health Services Client Rights

I have reviewed and received a copy of the Behavior Support & Management policy and procedure summary and a copy of the full policy and procedures have been made available to me. I understand I have the right to be treated with dignity and respect. I can refuse consent for treatment at any time and I understand that interventions utilized will not violate state laws or Focus on Youth policies and procedures.

The Client Rights Handbook and Behavioral Support & Management Policy were explained to me by the FOY personnel listed below.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (please print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (please print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FOY Personnel (please print)

\_\_\_\_\_  
FOY Personnel Signature

\_\_\_\_\_  
Date

☐ Client is not developmentally appropriate to sign



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Visit us on the Web:

[www.focusonyouth.com](http://www.focusonyouth.com)