

Receipt of Orientation Manual

Client's Name (*Printed*) _____

Client ID: _____

I have received a copy of the Kennebec Behavioral Health's Orientation Guidelines, Agreement to Use and Pay for Services, Rights of Recipients of Mental Health Services, Infection Control Policy and a Description of KBH's Programs and Services.

Client/Responsible Party's Signature Date Witness

.....
Client statement of understanding for payment of services

When you sign your name below (*this section*), you agree to these statements:

- I agree to pay for the services I or my child receives.
- If I wish to use health insurance to help pay for services, I give permission to Kennebec Behavioral Health to talk with my insurance company.
- If the person that is insured (the guarantor) is someone other than me, I know that the bills for services and possibly insurance information will be sent to the guarantor.
- Insurance will be paid directly to Kennebec Behavioral Health.
- If I do not have insurance or do not agree to use it, I will pay for services according to the Kennebec Behavioral Health Fee Schedule.
- Fees may change over time. If they change, Kennebec Behavioral Health will let me know in advance.

I wish to use insurance [] Yes [] No
I understand and agree to the 6 statements above []

Client/Responsible Party's Signature Date

Witness Date

.....
Consent to Treatment

When you sign your name below (*this section*), you agree to these statements:

- I freely give my consent for staff members at Kennebec Behavioral Health to provide treatment to the client named.
- I know that the practice of mental health/substance abuse treatment is not an exact science.
- Kennebec Behavioral Health does not guarantee results of treatment.

Client/Responsible Party's Signature Date

Witness Date



ORIENTATION GUIDELINES

Hours of Operation: The switchboard is open from 8:00 am to 6:00 pm. After hour crisis services can be obtained by calling **CRISIS RESPONSE SERVICES** at 1-888-568-1112.

Intake Assessment: An intake assessment is provided in order for us to understand your treatment needs.

Care Coordination: You will be given the name of the person responsible for coordinating your care. This person will assist you in getting other needed services and/or information you may need including information on **ADVANCED DIRECTIVES**, which can outline your instructions regarding the healthcare you would like to receive in the event you are unable to make decisions for yourself.

Ways in which your input is gathered and used: KBH is dedicated to continuous quality improvement of our services, consumer outcomes and consumer satisfaction. In order to achieve these goals we ask you for your input and feedback in a variety of ways including:

- Satisfaction surveys
- Follow up discharge surveys
- Outcome Questionnaires (what we call the OQ process)
- Each program has performance improvement goals to work toward
- Comments from you obtained by comment boxes and/or surveys

We use this information to improve service delivery, improve your satisfaction with our programs, facilities and staff, improve your outcomes in our services and better meet your needs and the needs of the communities we serve.

Kennebec Behavioral Health is a trauma-informed agency. What does this mean?

Many individuals seeking services have experienced physical and sexual abuse and other types of trauma-inducing experiences. These experiences often lead to mental health and co-occurring disorders such as chronic health conditions, substance use, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system.

Kennebec Behavioral Health has incorporated into its organization, management and services a basic understanding of how trauma affects the life of an individual seeking services. This would include an understanding of the vulnerabilities or triggers of trauma survivors that may be worsened in the traditional service delivery approaches.

Kennebec Behavioral Health is Co-Occurring Capable Agency: What does this mean?

Kennebec Behavioral Health welcomes, engages and serves individuals with co-occurring substance abuse and mental health disorders and incorporates attention to these issues in various aspects of program content and documentation. The principles apply as well to individuals who may have co-occurring Intellectual Disorders (Mental Retardation) and Pervasive Developmental Disorders,

Professional Standards: All staff follow guidelines specific to their license and our organization's Standards of Conduct. These Standards of Conduct can be reviewed on our website at www.kbhmaine.org, and can also be obtained by contacting our Corporate Compliance Officer at 1-888-322-2136 or 207-873-2136, ext. 1004.

The following are not allowed on KBH property.

- Smoking and use of tobacco products
- Illicit drugs or alcohol**
- Weapons

**Any medications (prescription or non-prescription) are to be kept by the patient, used only as directed, and are not to be dispensed to others, per agency policy.

The following apply to all programs and services and are for your safety:

- All consumers will be escorted in our facilities. These staff will be of assistance to you in the event of an emergency. These staff will direct you to emergency exits if necessary and have access to fire suppression equipment and first aid kits should the need arise.
- No children under the age of 12 will be unattended in our waiting areas.
- Seclusion and Restraint is not used in our facilities or programs. Emergency procedures will be activated to ensure your safety and the safety of others should the need arise.
- In order to ensure the safety and security of clients, staff and other visitors, KBH may use electronic surveillance systems (i.e. video cameras) to record visual occurrences in the facilities common areas, waiting rooms and exterior. Any other use of video surveillance equipment in treatment areas/sessions, for supervision or quality improvement, requires specific client authorization.

At your orientation you will have received the following:

- Agency Orientation Booklet containing the following:
 - Agreement to use and pay for our services
 - Summary of the Rights of Recipients of Mental Health Services
 - Information about Infection Control
 - Information about our Programs and Services
- Notice of Privacy Practices
- Fee Schedule
- Statewide Poison Control Center Number: 1-800-222-1222

AGREEMENT TO USE AND PAY FOR OUR SERVICES

We offer you quality care

The staff members who treat you are supervised by a Licensed Mental Health Professional. This means that a supervisor reviews how treatment staff understand, label, and treat client problems. Your treatment provider may discuss your issues and problems with the supervisor. We also use a team approach here: this means that we sit down and talk together about some of our clients and how best to help them in order to ensure optimum care and treatment outcomes.

If you need to miss an appointment, please cancel in advance

If your treatment provider is sick or unable to see you, we will let you know as soon as possible. We expect the same from you. If you cannot come to an appointment, please call. If possible, let us know at least 3 days before, so we can schedule another client. If you don't, it may take a long time to give you another appointment.

We expect to be paid for services

Clients must agree to pay us according to the fees in our Fee Schedule. We will talk about our fees with you. There are several ways to pay:

- **Insurance:** If you have health insurance, we will file insurance claims for you at no extra charge. When you sign below, you agree that the insurance will pay us directly. We expect them to pay us within 90 days of the billing date. If they do not or if they argue about paying, it's up to you to settle the dispute with the insurance company. You must also let our business office know how you will pay the bill.
- **Co-Payments:** Most insurance requires you to make a co-payment. This amount is due at each visit.
- **Private Payment:** If you are paying for services yourself, payment is due at each visit. If you don't pay for 2 visits in a row, we may not give you another appointment until your balance is zero.

Payment for minor children

If you are the parent of a minor child who is here for treatment, you are responsible for any part of the bill not paid by insurance. Be sure to let us know about any insurance you have or the child's other parent might have for your child. We will file insurance claims.

Statements about what you owe and our right to collect payment

Each month, we will send you a statement about what you owe and what has been paid, either by you or by your insurance company. If the statement seems to have a mistake, please call and let us know.

Please be aware that if we are not paid, we have the right to release your name to a collection agency or the court system.

RIGHTS OF RECIPIENTS OF MENTAL HEALTH SERVICES

This is a summary of your rights as a recipient of services provided in an outpatient setting under the Rights of Recipients of Mental Health Services, and related KBH policy 4001. You have a right to obtain a full copy of the Rights from this Agency or from the Department of Health and Human Services, Substance Abuse and Mental Health Services, 11 State House Station, Augusta, Maine 04333 Tel: 287-4243 (V), (TTY Users dial 711 for Maine Relay). If you are deaf or do not understand English, an interpreter will be made available to you so you can understand your rights.

1. **Basic Rights.** You have the same civil, human and legal rights that all citizens have. You have the right to be treated with courtesy and full respect for your individuality and dignity. All consumers of services shall be assured freedom from abuse, neglect, exploitation, humiliation, and or retaliation.
2. **Confidentiality and Access to Records.** You have the right to have your records kept confidential and only released with your fully informed signed consent. You have the right to review your record at any reasonable time. You may add written comments to your record to clarify information you believe is inaccurate or incomplete. No one else can see your record unless you specifically authorize them to see it, except in instances described in the complete Rights book. KBH adheres to applicable state and federal policies regarding confidentiality and protected health information.
3. **Individual Treatment or Service Plan.** You have the right to an Individualized Plan, developed by you and your worker, based upon your needs and goals. The Plan must be in writing and you have the right to a copy of it. The Plan needs to specifically detail what everyone will do, the time frames in which the tasks and goals will be accomplished and how success will be determined. The Plan must be based on your actual needs and, if a needed service is not available, detail how your need will be met.
4. **Informed Consent.** No services or treatment can be provided to you against your will. If you have a guardian, he or she is authorized to make decisions without your consent. You have the right to be informed of the possible risks and anticipated benefits of all services and treatment, including medications, in a manner which you understand. If you have any questions, you may ask your worker or anyone else you choose before making decisions about treatment or services. If a guardian has been authorized to make decisions for you, the guardian has the right to be fully informed of all risks and benefits of proposed treatment or services.
5. **Assistance in the Protection of Rights.** You have the right to appoint a representative of your choice to help you understand your rights, protect your rights or help you work out a treatment or service plan. If you wish a representative, you must designate this person in writing. You can have access to the representative at any time you wish and you can change or cancel the designation at any time.
6. **Freedom from Seclusion and Restraint.** You cannot be secluded or restrained in an Outpatient setting.
7. **Right to File a Grievance.** Should you feel any of your rights have been denied at KBH, you (or a personal representative) may institute a grievance as follows:
 - 1) Discuss the concern with your primary clinician, who will afford you every opportunity for an informal resolution of concerns.
 - 2) If further resolution is deemed necessary, the primary clinician will provide information to you (or a personal representative) regarding a formal resolution of grievances. You will be informed how to contact the KBH Complaint Officer, who can assist you in using the KBH grievance procedure.

You have the right to have your grievance answered in writing, with reasons for the decision. You may appeal any decision to the Department of Health and Human Services. You will not be punished in any way for filing a grievance. For help with filing a grievance, contact the Grievance Coordinator, 11 State House Station-Marquardt Bldg. 2nd Floor, Augusta, Maine 04333, Tel #: 207-287-4249 or Disability Rights Maine, 24 Stone Street, Suite 204, Augusta, Maine 04330. Tel #: 1-800-452-1948. Your rights to due process are further specified in the RIGHTS of RECIPIENTS of MENTAL HEALTH SERVICES, a copy of which is available to you.

KBH Policy 3010 more specifically addresses our grievance and complaint process.

Complaints

If you are not satisfied with any aspect of your services at KBH, you may choose to file a complaint. You may do this by addressing the issue with your treating provider, or ask to speak with a program manager or supervisor. As customer concerns arise, every attempt will be made by staff and Program Managers to understand and resolve issues on an informal basis.

All verbal or written complaints will be acted upon within 48 hours. A formal written response to the complaint, if requested, will be provided within 30 days of the initial complaint if appropriate.

If you are not satisfied with informal attempts at resolving the complaint, you may choose to file a more formal grievance.

Additionally, suggestion boxes are available at all of the clinic waiting areas for your use should you wish to make a suggestion for improvement.

Grievances

All grievances shall be made in writing. Grievants may write their grievances in letter form or may use the Grievance Form. Grievance forms are available through any KBH staff member.

Formal grievances shall be filed with the Chief Executive Officer. The Chief Executive Officer shall designate a "Complaint Officer" to formally review the circumstances outlined in the grievance and write a response to the grievance with the findings of their review. It shall be the Complaint Officer's decision as to the formal process for reviewing the Grievance.

A formal written response shall be made within five (5) days, excluding weekends and holidays.

If the agency staff needs a longer period to investigate the circumstances of the grievance, a five (5) day extension shall be made and the grievant so notified. Such written response shall be forwarded to the Chief Executive Officer and sent to the grievant. If the grievant is unsatisfied with the findings at the first level, he or she may appeal the decision to the Department of Health and Human Services.

Such an appeal must be made within ten (10) days, excluding weekends and holidays.

The Chief Executive Officer or designee shall forward copies of such an appeal to the Department of Health and Human Services.

Nondiscrimination and Accessibility Statement

No discrimination is to be made against any KBH consumer relative to race, creed, religion, gender, age, national origin, political belief, sexual preference, handicap or nature of complaint that a consumer might institute against KBH.

All treatment programs are to be conducted consistent with basic human rights. While, essentially, only "voluntary" consumers are treated in KBH programs, in cases where KBH clinicians are involved in a Petition for Involuntary Commitment of a patient to a public facility, such procedures will be conducted in a least restrictive manner, consistent with the protection of Patient Rights and dignity and the legitimate protection and needs of the individual and community.

Consistent with these rights all consumers of services shall be assured freedom from abuse, neglect, exploitation, humiliation, and or retaliation.

Kennebec Behavioral Health

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please let your KBH provider know.

If you believe that Kennebec Behavioral Health has failed to provide these services or discriminated in conflict with the policy above, you can file a grievance with the Agency as described on the previous page.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509 F, HHH Building
Washington DC 20201
1-800-368-1019, 800-537-7697 (TDD)

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call our Access Center 1-888-322-2136 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2136 (ATS : 711).

Spanish

Revised 12/16

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2136 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-322-2136 (TTY : 711) 。

Cushite/Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-322-2136 (TTY: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-322-2136 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-322-2136 (رقم هاتف الصم والبكم: 711-TTY)

Cambodian

វា ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-322-2136 (TTY: 711)

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-322-2136 (телетайп: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-322-2136 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-322-2136 (TTY: 711).

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-322-2136 (TTY: 711).

Nilotic/Dinka

PIĐ KENE: Na ye jam ně Thuonjan, ke kuony yeně koc waar thook atō kuka lēu yök abac ke cın wēnh cuatē piny. Yuwopë 1-888-322-2136 (TTY: 711)

Korean

Revised 12/16

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-322-2136 (TTY: 711)번으로 전화해 주십시오.

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-322-2136 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-322-2136 (TTY:711) まで、お電話にてご連絡ください。

INFECTION CONTROL

Information for your health and safety

Infection Control Starts With You

What Are Some Infectious Diseases I Should Be Aware Of?

- Influenza (the Flu)
- Blood born viruses
- Hepatitis A, B, C
- HIV/AIDS
- Tuberculosis
- Gastrointestinal illness (Stomach flu)
- Sexually Transmitted Diseases
- Lice

What Causes These Infectious Diseases?

- Viruses
- Bacteria
- Other organisms

They are transmitted from infected person to surfaces or others who come in contact with them.

Keys to Infection Control

- Cover your mouth and nose when you sneeze or cough
- Wash your hands often
- Avoid touching your eyes, nose or mouth
- Stay home and keep children home from school when sick and check with a health care provider when needed
- Practice good health habits
- Keep food prep surfaces and areas clean
- Clean children's toys frequently
- Clean and disinfect bathroom facilities regularly

10 Most Common Causes of Infection: YOUR HANDS

Hand washing is the MOST effective way to stop the spread of illness

Wash hands after:

- Handling food or eating
- Using the bathroom or changing diapers
- Sneezing, blowing your nose or coughing
- Touching a cut or open sore
- Playing outside or with pets.

Here's how:

- Use warm running water
- Use soap and scrub for 20 seconds – get your nails!
- If no water – use alcohol based gel

Symptoms	Cold	Flu
Fever	As high as 102 F for infants and small children	Usually 102 F or higher and lasts 3-4 days
Headache	Rare	Sudden and can be severe
Muscle Aches	Mild	Usual and often severe
Tiredness and Weakness	Mild	Often extreme, can last for weeks
Extreme Exhaustion	Never	Sudden and can be severe
Runny/Stuffy Nose	Often	Sometimes
Sneezing	Often	Sometimes
Sore Throat	Often	Sometimes
Cough	Mild to Moderate	Usual and can be severe

PROGRAMS AND SERVICES

Clinic-Based Services

Outpatient Services: Counseling and therapy services for adults and children at agency facilities. In-Home clinical also offered for clients who prefer receiving services in their own homes.

Substance Use Disorders Services & Co-Occurring Disorders: Treatment for substance use disorders and for people dealing with co-occurring substance use disorders and mental health problems.

Psychiatric Services: Clinic-based psychiatric evaluation and medication management.

Adult Rehabilitation Services

Community Integration: Case management and community supports for individuals experiencing mental illness.

Community Living Services: Skills development and community rehabilitation services with medication administration and daily living skills training.

Developmental Services Case Management: Helps adults with developmental delays reach their goals and meet their needs through individual planning, support and connections to community resources.

Vocational & Psychosocial Clubhouses (Augusta, Lewiston & Waterville): Evidence-based practice and membership model of psychiatric rehabilitation, with employment skills building and transitional employment.

Behavioral Health Home Services (Youth & Adult): Integrated care of adults and children experiencing significant physical health issues/chronic conditions as well as behavioral health challenges.

Child & Family Services

Children's Case Management: Coordinating service options for children and families including assessment, referral, monitoring and advocacy.

Home & Community Treatment (HCT): Helping families address unwanted behaviors and symptoms of children with education and skill teaching. Includes a Therapeutic Visitation Service.

Multi-Systemic Therapy (MST): Evidence-based practice for youth with mental health and behavioral issues, problem sexual behavior and/or corrections involvement. Services occur within the home and with family participation.

School-Based Services: Mental health services in schools in collaboration with parents and school staff.

Housing & Outreach Services

Homeless Outreach (Adult): Services include outreach and engagement, assessment, case-management linkage with housing and supports and linkages to mainstream resources.

Homeless Outreach (Youth): For youth who are homeless, runaways or at risk for these situations and may be struggling socially, emotionally or behaviorally. Outreach focuses on family reunification, improving functioning in the community and school readiness.

Rental Services: Rental Subsidy program for persons with mental illness who can live independently and meet income eligibility requirements.

Residential Services: 24-hour structured residential services and supports for persons with mental illness.

Supported & Transitional Housing: Community living for homeless mental health consumers who need support in maintaining stability.

Contact Us:

67 Eustis Parkway
Waterville, ME 04901
Phone: 207-873-2136
Fax: 207-872-4522

5 Commerce Drive
Skowhegan, ME 04976
Phone: 207-474-8368
Fax: 207-474-7794

66 Stone Street
Augusta, ME 04330
Phone: 207-626-3455
Fax: 207-626-3612

736 Old Lewiston Road
Winthrop, ME 04364
Phone: 207-377-8122
Fax: 207-377-8564

For more information about KBH, please visit www.kbhmaine.org

Additional Resources/services outside of KBH:

What is 2-1-1?

One number – thousands of services. 2-1-1 is an easy-to-remember number that connects people who want to give help or get help with a full range of health and human services in their community. In establishing 2-1-1, Maine joins a growing national movement to standardize the availability of information and referral for these services.

- 2-1-1 includes a **statewide-directory** of over **8000 resources** including agency services and support groups accessible through this website to anyone with Internet capability.
- The 2-1-1 Call Center is accessible statewide and from cell phones and phone service provided by Internet carriers.

- 2-1-1 provides **emergency operations** during times of natural and other disasters, including accurate and timely information for preparations, and longer term referral for follow-up services if required.
- 2-1-1 provides valuable information for community planning and for future matching of resource development and unmet needs.

Website: <http://211maine.org/>

DIAL 2-1-1 toll free | EMAIL info@211maine.org