



## Home and Community Treatment Orientation Program Guidelines

Client's Name (Printed): \_\_\_\_\_ Client ID: \_\_\_\_\_

In addition to receiving information about KBH's Agency Orientation Guidelines, an orientation to the Home and Community Treatment (HCT) is provided to the parents/guardians/caregivers of the client who will be involved in treatment.

### Description of HCT:

HCT is a home-based and family-focused service. HCT provides intensive intervention, which means it will likely involve multiple contacts per week, with a focus on helping families learn to change disruptive patterns in the family system. HCT is mostly provided within the home or community, with some flexibility to use telehealth in circumstances. The HCT team is made up of two types of professionals:

- HCT Clinician—a therapist who will evaluate needs, guide treatment and clinical decisions
- HCT Behavioral Health Professional (BHP)—provides additional coaching and reinforcement to caregivers

### Parent/Caregiver Responsibilities:

- As a parent/caregiver I agree to be involved in treatment, and that it is likely that I will be asked to attend multiple appointments per week. I understand that the work will be primarily done with me as the adult in the family system, and this is not a service that works only with my child.
- Other family members, including other children, may be invited to participate as needed
- I understand that this is a time-limited service and may not be approved for more than 3-6 months.
- I will report to any safety concerns in my child to HCT personnel, including signs of potential harm to self or others, or other unsafe conditions that might put my child at risk, and I will work with HCT personnel to address safety concerns.
- If I need to cancel an appointment, I will give at least 24 hours notice.
- Before ending treatment, I will engage in planning and transitioning to the new service(s).
- If I decide to leave the HCT program early, I will notify the HCT team, and will have the opportunity to discuss recommendations and resources.

### Acknowledgement:

My signature below verifies that I have received an orientation to the HCT Program, and I have been offered a copy.

Parents/Guardians/Caregivers (Print): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_