Community Connections

Consumer Orientation Handbook

Community Connections

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Community Connections

Consumer Rights

Right to Saftey

Right to be Heard

Right to be informed

Right to Respect

Right to Choose

Right to have Issues Resolved

Right to a Healthy Environment

Community Connections

CONSUMER RIGHTS STATEMENT

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.

2. The right to service in a humane setting, which is the least restrictive feasible as defined in the treatment plan.

3. The right to be informed of one's own condition, of proposed or current services, treatment, or therapies, and of the alternatives.

4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal.

5. The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.

6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan.

7. The right to be free from intellectual, emotional and/or physical abuse.

8. The right to be free from abuse, financial or other exploitation, retaliation, humiliation, and neglect.

9. The right to access information pertinent to the Consumer in sufficient time to facilitate his/her decision making.

10. The right to informed consent, refusal, or expression of choice regarding service delivery, release of information, concurrent services, and composition of service delivery team.

11. The right to access or referral to legal entities for appropriate representation, self-help support services, and advocacy services.

12. The right to freedom from unnecessary or excessive medication.

13. The right to freedom from unnecessary restraint or seclusion.

14. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the Consumer's participation in other services. This necessity shall be explained to the Consumer and written in the Consumer's current service plan.

15. The right to be informed of and refuse any unusual or hazardous treatment procedures.

16. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs.

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

18. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state, or federal statutes, unless release of information is specifically authorized by the Consumer or parent or legal guardian of a minor Consumer or court-appointed guardian of the person of an adult Consumer.

19. 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 Consumer for clear treatment reasons in the Consumer's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the Consumer such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the Consumer and other persons authorized by the Consumer the factual information about the individual Consumer that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person

authorized by the Consumer has unrestricted access to all information. Consumers shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.

20. 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.

21. The right to receive an explanation of the reasons for denial of service.

22. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay.

23. The right to know the cost of services.

24. The right to be fully informed of all rights.

25. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service.

26. The right to file a grievance.

27. The right to have oral and written instructions for filing a grievance, and

28. The right to investigation and resolution of alleged infringement of rights.

Your Responsibilities

- Actively participate in your rehabilitation and help to develop your plan of care with a Community Connections, Inc. staff member.

- Take part in planning and participating in your own psychosocial rehabilitation program and provide information concerning your mental health and medical history.

- Attend scheduled unit meetings and select the unit of your choice to participate in.

- Contact Community Connections, Inc. staff if you are going to be absent from the program. Cancel your transportation, if applicable as soon as you know you will be unable to attend the program.

- Ask a question(s) when you do not understand what is happening to you.

- Let a Consumer of the staff know when you have a problem or feel sick.

- Show respect for the property and rights of others.

- Obey the laws which apply to all citizens.

- Be familiar with and observe the rules and policies of Community Connections, Inc.

- Accept responsibility for your actions.

- Cooperate with the goal of achieving self-sufficiency in the management of your everyday living.

- As a Consumer of Community Connections, Inc. you have a guaranteed right to a place to come, a guaranteed right to meaningful relationships, a guaranteed right to meaningful work and a guaranteed right to a place to return.

Community Connections

Date:

MY PLAN OF CARE @

RECOMMENDATION AND ASSIGNMENT

ACT
- Intensive Support & Outreach
- Community-based
- Reduce Crises, Improve Safety
- Reduce Hospitalizations
- Frequent Doctor/Nurse services
- Forensic Liaisonship

CSP
- Community and Office Appointments
- Scheduled Appointments
- Shifting from Safety to Stability
- Increasing Independence

FSMHC
- Short-term
- Office-based
- Scheduled Appointments
- Discharge Planning
- Independence

Signature_____

Print_____

Witness_____

PART OF ALL TREATMENT

Treatment GOALS

ACTIVE Engagement

Psychiatry

1-on-1 and Groups

CHANGE!

Additional Services

DAY SERVICES

HEALTH HOMES

Supported Employment

Outpatient Addiction Services

PSYCHOTHERAPY

PEER SUPPORT

Primary Care: METROHEALTH

GENOA Pharmacy

24/7 Support

Other_____

Community Connections

FIRE, SAFETY, & EMERGENCY PRECAUTION POLICY

Community Connections is committed to the safety and wellbeing of its staff, consumers, family members and visitors who spend time on the office premises and at any Community Connections properties.
In the case of an emergency, please follow all staff instructions and overhead announcements. When there is an emergency, remain calm, notify others, and respond to the emergency as appropriate. Each building at Community Connections has a written emergency evacuation procedure. Floor plans indicating exits, and fire extinguishers are posted in each building. In the case of most emergencies, the sound of the fire alarm and/or an announcement by Reception Staff will be made to evacuate the building.

All evacuation routes will be lighted and emergency generator lights will ensure that there is available light should the electricity in the building go out. To ensure safety, the company's disaster evacuation plan includes plans for all natural disasters, medical emergencies, bomb threats, terrorist attacks, and violence in the workplace.

A basic first aid kit should be available in each building and department. First aid kits will include physician-approved supplies suitable for medical emergencies that can reasonably be anticipated at Community Connections' facilities. Fire extinguishers are also located in each building. Fire extinguishers are checked annually. All employees are familiar with the location and operation of all fire extinguishers and First Aid Kits. The location of all facility fire extinguishers and First Aid Kits are indicated on the facility egress maps.

RECAP:

- **Safety first!**
- **Remain calm and notify others.**
- **Follow staff instructions and listen for overhead announcements.**
- **Use indicated evacuation routes when needed.**
- **ASK FOR HELP!**

Community Connections

ORIENTATION TOBACCO, DRUGS AND WEAPONS POLICY

Community Connections, Inc. (CCI) is committed to providing a safe and healthy environment and to promoting the health and wellbeing of its consumers, employees, and visitors. Motivated by the desire to provide a healthy environment, the following policies have been adopted and shall apply to all clients, employees, volunteers, interns, and visitors of CCI.

The following polices apply to:

- All areas of buildings occupied by CCI employees, clients, and visitors.
- All agency-sponsored off-site conferences and meetings.
- All vehicles owned or leased by the agency and all vehicles used when transporting clients.

Community Connections

TOBACCO USE POLICY

(including nicotine, vaping, and other smoking devices)

It is the policy of CCI to assure that the practices and philosophies of CCI are consistent with a tobacco free treatment environment and to protect the health of clients, program participants, guests, employees, interns, volunteers, and visitors.

For purposes of this policy, the term "Tobacco Use" encompasses:

- Smoking - inhalation by cigarette, pipe, and cigars
- Smokeless – chewed, sniffed, or sucked
- Nicotine and Vaping devices
- All other tobacco use and products

CCI prohibits the use of all tobacco products, secondhand smoke, tobacco litter, and the items listed above throughout the facility with no exceptions, including all indoor facilities, building entrances, offices, hallways, waiting rooms, restrooms, meeting rooms and community areas. Smoking is not permitted in the building. Tobacco use by clients in unapproved areas will be a violation of Program Rules and will result in consequences.

The organization will provide, upon request, information regarding the effects of tobacco use and the availability of smoking cessation programs.

RECAP:

Tobacco use of any kind is prohibited!

- **No cigarettes**
- **No chewing tobacco**
- **No Vapes**
- **No Pipes**

Throughout the facility, building entrances or community areas!

Community Connections

ILLEGAL, LEGAL DRUGS, ALCOHOL, AND PRESCRIPTION MEDICINE

It is the policy of Community Connections, Inc. that clients, visitors and CCI staff are prohibited from bringing alcohol, illegal and legal drugs into the CCI facility or grounds. Clients who violate this rule shall be informed that it is a violation of the organization's policy and may be told to leave or be discharged.

Illegal, Legal Drugs, Alcohol and Prescription Medicine considered contraband at CCI consist of, but may not be limited to:

- Alcohol and alcohol-based products such as mouthwash
- Illegal drugs including marijuana, hallucinogens, or narcotics and any paraphernalia
- Legal medications not prescribed to you or in your name
- Any other items deemed as contraband by any applicable jurisdiction

Possession of OTC (over the counter) medication or medication prescribed to the client is not a violation of this policy.

RECAP:

Alcohol, alcohol-based products, illegal and legal drugs are not permitted to be used while in facility or on facility grounds. Such actions will be a program rule violation resulting in possible discharge. Possession of over the counter or prescribed medications is not a violation.

Community Connections

PROHIBITION OF WEAPONS

Individuals may not, at any time while on any property owned, leased, or controlled by Community Connections, Inc., including anywhere that company business is conducted, such as locations of persons served, possess, or use any weapon. Weapons include, **but are not limited** to guns, knives, or swords with blades over four inches in length, explosives, any chemical whose purpose is to cause harm to another person, any martial arts weapon such as nun chucks or throwing stars or any longbow, crossbow and arrows or other projectile that could cause serious harm to any person.

Regardless of whether an individual possesses a concealed weapons permit or is allowed by law to possess a weapon, weapons are prohibited on any CCI property.

RECAP:

WEAPONS OF ANY KIND ARE NOT ALLOWED ON ANY PROPERTY OWNED, LEASED, OR CONTROLLED BY COMMUNITY CONNECTIONS!

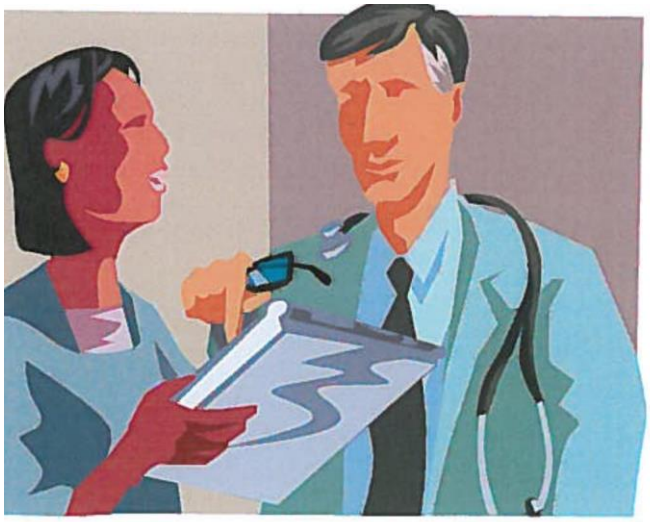
NO

- GUNS
- KNIVES
- SWORDS
- BLADES
- EXPLOSIVES
- CHEMICALS THAT CAN CAUSE HARM
- TASERS
- MARTIAL ARTS WEAPONS OF ANY KIND

MAKING DECISIONS ABOUT YOUR HEALTHCARE

Information for Consumers/Clients and

Answers to Frequently Asked Questions



This pamphlet tells you how you can make decisions about your health care.

District of Columbia
Department of Behavioral Health

DBH

Advance Directives 515.1

MAKING DECISIONS ABOUT YOUR HEALTH CARE INFORMATION FOR CONSUMERS/CLIENTS

This information is being given to you in compliance with a federal law called the Patient Self Determination Act. This law is designed, along with District of Columbia law, to protect your rights to make decisions about your own health care, including the right to accept or refuse life-sustaining medical treatment, and behavioral health treatment.

Your care will be provided whether or not you have written any of the documents discussed in this booklet.

AS AN ADULT, YOU HAVE THESE RIGHTS:

- You have the right to choose what medical treatment you want in the event of a terminal medical condition (living will).
- You have the right to appoint someone to make your health care treatment decisions for you if you cannot make those decisions yourself (durable power of attorney for health care).
- You also have the right to state the behavioral health treatment decisions that you prefer to be followed whenever you cannot make those decisions for yourself (advance instructions for mental health and/or substance use disorder treatment).
- You can make your decisions about your health care known by telling your family, close friends, doctor, nurse, or others, or by putting your directions in writing.
- You can change your mind at any time.

CHILDEN AND YOUTH under 18 years of age are encouraged to help in the advanced health care planning process, but the documents are only valid if a parent or legal guardian signs them.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

WHY SHOULD I BE INVOLVED IN DECISIONS ABOUT MY HEALTH CARE TREATMENT?

Your health care affects **you** most of all, so **you** should be involved in any decisions about **your** treatment.

HOW CAN I BE INVOLVED IN DECISIONS ABOUT MY HEALTH CARE?

- Talk with your family, close friends, doctor, nurse, social worker, or community support worker/case manager about the decisions you want to make.
- Ask questions and let those involved in your care know what your wishes are.
- Talk to them about what you want now. But, also talk to them about what you would want in the future if you cannot make your own decisions.
- You can protect your rights by writing down your wishes and having two witnesses sign the document. Such a document is called an Advance Directive.

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is a document in which you say what you want done if you cannot make your own health care treatment decisions. There are three (3) kinds of advance directives.

- In a living will, you say what kind of treatment you do or do not want if you are unable to make your own health care treatment decisions. A living will applies only when you are in a terminal condition.

- In a durable power of attorney for health care, you appoint a person to make decisions for you about your health care treatment, including behavioral health care, when you are unable to make your own decisions.

- In advance instructions for behavioral health care, you state your wishes regarding mental health and/or substance use disorder treatment, for when you are unable to make your own decisions.

WHO DECIDES THAT I AM UNABLE TO MAKE HEALTH CARE TREATMENT DECISIONS?

By law, you are assumed to be able to make health care treatment decisions unless two (2) doctors (one must be a psychiatrist) agree that you are not able to understand treatment decisions.

WHO WILL MAKE TREATMENT DECISIONS FOR ME?

You may appoint a specific person to make health care treatment decisions for you in a durable power of attorney for health care.

If you have not appointed someone to make health care treatment decisions for you when you are unable to do so, District law authorizes a substitute decision maker to make health care decisions for you in the order of priority set forth below. Substitute decision makers include:

(1) a court-appointed guardian or conservator or intellectual disability advocate of the consumer/client (within the scope of the advocate's appointment under DC Code 7-1304.13);
(2) your spouse or domestic partner;
(3) your adult child;
(4) your parent;
(5) an adult sibling;
(5A) your religious superior (if you are a member of a religious order or a diocesan priest);
(5B) a close friend; or
(6) your nearest living relative.

District law requires that all substitute decision makers follow your wishes to the extent known.

Even if you decide not to make an advance directive, you still **should** discuss your wishes about health care treatment with your family and friends so they will be aware of your wishes.

WHAT SHOULD I SAY IN MY ADVANCE DIRECTIVE(S)?

You can say anything you want about your health care treatment wishes. One way to get started writing an advance directive is to think about the following questions. Your answers to these questions should be included in your advance directive(s).

For example, these are some of the things you might want to include in a living will:

- Do you want treatment to try to restart your heartbeat or breathing (resuscitation)?
- Do you want to be put on a breathing machine (ventilator or respirator) if you can't breathe on your own?
- Do you want to be fed by tubes (receive artificial nutrition and hydration) if you can't eat or drink on your own?

- Do you want to be kept as comfortable and free of pain as possible, even if such care prolongs your dying or shortens your life?

Things you might want to consider in your advance instructions for mental health and/or substance use disorder treatment:

- Do you prefer certain medications?
- What are your treatment preferences during an emergency or crisis?
- Who should be contacted to handle your personal business and take care of your children and belongings?
- Who should, or should not, be contacted in the event of an emergency?

Ask yourself the following questions when creating a durable power of attorney for health care:

- Who is the person who knows you best and will follow what you say?
- Who is the person you trust to make decisions in your best interest?

MUST I HAVE AN ADVANCE DIRECTIVE?

No, but it is a good idea to have so that your doctor, your family and others know what you want if you ever become unable to make health care treatment decisions for yourself.

HOW DO I WRITE AN ADVANCE DIRECTIVE?

Writing an advance directive takes serious thought. You can ask your doctor, nurse, social worker, or community support worker/case manager for a form(s), and someone will discuss this with you, upon request. You can also talk to anyone you trust about your advance directive and/or health care treatment wishes.

WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE(S)?

You should give a copy to the person you appoint to make treatment decisions for you, your doctor, your family, and anyone else who might be involved in making decisions about your treatment. You should keep the original(s) in a safe place.

HOW CAN I MAKE SURE MY ADVANCE DIRECTIVES ARE LEGAL?

DBH has developed forms for a living will, durable power of attorney for health care, and advance instructions for mental and/or substance use disorder health care that comply with federal and District law. You may obtain a copy of those forms from your behavioral health provider or the Office of Consumer and Family Affairs at (202) 673-4377.

You may also ask a lawyer to help you write your advance directive(s) or check one you have written. Possible resources may include, but are not limited to, University Legal Services (ULS), Legal Counsel for the Elderly (LCE), and Neighborhood Legal Services (NLS).

WHAT IF I WANT TO CHANGE MY ADVANCE DIRECTIVE(S)?

You can change or cancel your advance directive(s) at any time. You can write new advance directive(s), destroy the old ones, or tell those involved in your care that you have changed your mind. It is very important to let anyone involved in your health care, including behavioral health professionals, know that your wishes have changed.

If you feel that your rights have been limited, violated, or if you are dissatisfied with behavioral health services or supports provided, you may contact your behavioral health provider or call or visit the Office of Consumer and Family Affairs (OCFA) at:

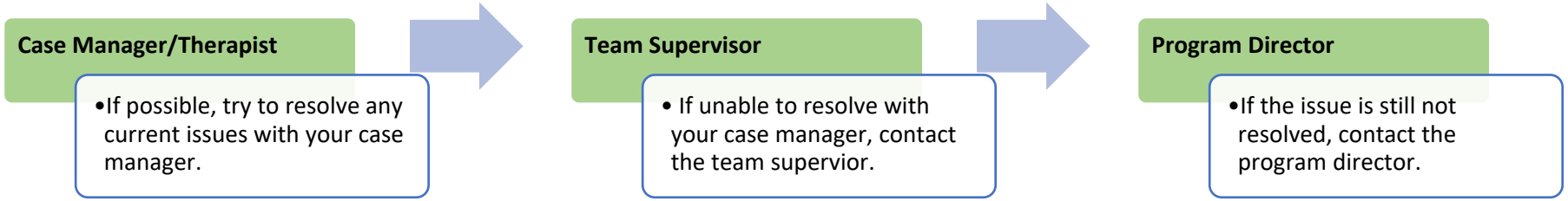
(202) 673-4377
Location:
64 New York Avenue, NE
3rd Floor

Prepared by:
The Department of Behavioral Health (DBH)
Government of the District of Columbia

Community Connections Internal Grievance Guide for DBH Programs

Purpose of the Grievance Program: To support consumers in circumstances where abuse, neglect, severe unethical behavior, or fraud has occurred within the services provided by Community Connections, Inc. This department also assists with consumer complaints that were unable to be resolved by program supervisors/ directors.	**Grievance Contact Line:** 202-683-1119 ** Please note this line is not an emergency number, calls will be returned within 2 business days. **

For any grievances involving abuse, neglect, severe unethical behavior, or fraud, contact the grievance line and leave a message. For complaints such as issues with weekly checks, wanting to switch case managers, and general frustrations with staff, etc., please contact the following staff in the listed order in efforts to resolve your complaint.



If you are unable to resolve your complaint and would like support from outside of the treatment team, contact the Grievance Line.

Additional Grievance Resources Outside of Community Connections

Consumers can file a formal grievance directly through the ***Department of Behavioral Health*** by completing the FAIR form. Consumers may also complete this form at Community Connections with their clinical team or with a member of the grievance program. For more information and access to the forms, see link for the FAIR Form:
http://dbh.dc.gov/node/1106897 Consumer and Family Affairs Administration
64 New York Ave. N.E., 3rd Floor
Washington, D.C. 20002
Telephone: (202) 673-4377 Fax: (202) 671-8049
Consumer Action Network (CAN) serves as a peer advocate organization and offers help with filing a grievance and support throughout the grievance process. You can call (202) 842-0001 to arrange for assistance.