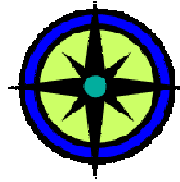




Sponsored by Eckerd Community Alternatives

CHILD SAFETY & FAMILY PRESERVATION



Your Compass for Care

PARENT AND CAREGIVER HANDBOOK

Your Case Manager's Name

Telephone #
(727)

Case Manager's Supervisor's Name

Telephone #
(727)

After Hours On-Call Case Manager: (727) 408-0516
8 a.m. – 5 p.m. Client Provider Helpline: (727) 409 – 3736
ECA Kids Helpline: 1-877-316-5836

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The MISSION of Directions for Mental Health, Inc. is to be a welcoming and compassionate provider, advocate, and partner to children, adults, and families in need of integrated healthcare, social support, safety, and hope for the future.

WELCOME

This handbook has been designed to introduce you to our Child Safety and Family Preservation (CSFP) services and general guidelines. Please read it carefully. If you have any questions about the information in this handbook, please ask for assistance. If you would like this handbook in an alternate format, please let your Case Manager know and we will make every effort to provide it to you.

WHO WE ARE

Directions' Child Safety & Family Preservation program is part of the Child Welfare Community Based Care (CBC) provider network in Pinellas County. Directions provides comprehensive child welfare case management services to children and their families who are in need of child abuse and neglect prevention, child protection, or permanency services. The CSFP program is one of many programs offered at Directions.

In Pinellas County, we provide child welfare case management and adoption services under a contract with Eckerd Community Alternatives, Inc., the lead agency for Community Based Care in Pasco and Pinellas Counties. Directions accepts case referrals in which the primary child is 0 to 18 years of age.

Directions' CSFP program believes that all children / youth have the right to grow up safe, healthy, and fulfilled in families that love and nurture them. Difficult decisions are made with the safety of each child / youth as the foremost concern. Directions' CSFP program also believes that services provided to protect children / youth must be done in the home-like setting best able to meet each child's / youth's individual needs.

When it becomes necessary for a child or youth to leave his or her home, CSFP adheres to the laws regarding placement of children / youths with a relative or a family friend. We know that placing a child / youth with someone familiar greatly reduces the trauma sustained by being forced to leave the home.

If you are considering becoming a relative or non-relative caregiver, we would like to express our sincere appreciation and respect. This can be a difficult and sometimes life changing choice. We thank you for opening your hearts, your home, and your mind.

WHAT TO EXPECT

When being considered as a potential caregiver, there are requirements that must be met prior to the placement. This is a Florida Statute.

- A background check from the Florida Department of Law Enforcement (FDLE) must be performed on everyone in the household as well as frequent visitors. This applies to children age 12 and above. In addition, a Department of Juvenile Justice check will be performed to ensure minors above the age of 12 do not have juvenile criminal charges that may pose a risk to the children or youths coming into the home.
- A Florida Abuse Information Hotline System check will also be performed. The name of the potential caregiver and those residing in the home or who are frequent visitors will be submitted to the abuse registry. The purpose of this check is to safeguard against placing children / youths with adults who have harmed children in the past.

- Fingerprints must be submitted for each adult household member for a check through the National Criminal Registry to confirm identity and check criminal activity out of state.
- A home study will be conducted by the Directions CSFP program prior to placing the child / youth. At this time, a Case Manager will come to the home to meet with the potential caregiver. The caregivers will be asked questions in order to gather information about schedules, the need for day care, family history, employment status, and other information. The home study also considers the family's strengths, resources, abilities, needs, preferences, limitations, knowledge base, understanding of existing concerns, etc.
- An assessment of the caregiver's willingness to care for and protect the child or youth will be taken into consideration, as well as the caregiver's desire to raise the child to the age of 18, if needed.
- Relatives can apply through Economic Services for Medicaid, medical insurance, food stamps, and cash assistance for children in their custody. Non-relatives can also apply for medical assistance and food stamps through Economic Services.
- As the case progresses, the court may order the parents to pay child support to the caregiver.
- Once the child or youth is placed with the caregiver, the caregiver is given a copy of the court order which specifies the placement and authorizes treatment. These documents may be used to enroll a child / youth in school as well as to obtain routine medical treatment of the child / youth.

How a Case Gets to Us

Every case we receive is referred from the county's Child Protective Investigation unit. Depending on the county in which a child or youth resides, it may be the Sheriff's Department or the Department of Children and Families (DCF). Every case comes as a result of an allegation of abuse, abandonment, and / or neglect.

Legal Status

Prior to the case being staffed with us, the Protective Investigator (PI) will review the findings with the attorney for the State to determine if there is "legal sufficiency" to file a dependency petition.

The dependency petition is a document filed with the court to protect the child/youth. There are different types of cases:

- ★ Non – Judicial (in-home) is an option that is offered to parents who demonstrate a willingness to cooperate with the protective investigator and / or services worker. These services are not monitored by the courts and are offered for three to six months.
- ★ Protective Services (in-home) is initiated when there are findings that warrant court intervention, but the children or youth can remain safely in the home.
- ★ Protective Services (out-of-home) is initiated when there are findings that warrant court intervention and the Protective Investigator determines that the child/youth cannot remain safely in the home. The Protective Investigator will make every attempt to identify a relative or close friend who can care for the child/youth. A Shelter Hearing will occur within 24 hours of removal.
- ★ Foster Care (out-of-home) is initiated when there are findings that warrant court intervention and the Protective Investigator determines that the child/ youth cannot remain safely in the home. In this case, a relative or close friend who can care for the child/youth was not identified. A Shelter Hearing will occur within 24 hours of removal.

It is important that you understand that the legal status of a case may change based on the cooperation of the parents and / or additional allegations of abuse and / or neglect.

WHAT WE DO

Case Management Services

Directions employees are competency-based case managers and case management supervisors who have a minimum of a Bachelor's degree in social work or a related field of study from an accredited college or university. The goal of case management is to coordinate resources and community services to families and caregivers in order to improve outcomes for children, youths, and families in the areas of safety, permanency, and well-being. Case management services are provided as a means to:

- ★ Strengthen the family or relative caregiver so that the child or youth is maintained in a safe and stable environment
- ★ Reunify children / youths that have been removed from their families
- ★ Maintain a safe and stable placement for children / youth who are in out-of-home care

Once a case is accepted, a Case Manager will be assigned to the case within one working day. By law, a face-to-face meeting must occur with each child or youth within the home within two working days. The frequency of services that the Case Manager will provide varies based on the individual need of each case.

Here are a few of the things you can expect your Case Manager to do:

- Assure the safety of the child / youth
- See each child / youth in his / her residence, both announced and unannounced – a minimum of once a month
- Coordinate and conduct a case planning conference with the family, caregiver, Protective Investigator, Guardian Ad Litem, and other involved providers
- Consult with the attorneys for the State
- Submit the case plan to the courts
- Assist each person identified on the case plan and find needed services
- Report all progress and events impacting the case to the courts
- Attend all hearings related to the case
- Assist / coordinate visitation for children / youths removed from their homes with parents and siblings, if placed separately
- Maintain regular and ongoing communication with the parent(s) and caregiver(s)
- Report any new incidents of abuse and / or neglect
- Advocate for the child / youth, with safety being the first and foremost concern
- Document all services and contacts within the case record

A **Care Navigator** is available to support and assist a child / youth in the CSFP program , if necessary, in obtaining behavioral health services such as: counseling / support, family education, parenting classes, parent-to-parent interactions, family-to-family interactions, sibling-to-peer and peer-to-peer support, and teaching self-advocacy. Your Case Manager will refer you to a Care Navigator.

Adoption Services

Adoption is also called “legal permanency” and it provides children / youths with legal and social stability, continuity of life-long relationships and, ideally, maintains cultural identity. The Directions’ CSFP program is responsible for the coordination and finalization of adoption services for children / youth ages 0 to 18 in Pinellas County.

Adoption Services:

- ★ Recruits adoptive parents
- ★ Assesses the appropriateness of potential adoptive families
- ★ Facilitates child / youth and parent matches, taking into consideration: extended family, placement with siblings, members of community of origin, cultural background, spirituality, gender identity, sexual orientation, and ethnicity
- ★ Completes adoption home studies and coordinates all pre- and post-adoption requirements
- ★ Trains and prepares prospective families
- ★ Ensures that the age-appropriate child / youth understands and agrees to the adoption

The Adoption Specialist can assist you with:

- Supports and resources for special needs adoptions
- Supports and resources for open and closed adoptions
- Establishing and maintaining relationships with siblings, extended families, birth parents, and previous foster parents.
- The child / youth role in the adoption process and integration with the adoptive family
- Identifying the child / youth’s strengths, needs, abilities, interests, realistic expectations, and preferences

After permanent placement, the Adoption Specialist ensures that post-placement supports are in place and assists the family in applying for financial resources when appropriate.

The Case Plan

Shortly after the initial contact with the child / youth and caregivers, we will develop a case plan in partnership with the parents. The purpose of the case plan is to address the conditions and / or behaviors that created the risk to the child / youth. It will describe the responsibilities of the Case Manager, the parents, and any other parties or participants, to remedy the problems that led to our involvement. The case plan must be consistent with previous court orders and statutory requirements. The case plan must be filed with the court within 60 days of the child or youth’s removal from the home and it expires no later than 9 months from removal.

Visitation

When a child / youth is removed, the judge will set visitation terms at the Shelter Hearing. Visitation may be supervised or unsupervised. The caregiver may be asked to supervise visits, or the visits may be supervised by

a Directions' employee. As the case progresses, visitation may be addressed each time the parents go before the judge. We ask that parents, caregivers, and families follow the rules below:

- Follow the guidelines set by the court
- Be on time
- Confirm the visit 24 hours in advance
- Because the child / youth may be frightened, consider bringing a favorite toy

If at any time you have concerns about visitation, contact your assigned Case Manager. Neither parents nor caregivers have the authority to change the court-ordered visitations.

WHEN SERVICES END

When the court is involved, only the court can end or terminate services. Throughout the court process, the judge will make decisions based on the parents' cooperation and case plan compliance. When a child / youth is removed, the court will have us monitor the case for a minimum of six months after the child / youth is returned to the parents. We do not have the authority to close a case without court approval.

FEES

Directions receives funding from a variety of sources to provide select services to children / youth, adolescents, adults, and their families. CSFP does not charge for any services provided by the Case Manager. However, in some cases, there may be fees associated with additional services such as medication management or therapy. Parents are responsible for partial payment towards the case plan.

YOUR RIGHTS AND RESPONSIBILITIES

Adapted from the Florida Patient's Bill of Rights and Responsibilities, Florida Mental Health Law, and Directions' Policies and Procedures:

Your Rights

- To know your Case Manager's name and to know the Case Manager's Supervisor's name
- To be treated with courtesy and respect, including appreciation of your individual dignity and protection of your need for privacy
- To quality treatment
- To prompt and reasonable responses to questions and requests
- To know who is providing services, his or her qualifications, and who is responsible for your care
- To know what client support services are available, including whether an interpreter is available if you do not speak English, or are Deaf or Hard of Hearing
- To know what rules and regulations apply to your conduct
- To be given information about hours of operation, the service being provided, expected outcome of that service and any risks related to participation in that service
- To participate in the development and review of your case plan and discharge planning

- To report any concerns of abuse or neglect and to know that we are required to report any suspected abuse or neglect
- To be notified of all court hearings
- To be given information concerning diagnosis, recommended course of treatment, alternatives, risks, prognosis, and to guide in treatment decisions
- In the case of prevention services, you have the right to be given information regarding the service being provided, expected outcome of that service, and any risks related to participation in that service
- To refuse any treatment, except as otherwise provided by law
- To be given full information regarding fees for services, available financial resources for your care, and an itemized bill upon request
- To impartial access to services or accommodations, regardless of sex, race, age, national origin, religion, sexual orientation, physical handicap, or resource of payment. If you believe you have been discriminated against in any way, please assist us in our commitment to providing impartial services by contacting Chantal, our Compliance Officer at (727) 524-4464 extension 1720.
- To give consent or refusal to participate in experimental research
- To express grievances regarding any violation of your rights, including abuse or neglect, as stated in Florida law, through the grievance procedure of Directions For Mental Health, Inc. This information is provided during the orientation process and is posted in office reception areas. To express a violation of your rights, clients can also contact the Department of Children and Families at 813-558-5700 or the Human Rights Advocacy Committee at 1-800-342-0825. To report abuse or neglect, contact the Florida Abuse Hot Line at 1-800-962-2873.
- To receive services in a safe and healthy environment
- To participate in the development and review of treatment/service and discharge planning
- To seek and/or receive services from the provider of your choice

Your Responsibilities

- To provide accurate and complete information about the child or youth
- To report changes in your child's or youth's living arrangements and behaviors
- To report whether or not you understand a suggested course of action and what is expected of you
- To follow the case plan agreed upon by you and your Case Manger
- To ask questions and discuss concerns as they arise
- To keep scheduled appointments with your Case Manager and to provide transportation to appointments
- To provide accurate and complete information to the best of your ability
- To report changes in your condition, living arrangements, and financial/insurance status
- To report whether or not you understand a suggested course of action and what is expected of you
- To follow the treatment plan agreed upon by you and your service provider
- To ask questions and discuss concerns regarding your treatment as they arise
- To keep appointments regularly and to call and cancel any appointments you cannot keep at least 24-hours in advance. Failure to keep appointments regularly may lead to your case being closed and you will no longer be a client of Directions. If your case is closed, you will have to re-apply for services.
- To accept any consequences that result from refusing treatment or not following the service provider's instructions
- To pay fees as promptly as possible. When there are difficulties meeting this responsibility, you can make arrangements with your service provider or a representative from the reimbursement department to pay as soon as possible. Failure to make arrangements for payment may lead to your case being closed.

- To treat all other people in the facility with courtesy and respect
- To refrain from attending appointments when actively infectious or contagious and seek appropriate medical treatment before returning for services
- To follow the facility rules regarding conduct as follows:
 - Avoid being violent or threatening to staff, visitors or other clients. You can be denied services if you become violent or threatening, or destroy property which does not belong to you. If you become violent, our staff may use crisis intervention techniques to protect you, themselves, others, and/or property.
 - Do not bring unauthorized weapons into the building. If it is discovered that you have an unauthorized weapon, you will be required to leave immediately, **and** we will inform a law enforcement agency in the event of any threatening behavior.
 - Avoid bringing any illegal substance in or around our property. If it is discovered that you have an illegal substance with you, you will be required to leave immediately and we may inform a law enforcement agency.
 - Avoid exposing staff, visitors or other clients to contagious diseases or conditions such as lice, scabies, active tuberculosis, infectious hepatitis or other contagious diseases. Services can be refused to anyone who has, or claims to have, a currently contagious disease or condition until appropriate medical attention has been initiated and the physical condition is no longer contagious.
- Wear appropriate clothing when in or around our buildings
- To permit the Department of Children and Families, Juvenile Welfare Board, Value Options, Central Florida Behavioral Health Network and other funding sources to review information regarding your treatment or services if they help pay for your treatment or services provided by Directions

YOUR PRIVACY AND PROTECTED HEALTH INFORMATION

We respect your privacy. This is part of our code of ethics. We are required by law to maintain the privacy of Protected Health Information (PHI) about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice.

Protected Health Information, or PHI, means any information that we create or receive that identifies you and relates to your health or payment for services. It includes you and your child's past, present, and future health or condition, the provision of health care to you or your child, and payment for the healthcare that is considered PHI. All information about you is confidential and Directions is committed to protecting and securing your information. Directions adheres to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations. We are required to safeguard the privacy of the PHI of you and your child, give you this notice which describes our privacy practices, and explain how, when, and why we may use or disclose the PHI of you or your child. Except in very specific circumstances, we must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

We must follow the privacy practices described in this Notice, which includes information from the Department of Children and Families Management and Protection of Personal Health Information Policy (CFOP 60-17 Chapter 1, Attachment 2). However, **we reserve the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all Protected Health Information that we receive, disclose, or maintain.** Should our Notice change, we will post a new Notice at this location, and you

may request a copy of the new Notice. You may request a copy of the Department of Children and Families Management and Protection of Personal Health Information Policy at the DCF website:

<http://www.dcf.state.fl.us/admin/hipaa/>

Use and Disclosure Policy

- We will use your protected health information and disclose it to others as necessary to provide treatment to you or your child, based upon the consent you provided in your registration form or releases of information that you sign. Here are some examples:
 - Various members of our staff may see your clinical record in the course of our care for you. This includes, but is not limited to: medical assistants, case managers, nurses, physicians, and other therapists.
 - Your record may be reviewed for quality improvement purposes.
 - It may be necessary to send blood or urine samples to a laboratory for analysis to help us evaluate a medical condition.
 - We may provide information to your health plan or another treatment provider in order to arrange for a referral or clinical consultation.
 - We will contact you to remind you of appointments.
 - We may in some cases use another organization to transcribe the medical progress notes to provide a clear and legible record of your treatment.

- We will use or disclose your Protected Health Information as needed to arrange for payment for service to you. For example, information about you or your child's diagnosis and the services we render is included in the bills that we submit to your health insurance plan. Your health plan may require health information in order to confirm that the services rendered are covered by your benefit program and medically necessary. A health care provider that delivers service to you or your child, such as a clinical laboratory, may need information about you or your child in order to arrange for payment for its services.

- It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you or your child. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health plan may wish to review your records to be sure that we meet national standards for quality of care. Additionally, your record may be reviewed by our licensing or accrediting agencies.

- It is our policy to obtain a general written permission to use and disclose your protected health information for treatment, payment or health care operations purposes. Your registration form includes your authorization for the release of medical information necessary to process payment or related claims and for the release of statistical and demographic information to certain local, state, and/or federal agencies.

- Beyond this, it is our policy to obtain specific written permission for every other disclosure of Protected Health Information to third parties except as noted below. You will be asked to sign an Authorization form for disclosure to each person or organization that receives the information.

Exceptions to Confidentiality

There are several important instances when confidential information may be released to others:

- **Emergencies:** If there is an emergency, we will disclose Protected Health Information as needed to enable people to care for you or your child.
- **Disclosure to health oversight agencies:** We are legally obligated to disclose Protected Health Information to certain government agencies, including the Department of Children and Families or the Managing Entity of Directions' contract with the Department, and the federal Department of Health and Human Services.
- **Disclosures to child, elder, and disabled adult protection agencies:** We will disclose Protected Health Information as needed to comply with state law requiring reports of suspected incidents of child, elder, or disabled adult abuse or neglect. We will disclose Protected Health Information as requested as part of an investigation by a law enforcement agency of an abuse or neglect report.
- **Other disclosures without written permission:** There are other circumstances in which we may be required by law to disclose Protected Health Information without your permission. They include disclosures made:
 - If you invite another person into your treatment session
 - If we are court ordered by a judge to release information
 - If you present a threat of danger to yourself or to someone else
 - If you have a communicable disease that we are required by law to report to public health authorities
 - If you are a minor and your parent or legal guardian requests information regarding your care
 - If you file a formal complaint or take legal action against an employee of Directions
 - If you take other legal action in which you make your mental health an issue
 - To law enforcement officials in some circumstances, such as if you commit a crime while on Directions' property
 - To correctional institutions regarding inmates
 - To federal officials for lawful military or intelligence activities
 - To coroners or medical examiners
 - To researchers involved in approved research projects
 - We share the social security number, name, and address of clients whose services are funded in whole or in part by the Juvenile Welfare Board (JWB) to that agency for the following purposes:
 - To research, track, and measure the impact of JWB-funded programs and services in an effort to maintain and improve such programs and services for the future (individual information will not be disclosed)
 - To identify and match individuals and data within and among various systems and other agencies for research purposes
 - If applicable, to share information with the Florida Department of Health for purposes of Medicaid funding
 - As otherwise required by law
- **Disclosures with your permission:** No other disclosure of Protected Health Information will be made unless you give written Authorization for the specific disclosure.

Personal representative: A “personal representative” of a client may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are “mature minors” may make their own decisions about receiving treatment and disclosure of Protected Health Information about them. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of Protected Health Information to personal representatives may be limited in cases of domestic or child abuse.

Your Rights As They Relate to Your Protected Health Information (PHI)

- **To request restrictions on uses or disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.
- **To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
- **To inspect and copy your PHI:** Unless your access is restricted for clear and documented reasons, you have a right to see your Protected Health Information if you put your request in writing. We will respond to your request within 30 days for PHI we keep on-site, within 60 days for PHI that is not kept on-site. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed.
- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is:
 - correct and complete;
 - not created by us or not part of our records; or,
 - not permitted to be disclosed.

A denial will state the reasons for denial. It will also explain your rights to have your request, our denial, and any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will change the PHI and inform you, as well as others who need to know about the change in the PHI.

- **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released, except for instances of disclosure that were made for treatment, for payment, for health care operations, to you, per a written authorization, for national security or intelligence purposes, to correctional institutions or law enforcement officials, or for the facility directory. The list also will not include any disclosures made before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.
- **To receive a copy of this notice:** You have a right to receive a paper copy of this Notice, a paper copy of any Notice of Privacy Practices, or an electronic copy by email upon request.

Your Privacy Rights

- To confidentiality
- To determine the amount of information to be released either to or from anyone outside Directions by signing a Release of Information
- To determine the length of time that information may be released
- To revoke a written Consent or Authorization for us to use or disclose your Protected Health Information. The revocation will not affect any previous use or disclosure of your information.
- **Right to review and copy record.** You have the right to see records used to make decisions about you, unless a clinical professional determines that disclosure would create a substantial risk of physical harm to you (for example, disclosure to your personal representative may create a risk of physical harm to you if there is an abusive relationship). If requested and with your written permission, we will forward a complete copy of your health record to a subsequent treating provider. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people. We will charge a reasonable fee for this service as appropriate.
- **Right to "amend" record.** If you believe your records contain an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.
- **Right to a paper copy of this Notice.** You have the right to request and receive a paper copy of any Notice of Privacy Practices.
- To file a complaint with Directions' Privacy Officer, please call Chantal Laperle at (727) 524-4464, extension 1720, if you feel that Directions has not been compliant with the privacy and security of your Protected Health Information. You can also submit a complaint to the United States Department of Health and Human Services by calling OCR Hotlines-Voice: 1-800-368-1019 or by sending your complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

If you have questions regarding the Department of Children and Families Management of Personal Health Information Policy, or have any complaints about the Department's privacy practices, you can call (850) 487-1901 or contact:

Department of Children and Families
Office of Civil Rights
1317 Winewood Boulevard
Building 5, Room 242
Tallahassee, FL 32399-0700

We will never retaliate against you for filing a complaint. You can also contact Chantal Laperle if you have any questions about your privacy and security. Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Contact Person.

OUR GRIEVANCE PROCEDURES

All complaints / grievances are handled in the most timely, efficient, and courteous manner, with the hope of resolution at the lowest level. All staff are expressively prohibited from retaliating with any kind of penalty against anyone who files a complaint / grievance.

Any child / youth, family member or legal representative of a child / youth may file a grievance as a formal notice of dissatisfaction. The grievance procedure involves a series of steps offering the possibility of resolution at each step. In the event that you have a concern about your program or services provided by Directions, we recommend that you first discuss this with your primary Case Manager. If that is not satisfactory, contact the Case Manager's Supervisor. If the concern cannot be resolved or you would like to appeal the resolution, you may then request that a formal grievance be filed. To do this, we ask that you:

- Write your concern on paper giving as many specific details as possible, such as names, dates, etc.
- Contact your Operations Program Administrator, then the CSFP Program Operations Administrator, Karen Black, at (727) 456-0600, ext. 2074.
- You can also request to speak with a member of the Quality Department directly. The number to call is (727) 524-4464.
- Once the Quality Department receives the concern, an investigation will be completed. As part of that investigation, a member of the Quality Department will speak to you, your service provider, and any other relevant individuals.
- The Quality Department will respond to you with a written resolution within 10 business days unless additional time is needed due to extenuating circumstances.

If you are still not satisfied with the response, your request will be forwarded to the Chief Quality Officer. The Chief Quality Officer will review the matter and respond within ten business days, in writing, if specifically requested to do so.

If you need assistance with this process, the Quality Department will be happy to help you. Call (727)524-4464 and ask to speak to someone in the Quality Department. We will attempt to resolve every reasonable grievance as rapidly as possible within these guidelines. *Directions will not retaliate against any person who reports a concern or assists the organization in the investigation of a complaint.* This process, in and of itself, will not result in any retaliatory action or barriers to service. Directions values the input of all persons it serves and will evaluate all concerns as part of an ongoing commitment to improve the quality of its services.

If you believe that you, the child/youth, or the family have been discriminated against with regard to accessing services, being denied benefits, or being excluded from services on the basis of race, color, religion, national origin, sex, age or disability, you may file a grievance with Directions as indicated above or you may file a written complaint within 180 days of the alleged discriminatory act with:

Assistant Staff Director for Civil Rights

DCF Office of Inspector General
Office of Civil Rights
1317 Winewood Blvd.
Building 1, Room 110
Tallahassee, FL 32399-0700
(850) 487-1901; TDD (850) 922-9220

United States Department of Health and Human Services (HHS)
Attention: Office for Civil Rights
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, Georgia 30303-8909
(404) 562-7886; TDD (404) 331-2867
Fax: (404) 562-7881

CODE OF ETHICS

Directions is committed to operating in accordance with all federal / state regulations and high ethical standards. All staff is responsible for adhering to the Directions' Code of Ethics. A copy of the corporate Code of Ethics is available at your request.

CONFIDENTIALITY

Your confidentiality is safeguarded. Directions follows the state and national statutes regarding keeping your information confidential. Please review the Privacy and Security section of this Handbook for more information.

YOUR SAFETY IN OUR FACILITIES

Ensuring the safety of our children / youths, staff and visitors is important to Directions. Our Starkey Lakes, Clearwater, West Pasco, and Children's Center facilities are equipped with fire alarms and fire suppression equipment. We also have first aid kits located on all three floors at the Clearwater Center, and at the Starkey Lakes, West Pasco, and Children's Center buildings as well. If you need first aid assistance, please ask for help from the nearest employee. To find the closest exit, look for the lighted Exit signs in all of our hallways, or for the Fire Escape Routes located in every office.

LET US KNOW

Your Satisfaction

Directions values input from our children / youth and their families and firmly believes in open and honest communication. Please feel free to tell staff members when you are satisfied or dissatisfied with our services

or facilities. You may be asked to complete a satisfaction survey asking for your opinion at intake, during services, or after you have left services. We appreciate your time and effort in answering these questions. Your feedback allows us to continually improve the programs and services.

Our Consumer Advisory Board

Directions solicits feedback from our Consumer Advisory Board (CAB). We believe that the experiences of consumers / persons served are valuable and can aid in improving our services. The CAB meets monthly and helps inform decisions that Directions makes about how services are provided and how to improve those services. If you are interested in serving on our CAB, please contact our Chief Quality Officer, Chantal Laperle, at (727)524-4464, extension 1720.

OUR LOCATIONS AND HOURS OF OPERATION

Community-based CSFP services are available at:

Child Safety & Family Preservation
Starkey Lakes Center
8550 Ulmerton Road – Suite #130
Largo, Florida 33771
Phone: (727) 456-0600
Fax: (727) 456-0642

Monday through Friday 8 a.m. – 5 p.m.

Homes visits are conducted as needed during and after the hours listed, including weekends.

Behavioral Health Services are available at three office locations and various community locations throughout Pinellas County according to specific program guidelines:

Clearwater Center
1437 South Belcher Road
Clearwater, FL, 33764
(727) 524-4464
Fax: (727) 524-4474

Office Hours:

Monday 8 a.m. – 7 p.m.
Tuesday 8 a.m. – 6 p.m.
Wednesday 8 a.m. – 6 p.m.
Thursday 8 a.m. – 7 p.m.
Friday 8 a.m. – 4:30 p.m.

Children’s Center
8823 115th Avenue N.
Largo, FL, 33773
(727) 547-4566
Fax: (727) 547-4599

Office Hours:

Monday 8 a.m. – 5 p.m.
Tuesday 8 a.m. – 5 p.m.
Wednesday 8 a.m. – 5 p.m.
Thursday 8 a.m. – 5 p.m.
Friday 8 a.m. – 5 p.m.

West Pasco Center
5642 Meadow Lane
New Port Richey, FL, 33773
(727) 847-4465

Office Hours:

Monday 8 a.m. – 5 p.m.
Tuesday 10 a.m. – 7 p.m.
Wednesday 8 a.m. – 5 p.m.
Thursday 10 a.m. – 7 p.m.
Friday 8 a.m. – 5 p.m.

Our offices are closed on the following holidays: New Year’s Day, Martin Luther King, Jr. Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Day after Thanksgiving, Christmas Eve and Christmas Day.

Although these are the standard office hours of operation, specific programs can deliver services outside of these hours.

SPECIAL NEEDS

Directions is committed to ensuring access to corporate facilities and services for qualified individuals with disabilities. If you or the child / youth needs special assistance, please contact Terri Waechter, *our* ADA Compliance Coordinator at (727) 524-4464, Ext. 1705.

DIRECTIONS' CONTACT INFORMATION

Main Administrative Office: 727-524-4464

Our Access Department Ext. 1207
For your questions about accessing care for the first time

Our Reimbursement Department Ext. 1251
For your questions or concerns about a bill, payment, etc.

Our Health Records Department Ext. 1208
For your questions about getting a copy of your record

Our Quality Department Ext. 1720
To express satisfaction or comments/concerns about your care

Main Child Safety & Family Preservation (CSFP) Office: 727-456-0600
Child Safety & Family Preservation (CSFP) Fax: 727-456-0642

If you need help during business hours (8 a.m. – 5 p.m. Monday through Friday), please contact the Client Provider Helpline: (727) 409 – 3736

If you need help after hours, please contact the On-Call Case Manager: (727) 408-0516

MORE HEALTH INFORMATION

At Directions, we consider it important to provide you with information regarding issues that may affect your health. If you have questions or would like additional health information, please ask your health care provider.

Here are some additional resources that may be useful to you:

St. Petersburg Health Center

205 Martin Luther King St, N.,

St. Petersburg

727-824-6900

Clearwater Health Center

310 N. Myrtle Avenue

Clearwater

727-469-5800

Pinellas Park Health Center

6350 76th Avenue, N

Pinellas Park

727-547-7780

Tarpon Springs Health Center

301 S. Disston Avenue

Tarpon Springs

727-942-5457

For information and referral services you can dial 211 or visit their website at www.211tampabay.org

This CSFP Caregiver Handbook was informed by Directions for Mental Health's Consumer Advisory Board and is continually subject to improvement.

Please submit your feedback on this handbook to cab@directionsmh.org.



Sponsored by Eckerd Community Alternatives

Acknowledgement of Receipt of Current Handbook

By signing on the line below, I acknowledge that I have been offered a current copy of "The Parent and Caregiver Handbook", which includes:

- Client Rights and Responsibilities
- Grievance Procedures
- Referencing the availability of Directions Code of Ethics
- Notice of Privacy Practices and Protected Health Information
- Department of Children and Families Management and Protection of Personal Health Information Policy (CFOP 60-17 Chapter 1, Attachment 2), pages 9-12 of the Handbook

I have also had the opportunity to review and ask questions as needed.

Print Name

Client Signature

_____/_____/_____
Date

Signature of Parent or Legal Guardian (if applicable)

_____/_____/_____
Date

Signature of Staff Witness

_____/_____/_____
Date

In the event that a client refuses to sign this acknowledgement of receipt, please indicate:

Client Refused to Sign ____ Date: ____/____/____

Signature of Employee: _____

Printed Name of Employee: _____

Client Name: _____

Case #: _____