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## Member Orientation Handbook

Outpatient Behavioral Health

# EASTERSEALS BLAKE FOUNDATION & AVIVA CHILDREN SERVICES

All Abilities. Limitless Possibilities.



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## Member Orientation Handbook

### Outpatient Behavioral Health





the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### CONTENTS

|                                                                                                            |    |
|------------------------------------------------------------------------------------------------------------|----|
| Who are we? .....                                                                                          | 6  |
| Our Leadership Team .....                                                                                  | 7  |
| Code of Ethics and Professional Conduct .....                                                              | 8  |
| The Five C's .....                                                                                         | 8  |
| Scope of Services .....                                                                                    | 9  |
| No Shows and Cancellations .....                                                                           | 11 |
| Eligibility Criteria .....                                                                                 | 11 |
| Financial Obligation and Fees .....                                                                        | 12 |
| Our Locations .....                                                                                        | 12 |
| Complaints, Grievances, and Appeals .....                                                                  | 14 |
| Providing Feedback .....                                                                                   | 15 |
| Confidentiality .....                                                                                      | 17 |
| Consent for Treatment .....                                                                                | 17 |
| Assessments and Treatment Planning .....                                                                   | 18 |
| Member Voice and Choice .....                                                                              | 18 |
| Your Journey With Easterseals Blake Foundation .....                                                       | 19 |
| Court-Ordered Treatment, Legally Required Appointments/Services, Sanctions, & Court<br>Notifications ..... | 19 |
| Family Involvement and Natural Supports .....                                                              | 19 |
| Your Treatment Team .....                                                                                  | 20 |
| After-hours Response .....                                                                                 | 20 |
| Transition and Discharge Criteria from Easterseals and Aviva .....                                         | 20 |
| Release of Information .....                                                                               | 21 |
| Standards of Professional Conduct .....                                                                    | 21 |



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

|                                                        |    |
|--------------------------------------------------------|----|
| Mandated Reporting.....                                | 21 |
| Response to Potential Risk .....                       | 22 |
| Behavioral Health Services Fees and Refund Policy..... | 23 |
| Facility Orientation.....                              | 24 |
| Health and Safety .....                                | 24 |
| Program Rules and Expectations .....                   | 26 |
| Advanced Directives .....                              | 27 |
| Member Rights and Responsibilities .....               | 27 |
| Privacy Practices .....                                | 30 |



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### *Our Mission Statement*

**Easterseals Blake Foundation is dedicated to the vision of a Southern Arizona community where all people live healthy, productive, and independent lives. EBF serves more than 40,000 individuals and families across 10 counties in Southern Arizona.**

Welcome to Easterseals Blake Foundation & Aviva Children's Services! We are honored to begin your healthcare journey with you and introduce you to the complete and supportive programs provided by our organizations. This handbook is a helpful guide with clear information about our programs. You can look at it again whenever you have questions or need more answers. Before going into the specifics, let us take a moment to introduce ourselves and explain how we will support you on your path to success. At Easterseals Blake Foundation and Aviva Children's Service, we focus on your well-being, growth and success. We're here to make sure that your experience with our programs is positive, supportive, and designed to your unique needs.

*Easterseals Blake Foundation programs are in accordance with Federal Titles VI and VII requirements of the Civil Rights Act of 1964 (See Notices of Compliance: [Easterseals Blake Foundation | Who We Are](#)), the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.*

*This organization is an equal opportunity provider and employer.*



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### WHO ARE WE?

Easterseals Blake Foundation is a 501(c)3 social services provider that serves infants, toddlers, children, youth, adults, and families with a wide range of educational, therapeutic, job-related, housing, prevention, and intervention services across 10 Southern Arizona counties. We are dedicated to a vision of Southern Arizona where all people live healthy, productive, and independent lives.

For over 100 years, Easterseals has been an important resource for people and families living with disabilities. Throughout all life's moments – from the usual to the unusual and everything in between – Easterseals is here to help people and families realize and reach their full potential.

Across the nation, we remove physical, cultural, mindset, and legal barriers to provide the best possible care and to make sure that people with disabilities have every opportunity to live meaningful and productive lives, on their own terms.

We are proud to be licensed by the Arizona State Health Department and to have been recognized by CARF 7 times for our Outpatient Behavioral Health Clinics across the state. We believe this approval shows our strong commitment to providing the highest quality of care and our promise to every member we serve.

As a member of our organization, you can trust that your care is in the hands of a team dedicated to your well-being and that is continually working towards excellence in every aspect of your experience with us.



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### OUR LEADERSHIP TEAM

As a member of our team, we want you to feel confident and informed about the leadership overseeing your care.

The Executive Leadership Team at Easterseals Blake Foundation and Aviva Children's Service work to make sure you receive high-quality care, helpful customer service, and an all-around positive experience. Accessibility is the main focus of our leadership, as we understand the importance of open communication. We encourage your feedback, and to make sure this process is as easy as possible we offer multiple forms of communication, including an anonymous reporting line, email, customer service line, patient portal, private messaging on social media, and a quality improvement line among others.

#### Leadership Team

Steve Guthrie, Chief Executive Officer

Dr. Sally Boeve, Chief Medical Officer

Laura Morales, Vice President of Operations and Chief Operating Officer

Marissa Arendt, Vice President of Finance

Jason Koch, Chief Financial Officer

Megan Wills, Chief Community Programs Officer

Carly Zies, Chief Clinical Officer

Mandy Hendricks, Chief IDD Services Officer

Andrea Stuart, Chief Privacy and Compliance Officer

We greatly appreciate you sharing your experiences with us to help us enhance our services and to ensure we continue to meet your needs effectively. You may call us at (520)248-2278. Your information will be kept confidential within the organization and will not be posted publicly.

Connect with Us





the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### CODE OF ETHICS AND PROFESSIONAL CONDUCT

The Board of Directors and management of Easterseals Blake Foundation supports a strong corporate compliance program and are committed to a responsible code of ethics and conduct. The corporate compliance program was designed to prevent and detect fraud and abuse, improve internal communications, encourage members to report any potential problems, and provide a system to investigate and correct any suspected compliance problems. We hold our staff to the highest standards of professional employee conduct to ensure a safe, respectful, and therapeutic environment for all individuals we serve. To do so we follow the five C's; care, character, communication, cooperation, and competence. These outline the way Easterseals Blake Foundation employees are expected to act and the manner in which we carry ourselves.

#### THE FIVE C'S

- Care: Every job function and every action at Easterseals is to be conducted in the best interests of client, patient, and resident care (collectively "members"). This is true for direct services, administrative, or management personnel. Initiative, confidentiality, honesty, and cultural inclusivity as well as respect are among the list of qualities that should be employed during our members' care.
- Character: Essential EBF character traits are; kindness, tolerance, and empathy. It is important that all EBF employees uphold the company's commitment to safety and unbiased reporting.
- Communication: Share key information with co-workers and supervisors to ensure continuity of care. Withholding information can potentially threaten the care of members, your work environment, and coworkers. Ask for help when needed, relay concerns, and always be truthful.
- Cooperation: Teamwork between all employees and all departments is expected and encouraged! Modeling positive, communication, active listening and participation, and encouraging diverse representation are key components of a collaborative workplace environment.
- Competence: An EBF employee demonstrates the skills, initiative, and judgement needed to perform their role effectively. They seek growth, manage tasks responsibly, and use resources to benefit members and the team.



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### SCOPE OF SERVICES

**We serve all populations including Birth to Five, Children, Adolescents, Transition Aged Youth, Adults, and Geriatrics.**

#### **Groups**

We offer a variety of supportive group programs several times during the week. Please see the group schedule or ask a team member about the various groups offered. We encourage you to participate in groups that address your specific goals, and we are available to discuss if our group services are the best fit for your needs.

#### **Case Management**

Case management serves as an in-depth and personal approach to support you on your journey towards mental health and wellness. Case management involves a range of services aimed at organizing and easing the various aspects of care, focusing on teamwork, inner strength, and recovery. At EBF our case managers are referred to as Behavioral Health Clinicians (BHC). They help connect individuals with useful community resources and support services. This may include assistance with housing, employment, financial resources, and other community-based programs that contribute to overall well-being. Easterseals promotes a team-based approach to services, and the BHC serves as the primary contact and will communicate with others on your healthcare team. At Easterseals, we promote the overall wellness of members, focusing on not only symptom relief, but also factors that contribute to a meaningful and fulfilling life. This may include the development of coping skills, skills training, and encouraging self-care practices.

#### **Family Support Specialists & Peer Support Specialists**

Family and Peer Support Specialists can be great supports to your recovery process. These services are provided by certified personnel with lived experience supporting others facing similar challenges, such as mental health, substance use, or both. Peer support services prioritize a person-centered approach, recognizing the uniqueness of everyone's journey to recovery. Peer support providers will collaborate with you to set personal goals, identify strength, and develop strategies for achieving and maintaining mental health and wellness. Engaging with a peer support specialist can create a safe space for you to express yourself



## Member Orientation Handbook

### Outpatient Behavioral Health

without fear of judgement. The primary focus of these services is recovery and resilience. Additionally, we offer several peer-led groups and activities to connect with other members in a supportive setting.

#### **Individual, Couples, and Family Counseling**

We are dedicated to providing a complete and caring range of therapeutic services matched to meet the diverse needs of individuals throughout different times in their lives. Our team of skilled and licensed therapists is committed to supporting mental health, strengthening relationships, and promoting overall well-being. The range of our services covers individuals, couples, and family therapy for children, adolescents, and adults.

#### **Employment Services**

The program can provide you with help to choose, get, or keep a job. We can help you decide what kind of job you would like, help you make a plan to brush up on your skills, teach you how to fill out a job application, practice interviewing with you, and help you to keep the job once you get it. We can also teach you about the effects of employment on your benefits and help you report your earnings.

#### **Psychiatric Evaluations and Medication Services**

We offer psychiatric evaluations and ongoing medication management. You and your practitioner will meet to decide if being evaluated for medication services could be helpful to you. Taking medication is NOT a requirement for engaging in services with EBF.

You will be able to discuss this decision with your team and talk about your options together, alternatives, options, expected risks, and associated risks together. You have the right to be fully informed about the medications you are taking, and you may discuss any questions or concerns with your psychiatric provider.

Your prescriber and the medical team will provide you with education regarding instructions for use, benefits, risks, side effects, and anticipated results.

*Please note that we require that you notify your provider 5 days prior to your refill due date. This leaves us time to work with the pharmacy and make sure that there aren't any delays in receiving your medication.*



## Member Orientation Handbook

### Outpatient Behavioral Health

#### **Telehealth, In-Home, In-Community, and In-Office Services**

We work hard to give you care that is made for you, easy to get, and that fits your needs. Our service choices include online health care, in-home, in-community, and in-office services. We understand that it is important to have choices in your care, and our different ways to get services are meant to fit your choices and situation. To learn about these options and add them to your care plan, please contact your treatment team or contact our front desk. Your health is our main concern, and we work hard to make sure your path toward mental health and wellness fits your comfort and what works best for you.

#### **NO SHOWS AND CANCELLATIONS**

In order to best meet your needs, there is a policy in place for service attendance. Consistent and regular attendance in services is essential in order to make any progress in your treatment goals.

We request at least 24-hour notice for appointment cancellations. If you cancel your appointment less than 24-hours in advance, fail to show up for your scheduled appointment, or are more than 15 minutes late for your sessions, this will be marked as a “No-Show.”

To cancel a medical services appointment less than 24 hours in advance, please call 520-499-8555 ext. 7039.

#### **ELIGIBILITY CRITERIA**

Upon request for services or referrals, Easterseals Blake Foundation completes the registration, eligibility screening, and enrollment process. If a member appears to be in need of a different level of care of the services we can provide, the clinical staff will provide verbal recommendations and written recommendations to provide alternatives and options to the member/family member.

Eligibility for services within Easterseals Blake Foundation is based on the appropriate level of service. Ineligibility for services would only occur in the event the member does not have insurance coverage. If this occurs, Easterseals Blake Foundation offers a sliding scale fee for self-pay services as an alternative option.

EBF's workforce allows for continuous enrollment of new members and flexible services within a reasonable timeframe to access care and treatment.



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### FINANCIAL OBLIGATION AND FEES

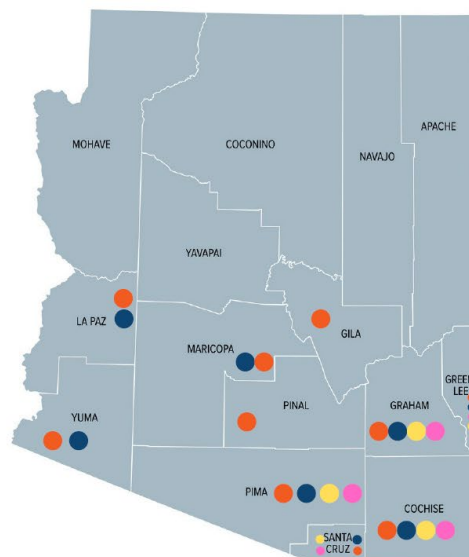
Understanding the financial pieces of your behavioral health services is helpful to ensuring an easy and understandable experience with Easterseals. We accept several payment options, including self-pay, most commercial insurance plans, Medicaid, and Medicare. It's important to be aware that specific fees may apply based on your insurance plan, including copays and potential bills associated with certain services.

Additionally, costs related to medication, labs, referrals, and clinically or medically recommended services may be added based on your insurance coverage. For those opting for self-pay, our fee schedule is clearly displayed in the lobby of each facility for your reference. We want all costs to be clear, and our billing staff is available to answer any questions or concerns you may have. Please feel free to reach out to our administrative team to discuss financial considerations or obtain clarification on fees associated with your behavioral health services.

#### OUR LOCATIONS

*We serve more than 40,000 individuals across 10 counties in Arizona.*

- Behavioral Health
- Child Welfare & Foster Care Support
- Transportation
- Programs for Individuals with Disabilities



#### Aviva Children's Services (Tucson)

153 S. Plumer Ave. Tucson AZ



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

Phone: (520) 327-6779 | Fax: (520) 788-3166

#### **Administrative Offices and Tucson Adult and Children/Adolescent Outpatient Treatment Center**

7750 E. Broadway Blvd. Suite A200 Tucson, AZ 85710

Phone: (520)449-8555 | Fax: (520) 327-1836

#### **Tucson (Meyer) Adult Outpatient Treatment Center**

310 S. Meyer, Tucson AZ 85701

Phone: (520) 209-2492 | Fax: (520) 274-7630

#### **Tucson (The Mark) Adult and Child/Adolescent Outpatient Treatment Center**

4653 E. Pima St. Tucson, AZ 85712

Phone: (520) 326-6182 | Fax: (520) 245-2348

#### **Yuma Adult and Child/Adolescent Outpatient Treatment Center**

3860 W. 24<sup>th</sup> St. Yuma, AZ 85364

Phone (928) 276-9225 | Fax: (928) 276-4313

#### **Casa Grande Adult and Child/Adolescent Outpatient Treatment Center**

900 E. Florence Blvd. Ste. A, G, & H Casa Grande, AZ 85122

Phone (520) 723-4429 | Fax: (520) 421-9400

#### **Sierra Vista Adult and Child/Adolescent Outpatient Treatment Center**

55 S. 5<sup>th</sup> St. Sierra Vista, AZ 85635

Phone: (520) 452-9784 | Fax: (520) 452-0814

#### **Thatcher Adult and Child/Adolescent Outpatient Treatment Center**

709 N. Allred Ln. Thatcher, AZ 85552

Phone: (928) 362-7343 | Fax: (928) 432-6955

#### **Nogales Adult and Child/Adolescent Outpatient Treatment Center**

1821 N. Mastick Way, Ste. 3 Nogales, AZ 85621

Phone: (520) 375-9232 ext. 9232 | Fax: (520) 525-2422

#### **The Blake Centers Adult & child/Adolescent Outpatient Treatment Center**



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

6306 N. 7<sup>th</sup> St. Phoenix, AZ 85014

Phone: (602) 386-5400 | Fax: (602) 279-0785

#### COMPLAINTS, GRIEVANCES, AND APPEALS

Your positive experience with our organization is one of our main priorities, and we value your feedback. Your rights include the ability to express concerns, complaints, or grievances if you believe your expectations have not been met or if you feel dissatisfied with any aspect of our services. We are committed to addressing your concerns promptly and ensuring a fair solution. This section outlines the procedures for making complaints or filing formal grievances.

#### **Informal Complaint:**

If you have a concern or complaint, we encourage you to discuss it first with the staff member directly involved, your therapist, or the designated contact person. In many cases, issues can be resolved informally through open communication. If you are uncomfortable discussing the matter with the involved party or if the issue remains unresolved, you may proceed to the formal grievance process.

#### **Formal Complaint:**

If your concern was not resolved through communication with your team, reaching out to the Quality Improvement line is considered a formal complaint (Quality Improvement Line: (520) 248-2278).

If you wish, you can also file a formal grievance with other entities, listed below;

- **Arizona Department of Health Services Medical Facilities Licensing:** If you have any questions or concerns, please feel welcome to contact your service provider or the site manager. In the event you'd like to file a Formal Complaint, you may contact Arizona Department of Health Services 602-364-2690 Electronic Submissions may also be submitted directly to the Arizona Department of Health Services Medical Facilities.
- **CARF**  
Website: [carf.org/contact-us/](http://carf.org/contact-us/)



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

Fax: (520) 318-1129

Phone: (520) 325-1044

- **Your Health Insurance Provider**

#### **Non-Retaliation Policy:**

We strictly prohibit any form of retaliation against members or their representatives who file complaints or grievances. Your decision to express concerns about our services will not negatively impact your current or future treatment.

We are committed to continually improving our services, and your feedback plays a crucial role in this process. Your rights to voice concerns and seek resolution are fundamental to our commitment to quality care. If you have any questions about the grievance procedure or need assistance in filing a complaint, please do not hesitate to contact our Quality Improvement Department at [Quality@blake.easterseals.com](mailto:Quality@blake.easterseals.com) or 520-248-2278.

#### PROVIDING FEEDBACK

At Easterseals, we value your feedback and work hard to improve the quality of our services. Your thoughts and suggestions help us better understand your experience, meet your needs, and make changes when needed. We encourage you to share your thoughts, concerns, feedback, and opportunities for improvement through our satisfaction surveys! The surveys are available via QR code, web link, or paper copy.

We understand the importance of privacy, and we respect your right to share feedback anonymously. If you choose to do so, your responses will be kept confidential, allowing you to express your thoughts freely.

Surveys may be offered periodically to capture your evolving experiences over time. Your input is valuable at different stages of your engagement with our services.



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health



<https://forms.office.com/r/VF2tft0X7n>

### **Our Commitment:**

Following the analysis of survey responses, we are committed to clearly communicating the actions taken as a result. Your feedback is a valuable resource that enables us to deliver the highest standard of care. If you have any questions or require further assistance regarding our satisfaction surveys or providing feedback, please contact our Quality Improvement Department at [Quality@blake.easterseals.com](mailto:Quality@blake.easterseals.com).



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### CONFIDENTIALITY

At Easterseals Blake Foundation, protecting the privacy and confidentiality of our members is our priority. We closely follow all state and federal guidelines to ensure the highest standards of confidentiality. Our commitment to protecting your personal health is reflected in our strict observance of HIPAA regulations, which regulate the use, disclosure, and security of your protected health information. Our staff is thoroughly trained in these guidelines, and we have enacted security measures to maintain the confidentiality of your records. Your trust is at the heart of our therapeutic relationship, and we take every precaution to uphold the privacy of your sensitive information.

If you have any questions regarding our confidentiality practice's or HIPAA compliance, please do not hesitate to contact our privacy officer or refer to our Notice of Privacy Practices, which outlines in detail how we manage and protect your health information.

#### Anonymous Reporting:

[Compliance@blake.easterseals.com](mailto:Compliance@blake.easterseals.com)

Phone Number for Compliance: (520) 449-8525

#### CONSENT FOR TREATMENT

At the time of admission, all members or their legal representatives will sign a Consent for Treatment, granting Easterseals permission to provide routine evaluation and treatment services as deemed necessary or advisable for the diagnosis and care of the enrolled individual. The Consent for Treatment is valid across all EBF programs for as long as you are enrolled with the organization.

All information gathered in the course of your treatment is confidential, however, there may be times when information is released in the event of a medical emergency, mandated reporting guidelines, abuse, neglect, exploitation, court order, insurance billing claims requirements, or where otherwise legally noted.

Members or their legal representative may elect to withdraw consent at any time. This will result in immediate termination of services. Members can revoke this document at any time and will receive a copy upon request.



## Member Orientation Handbook

### Outpatient Behavioral Health

#### ASSESSMENTS AND TREATMENT PLANNING

##### **Assessment**

Assessments are done to identify your expectations. They will be conducted at the time of admission to the program, and as needed, but at a minimum annually thereafter. These assessments will include both informal discussions and formal assessment instruments. Family members, friends, peers, and other appropriate persons may participate in the assessment process if you choose. An assessment explores lots of different parts of your life and who you are such as:

- Exploring your life history
- Who you were, who you are and who you want to be
- Things you feel good about and things you want to change
- Things you might want and need help with

##### **Individual Service Plan**

You and your team will develop an Individualized Service Plan, or an ISP. You may invite any other important people in your life to this meeting. Together we will identify what you want to achieve, where to start, and what path to take. Our role is to help you recognize your strengths, what has given you difficulty in the past, and assist you in breaking down your goal into smaller steps. After the plan is written, all the people in the meeting will sign it. The signatures indicate that we all understand what your goals are, and what each of us has agreed to do to help you achieve them.

Individualized Service Plans are usually written for a twelve-month time period, but they can be changed or fine-tuned as often as you and the team would like.

#### MEMBER VOICE AND CHOICE

You will have many choices in the program. The first is to decide to participate with us alongside you in your behavioral healthcare journey and to how to customize your services to address your specific needs. Our goal is to help you meet your goals. We honor member voice and choice throughout every step of your services here.



## Member Orientation Handbook

### Outpatient Behavioral Health

#### YOUR JOURNEY WITH EASTERSEALS BLAKE FOUNDATION

After completing your intake, you've taken the first step on a path towards improved mental health and wellness. As you embark on this journey, here's what you can expect: Following your intake, our dedicated team will collaborate with you to develop an Individualized Service Plan tailored to your unique needs and goals. Throughout your services, open communication and collaboration are valued. Regular check-ins with your treatment team will provide opportunities to discuss progress, address concerns, and make any necessary adjustments to your plan. Your journey with us is a partnership, and we look forward to supporting you every step of the way. During enrollment, you will be leaving with any referrals requested or clinically recommended, contact information for your assigned treatment team, and follow-up appointments.

#### COURT-ORDERED TREATMENT, LEGALLY REQUIRED APPOINTMENTS/SERVICES, SANCTIONS, & COURT NOTIFICATIONS

For individuals engaged in court-ordered treatment or other legally required appointments, we recognize the unique circumstances that may accompany your behavioral health journey. Legally required appointments and services are a part of your treatment plan, and our agency is committed to ensuring compliance with court mandates to help you succeed. It is essential to attend all scheduled appointments, complete required services, and adhere to treatment plans as outlined by court orders. Failure to meet these obligations may result in sanctions, impacting your legal standing. Our agency collaborates closely with legal authorities and will promptly notify the court of your attendance and progress, if required. We encourage open communication with your treatment team to address any concerns or challenges that may arise during this process.

#### FAMILY INVOLVEMENT AND NATURAL SUPPORTS

Families and other natural supports you identify are encouraged by EBF to participate in your treatment. The structure and staffing of EBF programs are designed to support, educate, and involve family members, guardians, power of attorneys, and natural supports. Outlined in the program descriptions, there are several group therapy treatments that are aimed at including family



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

members/parents/guardians/caregivers of the members. Families and natural support can attend appointments with you. Family members may also enroll in services if they choose. If the treatment team feels the involvement of another individual is not clinically beneficial to the member, staff will seek to involve appropriate individuals that will support and benefit the member's treatment. EBF understands and promotes the involvement of natural supports in treatment as we believe support systems are a vital component of successful recovery and outcomes.

#### YOUR TREATMENT TEAM

Everything we do at Easterseals Blake Foundation is done as a team, and you are the most important person on the team. Your team, based on your eligibility, goals, and needs, , can be made up of a BHC, peer specialist, psychiatric practitioner, educational/employment specialist, counselor, and/or any other program staff member that is outlined within your treatment plan. At enrollment, you will receive your treatment team assignment, referrals, and next appointment dates.

#### AFTER-HOURS RESPONSE

In the event of a mental health crisis after hours, please contact Arizona's Crisis Line at 1 (800) 662-4357. Please contact 911 in the event of an emergency. For EBF's stabilization services, please contact (520)449-8501.

#### TRANSITION AND DISCHARGE CRITERIA FROM EASTERSEALS AND AVIVA

Our goal is to provide complete and personal care that meets your ever-changing needs. Transition of care may occur when your treatment team mutually agree that your goals have been met, additional level of care is needed, or if another program/agency is a better fit for your needs. Discharge may also be considered if treatment goals are not being met, if you have completed your treatment goals successfully, if there is lack of engagement in services after thorough outreach and re-engagement attempts or if there is a need for a different level of care. Throughout this process, your treatment team will engage in open communication, ensuring that the transition of care or discharge, if the need comes up. These processes are planned with your active participation, and written plans will correlate with your needs and next steps. You will



## Member Orientation Handbook

### Outpatient Behavioral Health

receive a copy of your transition or discharge plan to help you with your next steps. Transition and Discharge Planning is included as part of your individualized treatment plan.

#### RELEASE OF INFORMATION

At the time of admission and at any point during your treatment, members or their legal representatives will sign Releases of Information (ROIs) for individuals or entities to whom they authorize Easterseals Blake Foundation to share information with for their health care needs. ROIs assist in providing quality care along with other entities or individuals to provide the best care for the member needs. ROIs are valid for one year and must be renewed and resigned every year a member is enrolled with Easterseals Blake Foundation.

All information gathered in the course of your treatment is confidential, however, there may be instances where information is released in the event of a medical emergency, mandated reporting guidelines, abuse, neglect, exploitation, court order, insurance billing claims requirements, or where otherwise legally noted.

You can revoke an ROI at any time throughout your care while at Easterseals Blake Foundation and will receive a copy of the ROI upon your request.

#### STANDARDS OF PROFESSIONAL CONDUCT

We hold our staff to the highest standards of professional employee conduct to ensure a safe, respectful, and therapeutic environment for all individuals we serve. To do so we follow the five C's; care, character, communication, cooperation, and competence. These outline the way Easterseals Blake Foundation employees are expected to act and the manner in which we carry ourselves. Our staff is committed to treating each person with dignity, compassion, and cultural sensitivity. Professional conduct involves maintaining confidentiality, respecting personal boundaries, and promoting open communication. Our employees adhere to ethical guidelines and are dedicated to providing quality care free from discrimination. Any concerns about employee conduct can be addressed through our Quality Department or Compliance Department, ensuring accountability and transparency.

#### MANDATED REPORTING

As a responsible behavioral health agency, we are committed to ensuring the safety and well-being of all individuals in our care. In line with state laws and regulations, our staff is required to observe mandated reporting requirements. This means that if our professionals



## Member Orientation Handbook

### Outpatient Behavioral Health

have reason to believe that a member or someone else is at risk of harm, particularly involving issues of abuse, neglect, exploitation, or imminent danger, they are obligated to report this information to the appropriate authorities. Mandated reporting is in effort to protect the welfare of individuals. It is important to understand that certain circumstances may necessitate disclosure to ensure everyone's safety. If you have any questions or concerns about mandated reporting, we encourage you to discuss them openly with your treatment team.

#### RESPONSE TO POTENTIAL RISK

We are forward-thinking in our risk management planning, activities, and monitoring to create a safe environment for all individuals in our care. If any risks or safety concerns come up during your treatment, our Compliance Department will work with you to address and reduce these challenges. Open communication is encouraged, and your input is valued as we work together to create a safe and supportive space. If you have any questions or would like additional information on our risk management practices, please do not hesitate to reach out to our Compliance Department ([compliance@blake.easterseals.com](mailto:compliance@blake.easterseals.com), (520)449-8525).



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### BEHAVIORAL HEALTH SERVICES FEES AND REFUND POLICY

##### **Fees and Refunds**

It is the policy of Easterseals Blake Foundation to provide individualized support services and to maintain fair and competitive cost of services.

The Easterseals Blake Foundation shall maintain and follow a procedure for resolution of any requests for refunds filed by a member or a member's parent, guardian, or custodian.

##### **Procedure**

###### A. Fees

- a. Fees will be assessed and determined at the time of admission. For the majority of those who are eligible for or on AHCCCS, no fees will be charged.

###### B. Medical Records

- a. A Medicaid enrolled member or member's parent, guardian or custodian may request one copy of his or her medical record free of charge annually. Otherwise, per A.R.S. 12-2295 a health care provider may charge a person who requests copies of their medical records.

- b. Easterseals Blake Foundation will charge the following rates for copies of medical records:

- \$25.00 flat fee for up to 100 pages.
- .15 cents per page thereafter.
- Postage and handling will be an extra cost and follow current postage rates.

###### C. Changes in the fee schedule or payment

- a. Any changes in the fee schedule or payment guidelines will be communicated in writing to the member, parent, guardian or designated representative and the Department of Health Service/ Behavioral Health no less than 30 days prior to *the* change.

###### D. Refunds

- a. Request for refunds must be made prior to discharge.
- b. Refunds will be determined on a case by a case basis.
- c. Any client or a member's parent, guardian or custodian requesting a refund must file the request with the Easterseals Blake Foundation's Behavioral Health Business Operations Director. All requests for refunds will be handled with expediency. Requests for refunds may also be reviewed by the Program Director as necessary. If a request



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

remains disputed following review by the Director, the request will be resolved as determined by the Chief Executive Officer.

#### FACILITY ORIENTATION

Our staff is dedicated to ensuring you feel comfortable and informed about the environment in which you'll be receiving care. If you are engaging in telehealth services, your telehealth service provider will guide you through the telehealth consent to treat and privacy recommendations. We understand that technology can present challenges, so if you require assistance in navigating the virtual platform, please communicate this with your treatment team. Your comfort and ease in accessing our services, whether in-person or virtually, are important to us. If you have any questions or need additional support in getting oriented to our physical site or navigating telehealth, our team is here to help. Your positive and stress-free experience with our services is our priority.

#### HEALTH AND SAFETY

We are concerned about the health and safety of everyone at our facilities. That includes you, all the staff and visitors too. Everyone who comes to the center has the right to expect a clean, safe environment. To achieve this, we must all be aware of our surroundings.

Expect to practice emergency readiness. Do you know what to do in an earthquake, hurricane, tsunami/flood, fire, medical emergency, and or a utility outage? We have drills routinely throughout the year. If you are at the office, please take the drills seriously and help us perfect our responses. Remember we need to work as a team, especially in an emergency.

#### **Maintaining a Safe Environment**

Easterseals aims to provide a secure environment for all individuals, families, visitors, and staff both physically and emotionally. We have several safety management practices, including regular inspections, emergency preparedness protocols, and ongoing staff training. In the interest of maintaining a healthy and safe space, we ask that you familiarize yourself with emergency exit routes and procedures. If you ever have concerns related to your safety or the safety of others, please promptly communicate them to our staff.



## Member Orientation Handbook

### Outpatient Behavioral Health

We operate under a zero-tolerance policy for aggressive or violent behaviors to ensure the safety and well-being of all individuals within our facilities. Forms of aggression or violence impacts the safety of our community and will not be tolerated. If you ever feel unsafe or witness behavior that concerns you, please notify our staff promptly.

This program does not use seclusions or restraints.

#### **Tobacco-Free Campuses; Personal Property and Handling Items Brought into Programs; No Weapons Policy**

Illicit drugs, weapons, and tobacco are not allowed in our buildings, nor when traveling with staff in the community.

EBF promotes a drug free workplace to promote a safe, healthy, and efficient workplace, and to protect the safety of all employees and members. EBF employees should not be under the influence of drugs or alcohol, either legal or illegal, that could impact their ability to perform their duties. If you have reason to believe that the use of alcohol or drugs may pose a safety risk to any person or interfere with an employee's performance of their job, you MUST report it.

All EBF sites are strictly smoke free. Smoking, vaping, or tobacco use is not permitted during paid working hours. Not in our members homes or on any Easterseals Blake Foundation property. This extends to all facility parking lots and courtyards, as well as company vehicles. Not limited to cigarettes, cigars, pipes, smokeless tobacco, electronic cigarettes (e-cigs), vape pens or mods, chewing tobacco, snuff and any other tobacco delivery devices. Any violations of this policy can be brought to the attention of Human Resources and may result in disciplinary action.

If you're interested in quitting, you can find support and resources at AshLine: [ASHLine - Welcome to Ashline](#)

If you are interested in the potential of medications to support reduction or elimination of use, a psychiatric evaluation can be scheduled.

Like tobacco, weapons are strictly prohibited on all EBF sites, this extends to member homes and company vehicles. Examples of prohibited weapons include, but are not limited to; firearms, non-cutlery knives (except common pocket knives), bow and arrow and crossbows, electronic



## Member Orientation Handbook

### Outpatient Behavioral Health

defense weapons (tasers and stun guns), fireworks and explosives, and any weapons that may be considered dangerous or that could cause harm.

#### **First Aid Kits**

First Aid Kits are readily available within each facility. You can find them behind the front desk and/or in the medical team area for easy access for our trained and certified personnel. These kits are equipped with essential supplies to address minor injuries or emergencies. All of our staff members are trained in CPR and First Aid, ensuring that immediate assistance can be provided if the need arises. If you have any questions or require additional information about our emergency preparedness protocols, please don't hesitate to ask our Quality Department ([Quality@blake.easterseals.com](mailto:Quality@blake.easterseals.com), (520)248-2278).

#### **Infection Control**

Our facilities adhere to strict infection control practices and policies to maintain a health environment for everyone. In compliance with state and federal health guidelines, we have implemented preventative measures to reduce the risk of infection transmission within our settings. These measures include regular sanitation and disinfection protocols for common areas, treatment rooms, and frequently touched surfaces. Additionally, our staff is trained on infection prevention practices to ensure a clean and safe environment for all individuals. We kindly request your cooperation in adhering to any posted guidelines and protocols related to infection control. If you have any questions or concerns, please feel free to reach out to our staff, who will be more than happy to provide additional information. Your health and safety are our top priorities, and we appreciate your partnership in maintaining a secure environment for everyone in our behavioral health community.

#### **Evacuation Maps**

An evacuation map of each site is available at the front desk upon request.

### PROGRAM RULES AND EXPECTATIONS

These guidelines are designed to create a safe, supportive, and respectful environment for all individuals. We encourage active participation in your treatment plan, collaboration with your treatment team, and adherence to scheduled appointments. Adherence to prescribed medications



## Member Orientation Handbook

### Outpatient Behavioral Health

and active engagement in therapy sessions, groups, case management appointments, and any other services are integral to the success of your treatment. By understanding and embracing these program rules and expectations, you contribute to success toward your treatment goals.

#### **Behavioral Expectations**

At Easterseals, we foster a collaborative and respectful environment that prioritizes the well-being of all individuals. We believe in creating a space where everyone feels valued and supported on their journey towards mental health and wellness. To maintain a positive and therapeutic atmosphere, we encourage open communication, empathy, respect for privacy and confidentiality, and mutual respect among all members and staff. This includes adults, children, and adolescents. We ask that all individuals contribute to a safe and inclusive community by adhering to behavioral expectations that promote a sense of belonging and shared responsibility. If you have any questions about our behavioral expectations our staff is here to assist you. Together, we can create a space that nurtures personal growth and well-being.

In the event of behavioral needs, out-of-control behavior, or crises, our approach centers on non-physical interventions, including crisis de-escalation techniques. Our highly trained staff members are equipped with the skills to address challenging situations with sensitivity and empathy. We prioritize communication, active listening, and collaboration to understand and respond to your unique needs. If you have specific concerns or would like more information about our crisis response methods, please feel free to discuss them with your treatment team to include in your Safety Plan.

#### **ADVANCED DIRECTIVES**

An advance directive is a legal document that is prepared in the event that an unexpected or unfortunate event happens to you. It is your way of letting people know what you want done in the event that you are unable to speak for yourself. If you have an advanced directive that you would like us to honor, please share a completed copy of it with our team so that we can place it in your file. If you do not have an advanced directive but are interested in getting one, staff can assist you with this process. If you have further questions about advanced directives, staff will be happy to assist you in getting those answers.

#### **MEMBER RIGHTS AND RESPONSIBILITIES**



## Member Orientation Handbook

### Outpatient Behavioral Health

#### **A member of any Easterseals program has the following rights:**

- Not to be discriminated against in the provision of services based on race, color, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, gender identity, and inability to pay, because payment for their services would be made under Medicare, Medicaid or AHCCCS.
- To receive treatment that supports and respects the member's individuality, choices, strengths, and abilities
- To receive treatment that supports the member's personal liberty and only restricts the member's personal liberty according to a court order, by the member's/guardian's general consent
- To receive treatment in the least restrictive environment that meets the member's treatment needs
- To receive privacy in treatment and care for personal needs
- To review, upon written request, the member's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01
- To the protection of Protected Health Information (PHI) and Personally Identifiable Information (PII) in both physical and electronic formats in compliance with HIPAA regulations
- To receive a referral to another health care institution if the program is not authorized or not able to provide physical health services or behavioral health services needed by the member
- To participate or have the member's representative participate in the development of, or decisions concerning, treatment
- To participate or refuse to participate in research or experimental treatment
- To receive assistance from a family member, the member's representative, or other individual in understanding, protecting, or exercising the member's rights
- To be treated with dignity, respect, and consideration. To be free from:
  - Abuse, including Neglect, Exploitation, Coercion, Manipulation, Sexual Abuse, Sexual Assault
  - Restraint or seclusion (except as allowed in AAC R9-10-1012.B)
  - Retaliation for submitting a complaint to the Department of Health Services or another entity
  - Misappropriation of personal and private property by a program's employees, volunteers, or students



## Member Orientation Handbook

### Outpatient Behavioral Health

- Discharge, transfer or threat of discharge for reasons unrelated to the member's treatment needs (except as established in a fee agreement signed by the member or the member's representative)
- Treatment that involves the denial of food, the opportunity to sleep, the opportunity to use the toilet

#### **A member or their representative:**

- Either consents to or refuses treatment (except in an emergency or the treatment is ordered by a court according to ARS Title 36, chapter 5 or ARS 8-341.01)
- May refuse or withdraw consent before treatment is initiated
- Is informed of alternatives to a proposed medications and its associated risks and possible complications of a medication (except in an emergency)

#### **A member or their representative is informed of:**

- Policies on health care directives
- The member complaint process

#### **A member or their representative provides:**

- Consent to be photographed or recorded before the member is photographed or recorded (except a photograph of identification and administrative purposes when admitted to the program, or video recordings are used for security purposes and are only maintained on a temporary basis, or if the member is receiving services according to ARS Title 36, Chapter 37)
- Written consent for the release of the member's medical or financial records. A member is allowed to:
  - Review, upon written request, the member's own medical record according to ARS 12-2293 and ARS 12-2294.01
  - Receive a referral to another facility if the current program facility is not authorized or not able to provide services needed by the member
  - Participate in development of a treatment plan or decisions concerning treatment
  - Participate or refuse to participate in research or experimental treatment
  - Exercise the member's civil rights unless the member has been adjudicated incompetent or a court has found the member is not able to exercise a specific right or category of rights
  - Receive assistance in understanding, protecting or exercising the member's rights

***Member Rights are posted conspicuously in the lobby of each facility.***



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### PRIVACY PRACTICES

##### **Your Rights**

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

##### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

##### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

##### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

##### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If we agree to your request, we may still share information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or operations with your health insurer. We will say “yes” unless a law required us to share that information.

##### **Get a copy of this privacy notice**



**the blake centers**

## Member Orientation Handbook

### Outpatient Behavioral Health

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Get a list of those with whom we have shared information**

- You can ask for a list (accounting) of the times we've shared health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choice about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by call our compliance hotline at (520)449-8525 or emailing [compliance@blake.easterseals.com](mailto:compliance@blake.easterseals.com).
- You can file a complaint with the Arizona Department of Health services at (602)542-1025 or <https://www.azdhs.gov/licensing/medical-facilities/index.php>
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1(877)696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

#### **Your Choices**

**For certain health information, can you tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

#### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- *If you cannot tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### **In these cases, we *never* share your information unless you give us written permission**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### **In the case of fundraising**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

*If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.*

#### **Our Uses and Disclosures**

##### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

- We can use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**



## Member Orientation Handbook

### Outpatient Behavioral Health

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### Bill for your services

- We can use and share your health information to bill and get payment from health plan or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

#### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

#### Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety.

#### Do Research

- We can use or share your information for health research.

#### Comply with the law



## Member Orientation Handbook

### Outpatient Behavioral Health

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

#### **Work with medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services.

#### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

*To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.*

#### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.



the blake centers

## Member Orientation Handbook

### Outpatient Behavioral Health

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

Easterseals Blake Foundation and Aviva Children's Services

<https://blakearizona.com/>

<https://www.avivatucson.org>

7750 E. Broadway Blvd., Suite A100, Tucson, AZ 85710

153 S. Plumer Ave, Tucson, AZ 85719

310 S. Meyer Ave, Tucson, AZ 85701

4653 E. Pima St., Tucson, AZ 85712

55 S. 5th St., Sierra Vista, AZ 85635

709 N. Allred Lane, Thatcher, AZ 85552

900 E. Florence Blvd., Suite A, G, H, Casa Grande, AZ 85122

3860 W 24th St, Yuma, AZ 85364

6306 N. 7th St., Phoenix, AZ 85014-1549

1821 N. Mastick Way, Ste. 3, Nogales, AZ 85621

EBF and Aviva Privacy Officer: Andrea Stuart, [Compliance@blake.easterseals.com](mailto:Compliance@blake.easterseals.com), 520-449-8525



**the blake centers**

## Member Orientation Handbook

### Outpatient Behavioral Health

***We look forward to working with you! We're glad you're here.***

*Confirmation of Receipt of Member Handbook is located within the electronic health record.*