

Murtis Taylor Human Services System



# Children and Adolescents Client Orientation Handbook



## **Main Campus**

13422 Kinsman Road  
Cleveland, Ohio 44120  
(216) 283-4400

**Lovell J. Custard**  
President & CEO

**Najma Abdul Rahim**  
Board Chairman

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### Murtis Taylor Human Services System



Main Campus  
13422 Kinsman Road  
Cleveland, Ohio 44120

Phone: 216-283-4400  
Fax: 216-283-9586  
Website: [www.murtistaylor.org](http://www.murtistaylor.org)

# Hours of Operation

**Main Campus—Mt. Pleasant**  
13422 Kinsman Road  
Cleveland, Ohio 44120

9:00—5:30 Monday— Friday; Saturday as needed

**Kathryn R. Tyler Campus**  
900 E. 105th Street  
Cleveland, Ohio 44108

9:00—5:30 Monday— Friday

Your care team may also see you at your school during the school day, after your school day at your home, out somewhere in the community like the library, or at one of the Murtis Taylor locations. Feel free to talk with your case manager or therapist and talk with them about where you would like to see them.



# Murtis Taylor Human Services System

## MISSION STATEMENT

Partnering with you to achieve a better quality of life and a healthier community through engagement, teamwork and commitment.

Murtis Taylor Human Services System (MTHSS) is a critical community resource for individuals and families in need of mental healthcare and community services. For the people MTHSS serves, we are the source of emergency assistance, community health education and vocational instruction.

## Agency Discrimination Policy:

Murtis Taylor Human Services System does not discriminate or tolerate discrimination against consumers or workforce members, based on age, gender, race, national origin, sexual preference, religion, or inability to pay for services.

## FUNDERS, CERTIFICATIONS, AFFILIATIONS AND ACCREDITATIONS



# Children's Behavioral Health



The MDC program will help you find ways to feel better when those things that affect your mood, thinking and behavior makes you feel bad.

We work with you at home, school and out in the community so you can know how to deal with those situations.



We

know that life can be challenging so we develop a plan made just for you to help things get better. We promise to work with you, your family, school and others so you and those people important to you know how to help you too.



13. The right to be informed of the reason for denial of a service;
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
15. The right to know the cost of services;
16. The right to be verbally informed of all client rights, and to receive a written copy upon request;
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
18. The right to file a grievance;
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
20. The right to be informed of one's own condition; and,
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

## Your Client Rights

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
2. The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;
3. The right to receive services in the least restrictive, feasible environment;
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;

## Consent for Treatment



Your Parent/Guardian has signed forms agreeing for us to work with you and them because they are legally responsible for your care. On your behalf they agree to the following:

- They are informed of the risks and benefits of treatment, of alternative treatments.
- They are aware that you/they have the right to education and or assessment of side-effects of psychotropic medication, and they have been informed about alternatives to medication and result of not taking medication.
- They are aware that you/they have the right to refuse treatment.

**A full list of all consents have been provided to your Parent/ Guardian. A full list can be provided to you upon request.**



## What to Expect from Staff



### What to expect from your MTHSS staff:

- Listen to you
- Help you better understand your illness
- Recommend therapeutic activities to cope with stress or to make decisions
- Help you understand medications if you have them
- Assist you in solving problems



### Your treatment like this: should look

- Personal– Unique like you
- Positive and Respectful
- Help you identify and Manage emotions
- Communication with you and your supports system
- Solve problems, Make decisions, take responsibility
- Set Goals with you and your family



## Client Rights Officer

### Client Rights Officer:

A Client Rights Officer is someone who investigates reported complaints and helps to achieve an answer. The designated Client Rights Officer for our agency is:

Beckie Kenney (216) 283-4400 ext. 2290  
13422 Kinsman Road, Cleveland, Ohio 44120

### What are Client Rights and what can the Client Rights Officer do?

There are 21 rights made by the state of Ohio that all Behavioral Health clients are given. The client rights officer helps you when you do not think someone has followed your rights. You can make a complaint to any of their care providers and they can inform the client rights officer for you or the you can make your complaint to the client rights officer directly. The client rights officer will work with you to resolve the complaint as quickly as possible.

If you feel you would like to escalate your complaint, you and your parent or guardian can make a written statement and provide it to the client rights officer. The client rights officer can help you and your parent or guardian write the statement. Once a complaint is written and signed by the client and their parent or guardian, it becomes a grievance. Once the grievance is given to the client rights officer, the client rights officer must let you know he or she has received the grievance within 3 business days and respond with a resolution, via letter, to the grievance within 20 business days.

Any client of Murtis Taylor Human Services System has the option, at any time to file a grievance with Murtis Taylor Human Services System or any outside organization, including Alcohol, Drug Addition and Mental Health Services Board of Cuyahoga County, Ohio Department of Mental Health and Addiction Services Board, Disability Rights Ohio, and/or the U.S. Department of Health & Human Services—Civil Rights regional office in Chicago.

It is important to make your concerns known to assure that the rights of those we serve are observed and respected. Communicating any concerns to the client rights officer will help to further provide a way for people receiving services to make complaints, have those complaints heard, and have them acted on in a timely manner.

A list of Client Rights, and the grievance procedure are posted in each main reception area throughout the agency.

# HIPAA and Confidentiality

## Notice of Privacy Practices

This shortened notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**What is “Protected Health Information”?** Protected Health Information (PHI) is information about your physical or mental health condition (past, present, or future), the provision of health care to you, or payment for that care, that includes your name, social security number, ID number, or other individually identifiable information. It may be written, electronic, or oral information.

**What will Murtis Taylor Human Services System do with my PHI?** It is the responsibility of Murtis Taylor Human Services System (MTHSS) to protect your PHI. By law, we must:

1. Protect the privacy of your PHI;
2. Tell you about your rights and our legal duties with respect to your PHI; and
3. Tell you about our privacy practices and follow our Privacy Notice currently in effect.

## CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY

Murtis Taylor Human Services System will protect your right to confidentiality of all information related to your treatment and services provided. We do not share any identifying client-related information unless we have written permission from the client or parent/guardian or in cases of medical or psychiatric emergencies, or as permitted or required by law or regulation.

## Limits to Confidentiality

When we have reason to believe that a minor client is at risk for suicide, homicide, abuse, or neglect we may break confidentiality by informing the appropriate individuals information to help you.

If you have any questions or concerns, or if you would like additional information about your rights to confidentiality, please call Monday through Friday, 9:00 AM to 5:00 PM:

**Beckie Kenney**  
Vice President of Clinical Services & Chief Quality Officer  
13422 Kinsman Road  
Cleveland, Ohio 44120  
216-283-4400 ext. 2290

# Child and Adolescent Client Expectations



**What we need from you to get the most out of your services:**

## Be Respectful

**To yourself, your family and your treatment team**

- Act in a considerate and cooperative manner and respect the rights and property of others.
- Refrain from swearing or using abusive language

## Show Responsibility

**By actively participating, doing your best, taking ownership for your actions**

- Provide accurate and complete information about all matters
- Notify a member of the behavioral health care team if you do not understand information about your care treatment.
- Report changes in your condition or symptoms to a member of the behavioral health care team.

## Be Safe

**Engage in safe activities, keep your body and mind healthy, report unsafe feelings and thoughts**

- Avoid initiation of, or participation in, any situations involving violent, harmful, threatening or abusive behaviors.
- Do not use illicit drugs during treatment
- Do not smoke or carry weapons on all property owned by Murtis Taylor Human Services System.

## Parent/Guardian Participation Expectations

### Attention Parents/Guardians:

Providing treatment for your child/children is a partnership with the parent/guardian and the mental health professional.

### We expect the parent/guardian will:

- Keep Scheduled appointments or call to cancel and reschedule.
- Participate in developing the Individualized Service Plan.
- Maintain contact with the Case Manager or Therapist weekly and meet face-to-face monthly.

### Children cannot be treated without parental/guardian participation.

- If three (3) consecutive appointments are missed without contacting the Case Manager, Therapist or Administrative Assistant the services may be terminated.
- When applicable, if the parent/guardian does not participate in treatment with the child, the services may be terminated.



## When to Reach Out for Help



**What if I have an emergency?**  
 If you feel that you are having a mental health emergency during our normal business hours Monday through Friday, please call your Case Management, Therapist, Psychiatrist or Nurse immediately. If the emergency occurs outside of normal business hours, call any of the numbers listed below for assistance:

- Frontline (216) 623-6555
- Mobile Crisis (216) 623-6888

### Some reasons to call for immediate help:

**Suicidal Thoughts– thoughts of harming yourself**  
**Homicidal Thoughts– thoughts of harming others**  
**Medication Problems– Bad side effects or reactions**

A Personal Safety Plan will be developed with clients who have been or who are exhibiting dangerous behaviors. The Plan will be individualized to identify the client's specific escalating behaviors, and how to respond to those behaviors in a safe, effective, and clinically responsible manner. The purpose of the Safety Plan is to ensure the safety of the client, by identifying the client's individualized triggers, symptomatic behaviors, and methods to safely and clinically assist the client. The Personal Safety Plan will identify the following specific and individualized information about the client:

- Triggers-include a risk assessment for dangerous behaviors
- Current coping skills
- Warning signs
- Preferred interventions

