



# PARTICIPANT HANDBOOK

## *Mental Health Partnerships*

1211 Chestnut Street, 11<sup>th</sup> Floor  
Philadelphia, PA 19107  
215-751-1800  
[www.mentalhealthpartnerships.org](http://www.mentalhealthpartnerships.org)

Updated: June 1, 2017

Participant Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Name of Staff and Title: \_\_\_\_\_

Program Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# Contents

BACKGROUND .....	2
VISION .....	2
MISSION.....	2
OUR VALUES.....	3
YOUR INITIAL MEETING .....	4
PARTICIPANT RIGHTS.....	4
PARTICIPANT RESPONSIBILITIES.....	5
FREEDOM OF CHOICE/SERVICE.....	6
FEDERAL LAWS PROTECTING PERSONS WITH DISABILITIES.....	6
NOTICE OF PRIVACY PRACTICES.....	6
COMPLAINT, GRIEVANCE AND APPEAL PROCESS.....	7
TO FILE A COMPLAINT .....	7
WHERE TO APPEAL .....	8
DISCHARGE BILL OF RIGHTS FOR PEER SUPPORT SERVICES .....	8

## **THANK YOU FOR ENROLLING WITH MENTAL HEALTH PARTNERSHIPS**

We are an organization dedicated to helping individuals with mental health conditions direct their own recovery journeys, and preparing family members to play supportive roles.

### **BACKGROUND**

**Our work is guided by the following beliefs:**

- Persons with serious mental health conditions can and do recover. Children, youth, adults, family members and communities have the capacity for resilience and recovery.
- Creating an environment of hope is the first step on a successful recovery journey.
- Recovery is different for each person but is possible for all.
- Recovery occurs in the community and with connections to natural supports.
- The active involvement of individuals with mental health conditions and of family members is essential for system transformation and successful outcomes.

Throughout our organization, individuals in recovery and family members serve in leadership positions as employees, volunteers, and members of our board of directors. Our belief in individuals' potential to recover and in family members' ability to provide support is based on the lived experience of many of our employees and volunteers.

We recognize that the persons best able to shape their own futures are those who come through our doors seeking help: you and other service participants. Now that you have enrolled in an MHP service, our employees, volunteers, and other participants will help you identify your goals and work to achieve them.

Again, welcome to MHP, an organization dedicated to the belief that a better future is possible and to nurturing opportunities for you to find and hold on to hope.

Mental Health Partnerships (MHP) is a nonprofit organization that develops, supports, and promotes innovative education and advocacy services. MHP serves adults, children and youth affected by mental health challenges as well as parents and family members.

### **VISION**

Individuals challenged by mental health conditions are empowered to direct their recovery journeys, and family members are prepared to play supportive roles, as members of informed and inclusive communities.

### **MISSION**

To promote groundbreaking ideas and create opportunities for resilience and recovery

by applying the knowledge learned from the people we support, employ and engage in transformative partnerships.

## OUR VALUES

These values—which are offered to staff, volunteers and participants—are applicable to everyone.

- We value Hope, the belief that a better future is achievable. By fostering hope, we promote success and resilience.
- We value Self-Determination—the exercise of free will—to encourage the independent expression of ideas and control over one’s own life.
- We value a Holistic Focus, which represents the interrelatedness of all human needs. By recognizing the connection among physical, mental and spiritual needs, we nurture growth and creativity.
- We value Support—the nonjudgmental sharing of knowledge, experience and assistance among peers and colleagues—as a basis for promoting personal and professional development and achievement.
- We value Cultural Awareness—understanding and honoring a person’s deeply held values, beliefs and practices—as a foundation for building enriching and complementary relationships.
- We value Personal Responsibility—that each of us is accountable for our actions and that each of us is responsible for pursuing his or her purpose in life—as vital for overcoming challenges and achieving personal and professional goals.
- We value Empowerment—the process of helping individuals increase their capacity to make choices and to transform those choices into desired outcomes—as necessary for helping individuals gain the self- confidence required for self-actualization and leadership.
- We value Respect—the unconditional regard for the inherent worth of all individuals—as necessary for developing, maintaining and enhancing effective personal and professional relationships.
- We value a Strengths-Based perspective, which presumes that everyone has resilience and talents, and which acknowledges individuals’ unique ideas and experiences. By focusing on strengths, we cultivate hope.
- We value Education and Learning—the lifelong pursuit of knowledge and experiences—for their own sake and for enhancing personal and professional development.

## YOUR INITIAL MEETING

### **We will:**

1. Inform you about the services we offer and ask you what you want to be involved in. We will also give you information on where to find other mental health services/substance abuse services within the system of care.
2. Give you information on how to access those services outside MHP, and what to do in the event of an emergency.
3. Give you information regarding your right to, and the process to, file a complaint or grievance when you are not satisfied with the services you are receiving, whether these services are provided by MHP or elsewhere within your county mental health system.

### **MHP Encourages the Involvement of Family and Friends**

MHP staff will ask you to identify people who are important to you, whom you count on for support and who may assist you in your recovery process, if you so choose.

Examples of potentially supportive people are:

- Immediate family members (parents, children, spouses/partners, brothers/sisters)
- Relatives (grandparents, cousins, uncles, aunts, nieces/nephews, etc.)
- Friends and romantic relationships (boyfriends/girlfriends/significant others)
- Roommates; coworkers; classmates; support group members, AA or NA sponsors or members
- Minister, rabbi, priest, imam, lama, or other spiritual leader
- Physicians, physical therapists, chiropractors, and other healthcare workers
- Therapists and case workers (Welfare, Social Security, protective services, etc.), administrators or supervisors of programs that you attend, probation officers, etc.
- Employers
- Landlords
- Teachers

## PARTICIPANT RIGHTS

As a participant in MHP services, you have the right to:

1. Receive accurate, easily understood information that may help you to make more informed health care decisions;
2. Not be discriminated against on the basis of age; race; ethnicity; color; national origin; marital status; disability; religion; genetic information; economic status; actual or perceived sexual orientation, perceived gender identity, and/or gender expression; and/or source of payment;
3. Be treated with dignity, respect, fairness, consideration, and equality; and to be free from abuse, neglect and/or mistreatment;
4. Participate in your recovery service planning process;
5. Manage your own personal financial affairs (unless you have been informed by the Social Security Administration that you need a representative payee);

6. Have access to emergency services;
7. Request a change of staff members from your individual service team;
8. Retain all civil rights and liberties;
9. Practice the religion or faith of your choice; and
10. Confidentiality. Participants have the right to communicate with MHP staff members in confidence and to have their health information kept confidential.

**If you receive services from Homeward Bound, you have these additional rights:**  
Receiving or sending mail without interference of staff or other participants.

### **Restriction of Rights**

The only time your rights can be restricted is when a licensed professional has determined that you may be a danger to yourself or others. If this should occur, you have the right to be “assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private at any time,” according to the Mental Health Procedures Act (§ 5100.53. Bill of rights for patients).

## **PARTICIPANT RESPONSIBILITIES**

MHP believes in you and therefore encourages you to assume as much responsibility as possible. We believe that greater participation in your services increases the likelihood of your achieving the outcomes you may wish to accomplish. These responsibilities include but are not limited to:

- Taking an active part in the development of your service planning.
- Telling staff what you want and need from your services.
- Sharing information with staff that is relevant to your services.
- Telling staff if you are not satisfied with services or feel you have been treated unfairly. (See also pages 9-10 for complaint and grievance procedures.)

We encourage behavior that is respectful to all individuals and that protects the confidentiality of their individually identifiable information.

### **If your ability to speak English is limited:**

It is our responsibility to ensure that all participants have meaningful and equal access to services. This responsibility encompasses the most basic of human needs: the need for communication and understanding. In order to ensure effective communication, service staff will make every effort to ensure communication and understanding for those participants and/or their immediate families who are identified as having Limited English Proficiency (LEP).

In addition, the public office spaces have been equipped with universal symbols for bathrooms and exits.

Once participants or their family members have been identified as needing translation or interpretive services, service staff will contact the corresponding appropriate agency to identify translators/interpreters.

## **FREEDOM OF CHOICE/SERVICE**

MHP provides a wide array of services. When you enroll in our services, we will support your personal development. If MHP is unable to provide all the services you require, we will assist you in reviewing the services provided by your area service providers. If you wish to exercise your right to seek services elsewhere, designated staff will help you identify and access any such services. Your signature on the Approval to Receive Services form, which you will receive upon enrollment, indicates that the above procedures have been explained to you. Your signature on this form also indicates that the MHP staff members you are working with have informed you about your local county website and have given you information about services available in your county. If you do not have access to a computer, the MHP staff members will print out the relevant information for you.

## **FEDERAL LAWS PROTECTING PERSONS WITH DISABILITIES**

Americans with Disabilities Act (1990) prohibits discrimination against persons diagnosed with disabilities. Disabilities are defined as “mental or physical impairments which substantially limit one or more basic life activities.”

Rehabilitation Act (1973) prohibits discrimination on the basis of “handicap” and requires employers and educational programs to make reasonable accommodations to meet the needs of persons with disabilities.

## **NOTICE OF PRIVACY PRACTICES**

YOU HAVE THE RIGHT:

- To talk to us, knowing that what you tell us will be kept private.
- To choose how we can use your information. This includes your authorization of, or your refusal to authorize, the use of your information for marketing purposes.
- To choose the people, if any, to whom we send your information and what information, if any, we can send. To look at your record and ask for a copy.
- To ask to make changes (amendments) in your record.
- To get a list of people or organizations that we sent your information to. To stop an authorization that said we could release your information. We will contact you if a breach of your data has occurred.
- If you feel that any of your privacy rights have been violated, you may file a Privacy Complaint with the Mental Health Partnerships (MHP) by contacting the Quality Improvement & Compliance Director (267-507-3947). If you are not satisfied with the results, you may contact and give information to the U.S. Department of Health and Human Services Office for Civil Rights. (Contact information is on page 10.) Although we encourage you to contact MHP first, you are not required to do so. Instead, you can immediately contact the Office for Civil Rights.

- A copy of the Privacy Notice is posted at the services site. To request a copy of the Privacy Notice, which explains these rights in detail, ask a staff member or contact the Director of Compliance at 267-507-3709.

## **COMPLAINT, GRIEVANCE AND APPEAL PROCESS**

MHP staff are dedicated to providing the most exceptional supports for people who choose our services. However, even with our best efforts, sometimes people may not be pleased with some aspects of the services. When this happens, you can ask us for support to file your complaint. MHP staff members will provide helpful supports so that you can complete the process.

1. We suggest that you first discuss your concern directly with the service staff, especially the supervisor/manager of the service. Sometimes things can be resolved at a “local level” more easily than you think.
2. If you are not satisfied with the outcome of the complaint, you can file a grievance with the MHP administration (see below for details), with your insurance provider, with the state or county behavioral health offices or with the state or U.S. government.
3. You DO NOT have to bring your complaint to MHP first. You may take your complaint directly to your insurance provider, to the state or local behavioral health office or to the state or federal government if you wish.

## **TO FILE A COMPLAINT**

You are encouraged to first speak directly with the MHP staff or manager involved, to resolve the complaint informally. If you are not satisfied with the results, please call the MHP Compliance Hotline—866-762-5456—and report your complaint. Please leave a telephone number so that your call can be returned.

You may also submit your complaint in writing to:

1. The Director of the MHP division under which the service operates
2. The Director of Compliance
3. Any trusted staff member, who will then forward it the Director of Compliance.

If you are not satisfied with the outcome, you may appeal the decision to other authorities (listed below).



## WHERE TO APPEAL

If you are not satisfied with the outcome of your complaint or grievance processes, you have the right to appeal any decision to a higher authority. You are NOT required to report issues to MHP before seeking supports from these authorities. You may contact them at any time if you choose to do so.

Department of Human Services (DHS)  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

PA Human Resources Commission  
Philadelphia Regional Office  
110 N. 8<sup>th</sup> Street, Suite 501  
Philadelphia, PA 19107

U.S. Department of Health & Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania  
DHS Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

## DISCHARGE BILL OF RIGHTS FOR PEER SUPPORT SERVICES

- If I am discharged from any Mental Health Partnerships (MHP) service(s), I have the right to obtain a new referral/recommendation that is completed by a practitioner of healing arts at any time should my circumstances change and I wish to return to the service(s).
- If I am discharged and submit a new referral/recommendation form, my paperwork will be reviewed to determine if I am eligible for MHP services and, if eligible, I will be added to the intake list or waiting list.
- If I am discharged and no longer eligible for services, a letter will be sent within 30 days of my referral/recommendation, outlining why I will not be accepted back into the MHP services.
- If I am discharged from a service operated by MHP for any of the reasons listed below, I may not be considered for readmission into the service:
- If I behave in a physically threatening or sexually aggressive manner towards staff or other participants, I may be asked to leave the service for a specific period of time.
- If I am enrolled in another Certified Peer Specialist service.
- If I am found to be ineligible / inappropriate for services based on criteria set by the PA Department of Human Services.
- If I “age out”—that is, if I become too old—determined by my county of residence.