

# **Washington State Parent-Child Assistance Program (PCAP)**

## **CLIENT SERVICE AGREEMENT**

Thank you for choosing to participate in the Parent-Child Assistance Program (PCAP). The purpose of the program is to offer 3 years of support and services to help clients achieve and stay in recovery from substance use problems so that they can create and maintain a healthy environment for themselves and their families.

While you are in PCAP, your case manager will be in touch with you several times each month via phone, voicemail, and text messages. If she is unable to contact you in these ways, she may send you a letter. By agreeing to be in PCAP, you agree to be contacted in these ways. If there is a risk of an unauthorized person reading your text messages or listening to your voicemail, we strongly urge you to delete our messages as soon as you receive them. **If you have any concerns about privacy or confidentiality risks that may arise from PCAP's attempts to contact you, please discuss them with your case manager.**

If possible, your case manager will meet with you in your home from time to time to get to know you and understand your needs. They will ask about what kinds of goals and needs you have and develop a plan of care and services that will meet your needs and help you reach your goals and get your needs met. They will review this plan with you every few months. During the program, your case manager will help link you with community services that are a good fit for you. They may offer transportation to some of your important appointments. Based on your needs, they may help you with supplies and activities while you are in the program. If you sign release forms to coordinate services with other providers, your case manager will be able to talk with those other service providers (such as health care providers, DSHS, DCYF, probation) when they need to.

Your case manager will work with you for 3 years. Here is what you can expect:

- They will have a 3-year working relationship with you. They'll always be truthful with you. They won't lie to you or lie for you.
- They will be with you through ups and downs. There may be times you are upset with them. It's okay to disagree, but it is important to keep communication open.
- Even if you're using or not ready to meet with your case manager, please stay in touch and respond to their calls and texts so they know that you're okay.
- They'll be on time to your appointments. If you need to cancel, you should call them in advance.
- They have other clients, so there may be times when they have to cancel an appointment with you because of someone else's emergency.
- Their role is not crisis management. With their support, you can avoid crises by working on your goals.
- You'll get as much out of the program as you put into it.

As a client, you have the right to be treated with respect and dignity. You will receive care which does not discriminate against you and is sensitive to your gender, race, national origin, age, disability, sexual orientation, and spiritual beliefs. You will not be abused. If you ever have a complaint that you cannot work out with your case manager, you can call the PCAP clinical supervisor to discuss the problem.

In turn, you are responsible for being respectful of the rights of others. You may not bring or use illegal drugs, alcohol, or weapons on PCAP property or in PCAP vehicles. You may not engage in illegal activities when you are working with PCAP staff. You are expected to not use language and behavior that is threatening to yourself, others, or property.

PCAP is a program with 15 offices across Washington State, serving clients in 20 counties, and operating as a network. There may be times when we might need to reach out to another PCAP site to get their support in working with you, for example, if you go to another part of the state temporarily for treatment. Most of our clients really appreciate this because it helps them to stay connected to PCAP wherever they go in the state. All PCAP sites observe strict confidentiality requirements and would ensure your information is kept private. We would never divulge any personal information about you outside of PCAP-providing agencies without your consent. There is a Release of Information Form for this purpose.

Please note that PCAP staff are mandated reporters. By law, if we see evidence of abuse or neglect of a child or older adult, we must call Child or Adult Protective Services. We will try to let you know in advance if a report is necessary. If you say that you plan to harm yourself or someone else, we must call a mental health professional or the police. While we will make every effort to protect your confidentiality and private information, our records of working with you may be subject to a subpoena if you become involved in legal proceedings. Otherwise, we will require signed authorization from you if you want us to release your records to any third party.

Your involvement in PCAP will begin and end with a detailed interview with a variety of questions to learn more about you and your needs. You don't ever have to answer any question that you don't want to answer.

PCAP wants to provide clients with the highest quality services, so our program's quality is checked by the University of Washington (UW PCAP team) and by the Washington State Health Care Authority (HCA), which provides the funding for PCAP. We will share anonymous information from your interviews and from your case manager's records with the UW PCAP team and HCA to show how well PCAP is working for our clients during the 3-year program. The UW PCAP team will ask your permission to use this anonymous information in research. There will be a separate consent form for this. You don't have to agree to be in the research. Either way, your experience in PCAP will be the same.

You don't have to be in PCAP if you don't want to, and you may leave at any time. If you would like to leave the program, you can call me at our PCAP office phone number: \_\_\_\_\_.

Client's statement:

"PCAP has been explained to me, and I would like to enroll in the program. I agree to have my anonymous information shared with the UW PCAP team and the Washington Health Care Authority. I understand that I may leave the program at any time. If I decide to leave the program, I will make a request to the clinical supervisor."

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Clinical Supervisor Signature

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Clinical Supervisor Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client ID Number