



Adult Rehabilitation Mental Health Services: Participation Agreement

Welcome

As a participant of the ARMHS program we would like the opportunity to share information with you regarding the program services provided, location of services, frequency of visits and other important facts. Please take a few minutes to read this information and ask questions as needed.

Program:

Adult Rehabilitative Mental Health Services (ARMHS) is designed to assist you to develop and enhance your skills with independent living, management of your mental illness and symptoms, household management and integration in the community. We provide services in two ways, one to one with you or in a classroom setting. Services are provided based on your individual need, usually one time a week one to one and classes are offered weekly at a variety of times. We use a variety of teaching methods that assist you in learning skills related to your needs.

Topics Available:

Symptom Management	Illness Management and Recovery	Bus Training
Living with Schizophrenia	Pre-Employment related skills	DBT Base Training skills
Mind Over Mood	Household management skills	Budgeting
Mental Health management	Nutrition and cooking	Stress management
Interpersonal communication skills		

**This list of services is not all inclusive*

Participation Agreement Information:

- To assist us in learning about you and to guide your treatment, you will be asked to be an active participant in the development of a support plan and functional assessment. Paperwork will be updated on an on-going basis.
- Based on your individual situation, you and your ARMHS worker will determine the frequency and location of visits. The majority of sessions can occur in your home or other community settings, but there will be times when an office visit will be more appropriate.
- ARMHS workers are available Monday through Thursday from 8:00 a.m. to 5:30 p.m. and Fridays from 8:00 a.m. to 12:00 p.m. For needs that take place after hours, weekends and holidays, we request that you utilize available community resources. We will assist you in learning what is available, develop a crisis plan, identify natural supports, and inform you of alternate resources.
- To coordinate your care with other providers and make sure we are all working to best meet your needs, with your permission we will communicate and share information on a regular basis. Individual team meetings will be held every six months to review goals and progress. You will be asked regarding your availability and have the opportunity to invite family members and/ or other support persons.
- We value your input and want to make sure we are meeting your needs. We will ask your feedback on treatment progress and satisfaction regarding services through a survey. Feel free to give us feedback at any time.
- We request that if you need to cancel an appointment, please call at least 24 hours in advance. When you cancel, please leave an alternate meeting time that staff can meet with you.
- Staff will make appointments with you at the time that best meets your needs. We ask that once an appointment or

schedule is made that you attend them. If you have a scheduling conflict, please call to re-schedule or get notice 24 hours in advance. If it is an appointment you are canceling, in that message leave another time you could meet that same week. If you miss two appointments or scheduled classes in a row or do not call to re-schedule appointments, staff will ask to meet with you to discuss scheduling barriers and may put you on a drop-in schedule. If staff have not seen you for one month, they will discharge you from the program. It is important to meet with staff each week or as scheduled to make progress toward your goals.

- If it is determined that the ARMHS program is not best able to meet your needs, we will assist you by making appropriate referrals.
- You may contact the ARMHS Supervisor, Marcie Dabelstein at (507) 535-5768, with any comments, or questions about the program.

I have read the participation information and agree to the listed statements.

Client Signature

Date

Staff Signature

Date