arizona complete health

1850 W. Rio Salado Parkway
Suite 211
Tempe, AZ 85281

Community Standards for the Stress-Busting Program for Family Caregivers of Persons with Chronic Illness™

Offered by Arizona Complete Health-Complete Care Plan

My attendance to any part of the Stress-Busting Program for Family Caregivers of Persons with Chronic Illness™ (SBP) offered by Arizona Complete Health-Complete Care Plan is an acknowledgement that I have read and understand the following community standards.

These standards aim to help provide a valuable learning opportunity for all who participate.

I understand that this program is intended for unpaid or partially paid family caregivers of adults living with a chronic illness in Arizona and that I and the person I care for must reside in Arizona to be able to participate in this program. I acknowledge the purpose of this program is to afford me the opportunity to learn tools and strategies to help with the stress related to my role as a family caregiver. I also understand that this is a training program and does not constitute behavioral health therapy; nor does it replace the role of a healthcare professional and/or treatment. I am encouraged to consult with a healthcare professional to discuss any concerns I may have about my health and wellbeing and the health and wellbeing of the individuals I provide care for.

Additionally,

A. I will be respectful of others including other people's cultures and beliefs that may be different from my own.

B. I will respect the privacy of those we care for by not mentioning their names or private/ protected health information such as insurance provider, treatment details, and other identifying health information.

C. I will honor and respect the stories of those in the group by not sharing other group members' stories and information outside of the group. I will maintain others' confidentiality.

D. I will be engaged and open-minded and will communicate to my group facilitators if for any reason, I choose to not participate in a specific activity.

E. If I need help, I will ask for help.

F. I understand that the purpose of this group is to support us as caregivers so that we can give the best care to our loved ones and ourselves. Therefore, I acknowledge that if there is suspicion or evidence of abuse, neglect, and/or exploitation, it will be reported to Arizona Adult Protective Services (APS) in order to continue to support the health and the safety of our loved ones and ourselves.

G. If I have thoughts of harming others or myself, I will contact the National Suicide Prevention Lifeline at 988 or 1-800-273-8255 (24 Hours/Day) or other crisis hotlines (see below). If I am in present or imminent danger of harming others or myself, I will call 911.

Suicide/Crisis Hotlines

a. Maricopa County: 1-800-631-1314 or 602-222-9444
b. Southern Arizona: (Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties): 1-866-495-6735
c. Northern Arizona: (Apache, Coconino, Gila, Mohave, Navajo, and Yavapai Counties): 1-877-756-4090

H. I understand that for program execution and in order to track effectiveness of the program, data will be collected and shared with Centene Corporation and Arizona Complete Health-Complete Care Plan, including my name, contact information, and other information collected during the program.

I. Information related to program outcomes, program effectiveness, quality improvement, and research purposes will be de-identified and may be shared with the WellMed Charitable Foundation or Centene Subsidiaries.

J. If minimum number of participants is not met, start date will be adjusted and participants will be notified.

K. If I have any questions about these standards, I will reach out to the trainer or facilitator, or I can contact BH_Training@centene.com.