Shepherds Recovery Counseling Services Inc.	**Policy and Procedures**
Policy Type:-Core Support Program Standards	**Policy Number**: CSPS -400
Subject:- Children and Adolescents	**Adopted**:06/10/2017
Section:- 4-A	**Effective**:07/10/2018
Approved By:- Temi Rotimi	**Revised**:08/12/2020

◂ Policy

It is the intent of (**SRCS Agency)** to provide services to **children** and **adolescents** as well as **adults** needing mental health services. **SRCS Agency** strives to ensure all rights of the Client as well as respecting their needs, and confidentiality. **SRCS Agency** will follow all **Federal**, **State,** and provisional guidelines to ensure **safety**, and **satisfaction** of the youth we serve.

The **children** and **adolescents** served by **SRCS Agency** will have a **face-to-face** interview, with consent of their **parent**, **guardian**, etc. whom will also be present, to determine appropriateness for services, and needs.

▸ ASSESSMENT

SRCS Agency offers assessments in the following areas:

- Psychosocial evaluation
- Behavioral Problems
- Mental illness evaluation

▸ Assessments are used to identify the following:

- The individual's present functioning level;
- The individual's strengths, abilities, developmental need, personal preferences, and desired outcomes;
- The conditions that impede the individual's functioning and,
- Where possible, the cause of the disability.

Assessments are conducted by a licensed mental health professional or by a master level Clinician under professional supervision. Assessments will be used by the Clinician in the development of the individual comprehensive treatment plan. Information may be obtained from the Client, the Client's family, schools, medical personnel, referral or funding sources, and past mental health records. A consent for release of information must be signed and on file for all parties providing information for the assessment.

Assessment is considered to be an on-going process. Changes in functioning should be noted and reported to the Clinician to assist in updating the individualized treatment plan. Assessments shall be reviewed at a minimum of twice a year with the Client and filed in the individual's chart.

Assessments will differ from adult to child/adolescent. The criteria and information obtained will meet the needs of the Client. The child/adolescent will consist of the following information:

- Developmental History: Age Client walked, talked, potty trained, etc.
- Medical/Physical Health History- Any medical information regarding and pertinent to the services and needs of the Client.
- Culture/Ethnicity- Race and cultural information

D. **Treatment History**- Any information regarding previous treatment by other mental health agencies, and reason for that treatment.

E. **School History**- Information pertaining to schools attended problematic areas, disciplinary actions, grades, etc.

F. **Language Functioning**- Information pertaining to Client ability of speech and hearing, and assessment for additional referrals.

G. **Visual Functioning**- Information pertaining to Client ability to properly see, and assessment for additional referrals.

H. **Immunization Records**- Information pertaining to Client immunizations, and assessment for additional referrals.

I. **Learning Ability**- Information pertaining to Client ability to learn and properly retain information.

J. **Intellectual Functioning**- Information pertaining to intellectual functioning of person served, and need for further assessments and referrals.

K. **Family Relationships**- Information surrounding family, and how they perceive relationships, and get along with one another.

L. **Interaction with Peers**- Information relating to peers, friends, relationships, and how Client interacts with others.

M. **Environmental Surroundings**- Information pertaining to Client and living conditions, hazards, barriers, opportunities, etc.

N. **Prenatal Exposure to Alcohol, Tobacco, or Drugs**- Information regarding prenatal exposure which may have inhibited Clients' development or ability to form bonds, relationships, etc.

O. **History of Use of Alcohol/Tobacco/Other Drugs**- Information pertaining to person served usage of drugs/tobacco/alcohol, when used, how often, and affects.

P. **Parent/Guardian, Custodial Status**- Information pertaining to whom has custody, and who is the legal representative of the Client.

Q. **Parents/Guardians willingness/Ability to Participate in Services**- Information pertaining to the Client and their willingness and/or ability to participate in services, and development of plans.

▸ (4. b. 2)

It is the intent of (**SRCS agency**) to ensure that all assessments administered to children and adolescents are appropriate respect to the Client age, development, culture and educational status. The Clinician taking information during assessment will assist Client with any questions or concerns during the assessment process.

▸ (4. b. 3)

SRCS agency will assist Client, family, and guardian with developing a schedule for treatment that will not interfere with school performance, activities, or community projects he or she may be involved. Scheduling will be discussed for convenience to Client, family, and Clinician when appropriate.

▸ (4.7)

It is the intent of (**SRCS agency**) to provide a safe and age appropriate environment for all Clients. The Agency is equipped with toys, games, reading materials, and educational activities to meet needs of adolescents and children. All small objects are safeguarded and kept in locked area and not accessible to infants or young children. All office supplies, ie. Scissors, staplers, etc., are kept inside desk and away from children to ensure their own personal safety. The office is equipped with furniture, a television, and video game which are all safe for children.

▸ (4.8.b)

(SRCS agency) has in place a policy regarding back ground checks for all personnel working within the Agency. This policy will be upheld for the protection of all Clients, including children and adolescents, to ensure safety and well-being of all.

▸ Criminal Background Checks:

(SRCS agency) requires an Oklahoma State Bureau of Investigation (**OSBI)** background check, including history of sexual offenses, abuse, violence, indicators of Medicaid/insurance fraud, etc. Prior to appointment to a position. The purpose of the **OSBI** is to ensure the Agency does not have anyone with violent criminal history, or charges of illegal acts/violations to/with others providing services to our Clients, including children and adolescents to ensure safety, and positive outcomes for the Client.

▸ (4.8.b)

The policy of **SRCS agency** is to prohibit employment of anyone possessing a negative OSBI background check containing any offenses of sexual offenses, abuse, violence, Medicaid/insurance fraud and any violations pertaining to adults/children/adolescents. Should an **OSBI** background check be found with no offenses, the person seeking employment will continue with the pre-employment screening process?

▸ (4.a.12)

It is the intent and desire of (**SRCS agency)** to assist and provide services to children/adolescents in need, regardless of their legal status. (**SRCS agency)** will accept referrals from juvenile justice agencies for their Clients. (**SRCS agency)** will work closely with these agencies/organizations to provide services and meet individual needs of the Clients. (**SRCS agency**) will only provide services requested, and will not interfere with or duplicate services from other entities.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:-Core Support Program Standards	**Policy Number**: CSPS -401
Subject:- Children Abuse Reporting Documentation	**Adopted**:06/10/2017
Section:- (4-a)	**Effective**:07/10/2018
Approved By:- Temi Rotimi	**Revised**:08/12/2020

Policy

All persons performing professional or official duties at **SRCS Agency** have a duty to report a child's need for protection, in compliance with the Child and Family Services Act.

The duty to report child in need of protection is outlined in Section 72 (1) of the Act, and states that where there are reasonable grounds to suspect that a child may be in need of protection the person must immediately report his/her suspicions and the information on which the concern is based to a children's aid society. In cases where there is doubt or ambiguity, a children's aid society should be consulted.

Duty to report is a personal duty and cannot be delegated to another (e.g., manager or director cannot report on behalf of an employee, rather the employee must make the report directly).

The duty to report takes precedence over all **SRCS agency** policies. The professional's duty to report overrides the provisions of any other Provincial Statute, specifically those provisions of other Statutes that would otherwise prohibit disclosure by the professional. The only privilege not subject to reporting is that between a solicitor and his/her Client.

Failure to report is an offence under the Act. Any professional who fails to report his/her suspicion of a child's need for protection is liable on conviction to a fine of not more than **$50,000** or to imprisonment for a term of not more than two years, or to both. **SRCS agency** will ensure that all employees, volunteers, students are trained in child abuse reporting policies and procedures prior to providing service.

LIMITATIONS

Duty to report is a personal duty and cannot be delegated to another (i.e., manager or director cannot report on behalf of an employee; rather the employee must make the report directly).

PROCEDURES

1 Informing the Client about the limits of confidentiality and the duty to report

1.1 All Clients must be informed of the limits of confidentiality and the legal requirement to report child abuse or neglect at intake.

1.2 At the first face-to-face appointment, employees will remind Clients of the limits of confidentiality and the duty to report child abuse. Clients must sign a form which signals that they are aware of these limits. For Clients who are only served on the phone, employees will verbally explain the limits of confidentiality and write a note in the Client record indicating this has been discussed with the Client.

2 Acting on a suspicion of child abuse or neglect

2.1 If child abuse is suspected, determine from the Client record if there have been prior consultations with a children's aid society.

If yes (i.e., there have been prior consultations and/or if the society has given directions not to inform particular individuals), any previous direction from a children's aid society must be followed.

If no, proceed to the next step.

2.2 If child abuse is suspected, all personnel are encouraged to discuss the situation with their supervisor/manager to determine the best way to proceed (e.g., whether to inform the Client prior to making the call to the children's aid society).

2.3 Every reasonable effort will be made to first inform the service user (both adult and child) in a sensitive manner of the intention to report, prior to contacting the children's aid society.

2.3.1 The adult Client in charge of the child can be given the option of making the first contact with the children's aid society.

2.3.2 However, the adult Client should not be encouraged to make the first contact with the society if this may put the child at greater risk, if this risks prejudicing the investigation or there are CAS directions not to inform a particular person.

2.3.3 The fact that the parent or guardian reports the child abuse does not relieve the staff person of his/her duty to report.

2.4 Document the conversation about the intent to report with the service user in the Client file.

3 Reporting to a Children's Aid Society

3.1 Any **SRCS** employee, volunteer or student must inform their immediate supervisor of any abuse allegations they have reported at the first possible opportunity.

3.2 The person who suspects that a child needs protection must make the report personally to the children's aid society and make every effort to facilitate the children's aid society investigation. The duty to report cannot be delegated.

- If possible, consider the child's religious or cultural affiliation in making the report. Contact: Peel Children's Aid Society at **405-363-6131**.

3.3 Staff will maintain contact with the children's aid society as appropriate, whether to facilitate the investigation or ensure that the report is addressed.

3.4 Management and other team members will support the employee, volunteer or student making the report.

3.5 During the course of a children's aid society investigation, personnel will ask the children's aid society for guidance on how to relate to the Client (e.g., whether or not to discuss the investigation) and follow that direction as much as possible.

4 Documenting and reporting

4.1 The person reporting to a children's aid society must document the following information in the Client record:

- Date and time of the report
- Name of the person reporting the abuse and relationship to the child
- Name and telephone number of the children's aid society person who received the report
- Name, age and religion (if known) of the child
- Nature and known details of the suspected abuse
- Name or identity of the alleged abuser
- Content and outcome of discussion with the adult Client (parent/guardian)
- Children's aid society response and follow-up to the report
- Revised service plan, if any
- Any further follow-up or contact with the children's aid society.

DEFINITIONS from the Child and Family Services Act

Duty to report child in need of protection s. **72 (1)**: if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,

    i. failure to adequately care for, provide for, supervise or protect the child, or

    ii. Pattern of neglect in caring for, providing for, supervising or protecting the child.

2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,

    i. failure to adequately care for, provide for, supervise or protect the child, or

    ii. Pattern of neglect in caring for, providing for, supervising or protecting the child.

3. The child has been sexually molested or sexually exploited, including by child pornography, by the person having charge of the child or by another person where the

person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.

4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.

5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.

6. The child has suffered emotional harm, demonstrated by serious,
i. Anxiety,
ii. Depression,
iii. Withdrawal,
iv. Self-destructive or aggressive behavior, or
v. delayed development, and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.

13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

▸ **Note of Clarification on Reportable Grounds:**
Patterns of neglect are now included as grounds for reporting and the threshold for "emotional harm" has been lowered from substantial risk to the risk that the child is likely to suffer emotional harm.

The section does not specifically include children who witness violence and the issue is currently under discussion between children's aid societies and the Ministry. However, the sections relating to neglect and emotional harm could apply in domestic violence situations (e.g., when the children appear to be traumatized). A consultation with a children's aid society is recommended in these situations.

▸ **Ongoing Duty to Report, s.** A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child.

▸ **Person to report directly, s.** A person who has a duty to report under subsection (1) or (2) shall make the report directly to the society, a person who has a duty to report under subsection (1.1) shall make the report directly to any organization, agency or person designated by regulation to receive such reports, and such persons shall not rely on any other person to report on their behalf.

▸ **Offence s. 72** A person referred to in subsection (5) is guilty of an offense if,

(a) He or she contravenes subsection (1) or (2) by not reporting a suspicion; and
(b) The information on which it was based was obtained in the course of his or her professional or official duties.

(4.1) A person is guilty of an offence if the person fails to report information as required under subsection (1.1).

(4.2) A person is guilty of an offence if the person,

(a) Discloses the identity of an informant in contravention of subsection (1.4); or

(b) Dismisses, suspends, demotes, disciplines, harasses, interferes with or otherwise disadvantages an informant in contravention of subsection (1.5).

Persons to whom s. (4) applies (5): Subsection (4) applies to every person who performs professional or official duties with respect to children including,

(a) A health care professional, including a physician, nurse, dentist, pharmacist and psychologist;
(b) A teacher, school principal, social worker, family counselor, operator or employee of a day nursery and youth and recreation worker;
(b.1) a religious official, including a priest, a rabbi and a member of the clergy;
(b.2) a mediator and an arbitrator;
(c) a peace officer and a coroner;
(d) a solicitor; and
(e) a service provider and an employee of a service provider.

▸ **Penalty s.** (6.1) A director, officer or employee of a corporation who authorizes, permits or concurs in a contravention of an offence under subsection (4) or (4.1) by an employee of the corporation is guilty of an offence.

▸ **Penalty s. (6.2)** A person convicted of an offence under subsection (4), (4.1), (4.2) or (6.1) is liable to a fine of not more than $50,000 or to imprisonment for a term of not more than two years, or to both.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:-Core Support Program Standards	**Policy Number**: CSPS -402
Subject:- Community Awareness Information	**Adopted**:06/10/2017
Section:- 4-A	**Effective**:07/10/2018
Approved By:- Temi Rotimi	**Revised**:08/12/2020

Policy

A. As a part of **SRCS agency**, consumer based planning and services provision shall provide the community with information, consultation and outreach services to aid in reaching and attracting specified target population. These services are designed to:

1. Reach and attract **SRCS Agency** target population.

2. Provide information on and related to behavioral health to the public.

3. Provide information to the public pertaining to **SRCS Agency**.

B. These services include presentations and/or outreach efforts to community groups, organizations, and individuals. Presentations and outreach efforts shall be made by clinical staff members or trained volunteers (excluding individuals in treatment and support staff).

C. Written documentation of all community information, consultation, and outreach services shall be maintained and documentation of these services shall include:

1. Name of person(s) or organization(s) receiving the services.
2. Name of person(s) providing the services.
3. Number of person attending.
4. Location at which the services were provided
5. Date services were provided and;
6. Description of the services provided

In addition to distributing **SRCS agency** information at public events and to churches, **SRCS** alert the community as to the availability of services through print advertisements in the community.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Support Program Standards	**Policy Number**: CSPS -403
Subject:- Community Outreach	**Adopted**:06/10/2017
Section:- (4.d.5)	**Effective**:07/10/2018
Approved By:- Temi Rotimi	**Revised**:08/12/2020

◀ Policy

Background
(SRCS Agency) and its network of service providers believe community outreach and engagement is a key component in providing effective mental health services to individuals who struggle with mental health issues. **Community Outreach Services** (**COS**) is central to the **SRCS agency** community mental health system and support the goals of **SRCS** agency service providers as well as promote the mental health of the general population.

Allocation of resources reflect current **SRCS** agency and Service Area planning priorities that place emphasis on providing services to the severely and persistently mentally ill, groups at high risk for developing severe mental health issues, and unnerved/underserved populations. Responsibility for the quality and direction of **COS** rests with the **Executive Director** of the agency. **Executive Director** has the responsibility of overseeing Community Outreach Services in Oklahoma City metropolitan local areas communities and focal populations.

Priority in planning and delivery of **COS** should be given to activities that maximize the number of persons to benefit, increase mental health support services by allied social service agencies that are not a part of the mental health system, and address needs where other resources do not exist.

▶ PURPOSE:

The purpose of COS is to:
→ Enhance the mental health of the general population by promoting mental health services and its benefits

→ Prevent the onset of mental health problems in individuals and communities through education and awareness

→ Provide outreach and engagement to individuals not yet receiving mental health services or who have received mental health services but are no longer engaged

⇥ Reduce the risk or severity of mental health issues among individuals not yet identified as Clients within the mental health system

⇥ Expand the continuum of care through Client-centered supportive services

⇥ Coordinate and ensure Clients' access to healthcare, substance use/abuse, and social services

⇥ Provide supportive peer services to Clients receiving services in mental health program at the agency.

▸ This manual is intended to provide the following:

⇥ Definitions for **COS** and its components, service types, and recipients

⇥ Instructions for documenting **COS** services and the required data elements of the **COS** form

▸ S E R V I C E P H I L O S O P H Y

Community Outreach Services (COS) enables **SRCS** and its network of providers to reach more people in the community and work with other human service agencies to foster mental health and prevent the debilitating effects of mental illness. **COS** are outreach and engagement services that enable the mental health system to reach the community-at-large, especially populations at risk, and provide a proactive way for the system to address the needs of those who do not, will not, or are not utilizing direct specialty mental health services.

COS are delivered in the community to special population groups, human service agencies, and to individuals, and their families, who are not usually Clients of the Oklahoma City County Local Mental Health Plan (State Oklahoma **ODMHSAS** Cost Reporting Data Collection Manual). **COS** assists in preventing and reducing the intensity of mental illness in an indirect manner. **COS** is considered an indirect mental health service because it is not directly related to the assessment and treatment of a Client.

COS is an avenue for **SRCS** agency to provide services to:

⇥ Individuals who are not yet Clients of the system but may have mental health concerns

⇥ Individuals who may be experiencing significant stress but do not wish to seek traditional clinic-based services due to a multitude of factors

* Individuals who are Clients of the system, but require engagement and/or re-engagement back into the mental health system

▸ S E R V I C E T Y P E S

Access

Access services involve helping individuals receive appropriate direct mental health services thus preventing potential future crises. Services involve identifying and

addressing individual barriers to accessing mental health services, assisting individuals with receiving timely and responsive treatment for emotional and/or mental health concerns when requested, and ensuring that individuals expressing with mental health concerns are taken seriously. Practitioners may assist individuals, the family members of potential Clients, specific target populations, and/or the general community by sharing general information about the availability of direct mental health services within the community.

⇥Case Management Support
Case Management Support services involve referring and linking an individual to ancillary services (i.e. medical, alcohol, drug treatment, and social, educational) as needed, and monitoring and following-up of the service provision, including adjusting services when appropriate. Case management support includes activities such as communication, planning, facilitation, care coordination, evaluation, and advocacy to meet an individual's and family's ancillary service needs.

⇥Community Organization
Community Organization involves services to the community aimed at bringing desired improvement in the social well-being of individuals, groups, and neighborhoods. Services include collaborating (e.g. through task forces, coalitions, etc.) to help identify community mental health needs, locating appropriate resources, maximizing the mental health benefits in the community, and initiating problem-solving actions with the goal of developing or modifying mental health, social and other community systems. Any meetings and collaboration done for the purpose of community organizing should be for a specific goal. Practitioners and staff utilizing this service type should be actively engaged in developing or modifying the mental health, social support, or other community system.

⇥Consultation/Technical Assistance
Consultation services involve mental health professionals sharing culturally and linguistically appropriate mental health knowledge and skills with community providers, caregivers, groups, or individuals with the goal of increasing their capabilities, efficiency, and effectiveness in meeting the mental health needs of the population they serve. Consultation/technical assistance services tend to be informal, ad hoc, or unscheduled in nature and typically focus on a specific topic, issue, and/or individual.

⇥Crisis Response
Crisis response services include evaluating the level of need for a crisis response, providing a mental health and lethality evaluation for an individual in crisis, assisting an individual or his/her family members in the stabilization of a crisis, and arranging for hospital transport or other linkages to assist in the stabilization of a crisis. Unlike crisis

intervention, a crisis response is an indirect service that does not involve providing an assessment and diagnosis.

⇥ Disaster Response

Disaster Response services involve mental health professionals providing either an emergency response or a recovery response during a human-oriented or natural disaster.

⇥ An emergency response is an immediate response of relatively short duration where workers aim to sustain life, promote safety and survival, comfort and reassure, and provide protection.

⇥ A recovery response is a longer-term and integrative process where services should be available in readily accessible places in the community, or through outreach programs working in collaboration with other community recovery programs. The primary helping response should be supportive therapy and if necessary, specialized referral and treatment.

⏵ Education/Training

Education/Training services involve mental health professionals formally imparting professional knowledge and self-help strategies to other professionals, individuals, family members, communities, other organizations, and/or the general public with the goal of:

⇥ Expanding factual and informational knowledge in mental health

⇥ Strengthening skills, abilities, and knowledge

⇥ Teaching new personal and interpersonal skills

Services aim to develop overall awareness regarding mental health information, resources, and the factors that would necessitate mental health interventions (i.e. dissemination of information about mental health resources in the community, hours of operation, program changes, significant legislation, etc.).

⏵ Engagement

Engagement is a strengths-based process through which individuals with mental health conditions, and their family members, form a healing connection with people that support their recovery and wellness within the context of family, culture, and community.

This can include engagement services at the individual level where mental health professionals build rapport with potential Clients and their families, make individuals aware of mental health services and attempt to involve them in needed services, promote interest in mental health services, change any negative emotional responses or attitudes towards mental health, keep individuals connected and engaged in services, and re-engage individuals back into the mental health system. Engagement can also be done at the community level where organizations and individuals build ongoing and permanent relationships with a community for the purpose of applying a collective vision that will benefit the community and move it towards positive change.

▸ Media Outreach
Media Outreach services involve utilizing media (i.e. radio, television, social media, websites, newspapers, magazines) to promote and share knowledge about mental health and the benefits of mental health treatment, and inform the general public about mental health and mental health services.

▸ Peer Support
Peer Support services involve individuals/consumers who have personal experiences of recovery from mental health, trauma, or substance use providing knowledge, assistance, and emotional, social, and practical support to their peers or individuals with similar experiences. This includes actions that can improve/enhance peers' recovery, quality of life, and ability to cope with daily life issues. Often both parties benefit from the peer support interaction. Peer support services can include peer mentoring, peer-led support groups, and recovery centers.

▸ Program/Resource Development:
Program/Resource Development services consist of assisting with the development of specific programs to increase mental health and related resources within existing organizations/groups in the community. These services may also involve addressing problems encountered in the efforts to increase the number, scope, or quality of mental health resources available in the community.

▸ Referral/Linkage
Referral/Linkage services involve referring and connecting potential Clients, and their family members, to direct mental health services within the community that meet their specific mental health needs and following-up to determine if their needs were met. Referral and linkage involve mental health staff directing individuals and family members to specific providers within their communities that may meet their mental health needs.

▸ Screening/Triage
Screening and triage services aim to gather information and prioritize the urgency of mental health related problems. More specifically, the **SRCS agency** Mental Health Triage is a documented evaluation of an individual presenting for services to which a standard assessment will not be conducted on the same day the individual presents. This documented evaluation is designed to determine immediate service needs and scheduling priority. A core function of a mental health triage is to evaluate an individual's level of risk in order to determine whether that individual is at risk of harming themselves or others as a result of their mental state, and to assess other risk factors related to mental health.

▸ CATEGORIES OF COS
D E F I N I T I O N

There are categories of Community Outreach Services: Mental Health Promotion and Community Client Services. The two categories are differentiated by the procedure code used. Each COS category consists of associated service types, or interventions, that may be used to meet the purpose of the particular category of **COS.**

▸ M E N T A L H E A L T H P R O M O T I O N

Definition

Mental health service activities directed toward (1) enhancing and/or expanding agencies' or organizations' knowledge and skills in the mental health field for the benefit of the community-at-large or special population groups and (2) providing education and/or consultation to individuals and communities regarding mental health service programs in order to prevent the onset of mental health related problems.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Support Program Standards	**Policy Number**: CSPS -404
Subject:- Referrals to Community Services	**Adopted**:06/10/2017
Section:- (4.f.7)	**Effective**:07/10/2018
Approved By:- Temi Rotimi	**Revised**:08/12/2020

◀ Policy

(SRCS Agency) creates and maintains linkages and relationships with other service providers, organizations and professionals in the community in order to ensure Clients have the opportunity to access the most effective, coordinated and comprehensive services available.
SRCS Agency, with the informed consent and participation of the Client, may make referrals to another service within **SRCS Agency** or to external resources, at any time in service delivery (i.e., prior to offering service, while service is ongoing or when service is being terminated).

▶ PROCEDURES

1. Internal Referrals – Within Programs

1.1 If staff determine that Clients would be better served by another team member or where it is indicated that more than one counselor is needed (i.e., to work with a couple separately), staff negotiate this with other staff and ensure that they have the informed consent of the Client. The **Clinical Director** must be informed.
1.2 Once this new arrangement has been made staff must be notified and asked to book the appointment or the staff members must negotiate who will call the Client to establish the first interview.

2. Internal Referrals – Between Programs

2.1 Generally, internal referrals are made between programs to a worker or program that offers specialized expertise.
2.2 The appropriateness of the referral and the availability of the service will be discussed between staff.
2.3 The Client will be provided information on the expected waiting time, plans for follow-up and the type of service, in order to make an informed decision.
2.4 The program should be notified of the internal referral. Upon receipt of the referral, the program staff creates an attention message with the information in the Client database and waits for the Client to request the new service. If asked by the counselor, staff may open a case for the Client in the new program.
2.5 Staff will advise the program to which the Client is referred of the referral.

2.6 The Client will be asked to phone staff to request the service from the second worker or program. Staff may offer greater support to facilitate the referral if needed.

2.7 When service is currently being provided by two or more **SRCS** agency programs, service co-ordination must be provided. In the situation of one program referring a Client to another program, the referring person will assume the responsibility of co-ordination. If the Client has initiated receiving the second service, then staff should negotiate the service co-ordination in the interests of the Client and with the Client's involvement.

3. External Referrals

3.1 The referral of an ongoing Client to a service outside of the agency involves an active role for staff as a service coordinator.

3.2 The following guidelines apply to external referrals:

- Make a careful assessment of the Client's expressed needs and the staff's perception of that need considering as well the work in progress at that time.
- Ensure the Client's involvement in the process as well as in the decision made, including suggesting possibilities and alternatives.
- Support the referring staff member's active participation either through direct contact with the selected service or through encouraging the Client's initiation of service.
- Ensure referring staff member's continued contact with the Client and other service providers, as necessary, including plans for ongoing **SRCS** involvement, follow-up and the necessary steps to support the process.
- Make sure that there is a clear and documented approach to service co-ordination.
- Check that the necessary documents are signed with regards to ensuring informed consent to share information between service providers throughout the referral and service delivery process and/or verbal consent to do so is documented in the Client record.

3.3 When referring to private practitioners, wherever possible, provide Clients a minimum of three appropriate referral resources. If it is not possible to satisfy this minimum requirement, the Client must be informed as to why and this information must be documented in the Client record.

4. Referrals to SRCS

4.1 **SRCS** agency asks that Clients phone the **HR/Office Manager** requesting service for themselves as much as possible.

4.2 Where it is not possible for a Client to phone requesting service, professionals or persons in the community may contact the **HR/Office Manager** requesting service on behalf of a Client. The Client's permission must be obtained before a Client case will be opened by the **HR/Office Manager**

4.3 **SRCS agency** does not typically follow-up with referring agents to advise them that the person they referred has not called and arranged for service. The exceptions are referrals into **SRCS agency** mandated programs and programs where this is required by funders. In such situations, the referral source will be notified by telephone or fax that the Client has not followed up on the referral and that the file will be closed within a certain period of time to allow the referral agent to contact the individual.

4.4 At times, professionals initiating the referral may have questions with regard to **SRCS** services. At this point, the service access staff may call upon **HR/Office Manager** to support the process of referral, Client contact and overall service delivery.

4.5 The role of the referral sources should be addressed early in the process of service delivery. Clients should be made aware of these discussions and approve decisions made with regard to the coordination of services.

4.6 Follow-up with referral sources may be contracted, with Client involvement and informed consent. Releases of information must be signed and entered into the Client file.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Support Program Standards	**Policy Number**: CSPS -405
Subject:- Community Outreach Plan	**Adopted**:06/10/2017
Section:- (4.g.8)	**Effective**:07/10/2018
Approved By:- Temi Rotimi	**Revised**:08/12/2020

◂ Policy

It is proposed that (**NLFYCS Agency)** develop a community relations plan to better meet the needs of persons seeking services by promoting the elimination of discrimination and stigma through advocacy and community outreach. The **Executive Director** with the **Leadership Team** will manage the plan, keep a **Community Outreach Log**, and then report to the **board** on its success.

⇦ PROCEDURE:

Community Issue	Frequency/Activity	Responsible Person
Legislator	**(FY 18-20)** – Goal is for applicable staff to participate in legislative activities	Executive Director and Clinical Director
News Media / Radio / TV / Paper	**FY19/20** – no goal set Until (**FY 2021)**	Executive Director
Local Community Involvement	**(FY19-21**) – Schools, Education/Input	Executive Director and Clinical Director
Brochure / Fact Sheet	Maintain (**SRCS**) brochure and fact sheet	Executive Director and Clinical Director
Community Needs Assessment	Visit each group and ask to complete survey schools/Judges/Policy/Industry and Business Community agencies	Clinical Director and Office Manager
Community Awareness Seminars	No Goal set until **(FY 2021/2022)**	Executive Director and Clinical Director
Professional Community Based	No Goal set until **(FY 2021/2022)**	Executive Director and Clinical Director

▸ Community Outreach Log and Responsible Person

A Community Outreach Log will document the planned activities above. Any activities completed will have documented the activity date, person(s) conducting the activities, the community issue with a brief description, location, and number of persons attending. If applicable, documentation will include any handouts or materials that contributed to the activity. This Community Outreach Log will be kept by the **HR/Office Manager**. All documentation for activities will be submitted to the **HR/Office Manager** within 1

week of the event and discussion of results of each event may be included in Leadership Team meetings to determine effectiveness or future planning.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Support Program Standards	**Policy Number**: CSPS -406
Subject:- Community Resources File	**Adopted**:06/10/2017
Section:- 4-A	**Effective**:07/10/2018
Approved By:- Temi Rotimi	**Revised**:08/12/2020

PROCEDURE:

1. All staff representing **SRCS Agency** in community affairs will email the **Executive Director** with the following information:
    a. Date of the Event
    b. Participant
    c. Name of the Event
    d. Location of the Event
    e. Purpose of the Event
2. A yearly summary of community participation shall be provided to the **Executive Director.**