

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -200
<b>Subject:-</b> Program Services Structure	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.A)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

## ►2.a.1 Introduction

(SRCS Agency) is an Outpatient mental health program specializing in individual and family services to individuals and families residing the Oklahoma City metropolitan area. SRCS Agency provides services to all age groups without regard to race, color, citizenship status, national origin, ancestry, religion, gender, age, physical or mental disability, physical handicap, marital status, or veteran status. Intake interviews are provided to all persons inquiring about services. Services are provided in the office and home environment and frequency of services are determined by the needs of the persons served, and level of care. (SRCS Agency) has contract with The Oklahoma Health Care Authority to accept sooner care as a payment resource, and other private insurance. (SRCS Agency) will introduce the Agency, and the services provided to DHS, and other referral sources to build Patentee. SRCS Agency office is located at **7117 E. Reno Avenue, Midwest City; Ok 73110** Appointments are set at the Client’s convenience whenever possible. The **Executive Director** of SRCS Agency may be reached at **(405) 610-5442**.

1. Population
2. Setting
3. Hours of Services: - **SRCS Agency** open from **(9:00 am to 5:00 pm)**
4. Day of Services: - **SRCS Agency** open form **(Monday to Friday)**
5. Frequency of Services:-
6. Payer Source: State Medicaid and Private Pay
7. Fees
8. Referral Source
9. The specific services offered included

### ►Individual Counseling

Individual counseling will be conducted using face-to-face, one on one interaction between qualified staff and a Client to promote emotional or psychological change to alleviate disorders. Individual therapy will be provided in an appropriate, private, confidential setting. Individual counseling will be goal directed utilizing techniques appropriate to the treatment plan. Frequency of individual counseling will be as is recommended in the individualized treatment plan according to the needs of each Client.

### ▶**Group Counseling**

Group counseling will be conducted by treating behavioral health disorders using the interaction between a therapist and two or more Clients to promote emotional and functional change to alleviate behavioral or emotional disorders. Group counseling will be directly related to the goals and objectives of the individual treatment plan. The frequency of this service shall be determined on an individual basis as recommended in the individual treatment plan.

### ▶**Family Therapy**

Family therapy will be conducted in a face-to-face interaction between a therapist, the Client, and/or family member(s) or significant others to facilitate emotional, psychological, or behavioral changes and to promote communication and understanding. Family Therapy will be goal directed utilizing techniques appropriate to the treatment plan. Family therapy shall be offered as often as is recommended in the treatment plan for each Client.

### ▶**Case Management**

Case Management will be conducted either in a face-to-face interaction between therapist and Client, or by telephone. Case management will be goal directed by utilizing techniques appropriate to the individualized treatment plan of each Client to assist with advocating purposes, personal growth, locating, recognizing, and utilizing needed resources, enhancing self-sufficiency/independence, and overall personal growth and maturity. Case management will be utilized within the perimeters outlined by the Oklahoma Health Care Authority and will be offered as recommended in the treatment plan for each Client.

### ▶**Social Rehabilitation**

Social rehabilitation services will be conducted face to face or in a group. This is designed to enhance social interactions between the Client and peers, adults, authority figures, etc. The rehab will be goal directed by utilizing techniques appropriate to the individual treatment plan of each Client to assist with personal growth, and maturity to be able to properly communicate and interact in a social setting in an appropriate manner.

- A. **SRCS Agency** shares information regarding the scope of services to all persons served, their family or authorized representative, referral and funding sources, stakeholders, and the general public upon request.
- B. **SRCS Agency** completes **quarterly reports** to assess needs for services, population, trends, effectiveness, accuracy and satisfaction to assist with monitoring and reviewing the scope of services provided. These reports are utilized to review the scope of services and update them as needed. This review is conducted on an annual basis.

(2.a.2) (**SRCS Agency**) has seven offices separate from the reception area to provide individual/family/group counseling. Both offices have locks on their doors to ensure no interruptions to protect the privacy and confidentiality of the person served. **SRCS Agency** only employs credentialed Clinicians, whom are licensed or under supervision for licensure. The Agency has contract with **The Oklahoma Health Care Authority to accept sooner** care insurance, and to bill services through this entity for payment of services.

(2.a.3.) (**SRCS Agency**) documents admissions of each **Client** on the Admission log, the log is utilized to document each person served beginning services with the Agency. This document will include referral date, Client name, date of birth, race, address, location, date of initial assessment, first visit, and treatment plan.

(B/C) (**SRCS Agency**) documents **transitions/discharges** of each **Client** on the discharge log. This log is utilized to document length of services, reasons for discharge, and to evaluate effective of their counseling.

4. If services are deemed inappropriate, the person, family and/or referral source (with person's to be served consent) will be informed of the reason(s) and appropriate referrals will be made. The disposition shall be noted in writing in the screening form.

5. **Restrictions SRCS Agency may place on Clients.** It is the intent of **SRCS Agency** to never place restrictions on Clients by the Agency. However, the safety and welfare of the **Client, Clinician, staff, other Clients,** and the community must be a **priority**. The need for restrictions may be determined by the **Executive Director**. Restrictions by the Agency will be placed on Clients in the following order.

◀ Verbal request for alleviation of behaviors/events causing need for restriction.

◀ Change of environment where services are provided to the Client.

◀ If applicable, Client will be asked to see their physician for medication review to determine need for decrease/ increase, different medication or need for medications.

◀ Discontinuation of services with **SRCS Agency**, and a referral to a different Agency.

◀ Events, behaviors or attitudes that may lead to the loss of rights or privileges of Clients.

**SRCS Agency** has created provisions of behaviors and events that may cause Clients to lose all rights and privileges of services within the Agency. These events/behaviors are as follows, but are not limited to.

- (1) Inappropriately dressed for session
- (2) Verbal abuses or threats
- (3) Physical Abuses to self or others
- (4) Verbal and/or physical sexual advances to others.
- (5) Presenting to session under the influence of drugs or alcohol

- (6) Failure to keep scheduled appointments with Clinician on a consistent basis.

Means by which Clients may regain rights or privileges that have been restricted. **SRCS Outpatient Agency** feels it necessary to allow Clients the availability to regain their rights to services within the Agency. Rights and privileges lost can be regained by the Clients by meeting the following provisions.

- (1) Compliance with all rules, policies, guidelines, and responsibilities of the Agency.
  - (2) Removal of any threats or behaviors which may be harmful to Client, staff, Clinician, other Clients, and/or community.
  - (3) Improved behaviors and compliance with all policies, rules and procedures of **SRCS Agency**.
- While special populations are not identified at this time, **SRCS Agency** requires Clinicians to only practice within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Clinicians will also demonstrate a commitment to gain knowledge, personal awareness, sensitivity and skills pertinent to working with a diverse population.
  - **SRCS Agency**, at a minimum, adheres to the staff to individual receiving services ratio required by applicable standards. In addition, **SRCS Agency** considers the quality of services during the determination of staffing patterns. It is the policy of **SRCS Agency** to provide services in a timely manner. For this reason, waiting lists are not maintained. Should **SRCS Agency** be unable to provide services to an individual due to lack of staffing, appropriate referrals will be given to that individual to access services at another Agency.
6. All personnel of **SRCS Agency** are required to adhere to the Standards of Practice. The Standards of Practice represent minimal behavioral statements of the Code of Ethics. Employees should refer to the applicable section of the Code of Ethics for further interpretation and amplification of the applicable Standard of Practice.
    - **SRCS Agency**' Personnel Policies and Procedures include the Standards of Practice for **SRCS Agency**. The sessions included are:
      1. The Counseling Relationship
      2. Confidentiality
      3. Professional Responsibility
      4. Relationship with Other Professionals
      5. Evaluation, Assessment and Interpretation
      6. Teaching, Training, and Supervision

7. Research and Publication
8. Resolving Ethical Issues

**7. Services are designed and implemented:**

**SRCS Agency** improves the quality of life for Clients by providing high quality and effective mental health services in an environment that maintains Client rights and dignity and enables them to achieve and maintain their highest level of functioning for the Client/families within the community.

Clients served by **SRCS Agency** will receive services face to face by a licensed Clinician on an appointment basis only. Should an emergency occur, the person served will be directed to call **911** if he/she is unable to reach their Clinician? This information shall be communicated to the person in writing during their orientation.

8. **SRCS Agency** provides services to persons served with the goal of enhancing each individuals level of functioning, and enabling them to reach their height of potential in their personal lives, family settings, and social relationships. The Agency provides services to persons of all ages in all community areas. **SRCS Agency** only employs Clinicians whom are qualified to render these services.

1. Individual Counseling: -
2. Group Counseling:-
3. Family Therapy:-
4. Case Management:-
5. Social Rehabilitation:-

(8) The services at **SRCS Agency** is designed and implemented to

- (a) Support the recovery, health, or well-being of the persons or family served
- (b) Enhance the quality of life of the person served
- (c) Reduce symptoms or needs and build resilience
- (d) Restore /improve daily functioning
- (e) Support the integration of the person served into the community.

9. Each program developed by the Agency will be administered utilizing appropriate treatment modalities as identified, and to be administered only by qualified staff.

10. It is the intent of **SRCS Agency** while providing services to our Clients to strive for wellness and recovery. The Clinician will build a positive and trusting relationship with each Client. Clients will be assisted with improving positive and effective communication, problem solving and coping skills. Clients will also be encouraged to identify situations which may be harmful to their mental and/or physical health, identifying/implementing ways of handling them, identifying/implementing ways of making positive choices and setting personal boundaries in hopes of improving their quality of daily living and relationships with others.

**A-1 SRCS Agency** does not serve mandated persons at this time.

**A-2** It is the intent of **SRCS Agency** to never place restrictions on Clients by the Agency. However, the safety and welfare of the Client, Clinician, staff, other Clients, and the community must be a priority. The need for restrictions may be determined by the **Executive Director**. Restrictions by the Agency will be placed on Clients in the following order.

1. Verbal request for alleviation of behaviors/events causing need for restriction.
2. Change of environment where services are provided to the Client.
3. If applicable, Client will be asked to see their physician for medication review to determine need for decrease/ increase, different medication or need for medications. The Agency will also take into consideration the physical and developmental history of the person served when administering counseling session.

Discontinuation of services with **SRCS Agency**, and a referral to a different Agency. Events, behaviors or attitudes that may lead to the loss of rights or privileges of Clients. **SRCS Agency** has created provisions of behaviors and events that may cause Clients to lose all rights and privileges of services within the Agency. These events/behaviors are as follows, but are not limited to.

- (7) Inappropriately dressed for session
- (8) Verbal abuses or threats
- (9) Physical Abuses to self or others
- (10) Verbal and/or physical sexual advances to others.
- (11) Presenting to session under the influence of drugs or alcohol
- (12) Failure to keep scheduled appointments with Clinician on a consistent basis.

## **B. Not Applicable**

C. Means by which Clients may regain rights or privileges that have been restricted. **SRCS Agency** feels it necessary to allow Clients the availability to regain their rights to services within the Agency. Rights and privileges lost can be regained by the Clients by meeting the following provisions.

- (4) Compliance with all rules, policies, guidelines, and responsibilities of **SRCS Agency**.
- (5) Removal of any threats or behaviors which may be harmful to Client, staff, Clinician, other Clients, and/or community.
- (6) Improved behaviors and compliance with all policies, rules and procedures of **SRCS Agency**.

**SRCS Agency** feels these measures are necessary to assist Clients with controlling behaviors and preventing harm to self or others, and to improve anger management, control and coping skills.

13 **SRCS Agency** refers all medical questions to the person's served primary health care provider. **SRCS Agency** does have access to MD, who is a Child, Adolescent, and Adult Psychiatrist for questions and training for Clinicians.

14. **Does not apply**

15. **SRCS Agency** feels that part of recovery is integration into the community where the Client lives. **SRCS Agency** refers persons served to groups within their communities. These groups include but are not limited to: Alcoholics Anonymous, Alanon, Alateen, Pro-Oklahoma, People First, Food Banks, Salvation Army, Department of Human Services, Jesus House, Infant Crisis Center, Mother to Mother, and Case Management Agencies

16 While special populations are not identified at this time, **SRCS Agency** requires Clinicians to only practice within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Clinicians will also demonstrate a commitment to gain knowledge, personal awareness, sensitivity and skills pertinent to working with a diverse population, and that the needs of the person served are being met.

17. **SRCS Agency** does not provide any educational training programs for persons served or their families at this time.

18. **SRCS Agency** refers Clients to call 911 when appropriate. **SRCS Agency** also refers to the Crisis Intervention Center at (405) 522-8100 for emergency mental health evaluations. Clinicians will call **911** in situations where the Client is unable or unwilling to call 911 or the Crisis Intervention Center as appropriate. The Clinician is required to complete an incident form within **24** hours of each incident

19. **SRCS Agency** requires each Clinician to work within their boundaries of competence, and to only practice in specialty areas new to them after appropriate education, training and supervised experience, and to continually monitor their effectiveness as professionals and to take steps to improve when necessary.

▶ Clinician and Clients work jointly in devising integrated, individual treatment plans that offer reasonable expectation of success and are consistent with abilities and circumstances of the Clients. Clinicians and Clients regularly review plans to ensure their continued viability and effectiveness, respecting person's served freedom of choice.

▶ (**SRCS Agency**) assessments are conducted by a licensed mental health professional or by a master level Clinician under professional supervision to ensure a high level of professionalisms and appropriate interviewing skills.

▶ **Outpatient services** include **individual, family, group therapy**, and **rehab services** where Clinicians are able to access a variety of **research-based** treatment approaches that include but are not limited to: **Cognitive Behavioral Therapy; Client Centered Therapy; Family Systems Therapy; social relationship direction.**

**20.** Persons served actively participate in developing their treatment plans, the goals are identified by the Clients, and objectives are agreed up by the Clients. Persons served are encouraged to provide feedback to the Clinician and to the Agency through the use of questionnaires and telephone surveys.

▶ Services that would best benefit the Client are identified during the assessment progress and are reviewed during the treatment plan update process.

▶ Clinician's recognize that culture affects the manner in which Clients' problems are defined and addressed.

▶ Persons served socioeconomic and cultural experience is considered when diagnosing mental disorders and developing treatment plans.

▶ Clinician's along with the person's served are responsible for implementing the individual plan of each Client.

▶ Any team member, including the Client, may request special team meetings at any time.

Document

1. The attendance of assessments and treatment planning is documented with signatures on the assessment and treatment plan. Other meetings are documented within a progress note. Team meeting where persons other than the Client, family members, and Clinician are present are documented with signatures of each person present and included in the person's served records.

2. The results of team meeting will be documented and included in the person's served records.

**2.1** Each Clinician is designated to assist in coordinating services for each person they serve by

1. Assuming responsibility for ensuring the implementation of the person centered plan.
2. Ensuring that the person served is oriented to his/her services.
3. Promoting the participation of the person served in an ongoing basis in discussions of his/her plans, goals, and status.
4. Identifying and addressing gaps in service provision
5. Sharing information on how to access community resources relevant to his/her needs
6. Advocating for the person served, as necessary.
7. Communicating information regarding progress of the person served to the appropriate persons.
8. Facilitating the transition process, including arrangements for follow-up services.
9. Involving the family or legal guardian, when necessary and permitted.
10. Coordinating services provided outside the organization.



**22.** It is the responsibility of the **Executive Director** to oversee all functions and operations of the Agency, including, but not limited to reviewing paperwork, staffing Clients with therapists, and contacting the Clients themselves for feedback. This can also be accomplished through satisfaction surveys.

**23.** Persons requesting admission into **SRCS Agency** treatment services are contacted within 24 hours for an initial screening assessment. A Clinician will conduct the initial screening which will include gathering of information on the presenting problem from referral sources, the potential Client and/or parents/guardians. The Clinician will identify any urgent needs on the screening form and referrals, if any. The initial screening will also include funding source information and/or financial information. The Clinician performing the initial assessment will assess the appropriateness of services from **SRCS Agency** and staff with the **Executive Director** to determine appropriateness of services

- Specific services that would best benefit the Client are identified during the assessment progress are determined during the assessment phase of treatment. Each therapist utilizes modalities that will be essential to the benefit of each Client. This is determined on a Client to Client basis. The needs of the persons served will be identified during the assessment, and implemented in the Clients individual treatment plan.
- The goal of the **SRCS Agency** is to improve the daily functioning of each person served. The Agency measures effectiveness through tracking car scores with each treatment plan update. This is done to determine if the Client's needs have changed, if more training is needed or if the **SRCS Agency** is effective in the services we provide.
- **SRCS Agency** encourages all Clients to provide the Agency with feedback. This is utilized to assess effectiveness of services, and the need for additional training, etc. Satisfaction surveys are given to Clients at numerous times during treatment. The results are compiled, assessed and utilized for the purpose of improving the effectiveness and satisfaction to the Client, regarding the services received.
- Each Clinician, upon hire and annually will be orientated on the Agency policy regarding ethics of Clinical practices, legal aspects, and professional standards, including boundaries. These policies will be followed and adhered to by all persons employed with the **SRCS Agency**, including contract personnel
- Each employee/contract personnel will be evaluated annually. The evaluation will be based on their individual job performance, as well as compliance, effectiveness and satisfaction of the persons served.

Clinician's recognize that culture affects the manner in which Clients' problems are defined and addressed. Persons served socioeconomic and cultural experience is considered when diagnosing mental disorders and developing treatment plans.

24. The agency implements policies and procedures that address the handling of items brought into the program by the Clients or personnel, including:

a. Illegal drugs. Should any staff member, person's served or any other person be known to possess an illegal substance, that substance may be confiscated? The police are to be notified of any and every instance of possession of illegal substances. In the case of a minor, his or her guardian shall also be immediately notified. Staff members will be dealt with in accordance to the provisions set out in the Human Resource Policies of **SRCS Agency**.

b. legal drugs. Should any staff member, persons served, or any other person be known to possess a legal drug or prescription medications this person will be given a verbal reminder that these items are prohibited in the office environment.

c. Prescription medication.

d. Weapons. Should a Client possess a weapon, the weapon may be confiscated if it does not pose a risk to staff or other Clients.

The decision whether to call the police shall be made after staffing with the **Executive Director** or **Clinician Director**. Should a staff member bring a weapon onto **SRCS Agency** property, he/she will face disciplinary procedures as set forth in the Human Resource Policy

- **SRCS Agency** maintains a list of referral sources within the Oklahoma City acres where person's served can access a variety of assistance. Oklahoma City also enjoys the 911 phone call where resources are identified by zip codes ensuring referrals are local to the Client.

**As appropriate, families are:**

- Provided with access to a list of referral sources within the Oklahoma City area.
- **SRCS Agency** feels that maintaining the family unit is one way to gain physical and emotional support for the Client. **SRCS Agency** provides family therapy for the family of the Clients as appropriate.
- When Clinician's learn that the Client is in a professional relationship with another mental health professional, they request release from Clients to inform the other professionals and strive to establish positive and collaborative professional relationship.
- Persons served actively participate in developing their treatment plans, the goals are

identified by the Clients, and objectives are agreed up by the Clients. Persons served are encouraged to provide feedback to the Clinician and to the **SRCS Agency** through the use of questionnaires and telephone surveys.

- Services that would best benefit the Client are identified during the assessment progress and are reviewed during the treatment plan update process.
- Clinician's recognize that culture affects the manner in which Clients' problems are defined and addressed.
- Persons served socioeconomic and cultural experience is considered when diagnosing mental disorders and developing treatment plans.
- Clinician's along with the person's served are responsible for implementing the individual plan of each Client.
- Any team member, including the Client, may request special team meetings at any time.
- Document:
  - The attendance of assessments and treatment planning is documented with signatures on the assessment and treatment plan. Other meetings are documented within a progress note. Team meeting where persons other than the Client, family members, and Clinician are present are documented with signatures of each person present and included in the person's served records.
  - The results of team meeting will be documented and included in the person's served records.

## **Emergency Procedures**

(**SRCS Agency**) will familiarize all Clients with the layout of the Agency, emergency exits, fire extinguishers and their locations, and first aid kits.

- Should a Client need assistance with education regarding Advanced Directives, he/she will be referred to legal aid for counsel.

## **Annual Goals and Objective 2.a.26. (A to I)**

### **→<sup>1</sup> Policy Goals**

The **SRCS Agency** description is reviewed annually by the **Executive Director** who severe as the **Quality Performance Officer, (QPO)** to objectively and systematically **monitor, evaluate** and **improve** the quality of consumer care as it related to mental health, and trauma, the items following address. It is the goal of **SRCS Agency** to make sure that all counselors and other direct staffs provide trauma counseling and case management services as needed per consumer:

- 1) Fiscal management of the facility;
- 2) Identity of a performance improvement team;
- 3) Capability of staff to address co-occurring disorders;
- 4) Cultural competency training
- 5) Trauma

## ► Objectives:

- To consider the needs of the specific age group(s) concerning trauma in the population served when implementing the quality assurance process.
- To focus on providing services that has a main objective of dealing with trauma
- To identify opportunities to improve counselor understanding of trauma.
- To identify opportunities to improve Client care as it relates to the concern trauma and correct problems that has the greatest (of an important) effect on consumer care.
- To integrate assessment and treatment of trauma into the quality assurance program into the ongoing operational activities of organized treatment and case management services.
- To continue to integrate the quality assurance program into the ongoing operational activities of the organized treatment and management staffs.
- To modify, when necessary, the quality assurance program to encourage improved identification of trauma issues and solutions of problems that significantly affect participant's/consumer's care.
- To provide a team approach concerning trauma toward total consumer care.
- To provide an ongoing continued assessment **Trauma** progression as it related to quality assurance approach with emphasis on current knowledge and Clinical experience, with a high potential to differentiate good from substandard performance with meaningful results.
- To assure that all consumers receive the same individualized quality of care from qualified Clinical and support staff through:

(a) Monitoring/evaluation of each treatment area objectively and systematically utilizing standardized criteria; and

(b) Clinical privileging activities.

\* To provide annually to the governing body, executive leadership, and Community, ongoing reports and evidence of staff involvement in the quality assurance program.

## ► Review Policy

A review of the **SRCS Agency's** programs and services shall be conducted annually during the first governing board meeting for the fiscal year. This review shall include:

- Definition of overall target populations for services provided
- The organization mission statement
- Annual Report
- Agency and program goals and objectives
- Approval of the annual review shall be noted in the minutes of the governing board

meeting.

**(SRCS Agency)** is in accordance with state laws (Secretary of State) and shall submit in writing annually scheduled governing board meetings. **(SRCS Agency)** shall display to the public announcement and agenda to all governing board meetings held. **(SRCS Agency)** shall make all documents pertaining to the **SRCS Agency** available to the general public upon request.

A written description of programs and services shall be maintained by the **SRCS Agency** to include:

- Description of services, philosophy, and mission
- Identification of professional treatment
- Staff providing the services
- Written admission and exclusionary criteria to identify consumers for whom
- services are primarily intended goals and objectives

**(SRCS Agency's)** goals and objectives shall be presented to all staff personnel in the annual staff meeting held. All procedures, plans, tasks, target dates, and designated staff responsibilities regarding the implementation of the process shall be provided to all staff members. The goals and objectives are stated in the **SRCS Annual Report** at the end of each program description and are to be completed within the next fiscal year. Each program coordinator is responsible for carrying out these plans.

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -201
<b>Subject:-</b> Staffing Plan	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.a.2)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

(**SRCS Agency**), at a minimum, adheres to the staff to individual receiving services ratio required by applicable standards. In addition, **SRCS Agency** considers the quality of services during the determination of staffing patterns.

## **Philosophy and Mission**

See Section 1-A (Leadership)

## **Vision**

See Section 1-A (Leadership)

## **Goals and Philosophy Statements**

See Section 1-A (Leadership)

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -202
<b>Subject:-</b> Screening and Access Services	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.b)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

## 2. B - Screening and Access to Services

(a) **SRCS Agency** policies and procedures governing the screening, intake and assessment services specify the following:

### (1) **SRCS Agency obtains the information on all applicants for referrals, in lieu of admissions:**

Client's name, Date of Referral, Client's Medical/DHS Number, SSN,
Address Home Phone, Cell Phone, Date of Birth, Age, Gender, Race,
Parent/ Parent/Guardian information, their relationship, Client place employment
Client/ Guardian place of employment, work phone numbers, Case Workers
Case Workers work phone number, Case Worker cell phone number
Case Workers Supervisor, Case Workers Supervisor work phone number, and
Case Workers Supervisor cell phone number
We ask if individual is in need of Urgent Needs such as: Housing, Food, Medical Clothing, Detox, Suicidal/Homicidal issues and Safe Shelter
We ask if Client is in danger of hurting self or others if not seen today
We also document Services Requested by individual such as Individual Counseling, Family Counseling, Group Counseling, Grief Counseling
We also ask Client to provide a brief history of problems that they are seeking help with.

### (2) **The procedure to be followed when an applicant or referral is found to be ineligible for admission;**

#### → **Ineligibility and Documentation**

Clients will be considered ineligible for the following reasons:

1. No behavioral health diagnosis.
2. Do not meet age criteria.
3. Medical risks.
  - a) Contagious disease.

- b) Health problems; or severe developmental disability resulting in services judged to be ineffective or hazardous.
  - c. Documented refusal to take prescribed medications.
4. **High Risks.**
- a) Primary diagnosis with symptoms that directly interfere with program limitations.
  - b) Documented threats to others; staff, Clients, community.
- If ineligible, the program will expedite referral to an appropriate agency and document process.
  - If transfer is not immediately available, the **SRCS Agency** will develop a short term/interim treatment plan until transfer is complete.
  - The referral agency will be notified in writing if appropriate releases are documented.
  - The **Clinical Director**, designee, or Qualified Mental Health Professional will follow up with Client weekly until the Client is placed.
  - The **Clinical Director**, designee, or Qualified Mental Health Professional will determine if Clients can be referred to In/Outpatient Treatment, another agency, or continue to remain on the waiting list.
  - **SRCS Agency** maintains a non-discriminatory policy of providing services regardless of the ability to pay.
  - All applicants found ineligible for services at **SRCS Agency** will be referred to a more appropriate facility.

Based on ineligibility documentation, and information gathered will be used to plan **SRCS Agency** future programming and future referrals needs. Ineligibility records are kept in a brief file under lock and key, with other closed files for a period of 5 years.

### **(3) The procedures for accepting referrals from outside agencies or organizations;**

#### **► Outside Agency Referrals**

When an organization, individual, or outside agency needs to refer an individual to **SRCS Agency**, they may contact **SRCS Agency** via telephone, and the **SRCS Agency** representative will complete the Direct Referral Form via the telephone.

- Outside agencies may contact **SRCS Agency** and ask that we send them a Direct Referral Form which they can complete and fax to the agency.
- Outside Agencies can fax any written documentation to **SRCS Agency** to refer an individual for services.
- Outside agencies can access the company's website and complete the contact us form with referral information.



**(4) Methods of collection of information from family members, significant**

**\* Others or other social service agencies;**

**\* Family Member and Significant others or Social Services Agency:**

**SRCS AGENCY** ask Client to sign a release of information form to obtain or collect information from family members or significant others or social service agencies if individual is an adult. If Client is a child; information is obtained from parent or guardian.

**(5) Methods for obtaining a physical examination or continued medical care where indicated; and,**

**Medical Care/Physical Examination:**

(a) Primary Counselor or Intake Clerk will ask Client to submit most recent physical examination from his/her doctor.

(b) Primary Counselor or Intake Clerk will ask Client to sign a release of information form; so **SRCS Agency** can obtain the most recent physical examination documentation from his or her doctor.

(c) If physical examination indicates continued medical care, primary counselor will refer individual to community resources that can assist in meeting individuals medical needs.

**(6) Referral to other resources when the consumer has treatment or other service needs the facility cannot meet.**

**Consumers are referred from SRCS Agency to other agencies when:**

1. The recognized needs of the consumer are not within the professional domain or expertise of the staff;
2. Special treatment services are indicated;
3. The consumer request referral; or
4. The assistance of other resources can contribute to the consumer's well being.

**→Policy:**

**SRCS Agency** is dedicated to providing reasonable accommodations to our Clients with equally effective access to services and activities as detailed in the **SRCS Agency** Outpatient mental health program. Therefore, **SRCS Agency** takes necessary action to ensure that no eligible Client will be denied access to any particular activity or services provided by **SRCS Agency** Outpatient program.

→**Procedure:**

(**SRCS Agency**) services are available to Clients who are eligible for Outpatient substance abuse, mental health, employment services, and would like assistance dealing with mental health, substance abuse and unemployment issues.

Our well-trained experienced staff can help Clients navigate the Outpatient substance abuse, mental health and employment services available through **SRCS Agency**. When **SRCS Agency** receives a referral from a Client, vendor or organization the following steps will take place:

- Potential Clients, stakeholders, and referral resources may contact the agency Monday-Friday **9:00** am to **5:30** pm to gain information, concerning access to services at **SRCS Agency**.
- Potential Clients, stakeholders, and referral resources may view information through agency website, at concerning access to services at **SRCS Agency**.
- Potential Clients, stakeholders, and referral resources may view information provided in brochures, weekly newspapers, or local telephone **Executive Director**, concerning access to services at **SRCS Agency**.
- Potential Clients, stakeholders, and referral resources may receive information concerning access to services at **SRCS Agency** through community fairs.
- Potential Clients, stakeholders, and referral resources may receive information concerning access to services at **SRCS Agency** through public presentation to civic organizations such as Lions Club.
- **Executive Director** or designated staff will call Potential Clients, stakeholders, and referral resources to introduce agency, confirm referral information, and explain access to services at **SRCS Agency**.
- **Clinical Director** or designated staff will review and verify the referral source, request for services, and payment source.
  - **Executive Director** or designated staff will identify agency Clinical employee(s), or contracted therapist(s) to complete the intake process and explain access to services at **SRCS AGENCY** to the individual (s) referred for services.
  - **Executive Director** or designated staff will review and verify the referral source, request for services, and payment source.
  - **Executive Director** or designated staff will call the Client to introduce the agency and confirm with the potential Client that a referral has been on their behalf for services.
  - **Executive Director** or designated staff will identify an agency Clinical employee, or contracted therapist to complete the intake process with the individual (s) referred for services.
  - **Executive Director**, designated staff or contracted therapist will schedule a date and time for the intake and assessment of individual(s) referred.
  - Staff provides in-person assistance to help eligible Clients understand how to access Mental Health and Employment Services through **SRCS Agency**.

- Staff explains and helps with assessment, evaluation, and plan development.
- Trained and qualified staff will educate Clients on their rights regarding Outpatient Mental Health and Employment Services through **SRCS Agency**.
- Staff provides answers to questions like “Do I qualify for Outpatient Mental Health and or Employment Services?”
- Staff connects Clients to a variety of local community resources as needed.
- **SRCS Agency** provides easy-to-understand information to help Clients access and use Outpatient mental health services at **SRCS Agency**.
- Staff provides free consultation and help with completion of all paperwork to access Outpatient mental health and employment services through the **SRCS Agency**.

## →**Admission**

### **Policy:**

Priority for admission for adult, adolescents, and children Clients awaiting services is as follows:

Clients who have met eligibility criteria are accepted directly into the most appropriate level of care: Outpatient Services. If a waiting list should develop, Clients will be accepted from the waiting list based on recommendations of the staff.

Recommendations will be based on:

- A. Severity of high-risk issues.
- B. Length of time on the list.

The **Clinical Director** or designee maintains the waiting list. The waiting list information will be identifying information and specific needs of the applicant. The list is reviewed during weekly staffing with any action noted. Contact is made with **Clients** on waiting list at least bi-monthly, documenting concerns in log. Referrals to supporting agencies, including medication, behavioral, and crisis care will be made as needed. Waiting list data (excluding identifying information) will be provided to the **Clinical Director** for use in management planning.

### →**Admission Procedures and Criteria**

Applicants will have a behavioral health diagnosis that does not meet the criteria for ineligibility. Through the use of assessment tools such as, Mental Health Status checklist and Psychosocial Assessment Questionnaire, the **Clinical Director**, or a (**SRCS Agency**) Qualified Mental Health Professional will determine if individuals can be admitted to **SRCS Agency** Outpatient program. Admission to this program is determined by needs of persons to be served.

### →**Criteria:**

To be eligible for admission to **SRCS Agency** under this category, a Client must meet the following criteria:

1. At the time of evaluation at **SRCS Agency**, Clients may not be intoxicated or

- exhibiting signs and/or symptoms of withdrawal.
2. Clients will be age **3 years** and above.
  3. Have been diagnosed with behavioral health diagnosis and in need of Outpatient Clinical treatment.
  4. Meets current **DSM-IV** criteria for placement in Outpatient program.
  5. **Clinical Director**, Designee, or Qualified Mental Health Professional will facilitate referral or other appropriate service if evaluation reveals a current emergency or unresolved crisis.

Admissions are accepted according to date of completed application, severity of need and appropriateness. The **Clinical Director** or Qualified Mental Health Professional is responsible for admission decisions. **SRCS Agency** uses the same above admission criteria for individuals who are re-admitted to the program.

→**Information to be reviewed:**

- Presenting problems.
- Immediate and urgent needs for service.
- Appropriateness for program.
- Availability of funding.
- Does program have the ability to meet Client's needs?
- Can the Client or referral source be interviewed?
- Can the Client visit the program location?

→**Screening Tools**

(**SRCS AGENCY**) uses the following screening tools that are recognized in the **Mental Health and Substance Abuse** community. They are as follows:

- Mental Status Exam (included in Psychosocial Evaluation Forms)
- General Clinical Evaluation
- Brief Mental Health Evaluation Review
- Referral Form
- Child/Adolescent Psychosocial Evaluation
- Adult Psychosocial Evaluation

Screening will be administered in a uniform manner. (**SRCS Agency's**) trained MHP's are knowledgeable and experienced assessor of the above tools. The screening tools includes a review of each person's eligibility for admission based on the person's presenting problem(s), need for service(s), and legal eligibility criteria. The screening tool also identifies the appropriateness of available services, funding sources, and determines whether **SRCS Agency** is capable of providing the services needed by the Client. The screening tools are administered to all Clients that seek services at **SRCS Agency**, therefore it maintain uniformity. Primary MHP counselor interviews persons to be served or referral source in person. During the screening process the referral form is completed which contains questions concerning an individual's needs in relationship

to urgent needs. When appropriate; primary counselor often makes trips to Clients home or referral source site to complete addition screening process.

### →**Co-Occurring Capability/Special Populations**

#### **POLICY:**

(**SRCS Agency**) provides services to adolescents, children, adults, and families. (**SRCS Agency**) will not deny services to Clients' base on their race, color, religion, sex, or national origin. (**SRCS Agency**) prohibits discrimination against qualified individuals with disabilities; therefore if **SRCS Agency** services are not accessible to individuals with disabilities they will be referred to agencies that can meet their needs. (**SRCS Agency**) recognizes the importance of specific needs of special populations. It is the policy of (**SRCS Agency**) to refer individuals that are pregnant and at high risk for using alcohol, tobacco and other drugs during their pregnancy to more appropriate programs that provides services related to **FAS** and **FAE**.

#### →**PROCEDURE:**

High Risk (to self or others) behaviors are identified through use of psychosocial, they are referred for additional services if needed or services are provided upon development of individualized treatment plan. Pregnant Clients and females of child-bearing age will be referred to the Agency's obstetrician or gynecological departments. Seniors are treated with respect and special care. Elders are honored with feasts and inclusion in traditional aspects of programming. Special care is taken with Clients to observe nutritional and other life cycle issues. Adolescents have a specially tailored psychosocial assessment and treatment program. Co-existing medical/substance abuse conditions are assessment and treated by appropriate staff or referred to high level of care if needed. Physical or emotional disabilities will be identified and assessed as to impact on the Client's success through **SRCS Agency**. **SRCS Agency** provides reasonable accommodations to assure successful treatment or refer to more appropriate programs. All referrals are documented to show the impact on program performance evaluation.

(**SRCS Agency**) is not outfitted to provide services to all types of Clients. Therefore **SRCS Agency** will not be able to provide adequate services to Clients with significantly severe physical disabilities or elderly individuals with significant ambulatory problems. (**SRCS Agency**) provides reasonable accommodations to assure successful treatment or refer these Clients to more appropriate programs. (**SRCS Agency**) will not discriminate against Client or applicant for services based on **HIV/AIDS** or other sexually transmitted diseases status. Legal consent forms are always to be signed by Client, parent or legal guardian.

### →**Bio-psychosocial Assessment**

A licensed or licensed eligible counselor will complete the assessment. The interpretative summary will be based on the assessment information gathered and will

be used in the development of the treatment plan. Clinical staffs are trained in the use of applicable tools need to assess Clients. Co-occurring disorders will be identified for appropriate treatment planning and referral to more appropriate program in the community. Assessment updates will be provided in place of a full assessment when the **Clinical Director** endorses use of updates.

**(SRCS Agency)** provides a complete, comprehensive (interview) and timely assessment of each Client's strengths, needs, abilities, and preferences in order to provide appropriate services and make appropriate referrals. The assessments include information obtained from teachers, social workers, probation officers, physicians, peers, person served, family members/legal guardian, and other others when applicable and appropriate. **(SRCS Agency)** offers pre-admission, on site visit/orientation to the organization and its programs, to the person to be served and legal guardian when appropriate. Clients are assessed for appropriateness of services and funding requirements. Clinical staff will document most appropriate services. Assessment data collected from the Client, family members, friends, and others as appropriate.

- Presenting problems
- Urgent needs, including suicide risk
- Personal Strengths
- Alcohol and drug use history;
- Individualized needs, Abilities and /or interest, Preferences
- Previous behavior Health Services
- Diagnostic Information, Treatment Information
- Efficacy of current or previously used medication
- Physical Health History, including current medical needs
- Diagnosis(s)
- Co-Occurring Disabilities, Disorders, or medical concerns
- Mental Status, Current level of Functioning, developmental level,
- Pertinent Current and historical life situation information, including his/her
- Age, Gender
- Employment History, Legal Involvement, Family History
- History of Abuse, Neglect, or Violence.
- Relationships, including natural supports
- Issues important to the person served
- Use of alcohol, tobacco, and or other drugs,
- Need for, and assistive technology in the provision of services
- Risk Taking behaviors, Level of Educational functioning
- Medication use profile Medication allergies or adverse reactions to medications
- Adjustment to Disabilities and or disorders

### →**Assessment continued**

1. The Bio-psychosocial Assessment, for mental health is completed within 3 sessions of admission and will include:
  - a. Description of treatment process including treatment planning, activities,

- rules, regulations and discharge criteria and procedures.
  - b. Review of data gathered from the Client's previous treatment provider.
  - c. Completion of physical history form.
  - d. Observation of Client's physical, psychological, and emotional condition.
  - e. Case management process.
2. It shall be the responsibility of the license or certified counselor performing the psychiatric / psychological assessment to make a determination of any current or past psychiatric / psychological abnormalities of Client being assessed. Further, it shall be the assessor's responsibility to document such abnormalities in the Client's medical record.
  3. **SRCS Agency** primary counseling staff will complete a health history questionnaire with all Outpatient treatment Clients. All medical concerns will be referred to an appropriate community medical resource. (i.e. hospitals, Agency, etc.)
  4. The interpretive summary along with assessment findings will be used to help Client develop his/her treatment plan. Any reasonable assistive technology needed to complete the intake process will be provided/obtained/coordinated to ensure complete understanding of Client needs. Results will be communicated to Client and others as appropriate.
  5. Re-assessments will be completed in full or updated following significant changes in the Client's life situation or upon re-admission to the program.

The assessment of each family, adult, child or adolescent served shall include information on his or her:

1. Developmental history, such as developmental age factors, motor development and function.
2. Medical or physical health history
3. Culture/ethnicity
4. Treatment history
5. School history
6. Language functioning, including:
  - a. Speech functioning
  - b. Hearing functioning
7. Visual functioning
8. Immunization record
9. Learning ability
10. Intellectual functioning
11. Family relationships
12. Interactions with peers
13. Environmental surroundings
14. Prenatal exposure to alcohol, tobacco, or other drugs
15. History of use of alcohol, tobacco, or other drugs

The assessment must be appropriate regarding the individuals' age, development, culture, and education. If the services disrupt the individual regular educational environment, then **SRCS Agency** shall make arrangements for the continuing of their education. If necessary or required by law, an educational specialist shall be included as a member of the team.

**When educational services are provided, they must be:**

- Appropriate to the person served;
- Meet applicable Federal and State requirements; and
- Include provisions for evaluation, group, and individual instruction.

If appropriate, the program should include development of social skills, social supports, and vocational skills. (**SRCS Agency**) shall not exclude children or adolescents from services based solely on the basis of their juvenile justice status.

**→OUTPATIENT SERVICES**

(**SRCS AGENCY**) Outpatient Services are organized non-residential services with scheduled treatment sessions that accommodate employed and parenting consumers' schedules and offer treatment services during the day, evening, and weekends. Our services are designed to provide a variety of professional diagnostic and primary alcohol and other drug abuse treatment services for consumers, and their families and significant others, whose emotional and physical status allows them to function in their usual environmental. These services are either for consumers who do not require more restrictive levels of care or those consumers who require continuing services following more intensive treatment regimens.

(**SRCS agency**) maintains written programmatic descriptions and operational methods that address the following:

**(1) Environment:**

- (a) (**SRCS agency**) is publicly accessible and accommodate office space; individual and group counseling space, secure records storage, and protect consumer confidentiality.
- (b) (**SRCS agency**) hours of operation are during regularly scheduled times that make services accessible to consumers and the general public, including those employed between the hours of **9:00 a.m.** and **5:30 p.m.**, (**Monday through Friday**).
- (c) (**SRCS Agency**) does not provide twenty-four (24) hour services, therefore, **SRCS Agency** hours of operation are conspicuously displayed on the door. For facilities in multi-office buildings, the hours shall be posted either on the building **Executive Directory** or the facility's office door.

**(2) Support System:**



- (a) **(SRCS Agency)** maintains written policy and procedures for handling medical emergencies; and an emergency medical number shall be posted for use by staff;
- (b) **(SRCS Agency)** maintains annually renewed service agreements, approved by current facility **Executive Director** with behavioral health programs providing more and less intensive levels of care and other community resources to provide continuum of treatment services; and
- (c) The facility shall have available specialized professional consultation.

**(3) Staff:**

- (a) **(SRCS Agency)** maintains documentation that treatment professionals are knowledgeable regarding bio-psychosocial dimensions of substance abuse, evidenced based practices, and counseling theory and techniques.
- (b) **(SRCS Agency)** maintains documentation that treatment professionals have received training in cultural –specific, age-specific, and gender-specific issues, co-occurring disorder capability, substance abuse and addiction, and related counseling techniques, person & family centered services, and rights of consumers.
- (c) Staff shall be, at least, twenty-one (21) years old.
- (d) **(SRCS Agency)** documents in personnel records all education, training and experience.
- (e) All treatment professionals must be privileged prior to Providing services.

**(4) Treatment Services:**

- (a) Behavioral health services shall be provided to assess and address the individual needs of each consumer. These services shall include, but not limited to , individual, group and family services, relapse prevention, advocacy, referral, like-skills training, and case management services;
- (b) Crisis intervention and counseling services shall be available; and
- (c) Mutual agreement between the facility professional and the consumer shall determine frequency of services.
- (d) When appropriate, and with consumer consent, the treatment program coordinates with other treatment providers that the consumer is currently utilizing.

**(5) Assessment and treatment plan review:**

- a. The treatment plan shall be reviewed and updated according to the time frame required by the treatment plan, and is required by any of the following situations:
  - 1. Change primary counselor assignment; or

2. Change in frequency and types of services provided.
- b. Compliance with treatment review and update may be determined by review of the following:
  1. Policy and procedures;
  2. Treatment protocols;
  3. Clinical service manuals;
  4. Treatment plan forms;
  5. Consumer records;
  6. Interviews with staff and consumers; and
  7. Other agency documentation

### →**Outpatient Services, admission criteria**

Admission to **SRCS** Outpatient services are limited to those persons who meet the applicable mental health and ASAM Client Placement Criteria, Level I; and the criteria is a part of the program's written policy and procedures.

### →**Intensive Outpatient services**

(**SRCS AGENCY**) intensive Outpatient services are organized, non-residential Outpatient behavioral health service with scheduled sessions providing a range of nine (9) to twelve (12) treatment hours per week. Treatment schedules shall be arranged to accommodate the time availability of employed or parenting consumers and treatment hours may be during the day, evenings, or weekends. Intensive Outpatient services shall be designed to provide a variety of professional diagnostic and primary alcohol and drug abuse treatment services for consumers and their families whose physical and emotional status allows them to function in their usual environment. Intensive Outpatient services are a separate treatment program from other programs offered by the treatment facility.

### →**Service requirements**

(**SRCS's AGENCY**) intensive Outpatient service maintains written programmatic descriptions an **Agency** operational methods address the following:

**(1) Environment:**

- (a) Publicly accessible and accommodate office space, individual and group counseling space, secure records storage, and protects consumer confidentiality; and
- (b) Hours of operation shall be during regularly scheduled times that make services accessible to consumers and the general public, including those employed between the hours 9:00 a.m. and 5:30 p.m., Monday through Friday; and

- (c) **(SRCS Agency)** does not provide twenty-four (**24**) hour services, however **SRCS's** hours of operation shall be conspicuously displayed on the door.
- (2) **Support system:**
  - (a) **(SRCS Agency)** maintains written policy and procedures for handling medical emergencies; and an emergency medical numbers are conspicuously posted for staff use; and
  - (b) **(SRCS Agency)** annually renews service agreements, approved by the current Executive Director with behavioral health programs providing facilities with both more and less intensive levels of care and other community resources to provide a continuum of treatment services; and
  - (c) Specialized professional consultation is available.
- (3) **Staff:**
  - (a) Treatment professionals are knowledgeable regarding biopsychosocial dimensions of substance abuse, evidenced based practices and counseling theory and techniques.
  - (b) **(SRCS agency)** shall documentations that treatment professionals have received training in cultural-specific, age-specific and gender-specific issues, co-occurring disorder capabilities and counseling techniques.
  - (c) Agency staff are, at least, twenty-one (**21**) years of age or older.
  - (d) **(SRCS Agency)** documents in personnel records all education, training and experience stated above prior to providing direct care services.
- (4) **Treatment Services:**
  - (a) The facility insures scheduled treatment services to continually assess and address the individual needs of each consumer. Such treatment modalities include, but are not limited to, family counseling, individual and group counseling, vocational counseling, educational groups, relapse prevention, and recreational activities.
  - (b) Crisis intervention and counseling services are made available.
- (5) **Assessment and treatment plan review:**
  - (a) Individual bio psychosocial assessments or addenda are made on all consumers; and
  - (b) An individualized treatment plan are completed on each consumer and include problem formulation, treatment goals, and measurable and behavioral treatment objectives; and

- (c) Treatment plan reviews are conducted at specified times as noted in the treatment plan, or as required by the consumer's condition, at a minimum of one time per month.

**→Consumer Emergency Admission**

Whereas, each **SRCS Agency** program maintains unique procedures regarding the manner in which potential consumers can gain access to agency services, all agency programs operate within the following guidelines:

- a. Potential consumers will generally be provided intake/assessment on a first come, first served basis. In instances where a potential consumer cannot be served in a timely manner, a service provider will provide that individual with basic referral information regarding other referral sources.

Potential consumers who are referred to the agency under emergency or crisis circumstances will receive priority status, and will be provided intake/assessment and/or information/referral by a **SRCS** service provider as directed by their **Executive Director** or the **Clinical Director**.

**→Outpatient Service Intake, Admission Assessment**

(**SRCS AGENCY**) policies describe, upon determination of appropriate admission to facility service(s), the procedures by which intake and assessment occur.

**(B) Information shall include, but not be limited to, the following:**

- (1) Behavioral, including substance use, abuse, and dependence;
- (2) Emotional, including issues related to past or current trauma;
- (3) Physical/medical including medications;
- (4) Social and recreational; and
- (5) Vocational/military.

(**C**) (**SRCS Agency**) policy and procedures specific that each program service will complete and document the intake/assessment process within seven (**7**) days of referral.

(d) (**SRCS Agency**) policy maintains and stores all completed and documented information in locked file cabinets and rooms, weather the consumer is admitted to; not admitted for program services at **SRCS Agency**.

(e) (**SRCS Agency**) encourages the consumer, family as appropriate, and others as appropriate and approved by the consumer to be active participant(s) during intake and assessment process.

(**SRCS Agency**) will assess each consumer for appropriateness of admission to each mental health and substance abuse service and level of care. Each presenting consumer

is assessed, according to prescribed mental health and **ASAM** criteria for admission to a specific level of care.

This organized process involved professional determination of severity of symptoms and current situations to determine clinically appropriate Placement in the least restrictive level of care. Initial treatment plans are based on presenting information for those services determined to be immediately necessary prior to the completion of a bio-psychosocial and case management assessment.

Any consumer seeking admission while under the influence, or undergoing withdrawal of alcohol or drugs, to client or residential services, including medically-supervised detoxification and non-medical detoxification shall be assessed prior to admission for medical needs.

It will be determine by the staff if the consumer is appropriate, at this time, for our Outpatient behavioral health and substance abuse programs, and thus, if we find the consumer inappropriate for our program, the consumer will be referred to a specific treatment facility for needed care as outlined in **SRCS** Policy protocol.

The consumer intake assessment information shall contain, but not be limited to, the following:

- A. Identification data:
  - 1. Consumer's name,
  - 2. Home Address, and
  - 3. Telephone number;
- B. The referral source;
- C. Initial observable condition of the consumer;
- D. Mental status examination;
- E. Level of functioning (DSM, Axis IV);
- F. Significant other to be notified in case of emergency; and
- G. The intake Client data core (CDC) form.

All agency mental health and substance abuse programs document and assess consumers for appropriateness for admission to each level of care according to the specific criteria for mental health and substance abuse service categories, including assessment for:

- 1. Acute intoxication/withdrawal potential;
- 2. Biomedical conditions & complications
- 3. Emotional/behavior conditions/complication;
- 4. Readiness to change;
- 5. Relapse potential; and
- 6. Recovery Environment

Initial treatment plan consisting of the presenting problems and immediate services to be provided are written upon completion of the intake, and within five (5) weeks of admission. The identification, diagnosis/assessment and case-planning component of service are provided to each and every consumer seen in SRCS AGENCY Consumers assessed and determined to be in need of Outpatient services are eligible to receive the following services:

Crisis Intervention  
Assessments  
Case Management  
Group Counseling  
Individual Counseling  
Family Counseling  
Psycho Rehabilitation Services  
Referral Services

## ► Client Right

**As a Client served by SRCS Agency, you have the right to:**

- Be treated with respect
- Receive services in a safe and clean place
- Be in a place where no one will hurt you or treat you badly
- Receive services no matter what your race, religion, sex, age, sexual orientation or disability
- Expect the people working with you to never physically abuse you or do anything sexual or say mean or hurtful things to you
- A treatment plan, made by you and your therapist, on which you agree to work
- Refuse to participate in any kind of survey or research
- Expect all information to be kept confidential

## ► Clients Responsibilities

As a Client served by SRCS Agency, you have the responsibility and are expected to:

- Be courteous to other persons served and personnel
- Relate your strengths, needs, abilities, and preferences to your therapist as honestly and completely as possible
- Ask questions about anything you do not understand
- Inform your therapist if you have any special needs
- Actively participate in your treatment and in meeting your goals
- Inform your therapist if you wish to discontinue treatment
- Attend services alcohol and drug free

### ✓ **Grievance Procedures**

At **SRCS Agency** we feel that a positive relationship between the Client and the therapist is the best predictor of a Client's success. If you feel your therapist has harmed you or has behaved in a way that is hurtful to you or others, we want to encourage you to talk to your therapist about your concerns. If that is uncomfortable or has not been helpful, please feel free to bring your concerns to the **Executive Director** at **(405) 735-3683**. You may present your concerns in writing to the **Executive Director**. You are also encouraged to contact \_\_\_\_\_, a consultant who works outside of the **SRCS Agency**, with any concerns you feel are not being fully addressed. A grievance form will be provided for you upon request from your therapist or other **SRCS Agency** personnel.

### ✓ **Input From Clients**

While receiving services at **SRCS Agency** you will be given a variety of opportunities to provide feedback about the quality of care and your satisfaction with services. Feedback can be given through discussions with your therapist, treatment plan reviews, questionnaires, and telephone surveys. To ensure that you receive quality treatment, the therapists at **SRCS Agency** have obtained a Master's level or higher degree and are currently licensed within their fields. All therapists follow their profession's Code of Ethics, and must follow the **SRCS Agency** Code of Ethics.

### ✓ **Confidentiality**

It is the policy of **SRCS Agency** to maintain and ensure the privacy of Clients and to keep all information and records confidential. All information protected by confidentiality cannot be discussed or released to others unless:

- The Client or their representative consents in writing
- The request is made through a court order

The information is utilized in a medical emergency or for Agency, funding or federal audit

### ✓ **Consent for Treatment**

It is the policy of **SRCS Agency** to acquire consent to treat from each Client at the time of assessment. This form will be included in the assessment packet. The Client will understand he/she will not be provided services unless the consent form is completed, signed and agreed by the Client.

### ✓ **Transition/Discharge**

Clients will be transitioned and discharged from services once the goals and discharge criteria determined by the Client and therapist have been met. The Transition/Discharge

Summary form includes discharge criteria, expected needs at discharge, and support systems necessary to maintain current level of functioning at discharge. Meeting these criteria helps ensure you have a successful transition/discharge. The **SRCS Agency** begins to address the discharge/transition process during the intake process to ensure that each Client is as prepared as possible for the discharge/transition process.

→ The Client orientation packet includes information regarding potential risks, emergencies, and other events that may transpire during treatment. Policies for actions to be taken are listed in the safety section of the orientation.

→ Expected behaviors of the Clients are addressed in the responsibility section of the orientation.

→ Should a Client with **SRCS Agency** need access to services after hours, they will be advised to contact?

Crisis Center - **(405) 522-8100**

Heart line Suicide/Crisis Help **(405) 848-2273**

### ▶ **Code of Ethics:**

(**SRCS Agency's**) personnel follow a strict Code of Ethics. Each therapist is also licensed within their field of study, and those licenses require each individual to follow a strict Professional Code of Ethics. The Agency's written Code of Ethics includes nine sections; these sections are as follows:

- The Counseling Relationship
- Confidentiality
- Professional Responsibility
- Relationships with Other Professionals
- Evaluation, Assessment, and Interpretation
- Teaching, Training, and Supervision
- Research and Publication
- Resolving Ethical Issues
- Business and Marketing Issues

### ▶ **Quarterly and Follow-up Surveys Will be Considered for Any Individual in an SRCS Agency Program**

(**SRCS Agency**) conducts surveys regarding our Client's satisfaction with services and treatment effectiveness. These surveys are conducted quarterly and after you are discharged from services. Responses are kept confidential. Survey information from all responding Clients will be combined and summarized in order to provide an overview of treatment satisfaction and effectiveness and to inform the Agency on areas for improvement.

These surveys allow you to provide **SRCS Agency** with your opinions, suggestions, and input on how services can be improved. Follow-up surveys will inform **SRCS Agency**



on how you are doing and assist in measuring the effectiveness of **SRCS Agency**' programs. **SRCS Agency** does not serve mandated persons at this time.

✓ **Financial Obligations of Clients**

It is the intent of the (**SRCS Agency**) to acquire a contract with the Oklahoma Health Care Authority to bill fee for service. Should a Client not possess insurance, the Client will be charged an hourly rate on a sliding scale, to be based on each individual's income.

✓ **Seclusion and Restraint**

It is the policy of (**SRCS Agency**) to never utilize restraints or seclusion with Clients. In the event of a violent threat within the Agency, everyone will be asked to evacuate, and proper authorities will be contacted.

✓ **Tobacco and Smoking Policy**

(**SRCS Agency**) promotes a tobacco and smoke free environment. Smoking and tobacco use are not permitted inside or outside of **SRCS Agency** office environment or on the property

▶ **Illicit Drugs/Weapons:** - (**SRCS Agency**) forbids the possession of illicit drugs or weapons anywhere on the grounds, buildings, or property of **SRCS Agency**.

**Illicit Drugs Procedures:** - Should any personnel, Client, or any other person be known to possess an illegal substance, the police are to be notified of any and every instance of possession of illegal substances. In the case of a minor, his or her guardian shall also be immediately notified. Personnel members will be dealt with in accordance to the provisions set out in the Personnel Policies of **SRCS Agency**.

▶ **Weapons Procedures:-** Should a Client possess a weapon, they will be asked to secure the weapon to ensure the safety of all. If this request is not honored, everyone will be asked to evacuate and proper authorities will be contacted. Should a personnel member bring a weapon onto **SRCS Agency** property, he/she will face disciplinary procedures as set forth in the Personnel Polices of **SRCS Agency**.

▶ **Verbal or Physical Aggression:-** Should a Client behave inappropriately, and willfully cause mental or physical damage to personnel or other persons served, the Client's rights and services with the Agency may be terminated. Clients may be readmitted to **SRCS Agency** program upon their request and after determination that eligibility requirements have been met, which include, but are not limited to a requirement of a safe environment for all personnel and persons served.

▶ **Restrictions placed on Clients**

Restrictions **SRCS Agency** may place on Clients.

It is the intent of **SRCS Agency** to never place restrictions on Clients by the Agency. However, the safety and welfare of the Client, Clinician, staff, other Clients, and the community must be a priority. The need for restrictions may be determined by the **Executive Director**. Restrictions by the Agency will be placed on Clients in the following order. Verbal request for alleviation of behaviors/events causing need for restriction. Change of environment where services are provided to the Client. If applicable, Client will be asked to see their physician for medication review to determine need for decrease/ increase, different medication or need for medications. Discontinuation of services with **SRCS Agency**, and a referral to a different Agency Events, behaviors or attitudes that may lead to the loss of rights or privileges of Clients. **SRCS Agency** has created provisions of behaviors and events that may cause Clients to lose all rights and privileges of services within the Agency. These events/behaviors are as follows, but are not limited to.

- (7) Inappropriately dressed for session
- (8) Verbal abuses or threats
- (9) Physical Abuses to self or others
- (10) Verbal and/or physical sexual advances to others.
- (11) Presenting to session under the influence of drugs or alcohol
- (12) Failure to keep scheduled appointments with Clinician on a consistent basis.

Means by which Clients may regain rights or privileges that have been restricted.

(**SRCS Agency**) feels it necessary to allow Clients the availability to regain their rights to services within the Agency. Rights and privileges lost can be regained by the Clients by meeting the following provisions.

- (4) Compliance with all rules, policies, guidelines, and responsibilities of the Agency.
- (5) Removal of any threats or behaviors which may be harmful to Client, staff, Clinician, other Clients, and/or community.
- (6) Improved behaviors and compliance with all policies, rules and procedures of **SRCS Agency**.

## ► **Advance Directive**

### → **Plan**

It is the intent of (**SRCS Agency**) to provide an atmosphere of respect and caring and to ensure each Client's ability to participate in medical decision making is maximized and not compromised. Additionally, the purpose of this policy is to assure compliance with all state and federal laws regarding advance directives, in such a manner as to expand the Client, personnel, and community knowledge base regarding advance directives and the process by which Client participation in medical decisions making is carried out within the Agency.

### → **Policy**

It is the policy of **SRCS Agency** to recognize and respect the rights of all Clients to participate in the course of their care and treatment and to have their wishes honored in the event that they become incapacitated.

→ **SRCS Agency** supports and protects the rights of Clients to formulate written and oral instructions regarding their health care.

→ Clients will be encouraged to communicate their desires to their family members in regard to advance directives to allow for guidance of family and health care providers in following the wishes of the Client, should he/she become incapacitated, rendering them unable to make decisions.

→ The existence of an advance directive, or lack thereof will not determine the Client's access to care, treatment or services.

→ **SRCS Agency** will not condition the provision of care or otherwise discriminate against any Client based on whether or not the Client has executed an advance directive.

### ▶ **Procedures**

1. **During orientation**, Client will be informed of Advance Directives and asked if they have one in place, or if they would like to complete this form.
2. Should the Client wish to have information regarding Advance Directive, the Clinician will provide Client with information and education regarding advance directives and assist with filling out the proper paperwork.
3. Information/forms will be filed in the Clients' confidential file.
4. Should the Client decline advance directive, it will be noted and logged in the orientation area of the assessment.

### ▶ **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

### ▶ **Process**

Persons requesting admission into **SRCS Agency** treatment services are contacted within **24** hours for an initial screening assessment. A Clinician will conduct the initial screening which will include gathering of information on the presenting problem from referral sources, the potential Client and/or parents/guardians. The Clinician will identify any urgent needs on the screening form and referrals, if any, given to the Client. The initial screening will also include funding source information and/or financial information.

The Clinician performing the initial assessment will assess the appropriateness of services from **SRCS Agency** and staff with the **Executive Director** to determine appropriateness of services. If services from **SRCS Agency** are deemed appropriate, an appointment for a face-to-face assessment will be scheduled within seven days. If

services are deemed inappropriate, the person and/or referral source (with person's served consent) will be informed of the reason(s) and appropriate referrals will be made. The disposition shall be noted in writing in the screening form.

## ► Interim Services

(SRCS Agency) will provide certain necessary services listed below to make sure that an individual needs are met even if the case is not officially opened:

- Referral to Other Agencies
- Referral to potential funding source
- Referral to available support or advocacy groups
- Recommendation of reading materials

The Client's individual plan is developed from information gathered throughout the assessment process. This plan will be developed with the participation of the person served, and they, along with the therapist will provide input regarding the course of treatment services. The Client and provider will have full understanding of all required legal appointments, sanctions, or court notifications. Motivational incentives would be utilized to assist in Client improvement. The motivational incentive for the Client would be positive feedback and improvement in overall daily functioning. The therapist, with participation of the Client, legal guardian, or other family members is responsible for working together in coordinating for services to be provided.

(SRCS Agency) requires Clinicians to only practice within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Clinicians will also demonstrate a commitment to gain knowledge, personal awareness, sensitivity and skills pertinent to working with a diverse population.

(SRCS Agency) requires each Clinician to work within their boundaries of competence, and to only practice in specialty areas new to them after appropriate education, training and supervised experience, and to continually monitor their effectiveness as professionals and to take steps to improve when necessary. The therapist must be able to effectively communicate with their Clients and their families in a way that is understandable to everyone participating in services.

- Screening tools are uniformly administered to all persons seeking services from **SRCS Agency**.
- All personnel are trained during orientation to administer a screening, psycho-social, **MMPI**, and a Beck **Depression** Inventory.

The diagnosis process of treatment is determined by utilizing information gathered during assessment, including, but not limited to previous medical information, and consultation with the **DSM 1V**.

The assessment process includes information obtained from the person served, their family members, and other sources such as referral source, schools, doctor's office, OJA, and other community entities.

#### ► The Assessment Process

- Focuses on the persons served specific needs. This is utilized to develop a treatment plan that will assist in improvement for each individual.
- Identifies the goals and expectations of the person served. This is utilized to build a starting point, and to assist Client and therapist towards meeting mutual goals for treatment.
- Responsive to the changing needs of the person served. The assessment and treatment plan are reviewed **every 6 months**, as the treatment plan is updated, to address any changes in needs of the Client.
- The results of the assessment are communicated and shared with the person served, family members, applicable personnel and others as needed and required.
- Does not apply
- The assessment shall be scheduled and completed in a timely manner and within the time frame listed in the Agency policy and procedures.
- Reflects significant life or status changes of the person served. This is obtained for the purpose of assessing changes in the Client's life that could contribute to their mental disorder, and is updated annually or as needed.

(SRCS Agency) has an assessment that gathers information from the person served that provides information to develop a comprehensive treatment plan. This plan is developed on an individual basis to meet the needs of the person served. The assessment gathers information in the following areas.

- Presenting issues of the person served from their perspective.
- Any urgent needs of the person served including, but not limited to suicide risk, personal safety, and the safety of others.
- Personal strengths
- Individual needs
- Abilities and/or interests
- Preferences
- Previous mental health treatment, including diagnostic and treatment history.
- Current mental status
- Medications, including past and present
- Efficacy of current or previous used medication. Any allergies or adverse reactions to medication.
- Physical health issues including history of medical and mental health problems, and current health needs.
- Co-occurring disabilities, disorders and medical conditions

- The current level of functioning
- Current pertinent and historical life information including, age, gender, sexual orientation and/or gender expression, culture, spiritual beliefs, educational history, employment history, living situation, legal involvement, family history, and relationships, including family, friends, community members and other interested parties.
- History of trauma that is experienced and/or witnessed, including abuse, neglect, violence and/or sexual assault.
- Any use of alcohol or tobacco
- Risk taking behaviors
- Literacy level
- Need for assistive technology, and or social supports
- Advance Directives

The assessment has a section for the interpretive summary that is based on the information gathered during the assessment process. The summary will be utilized to identify any co-occurring disabilities, co-morbidities, and/ or disorders, and is utilized in the development of the individualized treatment plan.

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -203
<b>Subject:-</b> Communication of Agency Purpose	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.f)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

## ► Policy

The purposes and services of **SRCS Agency** as expressed in its Mission Statement shall be clearly expressed in all communications.

## ► Procedures

- A. The **Executive Director** shall review and approve all external written communication to the general public and community for clarity and adherence to **SRCS Agency** Mission Statement.
- B. Communications included in this policy are brochures, Client and other informational handouts, press releases and all other advertising communications. Also included in this policy are planned public or community presentations, educational conferences hosted by **SRCS Agency**, media presentations (radio, TV and Internet) and any other oral presentations.
- C. Communications excluded from this policy are routine correspondence for administration, Client treatment and billing.

## ► Program Description

(**SRCS Agency**) is an Outpatient mental health program specializing in individual and family services to individuals and families residing the Oklahoma City metropolitan area. (**SRCS Agency**) provides services to all age groups without regard to race, color, citizenship status, national origin, ancestry, religion, gender, age, physical or mental disability, physical handicap, marital status, or veteran status. (**SRCS Agency**) offers services based on individual needs of the Clients and an emphasis is placed on wellness and recovery. To meet these needs, **SRCS Agency** will collaborate with case managers, doctors, schools and others vested in care of the Client. Intake interviews are provided to all persons inquiring about services. Services are provided in the **SRCS Agency** offices, or Clients' homes. **SRCS Agency** office is located at **7117 E. Reno Avenue, Midwest City, Ok 73110**; Appointments are set at the person's served convenience whenever possible. Managers of **SRCS Agency** may be reached at **(405) 610-5442**.

## ► **Program Philosophy**

(**SRCS Agency**) has a humanistic philosophy that incorporates traditional, medical, psychological and cultural viewpoints into services provided to Clients. The individual is recognized as a person of dignity and worth with the capacity for freedom of choice, responsibility and self-determination. Each person has the capacity for change and growth, they are not bound by past learning history, but free to learn from the here and now and anticipate future expectations as determinants of behavior. Not only must the above factors be brought into play for any individual to actualize their human potential, but experience suggests that they are vital to recovery process of mental health related disorders. Growth in the direction of wholeness and health is viewed as a positive process in which formal rehabilitation plays an important part. The resources for this process lie within the persons themselves.

## ► **Program Goals**

It is the goal of the (**SRCS Agency**) to assist individuals in the development of healthy lifestyles. (**SRCS Agency**) realizes that treatment requires ongoing services that involve the processes of continuum of care. Therefore, **SRCS Agency** makes appropriate referral during and after provision of services. (**SRCS's Agency**) goal is to always conduct initial assessment, consulting, counseling and ongoing evaluation services to help individuals with decision making during and after provision of services. Services address the unique needs of each Client. Related services include but not limited to: psycho-educational presentations, psychotherapy, and social services as needed. (**SRCS Agency**) advocates, links, and refers individuals to appropriate services; if Clients needs exceed the services provided by **SRCS Agency**.

## ► **Policy:**

### → **Service Modalities**

(**SRCS Agency**) is an Outpatient program that provides Clients with:

1. Individual/Group psychotherapy
2. Family psychotherapy
3. Group psychotherapy
4. Psychosocial Rehabilitation/Individual/Group
5. Acute Care Services
6. Case Management Services
7. Crisis Interventions
8. Substance Abuse
9. Medication Adherence

### → **Procedures:**

(**SRCS Agency**) provides these services at any reasonable location required by an individuals needs including:

1. **SRCS Agency** Office
2. Individuals home
3. Schools
4. Correctional settings



5. Shelters
6. Community resource sites
7. Medical and behavioral health sites

When appropriate and with the consent of the individual, the Outpatient programs shall coordinate with other services the individual is receiving.

### ► **Special Populations**

→ **POLICY:**

(**SRCS Agency**) provides services to adolescents, children, adults, and families. **SRCS Agency** will not deny services to Clients' base on their race, color, religion, sex, or national origin. (**SRCS agency**) prohibit discrimination against qualified individuals with disabilities; therefore if **SRCS Outpatient Agency** services are not accessible to individuals with disabilities they will be referred to agencies that can meet their needs. (**SRCS Agency**) recognizes the importance of specific needs of special populations. It is the policy of (**SRCS Agency**) to refer individuals that are pregnant and at high risk for using alcohol, tobacco and other drugs during their pregnancy to more appropriate programs that provides services related to **FAS** and **FAE**.

### ► **Staffing Plans**

(**SRCS Agency**) will assure that the agency is sufficiently staffed with qualified employees who are able to provide professional services within a reasonable time and resulting in acceptable outcomes.

- A) Ratio of Clinical staff to Clients will meet contract requirements and be evaluated on an annual basis by the **Clinical Director**.
- B) Clinical backup and case management will be the direct compliance of the **Clinical Director**. Both short-term absences and long-term vacancies will document who has compliance in the case file.
- C) Services which is terminated due to vacant positions will be evaluated as to impact on Clients. All program services will be evaluated as to Client impact on an annual basis.
- D) The **Clinical Director** will evaluate staff turnover and impact on quality services on an annual basis.

### ► **Credentials Verification**

(**SRCS Agency**) will verify the credentials of all final applicants for employment. All credentials will be current and shall remain current throughout employment.

For credential verification, **SRCS Agency**, will:

- Obtain and get primary verification of documentation on any educational certificate beyond high school in personnel file throughout employment.
- Obtain primary verification of any required certificate or license in personnel file though out employment, will be verified at least annually.
- Document educational workshops/ in services in personnel file, will be verified at least annually.
- Document results of at least two professional references.
- Document ongoing certification / licensure / or CEU requirements, will be

verified at least annually.

- Resultant information will support or call to question final acceptance in employment to the **Executive Director**.

## ▶ **Services**

▶ See Section 1-N (Performance Improvement)

### → **Interim Services**

(**SRCS Agency**) will provide certain necessary services listed below to make sure that an individual needs are met even if the case is not officially opened:

- Referral to Other Agencies
- Referral to potential funding source
- Referral to available support or advocacy groups
- Recommendation of reading materials

### ▶ **Wellness and Recovery:**

It is the intent of (**SRCS Agency**) while providing services to our Clients to strive for wellness and recovery. Clients will be assisted with improving positive and effective communication, problem solving and coping skills. Clients will also be encouraged to identify situations which may be harmful to their mental and/or physical health, identifying/implementing ways of handling them, identifying/implementing ways of making positive choices and setting personal boundaries in hopes of improving their quality of daily living and relationships with others.

### → **Location of Services**

It is the intent of (**SRCS Agency**) to provide services in a safe environment which is convenient for the Client. The Agency is located at **7117 E. Reno Avenue, Midwest City, Ok 73110**, and Clients are only seen in the office by appointment. Based on personal needs, the Agency also provides home based services for the Clients.

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -204
<b>Subject:-</b> Person Centered Plan	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.e)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

### ► Individual Treatment Plan

(SRCS Agency) utilizes an interdisciplinary team approach in the development and implementation of Individual Treatment Plans. (Various funding sources may utilize other terminology for this interdisciplinary process.) This team process involves the individual being served, the counselor, the individual’s legal guardian/family or significant other(s) if appropriate, and any other personnel who may have a significant impact on the needs of the individual.

Initial assessment is performed within **7** days of acceptance into the program. The **Comprehensive Treatment Plan** is developed within **15** service days of starting services. The team members base these plans upon completion of an evaluation and observations. The assigned counselor is responsible for the internal arrangement of team meetings to include all appropriate participants and for the monitoring of progress toward objectives on an as need basis. Treatment plans are reviewed twice (**2**) yearly. Any deviation from these procedures is documented in the individual’s case record. Any team member may request special team meetings at any time.

### ► Individual Plan

- Clinician and the Clients work jointly in devising integrated, individual treatment plans that offer reasonable promise of success and are consistent with abilities and circumstances of Client. Clinician and Client regularly review counseling plans to ensure their continued viability and effectiveness, respecting the Client freedom of choice.
- **The individual plan:**
  - The individual treatment plan is prepared by the Clinician using the information from the assessment and interpretive summary.
  - The individual treatment plan is developed with the needs and desires of the Client in mind.
    - ✓ The treatment plan may include goals and objectives for anger management, coping skills, and pro-social pattern of thinking. These goals and objectives support the person's served ability to be successfully integrated into their local community.
    - ✓ **SRCS Agency** strives to develop positive family interactions by providing family therapy to persons served as appropriate.

- ✓ The treatment plan assesses the person's served family system and interpersonal relationships. Problems in these areas are addressed in the goals and objectives of individual and family therapy.
    - ✓ Other needed services and plan to address needs are identified in the interpretative summary by the Clinician.
  - The individual plan is developed with the Client and the legal guardian of the Client. When the Client is under the age of 14 years, the legal guardian may sign the treatment plan and agree upon the goals and objectives of the treatment plan.
  - The individual plan identifies needs. When a need is identified that are beyond the scope of the **SRCS Agency** the Clinician documents referrals made to address those needs.
  - Each individual treatment plan identifies individual, group, and/or family therapy services.
  - Referrals for additional services are documented in the interpretative summary section of the treatment plan.
  - Treatment plans are developed with input from the Client and with the Client in mind. Each treatment plan is reviewed and agreed with by the Client indicating the Client understands and agrees with the treatment plan.
  - Clients assist with the development of the treatment plan and are provided with a copy of their treatment plans upon their request.
- The individual plan includes the following components:
    - **Goals that are:**
      - ✓ Expressed in the words of the Client with explanation by Clinician if appropriate.
      - ✓ Goals are agreed upon by the Client.
      - ✓ Goals are developed with the person's served culture in mind.
      - ✓ Goals are developed with the person's served age in mind.
      - ✓ **SRCS Agency'** interpretative summary includes the person's strengths, needs, abilities, and preferences. The Clinician develops the person's served goals and objectives with these things in mind.
    - Specific treatment objectives are:
      - ✓ Reflective of the expectations of:
        - (a)
          - he person's served input is applied to the treatment plan objectives.
          - All objectives are developed with the Client in mind.
        - (b)
          - bjectives are developed with the treatment team's expectations in mind.
      - ✓ Objectives are age appropriate.
      - ✓ Objectives are developmentally appropriate.
      - ✓ Objectives are developed with the Clients culture and ethnicity in mind.

- ✓ Objectives are developed with the Clients disabilities/disorders or concerns in mind.
- ✓ Objectives are written in language that is understandable to the Client.
- ✓ Objectives are measurable.
- ✓ Objectives are achievable.
- ✓ Objectives are time specific.
- ✓ Objectives are developed with the treatment setting in mind.
- Treatment plans include an identification of specific treatment intervention documented for each goal and objective.
- Frequency of specific treatment interventions is documented in the treatment plan.
- **When the Client has co-occurring disabilities and/or disorders:**
  - The individual plan specifically addresses those issues in an integrated manner, or documents referrals for other services.
  - The Clinician may feel that services other than talk therapy would benefit the Client, for example, the Clinician may make referrals for case management, substance abuse, and crisis intervention.
- **Individual plans are:**
  - Reviewed every 6 months with the Client to ensure continued relevance.
  - Individual plans are modified when needed to best serve the Client.
  - Communicated to the Client in a way that is understandable
- **Signed and dated progress notes document:**
  - Achievement of identified:
    - ✓ One or more objectives are addressed in each progress note to ensure continued strives toward achievement of objective.
    - ✓ Goals are identified as being met in the progress notes.
  - Clinician's document significant event or changes in the life of the Client in signed and dated progress notes.
  - Clinicians document the delivery of services and specific interventions that support the individual plan in progress notes.
  - Movement to other levels of care is also documented with in the progress notes written by the Clinician, and are communicated to the person served in a way that he/she can understand.
- A designated individual assist in coordinating services for each Client by:
  - The Clinician assumes responsible for ensuring the implementation of the individual plan.
  - The Clinician ensures that the Client is oriented to his or her services.
  - The Clinician promotes the participation of the Client on an ongoing basis in discussions of his or her plans, goals, and status.
  - The Clinician is responsible for identifying and addressing gaps in service provision.
  - The Clinician is responsible for sharing information on how to access community resources relevant to his or her needs.

- The Clinician is responsible for advocating for the Client, or for referring the Client to an Agency that provides advocate services when appropriate.
- The Clinician communicates information regarding the progress on the Client to the appropriate person with a signed consent form by the Client.
- The Clinician is responsible for facilitating the transition process, including arrangements for follow-up services.
- The Clinician may involve the family or legal guardian when applicable or permitted by the Client.
- The Clinician is responsible for coordinating services indicated within the treatment plan.
- The Clinician identifies the process for after-hours contact. **SRCS Agency** is open Monday-Friday, **9:00 am-5:30 pm**. Clients are referred to the Crisis Center **(405) 522-8100** or Heart line Suicide/Crisis Help **(405) 848-2273** for mental health emergencies. Clients are also provided with two cell phone numbers for the Management Team. Who return all calls within **24** hours?

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -205
<b>Subject:-</b> Transition/Discharge	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.d)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

## ► Transition/Discharge

1. Written transition and discharge criteria are established and used. Transition/Discharge Summary forms includes a discharge criteria and expected needs on discharge and support systems needed to maintain current level of functioning at discharge to ensure a successful transition/discharge for the Client. This form is signed by the Clinician during intake and again when the Client is discharged from **SRCS Agency** to ensure the established criteria are used.
2. **SRCS Agency follows its procedures for:**
  - a. **Referrals:** Referrals are made by the Clinician to address identified needs that are not being addressed by the services **SRCS Agency** provides.
  - b. **Transitions to other services:** **SRCS Agency** works with other agencies to provide a variety of serves to meet the person's served needs.
  - c. **Discharge:** **SRCS Agency** will discharge persons served who are receiving talk therapy form another mental health Agency to prevent duplication of services.
3. **SRCS Agency** begins to address the discharge/transition process during the intake to ensure the Client is as prepared as possible for the discharge/transition process.
4. As appropriate, Clients have options to move to community integrated settings. **SRCS Agency** refers Clients to self-help groups within their community to encourage person's served to develop a support system within their communities.
5.
  - a. A written Transition/Discharge Summary is developed with the input and participations of the Client, the family/legal guardian, when applicable or permitted by the Client, a legally authorized representative, when appropriate, personnel, the referral source when appropriate and permitted by the Client, and other community services, when appropriate and permitted by the Client.
  - b. The Transition/Discharge Summary identified the person's current progress toward his or her own recovery or move toward well-being and gains achieved during program participation.
  - c. The Transition/Discharge Summary identifies support systems needed to

- maintain current level of functioning at discharge to ensure a successful transition/discharge for the Client.
- d. Does not apply. **SRCS Agency** does not assist with medications.
  - e. Clinicians are responsible for identifying and documenting on the Transition/Discharge Summary any referrals made including contact information, telephone number, location, hours, and days of services when applicable.
  - f. The Transition/Discharge Summary includes: I understand that should my symptoms recur or if I need additional services, I may contact the **SRCS Agency** office for readmission and/or referral to appropriate outside services. With a place to sign to indicate the person's served understanding. Persons served are also provided with a brochure that includes contact information.
6. Strengths, needs, abilities, and preferences are documented on the Transition/Discharge Summary.
  7. Individuals who participate in the development of the transition plan are provided with a copy of the Transition/Discharge Summary upon request.
  8. The primary provider is responsible for maintaining the continuity and coordination of needed services, to determine with the Client whether further services are needed, and to offer or refer to needed services when possible.
  9. When an unplanned discharge occurs the Clinician will determine with the Client whether further services are needed, and will offer or refer to needed services when possible.
  10. When a person is discharged from receiving services from **SRCS Agency**, the Management Team is responsible to ensure linkage to appropriate care within 72 hours post discharge.
  11. A written Transition/Discharge Summary is prepared by the Clinician to ensure that the Client has documented treatment episodes and results.
    - a. Transition/Discharge Summary includes the date of admission.
    - b. Transition/Discharge Summary describes the services provided.
    - c. Transition/Discharge Summary identifies the presenting problem on admission.
    - d. Transition/Discharge Summary includes the person's served progress toward reaching goals and objectives.
    - e. Transition/Discharge Summary includes the reason for discharge.
    - f. Level of functioning at discharge is identified by the Clinician on the Transition/Discharge Summary form.
    - g. The Clinician is responsible for listing recommendations for services or support on the Transition/Discharge Summary form.
    - h. The Transition/Discharge Summary form includes the date of discharge from the program.



### ► **Follow-Up of a Discharged Individual**

Follow-up services will be considered for any individual in a **SRCS Agency** program. When an individual is discharged from a **SRCS Agency** program, the counselor will consider the need for follow-up services on an individual basis. This is done through the treatment team's consideration of that individual's specific circumstances and a determination of whether follow-up services are warranted. Any recommendations for follow-up services are documented in the discharge summary. Documentation of follow-up contacts is maintained in the individual's case record.

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -206
<b>Subject:-</b> Medication Use	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.e)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

► **PURPOSE:** To provide **SRCS Agency** guidelines for the practice of evaluating, prescribing, dispensing, and/or administering medications to **SRCS Agency** Clients in response to specific symptoms, behaviors, and conditions.

► **POLICY:** **SRCS Agency** does not provide pharmacotherapy practices which include, evaluating, prescribing, dispensing, administering, and/or monitoring Client medications.

► **DEFINITIONS**

1. Pharmacotherapy

The practice of evaluating, prescribing, dispensing, and/or administering medications to individuals in response to specific symptoms, behaviors, and conditions for which the use of medication is indicated and efficacious.

► **PROCEDURES**

1. During the assessment process and on an on-going basis, the **Clinical Director** or designee will complete a medication review to include past medication use, current medication use, effectiveness, compliance, side effects, allergies/adverse reactions
2. **SRCS Agency** personnel will not handle, store, dispose of medication, nor document any medication usage.
3. Any medication emergencies, reactions, concerns or issues will be documented and Client will be referred to their Primary Care Physician and/or Psychiatrist for immediate assistance.
4. Upon discharge from **SRCS Agency**, all Clients will be encouraged to continue their medication as prescribed by their Primary Care Physician and/or Psychiatrist to ensure continuity of care.

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -207
<b>Subject:-</b> Seclusion and Restraint	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.f)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

► **Policy**

(**SRCS Agency**) does not utilize any type of seclusion and/or restraint in any of its programs in response to assault or aggression in the provision of services. In addition, intrusive procedures such as strip searches and/or pat downs are not utilized in any program.

Restraint- defined as the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit the individual’s freedom of movement.

Seclusion- defined as the separation of an individual from normal program participation in an involuntary manner. The individual is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is **NOT** considered seclusion.

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -208
<b>Subject:-</b> Promoting Non-violent Practices	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.f.2)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

## ► POLICY

(SRCS Agency) promotes a safe and secure environment and does not tolerate aggressive or threatening behaviors. This policy covers how to deal with aggressive or threatening behavior on the part of Clients, people associated with Clients or the public. Staff, students and volunteers do not have to tolerate such behavior and should report it immediately. Zero tolerance of aggressive or threatening behavior extends to all **SRCS Agency** locations, including offsite, home and community settings.

A series of steps can be taken to ensure a safe and secure work environment including:

- Physical precautions in the work setting to prevent or safeguard against aggressive or threatening behavior
- Safety precautions in advance of problems including minimum coverage and case review in advance of an interaction with a high-risk Client
- Limiting, refusing or withdrawing service in the face of aggressive or threatening behavior
- Using co-leadership for groups where there may be safety issues
- Implementing service alerts or email alerts for Clients who pose a safety concern
- Managing aggressive or threatening behavior.

Every effort will be made to ensure that Clients are not stigmatized by inaccurate information. However, in ambiguous situations the safety needs of staff, volunteers, students and other Clients must take precedence.

## → DEFINITION

Aggressive or threatening behavior can include:

- menacing, angry, loud and/or abusive language
- communicating a threat of bodily harm or injury to property, either verbally or through physical behavior
- brandishing any object as a weapon
- any threat, real or implied
- any behavior that makes a staff person, student or volunteer feel unsafe
- loss of control

The aggressive or threatening behavior may be exhibited by the Client or by someone associated with the Client (e.g., a partner, relative or friend).

## → PROCEDURES

### 1. Precautions to take **PRIOR** to interacting with individuals or groups who pose a safety risk or concern

1.1 Review Client files and determines which safety precautions to take, including:

- Using an alternative interview room rather than personal office
- Reviewing the Safety Alert System at your location and request panic button if required
- Speaking with the referral source in advance of the initial meeting with the Client
- Scheduling the appointment with the Client or group session at peak staffing level periods to ensure the availability of support and back-up
- Advising support staff and management of the time and location of the interview with the Client or group session concerned
- Preparing the room for safety (e.g., clear out objects that could be used as weapons, leave the door ajar)
- Arranging to have staff colleagues monitor the interview room
- Bringing a second staff member to assist in the interview.

1.2 Provide service, to the greatest extent possible, in a safe interview room that:

- Does not have objects that can be thrown or used as weapons
- Provides the option of leaving the door and/or window blinds open
- Allows staff to easily leave the room.

1.3 Ensure minimum staff coverage for any service provided to a Client who poses a safety risk (i.e., Service Alert on his/her file related to problematic behavior, concern based on Clinical experience): One other staff must be in close proximity to the interview location while the interview is underway and aware of the situation.

1.4 Develop a support plan with support staff, other staff and management, including alternate safety strategies such as call-in to manager or staff colleague at break and at the conclusion of the session.

### 2. Precautions to take **DURING** and **AFTER** an interaction with individual Client or group session

- Staff should position themselves so that they may easily exit the room if required.
- Negotiate a contract with the Client regarding unwanted behaviors and resulting consequences.
- Escort Client out of the building and ensure that doors are locked, if possible.
- Request to be observed or accompanied when leaving.

### 3. **WHEN** the Client is aggressive or threatening

- If staff, students or volunteers feels they are not safe at any point in providing service, follow the principle of safety first. Do not minimize a situation that may be getting out of control. Trust your gut feelings.

- Terminate the interview and ask the individual to leave the office.
- If the person is willing to do so, escort him/her out of the building and ensure that the doors are locked (if possible).
- If the person is unwilling to leave, becomes volatile, disruptive or unpredictable, leave the room immediately (if possible).
- Activate the safety alert system to summon help from other staff.
- If needed, create noise and disturbance to attract the attention of other staff.

#### **4. ONCE the Safety Alert System has been activated**

**4.1** Staff directly involved in the incident must advise the program manager of the situation. If the program manager is not available, assume the role of crisis manager or find another staff person to do so.

**4.2** Upon hearing the safety alert system:

- Staff who are not directly involved in the incident should follow the safety alert system for their location (e.g., stay in office or leave their office and proceed to the predefined area).
- Staff at reception will follow the safety alert system for their location (e.g., leave one person to ensure the safety of reception Clients or visitors while another staff leaves to find out what is happening and returns with more information).

**4.3** The person acting as crisis manager determines the location of the disruption and whether any contact has been made with the staff that activated the safety alert system.

**4.4** If no contact has been made, the crisis manager:

- Opens a line into the office where the incident is occurring
- Listens to what is happening in the office to determine what to do
- If possible and it makes sense, speaks to the people involved.

**4.5** Once contact has been made, the crisis manager will determine the best course of action, organize first aid and arrange to call **911** as needed.

**4.6** If the safety alert system has been activated in error, the staff member must call reception immediately to advise them.

#### **5. Call 911**

- Dial **911** and request police, fire, ambulance or a combination.
- Inform the **911** operator if there is an immediate threat of harm. Such calls are higher priority and receive a fast police response.
- Identify yourself, the office location and the room location where the incident is occurring.
- Get a report number from the 911 operator to follow-up if needed.
- Advise management staff at the first available opportunity.

#### **6. AFTER the aggressive or threatening behavior**

**6.1** Staff involved should document the behavior in the Client file and determine whether a service alert, organization-wide alert or trespass notice is required.

**6.2** The aggressive or threatening incident should be reported within the “Attention” button in the electronic record. The Manager of the Service Access Unit should also be informed.

**6.3** If there is reason to believe the aggressive or threatening behavior will continue, an organization-wide alert should be issued by email.

**6.4** Debrief on the situation with the manager, the crisis manager and witnesses. Determine whether follow-up or support is required (e.g., **SRCS** debriefing services, transportation for staff involved in any traumatic incident).

**6.5** If required, obtain additional supports for staff, volunteers, students and/or Clients involved in the aggressive or threatening incident (e.g., **SRCS** debriefing, outside counseling, legal assistance, financial reimbursement or time off).

**6.6** Complete an Incident report once the situation has abated.

**6.7** Determine if service to the Client should be limited or withdrawn.

## **7. Laying criminal charges**

**7.1** In cases of aggressive and/or threatening behavior, the police may decide to lay charges against the Client. In such cases, staffs are expected to cooperate fully. If staff members wish, they may discuss ethical issues with their supervisor.

**7.2** Affected managers and staff may ask their program director for approval to seek legal counsel through the organization’s solicitors.

**7.3** If the police consider the evidence insufficient to lay a charge, **SRCS Agency** may support the presentation of evidence to a Justice of the Peace. The legal consultation process to make this decision will involve the **Executive Director**, director, program manager and involved staff. **SRCS Agency** will provide legal services as part of this process. Decisions will be made on a case by case basis.

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -209
<b>Subject:-</b> Record of the Person Served	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.g)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

► 2G

1. The individual record communicates information in a manner that is:
    - a. Organized: Each record is contained in a file folder that is organized in such a way as to allow ease of access to all parts of the record.
    - b. Clear: Each record is clearly identified with the person's served name and placed in alphabetical order.
    - c. Complete: Each record contains information regarding all the services the person receives.
    - d. Current: Each record is maintained and kept current by a system that allows for timely filing of all documents.
    - e. Legible: Clinicians are encouraged to submit all forms completed in a type written format, but hand written documents are acceptable if two personnel are able to read the document without seeking the assistance of the Clinician who developed the document.
  2. All documents generated by **SRCS Agency** that requires signatures include original signatures.
  3. **The individual record includes:**
    - a. The date of admission is include on the screening and referral form.
    - b. Information about the parent or guardian is included on page one of the **psycho-social**.
    - c. Information about the person to contact in the event of an emergency is included on page one of the **psycho-social**.
    - d. The Clinician coordinates services of the Client and signs the treatment plan's signature page indicating their position as primary provider for the Client.
    - e. The **psycho-social** includes Behavioral/Psychiatric Health History/Status where prior treatment is documented. The Clinician may request records from those agencies by including consent for release of information from the Client. All records for **SRCS Agency** are maintained in one file.
- <sup>1</sup> **The release will have the following information:**
- The name of the person about whom information is to be released
  - The content of information to be released
  - To whom the information is to be released



- The purpose for which the information is to be released
  - The date the release is signed, along with the date, event or condition which the release expires.
  - Information on how and when the authorization can be revoked.
  - The signature of the person who is legally authorized to sign the release.
- f. A Health Care Coordination Form is used to communicate services being provided by **SRCS Agency** to the person's served primary care physician. This form is included in the file and includes the person's served primary care physician's name, address, and telephone number.
  - g. Healthcare reimbursement information is included in the Screening and Referral Form.
  - h. The person's
    - (1) Health history is included on page **3** of the psycho-social.
    - (2) Current medications are included on page **3** of the psycho-social and are also included on each treatment plan.
    - (3) Preadmission screening is documented on the Screening and Referral Form.
    - (4) Documentation of orientation is documented on the form labeled Documentation of Orientation.
    - (5) **SRCS Agency** assessment is referred to as the psycho-social.
    - (6) All treatment plans, extensions, modifications, and corrections will be documented in the person's served records.
    - (7) Transition plans are included in the Transition/Discharge Summary form; this form is to be included in each person's served record.
  - i. A Transition/Discharge Summary is included in each person's served record.
  - j. Correspondence pertinent to the Client is maintained in that person's record.
  - k. Authorization for release of information is maintained in the person's served record.
  - l. Documentations of all referrals are maintained in the out of office referral log and are noted within in a progress note that is maintained in the person's served file.
4. Initial assessment is performed within 7 days of acceptance into the program. The **Comprehensive Treatment Plan** is developed **within 15** service days of starting services. Treatment plans are reviewed twice (2) yearly. Any deviation from these procedures is documented in the individual's case record.
    - a. Documentation relating to the following forms should be filed within **5 days** of receipt by **SRCS Agency** personnel: Assessments, Authorizations for Treatment, Releases, Referrals, Historical Information, and Individual Treatment Plans. Progress Notes are to be completed and filed in the charts within 5 days of billing for service. Any other information not included above must be filed within 5 days of receipt.

5. Duplicated information is not maintained at **SRCS Agency**. Each person's served information is maintained in their file, exceptions to this are billing requirements such as treatment plans being maintained on the **SRCS Agency** web site.

### ▶ **Access to Files**

Access to files is as follows: counselors, management team members and others designated by the management team. All persons having access to the files will be oriented to confidentiality.

### → **Individual Case Records**

#### → **Policy**

(**SRCS Agency**) adheres to the funding source requirements and applicable accreditation standards for maintaining case records.

Case records are set up uniformly in a central location for the entire corporation. There is one case record format developed for each Client.

### → **Procedures**

#### ↗ **Format**

Each section of the file is arranged in chronological order, most recent on top.

- Intake/Cover Sheet
- Consents
- Releases
- Authorizations
- Financial/Legal
- Grievance Procedures
- Rights and Responsibilities
- Criteria for Discharge
- Orientation
- Medical
- Psychosocial Assessment
- Treatment Plans
- Progress Notes
- Psychological/Psychiatric Evaluations
- Other Evaluations
- Copies of records from other sources
- Correspondence

## ► Filing

The designated staff within corporate headquarters completes filing.

### → Filing Time Lines

(SRCS Agency) staff believes in the importance of maintaining current and up-to-date case records for the individuals served. In order to ensure the individual case records contain the most current information available, the **Clinician Director** has established some time lines for the filing of the documentation that has been received and/or completed for the individual and belongs as a part of the permanent case record.

Documentation relating to the following topics should be filed within 2 days of receipt.

### → Incident Reports

Documentation relating to the following topics should be filed within 5 days of receipt.

Assessments

Authorizations for Treatment

Releases

Referrals

Historical Information

Individual Treatment Plan

Progress Notes are to be completed and filed in the charts within 30 days of service.

## ► Progress notes

### → Policy:

It is the policy of (SRCS Agency) to regularly document the progress of Clients' treatment goals and objectives. Entries to the records of the persons served should be made within 7 days of the services provided.

### → Progress notes are entered in the Client's record and include:

- a. Chronological documentation of the Client's Clinical course
- b. Documentation of all Clinical treatment rendered to the Client
- c. Documentation of the implementation of the treatment plan
- d. Description of each change in each of the Client's conditions
- e. Description of responses to and outcomes of treatment
- f. Description of the response of the Client, Client's family and/or significant others to events
- g. Documentation of no shows and attempts by the program personnel to Improve compliance, including adjusting schedules

Progress notes are dated and signed by the individual treatment team member who provided the service, makes the entry, and references the treatment objectives. Progress documentation will be entered daily if possible but at least weekly (minimum of once

per month). Correct documentation will be monitored during weekly case reviews and staffing. The **SRCS Clinical Director** or designee will conduct an annual Clinical review for the purpose of assessing services provided by staff to Clients. **SRCS agency** uses measured results and findings for the purpose of keeping all Clinical policies and procedures current

→ **Discharge assessment mental health conditions consumers:**

All (**SRCS Agency**) staff shall assess each consumer for appropriate of discharge from our mental health treatment program. Each consumer shall be assessed using **DSM IV** that includes a list of symptoms for all the levels of care, to determine a clinically appropriate placement in the least restrictive level of care. This organized process involves a professional determination for appropriate placement to a specific level of care based on the consumer's severity of symptoms and current situations.

→ **Continuing Care Plan**

(**SRCS Agency**) staff shall assist the consumer to obtain services that are needed, but not available within the Agency, and/or in transitioning from one level of care to another, and/or discharging from **SRCS Agency**. (**SRCS Agency**) professional staff will compile a written plan of recommendations and specific referral for implementation of continuing care services, including medications, shall be prepared for each consumer who meets mental health dimensional continued services criteria, in each level of care. Continuing care plans shall be develop with the knowledge and cooperation of the consumer. The continuing care plan may be included in the discharge summary. The consumer's response to the continuing care plan shall be noted in the plan or a note shall be made that the consumer was not available and why. In the event of death of the consumer, a summary statement including this information shall be documented in the record.

→ **Discharge Summary**

A complete discharge summary shall be entered in each consumer's record with fifteen (15) days of the consumer completing or discontinuing services.

→ **The discharge summary shall include, but not limited to, the following:**

- Identified needs at intake;
- Initial condition and condition of consumer at discharge;
- Summary of current medications, when appropriate;
- Treatment and services provided, and summary of treatment outcomes and results;
- The signature of the staff member completing the summary and the date

**→ Consultation reports**

The consumer record shall contain copies of all consultation reports concerning the consumer.

**→ Psychological or psychometric testing**

When psychometric or psychological testing is done, the consumer record shall contain a copy of a written report describing the test results and implications or recommendations for treatment.

<b>Shepherds Recovery Counseling Services Inc.</b>	<b>Policy and Procedures</b>
<b>Policy Type:-</b> General Program Standards	<b>Policy Number:</b> GSP -210
<b>Subject:-</b> Quality Records Management	<b>Adopted:</b> 06/10/2017
<b>Section:-</b> (2.h)	<b>Effective:</b> 07/10/2018
<b>Approved By:-</b> Temi Rotimi	<b>Revised:</b> 08/12/2020

(SRCS Agency) conducts quarterly reviews of the services provided.

(2,a ,b ,c) (SRCS Agency) conducts both management and peer reviews of its records to ensure a high quality of service delivery. The peer review includes 5 sections that include: Timeliness of Service; Participating; Appropriateness of Services; Continuity of Care; and Administrative Review.

1. **SRCS Agency** conducts Peer Reviews of Records and Management Review of Records each quarter.
  - a. Quarterly peer reviews are performed by Master's Level or higher Clinicians or by personnel who are trained to complete the Administrative Review section of the peer review form. The Management Team also conducts quarterly reviews of records. Each member of the Management Team is a Master's Level Clinician.
  - b. On a representative sample of:
    - (1) Current records.
    - (2) Closed records.
2. **The review addresses whether:**
  - a. The Clients were:
    - (1) Section a, line 2 of the Peer Review form ensures that each Client assessment/orientation was contacted within 24 hours.
    - (2) Section B of the Peer Review form addresses Client's participation.
    - (3) Ensures that confidential information was released according to applicable laws and regulations.
  - b. Section A of the Peer Review form addresses the thorough, complete, and timeliness of the assessment process.
  - c. The goals and service/treatment of Clients is based on the results of the assessment and input from the Client.
    - (1) **Section C**, line 1 and 2 of the Peer Review indicates that the goals and objectives reflect the results of the assessment.
    - (2) **Section B, line 1** of the Peer Review indicates that the Client assisted in setting goals and objectives.
  - d. **Section C, line 2** of the Peer Review indicates that the actual services were related to the goals and objectives.
  - e. When applicable the following have been completed:
    - (1) Transition plan. The Transition/Discharge Summary includes a plan for

transition or discharge.

- (2) Discharge summary. The Transition/Discharge Summary includes a plan for transition or discharge.
  - f. Section E of the Peer Review form indicates that services were documented in accordance with **SRCS Agency** policy.
  - g. **Section E, line 1** of the Peer Review form indicates that treatment plans are reviewed every 6 months and current to assess the person served is being provided with the appropriate level of care.
  - h. Indicates that the services billed reflect the Clinical records and documentation, and they are consistent.
3. **SRCS Agency** records are reviewed by the Clinician providing the service, a Master's Level peer, trained personnel, and the Management Team to ensure a high quality of services for the Clients.
  4. **SRCS Agency** demonstrates that the information collected from the review process is:
    - a. Reported to the applicable staff. The reviewer is asked if feedback was given to the treatment profession on the **Peer Review Form**.
    - b. Peer and Management reviews are reviewed by the **Executive Director** quarterly where recommendations are made to the Management Team as needed.
    - c. Recommendations made by the **Executive Director** are reviewed by the Management Team to assess for ways to improve the quality of **SRCS Outpatient Agency**' services.

## ► Case Records/Case Reviews

### → Plan

(**SRCS Agency**) has a case records review system to ensure the case records are maintained according to the Clinical procedure. A review of the case records is performed quarterly in order to track the progress of the individual and to ensure all applicable licensure and or accreditation standards for documentation are maintained.

### → Policy

**SRCS Agency** will provide professional quarterly review of the quality, appropriateness and utilization of the services it provides. This review will be completed on a case-by-case basis. It will include chart review, outcome, satisfaction, efficiency, and effectiveness measures of quality. These include but are not limited to:

- A. The assessment of the Client is thorough, complete, and timely.
- B. Service goals and objectives are based on the results of the Client assessment.
- C. Actual services are related to service goals and objectives.
- D. The Client is actively involved in making informed choices regarding services

received.

## → **Procedures**

- A. Professional reviews may be completed by a designated staff member or an individual external to the facility, through peer review, supervision and case review. A staff member may not review services for which he/she is responsible.
- B. Review of the utilization of services through indicators and outcome criteria established monitored, reviewed and assessed by the **Executive Director**,
- C. Quarterly review of a representative sample of current and closed records. The representative sample will meet the minimum requirements for appropriate review requirements.
- D. The evaluation shall be documented on the quarterly quality assurance report.

## ► **Record System**

### → **Consumer Storage, Retention and Disposition Procedures**

To assure the delivery of quality services to its consumers; to form a base for program and personal evaluation; and to serve as a source of data for research training and education, **SRCS Agency**, affirms the necessity of maintaining accurate, complete and timely records on all facets of its program in a secure, yet readily accessible manner.

Information concerning consumers is to be safeguarded against loss, theft, defacement, tampering, or use by unauthorized persons. Consumer case information is privileged and is to be released only as authorized by Federal and State law, or by the consumer's written consent. Confidentiality is to be stressed at all times.

Records are to be stored in locked files or cabinets, which are readily accessible to **SRCS Agency** staff for prompt, efficient services to consumers. Confidentiality of consumer records, verbal and written, inside and outside **SRCS Agency** is to be stressed in orientation, during intra-agency staff development programs, and with all volunteers regardless of their function. Records are available to staff and volunteers on a "need-to-know" job requirement basis only.

All consumer records will be maintained in the facility where the individual is being treated/served. (In the case of temporary office space and in-home treatment services, records will be maintained in the main (permanent) office and transported in secured lock boxes or vehicle trunks to and from temporary offices and homes, when necessary).

The **SRCS Agency** staff will employ an alphabetical filing system that can be cross-referenced with social security/identification numbers. To provide ease of accessibility **SRCS** files shall be maintained at the facility where the consumer is being treated/served.



Inactive consumer records will be stored in locked files or cabinets for a period of five (5) years subsequent to discharge. Either shredding or incineration shall dispose of consumer records.

### → **Case Record Content**

A. All consumer records contain the following:

1. Entries in consumer records are legible, signed with first name or initial, last name, and dated by the person making the entry.
2. The consumers are identified by name and unique identifier on each sheet in the case record.
3. A signed consent for treatment is obtained before any consumer can be admitted into treatment at a facility, unless the admission was on an involuntary basis.
4. A signed consent for follow-up are obtained before any contact after discharge can be made.

### ▶ **Records of the Persons Served**

#### → **Individual Records of Persons Served**

All Client records are well organized, clear, complete, current, legible, uniformly maintained and stored in locked file cabinets. **SRCS** also use **Milan Medical** an electronic system for the completion of Progress Notes and Treatment Plan development.

#### → **The individual record of persons served will include:**

- 1) Date of admission and eligibility
- 2) Legal representative, if applicable
- 3) Support and emergency contacts
- 4) Primary counselor
- 5) Location of other records
- 6) Primary care physician
- 7) Financial information
- 8) Incident reports.
- 9) Historical data
- 10) Current medications
- 11) Medical and lab reports
- 12) Screening
- 13) Orientation documented
- 14) Release of information
- 15) Assessments
- 16) Individual treatment plan
- 17) Discharge summary, correspondence and referrals.

### → **General Information**

In addition to the required information above, records could reflect:

1. The extent and nature of supportive services provided.
  2. Services offered and provided by **SRCS**.
  3. Timelines and continuity of care.
  4. Information about individual's personal representative/guardian, if applicable.
  5. The name of person coordinating or providing services.
  6. Healthcare reimbursement information.
  7. Documentation of internal and external referrals.
- a) Special Code concerning the Client at bottom of each page in Client's record.

### ▶ **Record Keeping**

Record keeping requirements with **SRCS Agency** are based upon:

- **SRCS** must be able to demonstrate that it is achieving the goals and objectives mutually agreed upon by the program and supporting agencies. Records reflect primary evidence that plans are being fulfilled.
- Well-kept records demonstrate superior treatment concerning needs of Clients served.
- Entries to the records of the persons served shall follow **SRCS** policy in relationship to time frames.

The **Executive Director** shall ensure that security measures for the **SRCS facility** are adequate and in compliance with the regulation and confidentiality and privacy rules concerning Client records (i.e., they shall be well organized, uniformly maintained, and stored in locked file cabinets safe from common environmental dangers including fire and water damage). All Client records and transactions are confidential and privileged to the Client and shall be handled in accordance with the provisions of **Public Law 93-579**, the "**Privacy Act of 1974**", and Federal Guidelines. Also, a properly completed "Authorization for Release of Information Form" which meets all federal requirements must be used for each disclosure of information concerning a Client not identified as an exception. Authorized personnel shall have limited access to Client records, both Clinical and administrative. Authorized is defined as legal and Clinical or administrative need to know. At all times, the primary counselor will be responsible for the control of their program files.

### ▶ **Records of SRCS Agency**

- 1) **Client Records** - Documentation is required for each Client contact and service provided as noted in this manual. All documents requiring signatures must include original or electronic signature.
- 2) **Program Records** - The **Executive Director** and **Clinical Director** shall

cooperatively develop a system for the collection of data for monthly reports, which begins with treatment staff documentation of Clients served, services provided, staff hours spent, and ends with submission of the monthly reports.

- 3) Duplicated files or reports other than the Client's main chart are not allowed. Any exception to the main chart regulation requires written approval of the **Clinical Director** and will be monitored for the following:
  - The file will not be a substitute for the main record. Any secondary documents will have a specific purpose. Any second file will be maintained according to established rules on confidentiality and other policies.
- 4) As the program moves to an electronic chart, the balance between written and electronic will be addressed. Client electronic files will be protected as if written.
- 5) Record Retention - Client files (written and electronic) will be stored in a secured cabinet at the **SRCS facility**.
- 6) Client records must be retained for a period of seven (7) years beyond the fiscal year end (December 31) in which the Client was most recently discharged from the **SRCS**.
- 7) Records shall be retained beyond the seven (7) year period if an audit is in process or if any audit findings, litigation, or claims involving the records have not been resolved.
- 8) After the seven (7) year period, it shall be recommended to the **SRCS Board** to totally destroy affected Client records, using proper shredding, or burning procedures.
  - (a) Personnel records/files, and payroll record/files must be retained for a period of seven (7) years beyond the fiscal year end (December 31) in which the employee was most recently discharged/ terminated from the program.
  - (b) Records shall be retained beyond the seven (7) year period if an audit is in process or if any audit findings, litigations, or claims involving the records have not been resolved.
  - (c) After the seven (7) year period, it shall be the decision of the Board as to whether the records shall be kept or totally destroyed, using proper shredding, or burning procedures.

### ► **Progress Notes**

It is the policy of the (**SRCS Agency**) to regularly document the progress of Clients' treatment goals and objectives. Entries to the records of the persons served should be made within 7 days of the services provided.

→<sup>1</sup> **Progress notes are entered in the Client's record and include:**

- a. Chronological documentation of the Client's Clinical course
- b. Documentation of all Clinical treatment rendered to the Client
- c. Documentation of the implementation of the treatment plan
- d. Description of each change in each of the Client's conditions

- e. Description of responses to and outcomes of treatment
- f. Description of the response of the Client, Client's family and/or significant others to events
- g. Documentation of no shows and attempts by the program personnel to improve compliance, including adjusting schedules

Progress notes are dated and signed by the individual treatment team member who provided the service, makes the entry, and references the treatment objectives. Progress documentation will be entered daily if possible but at least weekly (minimum of once per month). Correct documentation will be monitored during weekly case reviews and staffing. The **SRCS Clinical Director** or designee will conduct an annual Clinical review for the purpose of assessing services provided by staff to Clients. **SRCS** uses measured results and findings for the purpose of keeping all Clinical policies and procedures current.

### → **Bio-psychosocial Assessment**

A bio-psychosocial assessment for consumers is completed as soon as possible but, no later than seven (3) visits for Outpatient services and extended services by the end of the seventh (3rd) visit following admission and contains, but not limited to the following:

- A. Presenting Problem(s);
- B. History of Presenting Problem;
- C. Previous Treatment history: (mental health, substance abuse and domestic violence to include batterer's treatment or victim services;
- D. Health history and current biomedical condition and complications;
- E. Alcohol and drug use history;
- F. History of Trauma
- G. Family and social history, including family history of alcohol and drug use;
- H. Educational Information (attainment, difficulties, and history);
- I. Cultural/Religious Orientation;
- J. Military History, Vocational and/or Occupational;
- K. Sexual History (including HIV/AIDS and STD at risk behaviors);
- L. Marital or significant other relationship history
- M. Recreational/Leisure History
- N. Legal History
- O. Present Living Arrangement
- P. Economic Resources
- Q. Housing
- R. Level of Functioning
- S. Current Support System
- T. ASI Scores
- U. Current Medication (prescribing physician, name, strength, dosage & length of time on medication)

- V. Strengths/assets and weaknesses/liabilities of the consumer
- W. Consumers' Expectations in terms of services
- X. Transportation
- Y. Assessment Summary or Diagnosis