

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -300
Subject:- Program Description	Adopted: 06/10/2017
Section:- (3-A)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

◀ 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.

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 levels 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**.

◀ Services

a. Individual Therapy

Individual therapy 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 therapy will be goal directed utilizing techniques appropriate to the treatment plan. Frequency of individual therapy will be as is recommended in the individualized treatment plan according to the needs of each Client.

b. Group Therapy

Group therapy will be conducted by treating behavioral health disorders using the interaction between a Clinician and two or more Clients to promote emotional and functional change to alleviate behavioral or emotional disorders. Group therapy 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.

c. Family Therapy

Family therapy will be conducted in a face-to-face interaction between a Clinician, 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.

d. 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.

Persons served will be linked to services and resources to achieve objectives and meet individual needs identified in their person centered treatment plan. This is to include individual, family, and group therapy, along with federally funded organizations to assist with personal needs, housing, food, utilities, referrals for legal services, and any other community needs.

◀ 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

◀ 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.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -301
Subject:- Screening and Access to Services	Adopted: 06/10/2017
Section:- (3-b)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

◀ Policy

(SRCS Agency) provides services without regard to race, color, citizenship status, national origin, ancestry, religion, gender, age, physical or mental disability, physical handicap, marital status, or veteran status.

◀ Procedure

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 Client's 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.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -302
Subject:- Progress Note	Adopted: 06/10/2017
Section:- (3-b)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

◀ Policy

(**SRCS Agency**) shall complete a progress notes by qualified, trained personnel in mental health conditions. The purpose of the progress notes shall chronologically describe the services provided, the Client’s response to the services provided, and the Client’s progress in treatment.

◀ Progress Notes Process

ALL MENTAL HEALTH CONDITIONS CLIENTS: **SRCS Agency** staff shall develop a progress notes, unless defined otherwise by level of care, and shall address the following:

1. Date;
2. Client’s name;
3. Start and stop time for each timed treatment session or service;
4. signature for the service provider;
5. credentials of the service provider;
6. specific service plan needs, goal and/or objectives addressed;
7. services provided to address needs, goals, and/or objectives;
8. progress or barriers to progress made in treatment as it relates to the goals and/or objectives;
9. Client (and family, when applicable) response to the session or service provided;
- 10.any new needs, goals and/or objectives identified during the session or services; and
- 11.All **SRCS Agency** staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments.

◀ Discharge assessment mental health conditions Clients:

All **SRCS Agency** staff shall assess each Client for appropriate of discharge from our mental health treatment program. Each Client 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 Client’s severity of symptoms and current situations.

◀ **Continuing Care Plan**

(SRCS Agency) staff shall assist the Client 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 Client who meets Mental Health dimensional continued services criteria, in each level of care. Continuing care plans shall be developed with the knowledge and cooperation of the Client. The continuing care plan may be included in the discharge summary. The Client's response to the continuing care plan shall be noted in the plan or a note shall be made that the Client was not available and why. In the event of death of the Client, a summary statement including this information shall be documented in the record.

◀ **Discharge Summary**

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

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

- Identified needs at intake;
- Initial condition and condition of Client 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 Client record shall contain copies of all consultation reports concerning the Client.

◀ **Psychological or psychometric testing**

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

◀ **Records and reports from other entities**

The Client record shall contain any additional information relating to the Client, which has been secured from sources outside the treatment facility. The information obtained shall be confidential and privileged and may not be released except as allowed by applicable state and federal laws.

◀ **Client Rights**

(SRCS Agency) shall comply with applicable rules in Title 450, Chapter 15, and Client Rights. (SRCS agency) shall support and protect the fundamental human, civil, and constitutional rights of the individual Client. Each Client has the right to be treated with

respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

- (1) Each Client shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
 - (2) Each Client has the right to receive services suited to his or her conditions in a safe sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree or stability, handicapping condition or sexual orientation.
 - (3) No Client shall be neglected or sexually, physically, verbally, or otherwise abused.
 - (4) Each Client shall be provided with prompt competent, and appropriate treatment, and an individualized treatment plan. A Client shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those Clients adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. If the Client permits, family shall be involved.
 - (5) Every Client shall have the right to be treated in a confidential manner
 - (6) No Client shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the Client.
 - (7) A Client shall have the right to assert grievances with respect to an alleged infringement on his or her rights.
 - (8) Each Client has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
 - (9) No Client shall be retaliated against or subjected to any adverse change or conditions or treatment because the Client asserted his or her rights.
- (a) **SRCS Agency** has a written policy and shall implementing procedures and will on a continuous basis train staff to ensure the implementation of each and every Client right stated in the above section.
 - (b) **SRCS Agency** has written policy and implementing procedures to insure each of our Clients enjoys, and **SRCS Agency** staff will explain to him or her rights and these rights are visibly posted in both Client and public areas of our Agency.
 - (c) **SRCS Agency** will provide the **ODMHSAS Office** of Client Advocacy, in any investigation or monitoring shall have access to Client. Agency or program records and staff as set forth in **OAC 450:15-7-3**.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -303
Subject:- Managing Clinical Documentation	Adopted: 06/10/2017
Section:- (3-d)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

◀ Policy

Perhaps the most important job a manager has is the review of Clinical documents. It is this documentation that reflects what is transpiring on the unit at any given time. Not only do Clinical records track the stream of treatment but they also facilitate peer/managerial reviews and reviews from state and governmental authorities; aid in professional licensing surveys (**JCAHO**, **CARF** and **ODMSAS**); are the foundation of quality assurance methodology; and enhance professional consulting.

Good Clinical documentation, coupled with experienced observation, is the crux of accurate diagnosis, comprehensive treatment planning and thorough aftercare planning. It is important that the Clinical manager keep close watch on all paperwork since it reflects what the staff does in terms of diagnosis, treatment planning, Clinical execution, and coordination with other hospital and community resources.

Because of the complexity of a supervisor's job and because the supervision of documentation is so important, two schematic approaches have been incorporated into this article.

First, a simple, yet effective, method of record review is introduced. It utilizes a form that may be employed by treatment managers to review intakes and social histories, treatment plans, progress notes, discharge summaries and aftercare plans.

◀ Purpose

The form can serve several purposes:

- A systematic review of documentation
- Data collection for QA process indicators
- Utilization for daily supervision of line staff
- Historical documentation for yearly performance evaluations
- Secondly, the management of documentation is presented in terms of administrative goals and what behaviors are needed to meet those goals.

Record Review Matrix

- A review of Clinical documentation is enhanced if the manager can:
- Organize an immense amount of data
- Measure staff performance in a manner that is equitable and reflects a realistic picture of Clinical activities
- Utilize the data to improve staff performance
- Integrate the data into other measurement methods (QA indicators, performance evaluations, etc.)

The **Record Review Matrix** is a simple form that will help any Clinical manager review and collate staff performance in the areas of Clinical documentation.

The form is divided into three parts: intake/social history, treatment plan, and problems/goals/objectives. There is an area at the bottom for comments or general observations.

Some questions may be completed by circling "yes" or "no"; others by grading the performance on a 1 through 10 continuum; 1 being the worst and **10** the best. The reverse side of the form is designed to allow the reviewing supervisor to make pertinent notes and comments.

It is imperative that Clinical documentation be reviewed on a continual basis and it is suggested that the review be completed at least once weekly so that problems that are more serious are not allowed to "fester". These numbers can be extrapolated to any OutPatient Agency where the management feels that weekly file review is needed.

◀ **Management Goals**

General Techniques

The more general (wide-reaching) the documentation, the more limited the monitoring behavior; the more focused the documentation, the more varied the administrative techniques used to measure performance.

This is best illustrated by focusing on either end of the documentation spectrum: the intake (wide-reaching) and the treatment goal (focused).

The intake reflects a broad spectrum of information: the social history, psychometrics, ROIs and an admitting diagnosis based upon established criteria. However, since the Clients are not into the "system" as yet, methods of monitoring the documentation are limited.

Conversely, treatment goals (specific behaviors needed to bring about therapeutic change) can be monitored through a very wide range of activities.

All of these monitoring behaviors are aimed at helping the line staff provide the best possible therapy. In addition, constant review of Clinical documentation will help avoid the following pitfalls:

1. Overextension of insurance benefits
2. Under-informed or uninformed family members
3. Incomplete treatment goals
4. Poor coordination with referral sources
5. Breaches of Client confidentiality
6. Lack of treatment coordination
7. Under or over-diagnosis

◀ Conclusion

A useful exercise for chart (file) review consists of peer review. Once monthly, a line counselor should be chosen to review randomly selected charts using the Record Review Matrix.

This has several useful and positive outcomes:

- ❖ During peer review, those line counselors who do their viewing are also learning what is important for Clinical documentation. By reviewing their colleagues' work, they are also reinforcing that Clinical documentation is more than just "pesky paperwork"
- ❖ Because they are closer to the action, line staff will have very useful suggestions on how management can improve treatment.
- ❖ When line staff reviews Clinical documentation, this will free-up managers to perform other duties.
- ❖ Treatment teams will become more cohesive. Line staff will feel more involved in unit management because they are part of document review. This will lessen the "we-they" perception held by some staff and managers.
- ❖ Finally, good documentation is at the very core of modern management. Good management records lead to better yearly performance evaluations; more effective "quality assurance" process indicators; a more efficient approach to treatment; and a solid baseline from which future management plans can be drawn.

Since the form is not copyrighted, you may use it while reviewing documentation. The form is part of a process that consists of review, notation and feedback to line staff. Your own needs may not fit the form so feel free to alter or customize it to fit your Clinical requirements.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -304
Subject:- Clinical Supervision	Adopted: 06/10/2017
Section:- (3-e)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

◀ Policy

(**SRCS Agency**) shall utilize Clinical staff meetings, both group and individual, to respond and communicate the various components of Client and family care throughout the span of services, as well as the competency of the Clinician providing the services. All Clinical Supervision meetings shall include feedback and documentation.

◀ Procedures

Coordination of Care: The **Executive Director**, shall service as the coordinator of Clinical services, Clinical staff meetings, and individual and group supervision of service providers. The **Executive Director** may appoint a Clinical Supervisor if/when Clinical staff members increase in volume to insure continued dedication in **SRCS Agency** program systems for quality of care for persons served.

Team Meetings: Supervision of Clinical staff members that are employees or contractors, volunteers and interns, and trainees will be done two (2) times per month as a group at team meetings. Team Staff Meetings shall be held each “pay day” for purposes of carrying out business and program elements where decision making warrant discussion and responsibilities, empowerment of team members, staffing of service providers Clients/families on their caseloads, coordinate internal and external communication, and promote program goals and processes.

Services Coordination: The **Executive Director**, shall service as the coordinator of Clinical services. The **Executive Director** shall, when appropriate, delegate Clinical system practices as appropriate to the particular program element, which shall include, but not be limited to:

- Ensuring the implementation of the Client’s individual plan
- Ensuring the Client is oriented to **SRCS Agency** services
- Promoting the participation of the Client on an ongoing basis in discussions of his or her plans, goals, and status
- Identifying and addressing gaps, interruptions, or missed sessions of Client’s services
- Ensuring the follow through with Clients identified case managements needs by linkage, referral, or advocacy whether within or outside **SRCS Agency** services

- Ensuring that the progress or lack of progress made by the Client is communicated to the appropriate persons
- Ensuring, even facilitating, the Clients transition from services and/or aftercare plans and additional services after discharge are followed-up with in a timely manner
- That when applicable or permitted, the Client’s family, guardian(s) or significant other(s) are included in service provision from start to end to follow-up

► **Supervision of Individual Service Providers:** Supervision of Clinical staff members that are employees or contractors, volunteers and interns, and trainees will be done one (1) time per month on an individual basis with the **Executive Director**. Prior to the provision of the first billable Clinical session, each new Clinical service provider shall be:

- Privileged and licensure verified to ensure scope of practice
- “New Hire” oriented which covers all human resource requirements, acknowledgements, and required trainings
- “Program System” oriented which covers all Clinical skills such as referral, assessment, treatment planning, service delivery and group curriculum delivery knowledge & skills, case management, and transition/discharge/aftercare
- Clinical Staff shall be prior to the provision of the first billable Clinical session

Ongoing supervision of individual Clinical staff members shall include annual competency based training, proof of continuing education units as per license requirements, and participation of in-service training modules.

► **Group Supervision of Service Providers:** Supervision of Clinical staff members that are employees or contractors, volunteers and interns, and trainees will be done two (2) times per month as a group at team meetings. Areas of supervision shall include, but not be limited to:

- Caseloads & management thereof
- Accuracy of assessment & referral skills
- Treatment/Service Plans as is specific to Clients on caseloads and their needs
- Ongoing service appropriateness and effectiveness in relation to specific Clients goals and objectives
- Ethical, legal, and boundary practices
- Cultural competencies
- Feedback regarding caseload management, skills, and program system practices

Documentation & Verification of Supervision: Documentation of individual and group supervision shall be made for each supervision event. Documentation of team staff meetings shall be made and include the attendance of participants and the results of

the team meeting. All documentations of Clinical supervision and staff meetings shall be kept in a binder for purposes of compliance review.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -305
Subject:- Record of Services	Adopted: 06/10/2017
Section:- (3-f)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

◀ Purpose

To ensure that all (**SRCS Agency**) records, including legal documents, Client information, staff information, and financial information are confidentially maintained, stored and secured.

→ Policy

(**SRCS Agency**) has a record management system that protects **SRCS Agency**, its Clients, and its employee information, assists quality monitoring activities, and conforms to relevant local, state and federal legislation/regulations.

→ PROCEDURES

1. All records, including legal documents, Client information, employee information, contracted services and financial information shall be maintained in locked cabinets and/or in a locked room in the **SRCS Agency** business office.
2. All records shall be kept for the mandated period of time.
3. Electronic documents shall be protected through the application of passwords.
4. Access to records shall be restricted to authorized personnel only.
5. All records are organized, clear, complete, current, and legible.
6. Records that shall be maintained include, but are not limited to:
 - a. **Client Service Records, including:**
 - i. Client assessments and/or Client treatment plans;
 - ii. Client service agreements;
 - iii. case management files (if applicable);
 - iv. ongoing Client information and notes written by staff providing direct services;
 - v. records of complaints and compliments and action(s) taken; and,
 - vi. Record of incidents of abuse or suspected abuse and actions taken.
 - b. **Financial Records, including:**
 - i. income and expense records;
 - ii. data pertaining to annual reporting; and,
 - iii. All business transactions.
 - c. **Human Resource Records, including:**
 - i. payroll records;
 - ii. records of grievance and disciplinary procedures; and,
 - iii. Employee files, including active, inactive and terminated.

d. Quality Management Records

- i. Client satisfaction surveys/data;
 - ii. occurrence/incidents, accidents, reporting and tracking records, including Workers' Compensation claims; and,
 - iii. Other legal documents including contracts, business license(s), home care license(s), insurances policies, minutes of meetings, etc.
7. Personnel shall be educated in the responsibilities of their positions, as they pertain to record management.
8. Personnel shall be educated in the:
- i. procedures regarding the release of information and usage of **SRCS Agency** Release of Information form;
 - ii. storage of files;
 - iii. destruction of files; and,
 - iv. Use of quality monitoring data.
9. Legislative requirements for records management shall be monitored to determine the need for changes in policy and/or direction.
10. Inappropriate use/release/destruction/loss of records shall be documented for quality monitoring purposes.
11. **SRCS Agency** staff will ensure that Client records include an Initial Assessment which will admission date, legal guardian and/or custodial status, emergency contact, **DHS** worker (if applicable), primary care physician, insurance information, developmental history, medical/physical health history, culture/ethnicity, treatment history, school history, language functioning, visual functioning, immunization record, learning ability, intellectual functioning, family relationships, interaction with peers, environmental surroundings, prenatal exposure to alcohol, tobacco, and/or other drugs, history of substance abuse, and legal guardian's willingness to participate in services.
12. **SRCS Agency** staff will ensure that all Client information is current; Client/legal guardian will be asked to complete a Change of Information form whenever a change occurs in their address, contact number, case worker, etc.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -306
Subject:- Treatment Plan	Adopted: 06/10/2017
Section:- (3-g)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

► Purpose

To develop an individualized Treatment Plan based on the Client’s identified needs and to outline the goals and objectives for therapy.

→ POLICY

(SRCS Agency) personnel shall develop a written, individualized, treatment plan for each Client based on an initial assessment of their needs. The Treatment Plan is developed before providing service in cooperation and agreement with the Client/legal guardian.

→ Definitions

1. Treatment Plan

A Treatment Plan is a written proposal developed by the individual conducting a general needs assessment in conjunction with the Client/legal guardian. It details the needs/problems identified and determines the specific goals and objectives for therapy.

→ Procedures:

1. **Counselor/Clinical Director** shall use the on-line treatment plan format provided by **OHCA** to develop an individualized treatment plan in active conjunction with the Client/legal guardian, which best meets the needs, wishes, and preferences of the Client/legal guardian.
2. The Treatment Plan shall:
 - a. be prepared using information gathered from the Initial Assessment and interpretive summary;
 - b. identify the Client’s needs and desires;
 - c. express goals in Client’s own words;
 - d. identify any needs that are beyond the **SRCS Agency** scope of services;
 - e. specify the services to be provided by **SRCS**;
 - f. identify treatment goals and objectives that are appropriate for the Client’s age culture, development, and experience;
 - g. identify treatment goals and objectives that are understandable to the Client, measurable, achievable, appropriate, and time specific;
 - h. interventions for therapy;
 - i. address any co-occurring disabilities;
 - j. provide, in writing, information including, but not limited to, the following:

- i. requested/recommended hours of service; and,
 - ii. service start date and service end date (if known)
3. A copy of the Treatment Plan shall be given to the Client/legal guardian upon request.
4. The Treatment Plan shall be reviewed with the designated **SRCS** Agency counselor prior to service being delivered so that he/she is aware of:
 - a. the treatment goals and objectives,
 - b. The outcomes, which are expected to be achieved.
5. The Treatment Plan shall be reviewed and updated semi-annually and on an ongoing basis to reflect changing goals.
6. All changes to the Treatment Plan shall be made in writing and signed and dated by the individual making the change and the Client/legal guardian.
7. **SRCS Agency** shall maintain the original Treatment Plan and all updated Treatment Plans in each Client's record.
8. Complete and legible copies of the original Treatment Plan and subsequent revised Treatment Plans shall be given to the Client/legal guardian upon request.

→ **GUIDELINES**

1. The Treatment Plan should maximize the capabilities of the Client and the support system and facilitate the effective delivery of a range of services.
2. The goals of the Treatment Plan should reflect the Client/legal guardian's needs and preferences.
3. The Treatment Plan expectations should be clearly spelled out to the Client/legal guardian.
4. Wherever possible, Client/legal guardians shall be encouraged participate in formulating treatment plan, monitoring personal progress, and service delivery.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -307
Subject:- Monitoring and Follow Up	Adopted: 06/10/2017
Section:- (3-h)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

► Purpose

To outline the requirements and timeframes for monitoring and following-up on the treatment plan once home-based services have been implemented.

→ Policy

SRCS Agency requires that all Clients, who receive home-based therapy services from **SRCS**, receive ongoing monitoring and regular follow-up on the Individual Treatment Plan to ensure that implemented services are effective and efficient and to determine if revisions are required.

→ PROCEDURES:

1. Counselor/Clinical Director shall monitor the Treatment Plan to:
 - a. ensure that the interventions in place are working as desired or expected and,
 - b. To anticipate or respond to any new problems, which may develop.
2. Counselor/Clinical Director shall ensure that revisions to the Treatment Plan are made if monitoring and follow-up evaluations indicate that the:
 - a. interventions in place are not getting the job done;
 - b. Client has developed additional problems; and/or,
 - c. Client no longer needs the intervention(s).
3. Changes to the Treatment Plan shall be made bi-annually after a careful evaluation of the need for change is undertaken and the counselor/Clinical director has obtained input from Client, legal guardian, and other professionals involved in Client services.
4. Client/legal guardian shall be notified prior to any changes made to the Treatment Plan, as a result of monitoring and follow-up,
5. **Clinical Director** shall be aware of **SRCS Agency** limits of expertise and shall not attempt to do anything, which **SRCS Agency** is not qualified to do.
6. Once the Treatment Plan has been revised to reflect changes, **Therapist/Clinical Director** shall continue with the monitoring and follow-up, as an on-going process.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -308
Subject:- Client Notification of Change of Services	Adopted: 06/10/2017
Section:- (3-i)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

► Policy

(**SRCS Agency**) requires that Clients be given **24 hours** notice of any significant changes in the schedule for delivering services.

→ Procedures

1. Home-based Clinical staff shall contact Clients the night before service is to be delivered to verify the approximate time they will arrive to provide services.
2. If home-based Clinical staff are delayed and will be one hour or more later than initially scheduled to arrive at Clients' homes, they shall notify the Client/legal guardian of the change and obtain their acceptance.
3. If there are to be any significant changes to the schedule, such as moving a morning visit to the afternoon, the home-based Clinical staff shall notify the Client/legal guardian of the change and obtain acceptance.
4. If home-based Clinical staff is not able to provide services as a result of unforeseen problems, they shall notify the **SRCS Agency Clinical Director** immediately.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -309
Subject:- Client Bill of Rights and Responsibility	Adopted: 06/10/2017
Section:- (3-j)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

► Policy

(SRCS Agency) requires that every Client/legal guardian be advised of their rights and responsibilities. Client/legal guardian shall be given a copy of the **SRCS Agency** Client’s Bill of Rights and Responsibilities in the Client Handbook.

→ Procedures

1. **SRCS** an Outpatient Agency and their Client Bill of Rights and Responsibilities shall be reviewed with the Client/legal guardian during the first visit, if services are to be implemented.
2. **Clinical Director** or designee and Client/Client’s representative shall review the Client’s Bill of Rights and Responsibilities form and provide a signature verifying receipt on the Acknowledgments and Signatures form.
3. A copy of the Acknowledgments and Signatures form shall be given to the client to be kept where it is easily accessible and the original shall be placed in the client’s file.
4. Should the client not understand the Client’s Bill of Rights and Responsibilities, the **Clinical Director** or designee shall document this in the client’s record and give the reason it was not understood. If the Client’s representative or someone else is in the home is able to comprehend the details, it shall document this information.
5. The Client Bill of Rights and Responsibilities will be clearly posted in the **SRCS Agency** business office to ensure availability for review and clarification by staff and/or Clients.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -310
Subject:- Provision of Information	Adopted: 06/10/2017
Section:- (3-k)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

► Policy

(**SRCS Agency**) ensures that current and potential Clients/legal guardians have access to comprehensive information, which will enable them to make informed decisions on whether or not **SRCS** can meet their specific requests and needs.

→ Procedures

Up-to-date information shall be provided verbally and/or in writing prior to initiation of services and shall include, but not be limited to, the following:

1. acceptance and discharge criteria;
2. types of services offered and their limitations;
3. process for developing the Treatment Plan;
4. terms and conditions as set out in the Service Agreement;
5. **SRCS Agency** mission, vision, and values
6. **SRCS Agency** policies regarding Client’s Bill of Rights & Responsibilities, Confidentiality & Privacy, Complaints & Compliments.
7. **SRCS Agency** Notice of Privacy Practices
8. address and contact information for the business office both during and after regular business hours;
9. hours of operation and statutory holidays observed by **SRCS**;
- 10.details of license and insurance coverage;
- 11.relevant qualifications and experience of personnel;
- 12.**SRCS Agency** rights and responsibilities

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -311
Subject:- Bio-psychosocial Assessment	Adopted: 06/10/2017
Section:- (3-L)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

► Policy

SRCS Agency shall complete a biopsychsocial assessment by qualified, trained personnel. The purpose of the biopsychsocial assessment process is to gather sufficient information, obtained from the Client and when permitted, the family members/guardians and other contributing sources, to develop an individualized treatment plan for service and delivery and intended or desired outcomes for the person served

→ Procedures

Biopsychsocial Assessment Process

It is the procedure of (**SRCS Agency**) to complete a biopsychsocial assessment for each Client, adult or youth, at first visit. Each Client will be biopsychsocial assessed on an ongoing basis at the time of individual treatment plan modification, update, or revision.

ALL CLIENTS: (**SRCS Agency**) shall develop a biopsychsocial evaluation which will contain, but not be limited to, the following:

- (1) Identification of the Client's strengths, needs, abilities, and preferences;
- (2) History of the presenting problem;
- (3) Previous treatment history to include substance abuse and mental health;
- (4) Health history and current biomedical conditions and complications;
- (5) Alcohol and drug use history
- (6) History of trauma
- (7) Family and social history, including family history of alcohol and drug use;
- (8) Educational attainment, difficulties, and history;
- (9) Cultural and religious orientation;
- (10) Vocational, occupational and military history;
- (11) Sexual history, including **HIV, AIDS, and STD** at-risk behaviors;
- (12) Marital or significant other relationship history;
- (13) Recreational and leisure history;
- (14) Legal history;
- (15) Present living arrangement;
- (16) Economic resources;
- (17) Level of functioning;

- (18) Current support system including peer and other recovery supports;
- (19) Current medications, if applicable, and shall include obtainable information regarding the name of prescribing physician, name of medication, strength and dosage, and length of the time Client was on the medication;
- (20) Client's expectations in terms of service; and
- (21) Assessment summary of diagnosis, and signature of the assessor and date of the assessment.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -312
Subject:- High Risk Assessment Protocol	Adopted: 06/10/2017
Section:- (3-m)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

◀ Policy

1. High risk behaviors of Clients will result in immediate assessment and planning for the safety of the Client and others. High risk behavior is defined as behavior which threatens the safety of the Client or others. These behaviors can include:
 - a. Fire-setting;
 - b. Sexual perpetrating;
 - c. Violence;
 - d. Suicidal ideation/gesture;
 - e. Homicidal threats or intent;
 - f. AWOL (elopement).
2. All incidents of high risk behavior, either at intake or during the course of service will be assessed utilizing the appropriate **SRCS Agency** High Risk Assessment according to the following protocol:
 - a. All Clients presenting with active suicidal/homicidal ideation, aggression, or threat to elope will be immediately assessed face-to-face by the appropriate **SRCS Agency** staff member. If the local crisis mental health program is able to conduct the assessment faster, such as may occur in more remote geographical areas of the state, they may complete the assessment for **SRCS Agency**.
 - b. All Clients with a history of a recent (within the past three 6 months) suicide/homicide ideation or gesture will be interviewed and assessed within twenty-four (**24**) hours.
 - c. All reports of any of the other above listed high risk behaviors will be interviewed either face-to-face or over the phone within twenty-four (24) hours;
3. Utilizing the results of the written assessment interview and the staff member/team's Clinical evaluation, the following strategies will be developed to manage the reported behavior and address all safety issues to the Client and/or others:
 - a. **LOW RISK IS DETERMINED:**
 1. **SRCS Agency** staff will attempt to engage the Client to determine the Client's state of mind and ability/willingness to respond to direction;
 2. The supervising caregiver will be given clear instructions as to how to respond should the behaviors escalate;

3. **SRCS Agency** staff will assure that adequate monitoring of the Client occurs;
 4. An Incident Report is completed and routed;
- b. The program supervisor is notified (if not already involved). **MODERATE RISK IS DETERMINED:**
1. The supervisor/qualified Clinician will be consulted to determine a safety plan;
 2. The plan will be written as a safety goal as appropriate;
 3. **SRCS Agency** staff will attempt to engage the Client to determine the Client's state of mind and ability/willingness to respond to direction;
 4. The supervising caregiver will be informed of steps to take should the risk appear to increase;
 5. **SRCS Agency** staff will assure that adequate monitoring of the Client occurs;
 6. If the risk behavior involves suicidal or homicidal threats, **SRCS Agency** staff will have follow-up contact with the primary caregiver and Client within twenty-four (24) hours of the initial report;
 7. For all other risk behaviors, **SRCS Agency** staff will have follow-up contact with the primary caregiver and Client within forty-eight (48) hours of the initial report;
 8. If the risk remains moderate after forty-eight (48) hours, immediate linkage with the appropriate mental health professional will occur;
 9. The caseworker will be notified as appropriate;
 10. An Incident Report is completed and routed.
- c. **MODERATE - HIGH RISK IS DETERMINED:**
1. The supervisor/qualified Clinician will be immediately consulted to determine a safety plan;
 2. The Client will be immediately linked to the local crisis mental health program for a face-to-face assessment and intervention;
 3. If the behavior involves suicidal/homicidal ideation and/or aggression, the supervising caregiver will be directed to transport the Client to the local crisis mental health program;
 4. If the Client is deemed unsafe to transport, appropriate emergency personnel will be called to make the transport;
 5. The caseworker will be immediately notified as appropriate;
 6. When the Client returns home, **SRCS Agency** staff must obtain the discharge safety plan from the crisis mental health program and assure it is implemented;
 7. An Incident Report is completed and routed.
 8. Clients seen by a crisis mental health program and not hospitalized must be contacted by **SRCS Agency** staff within twenty-four (24) hours of the incident to assure Client remains stable;

9. Clients must have a face-to-face contact by **SRCS Agency** staff within forty-eight (48) hours of the incident.
4. All High Risk Assessments must be reviewed and signed by an independently licensed Clinician/supervisor and placed in the Client file.
5. Reports of high risk behaviors after hours will be managed according to protocol by the on-call staff member.
6. Follow-up care and referrals will be coordinated within and outside **SRCS** as appropriate.

Shepherds Recovery Counseling Services Inc.	Policy and Procedures
Policy Type:- Core Treatment Program Standards	Policy Number: CTPS -313
Subject:- Procedures to Ensure the confidentiality and Safety of Client case Files and Record	Adopted: 06/10/2017
Section:- (3-m)	Effective: 07/10/2018
Approved By:- Temi Rotimi	Revised: 08/12/2020

► Policy

Client case files are to be kept in a confidential manner at all times. Client case files are to be kept in locked file cabinets when not in the immediate possession of a staff member or contract worker. Only personnel authorized by the **Executive Director** or his/her designee will be permitted to transport files outside of the office.

→ **Storage of Client Files**

All Client case files and other Client records must be kept under lock and key except when they are directly needed by the service provider, monitor, supervisor, data entry person or consultant. Closed Client case files and statistical data to be processed by the statistical/support staff are kept in a locked file cabinet.

→ **Transportation of Client Files**

Client files are never to be taken outside the office except by authorized contract workers, or by personnel who are authorized to transport case files to and from the office for storage. Contract workers should only take a Client file outside the office when they plan to use the file for a session on that specific day. The file is to be returned to the office no later than the following day. Client files will be transported in a locked container, which is to be placed in the trunk of the transporting vehicle. Client files should never be transported in the car seat. Client files are never to be taken inside a worker's house for temporary security.

→ **Protection of Client Files in Tornado or Disaster**

In the event of a tornado or disastrous event, **Executive Director's** designated personnel shall retrieve all remaining files, as soon as possible and shall be transported to the storage facility at **7129 East Ave 24th** and secured in the locked facility. However, if the storage facility has been destroyed because of tornado or disaster, the **Executive Director's** designated personnel shall retrieve all remaining files, as soon as possible and return records to the main facility (**SRCS Agency**) and stored in the case file room until another storage facility can be secured.

→ **Disposal and Destruction of Client Files**

After five (5) years the information in Client files will be removed from the files and disposed of by shredding or incineration.

► By Authorized Outside Access of Client Case Records Personnel

Client records are kept in a safe and secure location in the **SRCS Agency** administrative office, and are made available to outside authorized personnel for the purposes of auditing, contracting, licensing, or accrediting. In accordance with the Agency's contractual agreements with outside regulating agencies, any authorized outside personnel responsible for monitoring and/or auditing of **SRCS Agency** programs are governed by and held strictly accountable to specific contractual agreements with regard to the confidentiality of Client records. Access by outside personnel for this purpose is permitted only after proper identifications are made and confidentiality is assured in accordance to **ODMHSAS** Protocol, HIPAA regulations and Agency guidelines.

► **Checkout of Client Case Files**

To ensure the safety and confidentiality of Client case files, the following procedure will be observed by **SRCS Agency** personnel for the purpose of gaining access to such Client information. Client files are stored under lock and key in the support staff office file room. Keys to these file cabinets are available for checkout through the support staff for authorized personnel only.

If authorized outside personnel need to checkout a Client file, he/she must first sign out the Client file in the support staff office. Date of checkout, return, and staff name are to be completed by Agency staff to complete the process. This procedure has been put into effect to ensure that Client files are not lost or misplaced.

Protection of Client files and statistics being submitted for data entry all Client information, and/or personnel statistics that are being submitted for computer data entry, are to be kept under lock and key in the incoming/outgoing file cabinets located in the file room in the support staff office (**SRCS Agency, room 105**). These file cabinets are monitored by the support staff. All Client case files being submitted for case opening, closure, data entry, are returned to identified Agency personnel and are to be kept exclusively in this location to ensure confidentiality of Client information contained therein.

► **Access of Agency-Wide Computerized Client Information by SRCS Agency Personnel**

Agency-wide computerized Client information and statistics may only be accessed if each such computer system has a window access password known only to the individual with approved access to that system. As an added protection, all Agency wide computer databases and systems are kept under lock and key when not in use.

► **Access to Client Records by an Agency Client (Parent/Guardian) or Authorized Professional Representative of an Agency Client**

Information regarding Clients may be released to or obtained from other agencies, facilities, or individuals to assist in assessment, designing appropriate treatment plans, and referral. When any of these conditions exist, Consent to Release/Obtain

Confidential Information from must be completed and signed by the Client and parent (if applicable) his/her youth is disclosed or obtained.