



# CLIENT ORIENTATION HANDBOOK

**LOCATIONS, HOURS OF OPERATION AND CONTACT INFORMATION**

**BTC** **Phone: 419-720-9247**  
**1946 N. 13<sup>th</sup> Street- Suite 420 Toledo, OH 43604** **Fax: 419-720-0304**  
Monday 8:00am - 6:00pm  
Tuesday - Thursday 7:30am – 6:00pm  
Friday 8:00am – 5:00pm

**FINDLAY** **Phone: 419-422-7800**  
**1624 Tiffin Ave, Suite D, Findlay, OH 45840** **Fax: 419-422-7801**  
Monday and Wednesday 9:00am – 5:30pm  
Tuesday and Thursday 9:00am – 4:30pm  
Friday 9:00am – 1:00pm

**PERRYSBURG** **Phone: 419- 873-8280**  
**1090 W. South Boundary Street- Suite 600, Perrysburg, OH 43551** **Fax: 419-873-8320**  
Monday - Thursday 8:00am – 7:00pm  
Friday 9:00am – 3:00pm

**ADOLESCENT SYNERGY RESIDENTIAL PROGRAM** **Phone: 419-720-9586**  
**2465 Collingwood Blvd., Toledo, OH 43604** **Fax: 419-720-9585**  
Residential, 24 hours

**TREMAINSVILLE** **Phone: 419-214-0606**  
**1776 Tremainsville Road, Toledo, OH 43613** **Fax: 419-214-0609**  
Monday – Friday 8:00am – 5:00pm

**MEN’S FRESH START RESIDENTIAL PROGRAM** **Phone: 419-924-2029**  
**109 W. Main St. Alvordton, OH 43501** **Fax: 419-924-2061**  
Residential, 24 hours

**EAGLE ACADEMY** **Phone: 419-697-2760**  
**1430 Idaho St., Toledo, OH 46305** **Fax: 419-697-2763**  
Partial Hospitalization  
Monday-Friday 8:00am- 4:00pm

**REACH ACADEMY** **Phone: 419-691-4876**  
**2014 Consaul St., Toledo, OH 43605** **Fax: 419-691-5184**  
Partial Hospitalization  
Monday-Friday 8:00am -4:00pm

**NORTHPOINTE ACADEMY** **Phone: 419-535-1997**  
**3648 Victory Ave., Toledo, OH 43607** **Fax: 419-535-1936**  
Partial Hospitalization  
Monday-Friday 9:00am-4:00pm

**A Renewed Mind is closed in observance of the following holidays:**  
New Year’s Day, Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day,  
Thanksgiving, the day after Thanksgiving, Christmas Eve and Christmas Day

## **ACCESS TO SERVICES AFTER HOURS**

If an emergency occurs that requires immediate medical treatment, call 911 or go to the nearest Emergency Room. You may also call A Renewed Mind residential services number (419-720-9586) to access On Call Staff.

## **INTRODUCTION**

Most behavioral health illnesses are successfully treatable by combining therapies (group, family or individual counseling) at the level of care that is right for the individual (outpatient, day treatment, intensive outpatient, or residential), with community supportive services and medication. A Renewed Mind is at the leading edge of providing evidence-based treatment with proven results and is committed to serving clients and their families in the community wherever we are needed. This means that you can trust that you and your family members will receive the behavioral health care and support you need and deserve.

## **TREATMENT PROCESS**

### **ASSESSMENT**

A full bio-psycho-social assessment is completed on all clients at the time of admission. The purpose of this assessment is to gather sufficient information to identify the strengths, needs, abilities, necessary level of care and types of services and diagnosis of each client.

### **TREATMENT**

Once the assessment is completed, you will actively participate in the development of an individual Treatment Plan that will be based on your needs and goals for treatment as well as our professional recommendations. It will include specific goals, objectives and achievement dates. Treatment Plans are developed at intake and reviewed and updated when clinically indicated or as requested by a client/parent/guardian and at least annually.

### **TRANSITION/ DISCHARGE**

During the assessment, a Transfer/Discharge Plan will also begin to be developed as part of your plan for treatment that identifies how you will know when you are “finished” with treatment and what the plan will look like for discharge. This ensures appropriate continuation of support services and follow-up after services.

## **IMPORTANT INFORMATION REGARDING TREATMENT**

### **SECLUSION OR RESTRAINT**

A Renewed Mind staff does not use seclusion or physical restraint; however, should the need arise, staff will contact local police to de-escalate a dangerous situation. A Renewed Mind trains and certifies its staff in Non Violent Crisis Intervention.

**TOBACCO PRODUCTS**

The use of tobacco products is strongly discouraged. However, if you are at least 18 and in a residential, day treatment or intensive outpatient program where you are spending multiple hours each day in our facilities, we recognize some people may wish to smoke. If so, we require that you use the designated areas and avoid public spaces.

**SAMPLE COLLECTION (AS APPLICABLE)**

If you are seeking treatment for Substance Abuse issues, random and routine drug testing (urinalysis or oral testing) will be part of treatment.

**REPORTING OF MANDATED TREATMENT (AS APPLICABLE)**

If you are court ordered or mandated to seek treatment, you will be required to sign an authorization for our treatment professionals to report to the applicable court personnel that you are attending, participating in and complying with treatment.

**PROFESSIONAL/CLINICAL CODE OF ETHICS**

- A. All professional staff must adhere to the code of ethics relevant to their licensure, credential and/or professional discipline (may include the State of Ohio Counselor, Social Work, and Marriage and Family Therapist Board, and/or the State of Ohio Professional Chemical Dependency Board; available at (available at <http://codes.ohio.gov/oac/4757-5-02> and <http://ocdp.ohio.gov/pdfs/CD%20code%20of%20ethics.pdf> ).
- B. All workforce members must adhere to A Renewed Mind’s Standards of Ethical Conduct and Practice (below). If you ever believe a workforce member has engaged in an activity that violates these standards, please notify us at 419-720-9247.

**A Renewed Mind Standards of Ethical Conduct and Practice**

**STANDARD I                    OBLIGATION**

Workforce Members at A Renewed Mind have an obligation to the public, the organization they serve, their clients, their profession and to themselves to maintain the highest standards of ethical conduct. In recognition of this obligation, workforce members shall not commit acts contrary to standards nor shall they condone the commission of such acts by others within the organization.

**STANDARD II                    COMPETENCE & PROFESSIONAL RESPONSIBILITY**

Workforce Members at A Renewed Mind have a responsibility to:

- Obtain appropriate consultation or make an appropriate referral when the client’s problem is beyond their area of training, expertise, competencies or scope of practice.
- Maintain an appropriate level of professional competence by ongoing development of their knowledge and skills;
- Perform their duties in accordance with relevant laws, regulations and technical

standards;

- Prepare complete and clear reports and recommendations after appropriate analysis of relevant and reliable information.

### **STANDARD III      CONFIDENTIALITY**

Workforce Members at A Renewed Mind have a responsibility to:

- Refrain from disclosing confidential information acquired in the course of their work except when authorized by the written consent of the client, client's legal guardian, or when legally obligated or otherwise allowed by law to do so;
- Inform subordinates, as appropriate, regarding the confidentiality of information acquired in the course of their work and monitor activities to assure maintenance of that confidentiality;
- Refrain from using or appearing to use confidential information acquired in the course of their work for unethical or illegal advantage either personally or through third parties.

### **STANDARD IV      INTEGRITY**

Workforce Members at A Renewed Mind have a responsibility to:

- Avoid actual or apparent conflicts of interest and advise all appropriate parties of any potential conflict;
- Refrain from engaging in any activity that would prejudice their ability to carry out their duties ethically;
- Refuse any gift, favor, or hospitality that would influence or would appear to influence their actions;
- Refrain from either actively or passively subverting the attainment of the organization's legitimate and ethical objectives;
- Recognize and communicate profession limitations or other constraints that would preclude responsible judgment or successful performance of an activity;
- Communicate objective information and professional judgment or opinions;
- Refrain from engaging in or supporting any activity that would discredit the organization;
- Refrain from offering professional services to a client in counseling with another agency except with the knowledge of the other agency or after the termination of services with the other agency; (i.e. soliciting clients away from another provider)

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- Terminate a counseling or consulting relationship when it is reasonably clear the client is not benefiting from it;
- Not discontinue services to a client unless services have been completed, the client requests the discontinuation, alternative or replacement services are arranged or the client is given reasonable opportunity to arrange alternative or replacement services.

### **STANDARD V            OBJECTIVITY**

Workforce Members at A Renewed Mind have a responsibility to:

- Communicate information fairly and objectively;
- Disclose fully all relevant information that could reasonably be expected to influence an intended user's understanding of the reports, comments and recommendations presented.

### **STANDARD VI            CLIENT WELFARE**

Workforce Members at A Renewed Mind have a responsibility to:

- Respect the worth and dignity and promote the welfare of clients;
- Encourage client growth and development in ways that foster the client's interests and welfare;
- Work jointly with clients in devising integrated treatment plans that offer reasonable promise for success and are consistent with the abilities and circumstances of clients;
- Recognize that families are usually important in clients' lives and strive to engage family understanding and involvement as a positive resource, when appropriate.

### **STANDARD VII            RESPECTING DIVERSITY**

Workforce Members at A Renewed Mind have a responsibility to:

- Respect diversity and not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status or socioeconomic status;
- Respect differences by attempting to understand the diverse cultural backgrounds of the clients with whom they work, including learning how one's own cultural/ethnic/racial identity impacts his/her values and beliefs;
- Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed and other pertinent information;

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- Ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees and billing arrangements;
- Provide client with information regarding the limitations of confidentiality so that clients can obtain a clear understanding about their case record, can participate in the ongoing planning, and can refuse any recommended services and be advised of the consequences of such refusal;
- Offer clients the freedom to choose whether to enter into a treatment relationship, and an explanation of any restrictions that limit choices.

### **STANDARD VIII      DUAL RELATIONSHIPS & BOUNDARIES**

Workforce Members at A Renewed Mind have a responsibility to:

- Avoid dual relationships with clients under all circumstances as they could exploit the trust and dependency of clients, impair professional judgment or increase risk of harm to clients;
- Avoid entering into a professional relationship with members of his/her own family, friends or close associates or other who might be jeopardized by such a dual relationship.
- Maintain appropriate boundaries by not engaging in any financial or other potentially exploitative relationship with a client or former client; venturing into a social relationship that has the potential to distort or minimize the therapeutic interactions experienced between the staff member and the client; or venturing into any legal relationship with a client by becoming a witness to client power of attorney, guardianship, or advance directive documents.

### **STANDARD IX      SEXUAL MISCONDUCT**

Workforce Members at A Renewed Mind have a responsibility to:

- Not engage in any form of sexual contact/behavior verbally, physically or otherwise with clients, nor engage in any form of sexual contact/behavior with former clients for at least two years after the cessation or termination of services or at any point in time following termination of services if there is believed to be an imbalance of power or potential for coercion, regardless of when the services were provided by the workforce member.
- Not engage in any form of sexual contact or behavior (verbally, physically or otherwise) with a directly subordinate or hierarchically subordinate workforce member or in any situation where there could be perceived to be an imbalance of power or potential for coercion, regardless of direct supervisory reporting structure.

### **STANDARD X      FRAUD-RELATED CONDUCT**

Workforce Members at A Renewed Mind have a responsibility to:

- Not misrepresent their professional qualifications, certification, accreditation, education, affiliations, employment experience, nor work under a false name;
- Not participate in any fraudulent, deceptive or fraudulent activity, including false advertisement, writing misleading statements, violating copyright laws.

### **STANDARD XI      RECORDS MANAGEMENT**

Workforce Members at A Renewed Mind have a responsibility to:

- Not falsify, fraudulently amend, knowingly make incorrect entries or fail to make timely essential entries into the client record;
- Follow all federal and state regulations regarding client records.

### **STANDARD XII      FEES**

Workforce Members at A Renewed Mind have a responsibility to:

- Explain to clients, prior to entering treatment, all financial arrangements for services, including establishing of fees based on the financial status of clients and reasonable, customary rate for the area.

### **STANDARD XIII      TERMINATION AND REFERRAL**

Workforce Members at A Renewed Mind have a responsibility to:

- Not abandon and neglect clients by termination of said clients without making appropriate arrangements for continuation of treatment;
- Not terminate clients based on client's exercise of his/her client rights and grievance options.

### **STANDARD XIV      BUSINESS & FINANCE**

Workforce Members at A Renewed Mind have a responsibility to:

- Ensure that A Renewed Mind operates and provides services in accordance with applicable laws and regulations.
- Ensure A Renewed Mind operates in a manner that upholds its integrity and merits the trust and support of the persons receiving services and the local community.

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- Ensure financial practices of A Renewed Mind are handled in accordance with the applicable federal, state, and local laws.
- Ensure all financial matters are conducted within the standards of commonly accepted, sound, financial management practices and in a manner that ensures fiscal prudence and efficient use of resources.
- Ensure all financial matters that fall within the preview of the agency's financial management policies shall comply with those policies.
- Ensure all financial matters covered by the agency's bylaws shall be handled in accordance with those bylaws.

### **STANDARD XV      MARKETING**

Workforce Members at A Renewed Mind have a responsibility to:

- View marketing activities as part of a Renewed Mind's accountability to the public.
- Ensure marketing activities/efforts shall always respect the dignity and privacy rights of those receiving services.
- Ensure marketing activities never knowingly mislead or misinform the public or misrepresent A Renewed Mind.
- Ensure marketing activities uphold the integrity of A Renewed Mind so as to merit the continued support and trust of the public.
- Not coerce or threaten any customer or other stakeholder into providing testimonials or public statements promoting A Renewed Mind or its services.

### **STANDARD XVI      FUNDRAISING**

Workforce Members at A Renewed Mind have a responsibility to:

- View all fundraising activities as a part of A Renewed Mind's community involvement and image and only conduct activities that support the achievement of A Renewed Mind's mission and vision.
- Not coerce, solicit or request a client or his or her family member to participate in any fundraising activities which would directly benefit the workforce member, the workforce member's family member (ex. Child) or any third party relationship in which the workforce member has a vested interest in other than that of A Renewed Mind.
- Not coerce, solicit or request that a subordinate workforce member participate in any fundraising activities which would directly benefit the workforce member, the workforce member's family member (ex. Child) or any third party relationship in which the workforce member has a vested interest in other than that of A Renewed Mind.

### **STANDARD XVII PERSONAL PROPERTY**

Workforce Members at A Renewed Mind have a responsibility to:

- Show respect for and safeguard A Renewed Mind's personal property, (such as equipment, facilities, vehicles etc.) as appropriate.
- Understand that workforce members are discouraged from bringing valuables with them to A Renewed Mind and discourage clients from bringing valuables with them to A Renewed Mind.
- If it is necessary that a client or workforce member bring valuables (wallets, cellular phones, etc.) to A Renewed Mind, treat such items with respect, but understand that A Renewed Mind cannot assume responsibility for such items.

### **STANDARD XVIII HUMAN RESOURCES**

Workforce Members at A Renewed Mind have a responsibility to:

- Use recruitment and hiring practices that ensure a diverse, competent and well-qualified workforce to meet the scope and practices of services provided.
- Not discriminate in the recruitment, selection, promotion, evaluation or retention of workforce members based on race, ethnicity, age, color, religion, gender, national origin, disability, socioeconomic status, or sexual orientation; or any person with HIV infection, whether asymptomatic or symptomatic, or AIDs in any manner.
- Ensure all hiring and background checks are completed in accordance with agency policies and applicable laws and regulations.
- Provide ongoing training and evaluation of job performance to ensure staff remain current in applicable fields.
- Ensure due process with staff complaints and grievances.

### **ANTI-HARASSMENT NOTICE TO CLIENTS**

It is the intent of A Renewed Mind (ARM) to provide a treatment setting where each client is treated with consideration and respect in a safe and comfortable environment. It is the policy of ARM to forbid all forms of harassment in connection with our programs. As a client, we expect that you will conduct yourself appropriately while here, and respect the rights of those around you. Similarly, you have the right to an environment that is free from harassment, whether by word or action, from staff, volunteers, or other clients. We pledge to investigate and take appropriate action should any complaint or allegation of

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harassment be received. Harassment can be any words or actions that disturb you and seem to be targeted at you on the basis of race, color, sex, national origin, religion, age, sexual orientation or disability.

### **Examples of harassment include:**

- ❖ Use of put-downs, slang words or names that degrade or insult a person or group.
- ❖ Sexual jokes, innuendoes and gestures.
- ❖ Graphic or degrading comments about an individual's appearance, dress, hygiene or body.
- ❖ Unsolicited and unwelcome flirtations, advances, propositions or touching of any kind.

Any client who believes they are being subjected to harassment, whether from a staff member, volunteer or a fellow client, must follow the procedures below:

- ❖ Report the behavior immediately to a staff member, or
- ❖ Report the incident to A Renewed Mind's Client Rights Officer (Erin Bajas, Director of Continuous Quality Improvement)

Steps will be immediately taken to investigate and to promptly stop any inappropriate, harassing behavior. Remember that, as a client, we count on you to help us to maintain a place for healing, not hassles. Respect the individuality and dignity of fellow clients, avoid harassing others, and report any harassment you experience or witness.

## **Client Rights**

### **(Receiving mental health services certified by the Ohio Department of Mental Health and Addictions Services)**

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan.
3. The right to be informed of one's own condition of proposed or current services, treatment or therapies and of the alternatives, including being informed of the risks and benefits of medications.
4. The right to consent to or refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent or refuse any service, treatment or therapy on behalf of a minor client.
5. The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
6. The right to active and informed participation in the establishment, periodic review and reassessment of the service plan. This includes the make-up and composition of those (staff) involved in service delivery.
7. The right to freedom from unnecessary or excessive medication.
8. The right to freedom from unnecessary restraint or seclusion.
9. The right to participate in any appropriate and available agency service, regardless of one or more services, treatment or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.

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10. The right to be informed and to refuse any unusual or hazardous treatment procedures.
11. The right to be advised of and refuse any observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs.
12. The right to have the opportunity to consult with independent treatment specialists or legal counsel at one's own expense.
13. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless a release of information is specifically authorized by client, parent, or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with Rule 5122:2-3-11 of the Administrative Code.
14. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of the information is specially restricted for that individual client for clear treatment reason in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client factual information about the individual client that necessitates the restriction. The restriction must be reviewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.
15. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.
16. The right to receive an explanation of the reasons for denial of services.
17. The right to not be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, development disability, HIV infection, AIDS-Related Complex, or AIDS or inability to pay:
18. The right to know the cost of service.
19. The right to be fully informed of all rights.
20. The right to exercise any and all rights without reprisal in any form including continued, uncompromised access to service.
21. The right to file a grievance.
22. The right to have oral and written instructions for filing a grievance.

### **(Receiving substance abuse services certified by the Ohio Department of Mental Health and Addictions Services)**

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to receive services in the least restrictive, feasible environment.
3. The right to be informed of one's own condition.
4. The right to be informed of available program services.
5. The right to give consent or to refuse any service, treatment or therapy.
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it. This includes the make-up and composition of those (staff) involved in service delivery.
7. The right or freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies or photographs.

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10. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
11. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
12. The right to have access to one's own client record in accordance with program procedures.
13. The right to be informed of the reason(s) for terminating participation in a program.
14. The right to be informed of the reason(s) for denial of a service.
15. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, disability or HIV infection, whether asymptomatic or symptomatic, or AIDS.
16. The right to know the cost of services.
17. The right to be informed of all client rights.
18. The right to exercise one's own rights without reprisal.
19. The right to file a grievance in accordance with program procedures.
20. The right to have oral and written instructions concerning the procedure for filing a grievance.

In addition to the rights listed above, no person will be denied admission to a program due to their use of prescribed psychotropic medications. This client rights and grievance policy will be given to each client at admission, with documentation kept in the client's record, and the policy will be posted at each program site in a place accessible to clients. Additional written copies of these rights will be provided to clients upon request. Clients remaining in services longer than 1 year, will be reminded of their rights at least annually. All staff will receive and review a copy of the client rights and grievance policy and documentation of staff's agreement to abide by the policy and procedure will be kept in their personnel files.

### **CLIENT RULES AND EXPECTATIONS**

1. No chemical use of any kind, (excluding tobacco products with specific permission), on the premises.
2. No music/video players without headphones, which could disrupt other clients or workforce members around you. No music/ video players may be used during treatment—even with headphones.
3. No pagers or cellular telephones will be permitted to be on while group is in session.
4. Minor clients may not leave without permission while in session.
5. Clients will be expected to use respectful language and refrain from the use of profanity.
6. No verbal or physical assault to anyone while on ARM grounds. A Renewed Mind staff does not use seclusion or physical restraint; however, should the need arise, staff will contact local police to de-escalate a dangerous situation.
7. No gang signs, gang talk, or gang writings of any kind will be permitted.
8. Possession of weapons or sharp objects is not permitted on ARM grounds, or off grounds while participating in an ARM function.
9. No outside food or beverages are allowed unless prior approval is granted from the group facilitators.
10. If you are prescribed prescription medications for a diagnosed medical condition and there is a medical need for you to carry the medication with you while receiving treatment and/or participating in ARM activities, you are expected to maintain control of the medication at all times and to maintain personal responsibility for ensuring it is not used by or distributed to any other person to whom it was not prescribed.

#### **Clothing**

1. Clients are not allowed to wear clothing that refers to alcohol, drugs or tobacco products.
2. No gang related clothing at any time.
3. Shirt and shoes are required at all times, no halter tops or tank tops.

**Peer Relationships**

1. No sexual or romantic relationships between clients who are actively participating in group together.

**Confidentiality**

1. Clients must abide by rules of confidentiality including not repeating any information discussed in a group or revealing any group member's identity with anyone outside of a treatment group.

**INVOLUNTARY TERMINATION**

The following will constitute grounds for involuntary discharge from treatment:

1. Selling/Distributing drugs or prescription medications on the premises or to other clients/ patients before/ after group.
2. Abuse of drugs, intoxication or alcohol on the premises.
3. Violence or threats of violence against a person on the premises or against the premises.
4. Possession of weapons on the premise.

You have the right to an administrative review of any action to terminate you from treatment. Upon notification of pending termination, you may request an appointment for your appeal. You will forfeit your right if you fail to appear on the date and time of your appeal.

If after 30 days a client should desire to regain rights/access to services that have been restricted or terminated at ARM, he/she, (along with his/her parent/guardian when appropriate) may do so by submitting a request in writing. A Renewed Mind will utilize a team Case Review facilitated by the service line's Clinical Director to review lifting the restrictions. A new assessment may be required as well as a safety plan, if treatment is re-authorized.

**WRITTEN SUMMARY OF FEDERAL CONFIDENTIALITY LAWS & REGULATIONS**

In accordance with 42 C.F.R. alcohol and other drug client records are subject to the following confidentiality conditions: This agency complies with these requirements.

- Program staff shall not convey to a person outside of the program that a client receives services from the program or disclose any information identifying a client as an alcohol or drug services client unless the client consents in writing for these release of information, the disclosure is allowed by court order, or the disclosure is made to a qualified personnel for a medical emergency, research, audit or program evaluation purpose.
- Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a client either at the program or against any person who works for the program.
- Federal laws and regulations do not protect any information about suspected child abuse or neglect form being reported under State law to appropriate State or Federal authorities.

## **CONFIDENTIALITY**

As governed by the state and federal laws, rules and regulations, we treat all client information, including the fact that you are enrolled in A Renewed Mind programs, as protected. Exceptions are when allowed for or required by law, including with regard to crimes committed on premises, emergencies in which we would need to seek emergency medical treatment for you, incarceration, coordinating your mental health treatment with your other health providers, seeking payment for your services from third party payors, and abuse of children or the elderly. This means that in order for us to communicate with anyone else regarding your treatment, you will need to sign a written consent for us to do so. Please request a “Release of Information” consent form if you wish the staff to communicate information about your treatment with third parties.

Occasions when you may want to sign a release are as follows:

- ❖ To allow the staff to share information with your family
- ❖ To allow the staff to share information regarding your attendance in treatment if your family is involved with the court system or child welfare system
- ❖ To allow communication with a teacher or staff at a school
- ❖ To allow coordination of any substance abuse treatment you are receiving with any of your other health providers
- ❖ To assist you with applying for benefits for which you may be eligible

## **CLIENT COMPLAINT AND GRIEVANCE PROCEDURES**

If you believe your client rights have been violated and would like to file a grievance or have a complaint about any services you have received, please let us know. We will do everything we can to make it right.

- A. To begin the process, advise any person at A Renewed Mind that you would like to discuss a complaint about the agency’s treatment of you. Client Comment Cards are also available and can be obtained from any staff person and are located in the reception areas of all ARM facilities.
- B. A Renewed Mind has a staff person specifically assigned to assist clients with their complaints. This staff person acts as a Client Rights Officer to help clients exercise their rights, investigate grievances and monitor the agency’s implementation of the state administrative code regulations and federal laws concerning clients’ rights and Privacy of Protected Health Information. The Client Rights Officer is responsible for explaining any and all aspects of the agency’s grievance procedures.
- C. The Client Rights Officer for A Renewed Mind is Erin Bajas, Director of Continuous Quality Improvement. In this person’s absence, or if she is the subject of the grievance, a grievance may be filed with Stephanie Kinsman, Quality Improvement Associate. A grievance/complaint form may also be obtained from any ARM staff member if you wish to file your grievance in writing. Grievances may be filed by contacting our administrative office at 1946 N. 13<sup>th</sup> St., Toledo, OH. 43604 or 419-214-0606.

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- D. Additionally, you may contact the University of Toledo, Civil Law Clinic at the College of Law, 2801 W. Bancroft Avenue, Toledo, Ohio 43606 (419-530-4236) and/or Advocates for Basic Legal Equality, 525 Jefferson Ave., Ste. 300, Toledo, Ohio 43604 (419-255-0814). You may obtain private counsel at your own expense.
- E. All grievances must be filed in writing, however a staff person or the Client Rights Officer may put the grievance in writing on your behalf. Within three working days of receiving the grievance, program staff will provide written acknowledgement that includes the date the grievance was received, a summary of the grievance, an overview of the grievance investigation process, a timetable for completing the investigation, assurance of notification of the resolution and the Client Rights Officer's name, address and telephone number.
- F. Within 21 calendar days of receiving the grievance, the program will make a resolution decision on the grievance. Any extenuating circumstances indicating that this time period would need to be extended must be documented in the grievance file and written notification given to the client and persons filing grievances on the client's behalf.
- G. If you or your representative is dissatisfied with the results of the resolution, you may file another grievance with the Client Rights Officer or may contact any of the organizations listed below.
- H. A grievance may be filed with the Office of Civil Rights at any time during this process if you feel your rights have been violated with respect to confidentiality of your personally identifiable health information. There will be no retaliatory actions taken against any person exercising his/her right to file a complaint.

### **GRIEVANCE AGENCIES**

You may file a grievance with any of the following agencies:

Ohio Professional Chemical Dependency Board  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-108  
(614) 387-1110

Office for Civil Rights  
U.S. Department of Health & Human Services  
233 North Michigan Ave., Suite 240  
Chicago, Illinois 60601  
(312) 886-1807

Ohio Legal Rights Service  
88 East Long Street, 5<sup>th</sup> Floor  
Columbus, Ohio 43266-0523  
(800) 282-9181

Lucas County Mental Health & Recovery Services Board  
701 Adams Street, Suite 800  
Toledo, Ohio 43624  
(419) 213-4600

## A Renewed Mind: Client Orientation Handbook

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Ohio Department of Mental Health Addiction Services  
30 East Broad St., 8<sup>th</sup> Floor  
Columbus, Ohio 43215-3430  
(614) 466-2596

Counselor and Social Worker Board  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-108  
(614) 466-0912

Ohio Civil Rights Commission  
1111 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, Ohio 43205  
(614) 466-2785

### **REQUIREMENTS FOR COMPLETION OF GROUP SUBSTANCE ABUSE TREATMENT**

1. All substance abuse treatment programs require random urine samples during treatment to measure progress and indicate effectiveness of treatment. Failure to comply could result in discharge.
2. Regular attendance at group is expected. Be on time. Chronic lateness is grounds for discharge from a group. Client (or guardian) must call before or on the day of treatment for clients to be excused.
3. Clients participating in group will be expected to participate in group activities and complete assignments as given by group facilitators.
4. Family participation may be required for minor clients. Group facilitators will notify parent/guardian of the meeting time.
5. Support group attendance in the community may be required or recommended as part of your treatment. Signed slips from the designated meeting will be collected as verification of attendance.

### **FACILITY**

1. Exit route diagrams are located in the hallways, group rooms and counselor's offices. These diagrams identify exit routes, the location of First Aid Kits and fire extinguishers.
2. In case of emergencies (i.e. fire, tornado, equipment failure); please follow the directives provided by staff on site.
3. For safety purposes, always check in at the front desk.
4. To reduce disruption of service, please limit cell phone use in the lobbies and hallways. No cell phone use is permitted during group/individual programming.
5. To reduce the spread of illnesses, please remember to wash/disinfect your hands.
6. There is no loitering permitted on A Renewed Mind properties.
7. A Renewed Mind is not responsible for lost, stolen or damaged belongings.
8. Any damage done to A Renewed Mind will be the responsibility of the client and/or their family.

### **HIPAA PRIVACY NOTICE**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) grants individuals specific rights relating to their health information. *See the attached Privacy Notices.*

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are required by law to: Maintain the privacy of protected health information, give you this notice of our legal duties and privacy practices regarding health information about you, and follow the terms of our notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may request to revoke such permission at any time by writing to our agency Privacy Officer.

**For Treatment.** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care, as allowed by law.

**For Payment.** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Health Care Operations.** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use Health Information to contact you to remind you that you have an appointment with us. We also may use Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of clients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify clients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

**SPECIAL SITUATIONS:**

**As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order.

**Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

**USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object or specifically prohibited by law, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes;
2. Disclosures that constitute a sale of your Protected Health Information and
3. Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written

authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### **YOUR RIGHTS:**

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to A Renewed Mind using a Request to Inspect, Copy, or Amend Protected Health Information form. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to A Renewed Mind by completing a Request to Inspect, Copy, or Amend Protected Health Information form.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to A Renewed Mind by completing a Request to Inspect, Copy, or Amend Protected Health Information form.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. To request a restriction, you must make your request, in writing, to A Renewed Mind. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to A Renewed Mind using an Alternate Communication Request form. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact an A Renewed Mind staff member who will facilitate this request.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Erin Bajas, Client Rights Officer. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit ACOG's web site, [www.acog.org](http://www.acog.org), or call (202) 863-2584.

If you have any questions about this notice, please contact an A Renewed Mind staff member.



## Policy 908

### Title: Transition Plans & Discharge Summaries

**POLICY:** It is the policy of A Renewed Mind to have guidelines for the transition of clients from one level of substance abuse treatment care to another and to have discharge summaries written for all clients discharged from substance abuse and mental health services

### **PROCEDURE:**

#### Transition Plan

1. When a client who is receiving substance abuse treatment services enters treatment at a residential or intensive outpatient level of care, the primary clinician will discuss transition criteria for moving to lower levels of care with the client and create a Transition Plan with the client's input as soon as possible in the treatment process.
2. The Transition Plan is updated as clinically indicated and at least every time that the client changes levels of care.
3. The Transition Plan includes information regarding progress toward recovery, gains achieved, needs for support systems, referral information, any medications prescribed, and information regarding steps to take if symptoms worsen or recur at a lower level of care.
4. A copy of the Transition Plan is scanned into the client's record.
5. When the time for discharge planning occurs, the Discharge Summary document serves as the Transition Plan and is completed electronically in the client's medical record.

#### Discharge Summary

6. The Clinical Supervisor must give input into the decision by the primary clinician to discharge a client from services. Whenever possible, the primary clinician will have a discharge interview with the client before the client is discharged from A Renewed Mind. A treatment team decision, including Clinical Supervisor will occur whenever a discharge is contemplated.
7. The primary clinician will schedule a discharge interview with a client before the client is discharged, if possible. If the clinician is unable to schedule a final interview, the clinician will document in progress notes, attempts that were made to schedule such an appointment.

8. When an unplanned discharge occurs, staff are identified who will be responsible for follow-up to determine with the client whether further services are needed and to offer or refer to needed services, when possible.
9. When a person is discharged or removed from a program for aggressive/assaultive behavior, follow-up occurs to ensure linkage to appropriate care within seventy-two (72) hours post discharge.
10. Persons served will not be discharged, as a result of continued drug abuse in and of itself, unless the person served refuses recommended levels of intensive treatment.

TYPES OF DISCHARGE:

- a. Successful Discharge:
  - i. Evidence of adequate progress toward resolving presenting problem.
- b. Unsuccessful Discharge:
  - i. Program non-compliance
  - ii. Dropped out of treatment
- c. Discharge for Violating Agency Rules:

Some reasons a client may be immediately, involuntarily terminated are listed below. The list is not to be construed as all inclusive. Immediate terminations must be approved by the Vice President of Clinical Operations.

- i. Trafficking of drugs/alcohol in the facility.
- ii. Fighting in agency facility with staff.

11. A discharge summary shall be prepared within thirty (30) calendar days after treatment has been terminated.

12. Discharge summaries shall include, at a minimum, the following:

- a. Client identification
- b. Date of admission
- c. Date of discharge
- d. Diagnosis/ Presenting Problem
- e. The degree of severity at admission and at discharge (Substance Abuse)
- f. Level of care upon admission and recommended upon discharge
- g. Service(s) provided during course of treatment
- h. Identifies the presenting problem
- i. Client's response to treatment and the extent to which goals and objectives were achieved
- j. Recommendations and/or referrals for additional treatment or other services
- k. Describes the status of the person at last contact
- l. Date, signature and credentials of person qualified to complete the discharge.

13. The primary clinician of any client who “drops out” of treatment is responsible for making all reasonable attempts to try to contact and either re-engage the client in needed treatment services or determine that the client is receiving services elsewhere. If the primary clinician cannot make contact through telephone, mail, or home visits, the primary clinician should complete a discharge summary in the client’s medical record. No client should remain “open” in treatment for more than 90 days without service provision or having scheduled services and without contact with his/her primary clinician.
14. When a copy of the Transition Plan or Discharge Summary is provided to external programs, the document will include the client’s strengths, needs, abilities, and preferences.

Eff 06/05/07, rev. 11/25/2013

## **-AOD TREATMENT PROGRAM DISCHARGE-**

### **PURPOSE:**

To establish guidelines for AOD Treatment Program discharge procedures.

### **POLICY:**

Clients may be voluntarily and involuntarily discharged from an AOD Treatment Program.

### **ACCOUNTABILITY:**

AOD Staff, AOD Clinical Manager, AOD Program Director, VP, Clinical Services, VP, Quality Improvement, CEO

### **PROCEDURES:**

1. Clients being discharged from the AOD program and continuing with other Harbor services will be linked with other Harbor services in accordance with Harbor's internal referral procedures (Intra-agency Referral Policy). A Program Discharge from the AOD Treatment Services Program will be completed.
2. Successful Discharge (defined as treatment goals and criteria for discharge are met): The following process will be implemented:
  - A. The AOD Treatment Team will review treatment and make recommendations for discharge planning.
  - B. If Harbor services are no longer needed, any appropriate referrals and linkages will be made in accordance with Harbor policies, followed by a discharge from the agency.
3. Discharge Against Program Advice: The following process shall occur for discharge against program advice:
  - A. Should the level of care change while the client is in treatment a staffing including the client, AOD Team, and other relevant persons involved will be held to review treatment needs and make referral recommendations.
    1. If the client is accepting of the recommendations discharge against program advice does not occur.
    2. If the client refuses the recommendations, the recommendations will be documented and the client will be discharged from the AOD Treatment Services Program against program advice. In accordance with Harbor policies, referrals and program and/or agency discharge procedures will be followed.
  - B. Should the client refuse to continue with the AOD Treatment Services Program, attempts will be made to conduct a staffing including the client, AOD Team, and other relevant persons involved in order to address treatment needs and appropriate recommendations.
    1. If the client continues to refuse to receive services or refuses to attend a staffing, recommendations and referrals will be recorded. Harbor policies for referrals and program and/or agency discharge will be followed.

2. If the client does not appear for staffing, a letter outlining the results of the staffing, recommendations and referrals will be sent to the client. The staff will also make attempts to speak with the client in person. Attempts will be made to reengage the client. If attempts are unsuccessful, the record will be closed within 30 days of the last service provided based on the last documented attempt to communicate with the client.
4. Discharge for Violating Rules: A client may be discharged from the AOD Treatment Services Program for violating Program Rules.
  - A. A staffing may be held with the client and the AOD Team to review treatment and make recommendations.
  - B. Harbor policies for referrals and program and/or agency discharge will be followed based upon the AOD Team recommendations.
  - C. If the client continues to violate program rules after attempts are made to provide interventions, the client will be discharged and placed on a 180 day hold from the program. Referrals will be given accordingly.
5. Termination summary shall be prepared within 30 calendar days after treatment has been terminated in accordance with the client's treatment plan. Treatment will be terminated when no treatment services have been provided or upon documentation of last communication or attempted communication with the client. Services must be documented in the client's chart in order to establish the timeline governing the preparation of the termination summary.
  - A. Review and Completion of Discharge Criteria Level of Care assessing the degree of severity for the following dimensions:
    1. Intoxication and withdrawal potential;
    2. Biomedical conditions and complications;
    3. Emotional, behavioral and cognitive conditions and complications;
    4. Treatment acceptance or resistance;
    5. Relapse potential;
    6. Recovery environment; and
    7. Family or caregiver functioning (youth only); and
  - B. Recommendations for treatment and Level of Care.

## CLIENT/CONSUMER APPOINTMENTS AFTER THE INITIAL ASSESSMENT AND MISSED APPOINTMENT

### PURPOSE:

To:

1. Ensure timely access to post assessment appointments and manage scheduling, cancellation and no-shows.
2. Encourage client/consumer compliance with mutually-agreed upon post assessment appointments.
3. Ensure compliance with follow-up instructions of any identified problems.
4. Ensure continuity of care/services and uninterrupted treatment.
5. Ensure optimization of recovery, health and wellness.

### POLICY:

#### **The Initial Treatment /Service Appointment (Post Assessment)**

Harbor will ensure that initial treatment/service appointments after the initial assessment (post assessment) are scheduled at a convenient time for all persons served and within the level of care or service needs of the individual. Harbor Policies 234 and 234-A, include criteria for Admission and Screening/Scheduling the Diagnostic Assessment.

When a person served misses (cancels or fails to show without notification) for an initial treatment /service appointment or any appointment, attempts will be made to contact the individual or his/her guardian/authorized representative about the missed appointment and reschedule the appointment if the individual wishes to reschedule.

#### **Missed Appointments: On-Going Mental Health/Behavioral Health Services (Counseling/Therapy, Health Home, Pharmacologic Management (Medical)).**

Counseling/Therapy: If a client misses or fails to show for two appointments without notification within 30 days from his/her last session (kept appointment), the client may not be scheduled for six months.

#### Pharmacologic (Medical) Services:

Psychiatric Evaluation: If the client misses two Psychiatric Evaluation appointments, the client may be referred to the Discharge Clinic or may not be scheduled for six months.

Medication Management: If the client misses two medication management appointments within a six-month period, the client may be referred to the Medication Clinic or may be discharged from pharmacologic management services.

A client may be dis-enrolled from mental health/behavioral health services if the client has not participated in any mental health/behavioral health services for six months. The client's record may be closed (terminated from Harbor) if the client has not participated in any mental health/behavioral health services for six months and the client is not enrolled in or receiving other services at Harbor.

All decisions regarding the actions above consider the individual client's circumstances and level of care needs. Exceptions will be made for clients in crisis and clients with reasonable cause for missing appointments.

Clients terminated from Harbor for reasons identified above may be readmitted after six months as applicable and if medical necessity criteria are met. All clients readmitted to Harbor must complete the intake process including a diagnostic assessment or diagnostic assessment update as applicable.

#### ACCOUNTABILITY:

Support Staff, Clinical Staff, Office Managers, Clinical Managers, Sr. Vice President of Clinical Services, Executive Director of Quality Improvement

#### DEFINITIONS:

1. Emergency/Life Threatening Care Needs: At risk or danger of harming self or others.
2. Emergency/Non-Life Threatening Care Needs: Severe limitations in functioning, fragile status but not at risk or danger of harming self or others.
3. Urgent Care Needs: No immediate threat to self or others but condition may deteriorate without prompt intervention.
4. Routine Care Needs: Mild to moderate symptoms, dysfunction or risk. The individual is not in need of emergent or urgent care/intervention.
5. Discharge Clinic: A clinic within Harbor's Monroe Street location with an established block of time reserved for new adult clients discharged from inpatient services and referred for mental health/behavioral health services. Each new adult client will be seen by an eligible practitioner(s) for appropriate assessment/evaluation or service.
6. Medication Clinic: A clinic within Harbor's Monroe Street location with an established block of time reserved for adult clients receiving pharmacologic management services. Clients appropriate for this clinic have experienced difficulty managing scheduled appointments and meet criteria stated above. These clients have the flexibility of receiving pharmacologic/medication management services during clinic hours without having a scheduled appointment.

7. Dis-enrolled: To dis-enroll from or discontinue a particular Harbor service while continuing to be enrolled in another or other Harbor services.
8. Termination/Record Closed: Discharge documents for a client have been completed and entered in the system, and client status changes from open to closed with effective date of closure/termination.
9. Mental Health Practitioner: As defined by Health Effectiveness Data and Information Set (HEDIS): A provider who renders mental-health services and meets any of the following criteria:
  - a. A medical doctor (MD) or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient-care psychiatry or child psychiatry, if required by the state of practice.
  - b. An individual who is currently licensed as a psychologist in his/her state of practice.
  - c. An individual who is certified by the American Board of Examiners in Clinical Social Work; who is listed on the National Association of Social Worker's Clinical Register; or who has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice.
  - d. A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental-health clinical nurse specialist, or who has a master's degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental-health nurse, if required by the state of practice.
  - e. An individual (normally with a master's or doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy.
  - f. An individual (normally with a master's or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in



Clinical Mental Health Counseling from the National Board for Certified Counselors.

PROCEDURE:

1. The first treatment appointment (post assessment) for persons served will be scheduled timely, conveniently and within the level of care/service needs of the individual. Timelines for scheduling the first treatment appointments are within established requirements from the Lucas County Mental Health and Recovery Services Board and Harbor considering quality care and best practices:
  - Routine care needs: 10-21 days.
  - Emergency/Life Threatening: Immediate – Maximum 24 hours. Based on the level of care needs of the client and severity of the situation, the clinician may initiate further assessment for inpatient services.
  - Emergency/Non Life Threatening: Maximum 24 hours. Based on severity, the clinician may initiate further assessment for inpatient services.
  - Urgent care needs: 1-7 days
  - Hospital/Inpatient Discharges: within 7 days from discharge schedule with a qualified mental health practitioner as defined by HEDIS FUH Health Effectiveness Data & Information Set (Follow- up after hospitalization).
2. The service provider or other appropriate program staff will contact the person served or his/her guardian/authorized representative about a missed appointment and explain the importance of keeping appointments.
3. The person served will be contacted by telephone, mail, email or text messaging to attempt to reschedule the appointment. The method of communication considers if the person served or his/her guardian/authorized representative has requested Alternate Communication or provided written agreement for email or text communication. Reference Harbor Policy 202-B, Use of Social Media: Electronic Communication and Attachment, Guidelines: Email and Text Messaging to Persons Served.
4. All missed appointments and attempts to contact persons served to reschedule will be documented in the individual's record.

DOCUMENTATION:

Record of Person Served



**- FEE SETTING AND PAYMENT FOR SERVICES -**

**PURPOSE:**

To ensure maximization of payment from first and third party sources for services provided.

**POLICY:**

Harbor believes that individuals should pay for services received based on their ability to pay as determined by established standards (first and third party resources). However, inability to pay shall not preclude receipt of crisis / emergency services.

**ACCOUNTABILITY:**

Chief Executive Officer, Chief Financial Officer, Billing Director, Clinicians, Scheduling Specialists, Intake Clerks

**PROCEDURE:**

1. During the client's initial contact with Harbor, he/she will be required to supply Harbor with the financial/insurance information necessary to enable a determination by Harbor of the client's available third-party coverage's and limits of personal first-party obligation.
2. The cost-of-service, the fee to be charged, and the method of payment will be discussed with the new client by appropriate staff and a Service Agreement signed.
3. Clients who do not report for scheduled appointments or who do not cancel with sufficient notice may be assessed a cancellation fee.
4. Clients are expected to make required co-payments on their accounts at the time of service. Clients who neglect their regular payments or those whose bill is significantly high will be contacted by appropriate staff to discuss the situation and work toward a mutually agreeable resolution. Clinical staff will be informed of the situation so that the matter may be addressed as a part of the client's treatment.
5. Should the above efforts not prove successful in dealing with the situation, the Billing Director may forward the account for collection action.
6. Clients will not be denied crisis / emergency treatment because of failure to pay for services; however, where it is believed that clients can pay for service, but refuse, non-crisis / non emergency services may be suspended for clients who are not enrolled in the Lucas



County MACSIS system. Suspension of medical services and/or services to clients not enrolled in the Lucas County MACSIS system must be approved by clinical staff and/or the Medical Director.

7. All Harbor personnel are expected to reinforce the policy of expected payment at the time of service. If, however, staff are aware of extenuating circumstances that may justify a delinquent account, this should be brought to the attention of the Billing Department.
8. If, during the course of treatment, the staff becomes aware of any change in the client's financial status, this information should be brought to the immediate attention of the Billing Department.
9. The fee rates charged for services will be reviewed on no less than an annual basis by the Chief Financial Officer. Requests for revisions of the fee schedule will be presented to the Operations Committee for approval.

**- INCIDENT REPORTING -**

**PURPOSE:**

To establish and maintain a system for reporting and monitoring incidents requiring community notification and minor incidents involving persons served, customers, visitors and staff (including employees, contract staff, students and volunteers). Incidents may occur when the individual is on Harbor's premises, off-site performing tasks for Harbor or participating in Harbor activities.

**POLICY:**

A thorough report of all incidents must be completed and routed to the appropriate Opportunity Management (OM) member via the Program Director. The OM member will review the report and ensure follow-up as necessary by the appropriate individuals/group. The OM member will immediately notify the Chief Executive Officer, or his designee, as applicable, and forward the report to the Vice President, Quality Improvement. The Vice President, Quality Improvement will forward a copy of the report, as appropriate, to the local and/or state funding agency within the required timeframe: within 24 hours for mental health services and within 72 hours for AOD and Prevention Services. The Program Director of Harbor's Quest Program will forward a copy of all Quest Major Unusual Incidents to the Lucas County Board of Developmental Disabilities within twenty-four (24) hours of the reported incident. Reporting of significant events will be reported to our accreditation organization, the Commission on Accreditation of Rehabilitation Facilities (CARF) within 30 days of their occurrence.

A separate form is used for reporting incidents requiring Community Notification/MUIs, Minor Incidents, Severe Behavioral Incidents (SBI), and Duty to Protect. The forms are located on the j drive at Harbor Information, Incident Reporting and My Harbor Home at Your Resources, Quality Improvement, Incident Reporting. Each incident report is reviewed by the Vice President, Quality Improvement and reported bi-monthly at the Quality Care Council. A trends and analysis report is completed annually and shared with Harbor's Board of Directors and staff. Report findings are used to improve safety, prevent recurrence of the same type of incident, if possible, and to improve the incident reporting and handling process.

Additionally, all incidents occurring in Harbor's Quest Program are reviewed monthly by Quest program management. Quarterly summaries of a trends analysis of all Quest Major Unusual Incidents are reviewed by Harbor's Quality Improvement department and forwarded to the Lucas County Board of Developmental Disabilities by program management. Also, in-depth summaries of trends analysis of

both Quest Unusual Incidents and Quest Major Unusual Incidents are reviewed by Harbor's Quality Improvement department and forwarded to the Lucas County Board of Developmental Disabilities both semi-annually and annually by program management.

## ACCOUNTABILITY:

Harbor's Workforce

## DEFINITIONS:

- √ **Accidental Death:** Death of a person served/consumer resulting from an unusual and unexpected event that is not suicide, homicide or natural, and which happens on the grounds of the agency or during the provisions of care, treatment or service, including during agency off-grounds events.
- √ **Adverse Drug Reaction:** Unintended, undesirable or unexpected effect of a prescribed medication(s) that results in permanent harm, hospitalization, or death to the person served.
- √ **Breach of unsecured Protected Health Information:** Breach means the acquisition, access, use, or disclosure of unsecured PHI which compromises the security or privacy of the PHI. This means that it poses a significant risk of financial, reputational, or other harm to the individual. Unsecured PHI means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of encryption of electronic data and destruction of electronic and paper data as specified in the HIPAA HITECH Rules.
- √ **Defraud:** Allegation of workforce member action directed toward a person served/consumer to knowingly obtain by deception or exploitation some benefit for oneself or another or to knowingly cause, by deception or exploitation, some detriment to another (e.g., theft of property, charging \$15 for a cup of coffee, borrowing items, tricking into giving away items/money, etc.).
- √ **Elopement/Missing Individual:** When a patient who is cognitively, physically, mentally, emotionally, and/or chemically impaired; wanders away, runs away, escapes, or otherwise leaves a caregiving facility or environment unsupervised, unnoticed, and/or prior to the end of a treatment session or services. When eloping, an individual believes he/she must go or do something outside the building or off the premises.
- √ **Emergency/Unplanned Medical Intervention:** Treatment required to be performed by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or certified nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. It includes sutures, staples, immobilization devices and other treatments not listed under "first aid", regardless of whether the treatment is provided in the agency, or at a doctor's office/clinic/hospital ER, etc. This does not include routine medical care or

shots/immunizations, as well as diagnostic tests, such as laboratory work, x-rays, scans, etc., if no medical treatment is provided.

- √ **Exposure to Bloodborne Pathogen/Biohazardous Material:** Any exposure to a body fluid or other item that may contain a bloodborne pathogen. Refer to Harbor's Infection Control Policy #221 for definitions and examples.
- √ **First Aid:** Treatment for an injury such as cleaning of an abrasion/wound with or without the application of a Band-Aid, application of a butterfly bandage/Steri-Strips, ice/heat pack, finger guard, non-rigid support such as a soft wrap or elastic bandage, drilling a nail, draining a blister, removal of a splinter, removal of a foreign body from the eye using only a scab or irrigation, massage, drinking fluids for relief of heat stress, eye patch, and the use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen. These treatments are considered first aid, even if applied by a physician. These treatments are not considered first aid if provided at the request of the client and/or to provide comfort without a corresponding injury.
- √ **Homicide by Client (Person Served/Consumer):** The alleged unlawful killing of a human being by a person served.
- √ **Homicide of Client (Person Served/Consumer):** The alleged unlawful killing of a person served by another person.
- √ **Hospitalization:** Inpatient treatment provided at a medical acute care hospital, regardless of the length of stay. This does not include treatment when the individual is treated in and triaged through the emergency room with a discharge disposition to return to the community, or admission to psychiatric unit.
- √ **Infectious/Contagious/Communicable Diseases:** A disease communicable by contact with a person suffering from it, or with some secretion of, or object touched by, such a person.
- √ **Injury:** An event requiring medical treatment that is not caused by a physical illness or medical emergency. It does not include scrapes, cuts or bruises which do not require medical treatment.
- √ **Involuntary Termination of Treatment by Agency Without Appropriate Client Involvement:** Includes situations when: a) the person served was not informed in advance of the termination; b) the person served was not given a reason for the termination; and/or c) a referral was not offered to the person served. Involuntary termination by the agency does not include when a person served fails to show or drops out of treatment without notice and the agency documents it was unable to notify the person served due to lack of address, returned mail, lack or non-working phone number, etc. and the record is closed per Harbor policy – this is considered "voluntary" termination, as the individual did not follow-through with treatment.

- √ **Law Enforcement:** Law enforcement intervention results in arrest, filing of charges, or incarceration.
- √ **Medication Error:** Any preventable event while the medication was in the control of the health care professional or person served, and which resulted in permanent harm, hospitalization, or death to the person served/consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.
- √ **Neglect:** Allegation of a purposeful or negligent disregard of duty imposed on an employee by statute, rule, organization policy, or professional standard and owed to a person served/consumer by that workforce member (e.g., duty owed but not given, permitting other person served/consumer to harm a person, withholding medication or treatment, etc.).
- √ **Physical Abuse:** Allegation of workforce member action directed toward a person served/consumer of hitting, slapping, pinching, striking, kicking, spitting or controlling behavior through corporal punishment or any other form of physical abused as defined by applicable sections of the Revised or Administrative Code.
- √ **Physical Assault by Non-staff (Workforce Member) including visitor, client/consumer or other:** Knowingly causing physical harm or recklessly causing serious physical harm to another individual, including workforce member, by physical contact with that person, which results in an injury requiring emergency/unplanned medical intervention or hospitalization, and which happens on the grounds of the agency or during the provision of care, treatment, or service including during agency off-grounds events.
- √ **Prohibited Use of Force:** Incidents involving the use of Electronic Restraint Devices including, but not limited to: electronic restraint handcuffs; face-down restraint with back pressure; any technique that obstructs the airway or impairs breathing; any techniques that obstructs vision; any technique that restricts the recipient's ability to communicate; or a drug or medication that is used as a restraint to control behavior or restrict the individual's freedom of movement that is not a standard treatment for the individual's medical or psychiatric condition.
- √ **Retaliation:** Any threat or action taken to prevent a person served/consumer from or in response to a person served/consumer reporting a workforce member due to allegations of abuse, neglect, other violations of client/consumer rights, or fraud. (e.g., threatening to report a person served/ client/consumer to Lucas County Children Services or a probation officer, etc. if he/she files a grievance against you or reports you to LCMHR SB, etc.)

- √ **Sexual Abuse:** Allegation of workforce member action directed toward a person served where there is sexual contact or sexual conduct with the person served/consumer, any act where workforce member cause one or more other persons to have sexual contact or sexual conduct with the person served, or sexual comments directed toward a person served/consumer. Sexual conduct and sexual contact have the same meanings as in Section 2907.01 of the Ohio Revised Code (e.g., rape/non-consensual sexual act, inappropriate touching, sexual contact with person served under the pretense it is necessary for therapeutic intervention, etc.).
- √ **Sexual Assault by Non-staff (Workforce Member), including Visitor, Client/Consumer or Other:** Any allegation of one or more of the following sexual offenses as defined by Chapter 2907 of the Revised Code committed by a non-workforce member against another individual, including workforce member, and which happens on the grounds of the agency or during the provisions of care, treatment or service, including during agency off-grounds events: rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition. *If the alleged incident involves a Harbor workforce member as perpetrator, it must be reported as sexual abuse.*
- √ **Sexual Conduct:** As defined by Section 2907.01 of the Ohio Revised Code, vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.
- √ **Sexual Contact:** As defined by Section 2907.01 of the Ohio Revised Code, any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.
- √ **Suicide:** The intentional taking of one's own life by a person served/consumer.
- √ **Use of Licit/Illicit Substance:** An unauthorized use of a licit or illicit substance at a Harbor facility or during a Harbor-sponsored event or activity.
- √ **Unapproved Behavior Support:** The use of any aversive strategy or intervention implemented without approval by the LCBDD Human Rights Committee or LCBDD Behavior Support Committee or without informed consent.
- √ **Verbal Abuse:** Allegation of workforce member action directed toward a person served/consumer that includes humiliation, harassment, threats of punishment or deprivation, intimidation or coercion.

- √ **Wandering:** Aimless or purposeful motor activity that causes a social problem such as getting lost, leaving a safe environment or intruding in inappropriate places. When wandering, the individual may not have a specific destination in mind and may be unaware of his/her surroundings or personal safety. Unattended wandering could result in elopement.

## PROCEDURE:

1. Types of incidents requiring reporting are included below, but not limited to the listing. A Critical Incidents Debriefing must be completed on all incidents report on a Community Notification Report (CNI) and Incidents Form. The Debriefing must be completed using the Critical Incident Debriefing form, attached, within 14 calendar days of becoming aware of the incident and reported using the incident reporting procedures identified below.

Incident requiring Community Notification Report (CNI) (MUI) – Ohio Department of Mental Health and Addiction Services (ODMHAD)/ LCMHRSB funded services (reported on Community Mental Health Agency Notification of Incident Form):

### CNIs/MUIs Involving Persons Served:

- a. **Death:** suicide of person served, homicide of person served, homicide by person served of another person, and accidental death of a person served which happens on the grounds of the agency or during the provisions of care, treatment or service including during agency off-grounds events.  
For AOD Treatment and Prevention Services death by any means and serious injury of a consumer, employee, contract staff, volunteer, student are reportable.
- b. **Restraint Related Death:** Death of a person served which occurs while the individual is restrained, within twenty-four hours after the person served/consumer is removed from restraint, or it is reasonable to assume that the person's served/consumer's death may be related to or is a result of restraint.
- c. **Medication Error:** Any preventable event while the medication was in the control of the health care professional or person served/consumer, and which resulted in permanent harm, hospitalization, or death to the person served/consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication, product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

- d. **Adverse Drug Reaction:** Unintended, undesirable, or unexpected, effect of a prescribed medication(s) that results in permanent harm, hospitalization, or death to the person served/consumer.
- e. **Verbal Abuse:** Allegations of workforce member action directed toward a person served that includes humiliation, harassment, and threats of punishment or deprivation, intimidation or coercion.
- f. **Neglect:** Allegation of a purposeful or negligent disregard of duty imposed on an employee by statute, rule, organizational policy, or professional standard and owed to a person served/consumer by that workforce member. (e.g., duty owed but not given, permitting other person served to harm a person, withholding medication or treatment, etc.).
- g. **Homicide by Client (Person Served):** The alleged unlawful killing of a human being by a person served/consumer.
- h. **Homicide of Client (Person Served):** The alleged unlawful killing of a person served/consumer by another person.
- i. **Sexual Abuse:** Allegation of workforce member action directed toward a person served/consumer where there is sexual contact or sexual conduct with the person served/consumer, any act where workforce member cause one or more other persons to have sexual contact or sexual conduct with the person served/consumer, or sexual comments directed toward a person served. Sexual Conduct and sexual contact have the same meanings as in Section 2907.01 of the Revised Code (e.g., rape/non-consensual sexual act, inappropriate touching, sexual contact with person served under the pretense it is necessary for therapeutic intervention, etc.).
- j. **Sexual Assault by Non-staff (Non-Workforce Member) Including Visitor, Client/Consumer or Other:** Any allegation of one or more of the following sexual offenses as defined by Chapter 2907 of the Revised Code committed by a non-workforce member against another individual, including workforce member, and which happens on the grounds of the agency or during the provisions of care, treatment, or service, including during agency off-grounds events: rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, or sexual imposition.
- k. **Physical Abuse:** Allegation of workforce member action directed toward a person served of hitting, slapping, pinching, striking, kicking, spitting or controlling behavior through corporal punishment or any other form of physical abuse as

defined by applicable sections of the Ohio Revised Code or Administrative Code.

- l. **Physical Assault by Non-staff (Non-Workforce Member) Including Visitor, Client/Consumer or Other:** Knowingly causing physical harm or recklessly causing serious physical harm to another individual, including workforce member, by physical contact with that person, which results in an injury requiring emergency/unplanned medical intervention or hospitalization, and which happens on the grounds of the agency or during the provision of care, treatment or service, including during agency off-grounds events.
- m. **Defraud:** Allegation of workforce member action directed toward a person served/consumer to knowingly obtain by deception or exploitation, some benefit for oneself or another or to knowingly cause, by deception or exploitation, some detriment to another (e.g., theft of property, charging \$15 for a cup of coffee, borrowing items, tricking into giving away items/money, etc.).
- n. **Involuntary Termination of Treatment by Agency Without Appropriate Client/Person Served Involvement:** Includes situations when: a) the person served was not informed in advance of the termination; b) the person served was not given a reason for the termination; and/or c) a referral was not offered to the person served. Involuntary termination by the agency does not include when a person served fails to show or drops out of treatment without notice and the agency documents it was unable to notify the person served due to lack of address, returned mail, lack or non-working phone number, etc. and the record is closed per Harbor policy – this is considered "voluntary" termination, as the individual did not follow-through with treatment.
- o. **Medical Events Impacting Agency Operations:** The presence of or exposure to a contagious or infectious medical illness within an agency, whether brought by workforce member, person served, visitor, or unknown origin, that poses a significant health risk to other workforce members or persons served in the agency, and that requires special precautions impacting operations.
- p. **Temporary Closure of One or More Agency Sites:** The agency ceases to provide services at one or more locations for a minimum period of more than seven consecutive calendar days due to 1) fire, 2) disaster (flood, tornado, explosion, excluding snow/ice), 3) failure/malfunction (gas leak, power outage, equipment failure, and 4) other.

- q. **Inappropriate Use of Restraint:** Restraint utilization that is not clinically justified or restraint employed without the authorization of staff/workforce member permitted to initiate/order restraints.
- r. **Inappropriate Restraint Techniques and Other Use of Force:** Workforce member utilizes one or more of the following interventions prohibited by rule 5122-26-16 of the Administrative Code paragraph (D)(2): behavior management interventions that employ unpleasant or adverse stimuli, any technique that restricts the ability to communicate, obstructs vision, or obstructs the airways or impairs breathing, use of mechanical restraint, medication used as a restraint, and the use of handcuffs or weapons such as pepper spray, mace, nightsticks, or electronic restraint devices such as stun guns and tasers.
- s. **Restraint Related Injury to Client (Person Served/Consumer):** Injury to a person served caused, or it is reasonable to believe the injury was caused by being placed in a restraint or while in a restraint, and first aid or emergency/unplanned medical intervention was provided or should have been provided to treat the injury, or medical hospitalization was required. It does not include injuries that are self-inflicted.
- t. **Restraint Related Injury to Staff (Workforce Member):** Injury to workforce member caused, or it is reasonable to believe the injury was caused as a result of placing an individual in a restraint and first aid or emergency/unplanned medical intervention was provided or should have been provided to treat the injury, or medical hospitalization was required. It does not include injuries which occurred prior to the restraint, or are the rationale for, placing an individual in restraint.

**MUI's Involving Persons Served in the Quest Program - DODD/  
LCBDD funded services:**

- a. **Abuse and alleged abuse;**
- b. **Sexual abuse or alleged sexual abuse;**
- c. **Verbal abuse or alleged verbal abuse;**
- d. **Misappropriation;**
- e. **Neglect or allegations of neglect;**
- f. **Death** (any case);
- g. **Law enforcement:** resulting in arrest, filing of charges or incarceration;
- h. **Attempted suicide;**
- i. **Missing individual:** when individual cannot be located for a period of time longer than alone time specified in ISP, cannot

- be located after actions specified in ISP are taken and immediate surrounding area has been checked or if circumstances indicate immediate jeopardy or law enforcement contacted to assist the search;
- j. **Medical Emergency:** When emergency medical intervention is required to save an individual's life (abdominal thrusts, CPR, surgery, resuscitation, IVs);
  - k. **Unscheduled hospitalization;**
  - l. **Unknown Injury:** when requires treatment by a physician, physician assistant, or nurse practitioner;
  - m. **Known Injury:** when requires immobilization or casting, five or more sutures or equivalent, 2<sup>nd</sup> or 3<sup>rd</sup> degree burns, dental injuries, injury that prohibits participation in daily routine tasks for more than 2 consecutive days;
  - n. **Unapproved Behavior Support;**
  - o. **Rights Violation;**
  - p. **Failure to Report;**
  - q. **Exploitation;**
  - r. **Peer to Peer Acts:** Acts committed by one individual against another when there is physical abuse with intent to harm; verbal abuse with intent to intimidate, harass, or humiliate; any sexual abuse; any exploitation; or intentional misappropriation of property of significant value;
  - s. **Prohibited Sexual Relations:** Any sexual contact between a provider and a consumer receiving services from that provider.

**Incidents** (*Involving both persons served and/or workforce members*): Only those incidents described below that occur at a Harbor facility or during a Harbor-sponsored program or activity shall be reported unless otherwise specified. Also, report all incidents related to Harbor prescribed medications.

- a. Self-inflicted injury of a person served/consumer; visitor or workforce member (including employee, contract staff, students, volunteers). For AOD Treatment and Prevention Services, report as a MUI. See the Section on MUIs.
- b. Accidental injury/physical injury of a person served; visitor or workforce member (including employee, contract staff, students, volunteers). For AOD Treatment and Prevention Services, report as a MUI. See the Section on MUIs.
- c. Any illness/medical emergency of a person served/consumer, visitor or workforce member (including staff, students, volunteers).
- d. Medication error that does not result in permanent harm, hospitalization or death to a person served/consumer.

- e. Adverse drug reaction that does not result in permanent harm, hospitalization or death to a person served.
- f. Attempted suicide/gesture: report all suicide attempts, including those that occur outside of a Harbor facility or Harbor sponsored event; This does not include "suicide ideation" or "threats of suicide.
- g. Death of a client/consumer by natural cause or accidental death that did not occur on site during the provisions of care, treatment or service or during a Harbor sponsored off-grounds event. Note: For AOD Treatment and Prevention Services all deaths are reported as an MUI.
- h. Use of Force by law enforcement: Report all uses of force anytime an outside entity (police, etc.), are called and intervene with a person served by the agency utilizing one of the prohibited types of force, as identified above. EXCEPTION: If law enforcement is using handcuffs as part of their normal procedure, this is not reportable (example, arresting a person served/consumer, transporting a person served to a court meeting, etc.) However, it is a reportable incident if the law enforcement officer handcuffs a person served to subdue and calm the individual and then the handcuffs are removed and the individual is then released on site;
- i. Confirmed incidents of infections/contagious diseases by persons served/consumer, workforce members or visitors not requiring special precautions which impact agency operations.
- j. Exposure to body fluid, bloodborne pathogen, or biohazard material.
- k. Stat / Emergency Medication.
- l. Breach of unsecured PH.
- m. Apparent theft of Harbor property;
- n. Apparent theft of person served/consumer, or workforce member property from Harbor's facilities.
- o. Damage done to Harbor property due to fire, tornado, etc., or by a person served/consumer, employee, contract staff, volunteer or student.
- p. Any auto accident that involves workforce members and/or persons served/consumer which occurs while providing services.
- q. Use of licit/illicit substances by workforce members on duty or persons served/consumer during service delivery.
- r. Elopement of a person served/consumer. School based programs will report elopement on the SBI form.
- s. Wandering of a person served/consumer.

- t. Other incidents which involve/may involve other potential health and safety risk.
- u. Any other incident which might cause the CEO to be contacted by news media, mental health officials, political figures or others who may have an interest in the incident.

**Unusual Incidents Involving Persons Served in the Quest Program – DODD/ LCBDD Funded Services:**

- a. Medication Error
- b. Fall (no injuries as defined in CNI/MUI above)
- c. Minor Injury Not Reported as CNI/MUI
- d. Peer-to-Peer Act Not Reported as CNI/MUI
- e. Other incidents which involve/may involve other potential health or safety risks.

**Significant Events Reported to CARF:** Significant events will be reported to CARF within 30 days of their occurrence. The Vice President, Quality Improvement will report the event on a form provided by CARF. Significant events as defined by CARF are:

- a. Investigations
- b. Material litigation
- c. Catastrophes
- d. Sentinel events
- e. CMS sanctions, bans on admissions, fines, penalties or loss of programs.

**2. Incident Reporting:**

- a. When a Harbor workforce member becomes aware of an incident requiring Community Notification, MUI or other incident, it must be reported immediately (verbally) to his/her supervisor or appropriate OM member and reported timely using the appropriate incident form to ensure compliance with reporting requirements.
  - o The completed form will be presented initially to the supervisor responsible for the area in which the incident occurred.
  - o The supervisor will review the form and submit it with any added comments, recommendations, etc. to the appropriate OM member.
  - o The OM member will review the Report and determine the most appropriate method to address the incident including when to involve other workforce members, if notification to the person served is applicable in reference to a breach of unsecured PHI. OM member will consult with the Breach Notification Response Team and/or seek legal counsel and inform the Chief Executive Officer. The OM

- member will document the plan of action to address the incident on the report form.
- o All forms will be forwarded to the Vice President, Quality Improvement for review; and, if applicable, to send to the appropriate agency within the required timeframe.
  - o Incidents involving communicable diseases will be handled according to guidelines established in Policy #221.
- b. All Incident Report forms concerning employee injuries and/or vehicle accidents will be forwarded by QI staff to the Director, Human Resources for potential Workers' Compensation claim processing and to the General Accounting Manager for insurance carrier notification, as appropriate.
- c. The Vice President, Quality Improvement will ensure inclusion of all incident reports in Harbor's Continuous Quality Improvement process and follow up with any corrective action plan and recommendation.
- d. Original report forms will be retained for a period of not less than ten (10) years.

#### DOCUMENTATION:

Incident Report Form  
Residential Community Notification of Incident (CNI)  
MUI Form  
Severe Behavioral Incident Reports Form  
Duty to Protect Incident Form  
Critical Incident Debriefing Form

**POLICY AND PROCEDURE  
PHILIO/NEW CONCEPTS**

*Treatment/Prevention/Driver Intervention*

**TITLE** Screening and Access to Services Page 1 of 2

**NUMBER** 900 **EFFECTIVE DATE** \_\_\_\_\_

**AUTHORIZED BY** \_\_\_\_\_ **REVISION DATE** \_\_\_\_\_

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**POLICY:** Intake/Admission is the initial phase of the continuum of care and as an integral part of the service delivery at Philio/New Concepts shall occur through a centralized and systematic process designed to ensure the delivery of safe, effective, professional and timely access to services. Services are available to alcohol and drug users regardless of ethnicity, sexual orientation, religious affiliation or ability to pay. It provides services based on the Philio/New Concepts mission, vision, values and guiding principles as well as the needs of prospective clients and the community. Intake services are organized in response to client's needs (emergent, urgent, routine) as identified through the planning process. This document outlines integral components in the provision of effective and efficient access to services.

**PURPOSE:** To assure that each client meets eligibility requirements and appropriateness for admission to treatment.

**RESPONSIBILILTY:** Treatment Team

1. Clients may access screening services by telephone call or by walk-in.
2. Client is assessed by a clinician to determine appropriateness for services.
3. Admission Criteria:

**A New Clients**

Philio/New Concepts provides services to individuals who have alcohol and drug use and abuse problems. Our admission criteria include:

1. Persons who have mental health and/or alcohol and drug use/misuse/abuse problems.
2. Any person who has a mental health disorder and/or substance use/misuse/abuse disorder as defined by the DSM-IV-TR or the ICD-9.
3. When a person does not meet admission criteria or is in need of services not provided by Philio/New Concepts, staff endeavors to refer the person to an appropriate agency and/ or service.
4. The Intake Counselor will be responsible for making the decision to admit into Philio/New Concepts services.

Exclusionary criteria includes:

1. The person is actively suicidal or homicidal.
2. The person is diagnosed as having untreated continuing psychotic episodes that endanger the safety and well-being of self/others.
3. The person has a substance abuse problem that is life threatening, indicates severe personality disorganization or deterioration that may affect the recovery process.

**POLICY AND PROCEDURE  
PHILIO/NEW CONCEPTS**

*Treatment/Prevention/Driver Intervention*

**TITLE** Screening and Access to Services

Page 2 of 2

**NUMBER** 900

**EFFECTIVE DATE** \_\_\_\_\_

**AUTHORIZED BY** \_\_\_\_\_

**REVISION DATE** \_\_\_\_\_

- 
4. The person is a serious threat to self/others and needs a locked or secured setting.
  5. The person does not have the mental capacity to participate in the recovery process.

During the face-to-face appointment, the intake worker verifies the individual's identity, processes, cost-sharing agreement, explains client's rights, privacy practices, release of information, MACSIS for enrollment and registration, consent for treatment and links to the designated counselor/case manager for completion of the assessment.

**B Re-Admissions**

1. Discharged clients seeking re-admission to the program for treatment must be re-evaluated.
2. Initial eligibility for admission to treatment is based on the individual's presenting problem(s), need for services, legal eligibility, criteria when applicable.
3. If a client is not eligible or appropriate, he/she is referred to a suitable setting.
4. The clinician assesses for the appropriateness of available services, the availability of funding sources, and identifies whether Philio/New Concepts can provide the needed services.
5. The screening includes an interview with the client or referral source.
6. The screening process identifies and documents the immediate and urgent needs of the client.
7. When appropriate, a preadmission, onsite visit to the organization and its programs by the client.
8. When appropriate (as determined by treatment team) a urine specimen will be collected as part of the screening process.
9. When a person is found ineligible for services, the person is informed as to the reasons for their ineligibility, the referral source, with the consent of the client, is informed as to the reasons. Recommendations are made for alternative services or disposition, and Philio/New Concepts maintains documentation of these actions.

**POLICY AND PROCEDURE  
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*Treatment/Prevention/Driver Intervention*

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**POLICY:** It is the policy of Philio/New Concepts to maintain admissions, criteria and procedures.

**PROCEDURES:**

**Admission Procedures 3793:2-1-05(G)(2)**

Philio/New Concepts offers a single point of entry for intensive outpatient treatment services. The intake-admission function is staffed Monday-Thursday from 8:00 am to 7:00 pm and Friday 8am to 4pm. Most often requests for services are first made by telephone. The person completing the intake conducts a preliminary assessment of the situation in order to determine if New Concepts services are appropriate. If services appear to be appropriate or if questions persist, arrangements are made for a more comprehensive face-to-face assessment based on priority for entry criteria. If Philio/ New Concepts services are not appropriate to the person's needs, the person completing this intake provides information and referral.

Section I, II, and IV on the screening, admission and triage form will be completed on all phone calls. If the client is eligible for services, the remaining section of the form will also be completed, and the case is assigned to a counselor for completion of an assessment. If after screening, Philio/New Concepts services are not appropriate; the reason is to be documented in the disposition section of the screening, admission and triage form. All clients who are scheduled for a face-to-face appointment are requested to bring the following information to the intake appointment:

1. Insurance information
2. Verification of identity
3. Verification if income
4. Social Security
5. Verification of custody.

During the face-to-face appointment, the person completing the intake verifies the individual's identity, processes cost sharing agreement, explains client's rights, release of information, MACSIS for enrollment and registration, consent for treatment and links to the designated counselor/case manager for completion of the assessment. Forms utilized by the intake worker are:

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1. Screening, admission and triage
2. Cost-sharing agreement
3. Health history inventory
4. Client's rights
5. Client's grievance procedure
6. Consent for treatment
7. Consent to release information
8. Brief description of Philio/New Concepts
9. MACSIS
10. When available, education and information pertaining to the alcohol and drug system are provided.

Periodically, persons are assessed to be inappropriate for services at Philio/New Concepts. When this occurs, the staff at Philio/New Concepts shall inform the person that he/she is ineligible for services at Philio/New Concepts. The staff shall inform the person of services that may more appropriately fit his/her needs, and shall offer to refer the person to those services. If the person agrees, the Philio/New Concepts staff person shall facilitate a referral to the appropriate agency by having the person sign a disclosure of information form, and contacting the agency to provide the person's name, address and phone number and the nature of the services that the person needs. If possible, the Philio/New Concepts staff will set up the initial appointment for the person. The Philio/New Concepts staff will provide the person with the name of the agency, telephone number, address, appointment date and time, and name of contact person. This information will be documented on the intake form.

**Client Registration and Enrollment Process**

Communication and coordination of the single point entry are facilitated by a central point that starts registration process with a telephone interview. This coordination allows clients to change service providers or location of service without additional phone calls, paperwork, or repetition of historical information.

The intake worker contacts ADAS to enroll client for services and confirms population as specified by the intake worker in the clinical section of the MACSIS form. If client is enrolled with ADAS, the intake worker makes copies of confirmation letter, enters the data, and files confirmation letter in the appropriate section of the client's chart. If individual is denied enrollment, the intake worker meets with the billing specialist to determine alternate payor source.

**Processing for Walk-Ins**

1. Philio/New Concepts has a philosophical position that clients should be "screened in" rather than "screened out." When a client walks in to the agency, the intake worker screens the client for eligibility for services. If the client is determined to be ineligible for services at Philio/New Concepts, the intake worker provides education and information, crisis support and/or referral. If the client is determined to be eligible for services, the intake worker utilizes

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the protocols for entry priority to schedule an appointment for completion of the alcohol/drug assessment and other clinical paperwork.

**Financial Eligibility for Admissions Criteria 3793:2-1-05 (G) (1)**

To be eligible for services at Philio/New Concepts the person must meet at least one of the following financial eligibility criteria:

- The person must have annual income at or below the Federal poverty guidelines; or
2. The person must be homeless veteran, or the person must be homeless; or
  3. The person must be referred by the criminal justice system; or
  4. The person must be referred by the Children’s Board; or
  5. The person does not have insurance coverage for substance abuse treatment and demonstrate financial need.

**Scheduling**

A centralized schedule is utilized to schedule appointments based on program criteria. A centralized scheduling system allows the intake worker to check that schedules and appointments are made for all counselors in the agency. Flexible scheduling to accomplish program specific assessments is based on the centralized schedule to minimize the possibility of non-productive time for clinical staff. Philio/New Concepts has the capacity of approximately 25 assessment slots per month. A primary counselor and a back-up counselor are assigned to each slot.

**Canceling/Rescheduling Appointments/No Shows**

At the time of the initial contact, the intake worker informs the client of the process for canceling or rescheduling an appointment. To increase the probability that the client will keep the scheduled appointment and decrease the dropout rate, the intake worker contacts the client by letter (if time permits) or by phone to remind client of appointment. If the client reschedules an appointment, the intake worker sends the client a letter to remind client of the date and time of the re-scheduled appointment. If a client fails to keep a scheduled appointment the intake worker sends a letter regarding the no show. A copy of this letter is filed in the appropriate section of the clinical record.

**Waiting List Management**

From time to time, Philio/New Concepts may not be able to accept persons into services within specified guidelines. It is expected that this will be the exception rather than the rule. However, there will be occasions in which these persons will be placed on a waiting list. When this occurs the procedure for waiting list management will be followed.

## Rescue Incorporated

<p>Policy: <b>Consumer Protection from Termination of Services</b> Department: Clinical Approved by: Program Committee Accountability: CEO/President and the Leadership Team</p>	 <p>Effective Date: 03/2015 Initial Effective Date: Last Reviewed Date: 02/2015</p>
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**Policy** Rescue, Inc. and all of its contracted services will provide episodes of care to clients who present for services at Rescue, Inc. on a non-exclusionary basis, and will not terminate services based on exhausted or lack of Medicaid.

**Purpose** To ensure services are provided regardless of ability to pay for both Medicaid and Non-Medicaid (including MHRBLC subsidized) clients.

**Definitions** Client is defined as anyone deemed eligible and appropriate for services through the triage processes of each department. See Central Access Policy and Procedure, Linkage and Referrals Procedure, Child and Adolescent Crisis Services Policy and Procedure, and Intra-Agency Flow of Clients Procedure.

*Episode of Care* is defined by each client's individual presentation of symptoms and assessed need for services at each respective point of contact with Rescue, Inc.

**UNISON BEHAVIORAL HEALTH GROUP, INC.**

**Diagnostic Assessment Update for Re-Admission and External DAs**

**POLICY#:** 805

**PURPOSE:**

To ensure efficient use of time and resources necessary to complete paperwork for clients who have returned to Unison within a specific time frame.

**POLICY:**

An DA Update form can be completed instead of another Diagnostic Assessment when a client has been closed and is reopened within six (6) months for a child under 18 years and (12) months for an adult or when accepting an external DA that needs additional information documented in an assessment.

**ACCOUNTABILITY:**

Clinical Staff, Clinical Directors, Chief Clinical Officer

**PROCEDURE:**

1. Only personnel qualified and credentialed to perform diagnostic assessments according to Ohio Administrative Rule 5122-23-03 and 3793:2-1-08 shall complete DA Updates.
2. A DA Update can be completed when a client is reopened within the time frame, providing there was a previous Diagnostic Assessment completed within 12 months of the readmission and in the medical record.
3. An external DA completed within 12 months may be accepted in lieu of completing a full DA. The DA Update will be completed for any additional assessment information gathered.
2. Address all areas on the form, filling in "N/A" or "None" on those areas where nothing is relevant.
3. Assessor must sign-off (with their discipline) and signed by an independent licensed staff.

REVISED DATE: January 14, 2014

EFFECTIVE DATE: January 14, 2014

**UNISON BEHAVIORAL HEALTH GROUP, INC.**

AOD Treatment Services  
Waiting List

**POLICY#:** 1105

**PURPOSE:**

To establish a procedure for the AOD Treatment Services Program (Dual Recovery, Preferred Choice, Medication Assisted Treatment and Youth AOD Programs) in the event that it become necessary to place a client on a waiting list.

**POLICY:**

It is the policy of Unison Behavioral Health Group, Inc. to establish a procedure for placing clients entering or in the AOD Treatment Services Program on waiting list when necessary.

**ACCOUNTABILITY:**

AOD Staff, AOD Clinical Coordinators, AOD Services Director, Chief Clinical Officer

**PROCEDURE:**

**OUTPATIENT PROGRAMMING:**

1. Should the client to staff ratio reach 12:1 in Psycho-educational Group services or Outpatient Group services, a client waiting list shall be developed.
2. Special risk factors will be identified at the time of Assessment and throughout the course of treatment, including:
  - A. Pregnancy.
  - B. Intravenous drug use.
  - C. Medical and/or psychiatric emergencies.
3. Those clients with an identified special risk factor will be placed at the top of the waiting list.
4. A minimum of weekly face-to-face AOD Case Management and/or Counseling services and monitoring of needs will be provided for all clients while they are on the waiting list.
5. AOD staff will notify the referral source that the client is on the waiting list and will receive AOD Case Management and/Counseling services and monitoring.
6. The AOD Clinical Coordinator will maintain the waiting list. When an opening is available, the AOD Team will coordinate with the Clinical Coordinator in identifying and notifying the next client on the list and their referral source.

*1. Should the program reach 90% Capacity for individuals reporting IVUO, the AOD Clinical Director will notify the LEMHRSB and appropriate state contacts.*

REVISED DATE:

November 6, 2012

EFFECTIVE DATE:

November 6, 2012

# ZEPF COMMUNITY MENTAL HEALTH CENTER

## POLICY AND PROCEDURE

**TITLE:** Discharge from Client Treatment Services

**PAGE:** 1 of 5

**NUMBER:** 920

**EFFECTIVE DATE:** 1/98

**AUTHORIZED BY:** Board of Trustees

**REVISION DATE:** 3/07, 5/09, 5/14

**POLICY:** Unless they choose to voluntarily terminate services, clients who have completed Intake/Orientation will not be discharged unless approved by their psychiatrist and/or the Clinical Manager. If either has a reservation about closing the case, the discharge must be reviewed and approved by the Performance/Improvement (PI) Committee.

**PURPOSE:** To promote sufficient outreach activities to engage people into services and, where possible, to provide for an orderly transition of services.

### **PROCEDURE:**

1. Staff should make reasonable efforts to assure that clients receive the mental health services they need. At the time of discharge it is important to consider the need for appropriate referrals and linkages to meet the client's needs for continued care, treatment and services. (See Policy 918, Referral Services)
2. Planning for discharge should be done in a timely manner. Although clients may drop out of service or fail to return and cannot be located, discharge planning should always involve the client and family members whenever possible. All appropriate licensed independent practitioners (i.e. Psychiatrists, LISWs, LPCCs, Psychologists), and other staff should be involved in the process. Legal guardians must be involved at all stages of this process and must receive copies of any and all correspondence sent to the client.
3. Types of Discharges: Clients may be discharged because they are inappropriate for services, no longer require services, per their choice, have residency issues or, for other reasons. Note: Individuals who exhaust Medicaid benefits will not be discharged / denied clinically indicated services due to inability to pay for services. In those situations, individuals will be linked with the local ADAMHS Board funds.

## ZEPF COMMUNITY MENTAL HEALTH CENTER

### POLICY AND PROCEDURE

**TITLE:** Discharge from Client Treatment Services

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**NUMBER:** 920

**EFFECTIVE DATE:** 1/98

**AUTHORIZED BY:** Board of Trustees

**REVISION DATE:** 3/07, 5/09, 5/14

#### Client choice

- a) Does not keep appointment for initial Clinical appointment: If the client
  - Fails to keep the initial Clinical appointment or,
  - Cancels & refuses to reschedule or,
  - Cancels, reschedules AND fails to keep that appointment, the case will be closed the following day.
  
- b) Voluntary discharge: The client or legal guardian may request to voluntarily terminate services by signing a Voluntary Discharge Form (0039, 0071). If there is a legal guardian, only the guardian may request voluntary termination. In all cases of voluntary termination the client/legal guardian must be:
  - informed of and assert understanding of the potential implications of discontinuing services,
  - given options for ensuring the receipt and monitoring of any prescribed psychotropic medications and other mental health services,
  - informed of procedures for re-entering services upon request and advising them that they may not return for services until six (6) months has elapsed from the date of voluntary discharge.

If requested, the clinician shall assist the client in making any necessary referrals.

As necessary, Medical staff or designee will send a letter to the client informing them that their case has been closed (Discharge Notification & Summary, 0038).

- c) Did not respond and cannot be located.
  
- d) Client has not had any face-to-face contact with any service providers for 3 consecutive months, unless primary medical than 6 months and/or at least 2 consecutive no shows with the psychiatrist.

## ZEPF COMMUNITY MENTAL HEALTH CENTER

### POLICY AND PROCEDURE

**TITLE:** Discharge from Client Treatment Services

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The clinician should make and document reasonable attempts to contact and engage the client. Reasonable attempts may include but are not limited to phoning the client or their guardian, visiting the last known address, sending letters to the last known address (forms 0072, 0073, 0074), contacting other agencies or shelters known to be utilized by the client and, contacting family members (assuming a valid release of information is on file).

During this 3 month period, the clinician may contact the person listed as the “one to contact in case of an emergency” without a release to inquire about the client’s whereabouts only.

- e) Client has a chronic history of failing to keep medical appointments. On a case by case basis the attending psychiatrist should address this issue with the client and establish criteria for continuing in service. Such criteria should be documented in the client’s chart.

If staff is able to contact the client every effort and outreach should be made to resolve any issue that could lead to Discharge.

At the end of the 3 month period the clinician should consult with the Clinical Manager to review outreach efforts. If determined sufficient than a **14 day letter** will be sent, this letter will ask the client to schedule and keep an appointment. If outreach efforts have not been sufficient, the manager and clinician will develop an outreach plan.

After a 14 day letter is sent, if client does not schedule and keep a face to face appointment within the next 14 days (form 0073) this will be considered a Voluntary Discharge and the case will be closed immediately.

The Case/Care Manager will complete necessary paperwork, if no CM, than Therapist, if no therapist, than Medical.

# ZEPF COMMUNITY MENTAL HEALTH CENTER

## POLICY AND PROCEDURE

**TITLE:** Discharge from Client Treatment Services

**PAGE:** 4 of 5

**NUMBER:** 920

**EFFECTIVE DATE:** 1/98

**AUTHORIZED BY:** Board of Trustees

**REVISION DATE:** 3/07, 5/09, 5/14

### Residency

- a) Client establishes permanent residence out of the county unless they have arranged with the billing staff to pay full fee for all services or, have insurance coverage that will do so. The Billing Dept. shall take the lead to inform the client, psychiatrist and other service providers of payment problems that may result in discharge.
- b) The client resides in a correctional facility outside of Lucas County with an expected incarceration of 6 months or more. This includes clients referred to Correctional Center of Northwest Ohio (CCNO, Stryker)
- c) Some other residential placements may require discharge as well.

### Other

- a) Death
- b) Payment issues:
  - i. An out-of-county client has bills that are outstanding in excess \$100 and/or 60 days overdue. The Billing Dept. shall take the lead to inform the client, psychiatrist and other service providers of payment problems that may result in discharge.
  - ii. Therapy Only, non-SPMI client who has lost insurance coverage and is unable to pay full fee for services.
- c) Involuntary: Clients may be involuntarily discharged when their needs cannot be met by Zepf Center. Examples of situations that ***may*** warrant involuntary discharge may include but are not limited to:

Risk or security factors posed by a client who cannot or will not control assaultive behavior,

Situations in which a client threatens to harm agency staff or physically assaults staff in any way,

Other, serious situations where an Involuntary Discharge may be considered.

## ZEPF COMMUNITY MENTAL HEALTH CENTER

### POLICY AND PROCEDURE

**TITLE:** Discharge from Client Treatment Services

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In such situations the primary clinician and Clinical Manager should meet with the client and explain the reason(s) for the proposed discharge and offer to refer the person to an appropriate agency. If the client refuses to sign a Voluntary Discharge at the meeting, the primary clinician shall refer the matter to the QA/I Committee (form 0075) for review and a final decision. If the QA/I Committee rules that the case should be closed, the QA/I chair will complete the necessary paperwork and complete an OMHAS Incident Reporting form.

Whenever a client agrees to be transferred to another agency, an intake appointment must be made. If necessary, the Clinician should assist the client in making that appointment.

5. A Discharge Notification & Summary form (0038) must be completed prior to Discharge. It is to be signed by the Clinical Manager or Coordinator and forwarded to the Records Manager or designee.

If Health Home client the HH administrative coordinator will be notified.

Once signed by all parties, the Records Manager/designee will close the case that day.

If the Clinical Manager/Coordinator or Psychiatrist or another member of the team disagrees with the Discharge and it cannot be worked out among the team, that clinician may appeal in writing to the QA/I Committee.

6. Notifying the client of closing: The client must be notified by letter that their case has been closed, the reason(s) and, the anticipated need for continued treatment and services.