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|  <p style="text-align: center;">FOHFS</p> | Fountain of Hope Family Services Inc. | | Policy and Procedures | |
| | Policy Type:- | General Program Standards | Policy# GSP-202 | |
| | Subject:- | Screening and Access Services | Adopted:- 05/06/2014 | |
| | Section:- | (2-B) | Effective:- 06/11/2015 | |
| | Approval By:- | Michael Oladipo | Revised:- 08/15/2020 | |

▶2.a.1 Introduction

2. B - Screening and Access to Services

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

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

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

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

Ineligibility and Documentation

Clients will be considered ineligible for the following reasons:

1. No behavioral health diagnosis.
 2. Do not meet age criteria.
 3. Medical risks.
 - a) Contagious disease.
 - b) Health problems; or severe developmental disability resulting in services judged to be ineffective or hazardous.
 - c. Documented refusal to take prescribed medications.
 4. **High Risks.**
 - a) Primary diagnosis with symptoms that directly interfere with program limitations.
 - b) Documented threats to others; staff, Clients, community.
- If ineligible, the program will expedite referral to an appropriate agency and document process.
 - If transfer is not immediately available, the **FOHFS Agency** will develop a short term/interim treatment plan until transfer is complete.
 - The referral agency will be notified in writing if appropriate releases are documented.
 - The **Clinical Director**, designee, or Qualified Mental Health Professional will follow up with Client weekly until the Client is placed.
 - The **Clinical Director**, designee, or Qualified Mental Health Professional will determine if Clients can be referred to Inpatient/Outpatient Treatment, another agency, or continue to remain on the waiting list.
 - **FOHFS Agency** maintains a non-discriminatory policy of providing services regardless of the ability to pay.
 - All applicants found ineligible for services at **FOHFS Agency** will be referred to a more appropriate facility.

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

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

☐ Outside Agency Referrals

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

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

(4) Methods of collection of information from family members, significant others or other social service agencies;

Family Member and Significant others or Social Services Agency:

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

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

Medical Care/Physical Examination:

- a) **Primary Counselor or Intake Clerk will ask Client to submit most recent physical examination from his/her doctor.**
- b) Primary Counselor or Intake Clerk will ask Client to sign a release of information form; so **FOHFS Agency** can obtain the most recent physical examination documentation from his or her doctor.
- c) If physical examination indicates continued medical care, primary counselor will refer individual to community resources that can assist in meeting individuals medical needs.

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

Consumers are referred from FOHFS Agency to other agencies when:

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

Policy:

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

Procedure:

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

Our well-trained experienced staff can help Clients navigate the Outpatient substance abuse, mental health and employment services available through **FOHFS Agency**.

When **FOHFS Agency** receives a referral from a Client, vendor or organization the following steps will take place:

* Potential Clients, stakeholders, and referral resources may contact the agency Monday-Friday **9:00** am to **5:30** pm to gain information, concerning access to services at **FOHFS Agency**.

* Potential Clients, stakeholders, and referral resources may view information through agency website, at **www.FOHFSokc.com** concerning access to services at **FOHFS Agency**.

* Potential Clients, stakeholders, and referral resources may view information provided in brochures, weekly newspapers, or local telephone **Executive Director**, concerning access to services at **FOHFS Agency**.

* Potential Clients, stakeholders, and referral resources may receive information concerning access to services at **FOHFS Agency** through community fairs.

* Potential Clients, stakeholders, and referral resources may receive information concerning access to services at **FOHFS Agency** through public presentation to civic organizations such as Lions Club.

* **Executive Director** or designated staff will call Potential Clients, stakeholders, and referral resources to introduce agency, confirm referral information, and explain access to services at **FOHFS Agency**.

* **Clinical Director** or designated staff will review and verify the referral source, request for services, and payment source.

* **Executive Director** or designated staff will identify agency Clinical employee(s), or contracted therapist(s) to complete the intake process and explain access to services at **FOHFS AGENCY** to the individual (s) referred for services.

* **Executive Director** or designated staff will review and verify the referral source, request for services, and payment source.

* **Executive Director** or designated staff will call the Client to introduce the agency and confirm with the potential Client that a referral has been on their behalf for services.

* **Executive Director** or designated staff will identify an agency Clinical employee, or contracted therapist to complete the intake process with the individual (s) referred for services.

* **Executive Director**, designated staff or contracted therapist will schedule a date and time for the intake and assessment of individual(s) referred.

* Staff provides in-person assistance to help eligible Clients understand how to access Mental Health and Employment Services through **FOHFS Agency**.

* Staff explains and helps with assessment, evaluation, and plan development.

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

Admission

Policy:

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

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

Recommendations will be based on:

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

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

Admission Procedures and Criteria

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

Criteria:

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

1. At the time of evaluation at **FOHFS Agency**, Clients may not be intoxicated or exhibiting signs and/or symptoms of withdrawal.
2. Clients will be age **3 years** and above.
3. Have been diagnosed with behavioral health diagnosis and in need of Outpatient Clinical treatment.
4. Meets current **DSM-IV** criteria for placement in Outpatient program.
5. **Clinical Director**, Designee, or Qualified Mental Health Professional will facilitate referral or other appropriate service if evaluation reveals a current emergency or unresolved crisis.

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

Information to be reviewed:

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

Screening Tools

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

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

Screening will be administered in a uniform manner. **FOHFS Agency's** trained MHP's are knowledgeable and experienced assessor of the above tools. The screening tools includes a review of each person's eligibility for admission based on the person's presenting problem(s), need for service(s), and legal eligibility criteria. The screening tool also identifies the appropriateness of available services, funding sources, and determines whether **FOHFS Agency** is capable of providing the services needed by the Client. The screening tools are administered to all Clients that seek services at **FOHFS**

Agency, therefore it maintain uniformity. Primary **MHP** counselor interviews persons to be served or referral source in person. During the screening process the referral form is completed which contains questions concerning an individual's needs in relationship to urgent needs. When appropriate; primary counselor often makes trips to Clients home or referral source site to complete addition screening process.

Co-Occurring Capability/Special Populations

POLICY:

FOHFS Agency provides services to adolescents, children, adults, and families.

FOHFS Agency will not deny services to Clients' base on their race, color, religion, sex, or national origin. **FOHFS Agency** prohibits discrimination against qualified

individuals with disabilities; therefore if **FOHFS Agency** services are not accessible to individuals with disabilities they will be referred to agencies that can meet their needs.

FOHFS Agency recognizes the importance of specific needs of special populations. It is the policy of **FOHFS Agency** to refer individuals that are pregnant and at high risk for using alcohol, tobacco and other drugs during their pregnancy to more appropriate programs that provides services related to **FAS** and **FAE**.

PROCEDURE:

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

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

Bio-psychosocial Assessment

A licensed or licensed eligible counselor will complete the assessment. The interpretative summary will be based on the assessment information gathered and will be used in the development of the treatment plan. Clinical staffs are trained in the use of applicable tools need to assess Clients. Co-occurring disorders will be identified for appropriate treatment planning and referral to more appropriate program in the community. Assessment updates will be provided in place of a full assessment when the **Clinical Director** endorses use of updates.

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

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

□ **Assessment continued**

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

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

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

14. Prenatal exposure to alcohol, tobacco, or other drugs
15. History of use of alcohol, tobacco, or other drugs

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

When educational services are provided, they must be:

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

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

□ OUTPATIENT SERVICES

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

FOHFS maintains written programmatic descriptions and operational methods that address the following:

(1) Environment:

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

shall be posted either on the building **Executive Directory** or the facility's office door.

(2) Support System:

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

(3) Staff:

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

(4) Treatment Services:

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

(5) Assessment and treatment plan review:

- a. The treatment plan shall be reviewed and updated according to the time frame required by the treatment plan, and is required by any of the following situations:
 - 1. Change primary counselor assignment; or
 - 2. Change in frequency and types of services provided.
- b. Compliance with treatment review and update may be determined by review of the following:
 - 1. Policy and procedures;
 - 2. Treatment protocols;
 - 3. Clinical service manuals;
 - 4. Treatment plan forms;
 - 5. Consumer records;
 - 6. Interviews with staff and consumers; and
 - 7. Other agency documentation

☐ Outpatient Services, admission criteria

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

☐ Intensive Outpatient services

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

☐ Service requirements

FOHFS's AGENCY intensive Outpatient service maintains written programmatic descriptions and **Agency** operational methods address the following:

(1) Environment:

- (a) Publicly accessible and accommodate office space, individual and group counseling space, secure records storage, and protects consumer confidentiality; and

- (b) Hours of operation shall be during regularly scheduled times that make services accessible to consumers and the general public, including those employed between the hours 9:00 a.m. and 5:30 p.m., Monday through Friday; and
 - (c) **FOHFS Agency** does not provide twenty-four (**24**) hour services, however **FOHFS's** hours of operation shall be conspicuously displayed on the door.
- (2) **Support system:**
- (a) **FOHFS Agency** maintains written policy and procedures for handling medical emergencies; and an emergency medical numbers are conspicuously posted for staff use; and
 - (b) **FOHFS Agency** annually renews service agreements, approved by the current Executive Director with behavioral health programs providing facilities with both more and less intensive levels of care and other community resources to provide a continuum of treatment services; and
 - (c) Specialized professional consultation is available.
- (3) **Staff:**
- (a) Treatment professionals are knowledgeable regarding biopsychosocial dimensions of substance abuse, evidenced based practices and counseling theory and techniques.
 - (b) **FOHFS** shall documentations that treatment professionals have received training in cultural-specific, age-specific and gender-specific issues, co-occurring disorder capabilities and counseling techniques.
 - (c) Agency staff are, at least, twenty-one (**21**) years of age or older.
 - (d) **FOHFS Agency** documents in personnel records all education, training and experience stated above prior to providing direct care services.
- (4) **Treatment Services:**
- (a) The facility insures scheduled treatment services to continually assess and address the individual needs of each consumer. Such treatment modalities include, but are not limited to, family counseling, individual and group counseling, vocational counseling, educational groups, relapse prevention, and recreational activities.
 - (b) Crisis intervention and counseling services are made available.
- (5) **Assessment and treatment plan review:**
- (a) Individual bio psychosocial assessments or addenda are made on all consumers; and

- (b) An individualized treatment plan are completed on each consumer and include problem formulation, treatment goals, and measurable and behavioral treatment objectives; and
- (c) Treatment plan reviews are conducted at specified times as noted in the treatment plan, or as required by the consumer's condition, at a minimum of one time per month.

□ Consumer Emergency Admission

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

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

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

□ Outpatient Service Intake, Admission Assessment

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

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

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

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

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

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

FOHFS Agency will assess each consumer for appropriateness of admission to each mental health and substance abuse service and level of care. Each presenting consumer is assessed, according to prescribed mental health and **ASAM** criteria for admission to a specific level of care.

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

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

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

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

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

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

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

Initial treatment plan consisting of the presenting problems and immediate services to be provided are written upon completion of the intake, and within five (5) weeks of admission. The identification, diagnosis/assessment and case-planning component of service are provided to each and every consumer seen in **FOHFS AGENCY**

Consumers assessed and determined to be in need of Outpatient services are eligible to receive the following services:

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

Client Right

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

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

Clients Responsibilities

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

- Be courteous to other persons served and personnel

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

✓ **Grievance Procedures**

At **FOHFS Agency** we feel that a positive relationship between the Client and the therapist is the best predictor of a Client's success. If you feel your therapist has harmed you or has behaved in a way that is hurtful to you or others, we want to encourage you to talk to your therapist about your concerns. If that is uncomfortable or has not been helpful, please feel free to bring your concerns to the **Executive Director** at **(405) 759-3860**. You may present your concerns in writing to the **Executive Director**. You are also encouraged to contact _____, a consultant who works outside of the **FOHFS Agency**, with any concerns you feel are not being fully addressed. A grievance form will be provided for you upon request from your therapist or other **FOHFS Agency** personnel.

✓ **Input From Clients**

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

✓ **Confidentiality**

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

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

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

✓ **Consent for Treatment**

It is the policy of **FOHFS Agency** to acquire consent to treat from each Client at the time of assessment. This form will be included in the assessment packet. The Client

will understand he/she will not be provided services unless the consent form is completed, signed and agreed by the Client.

✓ **Transition/Discharge**

Clients will be transitioned and discharged from services once the goals and discharge criteria determined by the Client and therapist have been met. The Transition/Discharge Summary form includes discharge criteria, expected needs at discharge, and support systems necessary to maintain current level of functioning at discharge. Meeting these criteria helps ensure you have a successful transition/discharge. The **FOHFS Agency** begins to address the discharge/transition process during the intake process to ensure that each Client is as prepared as possible for the discharge/transition process.

- The Client orientation packet includes information regarding potential risks, emergencies, and other events that may transpire during treatment. Policies for actions to be taken are listed in the safety section of the orientation.
- Expected behaviors of the Clients are addressed in the responsibility section of the orientation.
- Should a Client with **FOHFS Agency** need access to services after hours, they will be advised to contact?

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

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

Code of Ethics:

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

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

Quarterly and Follow-up Surveys Will be Considered for Any Individual in an FOHFS Agency Program

FOHFS Agency conducts surveys regarding our Client's satisfaction with services and

treatment effectiveness. These surveys are conducted quarterly and after you are discharged from services. Responses are kept confidential. Survey information from all responding Clients will be combined and summarized in order to provide an overview of treatment satisfaction and effectiveness and to inform the Agency on areas for improvement.

These surveys allow you to provide **FOHFS Agency** with your opinions, suggestions, and input on how services can be improved. Follow-up surveys will inform **FOHFS Agency** on how you are doing and assist in measuring the effectiveness of **FOHFS Agency**' programs. **FOHFS Agency** does not serve mandated persons at this time.

✓ **Financial Obligations of Clients**

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

✓ **Seclusion and Restraint**

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

✓ **Tobacco and Smoking Policy**

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

Illicit Drugs/Weapons Policy

FOHFS Agency forbids the possession of illicit drugs or weapons anywhere on the grounds, buildings, or property of **FOHFS Agency**.

Illicit Drugs Procedures

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

Weapons Procedures

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

Verbal or Physical Aggression

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

Restrictions placed on Clients

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

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

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

Change of environment where services are provided to the Client.

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

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

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

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

- (1) Inappropriately dressed for session
- (2) Verbal abuses or threats
- (3) Physical Abuses to self or others
- (4) Verbal and/or physical sexual advances to others.
- (5) Presenting to session under the influence of drugs or alcohol
- (6) Failure to keep scheduled appointments with Clinician on a consistent basis.

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

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

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

Advance Directive

Plan

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

Policy

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

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

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

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

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

Procedures

1. **During orientation**, Client will be informed of Advance Directives and asked if they have one in place, or if they would like to complete this form.

2. Should the Client wish to have information regarding Advance Directive, the Clinician will provide Client with information and education regarding advance directives and assist with filling out the proper paperwork.

3. Information/forms will be filed in the Clients' confidential file.

4. Should the Client decline advance directive, it will be noted and logged in the orientation area of the assessment.

Assessments are used to identify the following:

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

Process

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

The Clinician performing the initial assessment will assess the appropriateness of services from **FOHFS Agency** and staff with the **Executive Director** to determine appropriateness of services. If services from **FOHFS Agency** are deemed appropriate, an appointment for a face-to-face assessment will be scheduled within seven days. If services are deemed inappropriate, the person and/or referral source (with person's served consent) will be informed of the reason(s) and appropriate referrals will be made. The disposition shall be noted in writing in the screening form.

Interim Services

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

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

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

FOHFS Agency requires Clinicians to only practice within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Clinicians will also demonstrate a commitment to gain knowledge, personal awareness, sensitivity

and skills pertinent to working with a diverse population.

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

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

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

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

□ **The Assessment Process**

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

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

assessment gathers information in the following areas.

- Presenting issues of the person served from their perspective.
- Any urgent needs of the person served including, but not limited to suicide risk, personal safety, and the safety of others.
- Personal strengths
- Individual needs
- Abilities and/or interests
- Preferences
- Previous mental health treatment, including diagnostic and treatment history.
- Current mental status
- Medications, including past and present
- Efficacy of current or previous used medication. Any allergies or adverse reactions to medication.
- Physical health issues including history of medical and mental health problems, and current health needs.
- Co-occurring disabilities, disorders and medical conditions
- The current level of functioning
- Current pertinent and historical life information including, age, gender, sexual orientation and/or gender expression, culture, spiritual beliefs, educational history, employment history, living situation, legal involvement, family history, and relationships, including family, friends, community members and other interested parties.
- History of trauma that is experienced and/or witnessed, including abuse, neglect, violence and/or sexual assault.
- Any use of alcohol or tobacco
- Risk taking behaviors
- Literacy level
- Need for assistive technology, and or social supports
- Advance Directives

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

↩ **Communication of agency Purpose**

Policy

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

Procedures

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

Program Description

FOHFS Agency is an Outpatient mental health program specializing in individual and family services to individuals and families residing the Oklahoma City metropolitan area. **FOHFS Agency** provides services to all age groups without regard to race, color, citizenship status, national origin, ancestry, religion, gender, age, physical or mental disability, physical handicap, marital status, or veteran status. **FOHFS Agency** offers services based on individual needs of the Clients and an emphasis is placed on wellness and recovery. To meet these needs, **FOHFS Agency** will collaborate with case managers, doctors, schools and others vested in care of the Client. Intake interviews are provided to all persons inquiring about services. Services are provided in the **FOHFS Agency** offices, or Clients' homes. **FOHFS Agency** office is located at **10326 Greenbriar Parkway, Oklahoma City; Ok 73159** Appointments are set at the person's served convenience whenever possible. Managers of **FOHFS Agency** may be reached at **(405) 759-3860**.

Program Philosophy

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

Program Goals

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

Policy:

Service Modalities

FOHFS Agency is an Outpatient program that provides Clients with:

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

Procedures:

FOHFS Agency provides these services at any reasonable location required by an individuals needs including:

1. **FOHFS Agency** Office
2. Individuals home
3. Schools
4. Correctional settings
5. Shelters
6. Community resource sites
7. Hospitals
8. Medical and behavioral health sites

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

Special Populations

POLICY:

FOHFS Agency provides services to adolescents, children, adults, and families. **FOHFS Agency** will not deny services to Clients' base on their race, color, religion, sex, or national origin. **FOHFS** prohibit discrimination against qualified individuals with disabilities; therefore if **FOHFS** Outpatient Agency services are not accessible to individuals with disabilities they will be referred to agencies that can meet their needs.

FOHFS Agency recognizes the importance of specific needs of special populations. It is the policy of **FOHFS Agency** to refer individuals that are pregnant and at high risk for using alcohol, tobacco and other drugs during their pregnancy to more appropriate programs that provides services related to **FAS** and **FAE**.

Staffing Plans

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

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

Credentials Verification

FOHFS Agency will verify the credentials of all final applicants for employment. All credentials will be current and shall remain current throughout employment.

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

- Obtain and get primary verification of documentation on any educational certificate beyond high school in personnel file throughout employment.
- Obtain primary verification of any required certificate or license in personnel file though out employment, will be verified at least annually.
- Document educational workshops/ in services in personnel file, will be verified at least annually.
- Document results of at least two professional references.
- Document ongoing certification / licensure / or CEU requirements, will be verified at least annually.
- Resultant information will support or call to question final acceptance in employment to the **Executive Director**.

Services

Interim Services

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

- Referral to Other Agencies
- Referral to potential funding source
- Referral to available support or advocacy groups

- Recommendation of reading materials

□ **Wellness and Recovery:**

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

□ **Location of Services**

It is the intent of **FOHFS Agency** to provide services in a safe environment which is convenient for the Client. The Agency is located at **10326 Greenbriar Parkway, Oklahoma City; Ok 73159**, and Clients are only seen in the office by appointment. Based on personal needs, the Agency also provides home based services for the Clients.