

**BEHAVIORAL  
HEALTH  
OUTPATIENT  
PROGRAM  
POLICIES**

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## **BEHAVIORAL HEALTH OUTPATIENT PROGRAM POLICIES**

### **MISSION AND PURPOSE**

#### **CROSSROADS YOUTH & FAMILY SERVICES, INC.**

The mission of Crossroads Youth & Family Services, Inc. is to support the healthy lifestyles and emotional well-being of children, youth and families through the provision of effective, community-based programs and services.

The purpose of Crossroads Youth & Family Services, Inc. is to develop and implement prevention, intervention, outpatient treatment, substance abuse treatment, education, assessment, information, referral, youth empowerment, early childhood development, and youth crisis shelter programs for children, youth and families in Oklahoma

### **NON-DISCRIMINATION POLICY**

Crossroads Youth & Family Services provides services without regard to race, color, ethnic group, culture, citizenship status, national origin, ancestry, religion, gender, sexual orientation, age, physical or mental disability, language, marital status, veteran status, or socioeconomic status.

### **INTERIM SERVICES**

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

- Screening
- Referral to other agencies
- Referral to potential funding source
- Referral to available support or advocacy groups

Persons requesting entrance into Crossroads YFS treatment services are scheduled for an initial intake/assessment at the next available appointment time.

## **ADMISSION SCREENING**

Crossroads Youth & Family Services offers a wide range of outpatient mental health, case management services, prevention, early intervention, psycho-educational and residential programs. The purpose of all services provided is to enable persons served to achieve the highest possible level of functioning and to maintain long-term independent living skills while receiving services. Services are offered to individuals or families to obtain assistance for emotional, social and/or behavioral problems.

Eligibility for counseling services at Crossroads Youth & Family Services depends upon the family residing in Cleveland County and having at least one child under the age of 18 years living in the home. Services cannot be provided when the child is beyond 18 years of age or there is no parent or legal guardian living in Cleveland County. Exceptions can be made based on individual circumstances. Additionally, children who require psychiatric care are also referred to mental health clinics or a private psychiatrist/medical doctor in order to provide the best quality of services.

Appointment times will be scheduled based on the family's needs and the availability of clinical staff/interns to conduct the intake assessment. Staff counselors or clinical interns who need additional persons served may be required by the Director of Counseling Services or his/her designee to be available for more intake appointments during the week. Conversely, any counselor who needs to be relieved from their intake appointments for any reason other than training or leave requests must clear it through the Director of Counseling Services or his/her designee ahead of time. The receptionist or counselor will routinely call the family the day before the scheduled appointment as a reminder. Considering the Organization's therapy orientation to treatment the person served and his/her parent/guardian will be requested to attend the intake assessment appointment. Other assessment information may, when appropriate, be obtained from friends, school personnel or other permitted collateral sources.

Any resident of Cleveland County who has minor children or who has responsibility for minor children can access services at Crossroads YFS by calling any office of the

organization and requesting services. The Director of Counseling Services will determine who at the organization is best equipped to process the intake and the location where services will take place (i.e., the Emergency Youth Shelter, Behavioral Health Outpatient, one of the satellite offices, a special program or service of the organization, etc.). All organization staff including support staff are trained on eligibility requirements of various organization programs, settings for services, day, hour and frequency of services, payer sources, fees, referral sources, and whether the services are provided directly, by contract, or by referral to provide helpful information to persons served about available services. The designated staff will record preliminary intake information over the telephone, which will include: presenting problem, need for services, legal eligibility criteria (if appropriate). Once the referral is generated the Director of Counseling Services prioritizes them based on the severity of the presenting problem and the length of time on the wait list. The Director of Counseling Services will assess for the appropriateness of services and if applicable the availability of funding sources then assign the referral to a clinician and they will schedule a Psychosocial Intake Assessment. If requested a preadmission, on-site visit to the organization by the person served can be arranged. Each organization program and service has eligibility criteria and procedures pertaining to the services of that program including length of service. Every effort is made to assure that each person served of any program or service of the organization has information regarding and access to all of the programs and services of the organization in an effort to provide a comprehensive array of services to each person served. This information is further discussed with the person served during the Psychosocial Intake Assessment and includes a face-to-face interview documenting the immediate needs of the person served.

Should a person served identify an immediate need for services, a counselor will be notified and, if possible, will speak to the client on the phone. If it is assessed that the person served is in crisis, a counselor will either schedule a time to meet with them face-to-face within 48 hours, or if the need is more serious will refer them to the appropriate service, i.e. psychiatric hospital or emergency room.

When a potential person served is found ineligible for services at Crossroads YFS, they are informed as to the reasons and given referral sources with telephone numbers to those services. With the consent of the person served, the family/support system is

informed as to the reasons for ineligibility for services. With the consent of the person served, Crossroads YFS will also call the referral source and inform them as to the outcome of the referral and if the person served is ineligible for service clarification is made. Documentation of this process is maintained.

## **WAITING LIST POLICY**

The intent of the counseling staff at Crossroads Youth & Family Services is to provide services to all families in a timely manner. To that end, if counselors are full, all clients are added to the waiting list. The staff counselors/counseling interns/counseling contractors will schedule intakes in a timely way taking into account the needs of the person served. Should the counselors' caseloads become so full that services cannot begin in a timely manner the support staff will contact the person served and provide three referrals along with the option of being added to the waiting list. When it is determined that Crossroads Youth and Family Services cannot provide the appropriate level of services required by the person served, alternative resources will be provided to the person served. All persons served calling the organization who can't be served in a timely manner will be told of the waiting status and be given the option of being given other referral sources in the community or be included on the organization's waiting list. A list of referral sources in the community is located in the support staff office and will be provided to persons served as needed or requested.

If the person served is not considered in a crisis situation they may choose to be included on the waiting list, the support staff will take the standard information from the person served and inform them that they will have weekly phone contact to update them on the status of their case. The support staff will contact persons served on the waiting list on a weekly basis and will document the date of contact and whether they choose to remain on the list. If at any time that a person served is on the waiting list and the situation escalates to a crisis, a counselor will be notified and will make contact with the family as specified earlier. The Director of Counseling Services or his/her designee will review the waiting list at the weekly Clinical Management meeting to assess need

for services and to prioritize persons served with a greater need of services. On a quarterly basis, the status of the agencies waiting list (if any) will be discussed in the Efficiency Measures section of the Outcome Management Data Analysis.

## **FEE POLICY AND SCHEDULES**

**Advance Understanding.** Staff counselors shall clearly explain to persons served, prior to entering the counseling relationship, the fee structure of the organization. Staff counselors shall determine the fee agreement with each client's family.

**DHS Clients.** No fee shall be charged for Department of Human Services or the Office of Juvenile Affairs custody youth.

**Pro Bono Services.** No one will be refused services due to an inability or refusal to pay for them. No one will be denied services because they do not qualify for Medicaid. Inability or refusal to pay for services is not a cause to terminate services or to remove eligibility.

**Bartering.** Bartering will never be entered into for any reason.

**Failure to Pay.** Failure to pay for services when a fee agreement has been entered into raises issues to be addressed by clinical staff and may result in renegotiation of fees or other arrangement after consultation with the Director of Counseling Services.

**Sliding Scale.** A sliding scale based on income level and family size shall be used as a basis in determining fees. Family size includes all persons in the household supported by the incomes that are also used to support the child (identified person served). The current fee schedule may be found at the end of this section. The sliding scale fee structure shall be used as a maximum guideline for setting a per/session fee arrangement. Gross family income is self-reported. Persons served may be asked to document their income. It may be verified by the most recent tax return for all household members whose income includes support to the child or by other acceptable methods.

Generally, payments are made prior to each session unless another arrangement has been negotiated. An example of an arrangement would be payment after each session.



Services will not be automatically withheld for non-payment of a bill. When a bill becomes overdue the counselor will address the issue with the person served and a determination will be made on an individual basis on how to proceed after that point.

**Deposit of Fees.** Fees shall be deposited in the organization bank account for use by Crossroads YFS (as per 19 O.S. 1981 S-541). A computer program shall be used to record payment for fee. Computer-generated receipts shall indicate if payment is by cash or by credit card. Voided receipts shall be retained (28 O.S. 1981 S-9).

**Use of Funds.** Use of funds received is determined by the Board of Directors in consultation with the Executive Director in preparation of the organization budget. Preferred uses are: 1) to supplement the budget of the Behavioral Health Outpatient Program; 2) to cover the costs of developing and implementing the organization's capabilities to collect third party payments (such as additional clerical help to pursue insurance claims and costs associated with licensing, certification and accreditation of worker/facilities that enhances Crossroads YFS' ability to claim third party payments), and; 3) to contract with the University of Oklahoma for a graduate assistant; and 4) use of fee income as matching funds. This would allow for the release of other funds (that would have been used as match) to training, liability insurance, personnel costs, etc.

**Exceptions.** Exceptions to these fee policies and contentions of grievances follow existing Crossroads YFS grievance procedures.

## **Behavioral Health Outpatient**

**Individual Fees.** The sliding scale should be given to the person served at the time of intake showing them the recommended fee based on family size and income. Then in the first session with their counselor, if the fee will be difficult to pay, the amount can be negotiated. If more than one family member is being seen per week, the weekly fee will reflect only charges for one person. No individual will be denied services based on an inability or refusal to pay.

**Group Session Fees.** Group fees are assessed by the service the groups are providing as well as the length of the group. Therapeutic groups are assessed a fee based on the agreed upon per session fee. Educational groups are assessed a fee for the entire schedule of sessions. Fees are determined based on the prevailing rates by the Director of Counseling Services in consultation with the Executive Director.

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**Testing/Evaluations Fee.** Evaluations to be billed at the per session fee agreed upon, based on the number of hours spent on the testing and write-up.

**Intake-Assessment Processing Fee.** To be collected at \$10.00 per session.

**Monitoring of Fees.** The Director of Counseling Services shall monitor fee rates and negotiations at least quarterly. Purpose of the monitoring shall be to keep fees accurate; to deal with issues that staff may have in charging too much or too little; and for general oversight. The Director of Counseling Services shall monitor for trends, areas of improvement, and actions to be taken

**No Shows.** Fees may be charged for “No Shows” or for appointments made to receive services that were not cancelled and not attended.

**Special Fees.** Fees may be charged for extraordinary services, consulting and education, training sessions and similar services, based on estimated costs of such services. Fees may be charged in one sum for structured, time-limited services. (Example: \$50.00 for a six week parenting group.) There shall be no fee for information and referral or crisis intervention. Maximum rate shall be charged for persons not residing in Cleveland County and for cases where there is no eligible client.

## **Shelter Services**

No fees shall be charged for regular Shelter services.

## **Outside Services**

Payment arrangements for services provided by outside agencies (such as medication management, psychiatric evaluation, physical examinations, etc.) are not covered in this fee schedule. Payment arrangements must be between the person served and the outside organization providing the service at the time services are contracted or rendered.

## **PSYCHO-SOCIAL ASSESSMENT**

Psychosocial assessments are conducted by qualified staff who are knowledgeable to assess the specific needs of the persons served. Only staff who are able to communicate

with the person served and have been adequately trained in the use of the applicable tools, tests, or instruments may use them.

When assessment identifies that the person served currently uses nicotine products, staff will offer one or more of the following:

- Education on the health risks of nicotine, the potential impact on the persons recover, and long-term health
- Counseling and support.
- Medications to support reduction or elimination of use.
- Smoking cessation services.

When the assessment results in diagnosis(es), the diagnosis is determined by a staff member legally-qualified to do so in accordance with all applicable laws and regulations. The assessment process includes information obtained from the person served; family members/legal guardians; other collateral sources; external sources, when permitted by the person served.

The assessment process focusses on the person specific needs; identifies the goals and expectations of the person served; and are responsive to the changing needs of the person served. The assessment includes provisions for communicating the results of the assessments to the person served/legal guardian, applicable personnel and others as appropriate. It also provides the basis for legally required notifications when applicable; occurs within time frames established by the organization or external regulatory requirements and reflects significant life or status changes of the person served.

Once an appointment time is scheduled for the intake assessment, it is the staff counselor's responsibility to arrive promptly for the session, look over any available information that has been completed, and have a room scheduled for the intake assessment. During the session, the counselor will provide information and obtain signatures with regard to Informed Consent, HIPAA Privacy Regulations, Service Orientation and Release of Information. The Assessment process gathers and records

sufficient information to develop a comprehensive person-centered plan for each person served. The counselor will discuss with the person(s) served the presenting problem and develop mutually arrived upon goals to be addressed in counseling as well as estimated timelines for counseling taking into account and being respectful to the person serve's needs. If necessary, accommodations will be made for persons served who require interpreters for visual or language restrictions.

The Client/Family Application form will be filled out on the family's initial visit to the organization. This form includes the client's name, home address, telephone number, and person to be notified in a case of emergency, parent or legal guardian's names and other pertinent information. This form must be filled out during the first visit to the clinic. Also at that time, the Informed Consent describing limits to confidentiality, the sliding scale fee system and service to be provided will be read and filled out by the parent or legal guardian. Finally, the Fee Agreement will be reviewed by the family and discussed with the counselor at the time of intake. Fees need not be assessed at that time if the intake counselor will not be working with the family. However, the family should be informed of the sliding scale fee policy.

The Fee Agreement must be discussed and set by the primary counselor during the first visit. If the client is Medicaid eligible then Medicaid may be billed and the client will not be assessed a fee. The counselor will go over all required paperwork with the client/family and will obtain all required signatures. Information will be provided to the client/family explaining the purpose of each form. Required forms to open a sliding scale client file are: Client/Family Information/Application Form, Acknowledgement and Consent for Treatment, Notice of Privacy Practices Acknowledgment Form, Consent for Use and Disclosure of Health Information, Clients Rights, Consent to Release or Receive Confidential Information (if applicable), Orientation Acknowledgement, BHOP, and Transition/Discharge Plan. Prior to the third visit the following documentation will need to be completed.

Assessment information will be gathered to complete the Behavioral Health Outpatient Intake Assessment packet in detail. If time does not permit all information to be obtained during the first session, or if information changes the needs for the person served, the therapist may schedule an additional intake assessment time agreeable to the family. When the intake assessment has been completed, the counselor will review

the accuracy of the information obtained during the assessment and may wish to schedule the family for a regular therapy appointment provided compatible times could be arranged. When the counselor and person served schedules cannot be reconciled, the assessment information is brought to the Director of Counseling Services or the next regularly scheduled clinical management meeting for case assignment. In the event the next clinical management meeting is not scheduled within a week of the intake assessment, the therapist will notify the Director of Counseling Services or his/her designee for a more timely disposition of the case. In the clinical management meeting, the vital information is discussed with the clinical staff and one counselor is identified to provide services to the family. The identified counselor then takes the information and calls the family and schedules a therapy appointment.

Crossroads Youth & Family Services offers screening, assessments and evaluations including but not limited to the following areas:

Psychosocial Evaluations	Depression (BECK)	Problem Behavior Inventory (PBI)	School Violence Anxiety Scale
Client Assessment Record (CAR)	Adult SASSI 3	Adolescent SASSI A2	Beck Scale for Suicide Ideation
Beck Anxiety Inventory (BDI-II)	Children's PTSD Inventory	Bully Victimization Scale	Bully Victimization Distress Scale

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.

The Behavioral Health Outpatient Intake/Assessment form includes the following information:

- Identifying Information/Social Status
- Parental/Guardian Custodial Status
- Emergency Contact
- Health Care Resources

- Income
- Presenting Problem
- History of Presenting Problem
- Urgent Needs, Including Risk factors for Suicide, Other Self-Harm or Risk-Taking Behaviors , or Violence towards Others.
- Current/Historical Life Situation
- Living Situation/Family of Origin
  - Cultural Background
  - Orientation
  - Family History
  - Family Relationships
  - Spiritual Beliefs
  - Employment
  - Employment History
- Basic Needs
- Legal Information
- Educational
- Relationships
- Sexual Information and Orientation
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Psychological Abuse
- Domestic Violence
- Strengths, Abilities, Aptitudes and Skills
- Leisure, Interests and Preferences
- Medical Information & Medical Conditions
- Use of Complementary Health Approaches
- Prenatal Information (exposure to alcohol, nicotine and other drugs)
- Developmental History (Past and Current)
- Language and Speech Functioning
- Speech Performance
- Hearing and Visual Performance
- Intellectual Functioning
- Cognitive Functioning
- Behavioral Functioning
- Emotional Functioning
- Previous Behavioral Health Treatment including Diagnostic and Treatment History
- Substance Abuse History
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- Interaction with Peers/Community Functioning
- Support Issues

- Relationships/Natural Supports
- Adjustability
- Client Perception of Needs
- Client Goals/Expectations of Services
- Initial Treatment Plan (Diagnosis, Mental Status, Interpretative Summary, services to be provided)
- Developmental History
- Medical History
  
- Culture/Ethnicity
- Treatment History
- School History
- Language Functioning including Speech and Hearing
- Visual Functioning
- Immunization Record
- Learning Ability
- Intellectual Functioning
- Interaction with Peers
- Environmental Surroundings
- Prenatal Exposure to Alcohol, Nicotine or other Drugs
- History of Use of Alcohol, Nicotine or Other Drugs
- Referrals
- Signature and Credentials of Provider

### **Orientation for Person Served**

The assessments will be appropriate with respect to a child's or adolescent's age, development, culture, and education. During the intake/assessment session each client will have an orientation that is timely and based on the persons presenting problem. It is understandable and appropriate for the services provided. Clients will have a documented orientation on the following:

- Rights and responsibilities of the person served.
- Grievance and appeal procedures.
- Ways in which input is given regarding:
  - Quality of Care
  - Achievement of Outcomes
  - Satisfaction of the Person Served
- An explanation of the Organization's:
  - Services and Activities

- Behavioral Expectations
  - Hours of Operation
  - Access to After-Hour Services
  - Code of Ethics/Professional Conduct
  - Identification of potential Risks to person served
  - Confidentiality Policy
  - Intent/Consent for treatment
  - Transition criteria and procedures
  - Discharge Criteria
  - Requirements for Reporting and/or Follow-up
- An explanation of any and all financial obligations, fees, and financial arrangements for services provided by the organization;
- Familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits;
- The program's Health and Safety policies regarding:
  - The use of seclusion or restraint
  - The use of Nicotine Products
  - Illicit or licit drugs brought into the program
  - Prescription medication brought into the program
  - Weapons brought into the program
  - And other items that are not permitted
- Identification of the person responsible for service coordination;
  - A provision of a copy of the program rules to the person served, that identifies the following:
  - Any restrictions the program may place on the person served;
- Restrictions placed on the person served based on events, behaviors, or attitudes that may lead to the loss of rights; consequences or loss of privileges for the person served;
- Means by which the person served may regain rights or privileges that have been restricted;
- Education regarding advance directives, if appropriate;
- Identification of the purpose and process of the assessment;
- A description of how the individual plan will be conducted and the person's participation in goal development and achievement; the potential course of treatment; how motivation incentives may be used; expectations for legally required appointments, sanctions, or court notifications.; expectations for family involvement;



- Information regarding transition criteria and procedures;
- When applicable, an explanation of the organization's services and activities include:
  - Expectations for consistent court appearances;
  - Identification of therapeutic interventions, including:
    - Sanctions
    - Interventions
    - Incentives
    - Administrative discharge criteria.

**Psychological Testing.** Crossroads Youth & Family Services is primarily a youth and family counseling service and not a mental health organization. As such, the organization maintains a limited role in providing educational or psychological evaluations. Because of the various educational and licensing backgrounds of clinical staff, there are only a limited number of trained therapists who can perform formal test evaluations of children, youth and their families. As a result, the organization reserves the right to only perform and/or arrange for psychological evaluations for established persons served of the organization. Referrals to the organization for the specific purpose of evaluation, whether it is educational or psychological, will not be accepted. Designated staff will assist those persons served seeking formal evaluations to access those services in the community. Established persons served of the organization needing formal evaluations will be discussed with the Director of Counseling Services who will take into consideration the rationale for testing, the appropriate tests to administer, and whether current organization staff are qualified to perform the evaluations. If there is no current staff qualified to perform the evaluations, the client's counselor in consultation with the Director of Counseling Services will assist the person served to access those services in the community.

**Referral for Additional Services.** In cases where the organization is unable to provide assessment, counseling or other services in an identified area of need; the receptionist or other designated staff member in the case of a new referral, or the responsible Director of Counseling Services and involved clinical staff in the case of an established person served, may investigate alternatives. Referral information is documented in the individual's case record, or in the event of a new referral, in the

support staff's Person served Information and Referral Log. Referrals may include but are not limited to:

- ➔ Department of Human Services
- ➔ County Health Department
- ➔ Social Security Administration
- ➔ Medical Care
- ➔ Families/Individuals
- ➔ Community Mental Health Center
- ➔ University of Oklahoma Guidance Center

Whenever referrals are made outside of the organization, whether for new persons served or for established persons served, a follow-up contact is made to determine whether the person served accessed needed services and the need for more assistance with the process. All follow-up calls will be documented either in the client's case record or on the person served Information and Referral Log.

## **COMPREHENSIVE TREATMENT PLAN**

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

The intake/assessment and psychosocial is conducted during the first visit and the Comprehensive Treatment Plan is developed by the fifth visit of enrollment into the program. Program services contracts may specify specific time frames for initial person served contact and Treatment Plan development that will be adhered to by staff working under those contracts. The team members base these plans upon completion of an evaluation and observations. The assigned counselor is responsible for the internal arrangement of team meetings to include all appropriate participants and for the monitoring of progress toward objectives on a monthly basis. Generally, treatment plans are reviewed every 3 to 6 months, based on requirements of the payment source and/or a change in circumstance of the person served. Any deviation from these procedures is documented in the individual's case

record. Any team member may request case review during clinical management meetings at any time.

The Mental Health Service Plan will be completed between the client's third and fifth visit. The Mental Health Service Plan will document the client and parent or legal guardian's participation in the plan and their signatures will appear on the form. The counselor will also sign and date the Plan. The Mental Health Services Plan will vary in size and complexity based on the type of service provided. The individual plan is developed with active participation of the person served, is prepared using the information from the primary assessment and interpretive summary, and is based on the needs and desires of the persons served and focuses on his/her integration and inclusion into:

- The local community
- The family, when appropriate
- Natural support systems
- Other needed services.

The Mental Health Service Plan shall include the following information:

- Client Strengths/Abilities
- Client Liabilities/Needs
- Client Preferences
- Problem Statement(s)
- Identified Goals (stated in the client's own words)
- Current Objectives
- Target Dates
- Collaboration with School System
- Referrals to Community Services
- Date Initiated
- Discharge Plan

Goals on the Mental Health Services Plan are based on the needs and preferences of the person served and are expressed in the words of the person served. Goals are appropriate to the person's culture, age, strengths, needs, abilities, and preferences. The Mental Health Service Plan is communicated to the person served in a manner that is understandable, reviewed and updated every 3 to 6 months from the previous treatment plan, and is provided to the person served upon request. Any change in primary counselor assignment or diagnosis of problem should also be

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noted on the update. Service Plan updates indicate that the case has been reviewed and further treatment is necessary.

Treatment objectives are measurable, achievable, and time specific and are consistent with the outcomes expected by the person served and the treatment team. Objectives are reflective of the person's age, development, culture, ethnicity, responsive to the person's disabilities/disorders or concerns, and appropriate to the treatment setting. Goals are put in language that is understandable to the person served. Goals will include the frequency of treatment with specific interventions. When applicable the Plan may also include information on, or conditions for, any needs beyond the scope of the program, referrals for additional services, transition to other community services, community-based service options available to persons in long-term residential support programs, available aftercare options when needed, and identification of legal requirements or legally imposed fees.

When the person served has a co-occurring disability or disorder, the Mental Health Services Plan will specifically address those issues in an integrated manner. Provision of services will be either by personnel within the organization or by referral to service providers who are qualified for persons with co-occurring disabilities or disorders.

If services are provided to persons who have intensive medical needs, the Mental Health Services Plan specifically addresses how services will be provided in a manner that ensures the safety of the person served. Services are provided in accordance with all regulatory requirements.

Progress notes are electronically signed and dated (month, day, year) by the provider making the entry into the case file. The beginning and end times of the service is also documented. Progress notes indicate the progress and completion of portions of the individual plan, significant events or changes in the life of the person served, and the delivery of services that support the individual plan as well as changes in frequency of services and levels of care.

The Comprehensive Treatment Plan will also be completed between the client's third and fifth visit. The Comprehensive Treatment Plan will document the person

served and parent or legal guardian's participation in the plan and their signatures will appear on the form. The counselor will also sign and date the Plan that includes the following information.

- Client Strengths/Abilities
- Client Liabilities/Needs
- Client Preferences
- Problem Statement
- Goal Statement
- Current Objectives
- Target Dates
- Collaboration with School System
- Referrals to Community Services
- Discharge Criteria, Date and Plan

## **Treatment Plan Reviews**

Treatment Plan reviews will be made for those persons served seen for a six-month time period. It will be dated three to six (3-6) months following the date of the previous Treatment Plan or within time frames established specific to contract requirements to reflect current issues and maintain relevance. However, reassessment may take place anytime significant change occurs in the persons served life such as major life issues, referral to a court system or change in status of health or mental health. The update will document any change in goals and objectives based upon the persons served progress or the identification of any new problems. A change in the frequency and/or types of services should also be included at the time of the update. An explanation will be required if no changes are made in the treatment plan. Any change in primary counselor assignment or diagnosis of problem should also be noted on the update. The person served and parent or legal guardian will be consulted and sign Treatment Plan Updates indicating that the case has been reviewed and further treatment is necessary.

The primary counselor and any other counselors providing adjunct services to the family will keep progress notes. In addition, appointments missed or canceled will also be documented on a case note or progress note form. Comprehensive progress notes will be chronologically recorded, legibly written, electronically signed by the counselor and include the following information:

- Date of Service with Start and End Times
- Problem Statement (from Treatment Plan)
- Specific Problem Addressed
- Methods used to Address Problems
- Progress made Toward Goals and Objectives
- Client Response to Session
- New Problems Identified
- Plan for Continued Treatment
- Family Response to Treatment (when applicable)
- Delivery and outcome of specific interventions, modalities and/or services that support the person-centered plan

When assessment identifies a potential risk for suicide, violence, or other risky behaviors, a safety plan is completed with the person served as soon as possible. The safety plan will include current coping skills, warning signs, actions to be taken to respond to periods of increased emotional pain and to make the environment safe, preferred interventions necessary for personal safety and public safety, and persons/supports who are available to assist, when needed.

## **TRANSITION/DISCHARGE PLAN**

A Transition Plan is initiated with the person served at the conclusion of treatment as part of the development of the individual plan. The Transition Plan is prepared to ensure a smooth transition when a person served is transferred to another level of care, another component of care, to an aftercare program, a community-integrated setting, or is discharged from the program. Should a person served choose to abruptly leave a program, transition planning may not be possible.

The Transition Plan identifies the person's current progress in his or her own recovery or well-being and gains achieved during program participation. The

written plan is developed with input and participation of the person served and family/legal guardian, referral source, a legally authorized representative, personnel, and other community services when appropriate or permitted. The Transition Plan identifies the person's need for support systems or other types of services that will assist in continuing his or her recovery or well-being, referral source information (such as contact name, telephone number, location, hours, and days of service, when applicable), and communication of information or options should symptoms recur or additional services are needed. Information regarding medication will be included if applicable. The primary clinician assigned to the case will be responsible for coordinating the transfer or discharge to ensure that the process is effectively completed and to monitor the programs' effectiveness.

When the Transition Plan indicates the need for additional services or supports, or when an unplanned transition or discharge occurs, personnel are identified who will be responsible for follow-up after transition to maintain the continuity and coordination of any needed services, to determine with the person served whether further services are needed, and to offer or refer to needed services when possible.

Should a person be discharged from a program due to aggressive or assaulting behavior, follow-up occurs to ensure linkage of needed services within 72 hours of discharge.

A copy of the Transition Plan is provided to the person served and to transition planning participants when beneficial to the person served, either at the last session or by mail, unless it is decided that to do so would not be of therapeutic value.

In conclusion, the primary counselor will complete a Transition Plan/Discharge Plan and Case Closure Checklist within 15 days of termination. The Transition Plan/Discharge Plan shall include:

- Persons Involved in Development of Transition Plan
- Admission Date/Discharge Date
- Client Strengths, Needs, Abilities, and Preferences
- Presenting Problem at Intake/Diagnosis
- Initial Condition of Client

- Condition of Client at Discharge
- Treatment Summary (Services Provided and Outcome/Client's Response)
- Reason for Discharge
- Extent to which goals and objectives were achieved (Progress/Gains)
- Recommendations/Referrals
- Staff Responsible for Follow-up, if applicable
- Client's Input, Cooperation and Knowledge of Continuing Care Plan
- Client's Response to Continuing Care Plan
- Staff Signature/Credentials/Date Signed

Cases where persons served have prematurely self-terminated or remained inactive for more than 90 days will be considered no longer requiring services and the case will be closed. Documentation of attempts made to contact the family will be kept in the file and noted in the case notes. When an unplanned discharge occurs, follow-up is conducted as soon as possible to provide necessary notifications; clarify the reasons for the unplanned discharge; determine with the person served whether further services are needed; and to offer or refer to needed services.

## **STAFFING PLAN**

Crossroads Youth & Family Services, at a minimum, adheres to the staff-to-individual services ratio required by applicable standards. In addition, Crossroads Youth & Family Services considers the quality of services during the determination of staffing patterns. The Behavioral Health Outpatient Program offers an array of services in locations that meet the needs of the persons served. All staff possess a minimum of a bachelor's degree with the majority of staff holding a master's degree. In addition, many staff are also licensed as Licensed Professional Counselors, Licensed Marriage and Family Therapists, or Licensed Social Workers. Staff receives ongoing training on applicable areas of counseling, case-management theories and practice in order to provide quality services to clients. Treatment modalities include but are not limited to Individual, Family and Group therapy.

Staff, in response to the needs of the person served empowers them to actively participate with the team to promote recovery, progress, and well being. Services are consistent with the needs of the person served through direct interaction with



that person and/or with individuals identified by that person. Services are culturally and linguistically competent and occur as often as necessary to carry out the decision making responsibilities. Consultations by the team members are documented and include results of the consultation.

**The primary counselor is responsible for coordinating services for each person served by:**

- Ensuring the implementation of the person-centered planning process;
  - Ensuring that the person served is oriented to his or her services;
  - Promoting the participation of the person served on an ongoing basis in discussions of his/her plans, goals, and status;
  - Identifying and addressing gaps in service provision or inactive status of clients;
  - Sharing information on how to access community resources relevant to his/her needs;
  - Advocating for the person served when applicable;
  - Communicating information regarding progress of the person served to the appropriate persons;
  - Facilitating the transition process, including arrangements for follow-up services;
  - Involving the family or legal guardian when permitted
  - Coordinating services provided outside of the organization;
- Identifying the process for after-hours contact.

**DISMISSAL**

Through the course of normal service delivery, a person served participates in his/her transition/discharge plan from the point of intake/assessment, treatment planning with problems to be addressed and desired goals, and throughout the counseling process. However, circumstances may arise in which a person served is prematurely dismissed from receiving services through the organization. With the exception of the Emergency Youth Shelter which maintains its own policies and procedures for dismissal, a person served may be dismissed from any program or service of the organization under the following circumstances:

- Consistent pattern of not attending appointments without cause
- Unwillingness to correct actions or behaviors that are assaultive or threaten harm to staff and/or other persons served
- The flagrant use of alcohol or illegal substances while involved or participating in a program or service of the organization
- A consistent lack of progress toward treatment goals over time and/or demonstration of a lack of initiative over time to engage in the treatment process
- Violation of organization policy
- Requesting only services that the organization does not provide, i.e. custody evaluations, etc.

Circumstances of person served dismissal from services should be documented in the person served file.

## **READMISSION**

The person served and/or the parent, legal guardian or responsible adult (advocate) of a person served may request for services to be reinstated by notifying the appropriate Director of Counseling Services of their interest in returning to services. The Director of Counseling Services may ask the person served or his/her advocate to submit a written proposal addressing the reasons for being dismissed from services and the behavior change that can be expected, or they may choose to schedule an appointment with the person served and his/her advocate to discuss those issues. The Director of Counseling Services may then initiate a consultation session between the person served and his/her advocate, the previously involved counselor and the supervisor to evaluate whether further treatment is appropriate. All staff shall provide assistance to any person served and/or the parent, legal guardian or responsible adult of a person served who is seeking reinstatement of services.

Circumstances of the decision to reinstate services to persons served who had been previously dismissed from services should be documented in the case file.

## CODE OF ETHICS

All Crossroads YFS staff are expected to conform to the highest ethical and professional standards. Violation of the Code of Ethics will result in appropriate disciplinary action according to the organization's *Discipline and Termination Policy* found in *Section 2, Human Resources Policies*, pp. 9-11. Crossroads YFS will provide orientation and ongoing training to personnel and other stakeholders on ethical codes of conduct.

### SECTION A: THE COUNSELING RELATIONSHIP

#### A.1. CLIENT WELFARE

Primary Responsibility: The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

Positive Growth and Development: Counselors encourage client growth and development in ways that foster the clients' interest and welfare; counselors avoid fostering dependent counseling relationships.

Counseling Plans: Counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting clients' freedom of choice. (See A.3.b.)

Family Involvement: Counselors recognize that families are usually important in clients' lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

Career and Employment Needs: If requested, counselors work with their clients in considering employment in jobs and circumstances that are consistent with the clients' overall abilities, vocations limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Counselors neither

place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.

## **A.2. RESPECTING DIVERSITY**

Nondiscrimination: Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, spiritual beliefs, language, or socioeconomic status. (See C.5.a. C.5.b., and D.1.i.)

Respecting Differences: Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts her or his values and beliefs about the counseling process. (See E.8.)

## **A.3. CLIENT RIGHTS**

Disclosure to Clients: When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their client records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal. (See E.5.a.)

Freedom of Choice: Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained. (See A.1.c.)

Inability to Give Consent: When counseling persons are unable to give voluntary informed consent, counselors act in these clients' best interests, when possible obtaining consent from legally recognized representatives. (See B.3.)

All persons receiving services from Crossroads Youth and Family Services, Inc., (Crossroads) shall enjoy all rights, benefits and privileges guaranteed by laws and constitution of the State of Oklahoma and the United States of America, except those specifically lost through due process of law. In addition to the above rights, all persons shall have the right guaranteed by the *Client's Bill of Rights*, unless an exception is specifically authorized by these standards or an order of a court of competent jurisdiction.

Each client served by Crossroads can expect:

1. To be treated with respect and dignity, free from abuse, retaliation, humiliation, neglect, and financial or other exploitation. All agency personnel are expected to perform all services in a manner protects, promotes and respects individual human dignity.
2. The right to a safe, sanitary and humane living or treatment environment.
3. The right to a humane psychological environment that protects him/her from harm, abuse or exploitation.
4. To be provided services in an environment which provides reasonable privacy, promotes personal dignity, and provides the opportunity for improved functioning.
5. The right to receive services or appropriate referral without discrimination as to race, color, age, gender, marital status, sexual orientation, religion, national origin, degree of disability, handicapping condition, legal status, and/or the ability to pay for the services.
6. To never be neglected and/or sexually, physically, verbally or otherwise abused, harassed, humiliated or punished.
7. The right to be provided with prompt, competent, appropriate services and an individual treatment plan.
8. To have access to information in sufficient time to facilitate his/her decision making. To be afforded the opportunity to participate in the treatment planning and consent, or refuse to consent to the proposed treatment unless these rights are bridged by a court on competent jurisdiction or in emergency situations as defined by law.
9. The right to permit family members or significant others to be involved in their treatment and treatment planning.

10. The right to privacy of information and to have their records treated in a confidential manner with HIPPA regulations.
11. The right to review their records according to the policies and procedures set forth by Crossroads that are in accordance to the State and Federal laws and HIPPA regulations.
12. The right to refuse to participate in any research project or medical experiment without specific informed consent as defined by law and that such refusal shall not affect the services available to the client. Adherence to research guidelines and ethics when persons served are involved, if applicable.
13. The right to request the opinion of an outside medical or psychiatric consultant, at the expense of the client; and/or to request an internal facility consultation at no cost.
14. The right to assert grievances and timely investigation and resolution of the grievance with respect to any alleged infringement of these stated rights or any other statutorily granted rights.
15. The right to never be retaliated against, or subject to any adverse conditions or treatment services solely or partially because of having asserted any of the client rights listed in this document.
16. The right to have their funds managed in an ethical and appropriate manner that prohibits fiduciary abuse.
17. The right to mechanisms that will facilitate access and/or referrals to legal services, advocacy services, self-help groups, guardians and conservators.
18. The right to be informed that services can be refused and that there could be consequences to refusal of services.
19. The right to an expression of choice of release of information.
20. The right of choice of service delivery, release of information, concurrent services. The right of choice of composition of treatment team.
21. To have referral to legal entities for appropriate representation such as Legal Aid, self-help support services, such as AA, YWCA etc, and advocacy support services such as Al-Anon.

#### **A.4. CLIENTS SERVED BY OTHERS**

If a client is receiving services from another mental health professional, counselors, with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See C.6.c.)

#### **A.5. PERSONAL NEEDS AND VALUES**

Personal Needs: In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

Personal Values: Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients. (See C.5.a.)

#### **A.6. DUAL RELATIONSHIPS**

Avoid when Possible: Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs. (See F.1.b.)

Superior/Subordinate Relationships: Counselors do not accept as clients superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

#### **A.7. SEXUAL INTIMACIES WITH CLIENTS**

Current Clients: Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

Former Clients: Counselors do not engage in sexual intimacies with former clients within a minimum of 2 years after terminating the counseling relationship. Counselors who engage in such relationship after 2 years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

#### **A.8. MULTIPLE CLIENTS**

When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset, which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately. (See B.2. and B.4.d.)

#### **A.9. GROUP WORK**

Screening: Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well being will not be jeopardized by the group experience.

Protecting Clients: In a group setting, counselors take reasonable precautions to protect clients from physical or psychological trauma.

#### **A.10. FEES AND BARTERING (See D.3.a. and D.3.b.)**



Advance Understanding: Counselors clearly explain to clients, prior to entering the counseling relationship, that the client or client's family will not be billed based on the client fee agreement.

Pro Bono Service: No one will ever be denied services based on an inability or refusal to pay, lack of funds or being ineligible for Medicaid.

Bartering: Bartering will never be entered into for any reason.

#### **A.11. TERMINATION AND REFERRAL**

Abandonment Prohibited: Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, and following termination.

Inability to Assist Clients: If counselors determine an inability to be of professional assistance to clients, they avoid entering or immediately terminate a counseling relationship. Counselors are knowledgeable about referral resources and suggest appropriate alternative. If clients decline the suggested referral, counselors should discontinue the relationship.

Appropriate Termination: Counselors terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, or when organization or institution limits do not allow provision of further counseling services. (See A.10.b. and C.2.g.)

### **SECTION B: CONFIDENTIALITY**

#### **B.1. RIGHT TO PRIVACY**

Respect for Privacy: Counselors respect their clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See A.3.a. and B.6.a.)

Client Waiver: The client or his or her legally recognized representative might waive the right to privacy.

Exceptions: The general requirement that counselors keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

Contagious, Fatal Diseases: A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at a high risk of contracting the disease. Prior to making a disclosure the counselor should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See B.1.c and B.1.f.)

Court-Ordered Disclosure: When court ordered to release confidential information without a client's permission, counselors alert the court that the disclosure may result in potential harm to the client or counseling relationship. (See B.1.c.)

Minimal Disclosure: When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

Explanation of Limitations: When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identifies foreseeable situations in which confidentiality must be breached. (See G.2.a.)

Subordinates: Counselors make every effort to ensure that subordinates including employees, anyone under supervision, clerical assistants, and volunteers maintain privacy and confidentiality of clients. (See B.1.a.)

Treatment Teams: If client treatment will involve a continued review by a treatment team, the client will be informed of the team's existence and composition.

## **B.2. GROUPS AND FAMILIES**

Group Work: In-group work, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in-group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members.

Family Counseling: In family counseling, information about one family member cannot be disclosed to another member without permission. Counselors protect the privacy rights of each family member. (See A.8. B.3. And B.4.d.)

## **B.3. MINOR OR INCOMPETENT CLIENTS**

When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or legal guardians may be included in the counseling process as appropriate. Counselors act in the best interest of clients and take measures to safeguard confidentiality. (See A.3.c.)

## **B.4. RECORDS**

Requirement of Records: Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or organization or institution procedures. Cases will be left in locked storage for a period of seven (7) years, or seven (7) years past the age of majority subsequent to discharge after which time person served records will be shredded.

Confidentiality of Records: Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See B.1.a.)

Permission to Record or Observe: Counselors obtain permission from clients prior to electronically recording or observing sessions. (See A.3.a.)

Client Access: Counselors recognize that counseling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by competent clients, unless the records contain information that may be

misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. (See A.8. B.1.a. And B.2.b.)

Disclosure or Transfer: Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section.

Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

## **B.5. RESEARCH AND TRAINING**

Data Disguise Required: Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See B.1.g. and G.3.d.)

Agreement for Identification: Identification of a client in a presentation or publication is permissible only when the client has reviewed the material and has agreed to its presentation or publication. (See G.2)

## **B.6. CONSULTATION**

Respect for Privacy: Information obtained in a consulting relationship is discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and avoid undue invasion of privacy.

Cooperating Agencies: Before sharing information, counselors make efforts to ensure that there are defined policies in other agencies serving the counselors' clients that effectively protect the confidentiality of information.

## **SECTION C: PROFESSIONAL RELATIONSHIP**

### **C.1. STANDARDS OF KNOWLEDGE**

Counselors have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice.

### **C.2. PROFESSIONAL COMPETENCE**

Boundaries of Competence: Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

New Specialty Areas of Practice: Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

Qualified for Employment: Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Administrators hire for professional counseling positions only individuals who are qualified and competent.

Monitor Effectiveness: Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary.

Ethical Issues Consultation: Counselors take reasonable steps to consult with the Executive Director when they have questions regarding their ethical obligations or professional practice. (See H.1.)

Continuing Education: Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse

and/or special populations with whom they work. Counselors will attend all required in-services scheduled by Crossroads YFS.

Impairment: Counselors refrain from offering or accepting professional services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. (See A.11.c.)

### **C.3. ADVERTISING AND SOLICITING CLIENTS**

Accurate Advertising: There are no restrictions on advertising by Crossroads YFS or counselors except those that can be specifically justified to protect the public from deceptive practices. Counselors advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the council on Post-Secondary Accreditation.

Testimonials: Crossroads YFS and/or counselors who use testimonials do not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

Statements by Others: Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling is accurate.

Recruiting Through Employment: Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultant agreements for their private practices. (See C.5.e.)

Products and Training Advertisements: Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for persons served to make informed choices. They will not

use Crossroads YFS' name for any reason without written approval from the Executive Director.

Promoting to Those Served: Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Counselors may adopt textbooks they have authored for instruction purposes.

Professional Association Involvement: Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

#### **C.4. CREDENTIALS**

Credentials Claimed: Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, ACA professional membership, or any other credential that might indicate to the public or to Crossroads YFS specialized knowledge or expertise in counseling.

Credential Guidelines: Counselors follow the guidelines for use of credentials that have been established by the entities that issue the credentials. Misrepresentation of Credentials: Counselors do not attribute more to their credentials than the credentials represent, and do not imply that other counselors are not qualified because they do not possess certain credentials.

Doctoral Degrees from Other Fields: Counselors who hold a master's degree in counseling or a closely related mental health field, but hold a doctoral degree from other than counseling or a closely related field, do not use the title "Dr." in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

## **C.5. PUBLIC RESPONSIBILITY**

Non-discrimination: Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, spiritual beliefs, language or socioeconomic status, or for any other reason. (See A.2.a.)

Sexual Harassment: Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts. Counselors will adhere strictly to Crossroads YFS' Sexual Harassment Policy.

Reports to Third Parties: Counselors are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.1.g.)

Media Presentations: When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, social media, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the Code of Ethics and the Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See C.6.b.)

Unjustified Gains: Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.3.d.)



## **C.6. RESPONSIBILITY TO OTHER PROFESSIONALS**

Different Approaches: Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

Personal Public Statements: When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of Crossroads YFS and its other employees.

Clients Served by Others: When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See A.4.)

## **SECTION D: RELATIONSHIPS WITH OTHER PROFESSIONALS**

### **D.1. RELATIONSHIPS WITH EMPLOYEES**

Role Definition: Crossroads YFS defines and describes for their employees the parameters and levels of their professional roles. Counselors will then stay within the parameters set by Crossroads YFS.

Agreements: Counselors establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, and adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, workload, and accountability. Working agreements in each instance are specified and made known to those concerned including the Executive Director of Crossroads YFS.

Negative Conditions: Counselors alert the Executive Director or the Director of Counseling Services to conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness.

Evaluation: All employees will submit regularly to professional review and evaluation by their supervisor or the appropriate representative of Crossroads YFS.

In-Service: The Director of Counseling Services and Director of Residential Services of Crossroads YFS are responsible for in-service development of all staff.

Contractual Relationships: The Executive Director and/or Director of Counseling Services will inform all persons with whom the organization maintains a contractual relationship of their role and their responsibility to abide by the Code of Ethics. All contractors will have a Business Associate's Agreement on file with the organization.

Goals: The Executive Director or her representative will inform the staff of Crossroads YFS' goals, mission, purpose and programs. All employees will work together in striving to accomplish all of these in the best possible ways.

Practices: Crossroads YFS will provide personnel and organization practices that respect and enhance the rights and welfare of each employee and recipient of organization services. Counselors strive to maintain the highest levels of professional services.

Personnel Selection and Assignment: The Executive Director, Director of Counseling Services, and/or Director of Residential Services will select competent staff and assign responsibilities compatible with their skills and experiences.

Discrimination: All Crossroads YFS employees will not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See A.2.a. and C.5.b.)

Professional Conduct: Counselors have a responsibility both to clients and to the organization to maintain high standards of professional conduct.

Exploitative Relationships: Counselors do not engage in exploitative relationships with individuals over whom they have a supervisory, evaluative, or instructional control or authority.

Crossroads YFS Policies: The acceptance of employment implies that counselors are in agreement with the general policies and principles of Crossroads YFS.

Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

## **D.2. CONSULTATION (See B.6.)**

Consultation as an Option: Counselors who believe another professional needs to be consulted must have the Executive Director's and/or Director of Counseling Services' permission before speaking to or engaging another professional. In choosing consultants, counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.

Consultant Competency: Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

Understanding with Clients: When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

Consultant Goals: The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b.)

## **D.3. FEES FOR REFERRAL**

Accepting Fees from Organization Clients: Counselors must refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through Crossroads YFS. Clients must be informed of other options open to them should they seek private counseling services. (See A.10.a. A.11.b. And C.3.d.)

Referral Fees: Counselors do not accept a referral fee from other professionals.

#### **D.4. SUBCONTRACTOR ARRANGEMENTS**

Since counselors are working for an organization, Crossroads YFS, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors in providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See B.1.e. and B.1.f.)

All employees who are involved in filing, billing etc. will respect client confidentiality as stated for counselors in this Code of Ethics.

### **SECTION E: EVALUATION, ASSESSMENT, AND INTERPRETATION**

#### **E.1. GENERAL**

Appraisal Techniques: The primary purpose of educational and psychological assessment is to provide measures that are objective and interpretable in either comparative or absolute terms. Counselors recognize the need to interpret the statements in this section as applying to the whole range of appraisal techniques, including test and non-test data.

Client Welfare: Counselors promote the welfare and best interests of the client in the development, publication, and utilization of educational and psychological assessment techniques. They do not misuse assessment results and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the basis for their conclusions and recommendations.

#### **E.2. COMPETENCE TO USE AND INTERPRET TESTS**

Limits of Competence: Counselors recognize the limits of their competence and perform only those testing and assessment services for which they have been trained. They are familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Counselors using computer-based test interpretations are trained in the construct being measured and

the specific instrument being used prior to using this type of computer application. Counselors take reasonable measures to ensure the proper use of psychological assessment techniques by persons under their supervision.

Appropriate Use: Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use computerized or other services.

Decisions Based on Results: Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational and psychological measurement, including validation criteria, test research, and guidelines for test development and use.

Accurate Information: Counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid unwarranted connotations of such terms as IQ and grade equivalent scores. (See C.5.c.)

### **E.3. INFORMED CONSENT**

Explanation to Clients: Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand, unless an explicit exception to this right has been agreed upon in advance.

Recipients of Results: The examinee's welfare, explicit understanding, and prior agreement determine the recipients of test results. Counselors include accurate and appropriate interpretations with any release of individual or group test results. (See B.1.a. and C.5.c.)

### **E.4. RELEASE OF INFORMATION TO COMPETENT PROFESSIONALS**

Misuse of Results: Counselors do not misuse assessment results and take reasonable steps to prevent the misuse of such by others. (See C.5.c.)

Release of Raw Data: Counselors ordinarily release data (e.g., protocols, counseling or interview notes, or questionnaires) in which the client is identified only with the consent of the client or the client's legal representative. Such data are usually released only to persons recognized by counselors as competent to interpret the data. (See B.1.a.)

## **E.5. PROPER DIAGNOSIS OF MENTAL DISORDERS**

Proper Diagnosis: Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See A.3.a. and C.5.c.)

Cultural Sensitivity: Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experience is considered when diagnosing mental disorders.

## **E.6. TEST SELECTION**

Appropriateness of Instruments: Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

Culturally Diverse Populations: Counselors are cautious when selecting tests for culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.

## **E.7. CONDITIONS OF TEST ADMINISTRATION**

Administration Conditions: Counselors administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions or when unusual behavior or irregularities occur during the testing session, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

Computer Administration: Counselors are responsible for ensuring that administration programs function properly to provide clients with accurate results

when a computer or other electronic methods are used for test administration. (See A.112.b.)

Unsupervised Test-Taking: Counselors do not permit unsupervised or inadequately supervised use of tests or assessments.

Disclosure of Favorable Conditions: Prior to test administration, conditions that produce most favorable test results are made known to the examinee.

## **E.8. DIVERSITY IN TESTING**

Counselors are cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors. (See A.2.a.)

## **E.9. TEST SCORING AND INTERPRETATION**

Reporting Reservations: In reporting assessment results, counselors indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested.

Research Instruments: Counselors exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

Testing Services: Counselors who provide test scoring and test interpretation to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

#### **E.10. TEST SECURITY**

Counselors maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher and the Executive Director or Clinical Advisor.

#### **E.11. OBSOLETE TESTS AND OUTDATED TEST RESULTS**

Counselors do not use data or test results that are obsolete or outdated for the current purpose.

#### **E.12. TEST CONSTRUCTION**

Counselors use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilization of educational and psychological assessment techniques.

### **SECTION F: TEACHING, TRAINING, AND SUPERVISION**

#### **F.1. COUNSELOR EDUCATORS AND TRAINERS**

Educators as Teachers and Practitioners: Counselors who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselors conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. Counselor educators should make an effort to infuse material related to human diversity into all in-services that are designed to promote the development of professional counselors.

Sexual Relationships: Counselors do not engage in sexual relationships with supervisees and do not subject them to harassment. (See A.6. and C.5.b.)

Close Relatives: Counselors do not accept close relatives as supervisees.



Supervision Preparation: Counselors who act as Clinical Advisors are adequately prepared in supervision methods and techniques.

Responsibility for Services to Clients: Counselors who supervise the counseling of others take reasonable measures to ensure that counseling provided to clients are professional.

Endorsement: Counselors do not endorse supervisees for certification, licensure, employment, or completion of an academic or training program if they believe supervisees are not qualified for the endorsement. The Executive Director and/or Director of Counseling Services must approve all endorsements.

## **SECTION G: RESEARCH AND PUBLICATION**

### **G.1. RESEARCH**

Counselors will not engage in any research with human subjects that are also Crossroads YFS clients or reside in any care facility that has a verbal or written contract with Crossroads YFS without explicit written consent of the client and the Executive Director.

### **G.2. PUBLICATION**

Counselors may not publish any data obtained as employees of Crossroads YFS without the written permission of the Executive Director.

## **SECTION H: RESOLVING ETHICAL ISSUES**

### **H.1. KNOWLEDGE OF STANDARDS**

Counselors are familiar with the Code of Ethics and the Standards of Practice and other applicable ethics codes from other professional organizations of which they are member, or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct. In addition to the Code of Ethics of Crossroads YFS, counselors will subscribe to and practice the professional ethics of his/her respective discipline.

## **H.2. SUSPECTED VIOLATIONS**

Ethical Behavior Expected: Counselors expect professional associates to adhere to the Code of Ethics. When counselors possess reasonable cause that raises doubts as to whether a counselor is acting in an ethical manner, they take appropriate action. (See H.2.d. and H.2.e.)

Consultation: When uncertain as to whether a particular situation or course of action may be in violation of the Code of Ethics, counselors consult with the Director of Counseling Services, , or with other counselors who are knowledgeable about ethics, with colleagues, or with the Executive Director of Crossroads YFS.

Organization Conflicts: If the demands of Crossroads YFS pose a conflict with the Code of Ethics, counselors specify the nature of such conflicts and express to the Administrative Team their commitment to the Code of Ethics. When possible, counselors work toward change within the organization to allow full adherence to the Code of Ethics.

Informal Resolution: When counselors have reasonable cause to believe that another counselor is violating an ethical standard, they attempt to first resolve the issue informally with the other counselor if feasible, providing that such action does not violate confidentiality rights that may be involved.

Reporting Suspected Violations: When an informal resolution is not appropriate or feasible, counselors immediately report the suspected ethical violation to the Executive Director, Director of Counseling Services, Director of Residential Services or to another member of the Crossroads YFS Administrative Team.

Unwarranted Complaints: Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intend to harm a counselor rather than to protect clients or the public.

## **H.3. COOPERATION WITH ADMINISTRATIVE TEAM**

Counselors assist in the process of enforcing the Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the Crossroads YFS

Administrative Team or other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with Crossroads YFS Policies and Procedures and use it as a reference in assisting the enforcement of the Code of Ethics.

#### **H.4. PROCEDURES FOR INVESTIGATING AND ACTING ON VIOLATIONS OF CODE OF ETHICS**

Crossroads YFS wishes to maintain an open line of communication, giving the person served adequate opportunity to express opinions, recommendations and complaints of violations of the Code of Ethics.

Any person served who believes they have not been treated in an ethical, professional manner, the person should follow the Client Grievance Procedures as appropriate. All clients in Crossroads YFS programs shall be advised of the Client Grievance Policy and s/he will sign an acknowledgement on the Consent for Treatment form of having been informed. This Consent for Treatment will remain in the client's clinical file.

*(Crossroads YFS has utilized the American Counseling Association's National Counselor's Code of Ethics as a basis for this document.)*

#### **CONFIDENTIALITY AND PRIVACY STANDARDS**

Crossroads YFS shall comply with the privacy standards regarding health information as outlined in the Health Insurance Portability and Accountability Act (HIPAA). Health Information is defined as any information, whether oral or recorded in any form or medium, that:

- Is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or healthcare clearinghouse; and
- Relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past present, or future payment for the provision of healthcare to an individual.

Protected health information (PHI) means individually identifiable health information that is transmitted or maintained by electronic (or other) media.

Crossroads YFS is prohibited from using or disclosing protected health information except as authorized by the person served/resident or specifically permitted by HIPAA regulations. The organization will obtain written consent before using or disclosing a client's protected health information to carry out treatment, payment, or healthcare operations (TPO). Consent is a general document that gives the organization, which has a direct treatment relationship with the person served/resident, permission to use and disclose all PHI for TPO. The organization will keep a record of this consent for seven (7) years from the date it was last in effect, as required by law.

The person served must provide the organization consent for their protected health information to be "used" or "disclosed". Use refers to information within the organization such as sharing, employing, applying, utilizing, examining, and analyzing individually identifiable health information by employees or other members of the organization's workforce. Disclosure refers to information that is transferred outside the organization holding information such as release, transfer, provision of access, and divulging. Any disclosure not related to TPO requires a written authorization from the person served.

### **RELEASE OF CONFIDENTIAL INFORMATION**

Person served records will not be released to other individuals or agencies without written consent from the person served, except upon receipt of a legitimate court order, in the event of a valid emergency, to meet the requirements of state law that child/elderly abuse to reported or in the event the person served presents a danger to themselves or to others. When working with minors or other persons who are unable to give voluntary, informed consent, counselors take special care to protect these person served's best interests. Confidential information requested to be released by the person served or another entity must be made by the person served's signature and witnessed on a Consent to Release Confidential Information form, which will include:

- Compliance with applicable federal and state laws.
- Identification of the person about whom information is to be released.
- Identification of the content to be released.

- Identification to whom the information is to be released.
- Identification of the purpose for which the information is to be released.
- A date on which the release is signed.
- The date, event, or condition on which the authorization expires (not to exceed one year).
- Information as to how and when the authorization can be revoked.
- The signature of the person who is legally authorized to sign the release.

Crossroads YFS shall meet the requirements of all applicable state and federal laws, rules, and regulations. Public Law 99-401 amends the federal confidentiality laws to require that cases involving suspected, actual, or imminent harm to children must be reported to child protection agencies and therefore are not covered by confidentiality requirements. This applies only to initial reports of child abuse or neglect and not to requests for additional information or records. Court orders are still required before records may be used to initiate or substantiate any criminal charge or to conduct any investigation of a patient.

Medical records and other identifiable health information used or disclosed by the organization in any form include electronic, paper-based, and oral information. The organization may disclose protected health information without prior authorization for the following reasons as outlined in HIPAA regulations:

- Public health, and in emergencies affecting life or safety;
- Judicial and administrative proceedings;
- Oversight of the system, including quality assurance activities;
- Government health data systems;
- In other situations where the use of disclosure is mandated by other laws; and
- Abuse or Neglect.

Under the Privacy Rule of HIPAA, the person served has these additional rights:

- The right to request restrictions of their protected health information;

- The right to request to receive confidential communications from you by alternative means or at an alternative location;
- The right to request an amendment to their healthcare information;
- The right to obtain an accounting of certain disclosures of their health information;
- The right to confidential communication;
- The right to obtain a paper copy of the Notice of Privacy Practices; and
- The right to complain about alleged violations of the regulations and the agencies information policies.
- The right to access, copy and inspect their health information;

Under federal law, however, persons served may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Oklahoma State Law (76 O.D. Supp. 1986, Section 19) provided that psychological or psychiatric records may be provided to a patient if the treating physician or practitioner consents to the release upon receipt of a court order, issued by a court of competent jurisdiction. Therefore, psychological or psychiatric records will not be released to patients, their guardians or agents (including attorneys) except with the consent of the treating physician or practitioner or upon the receipt of a court order, issued by a court of competent jurisdiction.

**Psychiatric Records**—Person served records, including protected health information, will not be released to other individuals, entities, or agencies except as authorized by the person served or specifically permitted by law including public health, and in emergencies affecting life or safety, judicial and administrative proceedings, law enforcement, oversight of the system, including quality assurance activities, government health data systems, research, in other situations where the use of disclosure is mandated by other laws, to meet the requirements of state law that child/elderly abuse is to be reported or in the event the person served presents a danger to themselves or to others.

## **PROTECTED HEALTH INFORMATION DISCLOSURE TO FUNDING SOURCES**

Since part of the cost of the person served treatment is funded by federal, state, or local sources, these sources have the right to review person served files, including protected health information, to verify that services have been delivered appropriately. This review is done for accounting or evaluative purposes only, with no files, clinical information, or protected health information (PHI) removed from the organization. Others having review access to person served files are organization staff, consultants and accountants. Business Associate Agreements will be formed with any individual or entity that provides such services to the organization and require access to protected health information to limit the use of protected health information as permitted by state or federal law, limit the use and disclosure of PHI in terms of the agreement, bind all business associate agents and subcontractors to the agreement, business associates must report all unauthorized uses and disclosures to the organization. Furthermore, the organization will take reasonable steps to correct any misuse of PHI including cancellation of contracts without penalty.

**Drug/Alcohol Abuse Records**—Confidentiality of drug/alcohol abuse records is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2, A General Authorization for the Release of Medical or Other Information Is Not Sufficient for this Purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute an alcohol/drug abuse patient.

## **DISCLOSURE BY FACSIMILE**

The use of fax machines to send confidential PHI requires special consideration to maintain client's record protection. Facsimile copies shall be considered the same as original copies if the person served indicates on the Release of Confidential Information form that such means can be used to transmit their data. Release of person served information by fax should be accompanied by cover letter noting:

- a. The receiving facility's name and address.

- b. The receiving facility's telephone and fax number.
- c. The authorized receiver's name.
- d. Statement regarding confidentiality and restriction on re-disclosure.
- e. Instructions for authorized receiver to verify his/her receipt of the information.
- f. Statement regarding destruction.
- g. Date and time of the fax transmission.
- h. Sending facility's name and address.
- i. Sending facility's telephone and fax number.
- j. Sender's name.
- k. The number of pages sent (including cover page).

Senders also should:

- a. Verify by telephone the availability of the authorized receiver before beginning transmission.
- b. Include a record of the transmission in their correspondence log.
- c. File the original cover letter with transmission receipt data in the correspondence section of the person served's file.

When receiving healthcare information via fax the authorized recipient should:

- a. Read the cover letter and follow any instruction for verifying receipt of documents.
- b. Count the number of pages received and compare to cover page.
- c. Notify the authorized sender that the fax has been received.
- d. Reserve confidentiality in the delivery to addressed delivery.

#### **OTHER ELECTRONIC DATA**

Electronic data that is used to store or transfer information that contains PHI concerning persons served or residents must adhere to the following guidelines. E-

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mails may be used in court referred cases when communicating with officers of the court only by using Crossroads YFS computers/emails with required releases. E-mail uses 128-bit encryption and all Crossroads YFS computers that send or receive e-mails are password protected to which only the computer user and the IT Manager has the password.

All staff who handle client Protected Health Information (PHI) is governed by HIPAA regulations. Be aware of the following policies when using, sharing or handling PHI.

1. Information that pertains to people employees personally know who are clients of Crossroads YFS should be given to someone else to handle. PHI should only be accessed on a "need to know" basis for any client.
2. Use of fax machines to send confidential PHI are governed by the policy outlined above and the strict protocol should be followed. Please refer to these policies BEFORE sending any PHI by fax.
3. All Crossroads YFS staff who comes into contact with PHI must review HIPAA standards and sign an Acknowledgement of Crossroads YFS' HIPAA and Privacy Policies.

#### **APPOINTMENT OF PRIVACY OFFICER**

It is the responsibility of the Executive Director to formally designate a Privacy Officer to oversee all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of, and access to, person served health information in compliance with federal and state laws and the organization's information privacy practices.

The Privacy Officer shall (1) oversee, direct, deliver, or ensure delivery of privacy training and orientation to all employees, volunteers, business associates, and appropriate third parties; (2) participate in the development, implementation and ongoing compliance monitoring of all trading partners and Business Associate Agreements, to ensure all privacy concerns, requirements, and responsibilities are

addressed; (3) work with all organization personnel involved with any aspect of release of protected health information, to ensure full coordination and cooperation under the organization's policies and procedures and legal requirements; (4) establish with management a mechanism to track access to protected health information, within the purview of the organization and as required by law and to allow qualified individuals to review or receive and report on such activity; (5) establish a process of receiving, documenting, tracking, and taking action on all complaints concerning the organization's privacy policies and procedures in coordination and collaboration with other similar functions and, when necessary legal counsel; (6) ensures compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all individuals in the organization's workforce, extended workforce, and for all contractors; and (7) work cooperatively with all applicable organization employees in overseeing person served rights to inspect, amend, and restrict access to protected health information when appropriate.

## **CLIENT GRIEVANCE POLICY**

**Scope.** This grievance policy and procedures applies to all Crossroads Youth & Family Services, Inc. clients.

**Purpose.** The purpose of Crossroads Youth & Family Services' grievance policy and procedures is to provide persons served with the right to a fair, simple, effective, and timely system of problem resolution with access to procedures through which persons served can obtain a thorough review, fair consideration, and correction when appropriate. This policy also ensures that persons filing grievances are free from retaliation, restraint, coercion, reprisal, discrimination and **barriers to services**. Any person receiving services from Crossroads Youth & Family may file a grievance related to their service treatment and procedures for review will be explained to the persons served in a manner that is understandable. The availability of advocates or other assistance during the grievance process is also explained.

The responsibility of the person filing the grievance and the person to whom the grievance is filed against is to attempt to solve the problem between himself and herself first if possible. If this is not possible, then each party has the responsibility

to follow the grievance process to reach an acceptable outcome. Both parties to the grievance have the right to be heard and treated with respect.

**Informal Problem Resolution.** Persons served have the right to file grievances. However, resolving problems and concerns informally before filing a grievance is encouraged. Not all client inquiries and requests for explanation are considered grievances. Most can be handled within the regular relationship between clients and Crossroads Youth & Family Services, and Crossroads Youth & Family Services staff. Crossroads Youth & Family Services seeks to resolve issues and reach a consensus with the client on a plan of action to resolve the problem informally unless the client desires to proceed with the grievance process.

**Who May File a Grievance.** A grievance may be filed by any Crossroads Youth & Family Services, Inc. person served. A grievance may also be filed by or on behalf of a Crossroads Youth & Family Services, Inc. person served, by any person who knows the person served and is interested in the person served's welfare, including, but not limited to, a parent, guardian, relative, foster parent, court appointed special advocate, guardian, ad litem, case worker, and others. This includes DHS employees, employees of residential, in-home supports, and vocational providers.

**Grievance Form.** The LGC (Local Grievance Coordinator) for Crossroads Youth and Family Services, Inc. is the Assistance Director of Community Partnerships . She/he can be contacted at (405) 321-0240 . A grievant files a grievance by obtaining from the LGC a copy of Crossroads Youth & Family Services, Inc. grievance form, filling it out and turning it in to the LGC or to any Crossroads Youth & Family Services staff for the purpose of the staff immediately transmitting it to the LGC.

Any person who needs assistance in completing the grievance form is given assistance by the LGC coordinator or any Crossroads YFS staff member.

A grievance received on paper other than the official grievance form is attached to the grievance form filled out by the LGC on behalf of the grievant.

**Retaliation Prohibited.** No person filing a grievance shall be retaliated or discriminated against or harassed, solely or in part, for having asserted a grievance,

or sought advice or inquired about filing a grievance. Clients are encouraged to use available grievance systems. Clients are not discouraged from filing a grievance.

**Grievance Time Limits.** In order to be processed for action and resolution, a grievance must be filed within 15 working days of the date of the incident, decision, act, or omission complained about in the grievance, or within 15 working days of the date the grievant becomes aware of or, with reasonable effort, should have become aware of a grievable issue. The time limit for filing a grievance may be extended by the LGC.

- 1) The filing time and all other time periods contained in this policy are counted in working days unless otherwise specified. In computing any period of time, the day of the incident, decision, act, or omission at issue is not included. The next calendar day is the first day of the time period. If the last day of the time period is a Saturday, Sunday or legal holiday, the period is extended to the next business day.
- 2) If the LGC or any decision maker fails to meet any time limit for processing a grievance without obtaining an extension, the LGC processes the grievance to the next step within two working days of the grievant's request.
- 3) Responses, notices, and other documents issued during the processing of a grievance are delivered to the grievant in person or by mail at the last known address of the grievant. A grievance is considered administratively resolved when a correctly addressed letter sent to the last known address of the grievant with proper postage is returned undeliverable with no forwarding address.

There is no time limit on allegations of abuse, neglect, verbal abuse, exploitation, or caretaker misconduct. If a grievance, timely or untimely, consists of such an allegation, during working hours, the report is to be made to the Child Abuse Hotline (1-800-522-3511).

**Grievance Records, Logs, and Quarterly Reports.** Crossroads YFS LGC maintains an accurate and complete record of each grievance filed as well as summary information about the number, nature, and outcome of all grievances filed. Records

of grievances are kept separate and apart from other client records and files. A review of formal grievances is conducted on a quarterly basis to look for trends, areas needing performance improvement and any actions taken. The quarterly logs are submitted to the Office of Child Advocacy by the deadlines established by that office.

(1) Crossroads YFS LGC tracks grievances as they progress through the system and keeps a log of every numbered grievance form. Form OCA-GR-5, Grievance Tracking Log, or its equivalent, is used for this purpose. For grievances submitted by a client, the tracking log includes: the grievance number; the name of the grievant given the form; the date the form was submitted by the grievant; the nature and outcome of the grievance; the date of final resolution; and the level where it was resolved. If a grievance form is provided to a resident and not turned in, Crossroads Youth & Family Services tracks only the number on the form, the name of the client to whom the form was given, and the date it was given to the client.

(2) Crossroads YFS LGC submits to the office of the advocate general a monthly grievance report, as required by their office. The monthly report is transmitted to by the deadline established by their office.

(3) If a grievance becomes moot at any point during the processing of the grievance, the LGC can stop the grievance process and declare the grievance “administratively resolved.” The LGC informs the grievant, notes it on the applicable form and the tracking log, and sends a copy of it with the next monthly grievance report to the OCA.

**Processing the Grievance Form.** After completing a Crossroads Youth & Family Services grievance form, the grievant submits the form directly to the LGC or any other Crossroads Youth & Family Services employee. If someone other than the LGC receives a grievance, that person submits it directly to the LGC within 24 hours of receipt.

**Informal Resolution of Grievance.** If the LGC is able to promptly resolve the grievance to the grievant’s satisfaction without further processing, the LGC fills out

the bottom of the grievance form, signs it, and files it in the appropriate grievance file.

**First Level Problem Resolution.** Within two working days of receipt of the grievance form, if the grievance has not been resolved to the grievant's satisfaction, the LGC fills out the Local Grievance Coordinator Worksheet, or its substantial equivalent.

(1) The LGC identifies who has the authority to provide the quickest and surest resolution to the problem at the lowest level in Crossroads Youth & Family Services organizational structure.

(2) The LGC completes the first box in the first level section on the LGC Worksheet, attaches the corresponding grievance form and other relevant documentation and information, and submits it to the first level decision maker, by the most efficient means practicable, within two working days of receipt of the grievance from the grievant.

(3) The first level decision maker responds to the grievance within five working days of receipt of the grievance by completing the second box in the first level section on the LGC Worksheet. If the proposed resolution contains a promise of some future action, a target date is specified for full implementation of that future action. The grievant may contest the target date by taking the grievance to the next level of problem resolution.

(4) The LGC monitors the timely response by the first level decision maker. If a complete response is not timely received by the LGC, the LGC notes this on the LGC Worksheet and the grievance immediately proceeds to the second level of problem resolution.

(5) Within two working days of receipt of the first level response, the LGC or designee meets with the grievant to inform the grievant of the proposed resolution and the right to take the grievance to the second level problem resolution, and determines if the grievant is satisfied with the proposed resolution. The first level decision maker may meet with the grievant along with the LGC.

(6) If the grievant is satisfied with the proposed resolution, the LGC indicates the grievant's acceptance on the LGC worksheet, notifies the individuals responsible for resolution of the grievance, and places the fom1 in the appropriate grievance file.

(7) If the proposed resolution has been accepted by the grievant but involves a target date in the future, the LGC monitors compliance with the target date. If the LGC determines that the resolution has not been achieved by the target date, the LGC immediately reopens the grievance and processes it for second level problem resolution.

(8) If the grievant does not accept the proposed resolution and desires to take the grievance to the second level of problem resolution, the LGC processes the grievance for the second level problem resolution in accordance with the following section.

#### **Second-Level Problem Resolution.**

(1) If the grievance is not resolved at the first level of problem resolution, the LGC processes it in accordance with this section within two working days of the grievant requesting second level problem resolution.

(2) The LGC fills out the first box in the second level section on the LGC worksheet, ensures the corresponding grievance fom1 and other relevant documents are attached, and submits it immediately to Crossroads Youth & Family Services Administrator.

(3) The Administrator or designee responds to the grievance within seven working days of receipt of the grievance by completing the applicable box in the second level section on the LGC worksheet. If the proposed resolution contains a promise of some future action, a target date is specified for full implementation of that future action.

(4) The LGC monitors the timely response by the Administrator. If a complete response is not timely received by the LGC, the LGC notes this on the LGC worksheet and the grievance immediately is processed as a contested grievance. A contested grievance is processed in accordance with section (S) below.



(5) Within two working days of receipt of the second level response, the LGC meets with the grievant to inform the grievant of the proposed resolution and the right to contest the response to the grievance, and determines if the grievant is satisfied with the proposed resolution.

(6) If the grievant is satisfied with the proposed resolution, the LGC indicates the grievant's acceptance on the LGC Worksheet, notifies the individuals responsible for resolution of the grievance, and places the form in the appropriate grievance file.

(7) If the proposed resolution has been accepted by the grievant but involves a target date in the future, the LGC monitors compliance with the target date. If the LGC determines that the resolution has not been completed by the target date, the LGC immediately reopens the grievance and processes it as a contested grievance.

(8) If the grievant does not accept the proposed resolution and indicates a desire to contest the response, a contested grievance is processed in accordance with section (S) below.

**Contested Grievances.** If the grievant does not accept the proposed resolution, the target date of the second level decision-making, or both, the grievance is appealed to Crossroads Youth & Family Services, Inc. Board of Directors or an Appeals Committee designated by the Board.

(1) The LGC transmits a contested grievance and related documentation to the Board/appeals committee within one working day of learning that the grievant does not accept the proposed resolution and is contesting the proposed resolution.

(2) Within ten working days of receiving a contested grievance, the Board/appeals committee responds to the grievant by submitting a written decision to the LGC.

(3) Within two working days of receiving the written decision of the Board/appeals committee, the LGC informs the grievant of that decision and provides the grievant with a copy of the written decision. A copy is attached to the applicable quarterly grievance report which is sent to the OCA grievance coordinator, in accordance with



OAC requirements. This concludes the grievance process and the grievant's administrative remedies have been exhausted.

## **CHILD ABUSE AND NEGLECT**

When a child is brought in for abuse and/or neglect, the Department of Human Services, the Division of Child Welfare, will handle the case. If the child is brought in by the authorities and the Division of Child Welfare (DCW) has already been contacted, children are to be admitted into the Emergency Youth Shelter. DCW will handle the investigation and make recommendations for the child's case. If abuse and/or neglect is suspected or if the child makes accusations regarding abuse and/or neglect and the DCW has not yet been contacted, they shall be contacted immediately, especially in the case of children who are not brought into the Shelter under "Protective Custody" by a law enforcement organization. "Protective Custody" allows 24 hours for an investigation to be completed, during which time the child may have no contact with family members. This allows for a safe, non-threatening environment in the Shelter while the investigations are completed. If a child is brought in on a "Protective Custody" order and parents/legal guardians arrive at the shelter for discharge, parents/legal guardians are to be told that the child is in "Protective Custody", that they may not see or speak to the child for a 24-hour period, and that DCW will be in contact. For those parents or legal guardians who refuse to leave the Shelter under these circumstances, the Shelter Staff is to contact the on-call supervisor for consultation and further instructions. Additional procedures for Shelter staff for reporting and managing child abuse and neglect issues can be found in the Emergency Youth Shelter section of the Policies and Procedures Manual.

## **REPORTING INCIDENTS OF ABUSE, NEGLECT, OR MISTREATMENT**

State law requires every person with reason to believe that a child is or has been abused or neglected to report the condition or incident to the appropriate office for investigation. An employee shall make a report of suspected abuse or neglect as follows:

1. When an employee suspects a child has been abused or neglected, they are to make a report immediately to the Department of Child Welfare. Incidents of

- alleged abuse or neglect might be reported by a child, parent, legal guardian, or other person to the employee. During working hours, the report is to be made to the local Child Welfare office (573-8300). After hours and on weekends, reports are to be made to the Child Abuse Hotline (1-800-522-3511). In addition, when a child is thought to be in danger if they were to be returned home, the employee should also call law enforcement for an immediate investigation to determine if the child should be placed in "Protective Custody."
2. It is not the employee's job to determine whether or not abuse or neglect has actually occurred or to conduct an extensive investigation. It is the employee's duty by law and by the policy of this organization to report any suspected abuse or neglect.
  3. When a child is injured, abused, neglected, or mistreated during his/her stay in the Shelter or otherwise while in the care of organization staff:
    - a. as a result or the case of the use of physical force by an employee;
    - b. as a result of an assault by any person including other youth;
    - c. under unexplained, suspicious, or unusual circumstances;
    - d. through allegations by a youth against an organization employee or other person including other youth;

Employees are to immediately report the incidents of alleged abuse neglect, or mistreatment to their immediate supervisor, on-call supervisor, and/or Executive Director. The supervisor or designee shall immediately report the incidents to the appropriate office(s) for investigation including DCW, the Office of Client Advocacy with the Department of Human Services, law enforcement, and/or the Office of Juvenile Affairs. The supervisor shall report the incidents and all pertinent follow-up activity to the appropriate Administrative Director as soon as possible. The Administrative Director shall notify the Executive Director as appropriate.

All involved employees shall document in writing all relevant and pertinent information surrounding the allegations and their knowledge of or involvement with the incidents. Involved employees shall also make

themselves available for interviews with all investigating agencies and organization administration.

## **BEHAVIORAL HEALTH OUTPATIENT PROGRAM DESCRIPTIONS**

### **PREVENTION AND EDUCATION PROGRAMS**

**1. Directions in Divorce.** In response to a need from the Cleveland County District Court system, the organization offers Directions in Divorce, a four-hour educational class for divorcing parents of minor children. The focus of the seminar is to provide information pertinent to each child's developmental needs during the transition period of the divorcing families. A variety of teaching tools including, audio/visual aids, and other handouts are provided to assist with the teaching process. Parents in need of additional services are referred to the organization's Behavioral Health Outpatient Program as needed.

Crossroads YFS staff and contracted professional staff in the community facilitate Directions in Divorce classes. These facilitators provide classes using the "Directions in Divorce" curricula a guide in the interests of enhancing the life of participants and restoring their functioning in order to move beyond the divorce process.

Directions in Divorce classes are funded through participant fees. Fees are waived for individuals declared indigent by the courts.

**2. Psycho-Educational Groups.** Crossroads Youth & Family Services offers Psycho-Educational Groups to children and families residing in Cleveland County to educate them about necessary skills that may enhance their lives. Some of these skills may include: communication, problem solving, anger management, conflict resolution, understanding marital conflict, and good parenting. All persons served are given a screening upon entering the program. Based on the results of this screening, persons served may be enrolled in educational groups or referred to other services throughout Crossroads YFS or the community.

The duration and length of groups varies dependent on subject matter. Psycho-educational groups are funded through a state contract with the Office of Juvenile Affairs/Community-Based Youth Services, Office of Juvenile Affairs/Community At-

Risk Services, fees that are assessed on a sliding scale basis, and Title XIX funding for eligible persons served. Persons served are not denied services based on their ability or refusal to pay.

## **INTERVENTION AND DIVERSION PROGRAMS**

Crossroads Youth & Family Services' Diversion Programs include **Teens and Parents in Partnership (TAPP)**—a First-Time Offender Program, and truancy groups. TAPP is a state mandated, early intervention program that offers a 12-hour psycho-educational group for first-time offenders, ages 12 to 18, and their parents, legal guardians, grandparents or other caregivers to identify problems and find solutions to correct behaviors that have resulted in delinquency behaviors.

**1. Teens and Parents in Partnership (TAPP).** This First-Time Offender Program diverts juveniles that have been identified by law enforcement personnel, the District Attorney, or Municipal Court as having committed acts which are not serious enough to warrant adjudication through the juvenile court process, but which do indicate a need for intervention to prevent further development toward juvenile delinquency.

The philosophy of the program is based on the belief that early intervention can serve as a deterrent to further acts of delinquency. Service delivery through the Teens and Parents in Partnership Program is offered based on referrals from the District and/or Municipal Courts, the Juvenile Services Unit (JSU) of the Office of Juvenile Affairs (OJA), and schools or law enforcement for youth who have committed an unlawful offense or are at risk of delinquent behavior. All eligible youth referred to this program must reside in Cleveland County, be under the age of 18 or still in school, and have a parent or legal guardian that will cooperate with program guidelines. Youth who are over the age of 18 or reside outside of Cleveland County are ineligible.

Once a referral is received, the Juvenile Diversion Counselor calls the juvenile and their parent (s) or legal guardian to schedule an intake/assessment. During the intake/assessment the program guidelines, expectations and applicable consents and releases are discussed with the family. The referral source is notified in writing as to

the status of each case, whether the juvenile completed the intake, was referred to another intervention based on the assessment, or completed the 12 hour TAPP Program and received a certificate of completion. The referral source also receives information on the degree of participation of the juvenile and his/her parent or legal guardian. The TAPP Program incorporates a communication curriculum in addition to instruction on problem-solving, anger management, decision-making, personal values and stress management. Records are kept on all juveniles referred, assessed, and/or completing the TAPP Program consistent with the Oklahoma Association for Youth Services (OAYS) guidelines.

The Director of Counseling Services supervises and coordinates the program. Program administrative and counseling personnel are hired and supervised by the Director of Counseling Services and are placed under contract by Crossroads as applicable. TAPP groups are developed and program facilitators are trained by the Director of Counseling Services and/or his/her designee in conjunction with training through OAYS and PREP trainers under the regulations set forth in the statewide First Offender Program. Crossroads YFS staff and community professionals who have been trained in the First-Offender and PREP curriculums teach Teens and Parents in Partnership classes. All class facilitators have a minimum of a bachelor's degree.

The First-Time Offender Program is funded through a state contract with the Office of Juvenile Affairs/Community-Based Youth Services.

## **COUNSELING SERVICES**

**1. Behavioral Health Outpatient Program.** Crossroads YFS Behavioral Health Outpatient services target children under the age of 18 and their families who reside in Cleveland County as those eligible for counseling services. Adult individuals living in the home who may be affected should services be withheld are also eligible for services. Generally, however, adult individual services will not be provided through the organization if children do not reside in the home (except for non-custodial parents) or if the individual requires psychiatric follow-up or medication.

Additionally, children who require psychiatric care are also referred to mental health clinics in order to provide the appropriate level of care.

The various components of the Crossroads YFS Behavioral Health Outpatient services include but are not limited to:

1. Individual, Group, and Family Counseling
2. Emergency Crisis Counseling
3. Community Education Presentations and Workshops
4. Community Resource Development
5. Professional Consultation with School Personnel and Other Agencies
6. School-Based Counseling Services

The Behavioral Health Outpatient Program's philosophy relies but is not limited to both a person centered and a family systems theoretical foundation. The person-centered approach is based on the theory and philosophy of Dr. Carl Rogers. It is a non-directive approach to being with another; that believes in the others potential and ability to make the right choices for him or herself, regardless of the therapist's own values, beliefs and ideas. The family centered theoretical orientation emphasizes family involvement during the intake and assessment stages of counseling. Services are designed and implemented to support the recovery or well-being of the persons or families served and to enhance their quality of life. The behavioral health services are then geared towards meeting the family's needs, to reduce symptoms, build resilience, restore and/or improve functioning and support the integration of the persons served into the community using interventions that may prove most helpful for the individual family members and subsystems within the family.

Counseling services, including crisis intervention, prevention, problem solving and decision-making, account for the majority of the persons served being seen within a three to six months period of time. Most counseling services are delivered with short-term intervention strategies that are recognized in the behavioral health field. When appropriate, and with the consent of the person served, the program coordinates treatment with other services. On occasion, however, families are seen for extended interventions when they require case management or stabilization.

The 24-hour Cleveland County Emergency Youth Shelter provides a safe facility for troubled youth in crisis who need protective care and intervention services. Consultation services are available to the Emergency Youth Shelter by staff counselors. Request from schools, courts, Office of Juvenile Affairs, Department of Human Services, Department of Health and other public serving agencies for consultation will be assessed by the Director of Counseling Services and assigned to an appropriate staff member. In addition, community requests or needs for education workshops will be assessed by the Director of Counseling Services or his/her designee, and a program will be developed and presented by qualified staff members. Counseling services include:

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

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

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



The Behavioral Health Outpatient Program offers an array of services in locations that meet the needs of the persons served. All staff possess a minimum of a bachelor's degree with the majority of staff holding a master's degree. In addition, many staff are also licensed as Licensed Professional Counselors, Licensed Marriage and Family Therapists, or Licensed Social Workers. Staff receives ongoing training on applicable areas of counseling, case-management theories and practice in order to provide quality services to clients. At times it is necessary that Crossroads institutes a waiting list. When this is necessary, staff review referrals serving the most critical first and looking for common needs to perhaps place prospective clients in groups. Services are provided with the goal of reduction of symptoms and enhancing the quality of life of persons served.

The Behavioral Health Outpatient services are funded through a state contract with the Office of Juvenile Affairs/Community-Based Youth Services, Office of Juvenile Affairs/Community At-Risk Services, fees that are assessed on a sliding scale basis, and Title XIX funding for eligible persons served. Persons served are not denied services based on their ability to pay.

**2. Community At-Risk Services.** Through the Community At-Risk Services (CARS) contract with the Office of Juvenile Affairs, Crossroads Youth & Family Services collaborates with the Juvenile Services Unit (JSU) to provide a full range of counseling services to youth who have penetrated the juvenile justice system. Services provided are offered to all JSU referred youth, ages 12 to 18, and their parents or legal guardians who reside in Cleveland County. Families who are not referred by JSU are not eligible for CARS services. Home-based services are prioritized in order to decrease the barrier that a lack of available transportation creates for some families. Case management activities are emphasized so that services are comprehensive and provide wrap-around services that integrate community resources for the youth and families involved in the CARS program.

CARS services protect the welfare of referred juveniles involved with the juvenile justice system through the provision of prevention and early intervention services. These services address issues of neglect, abuse, mental illness, emotional disturbance, and social maladjustment. Skills-based, short-term treatment with a strengths-based solution focus is offered from a family systems perspective to help



the youth and family to find adaptive living skills for more successful functioning at school, in the home, and in the community. These efforts are designed to intervene and prevent future at-risk behaviors, decrease delinquent acts, and increase pro-social behaviors.

Services include: A team approach to the intake/assessment and treatment planning process involves staff from both the Juvenile Services Unit and Crossroads Youth & Family Services working together with the youth and the parent or legal guardian. The person served is offered individual, family, and group counseling along with other services that may include rehabilitative services, tutoring, mentoring, information and referral, and crisis intervention. These services offer a wall of prevention and support that is successful in stabilizing the youth and family's healthy social functioning. The CARS program provides continuity of care by continually collaborating with community agencies to help ensure that the person served is well integrated into their social system and continues to gain the skills necessary to meet life challenges.

Community At-Risk Services staff holds a minimum of a bachelor's degree with the majority of staff possessing a master's degree or are Licensed Therapist in their respective fields. Staff receives ongoing training on theories and services to improve services to adolescents. This is accomplished by training within Crossroads and workshops attended in the community. CARS referrals have a timeline in which they must be seen and every effort is made by Crossroads staff to meet the time specified in the contract. Services are provided to support the integration of the persons served into the community, reduce symptoms, and to support the recovery and well-being of the person or families served. The CARS Program is funded through a state contract with the Office of Juvenile Affairs and Title XIX funding for eligible persons served.

**3. School-Based Outreach Services.** Crossroads YFS' Outreach Program is part of the overall counseling program that addresses specific needs in each of the respective communities within Cleveland County. The Outreach Program helps to fulfill the organization's commitment to ensure that all families with school-age children can receive services in their respective communities particularly when economic and/or transportation difficulties prevent them from receiving these

services in our main office in Norman. The Outreach Program includes both prevention as well as intervention services. Services are offered to youth between the ages of 3 and 18 and their families who reside in Cleveland County. Services cannot be provided when the child is beyond 18 years of age when they are not enrolled in school or when there is no parent or legal guardian living in Cleveland County. Generally, staff works with school districts on-site to provide outreach services. When providing services to youth in the school setting care is taken not to interfere with day-to-day education requirements. The counselor works with both the student and school personnel to ensure missed assignments are made available to the student or to rotate times of contact in the school so minimal impact will be made on the student's academic day. These services are also youth and family focused and are staffed primarily by the Staff Counselors and graduate interns under the supervision of the Director of Counseling Services or designee. The primary purpose of the Outreach Program is to identify the needs for youth services that each community and school district may need or desire. Input on what services will be provided to each community will be established through contacts by organization administrators, outreach staff, school administration, teachers, parents or legal guardian and other community leaders. The Director of Counseling Services will then tailor a program to meet these needs where possible. Services to these communities may include:

1. Youth and Family Counseling
2. Community Education and Community Development
3. Skills Training Groups and Workshops for Students
4. Workshops for Parents and Teachers
5. Support Groups
6. Professional Consultation
7. Outdoor Adventure-Based Counseling
8. School-Based Counseling Services
9. Psycho-Educational Groups

The Outreach Program targets school-aged children who reside in Cleveland County who are experiencing behavioral, social and academic dysfunction related to emotional disturbance stemming from family life problems. Typically, these troubled children come to the attention of their teachers due to acting out in the classroom. School personnel make referrals to the Outreach Program and Outreach

staff performs an initial assessment. Family involvement is sought and encouraged throughout the phases of Outreach services. Outreach services to the family are provided in order to empower parents, legal guardians, grandparents or other caregivers to become more effective in their parenting skills and resolve dysfunctional aspects of family life that affect children's psychological and emotional well being. Outreach services to the child are provided in an effort to increase the child's academic and social functioning. In addition, services strive to prevent the children from eventually becoming delinquent, a school dropout, runaway, chemical abuser or other forms of youth-related problematic behaviors that can develop without early intervention/prevention services. Consultation to the school staff is geared towards increasing their professional skills in the area of special needs children so that they are better able to help these children within the school setting.

School-Based Outreach Services staff are generally Behavioral Health Outpatient staff with master's degrees. Crossroads YFS Outreach Staff attend workshops and trainings to continually enhance their ability to work with adolescents and the problems/issues they face. The Outreach Program is funded through a state contract with the Office of Juvenile Affairs/Community-Based Youth Services, Title XIX for eligible clients, and School Districts who may contract for additional services. Persons served are not denied services based on their ability to pay.

**4. Interns and Volunteers.** Crossroads Youth & Family Services offers several internship opportunities every year for Bachelor, Masters, and Ph.D. level students in statewide universities. Programs such as social work, community counseling, family counseling, human resources and juvenile justice students have the opportunity to work in a variety of services depending upon their degree and areas of interest. Services such as: Individual and family therapy, group counseling, psycho-educational groups and outdoor experiential programs are available to interns.

During their internship, the Director of Counseling Services supervises program students in individual and group settings. They are encouraged to attend staff meetings and consultation with the staff of Crossroads YFS. Some work closely with the Emergency Youth Shelter staff. Based on individual student program

requirement hours, some interns stay one or two semesters. Their typical time commitment to the Crossroads YFS is 10-15 hours per week. The evaluation of their performance is handled by the Director of Counseling Services or his/her designee twice a semester and forwarded to the university professors. Interns provide a valuable service to Crossroads YFS and, in turn, they receive quality supervision and experience.

## **YES! YOUTH EMPOWERMENT SERVICES**

**1. Experiential Learning Program (ELP).** The Experiential Learning Program is an integral part of Outreach services. This program provides structured, outdoor, adventure-based activities designed to promote skill acquisition to youth who are nine years old through 17, and who reside in Cleveland County. Youth who are 18 years of age and beyond and who do not reside in Cleveland County are ineligible for these services. ELP activities build skills in teamwork, cooperation, leadership, self-esteem, anticipation, planning and task evaluation. Ongoing ELP activities are offered to public schools, agencies, community organizations and various youth groups as a way to collaborate to build resilient youth, adults, and healthy functioning teams. Crossroads YFS counseling staff serve the Experiential Learning Program to provide an outdoor adventure program to adolescents in Cleveland County who have a desire to learn team building and other social skills. Any of the activities that program participants engage in are supervised by a staff or contracted staff person who is competent in that particular area. The ELP Program is funded through a state contract with the Office of Juvenile Affairs/Community-Based Youth Services, person served fees, and community contributions.

**2. Volunteer Program.** Crossroads YFS' Volunteer Program offers a variety of flexible volunteer opportunities aimed to enhance and assist the services and functions of the organization. Volunteers are recruited, screened and trained in the areas of administrative support staff services, shelter services, programs, and special projects. Additional efforts are made to recruit services within the community to defray organization expenses. The Volunteer Program is funded through a state contract with the Office of Juvenile Affairs/Community-Based Youth Services and community contributions.

## **HOME-BASED SERVICE PROVIDERS SAFETY**

Personal safety is the responsibility of all home-based service providers. There are general safety considerations that must be considered before providing service to any person served. In preparation for and carrying out home-based services, the following approaches should be considered:

**General Safety**

1. Never take your safety for granted. Never let down your guard. Never work scared. Remember that the person served was referred to our organization for a reason.
2. Establish professional boundaries from the beginning of your contact with the person served.
3. Never accept gifts from persons served or keep excessive amounts of money on your person.
4. Never relate any personal information, e.g., place of residence, marital status, names of family members, etc., either directly or indirectly, to the person served.
5. Dress professionally, e.g., sensible shoes, no dangling earrings, seductive clothes, and expensive jewelry.
6. Do not visit an adult or child or a person served of the opposite sex alone in the home. If no parent or legal guardian is available, take a co-worker with you.
7. Whenever needed, take a co-worker to a meeting/visit.
8. Always carry a fully charged cell phone with you.
9. Stay alert for the unexpected and avoid taking any unnecessary risks.
10. Carry identification, e.g., organization badge, business cards, etc. to all home visits.
11. Carry emergency phone numbers of police and fire departments for the municipalities in which your meeting/visit will take place. Keep numbers for DHS/JSU, your supervisor readily available.
12. Make sure your transportation is dependable and in good working order. Keep a full tank of gas.
13. Always carry a spare tire, a flashlight, a fire extinguisher, a first aid kit, road hazard cones, jumper cables, and "How to Handle a Medical Emergency" safety policies in your car.

14. Always wear your seat belt and ensure that young children are transported in a safety-approved car seat.
15. Don't smoke with passengers or allow your passengers to smoke in your car.

### **Stage 1 - Contact with Person served**

1. Call the person served from an organization phone, whenever possible, to schedule meetings/visits.
2. If you must call a person served from your home phone, dial \*67 to prevent your number from registering on caller ID.
3. When scheduling your visit/meeting with the person served, make sure to find out who will, or should be present.
4. Make sure that the person served knows what time you are to meet, and more importantly, that the person served has agreed to meet at that time.

### **Stage 2 - Communicate Meeting/Visit Plan**

1. Persons served who are determined to be high risk due to past unsafe behaviors or present unsafe behaviors may be scheduled in our central Norman location.
2. Know exactly where you are going before leaving the organization.
3. Know the community in which you will meet the person served. Know where safety can be reached in the event of an emergency.
4. Make sure that organization personnel know your destination and how to contact you. After normal working hours, inform a family member or friend of your schedule so that someone knows where you are expected to be at all times. Therefore, if you do not return when expected, someone may come to look for you.
5. If you suspect that your safety will be compromised during your meeting/visit due to the client's drug or alcohol use or unpredictable behavior, notify your supervisor, or seek further consultation and possible safety measures as needed.
6. Lock your vehicle during home visits. Lock your purse and other personal effects in the trunk of your vehicle. Do not leave anything of value in the seats of your car.

### **Stage 3 - Arrival**

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1. If there are any doubts about the safety of entering a client's home, do not enter. Call your supervisor. Arrangements can be made to make a joint visit with another staff member.
2. If, upon arrival at a home, you see a dog or other animal that you are not sure is safe, honk your horn so that someone from inside may come out to assist.
3. It is always better to park in the street rather than in a driveway to avoid being blocked in. Always assess your environment and locate an escape route to utilize if necessary.
4. Assess the area each time you arrive. Who's there? Where is the closest exit? Is there anything blocking this exit? Is there anything unusual or out of the ordinary?
5. If you suspect the person served or someone else in the home is under the influence of drugs, alcohol or you hear loud voices, quarreling or fighting, leave immediately as you cannot know what behavior to expect.

#### **Stage 4 - Meeting/Visit**

1. If firearms or other weapons are present, please ask that they be put up in a secure place or tell the person served that you will return at another time.
2. If the person served becomes combative or argumentative, give them space. Never argue back. Do not push the situation.
3. Always speak calmly and slowly, watch your body posture so that you do not appear threatening.
4. Use good judgment. Do not tolerate threats of any kind (verbal, physical, posturing, etc.). If the client's behavior makes you uncomfortable, **LEAVE**.
5. Always assess your environment and leave yourself an escape route.

#### **Stage 5 - Departure**

1. When leaving a home visit, check to see if anyone is following you. When being followed, come to the office, if during the day, or go to a police station. Call for assistance while in your car.
2. Always check your back seat before re-entering your car.



3. Report to your supervisor and DHS/JSU worker about any situation in which you felt uncomfortable or unsafe.

All direct care staff receive training on Home-Based Safety in orientation and on an ongoing basis to ensure that staff engage in safe practices when delivering home-based services.

## **MEDICATION MONITORING PROCEDURES**

Crossroads Youth & Family Services does not control, prescribe, dispense, manage or administer any medication in its Behavioral Health Outpatient Program except for monitoring medication prescribed by each client's attending physician in its outdoor therapeutic adventure program. Each medication is monitored according to the directions provided on the bottle by the client's attending physician and in compliance with all applicable local, state, and federal laws and regulations pertaining to medications and controlled substances. A Staff Counselor keeps the medication in a secure location to ensure that persons served do not attempt to share medication. The following procedures are used when monitoring prescribed medication for persons served:

1. For each medication, the parent and/or legal guardian completes the organization's Medication Monitoring Procedure form listing the name of the youth, the dosage, the frequency, instructions for use and the prescribing professional.
2. The parent and/or legal guardian and child are instructed to send/bring only the medication needed for that day(s).
3. Each medication for the day must be in the original labeled bottle prescribed by the attending physician.
4. Each medication is given to a Staff Counselor and kept in a secure location until the designated time the person served is to take the medication.
5. At the designated time, the Staff Counselor temporarily hands each medication bottle to the person served and monitors the person served taking the medication.
6. Each bottle is then returned to the staff counselor and returned to the secure location.



7. Because the outdoor program is a time-limited program, regular review of medications by a physician is not required. However, parents and/or legal guardians will document that the medication is currently prescribed and currently used by their child.
8. Any person served in the outdoor program needing regular injections prescribed by the attending physician will have to be able to self-administer the injections in order to be eligible for the outdoor program. Staff Counselors will direct and observe the person served to dispose of used syringes in a biohazard waste dispenser.
9. Staff counselors will practice universal precautions in the event of any drug reaction and/or medication errors and in the management of biohazards associated with the use of medications.

Staff counselors involved in the outdoor therapeutic adventure program are required to have current CPR and First Aid certification. Staff counselors involved in the outdoor program keep with them at all times a fully charged cellular telephone. The outdoor therapeutic adventure program has on file the phone numbers to Norman Regional Hospital's help line and the Norman Poison Control Center to assist with adverse reactions and/or medication errors. If the participant is in need of immediate attention due to an adverse reaction or medication error, staff will immediately dial 911. In the event of an emergency, Staff Counselors will contact the parent, legal guardian or responsible adult regarding incidents involving adverse reactions and/or medication errors. Upon returning to the organization, staff will complete an Incident Report Form documenting the unusual incident. Either the Director of Counseling Services or the Executive Director will review the Incident Report Form.

The organization provides annual training in the area of medication monitoring. Training will include but not be limited to the following:

1. How each medication works
2. The risk associated with each medicine.
3. The intended benefits, as related to the behavior or symptom targeted by the medication.
4. Side effects.
5. Contraindications.
6. Potential implications between medications and diet/exercise
7. Risks associated with pregnancy.

8. The importance of taking medication as prescribed, including, when applicable, the identification of potential obstacles to adherence.
9. The need for laboratory monitoring.
10. The rationale for each medication.
11. Alternative uses of medication.
12. Alternative medications.
13. Early signs of relapse.
14. Sign of non-adherence to medication prescriptions.
15. The dangers of combining prescription and nonprescription including alcohol, nicotine, caffeine, illegal drugs, and alternative medications.
16. Instructions on self-administration
17. Wellness management and recovery planning
18. The availability of financial supports and resources to assist the persons served with handling the costs associated with medications.
19. The proper storage of medications.

## **SECLUSION AND RESTRAINT**

Crossroads Youth & Family Services does not use physical force or restraint as a form of behavior management nor does it use separation or seclusion. Staff are trained to build positive relationships with persons served to promote self-control, de-escalation, and behavior management. Staff seek to create a warm nurturing environment that is pleasing to the persons served by Crossroads Youth & Family Services. Should an emergency situation occur when a client or other individual appears to exhibit unsafe behaviors such as being under the influence of a mood altering substance, becoming belligerent, or exhibiting aggressive or violent behavior towards self or others, program personnel will follow Workplace Threat of Violence Procedures or Emergency Intervention Procedures described in *Section 3, Health and Safety Policies*, pp. 17-23.

## **CONTINUITY OF CARE AND FOLLOW-UP**

Crossroads Youth & Family Services staff upholds the ideal of continuity of person served care throughout the counseling process. Follow-up services are established for any individual in a Behavioral Health Outpatient Program of Crossroads YFS, and follow-up services are considered for any individual in other Crossroads YFS programs. Continuity of care and transition and discharge planning is an integral part of person

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served care. The transition and discharge planning process begins at intake when treatment goals are established with person served input and participation. Based on person served progress toward treatment goals, clinical staff, in consultation with the person served, determines whether a person served has reached the maximum benefit from outpatient counseling or is in further need of treatment. Every 3-6 months, the client's treatment plan is reviewed and the discharge criteria are set. Progress toward treatment goals and discharge criteria are monitored throughout the counseling process. Referral services using community resources can be a part of the continuity of person served care offered by the organization both during and following treatment.

When the counselor and the person served agree that treatment goals have been met, the individual is discharged from the program. Upon terminating services, the counselor reviews with the person served community resources, ways to access needed services, and the availability of continued services at Crossroads YFS. Releases of confidential information are signed prior to giving referral information to other individuals or agencies. The counselor has 15 days to complete the Transition Plan/Discharge Plan that includes diagnosis and presenting problem; treatment summary; person served strengths, abilities, needs, preferences; reason for discharge; recommendations and referrals made for continuing care. A post-discharge questionnaire is used as a documentation of follow-up after discharge.

Within 30 to 60 days following discharge, a post-discharge telephone call may be made to determine the client's status. If it is determined that the person served is in need of additional services, staff work with the former person served to access services either at Crossroads YFS or other community agencies or resources as needed. Post-discharge telephone contacts are documented in a post-discharge survey file. When it is determined that former persons served are in need of further services, the counselor will arrange for services to be established.

## **BEHAVIORAL HEALTH OUTPATIENT PROGRAM FILES FORMAT**

The format for each person served (Sliding Scale) file will be as follows:

<u>Left Side</u>	<u>Right Side</u>
Progress Notes	Treatment Plans (Updates/Comprehensive)
Case Notes	Client Application Form
Collateral Information	BHOP (Psycho-Social)

Transition Plan/Discharge Plan Case Closure Checklist Post-Discharge Questionnaire	Fee Agreement Releases to include: Orientation Acknowledgement Form Client's Rights Consent for Treatment Release of Information e. HIPAA forms (2)
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## **OUTREACH COUNSELING PROGRAM**

An outreach record will be opened on an eligible person served upon completion of a Client/Family Application Form, Consent for Counseling Form, Orientation Checklist, Client's Rights, and an Informed Consent Form. The record may include an Intervention/ Mediation Form and/or a Crisis Intake Form as collateral data when the person served has required those services preceding the decision to enter treatment. By the third visit, the outreach record will include weekly, Behavioral Health Outpatient Program Psycho-social Assessment, Progress Notes, Treatment Plan and Fee Agreement. Any Release of Information forms required will be located in the person served record. Upon case termination a Transition/Discharge Summary and Case Closure Checklist are completed, including all demographic data.

All procedures follow the Outpatient Counseling Program unless otherwise specified. All records are kept in the Client Records Room of the Norman Counseling Office under double locks.

Medicaid records will contain Medicaid eligibility forms, Prior Authorization forms and additional Oklahoma Foundation for Medical Quality (OFMQ) Treatment Plan forms. The order of placement in Medicaid records will be as follows:

<u>Left Side</u> Progress Notes/Service Verification Forms (when applicable) Case Notes Collateral Information Transition Plan/Discharge Plan Case Closure Checklist Post-Discharge Questionnaire	<u>Right Side</u> Medicaid Eligibility Prior Authorization OFMQ Paperwork — Treatment Plans BHOP (Psycho-social) Releases to include (CARS-JSU form [when applicable]), Orientation Acknowledgement form, Client's Rights, Consent for Treatment, Transportation form, Release of Information, HIPAA (2)
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	Risk Assessment/YLSI (when applicable)
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### COMMUNITY AT RISK SERVICES (CARS)

The Director of Counseling Services assigns referrals to either a Crossroads YFS Contract Counselor or an Independent Contractor. A JSU worker sends a referral, which includes the individual's name, the family's name, addresses, presenting problem, referral reason, and possible services needed. The Contract Counselor contacts JSU to set up an initial referral conference (IRC). The IRC has to be completed within 10 business days of receipt of the referral. Upon completion of the IRC, the CARS record will include documents completed by the JSU worker, the referred individual and their parent/legal guardian, and their assigned counselor. The person served record will have these forms listed in the following order:

<u>Left Side</u> Progress Notes/Service Verification Forms Case Notes 30-Day Reports Collateral Information Transition Plan/Discharge Plan Case Closure Checklist Post Discharge Questionnaire	<u>Right Side</u> Medicaid Eligibility Treatment Plans BHOP Releases to include (CARS-JSU form, Orientation Acknowledgement form, Client's Rights, Consent for Treatment, Transportation form, Release of Information, HIPAA (2) Risk Assessment/YLSI
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All records are secured daily in the clinical record workroom in a locked file cabinet and in a locked room.

### FIRST-TIME OFFENDER PROGRAM—Teens and Parents in Partnership (TAPP)

Offender intake/assessment session: The record includes documents completed by the referred juvenile, their parent(s)/legal guardian, and the Juvenile Diversion Counselor. The client file will include a First-Offender Referral, Client/Family Application form, group Attendance Sheets for the parent and/or legal guardian and juvenile (if applicable), Progress Notes, HIPAA information (2), Consent for Treatment, Consent for Follow-up, Participation Agreement, Behavioral Contract,

Client's Rights, Release of Information, and Confidentiality Agreement. Instructor Reports, Case Closure Checklist, and Client Satisfaction Forms will be included at the completion of all sessions.

The order of placement in the client record shall be as follows:

<u>Left Side</u> (Top to bottom) Case Closure Checklist (upon completion) Sign in Sheets Progress Notes Instructors Reports Correspondence/Homework	<u>Right Side</u> (Top to bottom) Family Information/Application Form Release of Confidential Information Confidentiality Agreement Client's Rights Behavioral Contract Participation Agreement Consent for Follow-up Consent for Treatment Notice of Privacy Practices Acknowledgment Form Consent for Use and Disclosure of Health Information
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All records are secured in the clinical records workroom in a locked file cabinet and in a locked room. Active client files are filed in the locked file cabinet according to which group they are assigned to. Closed client files are filed alphabetically according to the calendar year that the case was opened. Keys to the filing cabinets are in a locked box with a code required to open the box to obtain the keys. The clinical records workroom is also locked.

## **TRUANCY PROGRAM**

The truancy diversion program collaborates with the Norman, Moore, Lexington, Noble and Little Axe Public Schools, the Norman Municipal Court, the Moore Municipal Court, the District Attorney's office, and law enforcement. The parents and/or legal guardian of truant youth participate in an intake/screening and psycho-educational classes with the goal for the youth to increase school attendance, find alternative educational support, and develop communication skills necessary to function successfully in an academic setting. Together these programs serve at-risk youth who have been identified by the schools or who come into contact with law enforcement and the juvenile justice system for social rule violations. Youth are

offered intake/screening and referral services that can include group, individual and family counseling and psycho-educational classes to help prevent or intervene in any continued school failure, delinquency and family problems.

A truancy record will be opened on each individual referred who completes an intake session. The record will include documentation from the intake session, the referral source(s) and the individual receiving services. Truancy client records contain the following forms:

<u>Left Side</u> (Top to bottom) Case Closure Checklist (upon completion) Sign in Sheets Progress Notes Instructors Reports Correspondence/Homework	<u>Right Side</u> (Top to bottom) Family Information/Application Form Release of Confidential Information Confidentiality Agreement Client's Rights Behavioral Contract Participation Agreement Consent for Follow-up Consent for Treatment Notice of Privacy Practices Acknowledgment Form Consent for Use and Disclosure of Health Information
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All records are secured daily in the Client Records Room in a locked file cabinet and in a locked room.

## **CLIENT RECORDS POLICY**

Crossroads Youth & Family Services strives to maintain the strictest confidentiality and security of client records and information. It is up to the program to safeguard the information contained within the file of the person served against loss, theft, defacement, tampering or use by unauthorized persons. Therefore, client records are to be stored in locked file cabinets in the workroom and behind locked doors at the end of the day. No client files will be left in a counselor's office, stored at their homes or left in their vehicles. Client records which are being used by the counselors during the day will be marked with an OUT folder, be limited to their offices and returned to the locked file cabinets at the end of the day. Other issues of



confidentiality are addressed in the organization's *Confidentiality and Privacy Standards* policy.

Case records storage will be stored in an organized manner. Open cases will be filed alphabetically by the client's last name, arranged in filing cabinets based on the calendar year that the case was opened.

## **RECORDS SAFEGUARDS**

The primary responsibility for client, administrative, personnel, fiscal management, outcomes management and health and safety records rest with the Executive Director. All client records will be kept in locked file cabinets when not attended by staff and will be returned to the appropriate file cabinet at the end of the work shift. The record room containing the locked file cabinets is locked at the end of the business day. When counselors/case-managers provide home-based or school-based counseling, records will be transported in a portable case that will be locked. All client records are returned to the records room filing cabinet at the end of each day or maintained in a locked portable case in the counselor's trunk in the event of a late afternoon or evening home visit. Crossroads YFS offices maintain a sprinkler system in cases of fire for the protection of persons served, staff and person served records. Person served records information is in part maintained electronically and backup disks from both offices are taken off site every week to be stored in a safety deposit box at a local bank in Norman.

## **EMPLOYEE ACCESS TO RECORDS**

Records are available to authorized staff and volunteers on a "need-to-know" job requirement basis only. Generally, persons considered to meet this requirement are staff directly involved in the treatment and/or care of the person served/resident, supervisors of those persons, and/or appropriate administrative personnel who may need to access confidential client/resident information to ensure the successful operation of the organization. Furthermore, for the purposes of use and disclosure of PHI within the organization, each employee, agent, volunteer, student, approved observer, independent contractor, or Business Associate may only access PHI on a



“need to know” basis. Individual staff have access only to the minimum protected health information necessary to perform his/her job duties or responsibilities. Each individual will sign a Staff Confidentiality Acknowledgement and will be subject to disciplinary action up to and including termination for breach of confidentiality or for unauthorized access to, use of or disclosure of Protected Health Information.

## **RECORDS REVIEW SYSTEM**

Crossroads Youth & Family Services has a Records Review System to ensure client records are maintained according to organizational and state requirements. Crossroads YFS conducts a review of client records to track individual progress and to ensure all applicable licensure and/or accreditation standards for documentation are maintained.

## **INTERNAL QUALITY ASSESSMENT**

Crossroads Youth & Family Services conducts quarterly professional reviews of the services provided that addresses the quality of service delivery as evidenced by the record of the person served, the appropriateness of services, the pattern of utilization of services, and model fidelity, when evidenced based practice is identified. This review includes an audit of both open and closed records. The quarterly professional review is conducted by two separate processes that include: 1) a peer review of case files by clinical staff; and, 2) an audit by the Quality Assurance/Utilization Review Team of the organization. The review is performed by personnel who are trained and qualified; on a representative sample of both open and closed records; and in accordance with an established review process. When records are selected for review, the person responsible for providing the service/treatment is not solely responsible for the selection of his/her records to be reviewed or a reviewer of his/her records. The quarterly review addresses the following issues:

- The quality of service delivery as evidenced by the record of the person served.
- The appropriateness of services
- The patterns of service utilization
- Model fidelity, when an evidence-based practice is identified

- Were persons served provided an appropriate and complete orientation?
- Were persons served actively involved in making informed choices about the services they received?
- Was confidential information released according to applicable laws/regulations?
- Was assessment of persons served thorough, complete and timely?

Were risk factors adequately assessed and resulted in safety plans when appropriate?

- Were goals and treatment plans based on the results of assessments; input of the persons served and are revised when indicated?
- Were the actual services reflective of appropriate level of care and reasonable duration?
- Were actual services related to goals and objectives on the Treatment Plan?
- Were services documented in the client's file in accordance with policy?
- Were Individual Treatment Plans reviewed and updated in accordance with the agencies policies?
- Was the transition plan and discharge summary are completed?
- Services were documented in accordance with the agencies policies
- Were risk factors adequately assessed and was a safety plan incorporated as needed?
- Was clinical documentation consistent with billing records?
- All information collected is used to improve the quality of services through performance improvement activities, used to identify personnel training needs, and are reported to applicable personnel.

#### **CLIENT RECORD DOCUMENTATION POLICY**

Thorough and timely completion of all persons served records documentation is of critical importance in the ongoing service provision of care in accordance with organization policies and procedures. Direct service staff should understand the magnitude and importance placed on the daily attendance to person served records in the course of their day-to-day job performance as it relates to quality of services and compliance with accreditation/certification/auditing requirements of all funding sources and oversight bodies. All documents generated by the organization that require signatures include original or electronic signatures.

Counseling staff shall complete their person served record document requirements on a daily/weekly basis. Documentation is to be written legibly and in an organized, clear and complete manner. Staff who experience difficulties with managing and maintaining person served records should consult with their immediate supervisor for assistance and policy clarification. However, it is the direct responsibility of each staff member in all programs and services of the organization to assure thorough, accurate, and timely completion of all person served records. Failure to comply with person served record management/maintenance will result in disciplinary action according to the organization's *Discipline and Termination Policy* (see *Section 2, Human Resources Policies*, pp. 8-11).

## **MAINTENANCE AND DISPOSAL**

Inactive case records will be stored in locked files or cabinets for a period of seven (7) years for client records that are not considered alcohol or drug client records and five (5) years for all psycho-educational files. Client records shall be destroyed by shredding.

Electronic data that are used to store or transfer information that contains PHI concerning persons served or residents and/or employees must adhere to the following guidelines. E-mails use 128-bit encryption and all computers that receive e-mails are password protected to which only the computer user and program supervisor has the password. PHI data stored on computers after useful periods of time (six months after a person served is discharged or one year after an employee leaves) will be deleted using industry standard for destruction of data and software stored on memory devices.

Should Crossroads YFS discontinue operations or is taken over or acquired by another program, its records may, with the written consent of the person served, be turned over to the acquiring program or any other program specified in the written consent. Crossroads YFS' program records which are discontinued or not required by other programs must be destroyed or purged of person served identification unless the written consent of the person served is obtained permitting the transfer of records to the acquiring program. If any effort to obtain consent for transfer is made, it will be by means that minimize the likelihood of accidental or incidental disclosure to any third party of the client's identity as such.

Records must be retained according to applicable state regulations and statute of limitations. Where records are required by law to be kept for a specified period, and such period does not expire until after the discontinuation or acquisition of the program, and patient consent for their transfer is not obtained, such records will be sealed in envelopes or other containers marked as follows: "Records of Crossroads YFS are required to be maintained for seven (7) years."

Records marked and sealed in the above fashion may be held by any lawful custodian, but may be disclosed by such custodian only under such circumstances and to such extent as would be permissible for the program in which they originated. As soon as possible after the date specified on the label of the container, the custodian will destroy the records. In the case of any program terminated by reason of bankruptcy, the expense of compliance with this section will be an expense of the administration of the bankrupt estate.

The Director of Counseling Services will ensure all confidential records that are in need of being destroyed are done so by means of shredding on a regular basis. No records will be destroyed concerning any pending legal action in process at any time during the retention of records.

## **FILING**

Support staff prepare a packet of all client record forms for Staff Counselors to use in the development of Client Records. Support staff gives the packet of forms to the Staff Counselor at the time of the intake/assessment appointment. It is the responsibility of each Staff Counselor to assure that the person served records under his/her supervision are thorough, comprehensive, complete, and in the proper order. Staff Counselors will refer to the "Client Records Policy" elsewhere in this manual. Staff Counselors will keep their client records current and filed in a timely manner.

## **FILING TIME LINES**

Crossroads Youth & Family Services staff believes in the importance of maintaining current and up-to-date person served records for the individuals served. In order to ensure the individual person served records contain the most current information

available, the Quality Assurance/Utilization Review Committee has established some timelines for the filing of the documentation that has been received and/or completed for the individual and belongs as a part of the permanent person served record.

Due to billing requirements of certain programs progress notes are due by 8am on Mondays. This allows supervisors to review the notes for content and accuracy of serves provided prior to billing. Other documentation relating to the following topics should be filed within five (5) days of receipt:

- Assessments
- Incident Reports

Documentation relating to the following topics should be filed within five (5) days of completion:

- Releases
- Referrals
- Historical Information
- Comprehensive Treatment Plan
- Treatment Plan Review/Update
- Transition Plan

Any other information not included above must be filed within 15 days of receipt.

## **CLINICAL SUPERVISION**

- a. Clinical supervision is a vital component of the provision of quality treatment. All facilities shall provide clinical supervision for all direct service provider staff.
- b. Clinical supervision is an organized process by which knowledgeable and skilled supervisors systematically and routinely provide ongoing and in-depth review of direct service providers' performance.
- c. Clinical supervision determines competency and provides and/or arranges for competency-based training to clinical staff in areas that reflect the specific needs of the person served; are appropriate to the position; individual plan

development; interviewing skills; and program-related research-based treatment approaches.

- d. The Director of Counseling Services shall critically examine significant incidents from sessions, person served defenses, evidence supporting diagnosis, how the staff and person served interact, and dependency issues. The supervisor should also help identify issues between the counselor and the person served that have led or could lead to impasses.
- e. The Director of Counseling Services is responsible for supervision of all treatment/service providers and provide overall supervision for individual, family, group, and rehabilitative services. The Director of Counseling Services provides ongoing clinical supervision of all clinical staff and interns during Clinical Management meetings. Clinical Management Meetings include Case Reviews and in-services for clinical staff. Supervision of clinical staff will occur weekly, and in-service training will occur two times monthly with the exclusion of holidays. Individual supervision of clinical staff is provided on an as needed basis. Clinical consultation with interns is on an ongoing basis and as needed. Supervision of treatment/service providers will address, but is not limited to:
  - 1. The appropriateness of the treatment intervention selected relative to the specific needs of the person served.
  - 2. Treatment effectiveness as reflected by the person served meeting their individual goals.
  - 3. Risk factors for suicide and other dangerous behaviors.
  - 4. The provision of feedback that enhances the clinical skills of direct service staff members.
  - 5. Accuracy of assessment and referral skills, when applicable.
  - 6. Issues of ethics, legal aspects of clinical practice, and professional standards, including professional boundaries.
  - 7. Clinical documentation issues identified through ongoing quality records review.
  - 8. Cultural competency issues.

9. Model fidelity, when implementing evidence-based practices.

Credentials required for the clinical supervisors: Completion of Ph.D. in Psychology or directly related program which includes clinical training and a one year clinical relationship; or completion of a Master's Degree or its equivalent in Psychology or a directly related program to include a one year clinical internship and three (3) years of post-Masters work experience in the provision of clinical services; and a license in the respective field. Must demonstrate aptitude for assuming supervisory responsibility; extensive knowledge of psychological theory; of methods of psychology counseling, psychotherapeutic methods, case assessment methods, individual and group testing, project techniques, statistical methods, research design and a knowledge of community problems.

Frequency for case reviews with treatment/service providers: The Director of Counseling Services shall meet with clinical staff, as a group, bi-weekly for case reviews or in-house in-services. There shall be at least two (2) case reviews a month and four in-services a year.

- F. Caseloads for therapists will be determined by the total number of active cases enrolled in the program, needs of the assigned persons served, and service provision in other areas such as group services or coordination of programs. Therapists may not have an equal amount of cases due to the differences in schedules and responsibilities assigned.

## **LICENSURE SUPERVISION ASSISTANCE**

In an effort to assist employees who are working on completing their licensure supervision requirement, Crossroads Youth & Family Services has set forth the following criteria for eligibility for funds as they are available for this purpose.

### **Eligibility**

Only full-time employees with Crossroads Youth & Family Services Counseling Program holding a Master's degree in psychology, social work or a related field and who are seeking licensure in their respective field may apply for Licensure Supervision

Assistance. Employees must have previously had two (2) semesters of internship or applied clinical practicum under qualified professional supervision.

All prospective licensure supervisors must be approved in advance by the Director of Counseling Services prior to any payment by Crossroads Youth & Family Services, Inc. Once approved, prospective supervisors will contract with Crossroads Youth & Family Services, Inc. on a yearly basis to provide clinical supervision to eligible employees.

Prior to each fiscal year, Crossroads YFS Administration will determine the amount of funds available for Licensure Supervision Assistance for the upcoming contract year. Once determined, those eligible employees seeking assistance may apply for Licensure Supervision Assistance through the Director of Counseling Services. All requests for assistance shall be approved at the discretion of the Executive Director on a “first come, first served” basis as funds are available.

Employees must ensure that supervision sessions do not conflict with or adversely affect their work-related services or activities. In consideration of receiving Licensure Supervision Assistance under this policy, employees agree to commit to one (1) month of service with Crossroads Youth & Family Services, Inc. following every one (1) month of Licensure Supervision Assistance paid for with organization funds. Should employees voluntarily resign before the agreed upon service is met, s/he will be required to refund a prorated amount of the Licensure Supervision Assistance funding received.

## **DIRECT SERVICE HOURS REQUIREMENTS**

All direct service providers at the Crossroads Youth & Family Services (i.e. Staff Counselors, CARS/OCS staff, etc.) are expected to provide a minimum of 58% direct service hours of their working time. (The exception to this requirement is for staff who are working under a contract that specifies other direct service hour requirements or staff who are contracted employees with this organization and the employment contract specifies other direct service hour requirements.) The actual number of hours required is based on the following formula:

$$40 \text{ hours per week} \times 52 \text{ weeks} = 2,080 \text{ hours/year}$$

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Less Vacation	- 120
Less Holidays	<u>- 96</u>
Total Hours Per Year	= 1,864
1,864 hours/year ÷ 12 months	= 155.33 hours
155.33 hours/month x 67%*	= <u>104.00</u> hours

(\*Leave hours are subtracted from total hours before calculating the formula.)

Therefore, the required number of direct service hours that meets the minimum expectation for each direct service professional is 104 hours average per month. Each direct service professional should plan to average a minimum of 104 hours of direct service time over a four-month period. It is important to remember that most leave time has already been backed out in the formula; therefore, taking vacation or other leave does not reduce the number of hours that a direct service professional is expected to average over a four-month period. In order to maintain or exceed the minimum number of direct service hours, a direct service professional will need to schedule between 65% to 70% of their work time for direct service. This will also allow for cancellations and other unexpected situations that again will not reduce the number of required direct service hours. Each direct service professional is expected to provide a minimum of four hours of direct service time after 5:00 p.m. to meet the needs of persons served who need later appointment times. Direct service professionals might also want to consider providing additional evening or weekend hours for service delivery in order to meet their direct service goals. Please remember that these requirements are only minimal standards: Crossroads YFS would actually hope to achieve a greater than 58% direct service hour record. (NOTE: Direct Service Hours expectations for part-time staff are proportionate to time worked.)

Direct service professionals who are experiencing difficulty either building or maintaining an adequate caseload with which to meet the minimum required direct service hour expectation are encouraged to consult with their supervisor for assistance. The following procedures will be initiated for those staff who are not meeting the minimum expectation:

1. Each direct service professional is expected to average a minimum of 104 hours of direct service time over a four-month period.

2. If the average of direct service hours is less than 104 hours over a two to four month period, the supervisor will prepare a written Notice of Concern that will be discussed with the employee and placed in his/her personnel file.
3. If the employee's average of direct service hours has not reached 104 hours within 30 to 60 days following the receipt of a written Notice of Concern, the supervisor will prepare a Written Reprimand that will be discussed with the employee and placed in his/her Personnel file. The employee will be expected to prepare a "Corrective Plan of Action" as required in the organization Discipline Policy.

If the employee's average number of direct service hours has not reached 104 hours within 30 to 60 days following the receipt of a Written Reprimand and approved "Corrective Plan of Action," the employee may be terminated upon consultation with the Executive Director.

#### **CRITERIA FOR DIRECT SERVICE HOURS**

Direct service hour categories and those services allowed to be counted toward direct service hours may depend upon contract requirements or contract structure of rate-based services. In that case, only services that have an approved rate may be counted toward approved direct service hours. The following categories of service hours represent services that can be documented each month by all direct service staff and may be counted toward Direct Service Hours (these categories can change based on contract changes):

1. Evaluation/Assessment (N4)
2. Individual Counseling (12)
3. Family Counseling (14)
4. Marital Counseling (18)
5. Group Counseling (16)
6. Crisis Contact (N2)
7. Educational (24)
8. Recreational (26)
9. Groups (16)
10. Community Education (41)
11. Community Development
20. Treatment Plan Development and Reviews

NOTE: Please see “Description of Programs and Services” for a full explanation of each service category.

## **STAFF PRIVILEGING**

- a. Crossroads Youth & Family Services has an organized and operational method for documenting and verifying the training, experience, degrees, and other credentials of treatment personnel prior to their providing clinical or treatment services. The Human Resources Director or his/her designee questions former employers, requests a formal Oklahoma State Bureau of Investigation background check, and requires a drug screening for all potential employees, interns, volunteers and Independent Contractors.
- b. The Human Resources Director and the respective Program Director shall, during the hiring process and annually thereafter, evaluate the professional qualifications of staff providing treatment services.
- c. All treatment staff shall be privileged prior to performing treatment services.
- d. The evaluation and verification of professional qualifications includes, but is not limited to, the review and verification of:
  1. Professional degrees;
  2. Professional licensures, certifications, and registrations (if applicable) primary sources;
  3. Professional training;
  4. Professional experience; and
  5. Other qualifications as set forth in the position’s job description or contract.

## **CURRICULUM APPROVAL POLICY**

Crossroads Youth & Family Services, as part of its mission to provide accessible services to youth, places staff counselors and interns in all secondary schools throughout

Cleveland County. Any curriculum, presentations or materials used in the schools or delivered outside the organization must be approved in the following manner:

1. Materials and curriculum must be carefully selected to assure that they are age appropriate, culturally sensitive, traditional in nature, and pertinent to the intended purpose.
2. Printed materials and handouts must be clearly written and carefully proofread to assure accurate spelling and proper grammar.
3. All materials and curriculum must be approved in advance of use by the Director of Counseling Services. Any material intended for distribution (handouts, flyers, newsletters, etc.) must be approved in advance by the Director of Counseling Services.
4. All materials and curriculum used in school setting must be approved in advance by the designated school faculty member according to each school district's preference and/or policy. At the beginning of each school year, Crossroads YFS staff and their supervisors will determine the process each school district will utilize to approve any curriculum or presentation material which organization staff intends to use in the school setting.

## **LIBRARY/RESOURCE UTILIZATION**

Crossroads Youth & Family Services maintains a library of publications relevant to the field of mental health treatment, counseling, drug and alcohol services, and case management. Organization staff is encouraged to recommend curriculum, resource materials, screening and testing instruments, games, videos, periodicals, etc. that may be used to enhance the quality of services provided by the organization. The Director of Counseling Services will designate staff to maintain an inventory of all books and materials as well as a check-out system for use of all books and materials.

## **WORK ENVIRONMENT**

The intent of these policies and procedures is to create an efficient and pleasant work environment for all that work for the organization as well as all persons served, and to present a more professional appearance to the community.

## **EMPLOYEE SIGN IN/ SIGN OUT**

All counseling and administrative staff will check in and out with support staff at the reception window upon arrival to work, upon leaving and returning during the day, and upon leaving the office at the end of the day. In addition, counseling staff will put a “dot” by their name on the bulletin board to inform support staff when they are in session and to hold their phone calls. When counselors provide home-based sessions, they will utilize the “buddy system” per the Home-Based Safety Policy, to ensure that another staff member is aware of where they are and at what time they are expected to return. Counselors/Administrators will inform support staff any time they are away from the organization for any reason. The purpose of this procedure is to assist support staff in knowing the location of staff to facilitate phone calls and appointments.

## **COMPUTER CALENDAR/APPOINTMENT METHOD**

All clinical staff will use their shared computer calendar to show scheduled appointments and to register any leave time taken. Leave time should be approved in advance according to the policies of the organization. Each clinical staff should update the shared computer calendar on Friday before the next work week begins so that support staff can print out a hard copy of the calendar on Monday mornings. This procedure helps support staff track the schedules of clinical staff in order to more efficiently manage person served services for the organization. This procedure will be enforced and monitored for compliance.

## **IN-SESSION SIGNS**

All counseling and administrative staff are to consistently and diligently utilize the “in session” sign on the doors in addition to the “dots” to inform staff when they are in session or are not to be disturbed. This is to only be used, however, when it is inappropriate for the staff to be disturbed.

## **SUPPORT STAFF OFFICE**

The support staff office is considered a place devoted strictly to work. Other staff are asked to refrain from using this area as a location to visit or gather. To do so may interrupt the flow of support staff tasks. When in the support staff office, other staff

members are asked to conduct their business as quietly and unobtrusively as possible so as not to interfere with the support staff in completing their work

## **USE OF CELLULAR PHONE**

Crossroads Youth & Family Services provides a cellular/mobile phones for the purpose of safety/emergency communication when staff is away from the organization or on home visits and communication is necessary for sharing pertinent information or in a crisis situation.

Individuals who are provided with cell phones must sign a “Cellular Telephone Usage Contract” indicating they understand their responsibility for accepting an agency cell phone. This contracts outlines number of minutes available for use, monthly costs, services permitted for use, and any fees or overage charges for which employees may be responsible. “Cellular Telephone Usage Contracts” must be signed annually by all employees who carry an agency cell phone.

The following guidelines should be observed when using the cellular phone available for check out:

- ➔ Use of the cellular phone shall be limited to paid employees of Crossroads YFS.
- ➔ Phones available for checkout shall be locked and secured in the Executive Assistant’s office and only accessible to the Crossroads YFS staff.
- ➔ The phone should be signed out and in, including date and time and staff person’s signature on a general log sheet located near the phone. *The staff member who checks out the phone will be held responsible for the phone.*
- ➔ All staff must read the cellular phone user’s manual prior to signing the phone out and taking responsibility for it.
- ➔ The phone should only be used to *share pertinent or necessary organization related information or emergency situation*. The staff member will be held responsible for any *unauthorized* calls made or charged to the phone.
- ➔ Due to the high cost of cellular phone time, another telephone should be used if at all possible. The cellular phone is not to be used for convenience purposes or

casual conversations. All phone calls made on the cellular phone should be kept to a minimum.

- ➔ The phone is to be kept in a safe and secure place when taken out of the organization. It is to be kept locked in the organization van or staff person's car when unattended, or kept with an organization employee at all times.
- ➔ Calls are *only* to be made by the staff person to whom the phone is signed out or by another designated staff member.
- ➔ At no time are residents of the Shelter or other youth/persons served allowed to handle the phone without direct supervision of a staff member. Staff members must dial the phone for any youth who needs to use the phone for any authorized phone call.
- ➔ The phones available for checkout shall be returned to the Support Staff office immediately upon return to the organization.
- ➔ Any problems or necessary repairs with the phone shall be reported immediately to the Executive Assistant or Executive Director.

## **USE OF ORGANIZATION EQUIPMENT**

### **Experiential Learning Program**

Crossroads Youth & Family Services maintains an inventory of outdoor adventure equipment that is used throughout the year for various experiential learning activities. The following is a list of guidelines to be observed that ensures the proper maintenance and safe guard of this equipment.

- Equipment should be used only by authorized staff personnel. Staff responsible for the equipment will complete the inventory checklist.
- An inventory checklist must be completed prior to equipment use as well as upon return of equipment and signed and dated by the staff responsible.
- All equipment should be stored in its original location and packaging when applicable. Be sure that the equipment is clean and dry before storing.
- Any needed repairs or replacement should be reported in a timely manner to the Director of Counseling Services or the Executive Director. A written report of

the repairs or replacements needed along with an estimated cost should be presented.

Revised and Approved January 20, 2009

Revised and Approved March 23, 2010

Revised and Approved January 15, 2013

Revised and Approved April 16, 2019



**POLICY SECTION APPROVED BY:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Executive Director* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Board Representative* *Date*

**ANNUAL REVIEW APPROVAL**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Executive Director* *Date*

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*Board Representative* *Date*

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*Board Representative*

*Date*