Family & Children's Center

OUTPATIENT PROCEDURE

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DEFINITIONS

According to Wisconsin Chapter DHS 35, "Outpatient mental health services means the services offered or provided to a client, including intake, assessment, evaluation, diagnosis, treatment planning, psychotherapy and medication management". "Outpatient mental health clinic or clinic means an entity that is required to be certified under [Chapter DHS 35] to receive reimbursement for outpatient mental health services to clients".

Wisconsin Chapter DHS 75 regarding substance abuse services states "Outpatient treatment service is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse in order to ameliorate symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period".

Wisconsin Chapter DHS 62 is the standards for the Intoxicated Driver Program. The Viroqua Outpatient branch is appointed by the DHS board to be the identified Vernon County "intoxicated driver assessment facility" which means "an approved treatment facility that is certified under s. DHS 75.13 as an outpatient treatment service."

"Provider" for purposes for this manual means a mental health professional, a licensed treatment professional, a mental health practitioner, a qualified treatment trainee, a recognized psychotherapy practitioner, Intoxicated Driver Program (IDP) assessor, substance abuse counselor, substance abuse counselor –in training, and certified substance abuse counselor, or a physician who is providing services within their license to clients at Family & Children's Center.

SERVICES PROVIDED

1. Initial assessment of new clients.
2. Diagnostic services to classify a client's problem.
3. Evaluation services to determine the extent to which the client's problem interferes with normal functioning.
4. Outpatient mental health services as defined in Wisconsin Chapter DHS 35.
5. AODA services as defined in Wisconsin Chapter DHS 75.03 and 75.13.
6. Intoxicated driver assessments as defined in Wisconsin Chapter DHS 62.03

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LOCATION AND HOURS OF SERVICE

Family & Children's Center Outpatient Counseling main clinic is located in La Crosse. Branches include Viroqua Outpatient Counseling.

- La Crosse Clinic is open Monday through Friday
- Viroqua Clinic is open Monday through Friday

Outpatient mental health services will be provided within the agency office setting except when therapeutic reasons are documented to show that an alternative location such as a nursing home, school, medical clinic, the client's home, or other location is appropriate to support the client's recovery. Such instances must be staffed with the outpatient team and approved by the Director. Therapeutic services may not be provided in a hospital setting. Our role in the hospital is utilization review, never therapy or counseling. As a result, we cannot write in charts or bill for services provided in a hospital setting.

CERTIFICATION

Outpatient Counseling Clinic is certified under DHS Chapters 35 and 75 and may receive funding from the Wisconsin medical assistance or BadgerCare Plus programs, federal community mental health services block grant funds; state community aids funds, Comprehensive Community Services (CCS) funding, private insurers, or private pay.

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Procedure Name:	**FRONT DESK ADMISSIONS PROCESS**
Procedure Number:	101
Domain:	Outpatient
Approved By:	Mary Jacobson, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services Revised by Kristy Honaker, Coordinator of Community Services
Effective Date:	1/1/2017
Date(s) of Revision:	9/6/2019
References:	Adolescent Symptom Checklist, Adult Symptom Checklist, Child Symptom Checklist

STATEMENT OF PURPOSE

Family & Children's Center serves children, adolescents, adults and families in the outpatient clinic. Clients may request the services themselves or be referred by an outside agent (physician, attorney, etc.) The admission criteria procedure details the protocol for outpatient admission and outlines steps to refer clients to alternative services when needed.

AREAS OF RESPONSIBILITY

Client Service Specialists maintain positive relationships to ensure that all clients, referral sources, and staff are receiving the highest quality services in a manner consistent with FCC's mission, vision, and values. Client Service Specialists maintain client files by obtaining, recording and updating personal and financial information in accordance with agency procedures and governing standards. They must adhere to all laws of client rights, confidentiality and privacy as governed by HIPPA, governing standards, and FCC.

PROCEDURE

I. Initial Contact
   a. It is necessary to determine the type of service a client is seeking and with which provider to schedule.
   b. Complete a telephone intake sheet with necessary demographic information.
   c. Obtain the client's insurance information to ensure FCC is in network.
   d. Verify insurance benefits including client deductible, coinsurance, out-of-pocket maximum, and prior authorization requirements.
   e. Check Procentive to see if client is already in the system.

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i. If client is in Procentive and has a past due balance, it is necessary to get payment in full or set up a payment plan prior to client resuming services.
ii. If client is not in Procentive, enter their information in the system.

II. Scheduling
   a. After insurance verification is complete, the client needs to be contacted to schedule an intake appointment.
      i. When scheduling, follow the individual provider's scheduling preferences (i.e., how many intakes per week, time of day, etc.)
   b. Give client appointment time that ensures enough time to complete paperwork prior to meeting with provider (usually ½ hour prior).
   c. If provider has a waiting list or is scheduling out several weeks, schedule additional appointments for the client at this time.

III. Intake Appointments
   a. Review required intake forms (Consent for Admission F244-1007, Privacy Practices F244-1001, Payment Agreement F244-1010, Rights and Responsibilities F244-1002, Permission for Communication F244-1033, & Symptom Checklist) with client and have them sign electronically or complete paper forms then scan into client's Procentive account.
   b. Scan a copy of the front and back of the client's insurance card in their Procentive account.
   c. Collect any applicable copays.
   d. Verify insurance and demographic information provided by client to ensure information is entered correctly into Procentive.
   e. Give provider the copy of any paper forms (questionnaire, intake sheet, etc.)

IV. Subsequent Appointments
   a. Verify client's address, phone number, and insurance information and ensure it is correct in Procentive.
   b. Check account balance and discuss making a payment or setting-up a payment plan with client, if necessary.
   c. Collect any applicable copays.

V. Appointment cancellation
   a. Any appointment that a client requests to cancel or reschedule less than 24 hours prior to the appointment will be documented as a "Late Cancel" in Procentive.

b. If a client fails to attend an appointment, it will be documented as a "No Show" in Procentive.

GETTING HELP

For questions or further clarifications regarding the Admissions Process, please contact the Coordinator of Community Services.

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Procedure Name:	**INTOXICATED DRIVER PROGRAM ADMISSIONS PROCESS**
Procedure Number:	101.1
Domain:	Outpatient Viroqua
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Cacy Winker, Office Manager Amanda Jalensky, Coordinator of Community Services
Effective Date:	7/1/2016
Date(s) of Revision:	2/8/2017
References:	AODA assessment; DHS 62, Wisconsin Administrative Code, Telephone Intake Sheet, IDP referrals Spreadsheet

STATEMENT OF PURPOSE

Vernon county residents who are convicted of an OWI related offense are required to complete an Intoxicated Driver Program (IDP) assessment.

AREAS OF RESPONSIBILITY

The Office Manager – Viroqua is responsible for ensuring the implementation of, modifications to, and coordination with collaborating providers for the Intoxicated Driver Program Intake Procedure.

Client Services Specialist in Viroqua clinic is responsible for following client intake procedures.

PROCEDURE

I. Initial Contact

A. When a person contacts the office regarding an IDP assessment, it is necessary to determine that it is appropriate to schedule them for an IDP assessment. To do this:

i. Confirm that the person has been convicted of an OWI related offense. If (s) he has not been convicted of such an offense and is in need of an Alcohol and Drug Assessment, follow the appropriate procedure to schedule that assessment.

ii. Confirm that the person is a resident of Vernon County. Assessments must be done in the county in which a person resides; if (s) he is not a Vernon county resident, give them the appropriate contact information for the county of their residence.

II. Prior to Client Assessment

A. Client's name should be added to the IDP Referrals spreadsheet when

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i. the convicting court sends the Court Order for Intoxicated Driver Assessment and Driver Safety Plan (WI DOT Form MV3631); or
ii. the client calls requesting information regarding an IDP assessment

B. Client payment is required in full prior to scheduling an IDP assessment
   i. If a client contacts FCC within 72 business hours of court, signing conviction order, or leaving jail (if sent directly from court), they are considered in compliance and only need to pay the assessment fee.
   ii. If client contacts the office within the 72-hour deadline but does not pay during initial contact, determine when they do plan on paying (next payday, tomorrow, etc.) and give them a deadline for paying (usually 7-14 days) in order to avoid paying the non-compliance (N/C) fee. Note this date on the IDP Referrals spreadsheet.
   iii. If a client's initial contact is after 72 business hours, or they do not pay before the deadline noted on the IDP Referrals spreadsheet, they must pay the assessment and N/C fees before scheduling.
   iv. Payment must be made with cash, money order, or credit card (Visa, MasterCard, or Discover). No personal checks.

C. After client pays required fees
   i. Complete client demographic information on Telephone Intake sheet. Note from which county or municipality they received their OWI conviction, total convictions received, their driver's license number, and if they have a probation officer.
   ii. Make a copy of any paperwork client brings with them and clip to Telephone Intake sheet, along with court order if one is in the hanging file, and place in assessor's hanging file.
   iii. Update the IDP Referrals list with assessment date and any other pertinent information.
   iv. Create an account for the client in Procentive (if not already in the system).
      1. Choose "Self-Pay ND" as payer. Enter the date, the fees (IDP, N/C) paid, and the form of payment used.
      2. Enter "IDPDX" in the diagnosis tab.
      3. In User Defined Tab – Outpatient, indicate this is an IDP client & enter date of assessment.
      4. Choose 71 – Outpatient Services - Viroqua as default program.

v. Schedule appointment using “IDP Assessment” appointment type. Tell client appointment time that is ½ hour before scheduled time & give approximate end time (1½ hours total). Try to schedule appointments close to one another, if possible. Appointments should be scheduled within 14 calendar days, in accordance to DHS 62, WI admin Code.

GETTING HELP

For questions or further clarifications regarding the Intoxicated Driver Program Admissions Procedure, please contact the Office Manager – Viroqua or Coordinator of Community Services.

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Procedure Name:	**ADMISSIONS CRITERIA**
Procedure Number:	102
Domain:	Outpatient
Approved By:	Mary Jacobson, Director of Wisconsin Youth & Family Services
Created/Written By:	Alicia Skiles, MS, NCC Amanda Jalensky, Coordinator of Community Services Revised by Kristy Honaker, Coordinator of Community Services
Effective Date:	1/1/2017
Date(s) of Revision:	2/8/2017, 9/16,2019
References:	ASAM

STATEMENT OF PURPOSE

Family & Children's Center serves children, adolescents, adults and families in the outpatient clinic. Clients may request the services themselves or be referred by an outside agent (physician, attorney, etc.) The admission criteria procedure details the protocol for outpatient admission and outlines steps to refer clients to alternative services when needed.

AREAS OF RESPONSIBILITY

Admissions criteria may first be communicated to the client by the Client Services Specialist. Outpatient providers are responsible for determining level of care and appropriate services.

PROCEDURE

Clients

Family & Children's Center serves children, adolescents, adults, couples and families in the outpatient clinic. Clients will be scheduled with the appropriate provider based on their expertise.

Funding

There must be a funding source for services, including private insurance, medical assistance, or private pay. Some insurance companies and Wisconsin medical assistance restrict where enrollees may go for services. Within these constraints, the outpatient program does not deny its services or discriminate against, based on sex, race, color, creed, handicap, age, sexual orientation, cultural background, or location.

Admission

Should there be a waiting list for services, clients will be contacted and served on a first come, first-served basis. For clients seeking substance abuse services, first priority is given to pregnant women who are struggling with alcohol or drug abuse issues. For clients seeking substance abuse or mental health services, priority will be given to clients struggling with suicidal ideation and intent. The Client Services Specialist will maintain a waiting list that includes the client's contact information, the date of the initial referral, and dates related to follow-up.

For clients seeking substance abuse services, additional recommendations relating to a client's initial placement, continued stay, level of care, transfer and discharge are determined through the application of approved placement criteria (ASAM).

Referral

Clients that do not meet the admission criteria or cannot be served promptly are referred or connected to appropriate providers. Contracts are kept on file with local service providers and updated every two years. The Client Services Specialists maintain the referral list.

Several agencies on the referral list include:
In La Crosse to Gundersen Health System, Mayo Clinic Health System, Stein Counseling, Peace of Mind Counseling, Counseling Associates, Driftless Counseling, AMS of Wisconsin, La Crosse County Human Services or other appropriate mental health service.

In Viroqua to Viroqua Healing Arts Center, Psychiatric Associates, Vernon Memorial Healthcare Clinics, Gundersen Health System, Scenic Bluffs, or Vernon County Human Services.

GETTING HELP

Support for admission procedures can be obtained by connecting with your clinical or administrative supervisor.

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Procedure Name:	**ADMISSIONS PAPERWORK**
Procedure Number:	103
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services Cacy Winker, Office Manager – Viroqua
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	F244-1001 Notice of Privacy Practices Written Acknowledgment Receipt, F244-1002 Statement of Rights and Responsibilities, F244-1007 Consent for Admission for Outpatient Mental Health/Substance Abuse Evaluation, F244-1004 Consent for Counselor in Training, F244-1010 Payment Agreement for Counseling Services Including copy of Insurance Card or verification of benefits, F244-1010 Permission for Communication, F244-1000 Authorization for Use & Disclosure of Health Information, F244-1003 Intoxicated Driver's Program Acknowledgement, F244-0006 Referral Source- Client Intake, F244-0004 Revised Drug Abuse Screening Tool (DAST), F244-0002 Revised MI Alcoholism Screening Test (MAST)

STATEMENT OF PURPOSE

Family & Children's Center will inform clients of their rights, notify clients of confidentiality both verbally and in writing, and have clients sign consents to treatment of services.

AREAS OF RESPONSIBILITY

Admissions paperwork will be completed with the Client Services Specialist upon first visit to the clinic, and updated annually. Providers are responsible for determining level of care and appropriate services, and notifying clients of their treatment rights.

PROCEDURE

Initial Intake Paperwork:

The client or parent/guardian completes the admissions paperwork at the desk prior to first appointment with the provider, and annually thereafter. Paperwork is completed on the tablet or in paper form then scanned in by the Client Services Specialist. The Client Services Specialist explains each form and fees that the client or responsible party will be expected to pay for the proposed services. Each identified client has their own record and admissions paperwork.

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Complete the following forms upon admissions:

Outpatient Client-

1. F244-1007 Consent for Admission for Outpatient Mental Health/Substance Abuse Evaluation
2. F244-1001 Notice of Privacy Practices Written Acknowledgment Receipt
3. F244-1002 Statement of Rights and Responsibilities
4. F244-1004 Consent for Counselor in Training – if applicable
5. F244-1010 Payment Agreement for Counseling Services (Including copy of Insurance Card or verification of benefits)
6. F244-1010 Permission for Communication
7. F244-1000 Authorization for Use & Disclosure of Health Information as needed
8. Paper form - Adult or Child Intake Questionnaire
9. F244-0006 Referral Source- Client Intake
10. F244-0004 Revised Drug Abuse Screening Tool (DAST) - if applicable
11. F244-0002 Revised MI Alcoholism Screening Test (MAST) – if applicable

IDP Client- Client should sign the following forms in Procentive at time of assessment appointment:

1. F244-1007 Consent for Admission for Outpatient Mental Health/Substance Abuse Evaluation
2. F244-1001 Notice of Privacy Practices Written Acknowledgment Receipt
3. F244-1002 Statement of Rights and Responsibilities
4. F244-1010 Payment Agreement for Counseling Services
5. F244-1003 Intoxicated Driver's Program Acknowledgement

Client needs to complete following paper forms:

1. First page of Adult Intake Questionnaire
2. Authorization for Use & Disclosure of Health Information (Section A) for Driver Safety Plan (DSP) provider and Probation Agent (if applicable)
3. Alcoholism Screening Test (MAST)
4. Drug Abuse Screening Test (DAST)

After completion, all paperwork should be printed and placed in client folder, with Telephone Intake sheet and court order (if received). Use existing IDP folder if client has one. Write the date, "IDP Assess" and the assessor's initials on the front of the folder.

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Following IDP Client Assessment:

1. A copy of the following forms should be sent to the DSP provider chosen by the client and Probation Agent (if applicable)
    a. Driver Safety Plan Order (WI DOT Form MV3633)
    b. Order for Assessment and Driver Safety Plan Report (WI DOT Form MV3634)
2. Client assessment and DSP provider information should be entered on the IDP Assessments and Active IDP Clients spreadsheets. The client should be removed from the IDP Referrals spreadsheet.
3. Client folder is placed in file cabinet.
4. Any updates regarding a client's DSP should be filed in their folder and entered on the Active IDP Clients spreadsheet.

On-going Informed Consent

1. Families are informed and sign written consent (F244-1000 Authorization for Use & Disclosure of Health Information) every time information is to be shared or requested with a new external source.

GETTING HELP

Support for admission paperwork can be obtained by connecting with your clinical or administrative supervisor.

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Procedure Name:	**EMERGENCY SERVICES**
Procedure Number:	105
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	1/13/2017
References:	F244-1002 Statement of Rights and Responsibilities

STATEMENT OF PURPOSE

Any individual who receives outpatient mental health services may experience a mental health crisis at any time during their treatment. Family & Children's Center is obligated to provide emergency services information to ensure clients have access to care in times of crisis.

AREAS OF RESPONSIBILITY

As a certified outpatient mental health facility, the Family & Children's Center is obligated to provide 24-hour emergency services to its outpatient clients. (Procedures are outlined in the Statement of Rights and Responsibilities under the heading "Emergency Procedures").

The Client Services Specialist handles all calls received during desk hours, after hours the callers are directed to call Great Rivers 2-1-1 (211 or 608-791-4344) and Emergency Rooms at Gundersen Health System or Mayo Clinic Health System, (Viroqua to Vernon Memorial Healthcare) if they are seeking help with a crisis situation.

The Client Services Specialist, in collaboration with the client's provider, may direct a client to emergency services over the phone when appropriate. Outpatient providers are responsible for providing and discussing emergency calls with clients and providing after hours contacts in the intake session. Any crisis contacts should be documented in the clients file.

PROCEDURE

Immediate Crisis during Office Hours

1. Does a provider at Family & Children's Center know the client?

If yes, continue.
If no, go to #4.

2. Is the provider at Family & Children's Center at this moment?

If yes, continue.
If no, go to #4.

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3. The Client Services specialist contacts the provider; is the provider able to speak to the client?

If yes, put the client through to the provider.
If no, go to #4.

4. Refer the client to one of the following:

Emergency	911
Great Rivers 211	211 or (800) 362-8255
Gundersen Health System	(608) 775-3128
La Crosse County Mobile Crisis	(608) 784-HELP (4357)
Mayo Clinic Health System ER	(608) 392-7000
La Crosse Suicide Crisis Line	(608) 775-4344
National Suicide Talk Line	(800)-273-8255
Tri-State Suicide Crisis Line	(800)-362-8255
Vernon County Helpline	(608)-637-7007
Vernon Memorial Healthcare ER	(608)-637-4261

Immediate Crisis after Office Hours

Voicemails will be recorded directing clients to call 911 in case of an emergency.
Refer the client to one of the following:

Emergency	911
Great Rivers 211	211 or (800) 362-8255
Gundersen Health System	(608) 775-3128
La Crosse County Mobile Crisis	(608) 784-HELP (4357)
Mayo Clinic Health System ER	(608) 392-7000
La Crosse Suicide Crisis Line	(608) 775-4344
National Suicide Talk Line	(800)-273-8255
Tri-State Suicide Crisis Line	(800)-362-8255
Vernon County Helpline	(608)-637-7007
Vernon Memorial Healthcare ER	(608)-637-4261

Medication Reaction or Need during Office Hours

Refer client to family physician, psychiatrist or the walk-in clinics at Mayo Clinic Health System, Gundersen Health System, or Vernon Memorial Healthcare. In case of an emergency, call 911.

Medication Reaction or Need after Office Hours

Refer client to Mayo Clinic Health System, Gundersen Health System, or Vernon Memorial Healthcare. In case of an emergency, call 911.

GETTING HELP

Support for emergency calls can be obtained by connecting with your clinical or administrative supervisor.

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Procedure Name:	**CLIENT RIGHTS**
Procedure Number:	106
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Alicia Skiles, MS, NCC Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	1/13/2017
References:	F244-1002 Statement of Rights and Responsibilities, Minor Rights Brochure: https://www.dhs.wisconsin.gov/publications/p2/p20470b.pdf

STATEMENT OF PURPOSE

When clients are fully informed of their rights and involved in their treatment they experience better outcomes and stronger therapeutic relationships. This procedure details how FCC ensures clients are made aware of their rights and what those rights are under Wisconsin Statute 51.61 and DHS 94.

AREAS OF RESPONSIBILITY

Client Services Specialist will inform clients verbally and in writing of their rights during admission process. Providers are responsible for providing clear and honest answers about clients' rights when clients have questions beyond admissions paperwork.

PROCEDURE

Client rights and responsibilities are provided with admissions paperwork (F244-1002 Statement of Rights and Responsibilities) and posted in outpatient waiting room. An additional pamphlet (Rights of Children and Adolescents in Outpatient Mental Health Treatment) is provided to minors over the age of 14 for mental health services and over the age of 12 for AODA services.

Treatment of a Minor:

The person legally authorized to consent to treatment of a minor is either a parent or the minor's court-appointed guardian. Consent of both parents is not necessary.

In most circumstances, foster parents do not have the legal authority to consent for medical care, since the natural parent generally retains this legal right. Only when the natural parent's parental rights have been terminated will custody, control, and legal authority for the minor be transferred to another adult or agency.

The divorced parent continues to have the legal authority to request and receive copies of the minor child's medical records unless that parent has been denied physical placement of that child by court order.

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Consent for treatment of a minor must be given by one legal guardian. In cases where a clinician believes a child is being harmed because a legal guardian does not consent to that treatment, the clinician, the consenting guardian or a child over the age of 14 may petition the county Mental Health Review Officer (MHRO) for a review. A list of MHRO's listed by county may be found at https://www.dhs.wisconsin.gov/clientrights/mhro.htm

Treatment of a Minor without Parental Consent:

Minors may seek treatment without parental consent for alcohol or drug dependency (age 14 and older). State law also recognizes minors emancipated by marriage are legally competent to consent for treatment. In these instances, physicians and clinics should be aware that parents may be denied access under Statute 51.30(4)(b)20 to information without the minor's consent in the case where a minor has sought treatment for alcohol or drug dependency.

The Family & Children's Center provides services to minors without parental consent subject to the following guidelines:

1. If the child is under 14, the case must be presented for peer review (including clinical supervisor) after the first session.
2. If the child is 14 or over, such services without parental consent must be deemed necessary.
3. In either case, one of the following must apply.
4. The services are court ordered.
5. Notification of the parents could result in emotional/physical abuse.

Admittance of Minor Age 14 or Older *without* Minor's Consent:

The custodial parent or guardian of a minor age 14 and older can admit the minor for treatment over the minor's objection. The minor's objection to the admission triggers an automatic court review of the admission.

Another major change in the rights of minors is that the courts with jurisdiction over juveniles per chapters 48 and 938 must appoint a Mental Health Review Officer to review the outpatient mental health treatment of minors aged 14 and older.

GETTING HELP

See your administrative or clinical supervisor.

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Procedure Name:	**GRIEVENCE PROCEDURES**
Procedure Number:	107
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Alicia Skiles, MS, NCC Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	F244-1002 Statement of Rights and Responsibilities

STATEMENT OF PURPOSE

One of Family & Children's Centers values is excellence. Responding to grievances in a respectful and timely way forwards this value. If a client feels their rights have been violated, they have the right to use the grievance procedure.

AREAS OF RESPONSIBILITY

Clients are responsible for voicing their concerns and following the grievance procedure.

Providers are responsible for advocating for clients' rights when provider recognizes barriers or ethical violations.

Client Services Specialist will offer clients a copy of the Statement of Rights and Responsibilities at admissions and annually thereafter.

Client Rights Specialist (CRS) is responsible for documenting the grievance and outcomes, CRS is Rich Petro, Director Human Resources 1707 Main St., LaCrosse, Wisconsin, 54601, (608) 785-0001 ext. 327.

PROCEDURE

Client rights are provided with admissions paperwork and posted in outpatient waiting room.

Clients will sign the Statement of Rights and Responsibilities upon admissions and annually thereafter. Clients may ask for a copy of the pamphlet at any time. Clients can contact the client rights specialist to file a complaint or to learn more about the specific grievance procedures.

The Client Rights Specialist is responsible for documenting the grievance and outcomes, and informing the program supervisor, coordinator and director.

Client Grievance Procedure

- If you want to file a grievance, you should do so within 45 days of the time you become aware of the problem. The program director for good cause may grant an extension beyond the 45-day time limit.

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- The program's Client Rights Specialist will investigate your grievance and attempt to resolve it.

- Unless the grievance is resolved informally, the CRS will write a report within 3 days from the date you filed the formal grievance. You will get a copy of the report. A copy of the report will be kept on file with the CRS.

- If you and the program director agree with the CRS's report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.

- You may file as many grievances as you want. However, the CRS will usually only work on one at a time. The CRS may ask you to rank them in order of importance.

Program Director's Decision

- If the grievance is not resolved by the CRS's report, the program director or designee shall prepare a written decision within 10 days of receipt of the CRS's report. You will be given a copy of the decision.

County Level Review

- If you are receiving services from a county agency, or a private agency and a county agency is paying for your services, you may appeal the program director's decision to the County Agency Director. You must make this appeal within 14 days of the day you receive the program director's decision. You may ask the program director to forward your grievance or you may send it yourself.

- The County Agency Director must issue his or her written decision within 30 days after you request this appeal.

State Grievance Examiner

- If your grievance went through the county level of review and you are dissatisfied with the decision, you may appeal it to the State Grievance Examiner.

- If you are paying for your services from a private agency, you may appeal the program director's decision directly to the State Grievance Examiner.

- You must appeal to the State Grievance Examiner within 14 days of receiving the decision from the previous appeal level. You may ask the program director to forward your grievance to the State Grievance Examiner or you may send it yourself. The address is: State Grievance Examiner, Division of Mental Health and substance Abuse Services (DMHSAS), P.O. Box 7851, Madison, WI 53707-7851.

Final State Review

- Any party has 14 days of receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division of Supportive Living or designee. Send your request to the DMHSAS Administrator, P.O. Box 7851, Madison, WI 53707-7851.

GETTING HELP

Support for grievance procedures can be obtained by connecting with the Client Rights Specialist or your administrative or clinical supervisor.

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Procedure Name:	**CLIENT RECORDS**
Procedure Number:	108
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Alicia Skiles, MS, NCC Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	Electronic health Records Procedure, Electronic Health Records User and Confidentiality Agreement

STATEMENT OF PURPOSE

Case records provide critical details about clients' dispositions and can demonstrate thorough clinical assessment and informed consent. Family & Children's Center (FCC) recognizes the need to protect the security, confidentiality, integrity and availability of our clients' information and to do so in accordance with the HIPAA Security Rule and other federal and state regulations. In addition, information used in the course of FCC's business is a vital asset that enhances continuum of care to clients and requires protection from unauthorized access, modification, disclosure or destruction.

AREAS OF RESPONSIBILITY

Both providers and Client Services Specialists contribute to case records. Records are also subject to internal and external review to ensure licensing and accreditation compliance. Client records are stored through Procentive, an Electronic Health Record (EHR) program. Paper records are maintained by the Client Services Specialists.

PROCEDURE

All of Family & Children's Center Staff and Electronic Health Users will read, sign and comply with the Electronic Health Records Procedure and Electronic Health Records User and Confidentiality Agreement before having access to the EHR system.

Individual Case Records:

There must be a client file for every client that is seen at Family & Children's Center. Outpatient case records are kept electronically and IDP client records are kept in paper charts and must be kept in a secure location at Family & Children's Center. Providers may not keep client files in their homes. It is the responsibility of providers to make sure the records of their clients are available at the beginning of each business day and throughout the day as needed. It is the responsibility of the providers and Client Service Specialists to ensure that confidentiality and safety of records are maintained at all times.

It is the procedure of FCC that records generated in one department are not shared with staff outside that department without a written release form signed by the client.

Records released to outside agencies when the client has signed a release form include: treatment plan, assessment, and diagnostic assessments (unless otherwise specified by client). Progress notes are not released unless specifically requested by the client.

Client clinical records in paper form are kept on file for at least seven (7) years from the date of discharge, or until the client reaches the age of 19, whichever is greater. In the event that the La Crosse outpatient program closes, records will be stored in the secure storage area at FCC's main location: 1707 Main Street, La Crosse, WI. Client clinical records via electronic health system will be stored within that database for a minimum of at least seven (7) years from the date of discharge or until the client reaches the age of 19, whichever is greater.

Upon termination of a provider, the client clinical records for which they are responsible shall remain in the custody of the clinic where the client was receiving services unless the client requests in writing that the records be transferred.

GETTING HELP

Support for client records can be obtained by connecting with your clinical or administrative supervisor, the Client Services Specialist, or Quality Improvement Coordinator.

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Family & Children's Center

Procedure Name:	**ASSESSMENT PROCEDURES**
Procedure Number:	201
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	Hood, A.B & Johnson, R.W. (2007). Assessment in counseling: A guide to the use of psychological assessment procedures. Alexandria, VA: American Counseling Association. F244-1000 Outpatient-WI-Diagnostic Assessment, MV 3634 Order for Assessment and Driver Safety Plan Report

STATEMENT OF PURPOSE

"Psychological assessment is an integral part of counseling…Assessment serves the following functions: (a) to stimulate counselors and clients to consider various issues, (b) to clarify the nature of a problem or issue, (c) to suggest alternative solutions for problems, (d) to provide a method of comparing various alternatives so that a decision can be made or confirmed, and (e) to enable counselors and clients to evaluate the effectiveness of a particular solution (Hood & Johnson, 2007, p.11).

Initial and ongoing assessment, consistent with COA MH 5, a. provides information to determine "an appropriate level and intensity of support and treatment"; aids in "recognizing individual and family goals'; "accommodates variations in lifestyle" and 'emphasizes personal growth, development and situational change" as appropriate.

AREAS OF RESPONSIBILITY

Providers are responsible for providing a diagnostic assessment and selecting additional assessments and screenings that meet the individual needs of their clients. Providers are responsible for utilizing the information to diagnose a mental illness and support the clients' understanding of their functioning. Providers may refer clients for further or more specialized assessment. Providers can also make recommendations or provide feedback about assessments during peer supervision at case consultation. Providers engage individuals to identify any barriers to receiving coordinated services.

Providers gather data from clients or others (family members, teachers, friends, caseworker, etc.). Assessment methods include standardized tests, rating scales, projective techniques, behavioral observations, biographical measures, and physiological measures.

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The provider approved to conduct the IDP assessment and develop a driver safety plan is an intoxicated driver assessor.

PROCEDURE

For mental health and substance abuse services, a **diagnostic assessment** is completed before the second visit. For IDP assessments, a Driver Safety Plan Order and **Order for Assessment and Driver Safety Plan Report** are completed during the first visit. The initial assessments can be completed using structured/semi-structured clinical interviews, assessments, admissions paperwork and collateral interviews (with appropriate releases). Personal and identifying information is gathered along with any emergency health needs. This assessment of a client shall accurately reflect the client's current treatment needs, strengths and functioning.

When a client is referred by another agency, the assessment may be abbreviated to this extent: assessment information need not be obtained again if written information sent by the referring agency is current and includes all of the information below. The provider need only obtain information that is not available in the written assessment provided by the referring agency. However, the accuracy of the referral information should be corroborated briefly with the client.

Mental health assessment:
F244-1000 Outpatient-WI- Diagnostic Assessment

1. Clients life situation; current and past psychological, social and physiological data; information related to school or vocational, medical
2. Information on the client's strengths and resources
3. The client's presenting problem(s) and symptoms which support the given diagnosis
4. Current and past substance use, gambling and addiction history
5. Evaluate trauma history
6. Mental status
7. Risk assessment and level of risk
8. The client's unique perspective and own words about how the client views his or her recovery, experience, challenges, strengths, needs, recovery goals, priorities, preferences, values and lifestyle, areas of functional impairment, and family and community support.

9. A diagnosis, which shall be established from the current Diagnostic and Statistical Manual of Mental Health Disorders, or for children up to age 4, the current Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.

10. Clinical summary including recommendation for psychotherapy, length of time of the recommendation, the services recommended

Substance abuse assessment:
F244-1000 Outpatient-WI- Diagnostic Assessment
If assessment reveals compulsive or addictive behaviors the AODA assessment section will be completed by a qualified provider in addition to the above and include the following:

11. An alcohol and drug history that identifies:

    a. The substance(s) used

    b. The duration of use for each substance

    c. Pattern of use in terms of frequency and amount

    d. Method of administration

    e. Status of use immediately prior to entering treatment

12. Available information regarding the client's family, significant relationships, legal, social and financial status, treatment history and other factors that appear to have a relationship to the client's substance abuse

13. Documentation of how the above information relates to the client's presenting problem

14. Clients motivation to change

15. ASAM placement criteria

16. Communicable disease screening as described below, and if the client answers "yes" to questions 1, 2, 3, 4, or 5, the provider will direct the client to the county health department for a free screening. If the provider identifies symptoms of physical health problems or mental health problems during the assessment process, the provider will refer the client to appropriate services.

    a. The following questions are used to determine the possibility of communicable diseases existing:

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1. Do you have signs and/or symptoms of tuberculosis TB such as a persistent cough, coughing or spitting up blood, unintentional weight loss, loss of appetite, fever, chills, night sweats, hoarseness or chest pains?
2. Are you homeless or living in a shelter, prison or jail?
3. Are you an injected drug user?
4. Are you an immigrant from an area with a high incidence of TB such as Haiti, Africa, Southeast Asia, South/Central America, or the Caribbean?
5. Have you been around anyone with active TB within the last 90 days?
6. Have you had a TB skin test?
7. Have you ever been diagnosed with tuberculosis (TB)?
8. Have you ever been under treatment for TB? If yes, when? How long did you take medication, and did you complete the treatment?
9. Are you currently under treatment for TB?
10. Have you had a chest x-ray within the past three months?

Assessment findings: If the assessment finds clients have co-occurring disorders, clients may receive coordinated treatment directly through providers licensed for both mental health and substance use. If licensed providers are not available to treat co-occurring disorders, referrals may be made for either/or mental health and substance abuse treatment. For referred clients: treatment recommendations will be provided, treatment from other providers will be documented, and appropriate releases of information signed to allow for communication between providers. When possible, integrated treatment involving one provider will occur to ensure the most effective treatment.

An appropriate referral will be made If the assessment finds unmet medical needs such as:

a. medication monitoring and management;
b. physical examinations or other physical health services;
c. medical detoxification;
d. laboratory testing and toxicology screens; or
other diagnostic procedures

If a client is determined to have one or more co-occurring disorders, a provider shall document the treatments and services concurrently received by the client from other providers, if the client will be provided treatment or referred, and any additional recommendations.

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If treatment is not recommended for a client after the assessment, the reasons for this will be documented in the case record along with the recommended course of action for the client.

At the time of assessment when it is determined treatment is recommended the client informed of the following:

1. Treatment alternatives.
2. Possible outcomes and side effects of treatment recommended in the treatment plan.
3. Treatment recommendations and benefits of the treatment recommendations.
4. Approximate duration and desired outcome of treatment recommended in the treatment plan.
5. The rights of a client receiving outpatient mental health services, including the client's rights and responsibilities in the development and implementation of an individual treatment plan.
6. The outpatient services that will be offered under the treatment plan.

Reassessments: As needed during the course of treatment, clients will be reassessed based on any of the following reasons:

1. After significant treatment progress;
2. After a lack of significant treatment progress;
3. After new symptoms are identified;
4. After changes in treatment strategy and/or medication;
5. When significant behavioral changes are observed;
6. When there are changes to a family situation; or
7. When significant environmental changes or external stressors occur

IDP assessment:

The provider approved to conduct the IDP assessment and develop a driver safety plan is an intoxicated driver assessor. The provider will meet with the client and use the Wisconsin Assessment of the Impaired Driver tool (WAID) to create the MV3633 Driver Safety Plan Order and MV3634 Order for Assessment and Driver Safety Plan Report. The assessment may include information provided by other persons; review of relevant records or reports on the client; an interview using substance use disorder diagnostic criteria; an approved mental health screening tool; and additional information-gathering measures, instruments, and tests, including alcohol or drug testing.

The Order for Assessment and Driver Safety Plan Report will include:

1. Applicable assessment findings as specified below and description of the information and WAID criteria that support the finding

    a. Irresponsible use of alcohol, controlled substance, controlled substance analog, or other drug

    b. Irresponsible use-borderline of alcohol, controlled substance, controlled substance analog, or other drug

    c. Suspected alcohol, controlled substance, controlled substance analog, or other drug dependency

    d. Alcohol, controlled substance, controlled substance analog or other drug dependency

    e. Alcohol, controlled substance, controlled substance analog or other drug dependency in remission

2. Description of the evaluation instruments applied during the assessment

3. Description of any supplemental information obtained during the assessment

ASSESSMENT AND SCREENING TOOLS

The outpatient department has paper assessments and screenings available. This includes, but is not limited to, marital evaluation checklist, Children's Inventory of Anger and MMPI-2. Additional assessments and screenings are built into EHR. Be advised that assessments and screenings have different requirements; please review all requirements prior to administering assessments and screenings.

Assessments can be ordered if approved by administrative supervisor.

GETTING HELP

Support for admission procedures can be obtained by connecting with your clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**RISK ASSESSMENT**
Procedure Number:	202
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	F244-1102 Outpatient Suicide Risk Assessment, F244-1008 Outpatient- Plan for Safety and Continuity of Care http://store.samhsa.gov/product/TIP-50-Addressing-Suicidal-Thoughts-and-Behaviors-in-Substance-Abuse-Treatment/SMA15-4381

STATEMENT OF PURPOSE

"Psychological assessment is an integral part of counseling….. Assessment serves the following functions: (a) to stimulate counselors and clients to consider various issues, (b) to clarify the nature of a problem or issue, (c) to suggest alternative solutions for problems, (d) to provide a method of comparing various alternatives so that a decision can be made or confirmed, and (e) to enable counselors and clients to evaluate the effectiveness of a particular solution (Hood & Johnson, 2007, p.11).

AREAS OF RESPONSIBILITY

Providers are responsible for risk assessment during diagnostic assessment and throughout treatment.

PROCEDURE

During each session with the client, the provider will assess and document risk or harm to self or others, suicidal and/or homicidal ideation, planning, and intent in the clients file. Form F244-1102 Outpatient Suicide Risk Assessment available in EHR.

For ideation, the provider will verbally contract with the client regarding contacting emergency services or the local crisis line if a plan or intent develops. Verbal contract will be documented in the client's records

In cases where a plan and/or intent are also present, the provider will assess the client using the risk assessment.

If threat is deemed mild to moderate, the provider will develop a safety plan (F244-1008 Outpatient- Plan for Safety and Continuity of Care form available in EHR) with the client. The plan will be signed by client and provider and placed in the client's record. If threat is deemed moderate to severe, the provider will do one of the following:

1. Call the local crisis line. Provider will discuss the situation with the crisis worker and work with the client to develop a safety plan. The plan will be

documented and the client will be asked to sign their consent to follow the plan. The plan will then be implemented.

2. Arrange for a friend or family member to take the client to either the Crisis Center or a local emergency department. The provider may call for a police escort if deemed necessary.

3. Obtain agreement from client to go directly to the Crisis Center or a local emergency department and call for a police escort.

If the client will not agree to go willingly to either the Crisis Center or emergency department, call police to arrange for transport. This is the last resort.

The mental health provider will obtain necessary release(s) from the client to consult with or inform others as required by law and whenever practical.

The contacts made and the actions taken will be noted in the client's record.

For guidelines on AODA Risk Assessment review Treatment Improvement Protocol (TIP) 50 available on SAMSHA's website.

http://store.samhsa.gov/product/TIP-50-Addressing-Suicidal-Thoughts-and-Behaviors-in-Substance-Abuse-Treatment/SMA15-4381

GETTING HELP

Support for admission procedures can be obtained by connecting with your clinical or administrative supervisor.

References:
Hood, A.B & Johnson, R.W. (2007). *Assessment in counseling: A guide to the use of psychological assessment procedures.* Alexandria, VA: American Counseling Association.

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Family & Children's Center

Procedure Name:	**ETHICAL DECISION MAKING MODEL**
Procedure Number:	203
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Alicia Skiles, MS, NCC
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	Fossen, C. M., Andersen-Meger, J.I. & Daehn-Zellmer, D. A. (2014). Infusing a new ethical decision-making model throughout a BSW curriculum. Journal of Social Work Values and Ethics, 11(1) 66-81. (based on the Model by E.P. Congress)

STATEMENT OF PURPOSE

Ethical decision making is critical when a professional needs to address a conflict or evaluate uncertainty about competing values. Most professions have a code of ethics that guide professionals in this process. The following procedure is an ethical decision making model that can aid in processing and documenting ethical decision making.

AREAS OF RESPONSIBILITY

Providers and administrators are responsible for following the code of ethics for their respective professions and for applying an ethical decision making model when indicated.

PROCEDURE

E T H I CS-A Model (Fossen, Andersen-Meger & Zellmer, 2014)

1. Examine issue and dilemma. Examine the situation—determine if this is an ethical dilemma. Examine values—personal, societal, agency, client and professional values.

2. Think about values--personal, societal, cultural, agency, client and professional. Think about ethical issues, principles, standard laws or procedures that apply to this ethical dilemma.

3. Hypothesize possible scenarios and consequences of different decisions including the role of advocate. Hypothesize all possible decisions or options. Identify who will benefit or be harmed with a commitment to the most vulnerable.

4. Identify consequences of each possible decision or option.

5. Consult with supervisor and colleagues about possible ethical choices. Consult with supervisor and colleagues about ethical choices.

6. Select decision or ethical action and get support.

7. Advocate within agency, social work community, local, state and national. Advocate for change on appropriate system level. Document both decision-making process and ethical decision. Legal scan: is the process and decision ordinary, reasonable, and prudent?

GETTING HELP

Support for ethical decision making can be obtained by connecting with your clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	Outpatient Client Satisfaction Survey
Procedure Number:	204
Domain:	Outpatient Wisconsin
Approved By:	Mary Jacobson, Director of WI Programs
Created/Written By:	Kristy Honaker, Coordinator of Community Services
Effective Date:	6/3/2019
Date(s) of Revision:	6/17/2019
References:	Client Satisfaction Survey

STATEMENT OF PURPOSE

In order to provide the best services possible, it is necessary to evaluate client perspectives of care. This survey will help give staff insight into client's thoughts regarding care. It will assist the organization in making necessary improvements to the outpatient therapy process.

AREAS OF RESPONSIBILITY

Counselors are responsible for informing clients about the survey. Client Service Specialists will collect surveys on the way out at the front desk. The Coordinator will be responsible for analyzing surveys and reporting on them quarterly.

PROCEDURE

The Coordinator will ensure each Counselor has printed copies of the Client Satisfaction Survey available. The Counselor will ask clients, 14 and older, at the end of their session if they would mind taking two minutes to answer the seven question, likert scale, survey. If the client is under 14, the Counselor can ask the parent to fill out the survey. The Counselor will inform clients that their answers are anonymous and that they can drop the survey off in a box located at the front desk. The survey will be presented to clients once a month or every 4th session. The survey can be given verbally or translated, if the client requests assistance.

The Client Services Specialist will interoffice mail the surveys at the end of every month to the Coordinator. The Coordinator will make a copy and send to the Quality and Improvement Training Specialist. The Coordinator will keep the original copy in a PQI file in their locked office.

GETTING HELP

Contact the Coordinator for assistance with this procedure.

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Family & Children's Center

Procedure name:	**PHILOSOPHY & INTERVENTIONS**
Procedure Number:	301
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	

STATEMENT OF PURPOSE

Family & Children's Center promotes service modalities and interventions that respect diversity and promote individual wellbeing.

AREAS OF RESPONSIBILITY

Providers and staff work together to ensure effective interventions and continuity of care.

Philosophy of Care

Family & Children's Center Outpatient clinic focuses on personalized treatment for children, adults and families seeking support to strengthen families and improve their well-being. We provide holistic services and care that incorporates clinical therapy and interactive modalities adjusted to meet the individual needs of the client. Our Philosophy of Care is grounded in several key components that are embedded in our work and our agency operations.

- Respecting and affirming diversity
- Trauma informed care
- The use of harm reduction principles when appropriate
- Strength based models of relationship building to promote community and family stability
- Systems approach addressing unique individual needs of the client in a collection of diverse relationships and experiences.

Procedure

Non Standard Treatment

When non-traditional or unconventional practices are recommended/used, Family & Children's Center must obtain the informed consent of the client, or, in the case of a minor, of the client's family/legal guardian. The case must also be reviewed at the PQI quarterly meeting.

If non-traditional or unconventional interventions are permitted, providers should:

a. explain the risks and benefits

b. explain treatment alternatives

c. ensure proper qualification or certifications have been met to provider service

d. monitor and document use and effectiveness.

Any intervention should be discontinued if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

Prohibited Interventions

Providers are prohibited from using the following in any capacity of their practice:

1. corporal punishment
2. aversive stimuli
3. interventions that involve withholding nutrition or hydration or that inflict physical or psychological pain
4. demeaning, shaming or degrading language or activities
5. forced physical exercise to eliminate behaviors
6. unwarranted use of invasive procedures or activities of disciplinary action
7. punitive work assignments
8. punishment by peers
9. group punishment or discipline for individual behaviors.

GETTING HELP

Support for services provided can be obtained by connecting with your clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**TREATMENT APPROACHES**
Procedure Number:	302
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	

STATEMENT OF PURPOSE

Family & Children's Center providers utilize a variety of therapy approaches that are selected based on the unique needs of their clients. Through ongoing training, clinical supervision, consultation and clinical collaboration, providers are able to utilize a variety of approaches to benefit the variety of clients seeking services in our outpatient clinic.

AREAS OF RESPONSIBILITY

Providers and staff work together to ensure effective interventions and continuity of care.

SERVICES PROVIDED

1. Initial assessment of new clients.
2. Diagnostic services to classify a client's problem.
3. Evaluation services to determine the extent to which the client's problem interferes with normal functioning.
4. Outpatient mental health services as defined in Wisconsin Chapter DHS 35.
5. AODA services as defined in Wisconsin Chapter DHS 75.03 and 75.13.
6. Intoxicated driver assessments as defined in Wisconsin Chapter DHS 62.03.

PROCEDURE

Outpatient Counseling Services

Counseling Services:

1. provide an appropriate level and intensity of support and treatment;
2. recognize individual and family values and goals;
3. accommodate variations in self-expression; and
4. emphasize personal growth, development, and situational change.

Providers and staff engage and motivate individuals and families by demonstrating:

1. sensitivity to the needs and personal goals of the service recipient;
2. a non-threatening manner;
3. respect for the person's autonomy, confidentiality, socio-cultural values, personal goals, self-expression, and complex family interactions;

4. flexibility; and
5. appropriate boundaries.

Therapeutic and educational interventions may include individual, family, or group therapy and self-help referrals and are:

1. based on research or clinical practice guidelines where they exist; and
2. matched with the assessed needs, age, developmental level, and personal goals of the service recipient.
3. as appropriate, significant others and family members are advised of ongoing progress and invited to participate with consent of the client.

Providers assist clients to:

1. explore and clarify the concern or issue;
2. voice the goals she or he wishes to achieve;
3. identify successful coping or problem-solving strategies based on the individual's strengths, formal and informal supports, and preferred solutions; and
4. realize ways of maintaining and generalizing the individual's gains.

If a client is a trauma survivor or a victim of violence, abuse or neglect, FCC provides:

1. a protection or safety plan, as needed;
2. more intensive services;
3. trauma-informed care;
4. more frequent monitoring of progress toward treatment goals; and
5. a referral when appropriate.

Providers:

1. determine the need for a different level of intensity of care;
2. follow up when an evaluation for psychotropic medications is recommended;
3. use written criteria for determining when the involvement of a psychiatrist is indicated; and
4. coordinate care with other service providers.

Providers demonstrate competency in:

1. Crisis prevention and intervention
2. Identifying needs of exploited, abused, and neglected children and adults
3. Understanding of child development and individual and family functioning

4. The ability to work with hard to reach, those impacted by trauma, or disengaged individuals and families
5. Criteria for determination of the need for more intensive services
6. The ability to identify and work with clients having co-occurring physical health, mental health, and substance use disorders
7. The ability to collaborate with other disciplines and service

Couples and/or Family Therapy

When a client's presenting problem affects or is affected by a client's family, other family members are offered services or are included in the service planning with the informed consent of the client, or, in the case of a minor client, the parent or legal guardian. When a provider is seeing a couple or more than one family member, each person must provide written consent for treatment and receive rights notification. In addition, separate files should be kept for each identified client, including individual assessments, treatment plans and goals, and progress notes.

Group Therapy

Group therapy sessions for mental health and AODA must not exceed 16 clients and two therapists, with a minimum staff to client ratio of 1 to 8.

GETTING HELP

Support for clinical counseling services can be obtained by connecting with your clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**TF-CBT**
Procedure Number:	303
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	

STATEMENT OF PURPOSE

Family & Children's Center recognizes the prevalence of trauma in our society, the prevalence of trauma experienced by persons served by the agency and the need to presume the people we serve have a history of traumatic stress. The agency will exercise universal precautions by providing services within a system that is trauma informed. Family & Children's Center will operate with the following principles: providing a safe environment for services, providing services in a trustworthy and transparent manner, including consumers in choice making and collaboration, and empowering staff and consumers to build skills and utilize their strengths toward the end goal of strengthening families and promoting individual wellbeing.

AREAS OF RESPONSIBILITY

Providers ask about trauma experiences at intake and develop treatment plans that are sensitive to trauma history. Providers provide a safety plan, more intensive services, trauma informed care, more frequent monitoring of progress towards services goals, and a referral as needed.

PROCEDURE

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences.

Providers at FCC that are certificated in TF-CBT or in the process of becoming certified should evaluate at intake clients that would be appropriate for TF-CBT treatment.

GETTING HELP

Support for clinical counseling services can be obtained by connecting with your clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**SUPERVISION**
Procedure Number:	304
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	

STATEMENT OF PURPOSE

The purpose of clinical supervision, consultation and clinical collaboration is to support staff and to monitor the quality of services provided. Clinical supervision, consultation and clinical collaboration is conducted in a manner that satisfies the requirements of the State, the Council on Accreditation (COA), and other professional organizations, such as Wisconsin Association of Family & Children's Agencies (WAFCA), with which the agency is affiliated.

AREAS OF RESPONSIBILITY

Any provider, including a substance abuse counselor, who provides services to clients who have a primary diagnosis of substance abuse, shall receive clinical supervision and properly document the supervision session.

PROCEDURE

Clinical Supervision

Clinical supervision is defined in DHS Chapter 35 as "the supervised practice of psychotherapy by a licensed treatment professional of at least one hour per week".

Clinical supervision is defined in DHS Chapter 75 as "intermittent fact-to-face contact provided on or off site of a service between a clinical supervisor and treatment staff to ensure that each client has an individualized treatment plan and is receiving quality care. Clinical supervision includes auditing of client files, review and discussion of active cases and direct observation of treatment, and means also exercising supervisory responsibility over substance abuse counselors in regard to at least the following: counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility".

Providers shall receive clinical supervision by a licensed treatment professional when clinically indicated or when critical incidents arise involving the client. Pursuant to DHS 35.14, and in keeping with industry standards of best practice in the delivery of mental health services, the clinic maintains a system of clinical collaboration and clinical

supervision to insure the quality of clinical services provided by all mental health professionals.

Any provider, including a substance abuse counselor, who provides services to clients who have a primary diagnosis of substance abuse, shall receive clinical supervision.

Substance Abuse supervision requirements
The substance abuse counselor meets with the clinical supervisor as well as with a physician. Documentation of the substance abuse counselor's supervision hours, skills assessments, performance evaluations, management, administration, professional responsibility, and plans for problem resolution will be kept on site.

Qualified Treatment Trainee supervision requirements
A qualified treatment trainee who provides psychotherapy must receive clinical supervision. Individuals pursuing clinical licensure must be supervised by a licensed clinician for a minimum of one hour per week, and this supervision is documented and maintained on site.

Qualified treatment trainees with graduate degrees are required to follow all supervision requirements detailed in the following sources:
• Requirements specified in DHS 35, Wis. Admin. Code.
• Requirements published in the Online Handbook under the benefit for which they are providing services.
• All applicable Wisconsin DSPS regulations.

GETTING HELP

Support for supervision can be obtained by contacting you clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**CLINICAL COLLABORATION**
Procedure Number:	305
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	Collaboration log, Staff meeting minutes, Serious Incident Report

STATEMENT OF PURPOSE

The purpose of clinical supervision, consultation and clinical collaboration is to support staff and to monitor the quality of services we provide. Clinical supervision, consultation and clinical collaboration is conducted in a manner that satisfies the requirements of the State, the Council on Accreditation (COA), and other professional organizations, such as Wisconsin Association of Family & Children's Agencies (WAFCA), with which the agency is affiliated. Additionally, to comply with DHS 35.14, all licensed and non-licensed clinical staff who provide outpatient mental health services, will participate in clinical collaboration/supervision for at least one hour per week.

AREAS OF RESPONSIBILITY

Providers will attend weekly peer collaboration meetings, those that are unable to meet weekly will meet individually with another peer to collaborate and complete the collaboration log.

Coordinator will take meeting notes and file afterwards.

PROCEDURE

The outpatient clinical team meets weekly to review cases, assessments, treatment plans, and to provide another resource to staff for input on case decisions. This meeting time is documented and maintained via staff meeting notes and if needed in the client file. Those that are unable to meet weekly will meet individually with another peer to collaborate and complete the collaboration log.

Clinical collaboration is defined in DHS Chapter 35 as "mental health professionals working together in a joint intellectual and clinical approach for the therapeutic benefit and favorable outcome of clients".

Clinical collaboration shall include one or more of the following:

1. Individual sessions, with staff case review, to assess performance and feedback

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2. Individual side-by-side session, while a staff member provides assessments, service planning meetings or outpatient mental health services, and in which another staff member assesses and gives advice regarding staff performance

3. Group meetings to review and assess quality of services and provide staff members advice or direction regarding specific situations or strategies

4. Any other form of professionally recognized method of clinical collaboration designed to provide sufficient guidance to assure the delivery of effective services to clients by the staff member

Clinical supervision and clinical collaboration records shall be dated and documented with the signature of the person providing these functions in a collaboration record. If clinical supervision or collaboration results in a recommendation for a change to a client's treatment plan, the recommendation shall be documented in the client file.

Providers shall receive clinical supervision by a licensed treatment professional when clinically indicated or when critical incidents arise involving the client. Collaboration regarding critical incidents shall also include the completion of the special incident report, and shall be documented in the client's file.

Critical incidents include:

- Major medical problems that either complicate the process of treatment, or serve as a barrier to successful treatment outcomes
- Continual "at-risk" behavior despite ongoing treatment
- Impairment of functioning that requires hospitalization
- Emergency detention
- Change in client functioning requiring a higher level of care
- Lack of progress toward treatment goals and objectives
- Co-occurring disorders
- Crises of self-harm or harm to others
- Complications resulting from significant and/or chronic substance use
- Aggressive acts within the clinic setting

GETTING HELP

Support for clinical case staffing can be obtained by contacting your clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**CLINICAL CASE STAFFING**
Procedure Number:	306
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	Annual Program Viability Rating Procedure

STATEMENT OF PURPOSE

FCC monitors progress toward the overall quality of programs and functions through a cyclical Performance Quality Improvement (PQI) process to determine the status and achievement of consumer outcomes, and to identify any necessary corrective actions.

AREAS OF RESPONSIBILITY

Client Service Specialists will conduct file reviews of current and discharged clients for all providers.
The coordinator will review results and address areas of concerns with providers.
The clinical administrator will provide clinical oversight of this process.

PROCEDURE

See PQI Procedure 602
Client Service Specialists will conduct file reviews quarterly for all providers. The coordinator will review results and address any areas needing corrective action. Quarterly results and reports will be shared with providers at the clinical team meeting.

Providers shall receive clinical supervision by a licensed treatment professional when clinically indicated or when critical incidents arise involving the client. Collaboration regarding critical incidents shall also include the completion of the special incident report, and shall be documented in the client's file.

GETTING HELP

Support for clinical case staffing can be obtained by contacting your clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**TREATMENT PLANNING**
Procedure Number	307
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	F244-2200 Outpatient WI Treatment Plan

STATEMENT OF PURPOSE

Individual treatment plans guide therapy and support clients' participation in their treatment as well as their understanding of the services being provided.

AREAS OF RESPONSIBILITY

Providers are directly responsible for creating and reviewing treatment plans (F244-2200 Outpatient WI Treatment Plan) with clients and documenting necessary signatures. Providers will collaborate to provide clinical advice and review each other's treatment plans.

Substance abuse providers are responsible for creating and reviewing treatment plans with clients, clinical supervisor and consulting physician and documenting necessary signatures.

PROCEDURE

The treatment plan, which is mutually developed and agreed upon by the client and/or guardian and the provider, is based upon the diagnosis and symptoms of the client and includes the following:

1. The client's strengths and how they will be used to develop the methods and expected measurable outcomes that will be accomplished.
2. The method to reduce or eliminate symptoms causing the client's problems or inability to function in day to day living, and to increase the client's ability to function as independently as possible.
3. For a child or adolescent, a consideration of the child's or adolescent's development needs as well as the demands of the illness.
4. The schedules, frequency, duration and nature of services recommended supporting the achievement of the client's recovery goals, irrespective of the availability of services and funding.

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5. When applicable, the treatment plan should address any unmet service and support needs, look towards maintaining and strengthening family relationships, and the need for social support for the identified client.

6. Include referral coordination if additional services are determined to be needed.

7. Include the signature of clients 14 years of age and older

By signing the treatment plan, the client will be agreeing to the commencement of treatment with the understanding that the treatment plan will be reviewed with peers and discussed with the client every 90 days or after every 6 appointments, and annually. If the client does not approve of the treatment plan, appropriate notations regarding the client's refusal shall be documented in the client file.

Treatment plans must:

1. Include the signature of clients 14 years of age and older

2. Be signed by the client or guardian by the second or third visit and every 90 days/6 sessions thereafter

3. Be reviewed and signed by another provider at least every 90 days or 6 treatment sessions, whichever covers a longer period of time. (Treatment plans will expire in Procentive after 90 days). The provider, along with the client, will conduct this review, which includes the following:

    a. The degree to which the goals of treatment have been met.

    b. Any significant changes suggested or required in the treatment plan.

    c. Whether any additional assessment or evaluation is recommended as a result of information received or observations made during the course of treatment.

    d. The client's assessment of functional improvement toward meeting treatment goals and suggestions for modification.

4. Be updated annually

5. Be re-evaluated more frequently if frequency of therapy is more than once per week, or if there is a need to monitor risk factors

6. Client and/or guardians will be informed prior to signing the initial treatment plan

7. Treatment alternatives
8. Possible outcomes and side effects of treatment recommended in the treatment plan
9. Treatment recommendations and benefits of the treatment recommendations
10. Approximate duration and desired outcome of treatment recommended in the treatment plan
11. The services that will be offered under the treatment plan.

Substance Abuse Services:

Substance abuse providers will comply with above requirements in addition to reviewing client progress shall at 30-day intervals for clients receiving 2 or more therapy sessions per week and once every 90 days for clients receiving one or less therapy sessions per week.

The review shall include information on treatment goals, strategies, and objectives, amendments to the treatment plan and the client's progress or lack of progress, including applicable criteria from the approved placement criteria being used to recommend the appropriate level of care for the client. The substance abuse counselor and the clinical supervisor review the client's progress and the current status of the treatment plan and discuss this with the client. If the client is dually diagnosed, then the treatment plan is also reviewed by a mental health professional. Documentation of this review is signed by the substance abuse counselor, a mental health professional as necessary, the clinical supervisor, the client, and the consulting physician.

GETTING HELP

Support for treatment planning can be obtained by contacting your clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**PROGRESS NOTES**
Procedure Number	308
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	F244-2300 Outpatient WI Progress Note

STATEMENT OF PURPOSE

Progress notes are relative to the treatment plan and track progress over sessions. Progress notes assist in keeping the provider and client focused on the initial or subsequent goals.

AREAS OF RESPONSIBILITY

Providers are directly responsible for maintaining progress notes (F244-2300 Outpatient WI Progress Note).

PROCEDURE

Progress notes must be written after each therapy session, except in the case a Diagnostic Assessment is completed during the session. Progress notes shall contain status and activity information about the client that relates to the treatment plan/goals. Three elements should be present in each progress note. These elements are the counselor's interventions, the client's responses and process of change (results of interventions and responses).

Progress notes are to be completed, signed, and dated by the provider performing the therapy session.

GETTING HELP

Support for progress notes can be obtained by contacting your clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**TIME ADD**
Procedure Number:	309
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Alicia Skiles, MS, NCC
Effective Date:	1/1/2017
Date(s) of Revision:	2/8/2017
References:	

STATEMENT OF PURPOSE

The time add procedure sends the details of client contact to the FCC revenue cycle department for billing and insurance purposes.

AREAS OF RESPONSIBILITY

Initiating time add as well as ensuring it accurately reflects client contact is the responsibility of the provider. Reviewing the time add information and billing insurance providers is the responsibility of the revenue cycle specialists.

PROCEDURE

To create a time add

1. Sign in to Procentive
2. Click on the "time" tab (column to the very left of the page).
3. Click on the "add" button at the very top of the page near the right.
4. A box should appear on your screen.
5. Fill in the appropriate information for Location, Staff, Client, program, CPT code, Diagnosis, Date, Start Time, End Time, Units, and Place.
6. Note that actual time spent with client, Start Time, End Time and Units should be in agreement.
7. If applicable, type in clinical supervisor's name.
8. Click "save" at the bottom right hand corner.
9. The box should disappear as the time add is recorded.
10. Attaching a note
    a. *To write the note immediately:* A new box should appear; select program (drop down menu) and select the document form (progress note, diagnostic assessment) you wish to attach to the time add (note this should match the CPT code used in the time add). The note will appear and you can begin documenting.
    b. *To write the note at a later time,* delete the box that appears. Notice that your new time add line has been added to the list, also notice that a red colored page icon follows as part of the new line. When you wish

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to complete the note, come back to the "time" tab to pull up this page and double click on this icon. A new box should appear; select program (drop down menu) and select the document form (progress note, diagnostic assessment) you wish to attach to the time add (note this should match the CPT code used in the time add). The note will appear and you can begin documenting.

To create a time add from a completed appointment

1. Sign into Procentive
2. Click on the "appointments" tab (column to the very left of the page).
3. Select the day of the appointment you wish to create a time add for by clicking the arrows on the bar just above the schedule or by clicking the respective date on the calendar to the right of the page.
4. Highlight the appointment box by clicking on it once (should turn blue).
5. Notice that the column on the right hand side (under the calendar) changes to reflect that individual client's information.
6. Select "time add" that now appears in that column.
7. A box should appear on your screen with client information auto filled.
8. Review for accuracy Location, Staff, Client.
9. Select appropriate program (drop down menu).
10. Type in appropriate CPT code.
11. Review for accuracy Diagnosis, Date, Start Time, End Time, Units, Place.
12. Note that actual time spent with client, Start Time, End Time and Units should be in agreement.
13. If applicable, type in clinical supervisor's name.
14. Click "save" at the bottom right hand corner of the box.
15. A new box should appear, select program (drop down menu) and select the document form (progress note, diagnostic assessment) you wish to attach to the time add (note this should match the CPT code used in the time add). The note will appear and you can begin documenting.

Deleting a time add due to error

Contact the Revenue Cycle Department or the EHR Project Manager to delete a time add that was created in error.

GETTING HELP

Help for time add can be sought from your fellow providers, EHR Project Manager, clinical supervisor, administrative supervisor or the revenue cycle specialist.

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Procedure Name:	**REFERRALS**
Procedure Number:	310
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	1/13/2017
References:	

STATEMENT OF PURPOSE

Clients who receive Outpatient Mental Health services that target goal-directed interventions for diagnosable conditions make gains in symptom reduction, improved self-management, and restored or enhanced daily functioning.

AREAS OF RESPONSIBILITY

Providers are directly responsible for providing the most current information available about a referral and assisting in the transition or attainment of referral services while still respecting the autonomy of the client.
Client Services Specialist will maintain the list of community referral sources that (or who) have completed business contracts with FCC Outpatient Clinic.

PROCEDURE

Providers will refer clients to another provider for services that the clinic does not or is unable to provide to meet the client's needs as identified in the diagnostic assessment.

Providers will work with service recipients to identify and use natural resources and peer supports. As deemed appropriate, clients will be referred or directed to services where clients can meet, support, and share experiences with peers.

Clients in need of housing services, supported employment, medical care, substance use treatment, public benefits, educational services, respite care, family and parenting support, financial assistance or other specialized services that would be best met by programs outside of FCC should be referred or linked with appropriate support services. Providers may or may not continue to work with clients after referrals. Providers will complete an **Authorization for Use & Disclosure of Health Information** prior to making a referral on behalf of the client. Providers will document any referrals made in the client file, complete follow-ups when possible, communicate with internal and external providers, and communicate with the service recipient.

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Providers will offer families or significant others services including the following with individual's consent: family psychoeducation, emotional or family support and therapy, crisis intervention, self-help referrals, linkage to community and support services to meet basic needs, information, clinical guidance, support or care coordination as needed.

Providers may assist clients with children prevent and anticipate barriers to treatment. Assistance may involve coordination to coordinate with child care providers, child welfare system, courts and the school system as needed with appropriate authorizations.

For the most current referral options providers should refer to the master list of referral sources and contact Great Rivers 211 for further options. Dial 211 or 1-800-362-8255. www.greatrivers211.org.

If a provider at the Family & Children's Center believes a client to be in danger of injuring themselves or others, the provider will follow the **Emergency Services procedure**.

GETTING HELP

Support for referrals can be obtained by contacting you clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**DISCHARGE PROCEDURES**
Procedure Number:	311
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	F244-2400 Outpatient WI Discharge Summary, Discharge Letter, Follow up Survey

STATEMENT OF PURPOSE

Termination of services and After Care Planning represent important steps in client care. The following procedure details what is needed for client discharge.

AREAS OF RESPONSIBILITY

Providers are responsible for determining with clients when termination (or discontinuation of services) is needed.
Client Services Specialists will mail a discharge letter and follow-up survey

PROCEDURE

Preparing for discharge starts during the intake session. Once discharge is considered, clients voluntarily discharge, or discharge involuntarily, family members, legal guardians, other service providers, the court, or other contacts are notified when appropriate.

Mental Health Services:

The Provider and client jointly plan for voluntary termination of services when mutually agreed upon goals and objectives have been achieved as much as possible. The discharge summary (F244-2400 Outpatient WI- Discharge Summary) must be written within 30 days of the last session and must include the presenting problem, treatment given, progress, reason for discharge and after care/follow-up plan.

Treatment terminated before its completion is also documented in a discharge summary. Treatment termination may occur if the client requests in writing that treatment be terminated or if the program terminates treatment upon determining and documenting that the client cannot be located, refuses further services, or is deceased.

Substance Abuse Services:

A client's discharge date is the date the client no longer meets the criteria for any level of care in substance abuse services, as determined by the use of the ASAM. A discharge

summary (F244-2400 Outpatient WI- Discharge Summary) is entered in the client's case record within one week after the discharge date.

The discharge summary includes all of the following:

A description of the reasons for discharge.
A summary of the services provided, including any medications.
A final evaluation of the client's progress toward the goals set forth in the treatment plan.
Any remaining client needs at the time of discharge and the recommendations for meeting those needs, which may include contact information for any facilities, persons or programs to which the client was referred for additional services following discharge.
The signatures of the client, the mental health professional, and if seeking substance abuse services, the signatures of the clinical supervisor and consulting physician.

The client is informed of the circumstances under which return to treatment services may be needed.

Treatment terminated before its completion is also documented in a discharge summary. Treatment termination may occur if the client requests in writing that treatment be terminated or if the program terminates treatment upon determining and documenting that the client cannot be located, refuses further services, or is deceased.

Involuntary Discharge:

A client may be involuntarily discharged from treatment because of the client's inability to pay for services, canceling or "no showing" to three appointments or for behavior that is reasonably a result of mental health symptoms. In such cases, FCC must notify the client in writing of the reasons for discharge, the effective date of the discharge, sources for further treatment, and the client's right to have the discharge reviewed, prior to the effective date of the discharge, by the Behavioral Health Certification Unit, Division of Quality Assurance.

Transfer of Cases:

When a provider transfers a client to another provider or if a change is made in the client's level of care, the provider will document the transfer or change in level of care in the client's case record. The documentation includes the date the transfer is recommended and initiated, the level of care from which the client is being transferred, and the criteria that are being used to make the determination for the appropriate level of care. The provider also sends a copy of the transfer documentation to the new provider, within a week after the transfer date.

Discharge Letter and Follow up Survey

After a discharge is complete, the Client Service Specialist will mail a follow-up survey, and track outcomes for PQI. Substance Abuse Clients will receive a follow-up survey at 3, 6 and 12 months after their discharge.

Aftercare planning: Plans for aftercare are developed prior to discharge to ensure an effective transition. Aftercare plans identify needed or desired services by clients and identify specific steps for attaining services. Providers will explore resources, which are suitable to meet client needs. When appropriate, additional service providers will be contacted.

GETTING HELP

Support for discharge procedures can be obtained by contacting you clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**CLIENT DEATH**
Procedure Number	312
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	DHS Form: https://www.dhs.wisconsin.gov/forms1/f6/f62470.pdf

STATEMENT OF PURPOSE

The Outpatient Clinic shall report the death of a client to the Department of Health Services if applicable.

AREAS OF RESPONSIBILITY

Provider and Clinical Supervisor and/or Administrative Supervisor shall comply with the client death reporting procedure as described below.

PROCEDURE

Reporting a client's death due to suicide or psychotropic medication

The Family & Children's Center Outpatient/AODA Program Clinical Supervisor or his/her designee shall report the death of an outpatient client to the Department of Health and Family Services within 24 hours of the death or learning of the death if one of the following applies:

1. There is cause to believe that the death was related to the use of a physical restraint/seclusion
2. There is cause to believe that the death was related to the use of psychotropic medications
3. There is cause to believe that the death is the result of suicide

The clinical supervisor or designee will complete the "Client/Patient/ Resident Death Determination" form (F-62470) according to the instructions set by the department and then fax it to the Division of Quality Assurance (DQA) chief or director as listed in the DQA Reportable Death Contact Table.

GETTING HELP

Support for client death procedures can be obtained by contacting you clinical or administrative supervisor.

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Family & Children's Center

Procedure Name:	**QUALIFICATIONS**
Procedure Number:	401
Domain:	Outpatient
Approved By:	Mary Jacobson, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services Revised by Kristy Honaker, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017, 9/16/19
References:	

STATEMENT OF PURPOSE

One of FCC's values is excellence, a commitment to providing the highest quality services to our consumers, employees and community. Our personnel procedures embody this value by setting high standards for qualifications, training and conduct.

AREAS OF RESPONSIBILITY

Administration, provider and staff work together to ensure personnel requirements are met and quality standards are maintained.

PROCEDURE

Qualifications:

Each clinic must have a clinic administrator who is responsible for clinic operations, including ensuring that the clinic is in compliance with Chapters 35 and 75 and other applicable state and federal laws.

The clinic shall have a sufficient number of qualified staff members available to provide outpatient mental health services to clients admitted to care. A clinic that provides services to individuals age 13 and younger must have personnel qualified by training and experience to work with children and adolescents.

An individual whose professional license is revoked, suspended, or voluntarily surrendered may not be employed or contracted with as a mental health or treatment professional or prescriber. An individual whose license is limited or restricted will not be allowed to practice in areas prohibited by the limitation or restriction.

When hiring, consideration is given to each applicant's competence, responsiveness, and sensitivity toward and training in serving the characteristics of the service's patient population, including gender, age, cultural background, sexual orientation, developmental, cognitive or communication barriers and physical or sensory disabilities. Each staff member is required to adhere to all laws and regulations governing the care

and treatment of clients and the standard practice for their individual profession, including guidelines for licensure.

Providers may also maintain certain certifications from state or national credentialing organizations. If such certifications are required by the agency, then the agency will pay for the cost. The cost of other certifications not required by the agency may be the responsibility of the Provider. The Director will decide whether the cost will be partially or fully covered by the agency on a case-by-case basis.

The following persons may provide psychotherapy services through an outpatient clinic:

1. A qualified treatment trainee under at least one hour of clinical supervision per week by a licensed treatment professional.

2. Any of the following licensed mental health professionals:

    - Independent Clinical Social Worker, Professional Counselor, or Marriage and Family Therapist.

3. A qualified student, in either their practicum or internship, through a CACREP accredited school, under at least two hours of clinical supervision per week.

- A practicum student will be allowed to shadow a licensed mental health professional or a qualified treatment trainee.
- An internship student will be allowed to maintain their own caseload of clients, who they see on their own.

AODA Services:

A physician must be available to provide medical supervision and clinical consultation. In addition, a clinical supervisor who meets the requirements of a substance abuse counselor shall provide ongoing clinical supervision of the counseling staff.

The following persons may provide substance abuse services through an outpatient clinic:

1. A person certified by the Wisconsin Certification Board, Inc., as an alcohol and drug abuse counselor.

2. A person employed as a counselor on the basis of personal aptitude, training and experience provided that the person meets all of the following conditions:

    - Has completed a suitable period of orientation, in areas referenced in s. DHS 75.03, which is documented.

- Has a currently valid counselor certification development plan that is annually approved by and is on file with the Wisconsin certification board, inc., and is receiving clinical supervision from a clinical supervisor.

- Will complete certification within 5 years of submission of the initial counselor certification development plan to the Wisconsin certification board, inc., except that:

    i. An extension is granted to a counselor who has submitted his or her case in writing to the Wisconsin certification board, inc., for review and has followed through with the board's recommendation.

    ii. A counselor with a plan on file on August 1, 2000, shall have 5 years from August 1, 2000, to become certified.

IDP Services:

Each intoxicated driver assessor employed or under contract with the facility shall have successfully completed the intoxicated driver assessor training and have the qualifications of one of the following professions:

1. A substance abuse counselor as defined under s. DHS 75.02 (84) (a).
2. A clinical supervisor as defined under s. DHS 75.02 (11).
3. A professional as defined in s. DHS 61.06 (1) to (13).
4. A social worker; marriage and family therapist; or professional counselor licensed under Ch. 457, Stats.

GETTING HELP

Support for Personnel can be obtained by connecting with your clinical or administrative supervisor or FCC HR department.

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Family & Children's Center

Procedure Name:	TELEHEALTH SERVICES
Procedure Number:	103
Domain:	Client Rights All FCC Programs
Approved By:	Leah Morken, Clinical Director
Created/Written By:	Mary Jacobson, Director of Programs Vanessa Southworth, Director of Programs
Effective Date:	6/15/2020
Date(s) of Revision:	
References:	APA Telehealth Training Informed Consent for Telehealth Services form Procedure 407: Case Record Overview Revenue Cycle Homepage Provider Assurance Statement for Telemedicine Telephonic Telemedicine Provider Assurance Statement

STATEMENT OF PURPOSE

Telehealth services have been approved through the end of the State of Emergency related to COVID-19. The agency anticipates that telehealth will remain an important method of service delivery throughout the COVID-19 pandemic and beyond. As such, we will stay abreast of rules and regulations regarding telehealth and update this procedure accordingly. This procedure outlines the roles, responsibilities and processes related to providing telehealth services.

AREAS OF RESPONSIBILITY

All staff proving telehealth services are responsible for knowing and understanding the information in this procedure. All staff providing telehealth services must participate in the online APA telehealth training or other telehealth training approved by the Clinical Director.

PROCEDURE

Telehealth is the practice of health care delivery of services, diagnosis, consultation, or treatment of medical data by means of audio, visual, or data communication. Telehealth services must be provided through a 2-way, real-time, interactive method of communication. This excludes voicemails, texting, emailing, faxing, and chat rooms.

Telehealth is not a "check-in". It is a purposeful and intentional service that is medically needed as determined by a licensed medical professional or mental health professional. Services must be clinically appropriate for the consumer's needs.

Methods of Telehealth:

Family & Children's Center

Providers are expected to use HIPAA compatible modalities to protect consumer rights. Family & Children's Center complies with established state and federal regulations for telehealth.

Family & Children's Center prefers the use of doxy.me for secure telehealth services and has provided a select number of accounts for providers in need of a secure platform that allows for screen sharing capabilities. Providers are responsible for ensuring the platform they are using is an approved platform by confirming with the Clinical Director. Approved platforms may vary with time based on regulations.

FCC expects all providers to adhere to the requirements of Health Insurance Portability and Accountability Act (HIPAA). This requires taking necessary steps to protect the privacy of clients and the confidentiality of information related to providing services via telehealth. Providers should refer to agency procedures related to HIPAA as well as the APA telehealth training or other approved training if they have questions. For additional help, they should contact the Clinical Director.

Telehealth Process:

Prior to providing any telehealth services, providers must obtain consent from clients via the Informed Consent for Telehealth Services form. Signed and written consumer consent is preferred; however, if written consent is unable to be obtained, then verbal consent is allowable while documenting the efforts to obtain written consent. This can be done via email or regular mail. If verbal consent is utilized, it must be obtained at the start of every session after the risks of telehealth to privacy are discussed.

Providers must adequately address client safety before, during, and after the telehealth service is rendered. This may include but is not limited to a review of client records to identify history of safety risks, creation of a safety plan and protocol for staff members, on-going assessment of client's symptoms and potential safety risks via question and aftercare referral and submission of the created safety plan to the next provider.
The following information must be communicated and discussed with the client at the start of every session:

- An understanding that others may hear the conversation in the background
- Staff's location and environment (ex: working from home with dogs that may bark in the

  background)
- An understanding that the platform used may not be confidential (e.g., if the

platform is not HIPAA compatible, such as Skype, data storage, 3rd party recordings, internet security breaches, etc.)

- An understanding that the consumer has the right to refuse or stop the session at any time
- An understanding that the provider may end the session if the connection is poor or for other reasons that should be explained to the client

Requirements for Documentation:

Staff documentation expectations remain in effect, including the use of the SIRP method of documentation. However, additional requirements must be clearly documented in every case note. This information includes:

- Method/mode of transmission used for session (e.g., Skype, telephone call, etc.)
- A description of the provider's basis for determining that telehealth is an appropriate and effective means for delivering service to the client (e.g., due to COVID-19, due to Safe at Home Order, due to client being unable to come into the office, due to client not having internet connection—in the case of a telephone session, etc.)
- Type of service provided (e.g., outpatient counseling session, supervised visit, etc.)
- Location of consumer (as confirmed by provider) and location of provider (e.g., "Due to consumer self-quarantine, writer called from office to consumer in their home", etc.). This is also known as the location of the originating and the distant site.
- That risks were reviewed and provider received consent for telehealth (Ex: "Current signed consent for telehealth", "Verbally reviewed risks and received verbal consent to conduct session via telehealth", etc.)
    - Ask and document assurance that the client is in a place with privacy, and if they are not, who else is present?
    - Ask and document that the client moved their camera around so you can see the physical setting of the room they are in.
    - Review and document the procedures for disconnection (sign back into the telehealth platform, and if that does not work what number to call by telephone to reconnect with the client) and your safety plan for emergency

contact if needed.

- Time the service began and ended, with a.m. and p.m. designations

Addressing How and When to Discontinue Telehealth Services:

The following criteria should be utilized to address how and when telehealth services should end:

- Evaluation of service (intervention used and client's response): Daily review of progress notes
- Evaluation of on-going needs of the client: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- Evaluation of scope of practice and client's needs: Clinical consultation of client cases either weekly, monthly, or as needed depending on circumstances
- If it is determined a client is not a fit for telehealth services, then an option may be to initiate in person services.

Process for discontinuation:

Context

- Client demonstrates deterioration or a need for higher level of care
- Client has on-going missed appointments or cancellations over a 3-week period
- Client decides to discontinue services
- Client's additional community providers report concern due to client's deterioration in functioning

Protocol

- Staff will consult with Clinical Supervisor
- Staff will consult with outside providers (e.g., County Case Manager)
- Staff will make 3 attempts to discuss potential discharge with client
- Staff will complete a discharge summary
- Staff will provide a referral for aftercare and follow-up

Billing Requirements:

There are no changes to service note billing requirements. However, invoices must add an indicator for telehealth services. For information on how to bill for telehealth services by payer, please go to the Revenue Cycle Homepage on the Depot. This can be accessed by going to Directory > By Department > Revenue Cycle Management > Click here to visit the Revenue Cycle Homepage!

In Minnesota, billable provides must complete the Provider Assurance Statement for Telemedicine, which is submitted to Medicaid and other payers as required, by the Revenue Cycle Department. Also, in Minnesota if any provider offers telephonic

services, they must complete the Telephonic Telemedicine Provider Assurance Statement.

GETTING HELP

If you have questions regarding this procedure, please contact your Program Supervisor, Coordinator, Director or Clinical Director.

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Family & Children's Center

Procedure Name:	**BACKGROUND CHECKS**
Procedure Number:	402
Domain:	Outpatient
Approved By:	Mary Jacobson, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services Revised by Kristy Honaker, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017, 9/16/2019
References:	

STATEMENT OF PURPOSE

One of FCC's values is excellence, a commitment to providing the highest quality services to our consumers, employees and community. Our personnel procedures embody this value by setting high standards for qualifications, training and conduct.

AREAS OF RESPONSIBILITY

Supervisors follow hiring procedures to complete required paperwork for a potential employee and practicum/intern student prior to offer.

HR specialist will complete initial background checks and at least every four years.

Employees are responsible for notifying the agency *immediately* of any background changes including being convicted of a crime, being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect, or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property, having such a finding substantiated by a governmental agency, or being denied a professional license or having the license restricted or limited;

Credential holders must report any convictions to the Department of Regulations and Licensing within 48 hours;

PROCEDURE

Family & Children's Center has implemented procedures to protect our clients from potential abuse by our own employees. First of all, the agency has a zero tolerance procedure in regard to substantiated cases of abuse by an employee. Any employee found to have abused a client will be terminated immediately and the incident will be reported to the appropriate authorities.

Family & Children's Center conducts extensive background checks on all potential and/or new employees. These checks are conducted in every state in which the employee has lived for the past three years. Any applicant found to have a record of abuse, drug involvement, or any other crime involving children or vulnerable adults will not be

considered for employment. The agency conducts background checks at least every four years after hire and/or if a supervisor requests an additional check on a specific employee.

GETTING HELP

Support for Personnel can be obtained by connecting with your clinical or administrative supervisor or FCC HR department.

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Family & Children's Center

Procedure Name:	**TRAINING**
Procedure Number:	403
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	Staff Training & Development Procedure

STATEMENT OF PURPOSE

One of FCC's values is excellence, a commitment to providing the highest quality services to our consumers, employees and community. Our personnel procedures embody this value by setting high standards for qualifications, training and conduct.

AREAS OF RESPONSIBILITY

Staff are required to complete initial and annual training requirements and provide documentation of trainings completed for their employee file.

PROCEDURE

Staff members shall receive initial and continuing training that enables the staff member to perform their duties effectively, efficiently, and competently. Staff members must obtain the training required for the maintenance of their professional license, in addition to completing agency training requirements. Family & Children's Center maintains current training records for staff members.

Upon hire, all employees are required to attend Employee Orientation. Employees are required to obtain continuing education hours per year. See Training Procedure.

In addition, staff must obtain any training required to maintain their certification/licensure (i.e. Ethics and Boundaries). Each employee is responsible for obtaining and documenting their own staff development time by signing the attendance sheet for in-house workshops or by filling out the bottom portion of their timesheet for other workshops or training. Information regarding seminars and workshops will be noted on the depot. Attendance at any out-of-agency workshops or seminars must be pre-approved by the Program Director and should be related to their scope of practice.

Orientation Training Requirements under Chapter 35 are reviewed upon being hired and annually.

1. A review of pertinent parts of Chapter 35 and other applicable statutes and regulations
2. A review of the clinic's procedures
3. Cultural factors that need to be taken into consideration in providing outpatient mental health services for the clinic's clients
4. The signs and symptoms of substance use disorders and reactions to psychotropic drugs most relevant to the treatment of mental illness and mental disorders served by the clinic
5. Techniques for assessing and responding to the needs of clients who appear to have problems related to trauma; abuse of alcohol, drug abuse or addiction; and other co-occurring illnesses and disabilities
6. How to assess a client to detect suicidal tendencies and to manage persons at risk of attempting suicide or causing harm to self or others
7. Recovery concepts and principles that ensure services, and supports connection to others and to the community
8. Any other subject that the clinic determines is necessary to enable the staff member to perform the staff member's duties effectively, efficiently, and competently

AODA Training Requirements under Chapter 75:

1. All mental health professionals and substance abuse counselors must complete training in
2. assessment and management of suicidal individuals within two months after being hired or provide written documentation of past training or supervised experience in assessment and management of suicidal individuals.
3. Staff must review the provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse
4. patient records, and s. 51.30, Stats., and Ch. DHS 92, confidentiality of records and sign a statement acknowledging his or her responsibility to maintain confidentiality of personal information about patients

Additional training regarding substance use disorders should include: the signs and symptoms of withdrawal, addiction as a disease, relapse prevention, and therapeutic interventions which demonstrate cultural values, personal goals, lifestyle choices, and complex family interactions.

IDP Training Requirements include:

To become eligible to be an Intoxicated Driver Program Assessor, the provider must complete the Intoxicated Driver Program-Approved Training (IDP-AT). The purpose of the IDP-AT is to provide the required training (per WI administrative code DHS 62) for Wisconsin IDP Assessors, supervisors, and coordinators. The training focuses on best

practices for IDP assessment and development of Driver Safety Plans (DSP) for clients arrested for operating while intoxicated (OWI). The training includes a self-study component, three-day in-person workshop, and final exam. Participants who satisfactorily complete all components receive 35 hours of instruction from UW-Madison and earn the IDP-AT Certificate.

Each assessor shall successfully complete a minimum of 6 hours of continuing education each year. Continuing education may include formal courses awarding credits or continuing education units, workshops, seminars, or correspondence courses in any of the following areas:

1. Psychological and socio-cultural aspects of alcohol and drug abuse.
2. Pharmacology.
3. Communication and interviewing skills.
4. Screening, intake, assessment and treatment planning.
5. Human development, abnormal behavior, mental illness, or social learning theory.
6. Motivational interviewing.
7. Brief intervention.
8. Case management.
9. Record keeping.
10. Ethics.
11. Crisis intervention.
12. Outreach.
13. Quality assurance.
14. Other topics approved by the designated coordinator or the department.

GETTING HELP

Support for Personnel can be obtained by connecting with your clinical or administrative supervisor or FCC HR department.

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Family & Children's Center

Procedure Name:	**DIRECT CONTACT**
Procedure Number	404
Domain:	Outpatient
Approved By:	Tita Yutuc, LCSW, President/ CEO
Created/Written By:	Amanda Jalensky, Coordinator of Community Services Leah Morken, Director of Minnesota Programs Revised by: Karen Wrolson, Director of Minnesota Programs
Effective Date:	1/13/2017
Date(s) of Revision:	3/15/2018
References:	

STATEMENT OF PURPOSE

One of FCC's values is excellence, a commitment to providing the highest quality services to our consumers, employees and community. Our personnel procedures embody this value by setting high standards for qualifications, training and conduct.

AREAS OF RESPONSIBILITY

Administration, provider and staff work together to ensure personnel requirements are met and quality standards are maintained.

PROCEDURE

Therapists are expected to maintain 60% direct contact time. Therefore, providers who have a full-time position of 40 hours per week are required to have 24 billable hours within each 40 hour pay period. Providers who are working in a half-time position of 20 hours per week should have 12 billable hours within each 20 hour pay period. In any other arrangement of hours per week, providers must maintain the 60% direct contact time.

The Outpatient Program Supervisor will track the direct contact percentage of each provider and report all concerns to the Program Director. The Program Supervisor will further report on each provider's direct contact time on a quarterly basis to the Program Director. Finally, the Program Supervisor will input the following data into the direct contact spreadsheet on Google Drive:

- Hours worked in Outpatient as recorded on each provider's timesheet
- Number of billable appointments per Procentive report 8030 in comparison with the Appointment Summary report 6140

New therapists are allowed up to three months to achieve the 60% required direct contact time. Following that initial period, the Program Supervisor will meet with therapists who have not met and/or who are not maintaining the 60% requirement. S/he will review the circumstances related to this issue including amount of referrals received. If there are no

contributing factors creating the lower percentage, one of more of the following may occur:

• The Program Supervisor and the provider will create an action plan to resolve the concern within one month;
• The provider may be reduced to part-time status;
• The provider may be assigned hours in another program;
• Disciplinary action may be taken.

Should a provider's hours in Outpatient be reduced to less than full-time, s/he may be eligible to return to full-time after demonstrating the ability to maintain the required 60% direct contact time for a period of not less than three months. This decision will be at the discretion of the Program Supervisor who will take into account the provider's work record, program need, current referrals, as well as other related information.

GETTING HELP

Support for direct contact can be obtained by connecting with your clinical or administrative supervisor or FCC HR department.

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Family & Children's Center

Procedure Name:	**SCHEDULING**
Procedure Number:	405
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Service
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	

STATEMENT OF PURPOSE

One of FCC's values is excellence, a commitment to providing the highest quality services to our consumers, employees and community. Our personnel procedures embody this value by setting high standards for qualifications, training and conduct.

AREAS OF RESPONSIBILITY

Client Service Specialists manage provider schedules.
Providers will communicate schedule needs to the Client Service Specialist.

PROCEDURE

It is the provider's responsibility to inform the Client Service Specialist of their available hours to see clients as well as any schedule changes, time off, meetings and trainings. Sessions must be held within the hours the clinic is scheduled to be open, unless approved by the supervisor. All sessions must be scheduled with the Client Service Specialist. Providers may not hold "unscheduled" or "off-the-books" sessions. Providers will get time off approved by their supervisor then inform the Client Service Specialist.

GETTING HELP

Support for Personnel can be obtained by connecting with your clinical or administrative supervisor or FCC HR department.

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Family & Children's Center

Procedure Name:	**PRIVATE PRACTICE**
Procedure Number	406
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	

STATEMENT OF PURPOSE

One of FCC's values is excellence, a commitment to providing the highest quality services to our consumers, employees and community. Our personnel procedures embody this value by setting high standards for qualifications, training and conduct.

AREAS OF RESPONSIBILITY

Administration, provider and staff work together to ensure personnel requirements are met and quality standards are maintained.

PROCEDURE

It is imperative that professional practice outside of the Family & Children's Center must not conflict with the practice or operation of FCC.

The Employee Handbook states: "An employee will not be permitted to work for another employer who is in competition with FCC, solely determined by FCC. In addition, an employee will not be permitted to work for another employer while on a leave of absence or while absent for illness from FCC. Employees cannot request time off at FCC to work another job."

The Director must be informed of and approve of outside professional employment by the provider. A provider may not provide services for agency clients in a private practice setting or see non-FCC clients at Family & Children's Center. Therapists may not provide "pro bono" work or negotiate fees with clients.

GETTING HELP

Support for Personnel can be obtained by connecting with your clinical or administrative supervisor or FCC HR department.

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Family & Children's Center

Procedure Name:	**SEXUAL MISCONDUCT**
Procedure Number:	407
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	

STATEMENT OF PURPOSE

One of FCC's values is excellence, a commitment to providing the highest quality services to our consumers, employees and community. Our personnel procedures embody this value by setting high standards for qualifications, training and conduct.

AREAS OF RESPONSIBILITY

Administration, providers, and staff work together to ensure personnel requirements are met and quality standards are maintained.

PROCEDURE

Sexual contact between client and provider occurring inside or outside of Family & Children's Center unethical and illegal.

Wisconsin law states that "any person who is or who holds himself or herself out to be a therapist and who intentionally has sexual contact with a patient or client during any ongoing therapist-patient or therapist-client relationship, regardless of whether it occurs during any treatment, consultation, interview or examination, is guilty of a Class D felony. [Maximum penalty: five years imprisonment and/or $10,000.00 fine.] Consent is **not** an issue in an action under this subsection." Wisconsin Statute 940.22 Subsection (2).

GETTING HELP

Support for Personnel can be obtained by connecting with your clinical or administrative supervisor or FCC HR department.

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Family & Children's Center

Procedure Name:	**DUTY TO REPORT**
Procedure Number:	408
Domain:	Outpatient
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Services
Created/Written By:	Amanda Jalensky, Coordinator of Community Services
Effective Date:	1/13/2017
Date(s) of Revision:	2/8/2017
References:	

STATEMENT OF PURPOSE

One of FCC's values is excellence, a commitment to providing the highest quality services to our consumers, employees and community. Our personnel procedures embody this value by setting high standards for qualifications, training and conduct.

AREAS OF RESPONSIBILITY

Administration, provider and staff work together to ensure personnel requirements are met and quality standards are maintained.

PROCEDURE

Child Abuse/Neglect Reporting:

Wisconsin State Statute 48.981 states "A physician, coroner, medical examiner, nurse, dentist, chiropractor, optometrist, other medical or mental health professional, social or public assistance worker, school teacher, administrator or counselor, child care worker in a day care center or child caring institution, day care provider, alcohol or other drug abuse counselor, member of the treatment staff employed by or working under contract with a board, physical therapist, occupational therapist, speech and language disorder specialist, emergency medical technician, advanced (paramedic) ambulance attendant or police or law enforcement officer having reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected, or having reason to believe that a child seen in the course of professional duties has been threatened with an injury and that abuse of the child will occur shall report as provided in Subsection (3). Any other person including an attorney having reason to suspect that a child has been abused or neglected or reason to believe that a child has been threatened with an injury and that abuse of the child will occur, may make such a report. No person making a report under this Subsection may be discharged from employment for doing so."

Accordingly, it is the procedure of Family & Children's Center that any outpatient therapy staff member who, in the course of professional duties, sees a child and has

reasonable cause to suspect that that child has been abused or neglected or is in imminent danger of being abused or neglected will make a report within these parameters:

1. If possible, discuss suspected abuse/neglect with the supervisor.
2. If imminent danger exists for the child, make a report immediately to the county social service agency or the police department.
3. Make a report to the Department of Social Services within 24 hours;
4. Document his/her interpretation of the nature of the incident in writing within 24 hours of disclosure.

Duty to Warn:

Duty to warn refers to the responsibility of the provider to contact individuals and or law enforcement if they are concerned that clients pose an imminent danger to an identifiable person. Providers may need to break confidentiality to fulfill this obligation.

Any FCC staff member that learns of a client's threat to do harm to an identifiable individual should report to their supervisor immediately. Supervisors will aid in determining next steps.

Providers that learn of a client's threat to do harm to an identifiable individual should seek consultation, if time allows, to determine if the client poses a serious risk of danger. If it is determined that the client poses serious risk, the provider should take the following action steps:

1. Contact the identifiable individual and inform them of the serious risk of danger and/or
2. Contact appropriate law enforcement officials and inform them of the serious risk of danger.

If provider was unable to consult prior to the above action steps, then consultation should be sought following the procedure. Document all steps and retain in a file separate from the client's file.

Reporting Caregiver Misconduct:

Caregiver misconduct means abuse of a client, neglect of a client, and/or misappropriation of a client's property. Anyone who has information regarding an incident may report it to the agency. The agency can learn of an incident from:

- Verbal or written statement of a client;

- Verbal or written statement by someone in a position to have knowledge of the incident through direct or indirect observation;
- Discovering an incident after it occurred;
- Hearing about an incident from others;
- Observing injuries (physical, emotional, or mental) to a client;
- Observing misappropriation of a client's property;
- Or otherwise becoming aware of an incident.

Wisconsin law states, "If a therapist has reasonable cause to suspect that a patient or client he or she has seen in the course of professional duties is a victim of sexual contact by another therapist or a person who holds himself or herself out to be a therapist (in violation of subsection (2) above), as soon thereafter as practical the therapist shall ask the patient or client if he or she wants the therapist to make a report under his subsection. The therapist shall explain that the report need not identify the patient or client as the victim. If the patient or client wants the therapist to make the report, the patient or client shall provide the therapist with a written consent to the report and shall specify whether the patient's or client's identity shall be included in the report."

"Within 30 days after a patient or client consents to a report, the therapist shall report the suspicion to: 1) the department of regulation and licensing if the reporter believes the subject of the report is licensed by the state, 2) the district attorney for the county in which the sexual contact is likely, in the opinion of the reporter, to have occurred if the department of regulation is not involved". Subsection (3) Wisconsin Statute 940.22.

Immediately upon learning of an incident, the agency will take any necessary steps to protect the client(s) from possible subsequent incidents of misconduct or injury.

Any employee who has information of an incident must report it to their Supervisor (in addition to following the mandatory reporting laws as applicable). The Supervisor and designated staff will complete an internal investigation. The internal investigation will include the following steps:

- Collect and preserve any physical and documentary evidence;
- Interview alleged victims and witnesses;
- Collect other corroborating/disproving evidence;

- Involve other regulatory authorities who can assist (i.e. local law enforcement, elder abuse agency, Adult Protective Service agency); and
- Document each step taken during the internal investigation;
- Develop an Internal Investigative Report.

Based on the findings, the agency will determine whether or not the incident must be reported to the Bureau of Quality Assurance. The agency will use the worksheets and information in the Wisconsin Caregiver Program Manual in making this determination. All investigative reports, whether reportable or not, will be maintained by the agency.

All staff members are required to be familiar with the Outpatient Program Procedure Manual as well as the Wisconsin Caregiver Program Manual; clients are informed of their rights upon intake and every year thereafter.

GETTING HELP

Support for Personnel can be obtained by connecting with your clinical or administrative supervisor or FCC HR department. Further information on ethical behavior and reporting may be found by consulting your profession's ethical code.

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Family & Children's Center

Procedure Name:	PRACTICUM/INTERNSHIP STUDENTS
Procedure Number:	409
Domain:	Outpatient
Approved By:	Mary Jacobson, Director of Wisconsin Youth & Family Services
Created/Written By:	Kristy Honaker
Effective Date:	9/16/2019
Date(s) of Revision:	
References:	https://www4.viterbo.edu/sites/default/files/2019-05/Practicum%20Internship%20Handbook%20Current.pdf https://www.winona.edu/counseloreducation/Media/Practicum-internship-On-Site-Supervisor-Handbook.pdf

STATEMENT OF PURPOSE

FCC has the means to expand its Outpatient program through collaboration with local CACREP accredited schools. Practicum and Internship experiences are necessary training for Counselors and Social Workers to flourish in the field of mental health. Utilization of these students can grow the Outpatient program rapidly. We have the opportunity to help develop the next generation of counseling professionals.

AREAS OF RESPONSIBILITY

The Outpatient department will be the primary point of contact for Practicum and Internship students. The Outpatient Coordinator will assist in delegating tasks and experiences related to the needs of the students' Master's level program. The Outpatient Counselor will be responsible for training the student to utilize Procentive, document use of time, and arranging time for the student to shadow client appointments. The Front Desk will be responsible for scheduling appointments for Internship students, based on their scope of practice.

PROCEDURE

Each student will go through a similar hiring procedure as a regular employee, to include:

a. Application and resume submission

b. Interview

c. Background Check

d. Meeting with student's advisor and on-site supervisor

e. Internship orientation (if classified as an intern)

f. Provide professional liability insurance upon hire

Once on board as a Practicum student, supervision will be available along with the ability to shadow an Outpatient Counselor, for individual and group sessions. They will have the ability to witness appropriate documentation. A Practicum student will also have the option to take part in other agency programs, to include:

a. Youth Home

b. CCS

c. CSP

d. Family 2.0

Once on board as an Internship student, supervision will be available, along with the opportunity to document in Procentive on their own, for their own clients. They will have the ability to see clients in Outpatient through, the Brief Solution Focused Counseling program, MA Forward Health clients (as rendering provider, and on-site supervisor as referring provider*), and Fresh Start clients, in and out of the jail. They will also have to opportunity to provide therapeutic services within:

a. Youth Home

b. CCS

c. CSP

d. Family 2.0

The key difference between Practicum and Internship students is coursework completed to date, length of time and experience. The Practicum experience is typically a minimum of 150 hours, whereas the internship experience is approximately 600 or more, a certain portion of those hours must be in direct client care. The student is supervised by an on-site supervisor and a representative from the student's school. The student will be given more responsibility as the Practicum experience progresses. When the student transitions to the Internship role, they will be able to see more clients on their own, along with documentation of those sessions.

*MA Forward Health clients are an option for Internship students when certain conditions are met.

1. The student does not bill and is not reimbursed directly for their services

2. The student provides services under the direct, immediate, on-premises supervisor of a Medicaid-enrolled provider

3. The supervisor documents in writing all services provided by the student

In Procentive, under the Medical tab of the client's module, the supervisor's name and NPI number must be listed toward the bottom of the page.

GETTING HELP

Please see the Outpatient Coordinator with questions regarding this procedure.

See the links below for Practicum/Intern Student Handbooks

https://www4.viterbo.edu/sites/default/files/2019-05/Practicum%20Internship%20Handbook%20Current.pdf

https://www.winona.edu/counseloreducation/Media/Practicum-internship-On-Site-Supervisor-Handbook.pdf

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