



Green Country
Behavioral Health Services, Inc.

caring people, caring for others

CLINICAL POLICIES

APPROVED
1.27.2022

GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC.
Clinical Policies and Procedures

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GREEN COUNTRY BEHAVIORAL HEALTH SERVICES, INC.

CLINICAL POLICIES AND PROCEDURES MANUAL

The Clinical Policies and Procedures Manual is reviewed on an annual basis and approved by the Green Country Behavioral Health Services Board of Directors.

In addition, the Board of Directors gives permission to the Clinical Director (with approval of the Leadership Team) to make necessary changes in the Clinical Policies and Procedures throughout the year, as standards or laws require. Review dates will be noted below. Notification of change(s) will be reported to the Board of Directors.

Melissa Shofner Clinical Director	Date	Joy R. Sloan Chief Executive Officer	Date
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Paula Wilburn, President GCBHS Board of Directors	Date
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DATE	SUBJECT AREA	REFERENCE
01.26.2017	Clinical Director / CEO Review	Re-format Policy
02.16.2017	Approval by GCBHS Board of Directors	Full Policy
02.05.2018	CEO/Clinical Director Review	Full Policy
03.05.2018	CEO Review for Medication Assisted Therapy Clinic procedure	MAT Services
12.10.2018	CEO Review of Clinical and Crisis Unit Policies/New Policies	Full Policies
12.13.2018	Clinical and Crisis Unit Policy Approval by GCBHS Board	Full Policy Manual
12.05.2019	Clinical Director / CEO Review	Updated Policies
12.18.2019	Approved by GCBHS Board of Directors	Full Policy Manual
11.16.2020	Clinical Director / CEO Review	Full Policy Review
01.21.2021	Approved by GCBHS Board of Directors*	Full Policy Manual
03.02.2021	Policy review: CCBHC Policies	All policies
09.01.2021	Policy update: COVID	Pandemic Policy
01.27.2022	Approval by GCBHS Board of Directors	Full Policy

* Board meetings cancelled for non-quorum, due to COVID, resulted in 2020 policy review, with 2021 approval.

**WRITTEN POLICIES AND PROCEDURES
REVIEW AND AVAILABILITY**

GCCP – 000

POLICY

GCBHS maintains Clinical Policies and Procedures for the purpose of certification, program clarity, program direction, quality, and public information.

PROCEDURE

The Clinical Policies and Procedures will be reviewed annually. The following procedures apply:

GCBHS staff will review policies and procedures as they relate to their performances and make suggested changes and modifications. Identified staff will evaluate policies and procedures for compliance to ODMHSAS, including Certified Community Behavioral Health Clinic (CCBHC) 450:17-5-171, Organizational authority, governance and accreditation and other required certifying bodies and make recommendations for presentation to the GCBHS Board of Directors for approval. GCBHS understands the importance of having meaningful input into the highest level of decisions concerning the healthcare of our community. We maintain GCBHS Board of Directors members who have personal direct or familial knowledge of mental illness and/or substance use disorders.

After review and approval by the GCBHS Board of Directors, the policy review form (Clinical Policies, Page 4) will be signed and dated by the Chief Executive Officer (CEO), Clinical Director, and the President of the Board of Directors.

The Clinical Policies and Procedures shall be made available to staff through the Human Resources Department and the GCBHS intra-agency website. The website will be the primary source for staff to access GCBHS policies.

NON-DISCRIMINATION POLICY

GCCP – 001

POLICY

In keeping with the GCBHS mission to provide a safe, supportive and welcoming environment, staff will not tolerate harassment or discrimination against clients in any form, including discrimination due to race, color, gender, religion, age, sexual orientation, gender identity, national origin, genetic information, disability, veteran status or persons with HIV infection or AIDS. Our policy and practice is to treat employees, clients, and other business associates with courtesy and respect. Additionally, there is no discrimination in the provision of GCBHS services to an individual because he or she is unable to pay or because payment would be made under Medicaid, Medicare, or the Children’s Health Insurance Program (CHIP).

LINGUISTIC COMPETENCE

**GCCP – 002
OAC 450:17-5-175**

POLICY

GCBHS provides meaningful access to all clients, including those with Limited English Proficiency (LEP) language skills, language-based disabilities, and hearing impairment.

PROCEDURE

GCBHS will provide timely, meaningful access to clients who do not speak English as their primary language. Our needs assessment shows that the communities we serve have a high number of Spanish speaking individuals. Interpretive services for our Spanish speaking clients will be provided by bilingual employees with sufficient training through work in a behavioral health setting.

Written materials are available in English and Spanish to further provide appropriate access and information. GCBHS will use culturally and linguistically appropriate screening tools, and tools/approaches that accommodate disabilities (i.e. hearing disability, cognitive limitations), reading ability and literacy levels, when appropriate.

The deaf community also represents a cultural and linguistic group with an inalienable right to full and equal communication and participation in all aspects of society, including integrated health care services. In order to serve this population and ensure the right to informed choice and high-quality services, GCBHS contracts with a Certified Sign Language Interpreter who holds Oklahoma Interpreter Certification at a masters' level, as well as national certification through Registry of Interpreters for the Deaf. Interpretation services are provided face-to-face or electronically, depending upon the client's preference.

All GCBHS services, including those provided with the assistance of bilingual staff and those provided with assistance of a certified interpreter, protect the confidentiality of the client.

CORE CCBHC SERVICES

GCCP – 003

OAC 450:17-3-2; 450:17-3-21; OAC 450:17-5-170

POLICY

It is the policy of GCBHS to offer a full array of behavioral health services with an emphasis on integrated care and wellness interventions, so that we can respond to the needs of individuals and families in our community, and also to maintain core services as identified through our contract with ODMHSAS, as well as OAC 450:17-5-170 Standards.

GCBHS shall offer the following core services to persons presenting at our facility:

- Initial evaluation, assessment and referral services for adults, children, and families;
- Emergency services, which include crisis intervention, emergency examinations, and emergency detention and a Mobile Response Team for children, transition age youth, and families;
- Outpatient therapy;
- Targeted Case management services;
- Psychiatric rehabilitation services;
- Medication clinic;
- Services to homeless individuals;
- Peer support services;
- Wellness activities and support

Additionally, GCBHS also offers the following services:

- Follow-up services for current clients who have missed appointments;
- System of Care;
- Crisis Response/Disaster Management, and
- Crisis Stabilization services for adults.

These services provide a full continuum of care to improve the behavioral health of those residing in or requesting services in Muskogee and McIntosh Counties.

A domestic violence (DV) liaison will be designated for each GCBHS location.

A person's need for services and eligibility for treatment will not be based on any of the following identified factors:

- Past or present mental health issues, which may include the use of prescription drugs, substance abuse, or co-occurring issues;
- The presumption of the person's inability to benefit from treatment;
- A specific substance used;
- Continued substance use; or
- Progress or lack of progress on previous treatment episodes.

GCBHS does reserve the right to deny services to certain clients. This may include, but is not limited to, clients who are a danger to other clients and/or staff, and those clients who do not indicate a clinical need for behavioral health care. Should a client disagree with the denial of services, the client may initiate the GCBHS client grievance process.

A brief description of services provided is listed below. A detailed procedure for each service is described in a later policy and procedure:

- Initial evaluations are completed by phone, face-to-face as a walk-in, or scheduled appointment. The family, as appropriate, shall actively participate in the initial evaluation process, with proper consent.
- Initial evaluation and assessment process. The initial evaluation information includes, at a minimum:
 - Basic demographic information,
 - General reasons for requesting services,
 - Co-occurring concerns (alcohol and drug/mental health),
 - If the person a danger to self, and
 - If the person a danger to others.
- An assessment which is completed within 30 days following initial evaluation and contains the following:
 - Behavioral information
 - Mental health disorders
 - Addictive disorders
 - Presenting problem
 - Current symptomology
 - Previous treatment history
 - Past and current psychotropic and addiction medications, including name, dosage and frequency
 - Family history of mental health disorders and addictive disorders
 - Emotional information
 - Emotional information
 - Past trauma
 - Current trauma
 - Domestic violence
 - Physical/medical information
 - Health history
 - Current medical condition/complications
 - Past and current physical health medications, including dosage and frequency

- Social and recreational information
 - Family/other relationships
 - Recovery/community supports
 - Leisure/wellness activities
 - Culture, including traditions and values.
 - Vocational information
 - Educational attainment
 - Educational difficulties/history
 - Current and/or past military service, including discharge status if applicable
 - Current employment status
 - Desired employment status
 - Completed by a Licensed Behavioral Health Professional (LBHP) or Licensure Candidate.
- Referral services for persons whose needs are outside of our scope of practice, requiring a service we do not provide, or needing a different level of care
 - Emergency Services are evaluations which include crisis diversion (which may be completed by any level of the team with immediate access to a Licensed Mental Health Professional (LMHP). Emergency examinations for detention are conducted by a LMHP. Emergency services are available 24 hours/day/365 days/year and are completed by a LBHP or LMHP who may be on-call. Services are available:
 - In the office during regular business hours, and
 - In the community as requested, typically at the hospital, and
 - Mobile Response Team for children, youth, and families (0-25 years) 24 hours/day, and
 - Crisis Stabilization Unit for Adults (18 years and over) 24 hours / day
 - Outpatient therapy, case management services, psychiatric rehabilitation services, services to homeless individuals, peer support services, wellness activities and support, follow up services, and System of Care services are available during regular business hours, or after hours as scheduled.
 - Medication clinic services are provided during regular business hours along with one scheduled after-hours clinic per week and one morning for walk-in clients.
 - Crisis response/disaster relief are provided on an immediate basis, as needed.
 - Adult Crisis Stabilization Unit provides services 24 hours per day, 7 days/week, 365 days/year
 - Care As Needed (CAN)

All services are provided on an individual and group basis with an emphasis on recovery as a core principle. We promote wellness and the highest quality of care for our clients by offering smoking cessation services that include the following: information on tobacco cessation programs, referrals to tobacco cessation programs, literature on the health impact of continued tobacco use, access to Food and Drug Administration (FDA) approved tobacco cessation prescription and non-prescription medications, the integrated assessment of a client's tobacco use into standard practice, use of evidenced based treatment approaches to tobacco cessation, and follow up to prevent relapse. At all times, tobacco use will be evaluated as a treatment issue.

The Domestic Violence (DV) liaison will establish a relationship with a local domestic violence agency for collaboration, care coordination, awareness of service availability, case consultation, and to develop a referral system for clients in need of domestic violence resources. The DV liaison will complete all ODMHSAS trainings within 90 days of designation as the DV liaison and on an annual basis.

PRIMARY CARE SCREENING AND MONITORING

GCCP – 004
OAC 450:17-5-179

POLICY

GCBHS shall promote fully enhanced integration and coordination of primary, acute, behavioral health, addiction services and supports for our clients. Clients shall receive quality-driven, cost-effective, culturally appropriate and person and family-centered services delivered by an integrated team that will address screening and monitoring of key health indicators and health risks. Services shall be provided in a timely fashion, whether directly from GCBHS or through a Designated Collaborating Organization (DCO).

PROCEDURE

GCBHS clients shall receive required primary care screening and monitoring of key health indicators and health risks (as applicable) including, but not limited to the following:

1. Adult Body Mass Index (BMI) Screening and Follow-Up;
2. Weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC);
3. Blood Pressure;
4. Tobacco use: Screening and cessation intervention;
5. Screening for clinical depression and follow-up plan;
6. Unhealthy alcohol use;
7. Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications;
8. Diabetes care for people with serious mental illness;
9. Metabolic monitoring for children and adolescents on antipsychotics;
10. Cardiovascular health screening for people with schizophrenia;
11. Adherence to mood stabilizers for individuals with Bipolar I Disorder;
12. Adherence to antipsychotic medications for individuals with Schizophrenia; and
13. Antidepressant medication management.

Clients served by GCBHS shall receive age appropriate screening, assessment, and preventive interventions.

AVAILABILITY OF SERVICES

GCCP – 005
OAC 450:17-3-3

POLICY

GCBHS services shall be available to individuals regardless of their school or work schedule. Arrangements for services at times other than normal business hours (8:00 AM – 5:00 PM Monday through Friday) will be made available, upon request, to persons meeting eligibility criteria.

All services provided on an outpatient basis (Muskogee and Checotah offices) shall be routinely available at least forty (40) hours per week and will include evenings and weekends upon request. 24-hour services are available through GCBHS Crisis Stabilization Unit and 24-hour Crisis Hot Line. Our hours of operation are posted on front doors where they are easily seen.

PROCEDURE

At any time throughout a client's tenure here, if services are requested at times different than our traditional hours, arrangements will be made for the client to be seen at a more convenient time, which may include evenings and / or weekends. This applies to our main location as well as our satellite office in Checotah. Checotah will maintain this practice as long as we have two full time staff employed at this site.

Once requested, assigned staff will alert the department supervisor to make sure there are no safety concerns and to allow arrangements for additional staff to be available, if needed.

INTEGRATED INITIAL EVALUATION AND ASSESSMENT

GCCP – 006
OAC 450:17-3-21

POLICY

It is the policy of GCBHS to provide an integrated initial evaluation and assessment in the most convenient and timely manner for persons seeking treatment and are eligible for services. We have staff available for face-to-face initial evaluations and referral on a daily walk-in basis; over the phone; and by appointment during regular hours of operation. If a caller cannot present for the face-to-face initial evaluation during this time, we offer them an appointment after hours or on the weekends.

We provide information about our services and advise individuals of our income guidelines through our agency website, pamphlets, and by phone. Eligibility for services is based on the income guidelines set by the Oklahoma Department of Mental Health and Substance Abuse services (ODMHSAS) and OAC 450:17-5-178. ODMHSAS eligibility guidelines are set so that those individuals who do not have insurance or are under-insured and are at or below the 200% of the Federal Poverty guideline can receive services. Once an individual has completed the initial evaluation paperwork, our staff uses an eligibility checklist to help guide eligibility decisions. Additional supporting documents that verify income may be requested at the next appointment. Each individual's financial eligibility is re-assessed on an annual basis or at any time there is a known change of status.

GCBHS does not discriminate in the provision of services to an individual (1) because the individual is unable to pay; (2) because payment for those services would be made under Medicare, Medicaid or the Children's Health Insurance Program (CHIP); or (3) based upon the individual's race, color, gender, national origin, disability, religion, or sexual orientation.

GCBHS staff provides an integrated initial evaluation of each person's needs and a comprehensive assessment for those who are experiencing behavioral health and/or substance use/abuse/dependence related problems, emotional issues, gambling problems, suicidal thoughts or actions, and past or current trauma issues in a culturally appropriate and welcoming manner. Additionally, we understand the prevalence of co-occurring disorders in the population we typically see and are sensitive to and keenly aware of these concerns as well.

Finally, because we are cognizant of the role physical health plays into the mental health of a person, we also include assessment for general wellness, vocational, social, recreational and medical / medication needs. The client must be an active participant throughout this process and we highly encourage family, as appropriate, to also be active participants.

Services may be provided to residents outside Muskogee and McIntosh Counties. Those who are found to be ineligible for services are assisted with appropriate referrals. We provide referral information to clients and the general public and make referrals for services which our agency does not provide.

Our single point of entry is accessible Monday through Friday, or on an unscheduled walk-in first-come, first-serve basis. Appointments are required for competency evaluations. Crisis Intervention services are an exception and will be seen immediately and given priority over other walk-in or scheduled clients. Services and/or consultations are also provided when requested by other agencies such as the courts, law enforcement, or medical personnel.

Referrals from outside agencies or organizations are accepted in the same manner as detailed above; i.e., they receive an appointment if they call or may “walk-in” the front door without an appointment. Referrals will be accepted from any source, and initial evaluation services will be provided in a timely manner. Individuals and/or organizations making referrals will be informed of GCBHS procedure for the initial evaluation of the potential clients.

All staff has been educated as to the effects of trauma and addiction issues and the potential for individuals to present with both mental health and substance use/abuse/dependence issues and the critical nature of being welcoming. Individuals are met in a manner that is welcoming, engaging, respectful, recovery-oriented, hope-filled, client-centered, culturally sensitive and confidential. An individual who presents for initial evaluation is helped to identify immediate and ongoing strengths, needs, abilities, preferences, hopes and goals.

PROCEDURE

INITIAL EVALUATION PROCESS

Upon determining eligibility for services, staff completes the initial evaluation process immediately, this occurs simultaneously. At this time, staff will also begin collecting non-clinical information needed for the assessment. The integrated initial evaluation will include, at a minimum:

- ❖ Basic demographic information
- ❖ Referral source
- ❖ Reason for referral
- ❖ Emergency contact
- ❖ Emergent / immediate needs
- ❖ Behavioral and/or Substance use/abuse/dependence concerns
- ❖ Suicidal/Homicidal ideations, actions or plans
- ❖ Trauma symptoms/events
- ❖ Gambling issues
- ❖ Homelessness Concerns

The following outlines our process:

- » Persons entering the agency are welcomed by a Peer Recovery Support Specialist (PRSS) who will determine the reason for the visit.
- » The person will be given paperwork to complete and if need be, the PRSS will assist.
- » Staff will check for Medicaid eligibility and if insured, the coverage.
- » Triage staff will input data into the Electronic Medical Record (EMR) and will review for old records. Triage staff will then do a warm hand-off to a clinician to complete several tasks.
- » The initial evaluator will review paperwork and complete several initial evaluation tools; which may include the PCL-5; the PHQ-9; CATS, GAIN-SS, AUDIT, Tobacco Cessation, Gambling, TB screening; and the Columbia.
- » The initial evaluator will explain our services, the treatment advocate, parameters of confidentiality, client rights and responsibilities.

If, at any time, an individual is not eligible for services, or if other services would be more clinically appropriate, or the person decides they do not want services from GCBHS; their protected health information will remain in our confidential electronic record system until time for purging or merging. All paper

documentation will be maintained in the Medical Records Department which is locked at all times and is securely stored and locked in metal, fireproof file cabinets until merged or purged.

If the person requests and is eligible for services, an assessment will be scheduled or completed at this time. If scheduled, the initial evaluation will take place within ten days from the initial evaluation appointment. GCBHS does not endorse any barriers to treatment based solely on the presence of current or recent substance use.

Additional or collaborating information may be obtained from family, previous service providers, employers, schools, etc., with signed consent of the client. For cases where medical stability is an issue, clients are asked to obtain a physical examination and/or a medical release for services or they are given appropriate referral information in order to obtain needed medical care. The client (and family, when appropriate) shall have an active part in the assessment.

GCBHS will have no barriers to entry based solely on the presence of current or recent substance use. Persons who present with co-occurring disorders will be screened in the same manner as all others and will have an ASAM patient placement criteria administered, as well as the Addiction Severity Index (ASI) or the Teen version (TASI) either at the time of initial evaluation or as part of the assessment process.

Any instruments used for initial evaluation go to medical records staff who then upload the documents into the electronic record; therefore, there is no paper record anywhere.

ASSESSMENT

Once the initial evaluation has been completed and the client meets criteria for services and agrees to services the assessment is completed. The LBHP (licensure candidate) or LMHP completing the assessment will gather, discuss, and consider all the following data:

- » **Behavioral information, (including mental health and addictive disorders) and will include the following:**
 - The person's presenting problem including current symptomology; and
 - Previous treatment history; and
 - Current and past psychotropic and addiction medications, including name, dosage, frequency. Inquiry of Over the Counter (OTC) medications are also included; and
 - Family history of mental health and/or other addictive disorders.
- » **Emotional information, including issue related to past and / or current trauma and domestic violence;**
- » **Physical and medical information to include:**
 - Health history and current biomedical conditions and complications; and
 - Current and past physical health medications, including name, dosage, frequency and OTC.
- » **Social and recreational information, including;**
 - Family and other relationships; and
 - Recovery and community supports; and
 - Leisure and wellness activities; and
 - Cultural, including traditions, values and religious preferences;
- » **Vocational status, including;**
 - Educational attainment, difficulties, and history; and
 - Current and/or previous military services, including discharge status; and
 - Current and/or desired employment status.
- » **Identification of the client's strengths, needs, abilities, and preferences;**
- » **Sexual history, including HIV, AIDS and STD at-risk behaviors;**
- » **Marital or significant other relationship history;**
- » **Legal concerns, both current and history;**
- » **Present living arrangement;**
- » **Current support system including peer and other recovery supports;**
- » **Expectations in terms of services;**

- » **Preliminary diagnostic information;**
- » **What the client wants in terms of treatment; and**
- » **Preliminary plans for discharge.**

The clinician completing the assessment will ensure that all applicable forms have been completed and signed by the client. The client, family, treatment advocate, or other identified persons (with explicit written consent by the client) will be active participants in the initial evaluation and assessment process. This participation will be documented through signatures and responses throughout.

If, during this time, the client decides not to pursue treatment their protected health information will remain in our confidential electronic record system until time for purging. All additional initial evaluation and /or assessment instruments are given to medical records. Medical records staff upload these documents which become a part of the person's electronic record; therefore there is nothing kept outside of the electronic record.

The assessment will be completed along with or before the service plan development. These services will be completed within six (6) visits or thirty (30) days whichever occurs first.

Comprehensive assessments must be completed by a LBHP (licensure candidate) or LMHP.

INITIAL EVALUATION AND ASSESSMENT SERVICES, ACCESS OR REFERRAL TO NEEDED SERVICES

GCCP – 007
OAC 450:17-3-22

POLICY

It is the policy of GCBHS to provide integrated initial evaluation, assessment and referral services in the most convenient and timely manner for persons seeking treatment and are eligible for services. The detailed description for initial evaluation and assessment was outlined in the previous section; however, there are times when a person requests or needs a referral for services outside of our scope of practice or for services not provided. It is our policy and practice to assist, in some way, all individuals who present to us. No barriers to services will be based solely on the presence of current or recent substance use.

PROCEDURE

ACCESS AND / OR REFERRALS IN

When an agency calls to give us a referral, they are referred to the medical records department. Medical records staff will obtain at least the following information:

- » The person, agency, or organization referring;
- » The person's name, address, and if possible, a phone number;
- » The reason for the referral; and
- » Any other pertinent information from the caller

Medical records staff will give the caller an appointment time or simply tell them to send the person over as a walk-in. Once the person is here, they will be welcomed as all screenings. As with all screenings, staff welcome persons entering our agency with a hopeful message and in a recovery-oriented, trauma-informed manner. No barriers to services will be based solely on the presence or current or recent substance use.

- » If the person referred is ineligible or fails to show up for services; initial evaluation staff will notify medical records who will then notify the referring agency of the outcome and reasons why.

- » If the person shows up for services and is found to be ineligible, the screener will offer a referral to the appropriate service agency and provide the person with that information.

If another agency, a family member, significant other, school personnel, or any other person calls to give us information regarding an existing client, the information will be gathered in the following manner:

- » At no time will staff confirm or deny that anyone is a current client or has ever received services from us;
- » Staff will listen to the information and if applicable document in client record on a note for record;
- » If information provided is of an emergent nature, staff will direct the caller to notify the proper authorities for assistance;
- » If the person they are calling about is a client, the staff taking the call will either notify the client or attempt to get appropriate releases or at a minimum do a welfare check on the client.

REFERRALS OUT

If it is believed that a client or potential client needs services or care outside of our scope of practice, the following procedures are in place:

- » Staff will discuss the reasons for the referral with the client or potential client;
- » If the referral is for a physical examination or continued medical care, the clinician will assist locating services or making an appointment for continued care;
- » The clinician will seek to get a release from the client for the results of the medical care provided; and
- » If the person needs assistance from another service agency, the clinician will get a release to speak with the other agency and explain the reasons for the referral.
- » Referrals for existing clients will be documented in their clinical record, all other information will be kept in non-client files and treated as Protected Health Information (PHI).

INTAKE ASSESSMENT UPDATE

If a client discharges and returns for re-admission within one year of previous admission, staff may, if they choose to, only complete UPDATE paperwork. The update paperwork MUST include, at a minimum, the following items:

- » Date of request;
- » Basic identifying information and demographics;
- » Source of the information obtained for the update;
- » The client's present needs (include emergent needs);
- » Present life situation;
- » What the client wants in terms of services

EMERGENCY SERVICES

GCCP – 008
OAC 450:17-3-41

POLICY

GCBHS shall provide crisis intervention, emergency evaluations, and referral services 24-hours a day, 7 days per week, 365 days a year to persons having a psychiatric emergency and/or persons with a substance use disorder.

Our staff and our agency are committed to provide a welcoming environment intended to engage both individuals and families. GCBHS does not create arbitrary barriers to access emergency evaluation based on active substance use or designated substance levels.

All clinical staff will be trained in the provision of basic crisis intervention techniques and state laws involving the civil rights and liberties of Americans. Additionally, all clinical staff are expected to provide intervention, which includes diversion services to persons presenting in crisis.

Staff providing examinations for emergency detention will be a Licensed Mental Health Professional (LMHP) as defined in 43A O.S. § 1-103 and shall be clinically privileged and demonstrate competency in emergency evaluation of co-occurring disorders.

PROCEDURE

During traditional business hours of operation staff are available at each site providing emergency (crisis) services in the form of assessment, evaluation and /or diversion. After hours, staff are available through our Crisis Unit and/or through on-call arrangements with existing eligible staff.

We believe that persons from our community should remain in our community and work diligently to do so. However, there may be times when accommodations cannot be made in our communities and we must refer to our contracted facilities or state operated inpatient, crisis stabilization or urgent recovery clinics.

- » If referring to a state-operated facility or other contracted facility, GCBHS staff will first review the hospital bed count on ODMHSAS Access Control web site and then contact the facility and inquire about capacity;
- » If **NO OTHER** local or private facility is available and we are referring to state-operated or other contracted facility, staff will provide basic demographic information, reason for detention, medical alert information, and any other pertinent information the agency may ask for. Staff must first get permission to refer any active GCBHS adult client to a facility other than our own. Additionally, for any person we need to send out of our catchment areas, staff must be able to show they have exhausted all other community resources, with proper consent from the individual and/or their family members present.
- » **(PRIOR NOTIFICATION TO ALL FACILITIES WHERE WE REFER MUST BE GIVEN. GCBHS STAFF MUST SPEAK WITH THE REFERRING FACILITY AND GET APPROVAL FOR ADMIT BEFORE THE PERSON IS SENT TO THE FACILITY.)**
- » GCBHS Staff is available for assessment, intervention and evaluation externally from our offices, unless immediate safety is a concern. We can provide this service in a variety of locations, such as; schools, jails, hospitals and other places as staffed and approved by a clinical supervisor.
- » Staff will work closely with local law enforcement agencies (sheriff and police), the courts, and the DA's office to provide appropriate referral services in accordance with 43A O.S. § 5-201 through 5-407;
- » Emergency services will be provided in our satellite office in McIntosh county for persons taken into protective custody through the same process;
- » Staff will provide a face-to-face strength based assessment, unless there are extenuating circumstances, addressing both mental health and substance use disorders which, if practical, will include a description of the client's strengths in managing mental health and/or substance use issues and disorders during a recent period of stability prior to the crisis.
- » Staff will provide intervention services and if at all possible, resolution and diversion to outpatient services.
- » Staff will ensure that there are no arbitrary barriers to access emergency services, or an evaluation based on active substance use or designated substance levels.

Telephone Response

- » Telephone response by a clinician is done within 15 minutes of the initial contact, unless there are extenuating circumstances. (This is mostly instantaneously as our crisis line is answered through our crisis unit where we have clinical staff on duty 24 /7 / 365);
- » Staff will evaluate the crisis in terms of degree of distress and need for immediate action (this may involve getting other staff to contact law enforcement while talking to the caller);
- » Staff will utilize the most effective method and resource for stabilizing the caller until more comprehensive intervention can be made.
- » Staff will document call through a report of contact in our EMR system.

MOBILE RESPONSE SERVICES

GCCP – 008A

OAC 450:17-3-41; OAC 450:17-5-184

POLICY

GCBHS provides face-to-face mobile response services. These services are designed to de-escalate crisis situations, reduce placement disruptions, decrease hospitalizations, prevent detention, reduce homelessness and restore youth to a pre-crisis level.

PROCEDURE

Staff trained in crisis theory, risk assessment, and trauma informed interventions provide a strengths-based approach for the assessment of children and youth. Staff may also work with families and DHS staff in crisis diversion and conflict resolution.

GCBHS will have, at least one LBHP staff on call to answer the children’s mobile response phone. This number is provided to all DHS workers and it is advertised publicly as a children’s mobile response line. Staff will be available 24/7/365 to provide intervention services.

Staff will determine from the phone call if an immediate face-to-face intervention is required or if the situation can be stabilized via phone. If phone crisis diversion/intervention is completed, a face-to-face appointment will be scheduled for the child and family for the following day, or within 24 hours.

To ensure safety, GCBHS staff will partner either with; (1) another GCBHS staff person; or (2) law enforcement; and/or (3) referring agency personnel.

The GCBHS staff will provide referral services for the following services, as appropriate:

- » Evaluation and assessment for mental health and substance use disorders;
- » Mobile response / face-to-face and telephone;
- » Crisis intervention counseling;
- » Individual and Family therapy;
- » Family support and training;
- » Client advocacy;
- » Individual rehabilitation treatment;
- » Case management;
- » Treatment planning;
- » Pharmacological management;

- » Medical review;
- » Treatment plan review;
- » Intensive outreach;
- » Community outreach; and
- » Prevention type activities

GCBHS staff will routinely staff cases with DHS through an embedded worker.

Staff will enter all services provided through the Youth Information (YIS) System for monitoring purposes.

EMERGENCY EXAMINATIONS

GCCP – 009

OAC 450:17-3-42; OAC 450:17-5-184

POLICY

GCBHS will ensure that staff are available to provide emergency examinations are clinically privileged to do so and are available 24 hours a day, 7 days per week, and 365 days per year.

PROCEDURE

GCBHS have staff working at our adult crisis stabilization unit 24/7/365. In addition, there is a LMHP on call to assist for the same time period.

Any person needing an emergency examination during traditional operating times are seen either at the office or in a safe place by a qualified staff person. A person may be seen after hours in a number of ways, such as:

- » The local hospital calls, and either our staff will go there or, if applicable, the hospital will send the person to the crisis unit for an examination; or
- » Law enforcement will request a staff person to meet them to complete the examination; or
- » The hospital, law enforcement and / or person may access a crisis worker through technology such as an iPad.

EMERGENCY EXAMINATIONS, STAFFING

GCCP – 010

OAC 450:17-3-43; OAC 450:17-5-184

POLICY

GCBHS will ensure that staff are available to provide emergency examinations are clinically privileged to do so.

PROCEDURE

All clinical staff will be trained in the provision of basic crisis intervention techniques and state laws involving the civil rights and liberties of Americans. Additionally, all clinical staff are expected to provide intervention, which includes diversion services to persons presenting in crisis.

Staff providing examinations for emergency detention will be a Licensed Mental Health Professional (LMHP) as defined in 43A O.S. § 1-103 and shall be clinically privileged and demonstrate competency in emergency evaluation of co-occurring disorders.

OUTPATIENT THERAPY SERVICES

GCCP – 011

OAC 450:17-3-61; OAC 450:17-5-185

POLICY

GCBHS shall maintain outpatient therapy services, which includes a range of co-occurring disorder capable services to clients based on their needs regarding emotional, health, social, and behavioral concerns. Outpatient therapy services will include but not be limited to mental health, substance use, co-occurring disorders and trauma issues.

GCBHS will provide or arrange for the following outpatient therapy services:

- » Individual Therapy
- » Group Therapy
- » Family Therapy
- » Psychological / psychometric evaluations or testing; and
- » Psychiatric Assessments

Psychological evaluations and testing may be administered at the agency's discretion (discretion depends upon staff availability and client status). Persons requesting psychiatric assessments will be referred to an outside source. Clinicians providing this service are licensed mental health professionals, as defined by state standards, with knowledge of co-occurring issues and education and/or training adequate to meet the needs of the target population.

Therapy services are provided for those persons who can participate in and cognitively benefit from such services. Those persons who are unable to process enough to gain insight and cognitively benefit from therapy, GCBHS provides rehabilitative services for them.

PROCEDURE

Once a person has been admitted for services and the client requests or the assessment clinician determines that therapy is appropriate for them, they will be assigned the available therapist who can best treat the identified condition.

The clinician completing the initial comprehensive assessment and service plan will make arrangements for the client to see their therapist. The client generally has the appointment scheduled when they complete their service plan.

OUTPATIENT THERAPY SERVICES, SUBSTANCE USE DISORDER, CO-OCCURRING

GCCP – 012

OAC 450:17-3-62; OAC 450:17-5-185

POLICY

GCBHS will provide outpatient therapy services for persons having substance use and co-occurring disorders. Eligibility for these services will not exclude an individual based on the following factors: an individual's past or present mental health issues including use of prescribed medications for such, substance abuse issues, or co-occurring disorder issues; an assumption of an individual's inability to benefit from treatment; a specific substance used by an individual or continued substance use; or an individual's level of success in prior

treatment. Co-occurring capable substance abuse therapy services are trauma-informed, gender sensitive, age appropriate, and culturally competent.

Services will be made primarily available to individuals, including family members and significant others to support the process of recovery. Persons living within the Muskogee and McIntosh counties will be identified for services first; as funding allows, others may be accepted. Persons presenting with substance abuse disorders will be given priority as follows:

- Pregnant, injecting drug users
- Pregnant, substance abusers
- Injecting drug users
- Women with dependent children
- Persons with HIV/AIDS or Hepatitis C Virus (HCV)
- Medical necessity

Tobacco use will also be addressed under the provisions of this policy. The effects of all forms of tobacco will be addressed as a treatment issue.

Incarcerated persons (those in penal or correctional institutions) shall not be eligible for substance abuse services.

PROCEDURE

Persons screened for these services are admitted under the same provisions as all other potential clients requesting services and will have an American Society of Addiction Medicine (ASAM) and Addiction Severity Index (ASI) completed as part of the initial evaluation/assessment/intake process. Accessibility for this section is the same as other persons presenting for services to the agency.

For persons identified as substance abusers or IV drug users, a face-to-face or telephone initial evaluation will be completed upon request to determine eligibility and screening for other needs. A face-to-face initial evaluation is preferred but, if it is not in the best interest of the individual, a telephone initial evaluation may be obtained.

Once an initial evaluation has been completed, if an individual is eligible for services, they will complete an intake for admission within thirty (30) days. If, through initial evaluation, it is determined that the individual meets criteria for residential treatment, the individual will be administered an ASAM to determine level of care needed. If the client agrees to residential treatment, the PICIS system will notify the clinician of bed availability. A multi-party consent to release will be obtained to coordinate the care with and/or on behalf of the individual seeking inpatient treatment.

Staff will maintain contact with the individual and provide interim services until placement is found.

These services shall include the following: substance use disorder education and case management services including linkage to support groups, and the provision of HIV/AIDS, Hepatitis C, and Tuberculosis (TB) education, training, and counseling services for drug dependent persons and the client's identified significant other. This may be accomplished through staff providing basic education and / or referring the person and their identified significant other to recognized agencies regarding the risk of sharing needles, tobacco use cessation education and risk of transmission of HIV/AIDS/HCV and TB to sexual partners and infants, so that transmissions do not occur.

The counseling may involve the person's significant others to help support their recovery. Referrals for additional counseling or testing will also be provided.

Interim services will be provided within forty-eight (48) hours to a pregnant woman if she cannot be immediately admitted. Interim services will include counseling, case management services, and a referral to the Muskogee Health Department for education and testing for HIV/AIDS, Hepatitis C, and Tuberculosis

(TB). If the individual is pregnant, she will be referred to the Muskogee County Health Department within 48 hours of the request for services for education on the effects of alcohol and drugs on a fetus and for further prenatal care. Educational materials are also available within our waiting room areas and from staff, if requested.

If the client or potential client requests or is deemed at risk through our screening services for TB, staff will refer the person to the local Health Department or to their identified PCP for testing, all aspects of treatment, and counseling services with respect to TB. This referral will be made even if the individual is denied admission to the agency due to lack of capacity to admit. Once an issue of TB is known, staff will implement infection control procedures as established by the Centers for Disease Control (CDC) to prevent the transmission of TB. At a minimum, these include the following: identification through screening of persons in high risk of becoming infected; appropriate reporting procedures as defined by law; case management services to advocate, link and refer to appropriate services for the treatment of TB. Counseling individuals as to the effects of TB and consequences of TB will be provided or arranged for.

As a part of the assessment, the client's level of nicotine dependence will also be identified. Tobacco dependence will be addressed as a treatment issue through the delivery of evidence-based behavioral interventions for tobacco use cessation. Counselors will also provide appropriate follow-up to facilitate cessation intervention and prevent relapse. Clients who request assistance with smoking cessation will be referred to the GCBHS medication clinic where they will be provided with health information on the impact of continued tobacco use and referral information for tobacco cessation programs, such as the Oklahoma Tobacco Helpline.

Staff providing Substance Abuse Specific services will complete ASI, TASI, and ASAM training. Persons identified for these services will be admitted for such services once the level of care, based on the ASAM has been completed. These same criteria will be administered during treatment and an ASAM will be completed upon discharge. Current standards of recognized care will be utilized to ensure a best practice model of treatment. These practices will include a strengths-based approach to case management services.

The clinician providing these services will ensure the client is either provided or referred for the following services and it will be documented in the person's permanent record:

- » Human Immunodeficiency Virus (HIV) education
- » Human Immunodeficiency Virus (HIV) testing
- » Human Immunodeficiency Virus (HIV) counseling
- » Sexually Transmitted Diseases (STD) education
- » Sexually Transmitted Diseases (STD) testing
- » Sexually Transmitted Diseases (STD) counseling
- » Acquired Immunodeficiency Syndrome (AIDS) education
- » Acquired Immunodeficiency Syndrome (AIDS) testing
- » Acquired Immunodeficiency Syndrome (AIDS) counseling

Furthermore, the clinician will seek explicit consent from the client to also provide for or refer their significant others for the following services and it will be documented in the person's permanent record:

- » Human Immunodeficiency Virus (HIV) education
- » Human Immunodeficiency Virus (HIV) testing
- » Human Immunodeficiency Virus (HIV) counseling
- » Sexually Transmitted Diseases (STD) education
- » Sexually Transmitted Diseases (STD) testing
- » Sexually Transmitted Diseases (STD) counseling
- » Acquired Immunodeficiency Syndrome (AIDS) education
- » Acquired Immunodeficiency Syndrome (AIDS) testing
- » Acquired Immunodeficiency Syndrome (AIDS) counseling

If the client refuses any of these identified services for themselves or their significant others the clinician will document in the client's clinical record the refusal.

Any and all test results related to these services will be given to medical records to make sure they become part of the electronic clinical record. These will be treated in a confidential manner consistent with state and federal statutes or regulations.

OKLAHOMA MEDICATION ASSISTED TREATMENT SERVICES (STATE TREATMENT RESPONSE)

GCCP – 013 ODMHSAS Contract SOW

POLICY

GCBHS will provide Ambulatory Withdrawal Management detoxification within an outpatient setting, directed by a physician and medical personnel including nurses for clients diagnosed with an Opioid Use Disorder (OUD).

All medical providers prescribing medications for the GCBHS OMAT program will have obtained specific training and waiver certification required to prescribe Buprenorphine and like medications, typically used for OUD. Furthermore, providers will be able to show proof of DEA waiver (an "X" will be visible on their prescribing license) and be on the registry for prescribing privileges.

Clinical Staff providing treatment in the GCBHS OMAT program will include:

- A LMHP who may or may not also be a LADC; and/or
- A LMHP Candidate; and,
- A Behavioral Health Case Manager; and
- A Peer recovery Support Specialist
- A Licensed Nurse
- A Medical Provider

Staff must also be able to demonstrate knowledge and applicability in the following areas:

- Practical Use of the Matrix Model;
- Contingency Management Model;
- Recognition and understanding signs and symptoms of relapse;
- Both Federal and State regulations related to Medication Assisted Treatment;
- Completion of all required documentation for each client in the program;
- Both Federal and State requirements related to confidentiality of substance use disorders

Staff will be trained in one or more of the evidenced based practices identified in the State Treatment Response which include, but may not be limited to: Seeking Safety, Community Reinforcement Approach, Adolescent Community Reinforcement Approach, and Celebrating and/or Strengthening Families.

With informed consent, GCBHS staff will be proactive in engaging family members and/or significant others in the client's treatment process. It is also expected that clients in the MAT program will be offered and have access to an array of substance use disorders services and supports specific to opioid use disorders to include adjunctive medication assisted treatment (MAT) and long-term withdrawal management.

GCBHS shall have formal partnerships, as demonstrated through MOUs or other documentation, with other agencies and social service providers in the area identifying GCBHS as a potential referral source for MAT services.

GCBHS shall provide therapeutic services for youth ages 12 and older and adults with distinctive treatment needs including, but not limited to:

- » Individuals with a history of OUD,
- » Individuals with an OUD,
- » Individuals with a co-occurring disorder and an OUD,
- » Individuals who are coming out of jail or prison,
- » Individuals who are homeless, or without permanent housing,

PROCEDURE

GCBHS initial evaluation and assessment staff will pre-screen all clients for eligibility in the following manner:

- » Completion of initial evaluation paperwork; and
- » Detailed explanation of available services and obtain informed consent and OMAT consent; and
- » Completion of required initial evaluation and pre-assessment documentation (complete PCL5, PHQ9, etc.) and
- » Schedule or complete ASI / ODASL or ASAM; and
- » Schedule appointment with MAT Team and obtain appointment with medication clinic; and
- » Comprehensive assessment, service plan, and diagnosis is completed with therapist on MAT Team; and
- » Complete appropriate GPRA assessment

Clinical team will incorporate a variety of treatment approaches as part of a holistic approach to treatment. These may include: Individual and group therapy, family therapy (when part of a family unit), rehabilitation services including wellness and peer support.

If clinical criteria are met and the client agrees to engage in the MAT program the following procedures for medication clinic will include:

- » The nurse will complete initial assessment and review the Suboxone medication education with the client;
- » Completion of the Clinical Opioid Withdrawal Scale (COWS); and
- » The client will see the MD at the initial visit for assessment and initial dose of medication;
- » If medication is prescribed and the medical provider so ordered, the nurse will provide NARCAN education and provide client and / or family with a Narcan nasal Spray kit;
- » Medication will be dispersed through the on-site pharmacy;
- » Clients will be seen in the clinic each Wednesday but may access the nurse at other times;
- » Client must agree to random drug screens;
- » Client must attend all clinical appointments in order to remain in the Suboxone clinic

Discontinuation of Medication (not treatment)

- » If the client refuses a drug screen or if drug screen is consistently positive for opioids or illicit substances;
- » If the client chooses to no longer participate;
- » If a client gets into legal trouble and obtains any felony charges;
- » If chronic medical conditions prevent the use of Suboxone during medical treatment;
- » If client has adverse effects from medication;
- » If drug tests or pharmacogenetic tests reveal non-compliance;
- » If client fails to attend appointments;
- » If client fills opioid medications as verified thru PMP;
- » If proof is obtained that client has sold their Suboxone and not taken it as prescribed.

MEDICATION CLINIC SERVICES

GCCP – 014

OAC 450:17-3-81

POLICY

GCBHS provides Medication Clinic as an adjunct service for clients involved in other therapeutic services. This service shall be co-occurring capable and utilize acceptable guidelines for psychopharmacological management of co-occurring disorders.

Comprehensive pharmacological / medication services will minimally include:

- » Prescribing and/or administering of medication;
- » Evaluation and assessment to the medication services provided;
- » Medication orders and administration;
- » Medication orders and prescriptions shall be written by the following staff:
 - Licensed physicians
 - Medical residents
 - Consultant physicians
 - Physician's Assistants, consistent with state and federal law
 - Nurse Practitioners, consistent with state and federal law
- » Evaluation and/or monitoring of medication;
- » Assessment of benefits or side effects of prescribed medication;
- » The client's compliance and satisfaction with the prescribed medication; and,
- » Adjustment of medications and/or dosages as clinically indicated.

A list of providers authorized to prescribe medications shall be maintained and updated regularly.

A list of licensed staff authorized to administer medications will be maintained and updated regularly. Only authorized licensed staff will administer medications.

Medication Clinic may be operated five days a week. The needs or preferences of the client are also addressed during these visits. Clients and/or client's family members attending Medication Clinic receive medication education and/or support from the medical clinic staff and / or providers.

PROCEDURE

Clients may be referred to medication clinic at various times. Typically, the first appointment is made upon completion of the initial evaluation, once the client is eligible and agrees to services. Medication Clinic appointments for new clients are scheduled within 14 days of first visit.

At each visit medication clinic staff will provide for an assessment of each client's condition and obtains vital signs. Pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be obtained during assessment, and updated when required by virtue of new information. This information is highly visible in the record.

After clients have met with the nursing staff, they are then seen by a provider. Medication orders are sent electronically to the pharmacy of the client's choice. If the client utilizes our internal pharmacy, they are able to get their medications before they leave. Clients are given a return appointment when they complete their visit with the provider.

The provider discusses effectiveness of medications and assists with any questions the client may have. Upon the client's request, family members or significant others may also discuss client needs with the provider. Additionally, a PRSS or other clinic staff is available to assist the client and/or family with needs. After visiting with the provider, the client may also see the staff in the Patient Assistance Program (PAP). This program assists with low cost or no cost medications for the client.

MEDICATION CLINIC, MEDICATION MONITORING

GCCP – 015
OAC 450:17-3-82

POLICY

To ensure medication effectiveness and safety to the people we serve, GCBHS regularly monitors medication administration, storage and control, and client reactions to medications.

A medication record shall be maintained on all clients who receive medications or prescriptions through our clinic, and it shall be a concise and accurate record of the medications the client is receiving or been prescribed.

All medication is stored in the licensed pharmacy, housed in our building. GCBHS staff is not responsible for the storage, accountability or dispensing of any medications.

PROCEDURE

Medication orders and administration shall follow these procedures:

- » Medical Providers will see and determine what medications are the most appropriate for the identified client;
(Only licensed staff physicians, physician assistants, and nurse practitioners shall write medication orders. Telephone or verbal orders may be recorded by qualified staff only and shall be used only in emergency situations.)
- » The prescription is sent, electronically to the client's preferred pharmacy.
- » If the prescription is to be filled here, the client receives their medication before they leave the same day.
- » All medications are kept in Hunter's Pharmacy, our contracted provider of pharmacy services. Hunter's Pharmacy is responsible for making sure that medications are kept in locked, non-client accessible areas. The storage area meets pharmacy standards regulated by the State Board of Pharmacy.
- » Telephone numbers of state poison control are immediately available in all areas where medications are prescribed, administered, and/or stored.
- » GCBHS' Medical Director, a qualified physician, supervises the preparation and stock of our emergency kits, which are readily available, but only accessible to nursing and pharmacy staff. Documentation by the qualified physician shall clearly indicate that the supervision has been performed.
- » Medication orders become part of the client's permanent record.
- » A list of staff members authorized to administer medications shall be maintained and regularly updated. Written procedures for medication administration shall be posted in all medication storage areas and shall be made available to all staff authorized to administer medications. These procedures shall include:
 - A. A standardized list of abbreviations and symbols.
 - B. Documentation in client records of all medications administered, drug reactions and allergies, and medication errors.
 - C. If applicable, specified time frames for automatic stop orders on all medications.

MEDICATION CLINIC, ERROR RATES

GCCP – 016

OAC 450:17-3-83

POLICY

To ensure medication effectiveness and safety to the people we serve, GCBHS monitors medication error rates.

Examples of medication errors include, but are not limited to the following:

1. Not following the five (5) rights of medications,
2. Duplication of medication that has already been administered,
3. Omission of an ordered medication,
4. Giving a medication that has been discontinued,
5. Failure to check physician's orders, take an apical pulse, blood pressure, or check appropriate lab levels ordered by the physician prior to giving medications.
6. Allowing another client access to medications prescribed for someone else.

PROCEDURE

If an error in medication prescription, dispensing, or administration is found to have occurred medication clinic staff will follow the following procedures:

- » The employee will immediately report all medication errors to the Director of Nursing who will contact and follow orders from the Medical Director.
- » The client's condition will be assessed, and emergency medical intervention will be taken if so advised by the Medical Director.
- » All medication errors will be documented on a Critical Incident Report and a Medication Error Report. The Critical Incident Report will be completed within 24 hours of the medication error occurrence and forwarded to the Director of Nursing for review. The Critical Incident Report will then be reviewed at the next scheduled Continuous Quality Improvement (CQI) meeting. The CQI Committee will make recommendations for improvement in the quality care of the client and will forward the recommendation to the supervisor of the employee making the error. The Medication Error Report is to be completed within 24 hours of the medication error occurrence and forwarded on to the Medication Clinic Supervisor.
- » The Medication Error Report will be maintained in a book located in the Medication Clinic.
- » Employees will be counseled after each medication error. Three or more medication errors in a calendar year, not including documentation errors, may result in disciplinary actions. Medication errors that endanger the client's life or actually cause the client harm may result in immediate termination of employment.

PHARMACY SERVICES

GCCP – 017

OAC 450: 17-3-85

POLICY

GCBHS has a contract and a Business Associate Agreement (BAA) with Hunter's Precision Rx Pharmacy dba Hunter's Green Country Pharmacy, fully licensed by the State of Oklahoma, to meet the psychiatric medication needs of the people we serve. They operate a fully licensed pharmacy and rent space from GCBHS. They are co-located within our facilities.

CASE MANAGEMENT SERVICES

GCCP – 018

OAC 450:17-3-101; OAC 450:17-5-183

POLICY

GCBHS will offer case management/ targeted case management services to all eligible persons presenting for services. Case Management efforts shall empower clients to access and use needed services and meet self-determined goals. Case management services include resource skills development and client advocacy provided in various settings based upon client need.

Case Management services shall be offered to all adults who have a serious mental illness and to each child (or their parent / guardian) with serious emotional disturbance.

Case Management services shall be co-occurring capable and trauma informed. Frequency of service delivery will be based upon client needs.

Case Management services shall be planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with the client to support the client in self-sufficiency and community tenure. Case Management will provide appropriate care coordination in accordance with OAC 450:17-5-183.

PROCEDURE

A strengths-based, Person-Centered and Family Centered service assessment is gathered through the screening and comprehensive assessment process to assist in the service plan development process.

Information gathered and evaluated for the client shall include the following:

- » The client's level of functioning within the community;
- » The client's job skills and potential; and/or educational needs;
- » The client's strengths and resources;
- » The client's present living situation and support system;
- » The client's use of substances and orientation to changes related to substance use;
- » The client's medical and health status;
- » The client's needs or problems that interfere with the ability to successfully function in the community;
- » The client's goals.

The case management care plan is developed with these needs in mind. This becomes part of the overall individualized services plan the client has developed with their case manager and clinician(s).

The case manager will assist with referral, linkage, and advocacy in gaining access to appropriate community resources.

The case manager will gather proper releases to contact other individuals and organizations that influence the client's relationship in the community. These may include family members, law enforcement personnel, landlords, etc.

The case manager will monitor, and support services identified in the individual services plan and reassess goals and objectives and assess progress and / or barriers to progress. If the service plan needs to be modified, the case manager will assist the client in the development of goals and objectives and an addendum will be completed by an LBHP or Licensure Candidate.

A case manager will follow-up with the client if they miss any scheduled appointments (these include physician/ medication, therapy, rehabilitation, or other supportive service appointments as delineated on the services plan.

The case manager, (who have all be trained in crisis diversion techniques), will provide crisis diversion, as needed. Crisis diversion includes any unanticipated, unscheduled situations requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelmingly and severely impair the client’s ability to function or maintain in the community and to assist the client from progressing to a higher level of care.

CASE MANAGEMENT SERVICES, LOCALE AND FREQUENCY

GCCP – 019
OAC 450:17-3-102

POLICY

Case Management services shall be provided within the community settings; the residence of the client; or any other appropriate settings, based on the client’s needs.

The case manager must contact the client, at least on a monthly basis unless otherwise indicated in the services plan.

PROCEDURE

The initial meeting between a case manager and a client should take place in the office. Subsequent meetings may be held in a community setting, the home of the client, or any other appropriate setting, based on the client’s needs.

If the case manager is unable to make face to face contact with the client, at least once monthly, reasons shall be clearly documented in the chart.

CASE MANAGEMENT SERVICES FOR CLIENTS ADMITTED TO HIGHER LEVELS OF CARE

GCCP – 020
OAC 450:17-3-103.

POLICY

Case Managers shall maintain contact with clients who are receiving a higher level of care within inpatient psychiatric units, Community Based Structured Crisis Centers (CBSCC), or twenty-four (24) hour settings providing substance use disorder treatment.

GCBHS will assign at least one staff member who is responsible for linkage between inpatient psychiatric units, CBSCCs, and / or the substance use disorder treatment facility and GCBHS.

Case managers from GCBHS shall assist the client and inpatient psychiatric facility, CBSCC, and/or twenty-four (24) hour substance use disorder treatment facility with discharge planning for clients returning to the community.

Clients discharged from an inpatient psychiatric facility, CBSCC, or twenty-four (24) hour substance use disorder treatment facility to GCBHS shall be offered case management and supportive services as soon as possible, but shall not exceed one-week post discharge. Exceptions to this requirement shall be granted only when the circumstance is documented and well justified.

PROCEDURE

The case manager assigned to follow-up and linkage for new and existing clients will provide, at a minimum the following activities, pursuant to appropriately signed releases and adherence to applicable privacy provisions:

- » Regular visits or communication with the psychiatric inpatient unit, CBSCC and /or substance use disorder treatment facility about hospitalized clients and / or clients in facility-based substance abuse treatment facilities from GCBHS' service area.
- » The GCBHS case manager will be responsible for providing knowledge and communication to other GCBHS clinical staff regarding psychiatric unit admits, CBSCC admits, and/ substance use disorder treatment facility admits of existing clients or potential clients. This will occur at a weekly clinical staffing or earlier if the situation calls for immediate attention.
- » GCBHS case managers will assist in the discharge planning for current clients or those returning to the community from psychiatric inpatient units, CBSCCs and / or substance use disorder treatment facilities.
- » Case management and other supportive services will be offered to clients from GCBHS's community that are discharging from inpatient psychiatric facilities, CBSCCs, and / or substance abuse treatment facilities as soon as possible and no later than one week from the time the client discharges unless well justified circumstances are present and documented.

CASE MANAGEMENT SERVICES, STAFF CREDENTIALS

GCCP - 021

OAC 450:17-3-106

POLICY

GCBHS staff providing case management services will meet one of the following qualifications:

- » A licensed behavioral health professional (LBHP) or LMHP;
- » A licensure candidate,
- » A certified alcohol and drug counselor or licensed alcohol and drug counselor,
- » A certified behavioral health case manager, pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

The site supervisor at each facility who directly oversees two or more full time certified behavioral health case managers who provide case management services as part of their regular duties, must also be a certified case manager as defined in Oklahoma Administrative Code, Title 450, Chapter 50, or meet qualifications to provide case management services.

PROCEDURE

During the hiring process for the case manager position all bachelor level staff interviewed must meet educational criteria to become certified as a behavioral health case manager.

New staff are required to complete this certification within 90 days of hire, unless extenuating circumstances intervene. In this case, the Department supervisor will staff with the Clinical Director to get permission for continued employment.

Staff who are certified must maintain certification through the ODMHSAS on an annual basis, or as prescribed by the ODMHSAS.

Certificates of on-going certification are kept in the staff person's personnel file.

PSYCHIATRIC REHABILITATION SERVICES INDIVIDUAL AND GROUP REHABILITATION

GCCP – 022

OAC 450:17-3-141; OAC 450:17-3-147; OAC 450:17-5-187

POLICY

GCBHS offers individual and group rehabilitation services to children with Serious Emotional Disturbance and adults with Serious Mental Illness to help with activities of daily living, self-care, social skills development, education on recovery principles and practices encouraging wellness activities to reduce stress, teaching coping skills and aiding in community integration.

Services are client centered, are defined by an individualized treatment plan with specific recovery-oriented objectives for individual and/or group rehabilitative services and are provided without regard to the individual's ability to pay. Services will be co-occurring disorder capable and facilitate processes for dual recovery and staff shall have working knowledge of how past trauma issues impact the process of recovery. These services shall be designed to provide an array of services that focus on long-term recovery and maximization of self-sufficiency, role functioning, and independence and community tenure.

Staff eligible to provide individual and group rehabilitation services are those who have been clinically privileged by GCBHS and have received approval under the guidelines established by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for the following: Behavioral Health Case Manager (BHCM), Licensed Behavioral Health Provider (LBHP) or Licensed Mental Health Provider (LMHP) or Licensure Candidate.

PROCEDURE

Individual rehabilitation services will be provided one on one in a confidential setting for children who are younger than eighteen (18) years of age who may meet some or all of the following criteria: seriously emotional disturbed, at-risk for relapse for substance use/abuse/dependence, experiencing trauma symptoms, abuse survivor, inability to maintain in a childcare setting, at risk for hospitalization or a higher level of care than outpatient services, truancy, school suspension, difficulty regulating emotions/behaviors and those struggling with issues of homelessness.

Individual rehabilitation services for adults eighteen (18) or older will be provided one on one in a confidential setting for those who may need help addressing all or some of the following: risk for hospitalization or a higher level of care than outpatient treatment, previous inpatient hospitalizations, symptoms of persistent mental illness, relational/peer issues, relapse prevention for those with substance use/abuse/dependence issues, trauma symptoms, abuse survivor, medication side effects, financial issues, community integration, dietary wellness education, and homelessness.

Families and those persons identified as part of the individual's support system may be involved when the focus of the session is on symptom/behavior management, diagnosis and recovery principles. A client advocate form giving consent will need to be signed by the adult client and/or by the guardian(s)/parent(s) for those who are under a legal guardianship established by the court. Parent(s) or guardian(s) of a minor child will need to provide consent and sign a treatment advocate form if someone other than a family member will be involved in the minor's treatment.

Group rehabilitative services for children and adults will be provided face to face, in a confidential setting, and be goal directed. Treatment focus and service delivery for these groups are guided by a client's individualized treatment plan and are centered on curriculum-based education and skills learning. Group limits for children under the age of eighteen years is one (1) staff member to eight (8) clients and for adults eighteen years or older the ratio is one (1) staff member to fourteen (14) clients. Group rehabilitation services may focus on skill development, supportive services, psychoeducation for improved community integration, lifestyle changes, relapse prevention, peer relations, improved daily functioning and symptom management.

Staff providing individual and group rehabilitation services to adults and children will ensure that services are provided with the following core principles in mind:

- » Recovery is the ultimate goal of psychiatric rehabilitation. Interventions must facilitate the process of recovery.
- » Psychiatric rehabilitation practices help people re-establish normal roles in the community and their integration into community life.
- » Psychiatric rehabilitation practices facilitate the development of personal supportive networks.
- » Psychiatric rehabilitation practices facilitate an enhanced quality of life for persons receiving services.
- » People have the capacity to learn and grow.
- » People receiving services have a right to direct their own affairs, including those related to their psychiatric disability.
- » People are to be treated with respect and dignity.
- » GCBHS staff make conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition.
- » Culture and ethnicity play an important role in recovery. They are sources of strength and enrichment for the person and the services.
- » Psychiatric rehabilitation interventions build on the strengths of each person.
- » Psychiatric rehabilitation services are coordinated, accessible and available to each person as long as needed.
- » Psychiatric rehabilitation services are designed to address the unique needs of each individual consistent with the individual's cultural values and norms.
- » Psychiatric rehabilitation services actively encourage and support the individual being involved in normal community activities such as school and work throughout the rehabilitation process
- » Psychiatric rehabilitation staff understand that partnerships with those receiving services and family members are essential to the process of rehabilitation and recovery.
- » Psychiatric rehabilitation staff will consistently strive to improve the services they provide.

SERVICES TO HOMELESS INDIVIDUALS

GCCP – 023
OAC 450:17-3-161

POLICY

GCBHS shall provide the following services to homeless individuals, within our service area, including those experiencing chronic homelessness and who have a serious mental illness, including co-occurring substance use disorders:

- » Linkage and contacts with local emergency services, shelters, state-operated psychiatric inpatient unit, CBSCCs, Urgent Recovery Clinics and any other organizations which may be in contact with homeless persons;
- » Linkage and contacts with local housing authorities;

- » Contact and work with homeless who have a serious mental illness to assist with accessing behavioral health services, income benefit programs, and housing programs, among other services.

PROCEDURE

GCBHS will ensure that all staff has information related to accessibility for homeless persons. However, the screening staff and case managers have the most opportunity to intervene and link individuals to needed services.

As staff becomes aware of the need and request for housing or shelter they begin working on referrals to agencies such as the Gospel Rescue Mission and/or Salvation Army for shelter, food and clothing.

In addition, staff will refer homeless individuals to one of the local food pantries, DHS office, HUD office and/or other agencies that may be of assistance to such individuals. Persons who want or require physical examination, medical care, and/or other services are assisted with a referral regardless of their status with GCBHS.

Other local resources may include: Good Shepherd Clinic, Muskogee and McIntosh County Health Departments, St Francis Health System, and local FQHC's.

PEER RECOVERY SUPPORT SERVICES STAFF REQUIREMENTS, LOCALE and FREQUENCY

GCCP – 024

OAC 450:17-3-191; OAC 450:17-3-192; OAC 450:17-3-193; OAC 450:17-5-188

POLICY

Peer recovery support services (PRSS) are provided as a program integrated within the overall structure of GCBHS. Services provided by our PRSSs are offered to children ages 16 and 17 with serious emotional disturbances (SED), and adults age 18 and older with serious mental illness (SMI), including co-occurring disorders. Peer support services will be offered to all clients along with their family members.

As with all services, these also are trauma informed, client-centered, and culturally competent and include persons with co-occurring needs.

The Peer Recovery Support Specialist (PRSS) is someone with lived experience and has been in recovery. The PRSS must be willing to share their story of recovery with the persons with whom they are working. The PRSS will meet all applicable employment conditions as any other employee of GCBHS. The PRSS must be certified through the ODMHSAS training program and certified as a Peer Recovery Support Specialist pursuant to Oklahoma Administrative Code, Title 450, Chapter 53, pass the examination, and maintain the certification throughout their employment. Supervision will be provided by designated departmental supervisors with ultimate guidance from the Clinical Director.

The PRSS will attend clinical staffing as part of their supervision and as required of all direct care providers. They are expected to provide services as their code of ethics and competencies allow just like all other direct care providers employed by GCBHS.

The PRSS will have knowledge about our services and other ancillary services the client may need. The PRSS serves as an advocate to the client. The PRSS's primary role is to assist clients in regaining control of their lives and assist them through the recovery process.

PROCEDURE

These services may be provided in various locations. This is primarily a face-to-face service; however, we realize and accept that there may be times when a phone contact is necessary to assist the client achieve his/her goals.

PRSS services are provided when a person initially enters the clinic. A PRSS may assist new clients in completing paperwork or help them navigate through the screening and assessment process.

The PRSS understands and ensures that services shall:

- » Follow an individualized, recovery-focused service philosophy that allows individuals the opportunity to learn to manage their own recovery and advocacy process;
- » Recognize the unique value of services provided by persons with lived experience who are able to demonstrate his or her own hopefulness and recovery;
- » Enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community, including but not limited to assisting re-entry into the community after hospitalization or upon discharge from an institutional setting.

Additionally, GCBHS expects that the Peer Recovery Support Specialists can demonstrate the following skills in the provision of services:

- » Teach and mentor the value of every individual's recovery experience;
- » Model effective coping techniques and self-help strategies;
- » Assist in articulating personal goals and objectives for meeting goals for recovery;
- » Facilitate peer support groups;
- » Assist in creating crisis plans;
- » Teach problem solving techniques;
- » Assist in overcoming job-related anxiety.

WELLNESS SERVICES AND RELATED ACTIVITIES

GCCP – 025
OAC 450:17-3-201

POLICY

GCBHS recognizes the importance of wellness activities in improving overall health and well-being, decreasing the incidence of diseases, adding to the overall life span longevity, and improving productivity and outlook. GCBHS encourages agency employees to model wellness activities and provide wellness services for our clients.

GCBHS endorses wellness activities to promote and support a healthy lifestyle, along with behavioral changes. These wellness services are client driven and encourage a recovery philosophy that supports and promotes healthy lifestyles and behaviors, which may include but not be limited to, smoking cessation activities, exercise, stress management, and education on nutrition.

These services must be individualized and recovery-focused to allow our clients the opportunity to learn to manage their own wellness.

Wellness services may be provided in an individual or group format. Individual services are face to face to provide education, information, techniques, and activities to help clients begin to address and manage their own wellness needs, including dietary wellness. Group wellness services are provided face to face with a ratio of one staff to a maximum of ten (10) clients.

Staff providing wellness services must be credentialed by ODMHSAS as a Wellness Coach. Documentation of Wellness Coach certifications are maintained in staff's personnel files.

PROCEDURE

Throughout the process of initial evaluation, assessment, service planning and on-going services, staff assist those we serve in understanding our philosophy of wellness.

Initial evaluation and assessment staff seek to learn physical challenges in addition to mental and substance use concerns and provide information about complete holistic wellness. We encourage clients to include wellness goals into their service plan. Additionally, we see tobacco/nicotine use as a treatment issue and inform clients of opportunities we have to help them stop smoking.

The following wellness issues are discussed with clients; however, this list is not all-inclusive:

- » mental and emotional health;
- » exercise;
- » smoking cessation;
- » lifestyle changes;
- » triggers for overeating;
- » triggers for drug/alcohol use/abuse;
- » stress reduction;
- » heart disease;
- » diabetes education;
- » lifespan calculators based on risk factors;
- » daily calorie/nutritional needs; and
- » psychotropic medication effects on overall health.

COMMUNITY-BASED MENTAL HEALTH CARE FOR MEMBERS OF THE ARMED FORCES AND VETERANS

GCCP – 026
OAC 450:17-5-189

POLICY

The GCBHS main office is located in the City of Muskogee, which is also the site of the Eastern Oklahoma VA Health Care Center. Veterans' medical and behavioral health are important to our agency and our community and GCBHS serves the VA as their contracted Employee Assistance Program service provider. Additionally, the VA Health Center's Chief Chaplain serves on the GCBHS Board of Directors and provides management and board members vital information regarding the service needs of this population.

GCBHS screens all individuals inquiring about services for current or past service in the US Armed Forces.

Intensive, community-based behavioral health care is provided for members of the US Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more from a Military Treatment Facility (MTF) and veterans living 40 miles or more from a VA medical facility.

GCBHS care for veterans shall be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including guidelines contained in the Uniform Mental Health Services Handbook of such Administration. Clinical care and services for veterans will adhere to SAMHSA's definition and guiding principles of recovery, VHA recovery, and other VHA guidelines.

GCBHS will ensure that every veteran receiving behavioral health services is assigned a Principal Behavioral Health Provider (PBHP) which will be made clear to the veteran and identified in the medical record.

Every veteran receiving services at GCBHS will be assigned one principal therapist or PBHP who will communicate with the veteran about their treatment plan and address any concerns for treatment. The principal therapist or PBHP will be identified on the treatment plan and client records will exhibit regular contact between the veteran and PBHP that reflects the objectives and goals identified on their treatment plan. In providing intensive, community-based behavioral health care for members of the US Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more from a Military Treatment Facility (MTF) and veterans living 40 miles or more from a VA medical facility, GCBHS will ensure the following requirements are fulfilled:

1. Regular contact is maintained with the veteran as clinically indicated by the treatment plan as long as ongoing care is required;
2. A medical provider with psychiatric experience, meeting the current requirements of the VHA Uniform Mental Health Services Handbook, reviews and reconciles each veteran's psychiatric medications on a regular basis;
3. Coordination and development of the veteran's treatment plan incorporates input from the veteran, and veteran's family when allowed and appropriate. The treatment plan will reflect the veteran's goals, preferences of care, and consent of the veteran and/or treatment advocate. The veteran will have the opportunity to designate a treatment advocate with proper consent, including consent to confidentiality of treatment. One Principal Behavioral Health Provider will be identified for each veteran on the treatment plan;
4. Implementation of the treatment plan is monitored and documented, including tracking progress in the care delivered, outcomes achieved, and the goals attained;
5. The treatment plan is revised, as necessary, but no less than once every six (6) months;
6. The principal therapist or Principal Behavioral Health Provider communicates with the veteran about the treatment plan and addresses the veteran's concerns about his or her care. For veterans who are at high risk of losing decision-making capacity, such as those with a diagnosis of schizophrenia or schizoaffective disorder, such communications need to include discussions regarding future behavioral health care treatment.
7. The treatment plan reflects the veteran's goals and preferences for care and that the veteran verbally consents to the treatment plan in accordance with VHA Handbook requirements. For veterans who have been determined to lack capacity, GCBHS staff will provide care coordination with the veteran in identifying an authorized surrogate and document the surrogate's consent to confidentiality of treatment and/or treatment plan.

The following guidelines will be followed:

1. Active Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) will be contacted by GCBHS regarding referrals outside the MTF.
2. ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour's drive time) from a military hospital or military clinic may enroll in TRICARE PRIME Remote and use the network PCM, or select any other authorized TRICARE provider as the PCM. The PCM refers the member to specialists for care he or she cannot provide; and works with the regional managed care support contractor for referrals/ authorizations;

3. Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE authorized provider, network or non-network.
4. Persons affirming former military service (veterans) are offered assistance to enroll in VHA for the delivery of health and behavioral health services. Veterans who decline or are ineligible for VHA services will be served by GCBHS consistent with minimum clinical guidelines contained in the Uniform Mental Health Services Handbook.

CERTIFICATION FOR CRISIS STABILIZATION SERVICES

GCCP – 027
OAC 450:17-5-81

POLICY

GCBHS operates a locked, community-based crisis stabilization center on a 24 hour per day, seven days per week, 365 days per year basis. Our Crisis Unit is a 15-bed unit certified through the ODMHSAS and is compliant with Oklahoma Administrative Code Title 450, Chapter 23, Standards and Criteria for a Community-based Structured Crisis Center.

PROCEDURE

The Crisis Unit will have its own Policy and Procedure Manual and the Human Resources Department will ensure that all employees, both new and established, have access to the manual.

The unit will be adequately staffed to meet the needs of the clients, the needs of the agency, and provide a safe working environment for the staff.

CLINICAL RECORD KEEPING

GCCP – 028
OAC 450:17-7-1; OAC 450:17-5-190

POLICY

GCBHS maintains an organized clinical electronic medical record (EMR) system for the collection and documentation of information appropriate to the treatment process which insures organized, easily retrievable, usable clinical records stored under confidential conditions with planned retention and disposition. This documentation may consist of a physical chart and/or an electronic chart.

The manner in which information is gathered, stored, and used will meet the standards for the highest level of protection. GCBHS' vendor for electronic health records meets or exceeds all requirements for the HITECH laws.

Due to the fact that our client records are all electronic; all entries are legible. Staff is required to "sign" with an electronic PIN number that is compatible to that staff's signature (that is, signed with first and last name). When a client is entered into the EMR system their name and member identification number populate throughout their chart.

PROCEDURE

At all levels of client involvement, the clinical staff providing a service is responsible for documenting the matters of the services. Clinical staff are responsible for the completeness and accuracy of the documentation.

Upon orientation, during initial training, and throughout the clinician's tenure at GCBHS; there are opportunities for chart review and feedback to the clinician of how they are doing in regard to documentation.

The specific procedures for various record keeping are outlined in the following policies.

Retention

GCBHS will keep all records containing client PHI for a period of at least seven (7) years from the last date of service. Records of adult clients are maintained by GCBHS for seven (7) years from the date of the last service provided. Records of minors are maintained for at least seven (7) years after the date on which the client reaches the age of maturity.

Destruction of Client Records:

Once a month, the Medical Records Supervisor reviews all terminated charts and compiles a roster of charts that are to be destroyed. The Medical Records Supervisor is responsible for ensuring that the destruction of records is completed in a timely manner.

GCBHS utilizes a commercial business for the destruction of client records. We have a binding contract that assures they meet all state and federal guidelines for the safe destruction of protected health information.

After the appropriate retention period, all data that is not incorporated into a client chart or non-client chart, except for Report of Contact forms, is shredded. If a record due for destruction is known to be the subject of a request for information, or potential legal action against the organization, destruction should be delayed until disclosure has taken place or has been exhausted or the legal process completed. Record storage, retention, and destruction requirements will adhere to the ODMHSAS records disposition schedule.

Before any person can be admitted for voluntary treatment, a signed consent for treatment shall be obtained. A signed consent for follow-up shall be obtained before any contact after discharge can be made. This consent is obtained during the assessment process. Refusal of follow-up services upon discharge will not affect treatment.

BASIC REQUIREMENTS

GCCP – 029

OAC 450:17-7-3; OAC 450:17-7-4; OAC 450:17-7-5; OAC 450:17-7-5.1;

OAC 450:17-7-8; OAC 450:17-7-9

POLICY

GCBHS maintains an organized clinical record system for the collection and documentation of information appropriate to the treatment process which insures organized, easily retrievable, usable clinical records stored under confidential conditions with planned retention and disposition. This documentation may consist of a physical chart and/or an electronic chart. All client records are done through an electronic system; therefore, legible entries are easily identified. Both staff and clients "sign" their names with a Pin Number. Client names appear on each "page" of the record.

Before any person can be admitted for voluntary treatment, a signed consent for treatment shall be obtained. A signed consent for follow-up shall be obtained before any contact after discharge can be made. This consent is obtained during the assessment process. Refusal of follow-up services upon discharge will not affect treatment.

The manner in which information is gathered, stored, and used will meet the standards for the highest level of protection. GCBHS' vendor for electronic health records meets or exceeds all requirements for the Health Information Technology for Economic and Clinical Health Act (HITECH) laws.

GCBHS shall assure that client records are readily accessible to staff providing services. During the initial orientation process, staff is informed about accessing clinical records and the "need to know." Ethical and legal concerns are discussed as well as the purpose of the record and the use of the records. The HIPAA privacy officer conducts this training. Documentation of the training is kept in the staff's personnel file.

Access to protected health information shall be limited to the minimum necessary to carry out the staff person's job functions or the purpose for the use of the records. Restricted charts are identified, and access only given to those staff with privilege to have access to these charts.

Additionally, if a client asks for their chart be specifically restricted from staff; then the Medical Records Supervisor "controls" that restriction and grants access only as needed and for identified staff. (the CEO, Clinical Director, and staff doing crisis intervention has access to all records, unless specifically restricted by client).

The Continuous Quality Improvement (CQI) team will periodically run reports and identify if this has occurred. It will be documented in the CQI minutes as well.

PROCEDURE

When a person comes for screening, clinical staff explain treatment services. The person must be willing to sign a consent for voluntary treatment before we complete the assessment and service plan.

Additionally, we encourage clients to allow us to follow-up with them upon discharge. This helps us gauge not only how the person is doing but also may identify areas we could improve upon. If the person would rather, we not contact them upon discharge, that preference will be followed. Treatment or service delivery is not affected one way or the other.

Clinical staff will ensure that the following basic requirements have been met:

Initial Evaluation and Assessment

- » Documentation of face-to-face screening with details of how the client was assisted to identify goals, how the client received an integrated screening to identify both immediate and on-going needs, and how the client was assisted to determine appropriateness of admission, and/or referral to other appropriate services; and
- » Documentation that appropriate admission and demographic information was gathered; and
- » A psychological-social assessment will be completed, gathering sufficient information to assist the client in developing an individual service plan.

The integrated screening shall include, at a minimum, the following:

- » Basic demographic information;
- » Referral source;
- » Reason for referral;
- » Emergency contact;
- » Emergent / immediate needs;
- » Behavioral and/or Substance use/abuse/dependence concerns;
- » Suicidal/Homicidal ideations, actions or plans;
- » Trauma symptoms/events;
- » Tobacco/Nicotine use/dependence along with tobacco cessation
- » Gambling issues; and,
- » Homelessness concerns.

The psychological assessment shall include, at a minimum:

- » Behavioral information, including substance use, abuse, and dependence;
- » Emotional information, including issue related to past and/or current trauma;
- » Physical health history and current or past biomedical conditions and complications;
- » Social and recreational information;
- » Vocational status, both current and past and military history;
- » Identification of the client's strengths, needs, abilities, and preferences (SNAP);
- » History of the presenting problem;
- » Previous treatment history, to include mental health and substance use/abuse/dependence;
- » Family and social history, including alcohol and drug use;
- » Educational attainment, difficulties, and history;
- » Cultural and religious orientation;
- » Sexual history, including HIV, AIDS and STD at-risk behaviors;
- » Marital or significant other relationship history;
- » Legal concerns, both current and history;
- » Present living arrangement;
- » Current support system including peer and other recovery supports;
- » Medications, including OTC, both current and recent history; and
- » Expectations in terms of services;
- » Preliminary diagnostic information;
- » What the client wants in terms of treatment; and,
- » Preliminary plans for discharge.

On-Going Assessment

Clinicians will complete an assessment and update the service plan at least every six months. Circumstances may require that an update to the assessment and services plan is completed before the six-month update. Nevertheless, a Client Assessment Record (CAR) is completed anytime a service plan is updated. Clinicians conduct on-going assessments as a matter of practice. If a person has been out of services for less than one year, an assessment update is required versus a full comprehensive assessment. If the client is re-admitting and has been discharged less than one year, an intake assessment update is acceptable. The update must include, at least, the following:

- Date of request;
- Basic identifying information and demographics;
- Source of the information obtained for the update;
- The client's present needs (include emergent needs);
- Present life situation;
- Current level of functioning; and,
- What the client wants in terms of services.

Behavioral Health Services Plan

Services to clients shall be based upon a formal integrated behavioral health service plan developed from the primary assessment, interpretive summary, and client assessment record. The service plan is developed with the active participation of the client and a support person or advocate, if requested by the client.

Clinicians completing service plans will ensure the following:

- » The integrated service plan shall provide evaluation, formulation of measurable service objectives and reflect ongoing changes in goals and objectives based upon client's progress or preference or identification of new needs, challenges and problems.
- » An integrated service plan shall be based on and developed after the mental health assessment and includes the evaluation of the assessment information by the clinician and the client.

- » For adults, the integrated service plan must have an overall focus recovery and achieving maximum community interaction and involvement. Integrated service plans for adults may include goals for all or some of the following areas: employment, independent living, volunteer work, or training.
- » For children, the plan will have an overall general focus on recovery and address school and educational concerns and assisting the family in caring for the child in the least restrictive level of care.
- » Comprehensive service plans shall be completed within six (6) treatment sessions and the content will include, at least:
 - A. Client strengths, needs, abilities, and preferences;
 - B. Identified presenting challenges, needs and diagnosis, to include co-occurring and trauma-based services;
 - C. Goals for treatment with specific, measurable, attainable, realistic and time limited objectives;
 - D. Description of the client’s involvement in and responses to the treatment plan, dated signature of client (if over age 14), the parent/guardian (if under age 18 or otherwise applicable), and the primary service provider. If the service plan is completed by a Licensure Candidate, it will also include a counter signature by an LBHP; (for persons age 16 to 18, current Oklahoma law allows for them to seek and sign for services, we follow Oklahoma law).
 - E. Date each objective is initiated and target date for completion;
 - F. Type and frequency of services estimated to be provided;
 - G. The practitioner(s) who will be providing and responsible for each service;
 - H. Any needed referrals for services; and
 - I. Specific discharge criteria.

Integrated Service Plan Updates shall contain:

1. Change in goals and/or objectives (including target dates) based upon client’s progress or preference or identification of new needs, challenges and problems;
2. Change in practitioner(s) who will be responsible for providing services on the plan;
3. Change in frequency or types of services provided; and
4. A statement documenting review of the current integrated service plan and an explanation if no changes are to be made to the integrated service plan;
5. Changes to the discharge criteria.
6. Progress on previous service plan goals and/or objectives.
7. Additional referrals for needed services.

Service plans will be reviewed and updated every 1-6 months during which services are provided based on level of care a client is receiving. A new integrated service plan will be written annually. The clinician shall also update at least; a financial eligibility page, the client rights, a consent for treatment, and treatment advocate.

Service plans, both comprehensive and updates, must include dated signatures for the client (if over age 14), Description of the client’s involvement in and responses to the treatment plan, dated signature of client (if over age 14), the parent/guardian (if under age 18 or otherwise applicable), and the primary service provider. If the service plan update is completed by a Licensure Candidate, it will also include a counter signature by an

LBHP; (for persons age 16 to 18, current Oklahoma law allows for them to seek and sign for services, we follow Oklahoma law).

Private paying clients may use an abbreviated treatment plan in lieu of this comprehensive treatment plan.

Medication Record

GCBHS Medical staff provides ongoing medication monitoring. A medication record shall be maintained on all clients who receive medications or prescriptions through the outpatient clinic services and shall be a concise and accurate record of the medications the client is receiving or prescribed.

Medication clinic staff will ensure the following steps and documentation occurs:

To ensure the client's safety and well-being and to verify administration of medications, a record shall be kept of all medications, which are ordered or prescribed by any of our providers:

The record shall include all of the following:

1. Name of medication,
2. Dosage,
3. Frequency of administration or prescribed change,
4. Route of administration,
5. Staff member who administered or dispensed each dose and prescribing provider.

A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be obtained during screening and assessment, updated when required by virtue of new information, and kept in a highly visible location in or on the record.

BASIC REQUIREMENTS PROGRESS NOTES

GCCP – 030

OAC 450:17-7-10; OAC 450:17-7-11

POLICY

In order to provide on-going services and the most efficient practice of service delivery, we expect documentation on every service provided to the people we serve.

Progress notes must be written upon each visit, activity, or service rendered to the client. Progress notes shall chronologically describe the specific services provided, client's progress in treatment and document the client's response to services related to the treatment.

GCBHS staff will utilize the electronic health record through the agency's vendor for that service. Documents created outside of the electronic record will be completed in black ink only and when completed will be uploaded into the client's electronic record.

Progress notes shall be completed as soon as possible to ensure the ethical integrity of the event, but no longer than the end of the next business day. A progress note shall be completed for each client service including missed appointments. Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments.

PROCEDURE

Clinical (Outpatient) staff will complete a progress note for each service (billable and non-billable) provided, including missed appointments. The notes shall include, at least the following information:

- » Date; Service Code billed
- » Start and stop time for each timed treatment service;
- » Person(s) to whom services were rendered;
- » Activities and services provided as they relate to the goals and objectives of the integrated service plan, including ongoing reference to the plan;
- » Documentation of the progress, lack of progress, or completion of goals made in treatment as it relates to the service plan;
- » Upon assessment, any new need(s), goals and/or objectives identified during the treatment service;
- » Signature of the service provider;
- » Credentials of the service provider;
- » Documentation of the client's response, and family's response when applicable, to treatment services, changes in behavior and mood, and outcome of treatment or services;
- » Plans for continuing services or discharge, whichever is appropriate.

Content of Other Records

The client record shall contain copies of all consultation reports concerning the client. In addition, when psychometric or psychological testing is done, the client record shall contain a copy of a written report describing the test results and implication or recommendation for treatment. The client record shall contain any additional information relating to the client, which has been secured from sources outside the program.

DISCHARGE SUMMARY

GCCP – 031
OAC 450:17-7-12

POLICY

A Discharge Summary shall be completed and entered into each client's record upon completion of services, discharge, death or transfer from GCBHS.

PROCEDURE

Staff will complete a discharge summary which documents the client's progress made in treatment; response to services rendered; and recommendation for any referrals, if necessary. The discharge summary will include a discharge plan which lists written recommendations and specific referrals for implementing aftercare services including medications. For clients who have received co-occurring services, an ASAM will be completed upon discharge from services.

Aftercare plans will be developed with the knowledge and cooperation of the client, when possible.

The discharge summary shall be entered in each client's record within fifteen (15) days of release, discharge, or transfer from inpatient treatment or upon discharge from facility services. Client's requesting Treatment Advocates to be involved in discharge planning will be notified at least twenty-four (24) hours in advance. Clients who have not received services for one hundred twenty (120) days may be discharged if it is determined that services are no longer needed or desired.

The discharge summary shall minimally include, but is not limited to:

- » Presenting problem; and
- » Admitting and discharging diagnosis; and
- » Medications prescribed during treatment; and
- » Progress or lack of progress made in treatment; and
- » Client's response to services; and
- » Recommendations and specific referrals for aftercare; if applicable; and

- » Statement of client’s involvement with aftercare plan; and
- » In the event of the death of a client, this will be noted in the discharge summary with available pertinent information regarding the death.

**CONFIDENTIALITY OF MENTAL HEALTH
AND
DRUG OR ALCOHOL ABUSE / USE TREATMENT INFORMATION**

**GCCP – 032
OAC 450:17-9-1.1**

POLICY

GCBHS protects the confidential and privileged nature of behavioral health and drug or alcohol abuse treatment information in compliance with federal and state law, guidelines, and standards, and with OAC 450:15-3-20.1, OAC 450:15-3-20.2 and OAC 450:15-30-60. (43A O.S. §§ 1-109, 3-422 and 3-423; 63 O.S. §1-502.2 and (U.S.) 42 CFR, Part 2).

PROCEDURE

Staff will ensure that the policy, procedures and practice of protecting confidentiality are communicated to the client at the first contact, and at least the following information:

That:

- » All mental health and drug or alcohol abuse treatment information or identifying information, whether recorded or not, and all communications between a physician or psychotherapist and a client are both privileged and confidential and will not be released without the written consent of the client or the client’s legally authorized representative, except as otherwise permitted by state and/or federal law;
- » The identity of all clients who have received or are receiving mental health or drug or alcohol abuse treatment services is both confidential and privileged and will not be released without the written consent of the client or the client’s legally authorized representative, except as otherwise permitted by state and/or federal law;
- » Such information is only available to persons or agencies actively engaged in the treatment of the client and shall be limited to the minimum amount of information necessary for the person or agency to carry out its function of the purpose of the release.
- » A client or the client's legally authorized representative shall have the right to request access to the client’s own mental health and drug or alcohol abuse treatment information as defined in OAC 450:15-3-60.
- » Staff must also explain to clients that certain state and federal law has exceptions to disclosure of their private records. Certain Mental health and substance abuse treatment information may be released without consent of the client or the client’s legally authorized representative and that GCBHS will release information as required by those laws (and followed below), and
- » Staff will explain to the client about his or her right to confidentiality.

A client’s written consent for release of information shall be considered valid only if the following conditions have been met and documented in writing:

- » The client is informed, in a manner that assures his/her understanding, of the specific type(s) of information that has been requested, and the period of time for which the information has been requested; and
- » The client is informed of the purpose or need for the information; and
- » Services are not contingent upon the client decision concerning authorization for the release of information, and,
- » The client gives his/her consent freely and voluntarily

According to HIPAA Privacy Rules, confidential material is to be destroyed by burning, shredding, or destroyed by recycling by an agency with a state contract.

NOTICE OF PRIVACY PRACTICES

GCBHS has developed and maintains a document known as the “Notice of Privacy Practices” that describes to the client how the agency may use and disclose confidential information about the client as well as his or her rights and the agency’s obligations with respect to that information. Each client shall be provided a copy of the “Notice of Privacy Practices” document.

During the screening process to GCBHS, the client shall be provided a copy of the current “Notice of Privacy Practices” document. Staff shall request the client acknowledge receipt of this document by signing an acknowledgement statement, which will be kept as part of the client’s medical record. If the client is unwilling or unable to sign, this shall be documented by staff on the acknowledgement form. If the client is unwilling to sign the document of acknowledgment, services may be held until such time that the person is willing to sign. In addition, GCBHS staff is required to provide a copy of the “Notice of Privacy Practices” document to any person (client or non-client) upon request.

Posting the Notice

The current Notice of Privacy Practices will be posted in each GCBHS facility in a location where there is clear and easy access to all individuals who are there for treatment or services. They may also be posted on GCBHS’ Internet web site.

Revisions to Notice

GCBHS reserves the right to make changes to the Notice of Privacy Practices (NPP). We reserve the right to make the revision effective for existing Protected Health Information (PHI) as well as PHI that we create or receive in the future. A revised Notice is required when GCBHS makes “material” changes to any of its privacy practices and the effective date shall be on the revision. When GCBHS makes revisions to the NPP, the revised copy shall replace the outdated NPP in all areas (facility’s posted site and the copy given to new clients upon admission) so that a current, up-to-date NPP is used at all times. We have a legal duty to abide by the most up-to-date NPP currently in effect.

RELEASE OF INFORMATION (other than to client)

The medical record is the property of GCBHS and is maintained for the benefit of the client, the medical staff and the facility. Generally, the client’s right to privacy and confidentiality supersedes the accessibility of the records by other individuals when disclosing information and care shall be taken to limit this to the minimum necessary to accomplish the stated need. The information available to persons or agencies actively engaged in the treatment of the client is limited to the minimum amount of information necessary for the person or agency to carry out its function or the purpose of the release. All documents in the medical record are confidential. Pertinent information in the client’s medical record is not public record and shall not be released to any person or agency except as legally allowed by state and federal regulations and as dictated by 22 O.S. 1175 or with a valid, signed authorization from the client. See GCBHS’ Notice of Privacy Practices for further explanation.

It is the practice of GCBHS to honor requests for client-specific confidential information to entities that have a legal or regulatory right to such information or to entities to which the client has completed an authorization for such release. The written consent to authorize the release of information will comply with all applicable state and federal law and contain at a minimum the following:

- » The name of the person, program or entity permitted to make the disclosure;
- » The name or title of the person or the name of the organization to which disclosure is to be made;
- » The name of the client whose records are to be released;
- » A description of the information to be disclosed;
- » The purpose for the disclosure;
- » The signature of the client or the client’s legally authorized representative;

- » The date the consent to release was signed by the client or the client’s legally authorized representative;
- » A statement indicating that treatment services are not contingent upon or influenced by the client’s decision to permit the information release;
- » An expiration date, event or condition that ensures the release will last no longer than reasonably necessary to serve the purpose for which it is given;
- » A statement of the right of the client, or the client’s legally authorized representative, to revoke the consent to release in writing and a description of how the client may do so; and,
- » A confidentiality notice which complies with state and federal law.
- » A statement in bold type stating, “This information authorized for release may include records which may indicate the presence of a communicable of non-communicable disease.”

Authorization

Confidential information may be released to anyone provided the client has filled out a proper authorization instructing GCBHS where and to whom the information is to be released. The exception is that releases to the client themselves or their guardian require the approval from the GCBHS practitioner. If GCBHS is requesting information from another organization, the staff of GCBHS shall explain the content of the authorization in a manner that assures that the client understands what specific information will be requested, the period of time for which the information will be requested, the purpose or need for the information and that the client is free to consent or not to consent before asking the client to sign the authorization. The Supervisor of Medical Records handles all routine request.

Consent for Disclosing Confidential Information may be given by the following:

- » A legally competent adult, eighteen (18) years or older;
- » The court-appointed guardian or legal representative of a minor client, with legal documentation.

EXCEPTION: A minor child being treated for substance abuse is the only person who may authorize the disclosure of confidential information without the authority of a court order.

Disclosure Without Authorization

GCBHS may release confidential information in accordance with state and federal regulations that are outlined in the agency’s “Notice of Privacy Practices” document. This document also gives the client the option to object to any of the stated releases and GCBHS will rule on the request and notify the patient. See the “Notice of Privacy Practices” document for more detailed description of these releases.

The following is a summary of the releases described in the document that DO NOT require an authorization by the patient for the release:

- Within GCBHS for treatment, payment or agency operations;
- The Oklahoma Department of Mental Health and Substance Abuse and Contractors - as allowed by regulations for purpose of treatment, review, and follow-up;
- Pharmacies-to provide additional information for pharmacies to process prescriptions from GCBHS physician;
- Emergency situations;
- Required by law or for public health reporting, such as:
 - Prevention or control of disease, injury, or disability;
 - Report deaths;
 - Report child / adult abuse or neglect;
 - Report to the proper authorities’ reactions to medications or problems with defective products, to enable product recalls, repairs or replacements and also to notify patients of such;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate authorities if we suspect a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

- Workers' Compensation program or other similar programs to investigate a work-related illness or injury;
- Health Oversight Activities for activities authorized by law such audits, investigations, inspections and licensure;
- Accrediting organizations for purposes of accreditation;
- Court orders, in general, are to be honored but ONLY after it has been forwarded to the Administrative Office for review and clearance before proceeding;
- Law enforcement requests involving a court order, subpoena, warrant, summons or similar process. The administrative office shall be contacted (Privacy Officer or designee) for direction. In most cases, the requests will not be processed until the agency's legal counsel has reviewed and advised. Since it is not the intent of GCBHS to be obstructive in matters of justice nor to entirely prohibit information from law officials, if the reason for the request appears to be legitimate, then acknowledgement may be given by return call to the official that the client is (or has been) a client at GCBHS and the dates of service, if requested. **NO INFORMATION SHOULD BE GIVEN ON DRUG/ALCOHOL CLIENTS UNLESS THE OFFICERS ARE INVESTIGATING A CRIME ON THE PROGRAM PREMISES OR AGAINST PROGRAM PERSONNEL;**
- Reporting a crime or possible crime to law enforcement (after notifying the Executive Director or designee in non-emergent situations);
- Coroners and/or medical examiners;
- National security and Intelligence activities as authorized by law;
- Protective services for the President and others.

Non-Routine Disclosures

Non-routine disclosures must be individually reviewed at the administrative level of the agency prior to any disclosure. Disclosures are considered non-routine if they are not part of the following:

1. Accompanied by an authorization;
2. For purposes of treatment, payment and healthcare operations;
3. For purposes of legally required reporting.

For all non-routine disclosures, only the minimum amount of PHI necessary to fulfill the purpose of the request shall be disclosed.

See the paragraph within this policy on "De-Identifying Healthcare Information" for information that does not identify the client and, therefore, is considered non-confidential and may be released to requesting parties.

PROHIBITION OF REDISCLOSURE

The following paragraph must be stamped on the first page of released copies of confidential information:

"This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient." [52 FR 21809, June 9, 1987; 52 FR 41997, Nov 2, 1987]

Filing of Legal Requests/Documents

All documents relating to the request and disclosure of confidential information shall be filed as a permanent part of the client's medical record.

MINIMUM NECESSARY

It is the policy and practice of GCBHS to limit the amount of PHI (protected health information) disclosed to the minimum necessary to accomplish the purpose of the request. All agency staff is granted the minimum access to patient PHI that they will need to fulfill their roles and responsibilities at the agency.

Minimum necessary applies to uses and disclosures for purposes of payment and healthcare operations.

Minimum necessary does not apply to the following requests:

- Those for which there is a patient authorization;
- Those for purposes of treatment;
- Those for purposes of requests required by law.

VERIFICATION OF IDENTITY FOR RELEASING CONFIDENTIAL INFORMATION

It is the policy of GCBHS to verify the identity of any individual requesting access to confidential client healthcare information. GCBHS employees are to obtain identification from any person requesting confidential client information if the identity or the authority of the person is not known to the employee. GCBHS may rely on the following as verification of identity when a public official is requesting the release of confidential healthcare information:

- If the request is made in person, the person must provide a driver's license, an ID badge, official credentials or other proof of status.
- If the request is in writing, the letter is written on the appropriate government letterhead.
- If the request is verbal, such as from another healthcare facility, and the caller is not known to the staff, note the information requested as well as the name of the facility (or business) and the phone number. Use the phone book to verify the phone number as legitimate.

Additional verification steps may be necessary if the staff is not comfortable with the particular situation in which a request is being made.

DISCLOSURE LOG

It is the policy of GCBHS to be accountable for the disclosure of client confidential health information by keeping a Disclosure Log document for applicable disclosures. The "Disclosure Log" form shall be placed in the client's record in a visible location.

The following is a listing of disclosures that must be documented in the Disclosure Log.

- Cases required by law to be reported (i.e., deaths);
- For public health activities (i.e., communicable diseases);
- Cases involving victims of abuse, neglect or domestic violence;
- For health oversight activities (i.e., accreditation);
- For judicial and administrative proceedings;
- For law enforcement purposes;
- Other disclosures that do not fall in the exception list below.

GCBHS is not required to document disclosures if the information was disclosed in the following situations:

- For treatment, payment or healthcare operations;
- When a valid authorization or consent has been obtained by the client;
- When the information is going to be given to the client;
- When the information is used or disclosed to employees responsible for the client's care;
- Information used in situations involving national security or intelligence;

The required documentation in the Disclosure Log shall contain the following:

- A. Date of release;
- B. Name of requestor, address or fax number;
- C. A brief description of the information disclosed;
- D. A statement of the purpose for the information;
- E. Whether information was disclosed verbally, faxed or mailed;
- F. Staff responsible for sending information.

The "Disclosure Log" shall be maintained in the medical record for at least 7 years from the date of the most recent disclosure.

When requested by the client, the agency shall provide a copy of the Disclosure Log to the client within 60 days of the request or communicate to the client the reason why the list will not be prepared within that timeframe and then an additional 30 days may be taken by the agency to provide the list.

GCBHS will document on the Disclosure Log when a client has requested a listing of disclosures, a copy of the actual Disclosure Log listing the releases, and the name of the person who provided the listing to the client.

COMMUNICATION WITH FAMILY, RELATIVES, OR FRIEND

It is the policy of GCBHS to obtain consent or authorization from the client before any contact is made with family, relatives, or friends of the client (excluding minors where communication with legal guardians is allowed).

During the admission process, the client will be informed that there may be occasions that GCBHS may need to communicate with the client's family, relatives or friends concerning appointments or other non-medical information. The client will be given the opportunity to tell GCBHS the names of the individuals that can be contacted for the above purpose. The client, however, may decide that they do not want to name anyone for this purpose.

If the client or GCBHS believes it is necessary to communicate confidential healthcare information to the client's family, relatives or friends, the client will be asked to sign an authorization form prior to the release. If the client refuses to sign the form, no information will be released unless it is deemed to be an emergency situation. Without a list of approved persons from the client, no information will be released about a client over the phone or by any other means unless legally required by State or Federal law. GCBHS may not acknowledge that the client is a client of GCBHS.

In the event of a disaster, GCBHS may release confidential healthcare information to a public or private entity to assist in disaster relief efforts.

COMMUNICATION FOR DISASTER PURPOSES

Confidential client healthcare information may be used without the written consent or authorization of the client if it involves emergency or disaster conditions. In the event of a disaster, GCBHS may release confidential healthcare information to a public or private entity to assist in disaster relief efforts.

CLIENT ACCESS TO CONFIDENTIAL HEALTHCARE INFORMATION

It is the practice of GCBHS to accept client requests for their confidential healthcare information contained in the Medical Record. The releasing of records is accomplished through the following:

- If a client requests to read or wants a copy of their healthcare information, the client must complete the GCBHS authorization form and turn it in to a staff member;
- Staff will let the client know that there may be a charge for the copies;
- Staff will explain to the client that the authorization may be revoked at any time but must be in writing;
- GCBHS staff must approve all releases to the client;
- Determine if the client has any grounds for the request to be denied (See below)
- If accepted, provide the client with the requested information as soon as possible. For example, a doctor's appointment in two (2) days would normally take precedence over copies needed by an attorney. In any event, a response to the request must come within 30 days from the date the authorization was signed.

At the client's request, GCBHS shall arrange with the client a convenient time and place to review the requested information or to mail a copy of the information to the client. GCBHS may charge the client a fee for providing the information if the fee is for the cost of copying the material (supplies and postage). The fee must be in line with the Oklahoma state maximum rate of \$1.00 for the first page and .50 for each additional page thereafter, for copying medical information. GCBHS shall document on the authorization form the information requested by the client, what information was provided to the patient (if different), the form that

the information was provided, the date of providing, and the names and titles of the employees who processed the request. The completed form will be kept as part of the client's medical record for at least seven (7) years.

Reasons for Denial of Client Request for Information:

- Per Oklahoma state law, an agency practitioner must approve all client requests for their own information or guardian requests for such information. Denial is based on the practitioner's assessment that the information could prove, in some way, to be harmful to the client or another person;
- If the information that is requested in the record is incomplete (i.e., lacking signatures, etc.), the client must be given an estimated date that the information will be complete;
- If the information was obtained from a source other than GCBHS; GCBHS may not release the information the client is requesting; if so, the client should be directed where to send the request;
- The authorization is incomplete or otherwise in error.

Denial Review Process:

Provide the client with a written explanation of why the access was denied. This statement is to include the reason for the denial and information on how to file a complaint with GCBHS, which includes the name of the person to file a complaint, title, address, and telephone number. In most cases, GCBHS complaints shall be filed with the Local Advocate.

If GCBHS denies access to a particular part of the client's PHI, we will make accessible other requested information in the designated record set for which there is no reason to deny access.

The client has the right to request denials to be reviewed by another employee or official who did not participate in the original decision to deny access.

PATIENT RIGHT TO REQUEST ALTERNATE COMMUNICATION

It is the policy of GCBHS to provide a client with confidential information of their healthcare information by alternate means, if requested.

1. Any requests for alternative communication by a client must be in writing and given to the Privacy Officer for approval.
2. The client may request that their confidential healthcare information be sent to an alternative address if the client feels that the healthcare information could cause him/her harm. An alternative address is one that the client feels is secure and that the information will not be inadvertently placed in someone's possession that could potentially cause the client harm by having access to the information.
3. GCBHS may place conditions on the request for confidential communication. These conditions may include payment for providing such communication and that the client must provide an alternative address or other method of contact.
4. The client may request that any confidential healthcare information sent to him/her be disguised so that family members or other persons cannot determine the contents of the communication. An example of this would be to mail the information in an envelope instead of using a post card or without the return address identifying GCBHS.
5. The client may request that confidential healthcare information be communicated through an alternative telephone number instead of the home telephone number of record.
6. GCBHS may refuse a client's request if the client has not provided information about payment or if the client has not provided an alternate address or method of contact.

CLIENT COMPLAINT PROCESS

It is the policy of GCBHS to address any complaints with regard to protecting the privacy of confidential healthcare information and to never retaliate against the person filing the complaint. Any complaint regarding the privacy of confidential healthcare information is to be made in writing to:

GCBHS -- Attn: Privacy Officer
619 N. Main Street
Muskogee, OK 74401
918-682-8407

Upon receiving the complaint, the Privacy Officer will:

- Document the complaint in the Complaint Log.
- Document the date, time and name of person making the complaint in the Complaint Log.
- Investigate the complaint.
- Document the resolution of the complaint in the Complaint Log.
- Communicate the outcome of the complaint with the individual filing the complaint.
- Report all complaints and resolutions to the Clinical Director of GCBHS in a timely manner.

HEALTH INFORMATION OF DECEASED INDIVIDUALS

It is the policy of GCBHS to protect healthcare information about a deceased client for as long as the client's medical record is maintained.

1. Upon death and after the client's medical record is complete; GCBHS shall close the record and store it according to the current storage practice.
2. The records shall be maintained according to applicable state and federal laws.
3. Information from the record may be released to the state Medical Examiner or Coroner's Office.
4. Office for purposes of legal requirements. Disclosing death information to these offices shall be logged on the Disclosure Log kept in the client's medical record.
5. GCBHS shall treat any family members or other legal representatives who have authority to act on behalf of the deceased with respect to personal healthcare information, however, PHI remains confidential and privileged.
6. In cases where legally authorized representatives of a deceased individual do not exist, requests for confidential information shall be forwarded to the Medical Records Supervisor for review and resolution.

DE-IDENTIFYING HEALTHCARE INFORMATION

It is the policy of GCBHS to accept information that has been de-identified as being not individually identifiable information and, therefore, no longer confidential. Information that has been de-identified has the following removed:

1. Names
2. Street addresses
3. Telephone and fax numbers
4. E-mail addresses
5. Social security numbers
6. Certificate/license numbers
7. Vehicle identifiers and serial numbers
8. Uniform resource locators (URS's) and Internet protocol addresses
9. Full face photographs and other comparable images
10. Medical record numbers, health plan beneficiary numbers, and other account numbers
11. Device identifiers and serial numbers
12. Biometric identifiers, such as finger- and voiceprints
13. Any other unique identifying number, characteristic or codes that could reasonably be used to identify the client.

Information that does not contain any of the above elements is not considered confidential and is, therefore, not protected by the HIPAA privacy regulations.

CONFIDENTIALITY SUBSTANCE ABUSE CLIENT INFORMATION AND RECORDS

The rules governing confidentiality of client substance abuse information and records as set forth in 450:18-7-3 shall be complied with, as particular federal regulation (42 CFR, Part 2) apply to the release of information regarding substance clients and their records.

GCBHS has a single release of information for all clients that includes the special provisions for substance abuse.

OUTPATIENT CLIENT RIGHTS

GCCP – 033

OAC 450: 17-11-1

POLICY

GCBHS shall provide initial and on-going training for all staff in the principles of client rights. Staff and volunteers shall be oriented regarding client rights and the constraints of the rights during their HIPAA training and orientation and annually thereafter. Periodic review of this practice will be demonstrated through observation of client engagement in the day to day operations of the organization.

Upon admission to services, clients will be given a synopsis of their Bill of Rights in compliance with OAC 450, Chapter 15. A synopsis of the Bill of Rights will be posted in the waiting room and a full listing of the Bill of Rights will be provided upon request. All clients receiving services shall be afforded all rights, benefits and privileges guaranteed by constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process of law by a court of competent jurisdiction. If the client is a minor, his parent or legal guardian shall also be informed. In the case of an adult who has a court ordered guardian, the legal guardian will be informed.

The ODMHSAS Office of Consumer Advocacy and the ODMHSAS office of the Inspector General, in any investigation or monitoring process, shall have access to client(s), records and staff.

GCBHS will not have internal operating procedures more restrictive than the ODMHSAS' Bill of Rights. Clients will be notified of the facility procedures with which he/she is expected to comply, and the consequences for non-compliance.

GCBHS does not have an inpatient or a residential facility. These client rights are specific to our outpatient service delivery process.

PROCEDURE

GCBHS staff will ensure that copies of the synopsis of client rights are prominently posted throughout the agency.

The screening and assessment staff will explain client rights to the client at time of admission. Staff will review the synopsis of the rights to the client and offer them the full Bill of Rights.

GCBHS staff shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below.

- 1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- 2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition, sexual orientation or legal status.
- 3) No consumer shall be harmed, neglected or sexually, physically, verbally, or otherwise abused.
- 4) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:
 - A. Allow other individuals of the consumer's choice to participate in the consumer's treatment and with the consumer's consent;
 - B. To be free from unnecessary, inappropriate, or excessive treatment;

- C. To participate in consumer's own treatment planning;
 - D. To receive treatment for co-occurring disorders if present;
 - E. To not be subject to unnecessary, inappropriate, or unsafe termination from treatment; and
 - F. To not be discharged for displaying symptoms of the consumer's disorder.
- 5) Every consumer's record shall be treated in a confidential manner.
 - 6) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.
 - 7) A consumer shall have the right to assert grievances with respect to any alleged infringement on his or her rights.
 - 8) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.
 - 9) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

**CLIENT RIGHTS
RIGHT TO NAME A TREATMENT ADVOCATE**

**GCCP – 033A
OAC 450:17-11-1**

POLICY

All adult clients receiving services from GCBHS will be given the information and opportunity to identify a treatment advocate. (This includes clients being served by a LMHP and/or other credentialed staff.) This named person may or may not be a family member of the client.

Clients will not be coerced, directly or indirectly, into naming or not naming a Treatment Advocate or choice of Treatment Advocate or level of involvement of the Treatment Advocate. Any person designated as a treatment advocate shall always act in the best interest of the client and comply with all conditions of confidentiality.

GCBHS has no vested interest in the decision, either way nor will we impose any limitations on the client's rights to communicate either by phone, mail or in person with their Treatment Advocate except to the extent that reasonable times and places may be established.

The Treatment Advocate may participate in the treatment planning and/or discharge planning of the client to the extent consented to by the client and permitted by law.

The client will be informed of this right at screening and be given the opportunity to accept or decline to name an advocate at the time of admission.

The client and Treatment Advocate will be notified of treatment planning and discharge appointments at least twenty-four (24) hours in advance.

Regardless of their decision, a form must be signed by the client as to their decision. The naming of an advocate or refusal to name an advocate is solely up to the client.

PROCEDURE

Once the person has agreed to be admitted for services, the clinician will advise the client of the need to accept or decline to name an advocate. If the client chooses to have an advocate, the identified advocate also signs the form upon coming to the office. Until the time when the advocate can sign the form, verbal confirmation will be affirmed and allowed.

The treatment advocate form will, at a minimum, include the following:

- The client's choice to name or not to name an advocate,
- The identity of the advocate,
- The level of involvement the client wishes to have the treatment advocate participate,
- A space where the treatment advocate may designate their intent to serve according to the client's specifications,
- The rules of confidentiality and the agreement of the treatment advocate to abide by such rules, and
- The signatures of both the client and the treatment advocate.

The assessment clinician will also explain the revocation process to the client. The designation of a treatment advocate is only valid if the client chooses. The client may revoke the designation at any time for any reason. In the event this happens, the client is asked to complete another treatment advocate form.

The treatment advocate designation and form are reviewed with the client at the time of treatment planning, unless the client requests an earlier review.

A copy of the completed form will be given to the client and their treatment advocate. The original shall be maintained in the client's record.

The treatment advocate form shall be reviewed with the client at each point of treatment planning, treatment planning update to allow the client the opportunity to review and amend the form.

CLIENT'S GRIEVANCE POLICY

GCCP – 034

OAC 450:17-11-3

POLICY

GCBHS has a Client Grievance Procedure for situations when a client reports an alleged infringement of his/her rights. Action taken by the client will not result in retaliation or barriers to services. Copies of all grievances will be forwarded to the Department's Office of Consumer Advocacy within 24 hours of the grievance being filed. Copies of all grievance documentation and written resolution of the grievance will be forwarded to the Department's Office of Consumer Advocacy within 24 hours of the written notice being delivered to the consumer.

Clients shall have unimpeded and confidential access to GCBHS' Local Advocate(s) and the ODMHSAS Office Consumer Advocacy. We have no policies or procedures that require contact with the GCBHS Local Advocates prior to contacting the ODMHSAS Office of the Consumer Advocacy.

The written procedure is posted in the Waiting Room and made available to the client at assessment. The Grievance Procedure is also made available to family members or significant others as appropriate.

PROCEDURE

A client who reports an alleged infringement of his/her rights may take the following action:

A written procedure for the Client Complaint, Grievance and Appeal Process is posted in our waiting room and is made available to family members and significant others, as requested. Although our goal is to provide services that improve the quality of life, there may be times when a client has a complaint about services. If the complaint / grievance is directly related to Director of Clinical Services, Melissa Shofner, then decision making authority will be delegated to the CEO, Joy Sloan. All complaints and / or grievances shall be reported within the following grievance and appeal process:

1. The client discusses the complaint with his/her clinician, if not resolved the client discusses with department supervisor.
2. If the client is not satisfied, he/she should immediately present the concern **in writing** to one of the agency's Local Advocates, Linda Ingram or Mary Hicks. Both may be reached at 918.682.8407. A client will have unimpeded and confidential access to the Agency's Local Advocates or the ODMHSAS Office of Consumer Advocacy. The client is not required to contact the local advocate prior to contacting the ODMHSAS Office of Consumer Advocacy.
3. If still not satisfied, the client may appeal to the agency's Clinical Director (Melissa Shofner) in writing, who will then investigate and respond to the client, within 14 days of the original written complaint or grievance. This decision will be final, upon which the client may still contact the Advocate General's Office. Clients are encouraged to contact the ODMHSAS Advocate's Office for any complaint they may have.
4. The Clinical Director will inform the Executive Director (Joy Sloan) of the original concern and outcome, if needed.
5. The length of the appeal process will be no longer than 14 days after the receipt of the written complaint. The client will be notified **in writing** of the outcome.
6. The Client Complaint & Grievance and Appeal Process is reviewed on an annual basis by the Continuous Quality Improvement Committee in order to review performance, based upon outcomes.
7. Annual review of grievance outcomes and recommendations from the Continuous Quality Improvement Committee may result in changes to the policy and procedure concerning grievances. Upon request, GCBHS will provide copies of updated grievance policy and procedure to the Office of Consumer Advocacy.

Mary Hicks and Linda Ingram serve as the on-site advocates for GCBHS clients and serve as liaisons to the ODMHSAS Office of Consumer Advocacy.

The client handbook, received by our clients upon assessment, explains the responsibilities of our agency's local advocate and the benefit to our clients. The handbook reads as follows:

Green Country's Local Advocates are Mary Hicks and Linda Ingram. They can be reached at 918.682.8407. They are responsible for coordinating & monitoring our advocacy activities & contacts with the ODMHSAS Office of Consumer Advocacy. Some of the things they can assist you with are:

1. *Filing grievances; and*
2. *Be a resource for your questions or get you information about our facility, admissions, discharge processes, or any other basic human needs you may have while in treatment; and*
3. *Make contact with you if you witness any critical incidents or sentinel events while you are in treatment to ensure your needs are being met, and*
4. *Serve as the GCBHS liaison to the Office of Consumer Advocacy in regard to advocacy activities.*

Any suggestions or general comments clients have (excluding complaints or grievances) should be submitted in writing and placed in the suggestion box provided at the reception desk and the medication clinic.

CRITICAL INCIDENT REPORTING

GCCP – 035

OAC 450:17-15-5

POLICY

GCBHS is committed to appropriate, ethical and necessary care and caution when providing services to the community. When an incident happens "outside" the normal day-to-day activities and/or routine care, a critical incident report will be completed. The GCBHS Continuous Quality Improvement (CQI) team will provide analysis of the contributors to the incident, with attention to issues that may reflect opportunities for system level or program level improvement.

PROCEDURE

When incidents occur outside the routine daily operation of the agency and/or care we provide staff will complete an incident report. Such incidents may include the following:

- » Adverse drug events
- » Self-destructive behavior
- » Deaths and injuries to clients, staff or visitors
- » Medication errors
- » Neglect or abuse of a client (suspected by staff)
- » Fire
- » Unauthorized disclosure of protected health information
- » Damage or theft of property
- » Events potentially subject to litigation

The incident shall be immediately reported to the designated Departmental Supervisor. If the designated Departmental Supervisor is unavailable, then another Departmental Supervisor may be notified to prevent delay in any reporting.

The staff who has knowledge of the incident will complete a critical incident form. The form will contain, at least:

- » Our name (GCBHS), the name and signature of the staff person completing the form; and
- » The name of the client(s), other staff members or property involved; and
- » The time, date, and physical location of the incident; and
- » The time and date the incident was reported and the name of the staff person within the facility to whom it was reported; and
- » A description of the incident; and
- » The resolution or action taken, date the action was taken, and signature of appropriate staff; and
- » The severity of each injury, if applicable. Indicate severity in the following manner:
 - No off-site medical care required or if first aid administered on site:
 - Medical care by a physician or nurse or follow-up attention required; or
 - Hospitalization or immediate off-site medical attention was required

Incidents requiring medical care by a physician or nurse or follow-up attention, hospitalization, or off-site medical care are to be faxed to ODMHSAS Provider Certification within twenty-four (24) hours of the incident being documented.

Incidents involving allegations constituting a sentinel event or client abuse are to be reported immediately to ODMHSAS, either by phone or fax not more than twenty-four (24) hours of the incident. If reported by phone, a written report must be faxed within twenty-four (24) hours.

A root cause analysis will be completed for sentinel events. The Clinical Director, the CQI Manager, and the supervisor of the program from which the event took place will be responsible for completing the analysis. The analysis will be completed no later than 30 days after the event occurs (in some case the analysis will be no less than 30 days upon learning of the event). A final report of the investigation, the analysis, and a plan will be presented to the full CQI team.

STAFF QUALIFICATIONS

GCCP – 036

OAC 450:17-21-1; OAC 450:17-5-173

POLICY

All staff providing clinical services shall have documented qualifications or training specific to the clinical services they provide.

Before staff are hired to provide clinical care, human resources staff will confirm all educational and if applicable, license and credentials.

Clinical supervisory staff through the interview process will ascertain experience and characteristics that fit into and accompany our expectations for employment.

PROCEDURE

Within an employee's initial thirty (30) days of hire; the identified department supervisor is responsible for completing a "clinical privileging" form. This form will include services the employee is competent in and allowed to do as a GCBHS employee. The supervisor must be able to justify the allowable privileges; either by credentials and/or experience.

Final approval of privileges must be granted by the Clinical Director, who will sign the form. Any concern or removal of privileges will be discussed in Leadership Team.

The Leadership team will annually review the form and process and offer suggestions for change, as needed.

Below is a non-exclusive list of titles that GCBHS may employ for which privileging is required:

- » Behavioral Health Aide (BHA);
- » Behavioral Case Manager (BHCM);
- » Behavioral Health Rehabilitation Specialist (BHRS);
- » Care Coordinator (CC);
- » Certified Alcohol and Drug Counselor (CADC);
- » Family Support and Training Provider (FSP);
- » Licensed Behavioral Health Professional (LBHP – will be denoted as a "candidate");
- » Licensed Mental Health Provider (LMHP);
- » Licensed Physician;
- » Licensed Practical Nurse (LPN);
- » Psychiatrist;
- » Recovery Support Specialist (RSS – will be denoted as a PRSS, Peer);
- » Registered Nurse (RN);
- » Wellness Coaches (BHCW)

LADC's are LBHP's by definition. If the LADC has a MH (mental health) designation, they will be identified as a LMHP.

GCBHS does not employ the following staff and therefore, does not utilize these credentials:

Employment Consultant (EC)
Intensive Case Managers (ICM)

Paraprofessionals
Support Services Provider (SSP)

ANNUAL IN-SERVICE TRAINING

GCCP – 037

OAC 450:17-21-3; OAC 450:17-5-174

POLICY

GCBHS is committed to providing appropriate, ethical and competent services to those we serve, as well as our communities. We expect all of our employees to be conversant in the wide array of services we provide.

Training pertaining to the non-physical intervention techniques, philosophies and prevention of violence and potentially physical conflicts and the safe management of those clients served with violent, aggressive, and/or other behaviors will be offered to all, but is required of direct care staff, and completed within 30 days of employment and annually thereafter. Staff will be trained in effective communication skills to address all potentially physical conflicts with attitudes which promote the dignity and enhanced self-esteem of the client.

The Executive Director shall designate which positions and employees will be required to successfully complete physical intervention training. No direct care employee shall provide services to clients until completing Therapeutic Options training. All clinical staff are required to complete Therapeutic Options training. Physicians are not required to complete this training.

All staff are required to attend core training annually.

PROCEDURE

All staff are required to attend annual training regarding information about the following topics:

- » Fire and Safety;
- » AIDS, HIV precautions and infection control (Universal Precautions);
- » Client rights and the constraints of the Mental Health Patient's Bill of Rights;
- » Confidentiality/HIPAA Privacy;
- » Oklahoma Child Abuse Reporting and Prevention and Adult Abuse Reporting;
- » Facility policy and procedures;
- » Cultural Competence (including military culture);
- » Co-occurring disorder competency and treatment principles;
- » Trauma informed care;
- » Age and Developmentally appropriate services;
- » Gender-specific training;
- » Person/Family-centered; recovery oriented, evidence-based and trauma-informed care;
- » Primary care/behavioral health integration;
- » Risk assessment, suicide prevention, and suicide response;
- » Roles of families and peers;
- » Crisis response, crisis intervention, and management;
- » Ethics and Professional Conduct in the workplace; and
- » Prevention of violence in the workplace.

Furthermore, all staff shall have non-physical intervention training in techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal; interaction and non-violent intervention.

FIRST AID AND CPR TRAINING

GCCP – 038
OAC 450:17-21-4

POLICY

GCBHS requires all staff to be training in basic life support (BLS). The BLS class includes First Aid and Cardiopulmonary Resuscitation. Employees should complete this training during their initial orientation process, but it must be completed within thirty (30) days of hire.

PROCEDURE

At least one staff member present at each location must have a current BLS certification.

Within an employee's first thirty days of employment they are required to complete and demonstrate learning in first aid and CPR. The employee must continue to update the certification as required by the American Heart Association.

GCBHS will offer the training on-site. If an employee does not attend the on-site training, they will be responsible for completion and payment for training off-site. Employees must have a current BLS card in their personnel file.

CLINICAL SUPERVISION

GCCP – 039
OAC 450:17-21-6

POLICY

GCBHS believes that all supervision is critical, but clinical supervision is a vital component of the provision of quality services and treatment. Clinical supervision shall be provided for staff delivering direct care services and provided by persons knowledgeable of the clinical services being delivered and supported by GCBHS. Case reviews may be discussed in weekly clinical staffing; individual consultation as needed and/or via email conversations. Each department has a clinical supervisor that has met GCBHS' requirements to be a supervisor and these staff have on-going training in leadership and management styles and expectations in addition to clinical supervisory expectations. GCBHS' satellite office and our Community Based Structured Crisis Care (CBSCC) Unit each has a clinical supervisor with oversight by our Clinical Director who provides direct supervision to these staff/supervisors at least 20 hours a month.

PROCEDURE

Staff providing direct care for those we serve will have supervision in a variety of ways. At a minimum, clinical supervision will be provided with the following in mind.

Each clinical supervisor / department will determine what works best for their designated department. The plan must be approved by the Clinical Director. At a minimum the supervision will include:

- » Credentials and privileged to provide clinical supervision; and
- » A system for the provision of supervision (approved by their Leadership Team Director); and
- » Methods and time frames for supervision of individual, group, educational treatment services.

On-going supervision should address, at least:

- » The appropriateness of treatment modality being provided to the client;
- » The effectiveness of the treatment as reflected by the client's meeting their individual's goals;
- » The provision of feedback that enhances / improves the clinical skills of service providers

Supervisors may document supervision in a variety of ways. It is recommended that each supervisor keep a binder with supervision notes. Notes may include documentation from formal supervisions, emails, staffing, etc.

Caseloads vary depending upon the services being delivered. It is GCBHS' plan for clinical staff members to not have more than one hundred (100) clients to whom they are providing services. However, that number may increase depending upon staff availability and open positions. Once a staff member has more than one hundred active clients, it must be staffed with their supervisor in order to devise a plan for treatment.

ETHICAL BILLING PRACTICES

GCCP – 040

POLICY

GCBHS expects staff to practice ethics in all areas of their work, including billing for services completed. GCBHS ensures this through a variety of ways, including on-going supervision, annual review of ethics, on-boarding information, and through record review in Continuous Quality Improvement.

PROCEDURE

When staff are first brought on-board at the organization and given their orientation checklist for completion; ethical billing practices is included. As the Staff Training Coach meets with new staff a review of EMR Training and billing practices is completed. The designated supervisor of the new staff will also discuss ethical billing practices.

In addition, staff must complete HIPAA training. Critical Incident Reports are discussed during this training, as well as the importance of providing competent and ethical services, which includes ethical billing practices. Staff also receive regular and on-going supervision, both clinical and administrative. At least once annually, supervisors review core competencies with clinicians and review expectations regarding ethical billing practices.

Lastly, Continuous Quality Improvement activities that include case study, treatment outcomes, and auditing, provide opportunities to review services rendered versus billed.

TELEHEALTH SERVICES

GCCP – 041

POLICY

GCBHS telemedicine services seek to improve access and quality of services to the people we serve. GCBHS will abide by all applicable Federal and State statutes and regulations for telemedicine services. The ODMHSAS and OHCA have approved GCBHS as an authorized site for the use of telemedicine services. Our network meets all required technical and privacy standards for the provision of these services. The GCBHS Chief Information Officer will manage this network and remain the primary person responsible for obtaining annual approval for the continued use of this service.

Telemedicine means the practice of health care delivery, diagnosis, consultation, evaluation, treatment, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine uses audio and video multimedia telecommunication equipment which permits two-way real-time communication between a health care practitioner and a patient who are not in the same physical location (as defined by the State of Oklahoma.)

Persons receiving treatment through telemedicine are physically at a GCBHS clinic, in a confidential setting (originating site) receiving services from a certified or licensed health care professional (distant site). Both individuals can see and hear one another for the purpose of providing/receiving behavioral health care. The equipment and transmission speed are technically sufficient to support the service provided. The equipment is kept in a secure location, at all times.

PROCEDURE

Through telemedicine, practices involve the following actions:

- » Services are limited to consultations, psychotherapy, diagnostic interview exams, mental health court, testing, treatment planning, discharge planning, and pharmacological management;
- » Staff are trained in the use of telemedicine equipment and competent in its operation;
- » A Direct Care employee at the originating site is required to introduce the client to the LMHP at the distant site;
- » Before the initial use of the telemedicine system, the client must give written consent allowing participation. The consent form will include a description of the risks and benefits of telemedicine, including the client's right to refuse to participate without being denied services. The consent form must be signed by the client and included in their record.
- » The client may withdraw from this service at any time; and
- » All existing confidentiality protections apply.
- » The LMHP is responsible for documenting the session.

SUICIDE PREVENTION SERVICES

GCCP – 042
450: 17-5-184

POLICY

Green Country Behavioral Health Services shall provide suicide prevention services to the community at large as well as persons seeking services. All clinical staff will have training in the basics of crisis work, including recognizing red flags and symptoms that may indicate the presence of suicidal thinking.

Additionally, staff must show competency in crisis intervention, crisis management, and safety planning. Eligible staff will also complete certification in the CAMS on-line and role play training.

PROCEDURE

Identified staff will provide outreach and education to the general public in regard to suicide. Certified staff may provide training to the community in Question, Persuade, and Refer (QPR) as a community outreach program.

All persons requesting services will be screened for suicidal thoughts and/or behaviors that may indicate suicidal thinking. Evidenced based tools will be used in screening.

Persons voicing suicidal thoughts will be referred to clinicians specifically trained in approaches for effective assessment and intervention.

Persons who are active clients will be asked about suicidal thoughts at each session, regardless of the service.

Persons who are deemed to be at imminent risk for suicide will be evaluated for emergency detention. GCBHS staff will ensure all lesser restrictive levels of care has been explored, offered, and tried before

placing someone under a detention order. Staff completing evaluations for emergency orders of detention must meet the criteria as a licensed mental health professional (LMHP) as defined by 43A O.S.

GCBHS will ensure that all staff understand that a suicidal person takes precedence over other services which may have already been scheduled.

COMPETENCY EVALUATIONS

GCCP – 043

POLICY

Green Country Behavioral Health Services agrees to provide competency evaluations and testimony as a result of the evaluation for identified persons in Muskogee and McIntosh counties. Evaluations completed by GCBHS staff will not include persons with murder charges, intent to kill charges, or kidnapping charges or juveniles.

PROCEDURE

All orders for competency evaluations must be received from the Oklahoma Forensic Center (OFC).

- » The OFC will send the order to GCBHS medical records, and
- » Medical records staff will log the order the day it is received and send to GCBHS staff identified and certified as forensic examiners, and
- » Staff will respond via email to “all” so the group knows who will be doing the evaluation, and
- » Medical records staff (or examiner) will obtain records and other documents from DA’s office, OSCN, etc. and give to the examiner, and
- » The GCBHS forensic examiner will have 14 days to complete the evaluation, review of records and write the report for the court, and
- » Once completed, all paperwork associated with the case, along with the billing, will be turned back into medical records, and
- » Medical records staff will deliver report to the DA’s Office, the Defense attorney, the Court, and fax to the OFC.

Competency records are kept outside of the electronic medical record; however, if a person being evaluated is a client or becomes a client, these documents may become part of their medical records.

CRIMINAL JUSTICE SERVICES (Mental Health Court Treatment)

GCCP – 044

POLICY

Green Country Behavioral Health Services (GCBHS) agrees to provide for the assessment and treatment of individuals with mental illnesses, including persons with co-occurring substance use disorders, who are participants in an Oklahoma Mental Health Court program or who are referred for the purposes of determining eligibility for the program.

GCBHS will ensure that all services pursuant to this program shall be in compliance with the most recent edition of the Oklahoma Specialty Courts Manual, published by the Oklahoma Department of Mental Health and Substance Abuse Services and the most recent version of the Anna McBride Act and OAC Title 450, Chapter 17, and integrated services of a CCBHC OAC 450, Chapter 17, Part 23.

GCBHS shall provide behavioral health services and supports for juvenile and adult offenders living with mental illness, substance use disorders and co-occurring disorders work to assist with their recovery and diversion from the criminal justice system.

GCBHS agrees to furnish the necessary resources to provide treatment interventions supported by clinical assessment, including but not limited to intensive case management, care coordination, group and individual therapy, group and individual rehabilitation, pharmacological services, crisis interventions, rehabilitative services, peer support, or any combination thereof.

Staff assigned to this program will have specialized training provided by the ODMHSAS and must continue to show competency. Additionally, staff will be heavily involved with the court system and will spend most of their work time outside of the agency. Employees will be required to present a positive, professional representation of GCBHS.

PROCEDURE

GCBHS staff shall:

- » Ensure that consents for release of confidential information are completed to the court team prior to completion of assessment for program eligibility;
- » Provide assessment to determine eligibility into the mental health court program;
- » Make eligibility recommendations based on ODMHSAS's eligibility criteria, using most current version of the Diagnostics and Statistical Manual and American Society of Addiction Medicine Patient Placement Criteria;
- » Provide treatment services prior to acceptance into mental health court for program referrals whom select to receive services voluntarily and otherwise meet Department eligibility criteria;
- » Continue treatment services upon completion, termination, or withdrawal of participants whom select to receive services voluntarily and otherwise meet Department eligibility criteria;
- » Provide assessment services to program referrals that do not have a current mental health diagnosis. These services shall be provided to referrals whom are both in and out of custody. Assessment services shall be in compliance with OAC Title 450 Chapter 17 and the most recent version of the Oklahoma Treatment Courts Manual;
- » Serve as a designated member of the Mental Health Court Team, sharing the common goal of decreasing recidivism and increasing treatment utilization for participants of the program;
- » Communicate with the Mental Health Court Team;
- » Participate in all Mental Health Court team staff meetings, reporting on participants' progress toward individualized treatment plan goals, and ongoing assessment of participant needs. Reporting includes, but is not limited to, submission of written reports to the program coordinator, or designee, prior to each court session, on number of made/missed appointments, treatment concerns, and progress toward treatment plan goals;
- » Advocate for therapeutically effective incentives, sanctions, and other interventions;
- » Educate the Mental Health Court Team subsequent to area of expertise;
- » Ensure that all program participants and those referred for the process of determining eligibility for the program retain their rights, as identified in OAC Title 450, Chapter 15 Consumer Rights; and
- » assist with development of mental health court policy and procedures and participant handbooks providing input for revisions, annually at a minimum, with respect to area of expertise.

GCBHS will not be a party to scheduling, administering, and otherwise being involved with urinalysis or other drug testing practices with the exception that such testing results requires a therapeutic intervention or re-evaluation of treatment goals and objectives; as long as there is another viable option for the above-named services. (If we must provide services related to the scheduling or administering of substance testing, the Department's (ODMHSAS) Specialty Court Administrative Coordinator must be notified in writing within thirty (30) days of contract award date.

The notification must include the following elements:

- » Indication that Mental Health Court participants are eligible for the Agency’s Flexible Funds, as deemed appropriate by agency director, and
- » That the cost of urinalysis or other drug testing as ordered by the Mental Health Court will be paid by the participant, including indigent clients, and
- » Notice that payment for drug testing shall not be pursuant to treatment, and
- » That payment requirements shall be defined in the Mental Health Court policy and procedures manual and the participant handbook, and
- » Mental Health Court participants shall be served regardless of income level.
- » That compensation, including service co-payments, shall not be sought from Mental Health Court participants whom meet Department eligibility standards, including indigent eligibility criteria, excluding those allowed by Department’s existing compensation policies.

CRIMINAL JUSTICE SERVICES (Offender Screenings)

GCCP – 045

POLICY

Green Country Behavioral Health Services (GCBHS) agrees to provide for the assessment of individuals referred by the court and/or District Attorney’s office for offender screening.

These screenings are specific for assessing criminogenic risks of an identified population. The instrument used for this screening is called the Ohio Risk Assessment Screener (ORAS).

GCBHS will ensure that all services pursuant to this program shall be in compliance with the most recent edition of the Oklahoma Specialty Courts Manual, published by the Oklahoma Department of Mental Health and Substance Abuse Services and the most recent version of the Anna McBride Act and OAC Title 450, Chapter 17.

Services pursuant to this policy must be completed by a Case Manager II with Certification issued July 1, 2013 or after, or LBHP level clinician;

Staff assigned to this program will have completed specialized training provided by the ODMHSAS and passed a certification and must continue to show competency to administer the ORAS. Additionally, staff will be heavily involved with the court system and will spend the majority of their work time outside of the agency; therefore, representing the agency in the highest reflection will be required.

GCBHS’ provision of these services is pursuant to a contract specifically for this purpose. Should funding cease for this project, GCBHS would no longer be required to provide this service to the Court.

PROCEDURE

The GCBHS Clinical Director will decide staff eligible for the training. Once training has been completed and the staff person has passed the certification test they may begin providing services.

Upon referral from the DA’s office or the Court, staff will complete the screening using the following guidelines:

- » Include a release of confidential information compliant with state and federal guidelines to the sentencing judge, district attorney, defendant’s attorney, diversion programs available in the jurisdiction, and “individuals and entities responsible for the care and well-being of the individual”; and

- » Complete the screening within 3 business days of referral, and
- » Complete a report which: is provided to the sentencing judge, district attorney, and defendant's attorney within 5 business days of referral; Includes offender name, date of birth, case number(s), date of referral, date of screening, and date of report; results of mental health, substance abuse, and risk screening; and includes recommendations for referrals based on level of mental health treatment need, substance abuse treatment need, and risk level, and
- » Make available a licensed clinician with experience in crisis management upon indication of mental health crisis, and
- » Document the final disposition of the defendant's case to include any treatment program, supervision program, or prison entry within 30 days of final disposition, and
- » Submit data as identified and required by Department on all completed screenings.
- » Submit a current version of the Offender Screening referral matrix for each county for approval within 30 days of contract execution. Any modifications during the year shall be submitted for approval within 30 days.
- » Compliance with Department Offender Screener randomized risk assessment competency demonstration requests.

CARE AS NEEDED UNIT (CAN)

GCCP – 046

POLICY

GCBHS recognizes the need for an intermediary service, more structured than our “typical” outpatient services, but not as structured as our crisis stabilization unit. With this in mind, we created our CAN unit. The CAN unit is an outpatient service that can be accessed 2/7/365. It is located within our existing crisis unit, just for the safety of 24/7 staff availability,

All adult Muskogee and McIntosh County residents referred for crisis evaluation will be eligible for admittance into the CAN unit. Services provided pursuant to this unit must be by request of the person / client on a voluntary basis. Persons meeting criteria for emergency detention and unwilling to seek voluntarily treatment are not eligible for the CAN unit.

Staff assigned to the CAN unit will be, at a minimum:

- A Peer Recovery Support Person (PRSS)
- A Case Manager II
- A licensed nurse

Additionally, there will be a LBHP available for the update and completion of assessment and treatment planning. If the person is an existing client of GCBHS, the LBHP may need to update a treatment plan.

Staff assigned to this program must be able to demonstrate competency in crisis diversion, intervention, and effective discharge planning.

PROCEDURE

Upon presentation to the unit, the person / client will be asked to consent for treatment. At this time, this procedure will be followed:

- » Clinical staff will provide an assessment of the client's condition/crisis situation and whether they meet admission criteria for the Care As Needed (CAN) Unit, or require a higher level of care. The client must volunteer to the unit and not be in EDO status at the time of admissions to the CAN Unit, and

- » If eligible for admission, the Peer Recovery Support Specialist (PRSS) will assist the client in locking up their personal belongings:
 - Shoes –Client will receive slip resistant socks
 - Belts
 - Cell phones
 - Bags and purses
 - Coat
 - Money
 - Jewelry and Watches
- » A picture of the above items will be taken by the PRSS. The picture will be shown to the client. The client will verify that all of their possessions are on the picture. The client possessions will be inventoried on possessions envelope and the envelope will be sealed. Money in the enveloped will be counted and marked on inventory sheet.
- » The PRSS will then wand over the individual to ensure no metal is in client’s possession before the client is placed on the unit. The client will be asked to turn their pockets inside out.
- » The client will then be taken to the Nurse (RN or LPN) on duty for further evaluation of their medical needs. PRSS will take instant picture of client to attach to the EMR to ensure the clients are receiving their appropriate medication.
- » The client will meet with the PRSS to discuss orientation to the unit, the schedule for activities on the unit, and client will be presented with an orientation folder that includes client handbook. The PRSS may accompany client to the therapist office if time permits.
- » The client will meet with the therapist to complete the PHQ-9.

Nursing Staff will:

- » Assess the person’s medical stability for admission (the person must be medically stable through visibility), and
- » Perform a urine dip stick analysis, and
- » Account for all personal medications brought to CAN and secure them in a locked area for safety.
- » RN will verify pill count in each med bottle and reference clinicalpharmacology.com website to verify the pills in the medication bottles are correct according to the prescription.
- » Medication bottles must have pharmacy label, name, and medication by name, dose and frequency to permit self-administration. Medications in pill planners can’t be self- administered due to absence of labeling.
- » Self-administration of non-GCBHS medications is documented/signed/timed/dated on the MAR. The RN will co-sign indicating witness to the self-administration of personal meds.

Physician/Provider CAN

1. Provide face to face/telemedicine encounters to evaluate the medication needs necessary to improve the mental and physical health well-being of the client.
2. Provider will make CAN rounds between 8:00 am and 4:00 pm Monday through Friday, depending on the needs of the Client. Saturday and Sunday rounds are at the discretion of the provider.

Medications/Standing Orders/Documentation/Interventions

1. Follow Standing Order Protocol when administering meds to Clients.
2. Provide careful consideration of Client medication needs, and assessment before administrating PRN.
3. Follow dosing instruction per NARCAN container and training when administering NARCAN for opiate overdose.
4. Obtain vital signs each shift. However, follow vital sign protocol when monitoring for withdrawal
5. Document administration of PRN, or routine med given for withdrawal by name, dose, date, time, reason for giving, and response to medication. Ensure documentation includes finger stick glucose reading or units of insulin given when applicable and follow up assessment.
6. Refer to Standing Orders to ensure accuracy and interventions that are required when dispensing any standing, or routine order given for withdrawal.

New Medications Ordered by Providers and PRN medications Administered/ Medication Documentation

1. Enter new med orders in GoHealth immediately to ensure timely delivery of medications.
2. Ensure Medical consent/AIMS assessment is completed prior to Client receiving new anti-psychotic medication.
3. Document all PRN meds given to the Client during the course of stay in GoHealth. Each PRN given is entered as a one-time dose and re-entered in GoHealth if dose is given again.

Medical/Nursing Protocol for the treatment of Hypoglycemia 15-15 Rule (See Standing Order for dosing instruction/guidelines)

1. Follow Standing Order guidelines as indicated for hypoglycemic episode.
2. Follow Standing Order guidelines for assessment and reassessment of finger stick glucose level, as well as instructions to administer and repeat doses when applicable.
3. Referral to Emergency Room based on Standing order protocol for Blood Sugar level considered for emergency care

Medical/ Nursing Protocol for Hyperglycemia/Insulin Administration

1. Refer to Sliding Scale Standing Oder for appropriate administration of insulin based on finger stick glucose level.
2. Follow guidelines as indicated in the Standing Order for assessment and reassessment of finger stick glucose level before and after administration of Insulin.
3. Referral to Emergency Room based on finger stick glucose level as indicated on Standing Order.

Medical/Nursing Protocol for Alcohol Withdrawal

If alcohol withdrawal is suspected:

1. Obtain vital signs immediately
2. Administer the Clinical Institute Withdrawal Assessment Tool for Alcohol (CIWA-AR).
3. CIWA-AR score 0-9—no medication required thus far.
4. CIWA-AR score 10 and above Refer to the Alcohol Withdrawal Standing Order Detox Regime for dosing.
5. Ensure Vital Signs are completed **upon admission**. Continue every **2 hours for 12 hours, every 4 hours for 12 hours, and every 8 hours for 12 hours, and every 8 hours thereafter** once the patient is not experiencing withdrawal symptoms.
6. Continue to monitor for S/S of withdrawal ongoing during patient stay at CARE AS NEEDED (CAN) after
7. Repeat CIWA-AR score assessment daily after initial assessment
8. Ensure Standing Order Medication for Withdrawal is initiated immediately, based on results of assessment score/ and presenting symptoms of withdrawal.
9. Refer to Standing Orders for withdrawal regime to determine indications to hold the medication
10. Call 911 for heart rate greater than **120, or Systolic BP greater than 180, or Diastolic greater than 120.**

Benzodiazepine Withdrawal Protocol

1. Administer Opiate Withdrawal Assessment Scale
2. Refer to Standing Order for administering Ativan PRN
3. Obtain Vital Signs before each dose is given PRN---Documentation in the GOHEALTH is required to determine response to dose given, and follow up BP

NARCAN Protocol/Opioid Overdose

1. Refer to Standing Order instruction when administering NARCAN
2. Obtain Vital Signs/CALL 911

Medical/Nursing Protocol for administering Oxygen

1. Refer to Standing Order for Oxygen use for chest pain, or Pulse Ox reading of 92% or below.

2. Call 911 for patient complaint of chest pain, and Oxygen saturation of 92 or below.

Seizure Disorder/Precautions

1. Follow Standing Order Protocol for Seizures
2. Observe the patient under Seizure Precaution
3. Call 911 if patient has seizure activity

Transition to/From Emergency Medical Care

1. After determination of need for transition, RN will contact emergency services, report client condition and request ambulance.
2. Upon arrival of emergency service personnel, RN will give known medical history and medication information.
3. Document transfer to ER
4. Upon Client's return to CAN, RN shall obtain vital signs, review discharge information, and contact facility if additional information is required. Document vital signs and return time to CAN

Nursing Responsibilities during CAN Stay

1. Obtain Vital Signs/Assessment upon admission to determine medical stability.
2. Follow Standing Order Protocol for any abnormal vital sign results.
3. Complete Health Risk Appraisal for new Client and ongoing medication education
4. Determine all medication currently prescribed for Client and document in GOHEALTH
5. Provide case management/care coordination for continuity and linkage for care needs.
6. Linkage to GCBCB provider and/or PCP for evaluation of medication/medical needs.
7. Perform other duties as necessary, within the Scope of Nursing Practice Guidelines.
8. Follow Infection Control Policies; disinfect glucometers after each use/dispose needle after FS. Disinfect BP device after each use. Contact the Charge Nurse (Melissa Davis, RN) if patient has been diagnosed/ or suspected flu. Contact Charge Nurse if the patient has been prescribed an antibiotic, and for purposes of trending infection control within the agency to ensure infection control trending exists. Also report any suspect communicable disease.

Documentation in GoHealth

1. Documentation of transition to and from medical care.
2. Documentation of PRN medication given by name, dose, frequency and reason for giving.
3. Documentation of Urine Dip Stick analysis in GOHEALTH.
4. Any medical condition, concern, and care given to the Client require documentation of condition and interventions in GOHEALTH.
5. Assessments/Reassessments documentation in the GOHEALTH
6. Health Risk Assessments and Care/Case Management documentation in GOHEALTH
7. Documentation of Client discharge from CAN, medication instruction, and follow-up appointments scheduled after discharge.

Communication:

1. Report pertinent information to oncoming shift to ensure continuity of care
2. At shift change, both nurses shall ensure medications are being maintained in a safe environment.
3. At shift changes, both nurses shall count narcotics and record count on Narcotic Log.
4. Report narcotic count discrepancies immediately to Charge Nurse.

Discharge Medications/Instructions

1. Determine discharge medication needs prior to discharge. Ensure the patient has discharge medication prior to discharge.
2. Contact Pharmacy and provide discharge meds orders prior to discharge from CAN.
3. Contact Pharmacy if discharge medications need delivery to CAN, or another OP location.
4. Call local pharmacy to fill discharge medications if Client discharges on weekends.
5. Ensure Client receives outpatient appointment with Provider and Nurse after discharge.

6. Discharge transportation will occur once the patient has possession of prescribed discharge medications.
7. Nurse to provide follow-up call within 24 hours of discharge from CAN.

CLIENT (PATIENT CARE) REGISTRIES AND POPULATION HEALTH MANAGEMENT

**GCCP – 047
OAC 450:17-5-191**

POLICY

GCBHS implements clinical decision support mechanisms following nationally published evidence-based guidelines for:

1. A mental health or substance use disorder;
2. A chronic medical condition;
3. An acute condition;
4. A condition related to unhealthy behaviors; and
5. Well child or adult care.

GCBHS program descriptions demonstrate encouragement of healthier lifestyles for our clients, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventive care.

GCBHS staff shall electronically submit data through GOHEALTH to the Relias State Health Registry information management system which will act as a consumer registry, care management device, and outcomes measurement tool. This information will be utilized for the purpose of enrollment and discharge tracking, compliance, quality assurance, and outcome monitoring.

PROCEDURE

GCBHS services will be delivered by clinicians who are trained in evidence-based practices. All clients will be screened for mental health or substance use disorders, chronic medical conditions, acute conditions, any conditions related to unhealthy behaviors, and well child or adult care during the intake and treatment planning appointment. Delivered services will be specific to the client's need as determined by evidence-based assessments, client's self-report, the client's preferences for treatment, and the identified objectives and goals.

Program descriptions are written annually for each GCBHS program and include the program philosophy, admission criteria, access to services, staff credentials, and services provided in that program. Wellness Activities and Support services are provided in individual and group settings and include topics on increased physical activity, better nutrition, avoidance of behavioral risks, tobacco reduction and cessation, and preventive care.

The GCBHS Continuous Quality Improvement team provides on-going review and monitoring of CCBHC performance measures and service quality indicators, including quarterly reports from client satisfaction surveys.

DATA REPORTING, PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT

**GCCP – 048
OAC 450:17-5-192**

POLICY

GCBHS leadership develops a written organizational Annual Plan, which outlines the agency's continuous quality improvement (CQI) program; describes the agency's mission, vision and values; identifies the target population to be served in each program; and publishes program and agency goals and objectives. Processes for organizational assessment, including input from stakeholders, self-assessment and needs assessment, are also outlined in the Plan.

The Annual Plan outlines the CQI team's quality improvement processes, procedures and plans for attaining agency goals and objectives, as well as program goals and objectives. As our method for objectively and systematically monitoring, evaluating and improving the quality of client care, the CQI Committee documents specific tasks (including actions regarding the agency's co-occurring capability), target dates, and responsible staff to carry out the procedures and plans.

GCBHS CQI performance improvement priorities include the following:

1. A focus on high risk, high volume, or problem-prone areas.
2. Consideration of incidence, prevalence, and severity of problems; and
3. Prioritizing improvements that affect behavioral outcomes, client safety, and person-centered quality of care.

The CQI team also tracks adverse client events and analyzes their causes in order to implement preventive actions and mechanisms.

We use quality indicator data, including client care and other relevant data, in designing our CQI program and use the data collected to monitor the effectiveness and safety of services and the quality of care, as well as to identify opportunities and priorities for improvement.

Our CQI program also addresses the fiscal management of our agency, with quarterly financial reports to the CQI team.

GCBHS shall annually submit a cost report containing data elements as specified by ODMHSAS with supporting data within six months after the end of each calendar year.

PROCEDURE

GCBHS' Chief Financial Officer, along with members of the finance team will utilize agency expenses to prepare an annual cost report containing data elements as specified by ODMHSAS with supporting documents within six months after the year end.

Plans for continued monitoring and improvement of programs and services, as outlined in the GCBHS Annual Plan, are accomplished through the following procedures:

1. Outcomes management processes, including measures required by CMS and ODMHSAS, and may include measures from the SAMHSA National Outcomes Measures, NCQA, and HEDIS as required to document improvement in population health.
2. Quarterly record review to minimally assess the following:
 - A. Quality of services delivered;
 - B. Appropriateness of services;

- C. Patterns of service utilization;
- D. Treatment goals and objectives based on assessment findings and consumer input;
- E. Services provided which relate to the goals and objectives;
- F. Patterns of access to, and utilization of, specialty care; and
- G. Care plan review and update, as prescribed by policy.

3. Review of critical incident reports and consumer grievances or complaints.

An annual Program Evaluation report of CQI findings is developed and made available to the GCBHS Board of Directors, GCBHS staff, clients, stakeholders and ODMHSAS, as requested.

SERVICE PROVISION IN A PANDEMIC SITUATION

GCCP – 049

CDC Regulations; Muskogee County Health Department Guidance

POLICY

GCBHS Administrative Policy Section XII ensures the provision of safe, continued client care during an internal or external disaster. The policy also identifies available resources and outlines effective utilization of those resources. GCBHS operations during COVID-19 brought the immediate need for policy and procedure specific to a health pandemic, where resources – and staff – may or may not be available, due to a pandemic’s impact on an exceptionally high percentage of the population.

PROCEDURE

In the event of a pandemic, the GCBHS Clinical Director, with assistance from leadership, will develop a mitigation plan for continuing services within the constraints brought by the pandemic. The plan, and on-going revisions, will be shared with all GCBHS staff and the CEO of Muskogee Health Center, our partner in integrated service provision, whose clinic is co-located in our main facility.

A team may be formed to identify changing needs and establish specific procedures to ensure access to continued, confidential services and safety of staff, clients, and visitors. The team will be comprised of our Medical Director, Director of Nursing, Clinical Director, Chief Information Officer, Safety Officer, Human Resources Manager, Chief Financial Officer, Director of Crisis Services, Finance Supervisor, and Chief Executive Officer.

CDC and Health Department guidelines will be reviewed for guidance. The team, led by the CEO, will be responsible for monitoring and confirming that staff are following the mitigation plan and its requirements, such as the use of Personal Protective Equipment (PPE), limited face-to-face contact, and on-going safety measures.