

TABLE OF CONTENTS

SECTION I	ADMINISTRATION
SECTION II	SERVICE PROVISION
SECTION III	CLIENT RECORDS
SECTION IV PSYCHOSOCIAL	REHABILITATION
SECTION V	PERSONNEL AND STAFF DEVELOPMENT JOB DESCRIPTIONS
SECTION VI	QUALITY ASSURANCE
SECTION VII	ACCESS / CRISIS INTERVENTION

TABLE OF CONTENTS

SECTION I	ADMINISTRATION
<u>SUBJECT</u>	<u>PAGE(S)</u>
1. Access to CPRC Policies and Procedures	1
2. Orientation/Continuing Education of Board	2
3. Organization	3
4. Location and Hours	4
5. Philosophy and Purpose	5-6
6. Outreach Plan for Services	7-8
7. Client Feedback and Recommendations	9
8. Program Goals	10
9. Research	11
10. Client Rights	12-13
11. Confidentiality of Records	14
12. Client Abuse and Neglect	15-23
13. Inappropriate Client Behavior	24
14. Behavior Management	25-26
15. Behavioral Crises	27
16. Medical Emergencies	28
17. Off-Site Emergencies	29
18. Emergency Response in Case of Vehicle Accident	30
19. Infection Control: AIDS	31
20. Infection Control: All Diseases	32-33
21. Death of a Client	34-36
22. Arrest or Detention of a Client	37
23. Emergency Procedures	38-40
24. Van Maintenance	41
25. Use of Tobacco	42

TABLE OF CONTENTS

SECTION I (continued)

ADMINISTRATION

Attachments

Attached

Attachment A – Incident Report Form

Attachment B – Internal Incident Report Form

Attachment C – Emergency Drill Report Form

Attachment D – Vehicle Inspection Report Form

TABLE OF CONTENTS

SECTION II	SERVICE PROVISION
<u>SUBJECT</u>	<u>PAGE(S)</u>
1. CPRC Services	1-2
2. Admission Criteria	3-9
3. Initial Evaluation	10-12
4. Admission Procedure	13
5. Refusal of Admission	14-15
6. Client Status	16
7. Waiting List	17
8. Treatment Planning/Goals and Objectives	18-21
9. Annual Evaluation	22
10. Community Support	23-25
11. Client Assignment	26-27
12. Critical Intervention Plan	28-29
13. Crisis Intervention and Resolution	30-33
14. Medication Services	34-35
15. Medication Administration Services	36-39
16. Abnormal Involuntary Movement Scale	40
17. Off-Site Services	41
18. Transfer and Referral	42-43
19. Coordination with Inpatient Treatment	44
20. Missed Appointments	45
21. Transportation	46
22. Discharge from CPRC	47
23. Intensive CPRC	48-51
24. Healthcare Home	52-59
25. ITCD	60-77

Attachments

Attached

Attachment A – AIMS

Last Revised: 4/17

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

TABLE OF CONTENTS

SECTION III

CLIENT RECORDS

SUBJECT

PAGE(S)

- | | |
|---|-------|
| 1. Administration and Storage | 1 |
| 2. Monitoring | 2 |
| 3. Standards | 3 |
| 4. Intake/Initial Evaluation | 4-5 |
| 5. Individual Treatment/Rehabilitation Plan | 6-7 |
| 6. Quarterly Reviews | 8 |
| 7. Annual Evaluation | 9-10 |
| 8. Progress Notes | 11-12 |
| 9. Psychosocial Rehabilitation | 13 |
| 10. Crisis Intervention and Resolution | 14 |
| 11. Discharge from CPRC | 15 |

Attachments

Attached

Attachment A – CommCare Form

Last Revised: 4/17

NORTH CENTRAL MISSOURI

CPRC

Last Revised: 4/17

TABLE OF CONTENTS

SECTION IV PSYCHOSOCIAL REHABILITATION

SUBJECT PAGE(S)

1. Philosophy and Purpose	1-2
2. Admission Criteria	3
3. Core Services	4-5
4. Costs	6
5. Intake Screening and Admission	7-8
6. Intake and Assignment Procedures	9
7. Client Rights	10-11
8. Behavior Management	12-13
9. Client Abuse and Neglect	14-19
10. Confidentiality Policy	20
11. Health and Safety Program	21-36
12. Documentation	37
13. Client Rights Team	38
14. Grievance Procedures	39-40
15. Client Layoff from PSR	41
16. Missing or Runaway Clients	42-42
17. Discharge from PSR	43-44
18. Medication	45-47
19. Client Input	48

Attachments

- Attachment A – Field Trip Permission Form**
- Attachment B – PSR Introduction Sheet**
- Attachment C – PSR Preferences Form**

Attached

Last Revised: 4/17

TABLE OF CONTENTS

SECTION V PERSONNEL AND STAFF DEVELOPMENT

SUBJECT PAGE(S)

1. Table of Organization	1
2. Hiring Procedures	2
3. Personnel Policies and Procedures	3
4. Volunteers	4-5
5. Staff Supervision Practices and Ratios	6-7
6. CPRC Director Job Description	8
7. Children & Youth Services Director Job Description	9
8. CPRC Team Leader Job Description	10
9. Community Support Specialist	11
10. PSR Team Leader Job Description	12
11. PSR Worker Job Description	13
12. Transportation Coordinator Job Description	14
13. Transportation Aide Job Description	15
14. Professional Growth and Development	16-21

Attachment A – Table of Organization

Attachment B – Background Check Form

Attachment C – CPRC Director Job Description

Attachment D – Children and Youth Services Director Job Description

Attachment E – CPRC Team Leader Job Description

Attachment F – CPRC Community Support Specialist Job Description

Attachment G – PSR Team Leader Job Description

Attachment H – PSR Worker Job Description

Attachment I – Transportation Coordinator Job Description

Attachment J – Transportation Aide Job Description

Attachment K – Orientation and Continuing Education Checklist

Last Revised: 4/17

TABLE OF CONTENTS

SECTION VI

QUALITY ASSURANCE

SUBJECT

PAGE(S)

1. Quality Assurance Committee
2. Clinical Privileging Process

1-2
3-4

Directions for Completing Application for Clinical Privileges 5

Attachments

Attached

Attachment A – Clinical Privileging Process

Attachment B – Clinical Privileging Application

TABLE OF CONTENTS

SECTION VII ACCESS / CRISIS INTERVENTION

SUBJECT PAGE(S)

- | | |
|---|--------------|
| 1. Treatment | 1-14 |
| 2. Client Records | 15-17 |
| 3. Personnel and Staff Development | 18-20 |
| 4. Quality Assurance | 21-22 |

Attachments

Attached

Attachment A – Client Alert Form

Attachment B – Risk Assessment

Attachment C – Crisis Contact Sheet

Attachment D – Safety Plan

Attachment E – Safety Protocol Check Form

Attachment F – ACI Quality Assurance Plan

SECTION: ADMINISTRATION

**SUBJECT: ACCESS TO CPRC
POLICIES AND
PROCEDURES**

SECTION NO. I

SUBJECT NO. 1

The CPRC Policies and Procedures Manual is the basis for orientation and continuing education of CPRC staff. Current copies of the manual will be maintained in the offices of the Executive Director, Executive Assistant, Clinical Director, CPRC Director, and Children's Services Director, as well as all of the agency's satellite offices.

SECTION: ADMINISTRATION

**SUBJECT: ORIENTATION/
CONTINUING
EDUCATION OF BOARD**

SECTION NO. 1

SUBJECT NO. 2

The Executive Director of North Central Missouri Mental Health Center will attend all scheduled Board of Directors meetings and report on the overall operation of the agency's programs, including the CPRC. The CPRC Director will attend periodically throughout each year to orient the board and report more specifically on CPRC operations. New board members shall be oriented to the structure and operation of the CPRC and shall be provided continuing education at least bi-annually each fiscal year. Documentation of CPRC training will be cited in the board meeting minutes.

General staff interaction with the board will occur through the Executive Director, who serves as a liaison. With prior approval of the Executive Director, staff members of the CPRC may be placed on the agenda for a subsequent board meeting in order to facilitate direct communication regarding a specific concern. This may be arranged through the Executive Assistant.

SECTION: ADMINISTRATION

SUBJECT: ORGANIZATION

SECTION NO. I

SUBJECT NO. 3

The Community Psychiatric Rehabilitation Center of North Central Missouri Mental Health Center shall provide the full range of CPRC services to each community and the encompassing service area. The CPRC Director shall administer the operation components that collectively deliver the following core services:

1. Intake/Annual Psychosocial Evaluation (PSI/PSA);
2. Community Support;
3. Psychosocial Rehabilitation Center (PSRC);
4. Crisis Intervention and Resolution;
5. Medication Services; and
6. Medication Administration.

SECTION: ADMINISTRATION

SUBJECT: LOCATION AND HOURS

SECTION NO. I

SUBJECT NO. 4

The Department of Mental Health shall designate the minimum geographical boundaries of service areas throughout the state. Exceptions shall only be granted by the Director upon appeal from prospective providers.

CPRC Services are offered days, evenings and weekends as client need deems appropriate. CPRC Services cover the following nine counties: Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam and Sullivan. Main service sites are located in Trenton and Chillicothe. Crisis services are offered 24-hours a day, seven (7) days a week.

SECTION: ADMINISTRATION

**SUBJECT: PHILOSOPHY AND
PURPOSE**

SECTION NO. I

SUBJECT NO. 5

All program components of North Central's CPRC share a common philosophy that is expressed through the following principles and values:

1. Persons with a serious mental illness shall be active participants in program planning as well as individualized service planning, consistent with individual abilities. Clients are entitled to be treated with dignity and respect and have crucial roles to play in helping themselves and others to lead productive and satisfying lives.
2. Individuals who have a serious mental illness are capable of making decisions about where and how they want to live, learn, work and socialize, and will be given every opportunity and support needed to make such decisions regarding their lives.
3. Individuals disabled by a serious mental illness can lead far more rewarding and productive lives in the community, often including extensive and successful periods of employment made available to them.
4. Community-based services, including social, education, and vocational rehabilitation opportunities, are effective in assisting individuals to realize their potential for community living.
5. Services of the CPRC must be available and accessible. Organized outreach and transportation are necessary to reach those in the service area who are considered most in need of assistance for rehabilitative services. The CPRC program shall provide CPRC services to the eligible residents of a designated service area to the extent that adequate program/facility/funding capacity is available.
6. CPRC services must be responsive to the needs of clients, rather than the needs of the service system or those employed by it.
7. The scope and array of services and opportunities provided by the CPRC must be broad enough to accommodate the preferences and the diverse

needs of each client. All basic program components will be available to varying levels of intensity, based on individual need and readiness.

8. Continuity and coordination of care across program components are essential in providing quality mental health services.
9. A multi-disciplinary team approach to service delivery is the model that best assures quality and continuity of care and services to the client.
10. Services are offered (based on capacity) to all who need them without regard to gender, race, color, religion, nation origin, impairment status, veteran status, marital status, social or economic conditions, length of local residency, age or any characteristics associated with emotional disability or illness.

SECTION: ADMINISTRATION

**SUBJECT: OUTREACH PLAN FOR
SERVICES**

SECTION NO. I

SUBJECT NO. 6

All services of the CPRC will be made available to as many eligible clients as program size/funding permits and/or as the program expands.

A policy of outreach to unserved and under-served individuals will be implemented through educational presentations, brochures, media, maintaining liaison with referring agencies, and participation by key agency personnel in community service organizations. The CPRC Director and program staff will be responsible for providing information on the full range of CPRC services to the general public, potential referral sources, and to the client population.

The CPRC program provides the following services and liaison activities to the criminal and/or juvenile justice systems. This is done by:

1. Promotion of effective relationships with local law enforcement systems, including courts, through training education and consultation;
2. Information for law enforcement, court, juvenile offices and probation/parole personnel about services offered by the CPRC provider;
3. Provision of CPRC services to persons with serious mental illness who are on parole, probation, or in forensic aftercare, as appropriate, and working closely with the parole/probation officer, juvenile officer, and department forensic aftercare workers within the limits of confidentiality.

The CPRC program shall provide the following services and liaison activities to state and local public assistance/housing agencies and employment/training agencies:

1. Promotion of effective relationships with state and local public assistance/housing agencies and employment/training agencies through training, education, and consultation;
2. Information for personnel of state and local public assistance/housing agencies that provide public benefits about services offered by the CPRC program;

3. Provision of assistance to persons with serious mental illness and seeking public benefits, and in working closely with staff of state and local public assistance/housing and employment/training agencies within the limits of confidentiality to expedite the application process and continuation of client's eligibility.

SECTION: ADMINISTRATION

**SUBJECT: CLIENT FEEDBACK AND
RECOMMENDATIONS**

SECTION NO. I

SUBJECT NO. 7

The NCMMHC Board of Directors shall solicit recommendations and feedback from clients, client family members and client advocates regarding the appropriateness and effectiveness of services, continuity of care and treatment through the Consumer Satisfaction Survey.

In establishing a formal mechanism to solicit recommendations and feedback from primary clients, the Board of Directors, Executive Director, Clinical Director, Quality Assurance Coordinator, and CPRC Director will utilize the following process at least annually:

1. Evaluate an instrument to gather data;
2. Distribute the instrument to CPRC primary clients, family members, and/or guardians;
3. Retrieve data from the instrument to assess needs and feedback;
4. Develop an implementation plan to resolve cited issues; and
5. Incorporate recommendations and action steps into the Quality Assurance plan.

SECTION: ADMINISTRATION

SUBJECT: PROGRAM GOALS

SECTION NO. I

SUBJECT NO. 8

As a reflection of the North Central Missouri Mental Health Center philosophy, the CPRC staff strives, through programs and services, to provide individualized normalization, community integration, independent functioning and rehabilitation in order to:

1. Reduce the frequency and length of psychiatric hospitalization;
2. Help the client learn the basic skills and attitudes necessary for competitive employment or successful learning environment;
3. Provide a setting in which clients can learn to develop stable and supportive relationships; and
4. Provide a setting in which clients can acquire the skills necessary to cope with the stress of living as independently as possible in the community.

SECTION: ADMINISTRATION

SUBJECT: RESEARCH

SECTION NO. I

SUBJECT NO. 9

North Central Missouri Mental Health Center is supportive of research activities as long as its primary goal of service to individuals is not compromised.

Persons wishing to conduct research at NCMMHC must first obtain the approval of the agency's Review Task Force, to be approved by the Management Team. A complete procedural proposal detailing recruitment, instruments, and protection of subjects shall be submitted to the Executive Director. The Executive Director will form a committee consisting of the particular program director and one or two professional staff to review the proposed research activity and to decide whether it may be conducted at NCMMHC. Final approval must be obtained from the Executive Director.

No client will participate as a research subject without their voluntary, informed and timely consent. Children will only participate as research subjects with their parent(s)'s written consent and their own assent.

Research on Department of Mental Health clients will additionally be approved by the Missouri Department of Mental Health Professional Review Committee.

NCMMHC will receive a final report on any research conducted. These reports will be kept in the administrative office.

SECTION: ADMINISTRATION

SUBJECT: CLIENT RIGHTS

SECTION NO. I

SUBJECT NO. 10

North Central's CPRC assures each client the following rights and privileges without limitation:

1. To receive prompt evaluation, care and treatment;
2. To receive these services in a clean and safe setting;
3. To humane care and treatment; to have the treatment/rehabilitation explained;
4. To be treated with respect and dignity as a human being and addressed in an age-appropriate manner;
5. To be the subject of an experiment or research only with client's informed, written consent or the consent of a person legally authorized to act on client's behalf;
6. To have records kept confidential in accordance with federal and state laws and regulations;
7. To have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law;
8. To not be denied admission or services because of race, gender, creed, marital status, sexual orientation, national origin, disability, age, prior treatment, withdrawal from treatment against advice, or continuation or return of symptoms after prior treatment;
9. To be free from verbal, sexual and physical abuse, neglect, humiliation, corporal punishment, threats or exploitation;
10. To refuse hazardous treatment, unless ordered by the court;
11. To medical care and treatment in accordance with accepted standards of medical treatment;
12. To consult with a private, licensed practitioner at the client's own expense;
13. To request and receive a second opinion before hazardous treatment, except in an emergency; and

14. To receive these services in the least restrictive environment.

Outpatient client rights and privileges which may be limited include:

1. To see own records; and
2. Limitations necessary to ensure personal safety or the safety of others.

CPRC staff shall explain the aforementioned to each client and/or guardian and, when applicable, to the guardian, in terms easily understood. Staff will document the explanation of program rules by use of a form signed by the client and/or guardian and the staff member, and placed in the client's clinical record. The CPRC will post program rules at service sites.

The CPRC shall post the address and telephone number of the Department of Mental Health's Client Rights Monitor at service sites. The program will inform all clients that the Department of Mental Health's Client Rights Monitor may be contacted regarding any client complaints pertaining to abuse, neglect, or violation of rights or confidentiality.

SECTION: ADMINISTRATION

**SUBJECT: CONFIDENTIALITY OF
RECORDS**

SECTION NO. I

SUBJECT NO. 11

The CPRC adheres to all NCMMHC policies concerning confidentiality, as well as all applicable federal and state laws and regulations with respect to the confidentiality of client records.

Access to a client's confidential file will be limited to those staff working with that individual and who need this information. These records may be released to others only with the informed, written consent of the client or guardian. Depending upon the source and nature of a request for records, a verbal or written summary may be provided in lieu of a complete reproduction. Staff will handle such requests in a supportive manner consistent with a client's sense of trust in making disclosures.

A client or guardian may be asked to sign a form giving consent for the CPRC to obtain his/her records from another service provider. Upon receipt, these records become part of the client's confidential file. Under no circumstances will such records be disclosed. A client or guardian may review his/her clinical record by submitting a written request to the CPRC Director. Upon receipt of the request, the CPRC Director and assigned community support specialist will review the clinical record and remove any information which could be detrimental to the client as well as any information received from another agency. All requests will be transacted within a forty-eight (48) hour time period.

Photographs of clients may not be taken without the client's or guardian's written consent and knowledge of the intended use of the photographs. Exceptions to this restriction will be granted for specific purposes of client identification, maintaining the client record, or recording special events involving clients.

SECTION: ADMINISTRATION

**SUBJECT: CLIENT ABUSE AND
NEGLECT**

SECTION NO. I

SUBJECT NO. 12

Policies regarding the abuse or neglect of clients are pursuant to 9 CSR 10-5.200.

I. DEFINITION OF ABUSE AND NEGLECT

Neglect: Neglect shall be defined as the absence of behaviors on the part of the primary clinician such as not returning phone contacts, missing or consistently arriving late for appointment, or other behaviors of not maintaining the intended program components. Neglect of clients will not be tolerated and will be addressed through disciplining measures. Neglect includes, but is not limited to, failure to provide adequate supervision during an event in which one client causes serious injury to another client; failure of an employee to provide reasonable and necessary services to maintain the physical and mental health of any client when such failure presents either imminent danger to the health, safety or welfare of the client, or a substantial probability that death or physical injury would result; or failure of an employee to provide reasonable or necessary services to a client according to the individualized treatment plan, or according to acceptable standards of care. This includes action or behavior that may cause psychological harm to a client due to intimidating, causing fear, or otherwise creating undue anxiety.

Physical Abuse: Purposely beating, striking, wounding or injuring any client or in any manner whatsoever mistreating or maltreating a client in a brutal or inhumane manner. Physical abuse includes handling a client with any more force than is reasonable or apparently necessary for preventing the client from harming self or others.

Sexual Abuse: Any touching, directly or through clothing, of a client by an employee for sexual purpose or in a sexual manner. This includes, but is not limited to:

1. Kissing;
2. Touching of the genitals, buttocks, or breasts;
3. Causing a client to touch the employee for sexual purposes;

4. Promoting or observing for sexual purpose any activity or performance involving clients including any play, motion picture, photography, dance, or other visual or written representation; or
5. Failing to intervene or attempt to stop or prevent inappropriate sexual activity or performance between clients.

Verbal Abuse: Verbal Abuse includes, but is not limited to, an employee making a threat of physical violence to a client, when such threats are made directly to a client or about a client in the presence of a client, or an employee using profanity or speaking in a demeaning non-therapeutic, undignified, threatening or derogatory manner to a client or about a client in the presence of a client.

II. PERSONNEL

1. The agency shall employ no person known by the administration to have committed physical abuse, sexual abuse, neglect, or a felony involving crimes against persons.
2. The agency shall employ no person known by the administration to have committed verbal abuse or neglect three (3) or more times within a twelve (12) month period.

III. REPORTING ALLEGATIONS OF ABUSE AND NEGLECT

1. Complaints shall be filed with the Executive Director.
 - a. Any person may make a verbal or written complaint to the Executive Director or any other agency employee.
 - b. Any employee, including employees receiving complaints, having reasonable cause to believe that a client of NCMMHC has been subjected to physical abuse, sexual abuse, neglect, or verbal abuse while under the care and supervision of NCMMHC shall immediately complete and file a complaint with the Executive Director. Failure to report is cause for disciplinary action, or criminal prosecution, or both.
 - c. NCMMHC staff shall respond to incidents/accidents involving clients, other staff members and/or visitors to assist with emergency procedures as needed. Permission must be obtained from involved persons prior to providing assistance whenever possible. All incidents, accidents, or procedural errors which cause

harm or potential harm to clients, staff members, and/or visitors must be reported verbally to the supervisor within the same working day as the occurrence, and within 24 hours in writing to the Executive Director or designee.

1. Examples include, but are not limited to:

- a) Falls, burns, electric shock
- b) Error in client care procedures, including medication errors
- c) Errors in diagnostic or therapeutic procedures
- d) Failures to obtain informed consent from client
- e) Personal property loss or damage
- f) Accidents or injuries involving clients, staff members, or visitors
- g) Attempted or actual suicide
- h) Attempted or actual assault
- i) Abuse and/or neglect of a client
- j) Harassment or threats
- k) Death
- l) Homicide
- m) Physical restraint
- n) Client rights violation
- o) Elopement

2. Each staff member involved in, or witnessing an incident addressed by the policy will complete a written incident report within 24 hours of when the incident occurred or was discovered.

- a) Each incident report will be completed and given to an available secretary to type that same day. Once the report is typed, it must be signed by the appropriate staff member.
- b) The report will be given to the Executive Director for review and signature.
- c) The Executive Director will review the report with

the Clinical Director. Any actions taken will be described in writing and forwarded to the Department of Mental Health. Reports will then be kept separately in a locked file in the Executive Assistant's office.

- d) The Clinical Review Committee will review all incident/accident reports on a quarterly basis.
 - d. Staff shall provide basic life support (CPR and/or First Aid) and take any secondary steps such as calling an ambulance, and staff will identify and report all undesirable incidents, accidents, service delivery problems or situations which contain the potential for harm to clients, visitors, or staff which might be the result of breach of duty by the responsible staff, the responsible unit, and/or the agency.
 - e. Any staff witnessing or the first to arrive upon the scene of an accident, cardiac arrest, or injury must take steps to provide or assure provision of CPR and/or First Aid. If the staff member is not trained in CPR or First Aid, then s/he is to secure help from those so trained; first from staff or others present, or by calling location hospital emergency personnel for assistance.
 - f. Immediately after the emergency, the staff person involved in an accident, witness to an accident, or first to arrive at the scene will first verbally report to his/her supervisor, and then complete the Incident and Investigation Tracking System-Event Report Form and route this form to the Executive Director or designee.
 - g. Reporting procedures for all deaths, serious injuries, elopements and other serious incidents shall follow the Department of Mental Health guidelines as included in the Attachment (Attachment A) section of these policies and procedures.
2. If an incident of physical abuse, neglect or sexual abuse occurs to a minor, the agency employee receiving the complaint or having knowledge of the incident shall report the incident to the Division of Family Services on the toll-free hotline number (1-800-392-3738)

immediately, in addition to reporting as set out in Section 1.

3. If an incident of physical abuse, neglect or sexual abuse occurs to an adult, the agency employee receiving the complaint or having knowledge of the incident shall report the incident to the Division of Aging on the toll-free hotline number (1-800-392-0210) immediately, in addition to reporting as set out in Section 1.
4. Upon receiving a complaint, the Executive Director shall:
 - a. Immediately report the complaint to the appropriate licensing agency, to all agency staff who are professionally involved with the client, and send a copy of the complaint to the Client's Rights Monitor.
 - b. Determine whether an incident report should be submitted to the Regional Director of the Department of Mental Health Central Office, and if so, facilitate the submission of that report according to DMH guidelines.
 - c. Within five (5) days after receiving the complaint, send a letter acknowledging the receipt of the complaint to the person who filed the complaint.

IV. INTERNAL INVESTIGATION PROCESS

1. In the case of injury and/or death of a client in his/her residence or community, the CPRC staff will review the occurrence to determine the need for further investigation if there is reason to believe that abuse or neglect occurred.
2. Investigations of all complaints of sexual abuse, physical abuse or neglect shall be initiated by the Executive Director immediately.
3. The Executive Director, CPRC Director and Clinical Director shall review each incident of abuse or emergency restraint within five (5) working days of its occurrence.
4. Investigations of neglect or verbal abuse shall be initiated within twenty-four (24) hours.
 - a. Investigations shall include, but not be limited to, signed written statements from all persons with information regarding the complaint, including witnesses, victims or alleged perpetrators and

appropriate supporting documents.

- b. The investigation of each complaint shall be completed within 30 days.
5. The Executive Director may have a medical examination completed as soon as possible by a licensed physician, or registered nurse if a physician is not available, on any client named in any complaint of physical abuse, sexual abuse, or neglect, and a copy of the examination regarding the injury and treatment shall be placed in the client's chart.

V. LOCAL DEPARTMENT OF MENTAL HEALTH INVESTIGATION PROCESS

1. The head of the facility, day program, or specialized service that is licensed, certified or funded by the Department shall immediately report to a local law enforcement official any alleged or suspected:
 - a. Sexual abuse;
 - b. Abuse or neglect that results in physical injury; or
 - c. Abuse, neglect or misuse of funds/property which may result in a criminal charge.
2. If a complaint has been made under this rule, the head of the facility or program, and employees of the facility, program or service, shall fully cooperate with law enforcement and with Department employees or employees from other agencies authorized to investigate the complaint. Failure to cooperate may result in contract termination or dismissal of the employee.
3. A board of inquiry, local investigator assigned by the Department, or the Department's central investigative unit shall gather facts and conduct an investigation regarding the alleged abuse or neglect. The investigation shall be conducted in accordance with the procedures and time frames established under the Department's operation regulations. Upon completion of its investigation, the board of inquiry, local investigator, or central investigative unit shall present its written findings of facts to the head of the supervising facility.
4. Within ten (10) calendar days of receiving the final report from the board of inquiry, local investigator or central investigative unit, the head of the supervising facility or Department designee shall send to the provider and

alleged perpetrator a summary of the allegations and findings which are the basis for the alleged abuse/neglect. The summary shall be sent by regular or certified mail.

- a. The provider and/or alleged perpetrator may meet with the head of the supervising facility or Department designee and submit comments or present evidence. If the provider or alleged perpetrator wishes to have this meeting, s/he must notify the head of the supervising facility or department designee within ten (10) calendar days of receiving the summary.
 - b. This meeting shall take place within ten (10) calendar days of notification, unless the parties mutually agree upon an extension.
 - c. Within ten (10) calendar days of the meeting, the head of the supervising facility or Department designee shall sustain or deny the allegations as to whether abuse/neglect took place. The provider and the alleged perpetrator shall be notified of this decision by certified mail.
 - d. The letter shall advise the provider and alleged perpetrator that they have ten (10) calendar days to contact the Department's hearing officer if they wish to appeal a finding of abuse or neglect.
 - e. If there is no appeal, the decision of the head of the supervising facility or Department designee shall be the final decision of the Department.
5. If an appeal is requested, the hearing officer shall schedule the hearing to take place within 30 calendar days of the request, but may delay the hearing for good cause shown. At the hearing, the head of the supervising facility or designee, or other Department designee, shall present evidence supporting its findings of abuse, neglect, or both. The provider or alleged perpetrator may submit comments or present evidence to show why the decision of the head of the supervising facility or Department designee should be modified or overruled. The hearing officer may obtain additional information from Department employees as

s/he deems necessary.

6. The decision of the hearing officer shall be the final decision of the Department. The hearing officer shall notify the provider, alleged perpetrator, and the head of the supervising facility or Department designee by certified mail of the decision within 14 days of the appeal hearing.
7. The opportunities described in Sections 4, 5 and 6 of this rule regarding a meeting with the head of the supervising facility and an appeal before the Department's hearing officer apply also to providers and alleged perpetrators in an investigation of misuse of client funds/property.
8. A provider or alleged perpetrator does not forfeit his/her right to an appeal with the Department's hearing officer when s/he declines to meet with the head of the supervising facility under Subsection (4) (a) and (b) of this rule.
9. If the Department substantiates that a person has perpetrated physical abuse, sexual abuse, neglect, or conversion of client's property and/or funds for his/her own use or the facility's use, the perpetrator shall not be licensed, employed, nor provide services by contract or agreement at a residential facility, day program, or specialized service that is licensed, certified, or funded by the Department.
10. If the Department substantiates that a person has perpetrated verbal abuse or neglect two (2) or more times in a 12-month period, the perpetrator shall not be licensed, employed, or provide services by contract or agreement at a residential facility, day program or specialized service that is licensed, certified, or funded by the Department.
11. In accordance with 9 CSR 10-5.190, no person convicted of specified crimes may serve in facilities or programs licensed, certified, or funded by the Department.

*AUTHORITY: Sections 630.050, 630.165, 630.167, 630.168, and 630.170 RSMo Supp. 1997 and 630.135, 630.655, and 630.705 RSMo 1994. *Original rule filed October 29, 1998, effective May 30, 1999.*

Last Revised: 4/17

VI. DISCIPLINARY ACTION

1. Any abuse or neglect resulting or suspected of resulting in physical injury (or sexual abuse of any kind) shall be reported immediately to the appropriate law enforcement agency. Any abuse or neglect, including sexual abuse, resulting or suspected of resulting in physical injury shall be reported immediately to the appropriate law enforcement agency. Within confidentiality guidelines, the Executive Director should request documentation of the findings of any criminal investigation of the incident, for inclusion in the client's chart.

SECTION: ADMINISTRATION

**SUBJECT: INAPPROPRIATE CLIENT
BEHAVIOR**

SECTION NO. I

SUBJECT NO. 13

This policy is intended to provide firm, fair and effective rules and consequences for “inappropriate behavior” of clients when engaging in Community Psychiatric Rehabilitation Center programming.

In order to maintain a safe, supportive environment, loitering, physical aggression, verbal abuse, and harassing or threatening behavior or statements will not be tolerated from clients who are engaging in CPRC activities. When tact and sensitivity prove inadequate to restore order and self-control, an employee has the authority to require a disruptive or dangerous individual to leave the premises or activity. When instruction is given, the employee staff member should ensure that it is obeyed. If necessary to protect clients or staff, local law enforcement should be summoned.

Alcohol or street drugs are not allowed on NCMHC premises, in agency vans or at any activity of the CPRC program. If an individual arrives or becomes intoxicated or “high”, temporary exclusion of the individual from proximity to other clients, at a minimum, will be expected. In these situations, asking the individuals to leave may not always be appropriate. As circumstances warrant, protective measures will be taken by the employees in charge, including summoning local law enforcement if necessary.

If the behavior or incident causes a crisis requiring professional intervention, procedures for implementation of the client’s critical intervention plan will be followed. (See Behavioral Crisis, Section I, Subject 15.)

SECTION: ADMINISTRATION

**SUBJECT: BEHAVIOR
MANAGEMENT**

SECTION NO. I

SUBJECT NO. 14

The Community Psychiatric Rehabilitation Program has an obligation to protect the physical and mental welfare and safety of clients and staff in an environment that nurtures personal growth and dignity. The CPRC staff will use positive redirecting approaches to behavioral interventions that have an emphasis on building positive relationships and promote de-escalation while empowering clients to manage their own behaviors successfully.

Problematic or disruptive behaviors, including but not limited to broken rules, loitering, or harassment/threats, will be managed and de-escalated through verbal measures of staff and/or involvement of a QMHP or the client's community support specialist.

CPRC staff will be firm, consistent and positive in all control and disciplinary situations. Staff will use early positive intervention and reinforcement as a first step in control and discipline. When necessary, a QMHP will be summoned to intervene with verbal measures aimed at de-escalating the situation at the service site.

If a client's behavior becomes uncontrollable, every attempt will be made to calm and control the client. If the behavior becomes a threat to the safety of the client or others, physical intervention may be necessary. If the situation cannot be controlled and the client is out of control or endangering the safety of him/herself or others, law enforcement will be called at 911 and an incident report shall document the client's behavior.

Aversive conditioning of any kind (e.g. withholding of food, water or bathroom privileges; painful stimuli; corporal punishment; or use of seclusion, restraint, time out, discipline or coercion for staff convenience) is prohibited.

Repeated or ongoing behavioral problems will be reported to the community support specialist and addressed in the treatment plan or appropriate short and long-range interventions. Progress notes, or when appropriate an incident report, shall document the client's behavior.

The CPRC's behavior management policies are to be responsive to feedback received from its clients and their family members, guardians, or advocates.

For appropriate emergency responses to explosive behavior, refer to policies concerning inappropriate client behavior (which precedes this section) and to behavioral crises (which follows).

SECTION: ADMINISTRATION

SUBJECT: BEHAVIORAL CRISES

SECTION NO. I

SUBJECT NO. 15

A behavioral crisis will be regarded as a situation involving the isolated behavior of a specific client or an interaction between clients that is either explosive, imminently assaultive, or otherwise requires emergency response to protect the safety of those present.

When clients show signs of fear, anger, or pain which may lead to aggression or agitation, staff members are trained to recognize and respond to these signs through de-escalation, changes to the physical environment, implementation of meaningful and engaging activities, redirection, active listening, mediation, conflict resolution, etc. Seclusion and restraint are not used and are never considered treatment interventions. Briefly holding a client without undue force, for the purpose of comforting him/her or to prevent self-injurious behavior or injury to self, or holding a client's hand or arm to safely guide him/her from one area to another is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered a restraint. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction.

The CPRC program shall take steps which are reasonable and necessary to maintain the physical and mental health of clients and staff when failure to take such steps presents either an imminent danger to the health, safety or welfare of the clients or staff, or a substantial probability that death or serious physical harm will result.

No employee or volunteer shall use any more force than is reasonably necessary for the proper control, treatment or management of such client. Available staff will usher all uninvolved clients safely away from the immediate area. The appropriate community support specialist and the CPRC Director will be contacted immediately.

Depending upon the underlying reason for the incident and appropriate clinical judgment of the CPRC Director, temporary or permanent denial of CPRC services to the offending client may result, or steps may be taken to arrange for psychiatric intervention as deemed appropriate.

SECTION: ADMINISTRATION

SUBJECT: MEDICAL EMERGENCIES

SECTION NO. I

SUBJECT NO. 16

If a client experiences a medical crisis or emergency while on NCMMHC premises or engaged in CPRC activities, the following procedures are to be followed:

1. The first staff person to become aware of the emergency must initially determine whether to intervene immediately with CPR or other first aid measures, if trained, before calling “911” or other emergency response services and alerting other staff.
2. After this initial judgment has been made, the CPRC Director or designee shall perform the following duties, in order, as the situation dictates:
 - a. Call local law enforcement (if appropriate to the situation or if this has not already been done).
 - b. Summon or consult a physician or nurse, if one is on site, for appropriate intervention, or seek emergency response services if medical help is not readily available.
 - c. Ensure that a qualified staff person begins CPR or other first aid procedures as appropriate until emergency personnel arrives.
 - d. Consult the client’s chart to ensure familiarity with any relevant medical information (e.g. allergies, drug interactions).
 - e. Notify the client’s guardian, spouse or other involved person as appropriate.
 - f. Depending on the severity of the emergency and its resolution, ensure that involved staff completes an EMT-Community Event Report Form – ADA/CPS (Attachment A) within twenty-four (24) hours.

SECTION: ADMINISTRATION

SUBJECT: OFF-SITE EMERGENCIES

SECTION NO. I

SUBJECT NO. 17

Emergencies in client homes and other off-site locations are to be handled by the staff present in a manner as similar to on-site emergencies as is feasible. If time permits, the staff member present should contact the CPRC Director regarding available options. When appropriate, emergency services (e.g. "911", local law enforcement, fire department, ambulance) will be called. The safety of clients and staff is of the utmost consideration in making judgments in the handling of any emergency situation.

SECTION: ADMINISTRATION

**SUBJECT: EMERGENCY RESPONSE
IN CASE OF VEHICLE
ACCIDENT**

SECTION NO. I

SUBJECT NO. 18

1. When a vehicle accident occurs, to ensure safety of all passengers, employees should evacuate the vehicle if necessary. Employees should not remove injured passengers unless absolutely necessary for safety (risk of fire, explosion, etc.). Basic First Aid or CPR should be administered and an ambulance should be summoned if needed. As soon as possible, local law enforcement should be notified.
2. The vehicle should not be moved before local law enforcement has arrived at the scene. Proof of insurance should be located in the glove compartment. Employees shall be cooperative with law enforcement in providing all necessary information.
3. Employees shall contact the CPRC Director or designee as soon as possible for assistance in managing the agency response to the accident.
4. If the vehicle is disabled, employees on the scene shall contact the agency to arrange for pickup of stranded employees and clients and to have tow or emergency road service arranged.
5. Upon return from the accident scene, employees shall notify the CPRC Director or designee (if not already done) and the guardian (if applicable) and complete an Internal Incident Report (Attachment B) within twenty-four (24) hours. The NCMMHC employee will complete a DMH EMT incident report if a client was involved.

SECTION: ADMINISTRATION

**SUBJECT: INFECTION CONTROL:
AIDS**

SECTION NO. I

SUBJECT NO. 19

The CPRC infection control policy is designed to control and reduce the rate of infection and transmission of infectious disease. The Federal Government issued proposed regulations in 1987 that would require employers in health-related fields to provide greater protection for employees, and require employers to provide educational programs, protective supplies, and a safe environment for disposing of medical waste. NCMMHC supports those proposed regulations by taking proper precautionary measures against contamination and spread of infection, providing necessary protective supplies, and providing educational materials and inservice education. NCMMHC recognizes this as an agency responsibility as well as each individual employee's personal responsibility.

Due to the concern regarding AIDS and its implications to employees of NCMMHC, a specific policy for preventing transmission of AIDS has been developed. In compliance with the Federal Center for Disease Control, these guidelines are therefore incorporated into the CPRC's infection control policy. Since AIDS is not spread through the normal, casual contact that occurs in the workplace, NCMMHC recognizes that workers who are HIV positive or have AIDS have a lot to offer both professionally and personally. Co-workers in turn can be an important source of support.

SECTION: ADMINISTRATION

**SUBJECT: INFECTION CONTROL:
ALL DISEASES**

SECTION NO. I

SUBJECT NO. 20

Infection control procedures address infections spread through bodily fluids; these include, but are not limited to, hepatitis A, B and C; HIV, STD's, etc. Infection control should include the following general guidelines:

1. Hand washing.
2. Universal handling of blood and body fluids.
3. Mouthpieces for CPR.
4. Education.
5. Community-based programs guidelines.
6. Use of disinfectant: 1 part bleach to 10 parts water is recognized as effective in killing the HIV+ virus and other infectious elements

NCMMHC has recognized the need for education and has provided for the opportunity to network with community, state and federal resources to obtain cooperation in case of an outbreak of infectious or contagious disease.

When it is suspected that a client has contracted an infectious or contagious disease, s/he will be encouraged or assisted to seek immediate medical attention. If necessary, the client may be asked to sign a release form so that the physician can be contacted for further information concerning the diagnosis. If the CPRC Director has reason to believe that there is a risk of infection to other clients, the county health department will be contacted for guidance concerning precautionary measures to be taken. Temporary suspension of a client from attendance or involvement in CPRC activities for the contagious period of an infection may be one such measure. The CPRC Director may require a physician's statement as a condition for resuming attendance to CPRC activities.

In any instance of serious infectious or contagious disease affecting a Department of Mental Health placement in a group or residential setting, the Residential Services Liaison will be notified and involved in planning for intervention. If risk of contagion is a concern after consultation with the public health nurse, the Department of

Mental Health will be notified of proposed preventative steps for notification of exposed clients.

If an employee has contacted a contagious or infectious disease, the employee should report this condition to his/her supervisor and will be required to be absent from work until medical clearance is given by a physician. Depending on the nature of the disease, the employee may be required to give written documentation of the clearance to the Executive Assistant.

Reportable diseases, conditions, or findings (see 19CSR 20-20.020) shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone, facsimile or other rapid communication.

SECTION: ADMINISTRATION

SUBJECT: DEATH OF A CLIENT

SECTION NO. I

SUBJECT NO. 21

A. On-Site: If it appears a client has stopped breathing or has experienced heart failure while attending a CPRC or any other program activity, it is essential that employees do not assume that death has occurred, but immediately proceed with emergency resuscitation measures. Should the client's death be verified, employees shall carry out their responsibilities in three (3) crucial areas:

1. Crisis Management: Depending on the circumstances, a traumatic event such as this can have a severe impact on other clients and employees, both individually and collectively. In the midst of the disruption to the program caused by the crisis, the CPRC Director shall ensure, whenever possible, that at least one (1) employee remains with the other clients and attends to their needs.
2. Notification:
 - a. The CPRC Director or designated staff person will immediately notify appropriate local authorities of the circumstances.
 - b. The CPRC Director or designated staff person will immediately notify the Executive Director.
 - c. The client's psychiatrist and/or physician will also be contacted immediately, both for notification and for information that may be needed to prepare incident reports.
 - d. If the client is a Department of Mental Health placement client, the Residential Services community support specialist will be notified immediately by phone and in writing within twenty-four (24) hours.
 - e. The deceased client's guardian, spouse or other next of kin will be notified, either by CPRC employees or other appropriate individual as arranged.
 - f. The CPRC Director shall notify the Regional and Central offices of the Department of Mental Health within twenty-four (24) hours.

3. Documentation: The CPRC Director shall ensure that all staff who witnessed or had any role in dealing with the death complete an incident report as soon as possible. An official incident report will be compiled from these accounts and submitted to the Regional and Central Offices of the Department of Mental Health within twenty-four (24) hours. These reports will be reviewed by the Executive Director to determine the need for further internal inquiry. The handling and discharge of the member's record and any personal effects will be in accordance with current Department of Mental Health and Community Placement Program policies and procedures.
- B. Off-Site: If an apparent death occurs or is discovered at a client's home or any other location away from a CPRC facility, employees present will adhere to the above procedures to the extent possible. Priority is to be given to efforts of resuscitation if feasible, after which immediate contact should be made with emergency authorities and the CPRC Director.
- C. Death from Unnatural Causes:
1. Suicide
 - a. Review the clinical record to determine level of risk, including documentation of therapeutic activities/interventions; determine appropriateness of therapeutic efforts.
 - b. Cooperate with law enforcement authorities.
 - c. Provide psychological autopsy if requested by coroner.
 - d. Complete incident report, write discharge summary and close record.
 2. Homicide of current or former client
 - a. Review record for evidence of danger from others.
 - b. Evaluate effectiveness of therapeutic activities and adequacy of actions.
 - c. Complete incident report, write discharge summary and close record.
 3. Homicide committed by current or former client
 - a. Review record to determine the adequacy of the documentation on level of danger to others.
 - b. Evaluate adequacy of actions taken, if any.

- c. Cooperate with law enforcement authorities.
- d. Complete incident report, write discharge summary and close record, if necessary.

SECTION: ADMINISTRATION

**SUBJECT: ARREST OR DETENTION
OF A CLIENT**

SECTION NO. I

SUBJECT NO. 22

If a CPRC client is arrested or detained by law enforcement at either the program site or in the community, the appropriate community support specialist or the CPRC Director will be notified immediately. The community support specialist will attempt to contact the client as soon as possible and make any necessary arrangements to meet the client's needs for medication, medical attention, additional clothing, legal assistance, or contact with guardian, spouse or other persons of the client's choosing.

The community support specialist will function as a liaison to law enforcement authorities both during and after the arrest or detention. The community support specialist will cooperate with authorities as an advocate for the client within the constraints of agency policies concerning rights of confidentiality.

SECTION: ADMINISTRATION

**SUBJECT: EMERGENCY
PROCEDURES**

SECTION NO. I

SUBJECT NO. 23

Emergency procedures include a planning team for audits, evaluations and considerations of current procedures. The Executive Assistant will collect and evaluate all emergency reports ensuring that all outcomes of training objectives are met. The Executive Assistant will report to the Executive Director lessons learned from drills and actual events and will identify areas of vulnerability.

The Executive Assistant will provide training at orientation and annually to ensure that employees understand their responsibilities and roles.

The Executive Assistant will keep up-to-date records, and review and offer recommendations to update the emergency procedures when changes occur in the agency's physical building(s). Emergency procedures may be considered during times of training, after training drills, as risks increase, after actual emergencies, when responsibility is reassigned, or when briefing personnel on emergency plans change.

A. EARTHQUAKE

As a precaution for earthquakes and other natural disaster situations, the CPRC Director will ensure that working flashlights and batter-operated radios are kept at all times in the same location as the first aid kits in each site location.

In the event of an earthquake, the CPRC Director must assess the situation and any information available through emergency radio broadcasts to determine the safest response for both employees and clients. Until the emergency is over or rescue arrives, employees will attempt to ensure that all building occupants have moved to the safest possible locations within the building such as under heavy desks, or along inner walls away from glass.

B. TORNADO OR SEVERE STORM

When weather conditions, radio broadcasts, or siren warnings indicate the likelihood or presence of a tornado or extremely severe storm, the CPRC Director will alert employees to make sure that all building occupants proceed to the designated

area for shelter, taking along the first aid kit, flashlights and battery-powered radios. The basement area will be the designated area for shelter whenever available.

Radio broadcasts will be monitored to determine when it is safe to leave the shelter area.

Upon leaving the designated area, the CPRC Director will assess the building for damage and determine whether CPRC activities can continue and make arrangements for emergency assistance as necessary.

Serious injuries will be handled in accordance with procedures for medical emergencies.

C. FLOOD

During periods of severe storming, radio broadcasts will be monitored for warnings of flood or other emergencies. In the event of flood, evacuation from NCMMHC facilities will be initiated only if recommended or ordered by local authorities. If evacuation is necessary, radio broadcasts will be monitored to determine the safest destination and routes.

If an actual flood warning is announced, the CPRC will close and remain closed until the danger has passed. In this event, the CPRC Director or designee will arrange for the employees to notify clients directly that CPRC activities are temporarily discontinued.

D. FIRE

FIRE SAFETY:

Approved fire extinguishers and smoke detectors will be placed in appropriate locations throughout all buildings in compliance with the requirements of 9 CSR 40-10.155.

The CPRC Director will arrange to have the fire extinguishers serviced and recharged as needed. This service will also be recorded on the tag of each extinguisher.

All fire safety and evacuation procedures will be reviewed with employees on a regular basis. Fire drills (if required) including complete evacuation will be conducted quarterly and results will be recorded on the Emergency Drill Form (Attachment C).

In the event of smoke alarm activation, the employees will ensure the building is evacuated to the designated assembly area. All clients will assemble at the closest parking area due north of the service site.

While evacuation is proceeding, designated staff will ensure no one is left in the building and that clients are evacuating the building in a calm, orderly manner through the nearest exits. After all occupants of the building have gathered at the assembly area, a designated staff member will ensure that no one is missing.

In the event of an apparently contained fire (e.g. trashcan, stove) evacuation will proceed and the fire department will be dispatched while efforts are made by employees to extinguish the fire.

Any injuries to clients or damage to the facility resulting from fire will be reported to the Department of Mental Health. In the event of injuries, emergency medical procedures will be followed. If the building is sufficiently damaged to prevent contained programming, the next available NCMMHC building will become the temporary shelter for programming.

SECTION: ADMINISTRATION

SUBJECT: VAN MAINTENANCE

SECTION NO. I

SUBJECT NO. 24

The following maintenance items should be completed regularly on agency vans:

Change Oil and Filter	(each) 5000 miles
Inspect Belts and Hoses	15,000 miles
Rotate Tires	15,000 miles
Replace Spark Plugs	30,000 miles
Replace Engine Coolant	30,000 miles
Replace Air Filter	30,000 miles
Inspect Brakes	30,000 miles
Lubricate Wheel Bearings	30,000 miles
Replace Ignition Wire	(after) 60,000 miles
Replace Ignition Caps	60,000 miles
Change Transmission Oil and Filter	60,000 miles

A Vehicle Inspection Report Form (Attachment D) will be completed for each vehicle according to the above schedule.

SECTION: ADMINISTRATION

SUBJECT: USE OF TOBACCO

SECTION NO. I

SUBJECT NO. 25

NCMMHC has adopted a “No Smoking” policy for CPRC sites and vehicles. Clients and employees who wish to smoke may do so outside facilities and vans.

Employees and clients who are engaged in CPRC activities shall observe “no smoking” regulations in any off-site facility or location where these activities may take place.

SECTION: SERVICE PROVISION

SUBJECT: CPRC SERVICES

SECTION NO. II

SUBJECT NO. 1

A. Core Services: The CPRC provides the following community psychiatric rehabilitation services to eligible clients as prescribed by documented individualized treatment planning.

1. Intake Screening: The recording of basic client demographic data and social history, mental health evaluation screening, insurance and income information, and a physician consultation regarding a person's need for psychiatric rehabilitation services. The intake screening shall also include recommendations as to the need for counseling or other program services offered by the agency in addition to CPRC services. An initial treatment plan shall be developed at intake during admission to the outpatient program.
2. Initial / Annual Evaluation: An initial psychosocial evaluation is completed by a Qualified Mental Health Professional (QMHP) in collaboration with the client, family members, psychiatrist, counselor, community support specialist if already assigned, and other professionals who are currently working with the client. Current and past treatment records are also incorporated into the evaluation. CPRC provider staff shall complete, or arrange to have completed, all annual evaluations within 30 days following the anniversary date of the client's intake evaluation or last annual evaluation.
3. Community Support: Community support services are provided by a community support specialist in the client's home or in the community. Case management activities support regular communication and coordination of services with the provider(s) of treatment services. Community support specialists also provide ongoing assessment of the client's progress and needs, and provide structure and support for clients. The community support specialist is responsible for determining the level

of intensity of service delivery, based upon knowledge of the client's strengths and areas of concern, as well as input from other involved professionals and family members.

4. Medication Services: Goal-oriented interaction between an individual and physician regarding the assessment of the need for psychoactive medication and the management of a medication regimen.
 5. Medication Administration: The administration of psychoactive medications and medication awareness training for clients and/or guardians or significant others, is provided by the agency psychiatrist and nurse.
 6. Psychosocial Rehabilitation (PSR): A combination of goal-oriented rehabilitative services is provided according to a multiple hour schedule over a week's time. An emphasis is given to skills for daily living and vocationally/educationally-oriented activities. PSR is to maintain and improve a client's ability to function as independently as possible in the community.
 7. Crisis Intervention and Resolution: Immediately available face-to-face emergency intervention to resolve crises, provide relief for an individual's maladaptive behavior, and to ease return to routine adaptive functioning.
- B. Community Services – Targeted Consultation: North Central Missouri Mental Health Center serves as a resource in the communities through interaction with other human service and government agencies. In this role, the program is committed to actively providing consultation, education and advocacy with criminal justice, public assistance, and housing agencies to promote the successful community integration of persons with a serious mental illness. On behalf of individual clients and/or guardians, community support specialists endeavor to expedite applications for available benefits and continuation of the client's eligibility, within the limits of confidentiality and admission criteria. The program also endeavors to provide services to eligible clients who are involved in the criminal justice system through parole, probation or forensic aftercare.

SECTION: SERVICE PROVISION

SUBJECT: ADMISSION CRITERIA

SECTION NO. II

SUBJECT NO. 2

The CPRC program shall provide treatment that will assist in the support and rehabilitation of persons with serious mental illness. The CPRC program shall provide a timely access to and reasonable level of service for clients found to be eligible for treatment, according to the admission criteria set forth in 9 CSR 30-4.042. The program shall provide equal opportunity to individuals with disabilities in accordance with the Americans with Disabilities Act. To be eligible for CPRC services, a person must be determined to be seriously mentally ill as measured by diagnostic, disability and duration criteria. The diagnostic criterion requires a current diagnostic formulation, which is included in a limited group of psychiatric diagnoses. The disability component is determined through findings of a structured clinical interview, administration of a standardized assessment scale required by the Department and verified by clinical conclusions based on a thorough assessment (i.e., the initial psychosocial evaluation). The specific criteria for admission to the CPRC include:

1. Disability: There shall be clear evidence of serious and/or substantial impairment in the ability to function at an age or developmentally appropriate level due to serious psychiatric disorder in each of the following two (2) areas of behavioral functioning, as indicated by intake evaluation and assessment.
 - a. Social role functioning/family life: The individual is at risk of out-of-home or out-of school placement; and
 - b. Daily living skills/self-care skills: The individual is unable to engage in personal care (such as grooming, personal hygiene) and community living (performing school work or household chores), learning, self-direction or activities appropriate to the individual's age, developmental level and social role functioning.
2. Diagnosis: A physician or licensed psychologist shall certify a primary diagnosis, from the current edition of the DSM or ICD-9-CM, of any of the

following, which may coexist with other psychiatric or medical diagnoses:

Schizophrenic Disorders: 295.1x; 295.2x; 295.3x; 295.4x; 295.6x; 295.7x; and 295.9x

Bipolar Disorders: 296.0x; 296.4x; 296.5x; 296.6x

Delusional Disorder: 297.1x

Bipolar II Disorder: 296.89

Major Depressive Disorder – recurrent: 296.3x

Psychotic Disorder NOS: 298.9x

Obsessive Compulsive Disorder: 300.30

Borderline Personality Disorder: 301.83

Post Traumatic Stress Disorder: 309.81

Anxiety disorders: ICD-9-CM codes: 300.01; 300.02; 300.21; 300.22; 300.23

For Children and Youths ONLY: Major Depressive Disorder Single Episode – 296.2

Bipolar Disorder NOS – 296.80

Reactive Attachment Disorder – 313.89

For Adults 60 Year and Older: Major Depressive Disorder Single Episode 296.2x

Adults with a DLA-20 mGAF score of 40 or lower, in combination with one of the following DSM-IV-TR psychiatric diagnoses, meet the disability and diagnostic requirements for admission to CPRC:

Bipolar Disorder, Most Recent Episode Unspecified

Shared Psychiatric Disorder

Conversion Disorder

Dissociative Identity Disorder

Dysthymic Disorder

Depersonalization Disorder

Body Dysmorphic Disorder

Hypochondriasis

Somatization Disorder

Undifferentiated Somatoform Disorder

Paranoid Personality Disorder

Cyclothymic Disorder

Schizoid Personality Disorder

Last Revised: 4/17

Schizotypal Personality Disorder
Obsessive-Compulsive Personality Disorder
Histrionic Personality Disorder
Dependent Personality Disorder
Antisocial Personality Disorder
Narcissistic Personality Disorder
Avoidant Personality Disorder
Personality Disorder NOS
Pain Disorder Associated with Psychological Factors
Pain Disorder Associated with Both Psychological Factors and a General Medical Condition
Intermittent Explosive Disorder

Individuals younger than 18 with a DLA-20 mGAF or CGAS score of 50 or lower, in combination with the following DSM-IV-TR psychiatric diagnoses, meet the disability and diagnostic requirements for admission to CPRC:

Separation Anxiety Disorder
Oppositional Defiant Disorder
Attention-Deficit/Hyperactivity Disorder (Predominantly Inattentive Type, Predominantly Hyperactive-Impulsive Type, Combined Type)

Youth or adults, meeting the age-appropriate DLA-20 or CGAS score requirements and who have one of the following Not Otherwise Specified (NOS) Disorders, can also be eligible for CPRC.

When an NOS disorder is used as the diagnosis, documentation must specifically include a detailed history/examination for each of the non-NOS criteria and a clear rationale for how those criteria are not met, thus supporting the appropriateness of an NOS diagnosis.

Mood Disorder NOS
Anxiety Disorder NOS
Dissociative Disorder NOS
Personality Disorder NOS
Depressive Disorder NOS
Impulse Control Disorder NOS
Disruptive Behavior Disorder NOS
AD/HD NOS
Bipolar Disorder NOS

3. Duration: Individual's mental illness is of sufficient duration as evidenced by one or more of the following occurrences:
 - a. Persons who have undergone psychiatric treatment more intensive than outpatient more than once in their lifetime;
 - b. Persons who have experienced an episode of continuous residential care other than hospitalization, for a period long enough to disrupt the normal living situation;
 - c. Persons who have exhibited a psychiatric disability for one year or more; or
 - d. Persons whose treatment for psychiatric disorder has been, or will be, required for longer than six months.
4. Provisional Admission: Provisional admissions shall not exceed 90 days. Immediately upon completion of the 90 days or sooner, if the individual has been determined to have an eligible diagnosis as listed in 9 CSR 30-4.042 (4) (B) of the rule, the diagnosis must be documented and the individual may continue in the CPRC program. If an individual who has been provisionally admitted is determined to be ineligible for CPRC services, staff shall directly assist the individual and/or family in arranging appropriate follow-up services. Follow-up services shall be documented in the discharge summary of the clinical record. All admission documentation is required for those provisionally admitted, with the exception of the comprehensive evaluation, which may be deferred for 90 days. Children under 18 years of age may be provisionally admitted under

these circumstances:

- a. Disability: Intake evaluation/assessment shows clear evidence of serious or substantial impairment in the ability to function at an age or developmentally appropriate level due to serious psychiatric disorder in:
 - 1) Social role/family life – individual is at risk of out-of-home or out-of-school placement;
 - 2) Daily living/self-care skills – child/youth is unable to engage in personal care, community living, learning, self-direction, or activities appropriate to their age, developmental level and social role functioning.
 - b. Diagnosis: A child/youth may be provisionally admitted to the CPRC for further evaluation, even if behaviors/symptoms do not immediately establish an eligible diagnosis. In such cases, the individuals' level of functioning as described above must be clearly documented.
 - c. Duration: Documented evidence of functional disability for 90 days prior to provisional admission. All admission documentation is required for provisional admission except the comprehensive evaluation, which may be deferred for 90 days. Provisional admission cannot exceed 90 days. If an eligible diagnosis can be established, it must be documented and the individual can continue in the CPRC program. If the individual is determined to be ineligible, s/he should be discharged and staff shall assist in arranging appropriate follow-up services. These must be documented in the discharge summary.
5. Additional Criteria: Additional criteria may be used to establish need for an amount of services including results from a standardized assessment.
 6. ICD-9 vs. DSM Diagnoses: The DSM diagnosis takes precedent if differing from the ICD-9.

The CPRC recognizes the following client subgroups as priority service recipients, pursuant to 9 CSR 30-4.039 (A) (1 through 13):

Individuals who:

1. Have been discharged from inpatient psychiatric hospitalization programs

within the last 90 days;

2. Are residents of supervised or semi-independent apartments, psychiatric group homes or residential care facilities;
3. Have been determined to meet admission criteria;
4. Have been committed by court order under provisions of Section 632.385, RSMo;
5. Have been conditionally released under Section 552.040, RSMo;
6. Are homeless or considered homeless, in accordance with the following criteria:
 - a. Persons who are sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
 - b. Persons who are sleeping in emergency shelters;
 - c. Persons who are from transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
 - d. Persons who are being evicted within the week from private dwelling units and no subsequent residences have been identified, and they lack the resources and support networks needed to obtain access to housing; or
 - e. Persons who are being discharged within the week from institutions in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified, and they lack the resources and support networks needed to obtain access to housing.
7. Persons at risk of out-of-home placement due to psychiatric disorder;
8. Persons having co-occurring disorders;
9. Persons moving from congregate to independent living;
10. Persons having a current episode of acute crisis, or use of the crisis system;
11. Persons who have used a hospital emergency room two (2) or more times during the prior year;
12. Persons attempting suicide one (1) or more times requiring

hospitalizations; or

13. Persons unable to function for at least a six (6)-month period without mental health intervention.

The CPRC program shall not admit any person who would not benefit from services of the CPRC program. Admission to the CPRC will be denied when the individual does not meet the aforementioned diagnoses, disability criteria and duration or when community psychiatric rehabilitation services are considered to be inappropriate for the individual, and/or necessary information is unavailable in a timely manner as a result of refusal of client and/or guardian to provide necessary release forms and/or participate in admission procedures.

When a person is found ineligible for services, the person will be informed as to the reason(s) why they were ineligible and will be directed to alternative or more appropriate services. In accordance with the choice of the person served, the family/support system and/or the referral source will also be informed as to the reasons for their ineligibility and the recommendations made for alternative services.

SECTION: SERVICE PROVISION

SUBJECT: INITIAL EVALUATION

SECTION NO. II

SUBJECT NO. 3

Following the initial intake and opening of a client chart, individuals referred to the CPRC will be admitted within ten (10) days of the date of eligibility. In the event that a preliminary screening at the time services are requested indicates the need for emergency services, a QMHP on duty or on-call will arrange for immediate access to needed services. If non-emergency CPRC services are indicated, the initial evaluation/brief evaluation will be completed as soon as possible. The evaluation team will include a physician and a QMHP. This evaluation will consist of the following components:

1. The community support specialist/support staff will provide existing information for the evaluation, which will include:
 - a. Collection and/or updating of identifying demographic, billing and other pertinent data which was not obtained as part of the intake process to establish a clinical and billing record;
 - b. Collection of information from key informants as required;
 - c. Obtaining signatures on necessary release of information forms.
2. The initial evaluation will document the client's presenting social and/or developmental history and level of functioning within a family and/or community context. The data will be gathered through review of available information, client interview, and collateral contacts. The social history will address and document the following:
 - a. Presenting problem;
 - b. Personal, family, education and community history;
 - c. Developmental history, when indicated;
 - d. Medical history, including diagnosis, physical disorders, and therapeutic orders;
 - e. Current functional weaknesses and strengths as determined by observation and clinical interview;

- f. Existing personal support systems;
 - g. Use of community resources;
 - h. Recommendations for further evaluation and/or treatment indications.
3. The initial evaluation will assess a prospective client's request for assistance, present psychological functioning, client reported physical and mental condition, need for additional evaluation and/or treatment, and appropriateness for mental health treatment. This evaluation will consist of the following activities:
- a. A structured clinical interview with the client and/or family members, legal guardian, or significant others;
 - b. Screening for needed medical, psychiatric, or neurological assessment as well as other specialized evaluations, which procedure shall include health questions, date of last physical exam, awareness of any medical problems, and current medications prescribed and taken;
 - c. A brief mental status examination;
 - d. Review of the client's presenting problem, symptoms, functional deficits and history;
 - e. Initial diagnostic formulation;
 - f. Development of an initial treatment plan for subsequent treatment and/or evaluation;
 - g. Referral to other medical, professional or other services as indicated;
 - h. Administration of the standardized assessment instrument required by the Department;
 - i. Specific recommendations for further evaluation and/or treatment;
 - j. Certification by the CPRC Director that community-based psychiatric rehabilitation is appropriate to meet the client's specific strengths, limitations, and functional disabilities.

Following completion of the above components, the CPRC Director will review the client's initial evaluation for appropriateness of community psychiatric rehabilitation services and medical necessity. The intake screening shall determine the client's need

of PSR or other groups, the individual's functional strengths and weaknesses, and transportation needs relative to PSR.

SECTION: SERVICE PROVISION

SUBJECT: ADMISSION PROCEDURE

SECTION NO. II

SUBJECT NO. 4

Upon determination that the client may receive CPRC services, the client will be assigned a community support specialist within 10 days. Community support specialists will initially meet face-to-face with the client and/or guardian within five (5) working days of receiving the assignment. Upon admission, available services will include evaluation, crisis intervention and resolution, medication services, medication administration, community support, and psychosocial rehabilitation.

Clients authorized to receive medication services will be seen by the CPRC physician within ten (10) working days of eligibility notification whenever possible.

Clients approved for the psychosocial rehabilitation program will be admitted to PSR within 20 working days of admission, or sooner if clinically indicated. The CPRC Director will be responsible for assignment of a community support specialist, initial transportation arrangements, and scheduling of intakes needed for approved services. The assigned community support specialist will subsequently be responsible for providing community support services, ensuring intakes necessary to provide authorized services for psychosocial rehabilitation services, and screen for any other collateral services the client may be receiving from other service providers. The community support specialist will then ensure that all authorized services are being provided within the prescribed time limits and begin development of the Master Treatment Plan.

SECTION: SERVICE PROVISION

SUBJECT: REFUSAL OF ADMISSION

SECTION NO. II

SUBJECT NO. 5

Children and adolescents will not be excluded from services solely because they are involved in the juvenile justice system. A prospective Community Psychiatric Rehabilitation Center client may be refused admission to CPRC services if:

1. The client poses an imminent threat of harm to self or others;
2. When the program is operating at full capacity.
3. When, at any specific time, the client is under the influence of alcohol or illegal drugs.

Assessment of a client's potential to harm self or others will be made by the appropriate QMHP in consultation with the CPRC Director. In this instance, every effort will be made to provide assistance to the client in receiving appropriate services, including the initiation of involuntary commitment for inpatient treatment if necessary and appropriate. This will be documented in the client's file.

In the event that a client is under the influence of alcohol or other drugs, precautions will be made to provide assistance to the client and/or guardian to receive appropriate services, including the initiation of involuntary commitment for inpatient treatment if necessary and appropriate. This will be documented in the client's file.

In the event that a client is under the influence of alcohol or other drugs, precautions will be taken to the extent of the ability of the CPRC to ensure the safety and well-being of the client while actively under the influence. Following such an incident, CPRC staff will notify the guardian (if applicable) and make appropriate referral for chemical dependency evaluation and/or treatment if appropriate. If such behavior is not an isolated incident, the treatment plan will be revised to reflect the need for referral for treatment in the area of substance misuse.

In the event that available programs are operating at capacity, or experience unanticipated service modification or reduction precipitated by funding or other resource issues, the client will be placed on a waiting list (refer to Section II, Subject 7).

Refusal for admission as described above applies to all CPRC services. Detailed

documentation of refusal of service and follow-up after such refusal will be documented in the client's file. When a client is found ineligible for CPRC services, the client will be informed as to the reason(s) they were found ineligible and recommendations will be made for alternative services. In accordance with the choice of the client served, the family/support system will also be informed as to the reason(s) for ineligibility. The referral source will be informed as to the reason(s) for ineligibility. The CPRC and its affiliates shall not have the right to refuse admission to clients on the basis of ineligibility for Medicaid or other reimbursement sources.

SECTION: SERVICE PROVISION

SUBJECT: CLIENT STATUS

SECTION NO. II

SUBJECT NO. 6

The CPRC Director will maintain a master list of all Community Psychiatric Rehabilitation Center clients that indicates client status.

SECTION: SERVICE PROVISION

SUBJECT: WAITING LIST

SECTION NO. II

SUBJECT NO. 7

The CPRC Director will establish and record the maximum program capacity in a log for operation of a waiting list for eligible clients who are postponed admission due to a lack of program capacity. Maximum capacity will be determined by the required caseload ratios attributable to program staff, taking in account the limitations of physical plan capacity imposed by licensure and fire safety considerations.

The CPRC Director will provide the Executive Director and the Clinical Director with a monthly report of the number of clients on the program's waiting list. The CPRC Director, as well as a member of the Utilization Review Team, will routinely review the waiting list and client records to ensure that waiting time for admission into treatment is minimized. Every effort will be made to assist the client in receiving any services s/he may require.

SECTION: SERVICE PROVISION

**SUBJECT: TREATMENT PLANNING/
GOALS AND OBJECTIVES**

SECTION NO. II

SUBJECT NO. 8

A. Master Treatment Plan – Specific Requirements:

1. A client's Master Treatment Plan with goals and objectives will be completed after ten (10) visits or within 30 days of a client's admission but may also be completed upon intake/evaluation. The CPRC form, with content provided by the Department of Mental Health, will be utilized for treatment planning.
2. The master treatment plan will include:
 - a. Service data:
 - 1) Reason(s) for admission into rehabilitation services;
 - 2) Criteria and/or plans for movement;
 - 3) Criteria for discharge;
 - 4) A list of agencies currently providing program/services, the type(s) of service; date(s) of the beginning of program/services; and
 - 5) A summary statement of assets, obstacles and resources.
 - b. Treatment problems/goals/objectives for the master treatment plan and any/all components:
 - 1) Specific individualized medication, psychosocial rehabilitation, behavioral management, critical intervention, community support goals, and other services and interventions as prescribed by the treatment team;
 - 2) The treatment regimen, including specific medical and remedial services, therapies and activities that will be used to meet the treatment goals and objectives;
 - 3) A projected schedule for service delivery, including the expected frequency and duration of each type of planned

- therapeutic session or encounter;
- 4) The type of personnel who will furnish service;
 - 5) A projected schedule for completing re-evaluation of the client's condition and for updating the master treatment plan;
 - 6) Resources required to implement recommended services;
and
 - 7) A schedule for the periodic monitoring of the client that reflects factors which may adversely affect client functioning.
3. Clients and/or guardians shall participate in the development of the master treatment plan.
- a. In developing the master treatment plan, the assigned community support specialist and QMHP shall consult with the client and/or guardian, initial evaluation team, the psychiatrist, and other staff or significant others in the client's life as deemed appropriate.
 - b. The treatment team members, in response to the needs of the client, will help empower the client to actively participate with the team to promote recovery, progress, or personal wellbeing. The master treatment plan will be consistent with the needs of the client through direct interaction with the client and/or with individuals identified by the client. The treatment team will meet as often as necessary to carry out the decision-making responsibilities or periodic review of the identified goals. Each treatment team meeting and the result of the meeting will be documented in progress note form.
 - c. Prior to the completion of the master treatment plan, the QMHP in charge of developing the master treatment plan will see the client's input regarding priorities for treatment, preferences for scheduling, and changes from the initial treatment plan. At this time, the client and/or guardian shall be given the opportunity to review and sign the treatment plan.
 - d. The master treatment plan will be finalized at a multidisciplinary team meeting which will include, at a minimum, the client and/or guardian, the assigned community support specialist, the CPRC

physician, and significant others in the client's life as deemed appropriate, as well as staff who have been working with the client. The master treatment plan shall be signed by the client and/or guardian, community support specialist, QMHP and physician.

B. Periodic Review of Treatment Plan:

1. On a quarterly basis, or every 90 days, the community support specialist will ensure that the DLA-20 review, signed by the client's community support specialist and the CPRC Team Leader, will be conducted for each CPRC client. This review will document any unfulfilled, inadequate, or inappropriate services, and will review the client's progress toward treatment outcomes including all treatment goals that have been achieved during the review period. The review will be documented in detail in the client's record.
2. The review will include all aspects of the master treatment plan. Any changes in the master treatment plan, such as new goals or changes in objectives, will be added to the existing master treatment plan. Goals that have been achieved will be removed from the master treatment plan.
3. Prior to periodic review, the community support specialist will inform the client and/or guardian of the upcoming review and will solicit participation from the client and significant others in the client's life as deemed appropriate.
4. Following the periodic review, the community support specialist will discuss the review with the client and/or guardian and will have the client and other review participants sign any changes in the master treatment plan.

C. If a client and/or guardian refuses to participate in the treatment planning process at any stage, or declines to sign a plan after involvement in the process, CPRC staff will document this refusal and indicate the client's and/or guardian's stated reason for refusal. To the extent appropriate and possible, family members, guardians, forensic aftercare workers other responsible persons, and other agency representatives will also be involved in the treatment planning process.

D. After identifying and addressing any gaps in service provision, the community support specialist will share information on how to access suggested community

resources relevant to client needs, advocating for the client where applicable.

SECTION: SERVICE PROVISION

SUBJECT: ANNUAL EVALUATION

SECTION NO. II

SUBJECT NO. 9

An annual evaluation will be conducted for each client who has received CPRC services during the previous 12 months. Annual evaluations will be arranged for completion within 30 days following the anniversary date of the client's intake evaluation or last annual evaluation. This evaluation will be completed by an evaluation team consisting of the client and/or guardian, client's community support specialist, the CPRC Director or other QMHP, and a physician.

The annual evaluation will consist of updating intake information, including basic demographic, identifying, and billing history, and updating all elements of the social history developed at the time of intake. The client's community support specialist will gather and document this information.

A clinical evaluation and assessment will be performed regarding the client's and/or guardian's request for assistance, present psychological functioning, physical and medical condition, need for additional evaluation and/or treatment, and appropriateness for mental health treatment. The clinical evaluation will be completed by a QMHP and will consist of:

1. A structured clinical interview with the client and/or significant others;
2. Screening for needed medical, psychiatric, neurological or other specialized assessments;
3. Completion of a brief mental status examination;
4. A description of the client's apparent change in condition from one (1) year ago;
5. Updated diagnostic formulation;
6. Development of a revised/updated treatment plan;
7. Referral to other medical, professional, or other services as indicated; and
8. Administration of a standardized level of functioning instrument.

SECTION: SERVICE PROVISION

SUBJECT: COMMUNITY SUPPORT

SECTION NO. II

SUBJECT NO. 10

Definition: Community support services are individualized rehabilitative services focused around two interrelated sets of activities: (a) those interactions and interventions which enable an individual to be able to achieve his/her highest potential for community integration and involvement; or (b) interactions and interventions delivered after inpatient discharge or in other times of stress/crisis which enable an individual to remain sufficiently stable to function in the community.

Case management services, such as assessment, planning, coordination, and monitoring, can be provided in any setting that provides the best access to the client(s) served and is preferred by the client(s) served. Such locations may include residences, forensic settings, shelters, community resource sites, hospitals, schools, medical or other service sites. The intensity and frequency of case management is based on the needs of the client served as identified in his or her Master Treatment Plan (MTP).

Key service functions include, but are not limited to:

1. The ongoing assessment of a client's status including adjustment to community living, personal strengths, progress, obstacles and needs.
2. Participation in the preparation and/or revision of a specific MTP including assisting the client to establish realistic, individualized goals to enhance community living skills, opportunities for less restrictive living arrangements, and leisure skills.
3. Providing assistance to clients in accessing needed mental health services and providing training, peer mentoring, coaching and supporting daily living skills including, but not limited to, housekeeping, cooking, personal grooming, social interpersonal skills, community living skills, etc.
4. Accompanying and or assisting the client to access and utilize a variety of public services, community agencies and resources that can provide a wide range of ongoing supports and activities including, but not limited to, social, educational, vocational and recreational skills an activities.

5. Individualized assistance in creating personal support systems that includes work with family members, legal guardians, or significant others regarding the needs and abilities of an identified client, and providing education and back-up support to families, friends and community members.
6. Providing individual assistance to clients as a twenty-four (24) hour a day resource in accessing needed mental health services. Non-emergency CPRC community support services may be provided evenings and/or weekends to accommodate individual client needs.
7. Interceding on behalf of individual clients within the community-at-large to assist the client in achieving and maintaining community adjustment and maximizing community integration.
8. Monitoring client participation and progress in organized treatment programs to assure the planned provision of service according to the client's MTP.
9. Maintaining contact with clients who are hospitalized and participating in and facilitating discharge planning.
10. Participating in the development/revision of the MTP. (Community support specialists don't "prepare" the treatment plan.)
11. Providing assistance to client to access a variety of public services and assist the client to access/utilize a variety of community agencies/resources;
12. Encouraging/promoting recovery efforts, client independence/self-care and responsibility;
13. Providing support to families; and
14. Following up with clients regarding appointments, completion of and returning forms or receipts, and other similar activities.

Peer support services differ from community support services in that peer support offers mutual assistance in promoting recovery offered by other persons experiencing similar psychiatric or substance use challenges. In such a time as the agency may add Certified Peer Specialists to the CPRC staff, they will assist in the design, development and implementation of peer support services as reflected in the MTP and may provide the following community support services

as set out in 9 CSR 30-4.030 and 9 CSR 30-4.034:

1. Providing individual assistance to clients in accessing needed mental health services;
2. Providing assistance to clients in accessing a variety of public services;
3. Assisting the client to access/utilize a variety of community agencies/resources;
4. Training, peer mentoring, coaching and supporting daily living skills;
5. Accompanying clients to activities in the community; and
6. Following up with clients regarding appointments, completion of and returning forms or receipts, and other similar activities.

Family support provider (FSP) services differ from community support services in that family support is offered by a family member who has a child or youth who had or currently has a behavioral or emotional disorder and

- Has completed training approved by or provided by the Department of Mental Health; and
- Is supervised by a QMHP

Family support services are designed to provide a support system for parents of children up to age 21 with serious emotional disorders. FSP activities are directed by the child's Master Treatment Plan. Key services would include, but are not limited to:

- Assisting the parent/child to understand the child's diagnosis and special needs;
- Engaging the parents/guardians to actively participate in the child and family team meetings by helping them predetermine their roles and natural supports;
- Assisting the parents/guardians in identifying their natural supports;
- Helping the parents/guardians identify the child's strengths and strengths of the family;
- Supporting the parent/s guardians at child and family team meetings and modeling good advocacy skills;
- Assisting in trouble shooting and problem solving with strategies that are not working;
- Connecting families to community resources; and
- Helping the parents/guardians find and empower their own voice to become part of the system of care for their child

SECTION: SERVICE PROVISION

SUBJECT: CLIENT ASSIGNMENT

SECTION NO. II

SUBJECT NO. 11

Upon admission to the Community Psychiatric Rehabilitation Center, clients will be assigned to a community support specialist's active caseload within a maximum of ten (10) working days or eligibility determination, or sooner if clinically indicated. The selection of the primary community support specialist will be based on availability in order to maintain caseload size requirements, and client's place of residence. The CPRC Director will maintain a current list of caseloads in order to ensure that each full-time community support specialist has an active caseload.

Each community support specialist will carry a mixed caseload of Community Support clients in order to minimize the need for a transfer between community support specialists and to maximize continuity of care. Each full-time community support specialist will need to average twenty-five (25) hours of direct contact with clients per week. Additionally, seventy-five (75) percent of direct service contact hours should occur off-site from the facility, as in the client's own home and community.

Place of residence will also play a role in the assignment of community support specialists in an attempt to maximize the ability of the community support specialist to provide services within the home. The client will be consulted regarding community support specialist assignment upon notification of admission to the CPRC. The CPRC Director will ensure face-to-face contact is made with the client by the assigned community support specialist within five (5) working days of receiving the assignment. During this initial meeting, the assigned community support specialist will request that the client and/or guardian formally accept the community support specialist. Clients will be informed of their right to be assigned to a different community support specialist by contacting the CPRC Director in order to request reassignment. Reassignment may be accomplished after attempts to resolve any conflict between the client and the community support specialist have proven unsuccessful.

The Community Psychiatric Rehabilitation Center will make every effort to utilize a team approach to community support specialist activities. While one primary

community support specialist will be assigned to the client to assure that documentation coordination and provision of care standards are maintained, services may be provided and caseloads shared by other CPRC staff when appropriate and/or necessary. If a client is transferred among community support specialists, the reason and rationale for the transfer will be documented in the client's record. Staff shall document client acceptance, rationale, and follow-up of transfer in the clinical record.

Community support specialists involved will consult each other before the transfer takes place and review the client's case. The original community support specialist will complete all required paperwork for the client's chart up to the date of transfer. Following transfer, the new community support specialist will use the former community support specialist as a resource in order to continue providing quality care to the client.

SECTION: SERVICE PROVISION

**SUBJECT: CRITICAL INTERVENTION
PLAN**

SECTION NO. II

SUBJECT NO. 12

The Community Psychiatric Rehabilitation Program recognizes the importance of the identification of situations that pose significant risks to the well-being of an individual client as a function of the assessment and treatment planning process. Therefore, a Critical Intervention Plan will be developed as a component of the master treatment plan for all clients of community support services. The plan will be represented by one or more goals in the master treatment plan which describe or include an individualized listing of critical situations, precipitating events, or actual crises, which are unique to the client's known recent and long-term behaviors and circumstances. When a crisis occurs or is anticipated, the community support specialist or On-Call staff is responsible for putting the critical intervention plan into action. A listing of possible interventions (in hierarchical order of restrictiveness) that may be used when critical situations are recognized is developed with the plan and documented in a progress note. Planned interventions may include immediate filling of a prescription, securing inpatient or outpatient treatment, respite care, use of alternative sleeping arrangements on a temporary basis, daily monitoring, assessment of medication compliance/regimen, providing or changing dosage of needed medication through consultation with the client's physician, outpatient commitment, voluntary or civil involuntary admission to inpatient care, etc.

In the event that a critical situation occurs, staff will immediately notify the community support specialist who will then begin implementation of the critical intervention plan. The community support specialist will ensure notification of the situation to the CPRC Director. The client will be monitored by a QMHP at least daily until the situation is no longer judged to be critical by the staff involved. This QMHP will review the situation with the community support specialist and will supervise and direct the community support specialist during the critical intervention. Monitoring may include face-to-face contact, review of interventions with community support specialist, and observation of the client in other program services.

Documentation of the situation, intervention, required staff contacts, and rationale for determining the situation is no longer critical will be documented in the client record. Staff will also report, monitor, and document all subsequent intervention related to an original crisis situation.

The programs will review quarterly all critical interventions occurring in the previous quarter in order to assess the adequacy of the service system response. This review will take place as part of the Quality Assurance process.

In addition, supervisory sessions will review the etiology of the situation, the adequacy of the critical intervention plan, and the appropriateness and effectiveness of all resulting interventions.

SECTION: SERVICE PROVISION

**SUBJECT: CRISIS INTERVENTION
AND RESOLUTION**

SECTION NO. II

SUBJECT NO. 13

Crisis intervention and resolution services will be provided for all CPRC clients by the assigned community support specialist and backed up by agency QMHP's who are on Stand-By in the Trenton or satellite offices during office hours, and who are backup to the primary On-Call worker after regular work hours and on weekends and holidays. Crisis intervention and resolution shall be available upon demand on a 24-hour basis.

DEFINITIONS OF SPECIFIC CRISIS INTERVENTION AND RESOLUTION TERMS

CRISIS: A serious situation that requires an immediate intervention. Calls are passed on to the **On-Call** staff member by hotline staff due to the following crisis conditions:

- A caller has requested a specific NCMMHC staff member.
- A caller is incoherent or incomprehensive and hotline staff is unable to determine the nature of the situation.
- A caller describes a situation in which a person is a hazard to self or others.
- A caller's mental status cannot be determined over the phone.

EMERGENT SITUATION / EMERGENCY: A life-threatening situation to self or others that requires a 911 contact by the appropriate law enforcement or medical emergency services.

HOTLINE CALLS: Calls answered by QMHP staff members at CommCare in Kansas City, Missouri. Calls concerning persons in the NCMMHC service are who are considered to be in crisis are transmitted to the primary **On-Call** beeper for handling.

IMMINENT / IMMEDIATE DANGER: Risk of serious physical harm or injury within one-half hour if intervention is not received.

ON-CALL: Responsibility to respond to crisis calls and situations after regular work hours, on weekends and on holidays as assigned.

RESPITE CARE: A temporary alternative service that allows for safety of the client or stabilization of psychosocial stressors.

STAFF MEMBERS: Only NCMMHC staff is eligible to perform **Stand-By** and **On-Call**

duties.

STAND-BY: Responsibility to respond to crisis calls and situations during regular work hours as assigned.

URGENT: A person is considered to be in need of intervention, but is not known to be in immediate danger to self nor considered to be a danger to others.

Additional information regarding On-Call and Stand-By procedures may be found in the NCMMHC Policy and Procedure Manual.

When a telephone or walk-in request for emergency intervention is received, it will be directed to the crisis QMHP. If necessary, the designated QMHP will be paged. The crisis QMHP will assess the need for emergency intervention. When a caller has been determined to have a community support specialist under the CPRC program, during regular office hours the call will be referred to the client's community support specialist as the primary, with either the CPRC Team Leader or CPRC Director as the back-up QMHP. Daytime crisis contacts will be reported and reviewed orally at the weekly and monthly staff meetings and be recorded in the minutes. Copies of progress notes of crisis contacts shall be given to the CPRC Director. Crisis intervention and resolution will be available to CPRC clients in their homes and other community locations as needed. The designated CPRC QMHP will be available for face-to-face intervention, as needed.

Following the resolution of a crisis, if the client continues in treatment, the next contact with the client involved should be face-to-face and the client's need for services and level of risk reassessed.

The evening on-call staff will handle the call when a crisis call of a CPRC client is received after regular working hours. The CPRC Director will supervise all crisis responses to clients enrolled in case management. ACI staff will forward a copy of all progress notes turned in to them that pertain to CPRC clients to the CPRC Director, as well as to the client's community support specialist.

Progress notes of all crisis contacts minimally shall address the following:

1. The etiology of the problem;
2. The level of risk;
3. What intervention was made;
4. Any follow-up on the critical situation.

Key service functions of crisis intervention and resolution will include, at a

minimum, but are not limited to:

1. Interaction with an identified client, family member, legal guardian, and/or significant other.
2. Specifying factors that led to the client's crisis state when known.
3. Identifying the maladaptive reactions exhibited by the client.
4. Evaluating the potential for rapid regression.
5. Attempting to resolve the crisis (face-to-face, if needed).
6. When indicated, referring the client for treatment in an alternative setting.

Non-medical community support staff providing this service will have immediate, 24-hour telephone access to the agency physician.

If service is not initiated by the client's assigned community support specialist, the responding QMHP will consult the client's clinical record, giving special consideration to the Critical Intervention Plan (CIP). QMHP staff shall monitor the client as frequently as clinically necessary as documented in the client's record, or in the client's CIP, until the situation is no longer judged critical.

Pertinent information concerning this service will be communicated to the primary worker as soon as possible to assure appropriate follow-up services. Staff shall report, monitor and document all subsequent interventions related to the original critical situation.

After Hours Access: At all times when the agency offices are closed, calls will be answered by an answering machine, which answers with a recording that tells the normal office hours and gives the crisis hotline number.

Access to Physician: The CPRC provider shall have procedures approved by the Department of Mental Health for emergency physician intervention linked to its crisis services. Personnel assigned to crisis shall have the psychiatrist's telephone and pager numbers included in materials for handling crises. The physician shall make face-to-face contact if necessary. Staff shall be trained on when and how the physician should be accessed as a part of crisis resolution, by the crisis coordinator, as a part of regularly scheduled crisis training. Consultation/intervention by the physician shall be documented on crisis progress notes to assure quality, continuity, and coordination of care. Effectiveness of this procedure shall be evaluated in routine debriefing interviews with the crisis coordinator. It shall be the responsibility of the community support specialist to keep the CPRC Director informed of any CPRC client in a critical situation.

This may include telephone consultation on a 24-hour per day basis. A copy of the CommCare report or progress note shall be immediately forwarded to the program director. Such notes should minimally contain:

1. The etiology of the problem;
2. The level of risk;
3. What intervention was made;
4. Any follow-up on the critical situation.

A portion of both the weekly and monthly CPRC staff meetings shall be given to a case review of all critical situations, and shall be documented in the minutes of the meeting. The case review shall evaluate the etiology of the situation, the adequacy of the CIP, and the appropriateness/effectiveness of all resulting interventions. Findings of the reviews shall be incorporated into the CPRC program's critical intervention planning and evaluation strategies.

SECTION: SERVICE PROVISION

SUBJECT: MEDICATION SERVICES

SECTION NO. II

SUBJECT NO. 14

This service will consist, at a minimum, of six (6) service functions and other functions as the treating psychiatrist may deem appropriate for quality client care. Each service episode will be documented.

The purpose of this service is to comply with CPRC certification standards.

A. Definition:

Medication services are goal-oriented interactions between an authorized CPRC client and a psychiatrist or QMHP physician regarding the assessment of the need for psychoactive medications and the management of the medication regimen. Key service functions shall include:

1. Assessment of client's presenting condition;
2. Mental status exam;
3. Review of symptoms and side-effects;
4. Review of client's functioning;
5. Assessment of client's ability to self-administer medications;
6. Client education about the side-effects of medications and relationship to client's mental illness; and
7. Prescription of medication when indicated.

B. Frequency:

1. Clients receiving medication services will be seen at least every six (6) months by the psychiatrist for medication review and evaluation. Face-to-face contact with the client, and review of relevant documentation in the client's record, shall constitute the review and evaluation.
2. Medication visits may be more frequent as specified in the treatment plan, or as the client condition merits.
3. A psychiatrist or QMHP physician shall see all clients requiring medication within ten (10) working days of a request for service.

C. Required Documentation for Each Service Episode (Unit):

1. The community support specialist will provide the psychiatrist with a current status report for each visit.
2. Description of the client's presenting condition.
3. Pertinent medical and psychiatric findings.
4. Observations and conclusions.
5. Client's response to medications.
6. Actions and recommendations regarding client's ongoing medication regimen.
7. Pertinent/significant information reported by family members or significant others regarding a change in the client's condition and/or an unusual or unexpected occurrence in the client's life.
8. Items 1 – 6 will be recorded for each visit on the psychiatrist's progress note form. All documentation requirements such as legibility, black ink and procedures for corrections apply.

D. Transportation:

The CPRC will provide or arrange transportation for clients to receive medication services as prescribed in treatment plans or as is medically necessary.

SECTION: SERVICE PROVISION

**SUBJECT: MEDICATION
ADMINISTRATION
SERVICES**

SECTION NO. II

SUBJECT NO. 15

As a core service of the CPRC, medication administration service is restricted to the administration of psychoactive medications by injection, as prescribed by a licensed physician. Only a licensed registered nurse, or licensed practical nurse under the supervision of an RN or psychiatrist, shall perform medication administration services at the outpatient facility as directed by physician's orders.

The purpose of this section is to ensure that only licensed, trained professionals administer medications.

1. Emergency Administration of Medications:
 - a. The CPRC will not administer medication on an emergency basis. Clients in need of emergency administration of medication will be referred to a local hospital emergency room.
2. Medication Storage: Medications shall be kept in locked containers. Schedule II controlled substances will be kept under double lock.
3. Disposal of Medical Supplies:
 - a. Used syringes and needles are destroyed by placing them into a SHARPS infection waste container. The filled SHARPS container is sealed in a plastic bag and taped closed and held for the next scheduled time for destruction with the current contracted agency.
4. Medication Administration: Only center-privileged psychiatrist, QMHP physicians, and nurses will administer medication in accordance with sound clinical practices and following all state and federal laws.
 - a. Standing orders or PRN orders for medication are not permitted, in accordance with medication services policies. The use of medications as punishment, for the convenience of staff, as a substitute for other services or treatment, or in quantities that interfere with the client's rehabilitation program, is prohibited.

Chemical restraints shall not be used.

- b. Medication is administered at regularly scheduled appointments per physician orders. The administration of medication (intramuscular) is recorded in the client record by the administering QMHP. This documentation will include the client name, medication, dose of medication, date, frequency of intake, and name of staff who observed the medication intake.
- c. All clients receiving medication shall have completed intake procedures which require positive identification via driver's license and social security number as proof of identity. All clients are identified by visual identification. If the client is not known by the nurse administering the medication, verification of client identity must be obtained by written identification.
- d. Any adverse drug reactions are reported immediately to the physician responsible for the client, and if this is not possible, to a physician on-call for emergency consultation.
- e. Any medication errors are documented in the client record and notice is directed to the physician responsible for the client by an Incident and Investigation Tracking System-Event Report Form, with copies to the CPRC Director and the Clinical Director.
- f. The CPRC-privileged psychiatrists, QMHP physicians and nurses will participate in ongoing inservice seminars and review of medical literature on recent developments in psychotropic medications and any side effects. Records of CEU credits are placed in the staff personnel file. The CPRC Director will review, on a semi-annual basis, continuing education of these personnel.
- g. The CPRC psychiatrist(s) and nurse(s) are available to provide consultation to staff regarding client medication concerns or regarding medication administration procedures.
- h. The nurse will accept telephone orders for medications only from physicians who are on the center's list of qualified physicians and who are known to the staff member receiving the order. The physician's signature will be added to the note documenting such a

verbal order on the next scheduled workday.

5. Medication Record: The client's record will include a medication record completed by a nurse. This record will include an evaluation of the client's drug history and drug therapy including:
 - a. Name
 - b. Age
 - c. Weight
 - d. Current diagnosis
 - e. Current drug therapy
 - f. Allergies
 - g. History of medication compliance
 - h. Other pertinent information related to the client's drug regimen, such as drug or food interactions
6. Key Services:
 - a. Any therapeutic injection of medication (subcutaneous or intramuscular);
 - b. Monitoring of lab levels, including consultation with physicians, clients, and community support specialists;
 - c. Coordination of medication needs with pharmacies, clients and families, including the use of indigent drug programs (excluding the routine placing of prescription orders and refills with pharmacies);
 - d. Setting up medication boxes;
 - e. Medication drops to client residences;
 - f. Patient education regarding medications;
 - g. Recording initial patient histories and vital signs;
 - h. Monitoring medication compliance; and
 - i. Monitoring medication side-effects, including the use of standardized evaluations, and monitoring physician orders for treatment modifications requiring patient education.
7. Medication Administration Support: The following services must be done by qualified staff as set out in 19 CSR 30-84.030:
 - a. The coordination of medication needs with pharmacies, clients and families, including the use of indigent drug programs (excluding the

routine placing of prescription orders and refills with pharmacies);

- b. Setting up medication boxes;
- c. Medication drops to client residences;
- d. Monitoring medication compliance; and
- e. Monitoring vital signs.

SECTION: SERVICE PROVISION

**SUBJECT: ABNORMAL
INVOLUNTARY
MOVEMENT SCALE**

SECTION NO. II

SUBJECT NO. 16

To facilitate early identification of clients developing abnormal involuntary movements, each client receiving a neuroleptic medication will be screened using the Abnormal Involuntary Movement Scale (Attachment A).

A. Procedures: If there is evidence of complication:

1. The Abnormal Involuntary Movement Scale (AIMS) will be used to screen clients at least every six (6) months.
2. The AIMS will be administered by a nurse, Psychiatrist, or Physician.
3. Upon completion of the form, it will be reviewed and signed by a Psychiatrist or Physician.
4. The AIMS will be filed in the client's clinical record.
5. In the case of abnormal findings, the reviewing physician will designate when the client will be given an appointment for medication services and will evaluate the client.
6. If abnormal findings continue to be present, the client will be screened every three (3) months utilizing the AIMS.
7. The Psychiatrist/Physician may choose to refer the client for a neurological evaluation. If such evaluation is ordered, the community support specialist and nurse will work with the client and resources to ensure the client is evaluated.
8. The results of the neurological evaluation will be obtained for review by the treating Psychiatrist or Physician and included in the client's paper record.

SECTION: SERVICE PROVISION

SUBJECT: OFF-SITE SERVICES

SECTION NO. II

SUBJECT NO. 17

The CPRC's program goals can only be achieved if service delivery is flexible and tailored to client needs. To this end, community support and crisis intervention services will be provided as needed to clients in their homes and in other locations off-site from the program facility. The program shall provide treatment that will assist in the support and rehabilitation of the client. Clients of the program will not be required to visit a pre-selected site in order to receive needed treatments other than medication services and psychosocial rehabilitation. Client choice of service site will prevail to the extent that facility, program capacity and the master treatment plan allows.

In addition, community support and psychosocial rehabilitation services will be offered at reasonable hours and provided during evenings and/or weekends when possible to accommodate individual client needs.

Clients who have not received services for a six (6) month period shall be placed on an inactive list. Clients who have not received services for a 12-month period shall be discharged from the program.

SECTION: SERVICE PROVISION

**SUBJECT: TRANSFER AND
REFERRAL**

SECTION NO. II

SUBJECT NO. 18

The community support specialist will have the primary responsibility to initiate and coordinate transfer or referral from one service element to another within the center and to providers, with the approval of the guardian (if applicable) and the CPRC Director. To assure the most appropriate care that is available, the community support specialist will consider transfer or referral under conditions, which may include:

1. Special services not provided by CPRC; or
2. Other ancillary services that will contribute to the well-being of the client.

The CPRC program shall assure that clients receive the most appropriate care available. Transfer of a client from one service to another, from community to hospital, hospital to community, or to another CPRC provider as consistent with the client's needs, may be considered to obtain that care and treatment. The CPRC program shall implement policies and procedures to assure the continuity of care between or among referring providers, including prior treatment programs, both inpatient and outpatient psychiatric and substance addiction programs. When a child/youth moves to a school or other community service, transition planning/information is provided to the family prior to the delivery of the new service and to the new service provider with the consent of the child/guardian.

When transfer is being made to another service element of the agency, the community support specialist will consult with the guardian (if applicable) and the CPRC Director regarding the needed service. The internal referral will be submitted to the CPRC Director or designee for assignment as appropriate. Transfer for referral to an outside provider (or to another administrative agent in the event of the client's move out of the NCMMHC service area) will be initiated in a timely fashion. The community support specialist will provide pertinent records (or portions of records) and other information in compliance with all confidentiality regulations, and ensure that the information is transferred within five (5) working days providing:

1. Background information relevant to the referral.

2. Suggestions for coordinated service delivery.
3. A request for a follow-up report.
4. Consent of the client to the referral.

The community support specialist will ensure continuity of care in this process by placing priority on maintaining stable client-provider relationships and engaging in necessary communication, written and verbal, with other providers. This will include adequate follow-up contact with the client and the receiving provider(s) to ensure that the referral or transfer is meeting the client's needs.

NCMMHC maintains a current resource directory of area community service agencies and individuals who may be helpful in the referral process. This directory will be available to clients upon request.

SECTION: SERVICE PROVISION

**SUBJECT: COORDINATION WITH
INPATIENT TREATMENT**

SECTION NO. II

SUBJECT NO. 19

The CPRC program shall coordinate with inpatient psychiatric programs to assure continuity of care for eligible individuals returning to the community. This includes active participation of community support team in the discharge planning. In order to assure continuity of care upon return to the community, the CPRC program will provide ongoing community support services to active Community Psychiatric Rehabilitation Center clients who are admitted to inpatient psychiatric care. The community support specialist will coordinate efforts with inpatient facilities in the area to minimize the duration of the admission and provide effective discharge planning.

It will be an element of the discharge plan to schedule face-to-face contact with the community support specialist within five (5) calendar days of discharge from an inpatient psychiatric program. Documentation of this contact and condition at discharge from prior treatment will be made in the client record. If the client misses the appointment or is otherwise unavailable at the appointed time, the community support specialist will actively pursue follow-up within five (5) days until the client is contacted, or if contact is not possible, the community support specialist will document in the client record the circumstances that prevented contact.

SECTION: SERVICE PROVISION

SUBJECT: MISSED APPOINTMENTS

SECTION NO. II

SUBJECT NO. 20

Client and/or guardian participation in services required by the individual's master treatment plan shall be closely monitored by the client's community support specialist, with the assistance of other involved CPRC staff. If a client and/or guardian misses a scheduled appointment, staff will immediately notify the client's community support specialist. Upon notification, the community support specialist will make contact with the client and/or guardian within forty-eight (48) hours via telephone outreach or home visit to assess the client's mental status and need for additional intervention or assistance. Arrangements to reschedule the missed appointment will be made at this time, if applicable.

If a client is discharged from an inpatient treatment program, the client and/or guardian will meet with his/her community support specialist within five (5) days of discharge from the hospital. If the client misses the appointment, the CPRC Director will be notified and intensive efforts will be made by the community support specialist and other available CPRC staff to locate and make contact with the client, including telephone outreach, home visit, and/or consultation with family members, significant others involved, and staff as appropriate.

In the event that efforts described above are unsuccessful in making contact with the client and/or guardian, the CPRC Director will be consulted and procedures for "runaway clients" will be implemented, if appropriate (refer to Section IV, Subject 16).

The agency shall establish policies and procedures consistent with needs and requirements of clients to contact persons who fail to appear at a scheduled program activity. Such efforts should be initiated within 48 hours, unless circumstances indicate a more immediate contact should be made due to the person's symptoms and functioning or the nature of the scheduled service. Efforts to contact the person shall be documented in the individual's record.

SECTION: SERVICE PROVISION

SUBJECT: TRANSPORTATION

SECTION NO. II

SUBJECT NO. 21

North Central Missouri Mental Health Center shall provide or arrange transportation for CPRC clients who clinically and/or programmatically require the following core services:

1. The CPRC program shall provide or arrange transportation to and from the PSR as well as to various sites in the community to provide off-site training/rehabilitation in realistic settings.
2. Medication services, as prescribed in the treatment plan or as medically necessary.

The CPRC program shall assure accessibility to provided services. Access shall require no more than 1 ½ hours of travel one way by automobile. It will be the community support specialist's responsibility to identify individual transportation needs and subsequently facilitate the provision or arrangement of such needs for each client on an ongoing basis. The community support specialist will assist in arranging for use of public transportation (i.e., OATS bus), Medicaid transportation, or client-arranged-and-paid-for transportation whenever possible.

SECTION: SERVICE PROVISION

SUBJECT: DISCHARGE FROM CPRC

SECTION NO. II

SUBJECT NO. 22

Each client shall be actively involved in planning for discharge and aftercare. The participation of family and other collateral parties (e.g. referral source, employer, school, other community agencies) in such planning shall be encouraged as appropriate to the age, guardianship, service provided, or wishes of the client.

Clients may be discharged from the CPRC as a whole, or may discontinue receiving a single service of the CPRC, under the following conditions:

1. The client and/or guardian has refused services and has been placed on inactive status; or
2. The client no longer meets eligibility requirements, including residence within the nine-county service area.
3. The client has not received services for a 12-month period.

In the event that a client is discharged, an aftercare plan or discharge/transfer summary will be completed by the assigned community support specialist within 14 days of service discontinuation. In addition, a progress note will be placed in the client's record when a client has been discharged or has discontinued a single service. The discharge summary shall be presented to the CPRC Director for signature. The discharge summary shall clearly state whether the client is being discharged from CPRC only or from all services of the agency.

A discharge summary and, where applicable, an aftercare plan, shall be prepared upon:

1. Transferring to a different provider;
2. Successfully completing treatment;
3. Discontinuing further participation in services.

When a youth moves to a school or other community service provider, an aftercare plan will be completed and the transition information will be provided to the family prior to the delivery of the new service and to the new service provider with the consent of the child/family.

SECTION: SERVICE PROVISION

SUBJECT: INTENSIVE CPRC

SECTION NO. II

SUBJECT NO. 23

Definition: A level of support designed to help clients who are experience an acute psychiatric condition, alleviating or eliminating the need to admit them into psychiatric inpatient or residential setting. It is comprehensive, time-limited, community-based service delivered to clients who are exhibiting symptoms that interfere with individual/family life in a highly disabling manner. The intensive community psychiatric rehabilitation is intended for the following clients:

1. Persons who would be hospitalized without the provision of intensive community-based intervention;
2. Persons who have extended or repeated hospitalizations;
3. Persons who have crisis episodes;
4. Persons who are at-risk of being removed from their home or school to a more restrictive environment;
5. Persons who require assistance in transitioning from a highly restrictive setting to a community-based alternative, including specifically persons being discharged from inpatient psychiatric setting who require assertive outreach and engagement.

Persons requiring this level of service must meet admission criteria and will be in need of intensive clinical intervention of support to alleviate or eliminate the need for admission into a psychiatric inpatient or a restrictive living setting and must meet at least one (1) of the following descriptions:

1. A person who is being discharged from a Department of Mental Health facility or Department of Mental Health purchased bed;
2. A person who has had extended or repeated psychiatric inpatient hospitalizations or crisis episodes within the past six (6) months;
3. A person who has had multiple out-of-home placements due to his/her mental disorder;
4. A person who is at imminent risk of being removed from his/her home,

school or current living situation.

Intensive CPRC shall be delivered by a treatment team responsible for coordinating a comprehensive array of services available to the individual through CPRC with the amount of frequency of service commensurate with the individual's assessed acuity and need.

The treatment team shall be supervised by a QMHP and shall include the following:

1. Qualified staff required to provide specific services identified on the Individualized Treatment Plan;
2. The client, and family if developmentally appropriate.

Treatment team models shall follow one of two options:

1. The treatment team may serve exclusively individuals enrolled in the intensive CPRC level;
2. The treatment team may serve a mix of individuals enrolled in intensive CPRC and individuals enrolled in the rehabilitation levels.

Due to the large geographic area covered by each community support specialist, at the present time the agency will use treatment model #2.

Intensive CPRC shall include:

1. Multiple face-to-face contacts on a weekly basis and may require contact on a daily basis;
2. Services that are available 24 hours per day and seven (7) days per week;
3. Crisis response services, coordinated with the existing crisis system.

Intensive CPRC shall include a full array of CPRC services as defined in 9 CSR 30-4.043 and shall be available to each individual based upon identified needs, including but not limited to the following services:

1. Outreach and engagement;
2. Behavioral aid/family assistance worker;
3. Targeted case management;
4. Clinical intervention for the purpose of stabilizing the individual, offered 24 hours per day and seven (7) days per week;
5. Increased services to assist the individual with medication stabilization;
6. Utilization of natural services and supports needed to maintain the individual in the community;

7. Day treatment.

Frequency of service delivery shall be based upon the individual's assessed acuity and need.

Individuals can be moved out of the intensive level of care when:

1. There is a reduction in acute symptoms;
2. The individual is able to function in the rehabilitation level of CPRC;
3. The individual chooses to move from the intensive level.

For clients currently enrolled in the CPRC program, documentation must be present in the client record indicating the individual's acuity level and to support the admission into intensive level of care. The following are required upon admission to intensive level of care:

1. A progress note documenting the acuity level and compliance with admission criteria must be completed.
2. The treatment plan must be updated to reflect the higher level of service provided in the intensive level.
3. The appropriate outcome packet must be completed and forwarded to DMH.
4. Service system reporting shall be updated with appropriate program code.

For new clients admitted directly from the community, a brief evaluation to substantiate acuity and compliance with admission criteria will be accepted initially.

This must include:

1. Presenting problem;
2. Recent psychiatric history;
3. Current medications;
4. Current housing status;
5. Current legal status;
6. Family and/or guardian;
7. Mental status examination.

Each individual must have a psychiatric evaluation at admission. A comprehensive evaluation must be completed within 30 days of admission. If the individual has been discharged from an inpatient bed directly into intensive level of care, the psychiatric evaluation completed at the inpatient program will initially be accepted.

Treatment plans shall be developed upon admission to the intensive level of

care.

The appropriate outcomes packet shall be completed and forwarded to DMH.

Service system reporting shall be updated to reflect participation with the appropriate program code.

Treatment plans shall be reviewed on a weekly basis and documented in the client record with a summary progress note and update to the treatment plan. Each individual shall also have a critical intervention plan.

All services provided shall be documented in progress notes that contain:

1. Specific type of service rendered;
2. Date and actual time the service was provided;
3. Who provided the service;
4. The setting in which the service was provided;
5. The amount of time it took to provide the service;
6. The relationship of services to the treatment regimen described in the treatment plan;
7. The client's response to prescribed care and treatment;
8. The signature and position of the staff member providing the service.

When the level of care changes from intensive, a transition plan for follow-up services is documented in a level of care transition summary and reflected in an updated treatment plan. This may be documented in a progress note. The outcomes packet must also be completed and forwarded to DMH.

For quality assurance of intensive CPRC, DMH, and therefore the agency, shall track:

1. Hospitalizations occurring while the person is in intensive level of care;
and
2. Client movement to a more restrictive level of care.

SECTION: SERVICE PROVISION

SUBJECT: HEALTHCARE HOME

SECTION NO. II

SUBJECT NO. 24

A. **POLICY:** The Healthcare Home is an integrated team approach to the delivery of health-care services that promise a better experience and better results than traditional care. The Healthcare Home hours of operation and service delivery are consistent with NCMMHC policy and procedures. Healthcare Home services are voluntary and provided in all seven NCMMHC office locations according to the times and geographic needs of the client served. Services may be accessed through referrals from the client, DMH (Department of Mental Health), CPRC (Community Psychiatric Rehabilitation Center) program, primary care physicians and hospitals. Clients and/or community members/advocates may engage in the flexible scheduling process by scheduling services same day urgent, next day, walk-in or future scheduled intake process.

1. **Definitions.**

- a. **Community Mental Health Center (CMHC)**—CMHC is an agency and its approved designee(s) authorized by the DMH Division of Behavioral Health Services (DBH) as an entry and exit point into the state mental health service delivery system for a geographic service area defined by the division.
- b. **Electronic Clinical Record (ECR)** —The ECR is an electronic version of a client’s medical history that is maintained by the provider over time and may include all of the key administrative clinical data relevant to that person’s care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports etc. The ECR automates access to information and has the potential to streamline the clinician’s workflow. The ECR also has the ability to support other

care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality assurance management, and outcomes reporting.

- c. Health Home (also referred to as Healthcare Home)—A Healthcare Home is a site that provides comprehensive behavioral health care coordinated with comprehensive primary physical care to Medicaid clients with behavioral health and/or chronic physical health conditions, using a partnership or team approach between the Healthcare Home staff and clients in order to achieve and improved primary care and to avoid hospitalization or emergency room use. These complimentary disciplines are determined by the needs of the client served.

2. Healthcare Home Qualifications. NCMMHC is qualified and recognized as a Healthcare Home by meeting the following.

- a. NCMMNHC has a substantial percentage of its clients enrolled in Medicaid.
- b. NCMMHC has a strong, engaged leadership personally committed to and capable of leading the healthcare home through any necessary transformation process and sustaining transformed practices as demonstrated through the continuation of learning activities and providing orientation to all NCMMHC staff called “Paving the Way for Health Homes” PowerPoint introduction to Missouri’s Health Home Initiative.
- c. NCMMHC policies provides assurance of enhanced access to the Healthcare Home team by providing twenty-four (24) hours per day, seven (7) days per week crisis coverage via telephone or face-to-face. In order to support client recovery, necessary client data is shared via a crisis contact summary to the Healthcare Home team.
- d. NCMMHC Healthcare Home team will actively use the Medicaid CyberAccess system to conduct care coordination and prescription monitoring for Medicaid participants.

- e. NCMMHC will utilize the DMH patient registry to input annual metabolic screening results, track and measure care of individuals, and produce internal reports for care planning.
 - f. NCMMHC will routinely use a behavioral pharmacy management system to determine problematic prescribing patterns;
 - g. NCMMHC will conduct wellness interventions as indicated based on the client's level of risk.
 - h. NCMMHC will complete status reports to document client's housing, legal, employment status, education, custody, etc.
 - i. The Healthcare Home team will convene regular, ongoing and documented internal Healthcare Home team meetings to plan and implement goals and objectives of service practices.
 - j. NCMMHC will participate in the Centers for Medicare and Medicaid Services (CMS) and state-required evaluation activities.
 - k. NCMMHC will produce required reports describing CMHC Healthcare Home activities, efforts, and progress in implementing Healthcare Home services.
 - l. NCMMHC have multiple MOUs (Memorandum of Understandings) with regional hospitals.
 - m. NCMMHC will develop quality improvement plans to address gaps and opportunities for improvement.
 - n. NCMMHC will demonstrate improvement on clinical indicators specified by and reported to the state; and meet accreditation standards approved by the state as such standards are developed.
3. Healthcare Home Services. The Healthcare Home Team shall assure that the following health services are received as necessary by all clients of the Healthcare Home in accordance with applicable laws and authorizations:
- a. Comprehensive Care Management includes the following services:
 - 1) Identification of high-risk individuals and use of client information to determine level of participation in care management services
 - 2) Assessment of preliminary and ongoing service needs
 - 3) Development of treatment plans, including client goals, preferences, and optimal clinical outcomes

- 4) Assignment of Healthcare Home Team roles and responsibilities
 - 5) Development of treatment guidelines that establish clinical pathways for Healthcare Home teams to follow across risk levels or health conditions
 - 6) Monitoring of individual and population health status and service use to determine guidelines, identify gaps in treatment and monitor critical chronic disease indicators
 - 7) Development and dissemination of reports that indicate progress toward meeting outcomes for client satisfaction, health status, service delivery, and costs
- b. Care Coordination. Care coordination consists of the implementation of the integrated person centered, individualized Master Treatment plan (with active client involvement) through appropriate linkages, referrals, coordination to support the practitioner/client relationship, and follow-up to needed services and supports, including referral and linkage to long-term services and supports. Specific care coordination activities include, but are not limited to: appointment scheduling, conducting referrals and follow-up monitoring, participating in hospital discharge processes which includes follow-up and medication reconciliation, and communicating with other providers and clients/family members. Healthcare and treatment information is appropriately shared with all providers involved in the care of the client served. The primary responsibility of the Nurse Care Manager is to ensure implementation of the treatment plan for achievement of clinical outcomes consistent with the needs and preferences of the client. Shared information may include: treatment history, assessed needs, current medications, identified treatment goals, needs and/or gaps and supports needed for successful transition between treatment settings.
- c. Health Promotion. Health promotion services consist of providing understandable health education, resilience, and recovery specific to the client's and family's/significant other's concerns as permitted

or legally allowed. Specific wellness education and the interaction between mental and physical health may include an individual's chronic conditions (i.e. heart disease, diabetes and other chronic medical conditions), development of self- management plans (for medical and behavioral health concerns), education regarding the importance of medications, immunizations and screening, child physical and emotional development, providing support for improving social networks, and providing health promoting lifestyle prevention and interventions activities. These activities may include but not limited to: substance use prevention, smoking prevention and cessation, nutritional counseling, obesity reduction and prevention, increasing physical activity and other life issues as identified. The Healthcare Home will assist clients to participate in the implementation of the individualized treatment plan and place a strong emphasis on person centered empowerment to understand and self-manage chronic health conditions. When possible and allowed, the Healthcare Home Team will interact with family members to identify any potential impact of disease of the client served on the family and offer education or training in response to the identified concerns.

- d. Members of the Healthcare Home Team provide care coordination services designed to streamline plans of care, reduce hospital admissions, ease the transition to long-term services and supports, and interrupt patterns of frequent hospital emergency department use. Members of the Healthcare Home Team will collaborate with behavioral health, physicians (primary care and medical specialists), hospitals, nurses, social workers, discharge planners, pharmacists, and others to continue implementation of the treatment plan with a specific focus on increasing the clients' and family members' ability to manage health care and live safely in the community and shift the use of reactive care and treatment to proactive health promotion and self-management.

- e. Individual and Family Support. Individual and family support services include, but are not limited to, advocating for individuals and families, assisting with obtaining, and adhering to medications and other prescribed treatments. In addition the Healthcare Home Team members are responsible for identifying resources for individuals to support clients in attaining their highest level of health and functioning in their families and in the community, including transportation to medically-necessary services. A primary focus will be increasing health literacy, ability to self-manage care, and facilitate participation in the ongoing revision of their Master Treatment Plan (MTP).
 - f. Referral to community and social support. The Healthcare Home Team provides assistance for clients to obtain and maintain eligibility for health care, disability benefits, housing, personal need, and legal services. The Healthcare Home team will assist the client in transitioning between levels of care, between inpatient and outpatient care and to other outpatient care providers.
 - g. Healthcare Home care management may include outreach and engagement.
 - 1) At times, Healthcare management may be triaged based on client acuity.
4. Healthcare Home Staffing.
- a. The Healthcare Home Team will provide assistance and consultation to augment the CPRC program to ensure an integrated team approach. The roles and responsibilities of each team member are delineated in each team member's job description included in the NCMMHC policy and procedures manual.
 - b. The Healthcare Home Team members may be available daily via face-to-face, telephone, e-mail, telecommunication and interoffice alert/message systems to assure access to a variety of disciplines in order to respond the needs of the client. The Healthcare Home Team ensures adequate staffing coverage and backup that allows for a successful transition between the client served and the

receiving provider. The Healthcare Home Team will ensure the availability and oversight of the following staff during program hours.

- 1) A Healthcare Home Director
- 2) Psychiatrist
 - a) When the psychiatrist is not available the Healthcare Home Team may include others with legal authority to prescribe such as, advanced practice nurse, registered nurse or physician's assistant based on the needs of the client served.
- 3) PCP consultant,
- 4) Nurse Care Managers
- 5) Care Coordinator
 - a) The Care Coordinator will ensure response to phone calls on the day of receipt.

5. Learning Activities.

- a. NCMMHC and the Healthcare Home Team participate in statewide learning activities.

6. Data Reporting.

- a. NCMMHC submits to DMH, reports as specified by DMH, within the time frames required.

7. Client eligibility includes:

- a. Medicaid eligible with eligible ME code and have met "Spend-Down"
- b. Diagnosed with a serious and persistent mental health condition
 - 1) Adults with serious mental illness
 - 2) Youth with a serious emotional disturbance and/or DLA-20
- c. Diagnosed with a mental health condition and a substance use disorder
- d. Diagnosed and/or a substance use disorder and one other chronic condition

- 1) Chronic conditions include: Diabetes, COPD, Cardiovascular disease, over weight (BMI >25), tobacco use, developmental disability.
8. The Healthcare Home will notify other treatment providers about the goals and types of Healthcare Home services as well as encourage participation in care coordination efforts.

SECTION: SERVICE PROVISION

**SUBJECT: DISEASE MANAGEMENT
(DM) 3700**

SECTION NO. II

SUBJECT NO. 25

1. Definition and Goal

- a. The Disease Management (DM) 3700 project is a collaborative effort among the Department of Mental Health (DMH), Division of Behavioral Health (DBH), and the Department of Social Services (DSS), MO Health Net Division (MHD), the Coalition for Community Behavioral Healthcare, and NCMMHC. The DM project targets Medicaid-eligible adults with high medical costs who have a serious mental health diagnosis and/or substance use disorder and are not currently receiving behavioral health services.
- b. The goal is to locate and enroll these individuals in NCMMHC services. The goal of the DM3700 project is to improve medical conditions and reduce medical costs for these clients who have chronic medical conditions.
- c. Enrollees are chosen based on the amount of costs that are determined by the state to be excessive. These costs are an amount that includes the combination of Medicaid pharmacy and Medicaid medical costs within a 12 month period.
- d. The qualifying diagnoses and criteria that allows admission into the DM3700 project include:
 - i. Serious mental illness (SMI): schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, and/or substance use disorder (SUD): alcohol, opioid, sedative hypnotics or anxiolytics, stimulants (cocaine, amphetamine); cannabis, and hallucinogen user disorder, other (or unknown) substance use disorders;
 - ii. Current qualifying Medicaid eligibility;

- iii. Not currently or within the past 6 months been enrolled in any behavioral health services with DMH;
 - iv. 18 years of age and older.
- 2. The DM3700 project is a Community Psychiatric Rehabilitation (CPR) service. Service providers contact individuals identified through this project, provide outreach and engagement, enroll them in the respective rehabilitation program, and provide necessary services focusing on community support/case management and nursing services to coordinate and manage their medical/behavioral health conditions.
 - a. Leadership and training
 - i. NCMMHC has a strong, engaged leadership committed to and capable of leading the DM3700 project through any necessary transformation process and sustaining transformed practices as demonstrated through the continuation of learning activities.
 - 1) NCMMHC provides orientation to all NCMMHC staff called “Paving the Way for Health Homes”, an introduction to Missouri’s Health Home Initiative. In 2012, the DM3700 project was integrated with Healthcare Home (HCH) and is viewed as an outreach component of HCH.
 - 2) The DM3700 staff will participate in statewide learning activities.
 - ii. NCMMHC provides assurance of enhanced access to the DM3700 project by providing 24-hours per day, 7 days per week crisis coverage via telephone and/or face-to-face. In order to support client recovery, necessary client data is shared via a crisis contact summary to the DM3700 team.
 - iii. NCMMHC will receive identified client names via the FTP site from DMH.
 - iv. The DM3700 project coordinator will determine when and how contact will be made with the client. Because of the chronic disease prevalence within the DM populations, the

DM project coordinator will ensure that all of the clients on their cohort list are outreached by the end of the second month of that cohort.

- v. The DM3700 project coordinator or designee will mail introduction letters to clients and will begin attempting client contacts after the first letter is sent.
- vi. The Dm3700 project coordinator will maintain a list of clients he/she has not been able to contact directly (i.e., did not respond to phone call/letter/agency brochure/informational packet, and were not available on the attempted home visits), and will schedule a future attempt to contact within the next three months, and again periodically if needed.
- vii. Understanding the complexity in engaging this population, it is anticipated that numerous attempts to locate and engage individuals may be necessary. The DM3700 outreach activities may include (but are not limited to) any combination of the following:
 - 1) Pharmacies
 - 2) Hospitals
 - 3) Primary care providers
 - 4) Fire department/EMS
 - 5) Local Family Support Division:
<http://dss.mo.gov/offices.htm>
 - 6) Law enforcement
 - 7) Probation and Parole officers
 - 8) Department of Corrections registry:
<https://web.mo.gov/doc/offSearchWeb/>
 - 9) Missouri CaseNet website (to locate possible guardians or address):
www.courts.mo.gov/casenet/base/welcome.do
 - 10) Mail delivery service providers
 - 11) Google and other internet search engines
 - 12) Online social networks (Facebook, Twitter, etc.)

- viii. The DM3700 team will actively use the Medicaid Cyberaccess system to conduct investigation for demographics, resources to assist with locating, care coordination, and prescription monitoring for the DM participants.
- ix. The DM3700 project coordinator or designee will view the DM3700 hospital admissions report and may contact the hospital social worker to assist in arrangement client contact at the hospital.
- x. The DM3700 project coordinator or designee will contact the Administrative Agent in the area the client is actually living, if the client lives outside of the NCMMHC nine-county area, and provide the contact information necessary to outreach the DM client.
- xi. The safety of the DM3700 staff is of the utmost importance at all times, and good judgment is encouraged when visiting unknown persons at unknown locations. The DM3700 staff will engage in safety practices that may include (but are not limited to);
 - 1) Choosing a designee to attend home visits when entering unsafe neighborhoods;
 - 2) Scheduling the home visits in the ECR;
 - 3) Notifying the supervisor and/or support staff regarding time and location of outreach efforts;
 - 4) Have a cell phone on person and available at all times;
 - 5) Conduct home visits during daylight hours only;
 - 6) Maintain awareness of surroundings.

SECTION: SERVICE PROVISION

**SUBJECT: INTEGRATED
TREATMENT FOR CO-OCCURRING
DISORDERS (ITCD)**

SECTION NO. II

SUBJECT NO. 26

Philosophy: Integrated Treatment for Co-Occurring Disorders (ITCD) is an evidenced based treatment integrating substance use treatment with CPRC (community psychiatric rehabilitation center) treatment for individuals with co-occurring psychiatric and substance use disorders. Through integrated treatment clients can live lives in which co-occurring disorders are not the dominant driving factors. Recovery means more than “maintaining” people with co-occurring disorders in the community. Recovery-oriented services will encourage clients to define and fulfill their personal recovery goals.

Clients will be actively involved in their treatment design and have the ability to self-direct the person-centered and family-centered services they receive. Person-centered and family-centered care includes care that recognizes the particular cultural and other needs of the individual. Clients will have choices regarding their services including the amount, duration and scope of services and supports received from NCMMHC.

NCMMHC shall use the *Co-occurring Disorders: Integrated Dual Disorders Treatment (IDDT) Implementation Resource Kit* published by SAMHSA (Substance Abuse and Mental Health Services Administration) and follow the guidelines set forth in the DMH (Department of Mental Health) ITCD treatment programs as described in 9 CSR 30-4.0431.

1. Admission Screening and diagnosis
 - a. ITCD treatment will be available Monday through Friday between the hours of 9:00AM and 5:00PM (excluding holidays). Services provided include but not limited to; assessment, treatment planning, individual/group therapy, psycho-educational groups, substance use

counseling, community support, resource identification, medication and nursing care.

- b. Admission criteria will include clients who meet the admission criteria for CPRC and who have a co-occurring substance use disorder. Screening will occur during intake when clients first enter agency services. Clients will be screened for both substance use disorders and mental illnesses. However, since co-occurring disorders can develop at any time, clients in the ITCD program will be routinely re-screened. Once the client screens “positive” for both substance use and mental health disorders, the client should be referred to the ITCD program leader (ACI Coordinator) for consideration in the ITCD program as well as the stage of readiness for change.
 - i. Each client referred to the ITCD program will be assessed by a trained QMHP (Qualified mental health professional). A master treatment plan will be completed at this time. The assessment will reflect the client and families perception of need; treatment goals; preferences and learning needs. The assessment will include (but not limited to) the following topics.
 - 1. Presenting problems
 - 2. Current symptoms and functioning
 - a. Background
 - b. Individual History
 - c. Substance use
 - 3. Mental Health
 - 4. Medical History
 - 5. Mental Status examination
 - 6. Client perceptions
 - 7. Cultural and Linguistic considerations
 - 8. Supports and Strengths

9. Diagnostic Impressions

10. Clinical Analyses and Recommendations

- a. Stage of treatment
 - b. Stage of change
 - c. Strengths
 - d. Natural supports
 - e. Identified co-occurring issues
- ii. Group curriculum includes, but is not limited to; skill building, relapse prevention, co-occurring disorders, spirituality, healthy relationships, assertiveness, mental illness education, and smoking cessation. Group topics and curriculum is subject to change based on continual research/evidence based practices, client satisfaction, and staff expertise.

2. Referral and discharge criteria

- a. The program leader will receive all referrals, review them, discuss the ITCD program with the client and pair clients with an ITCD specialist. The integrated master treatment plan will be completed within thirty days of referral and will be based on the client's stage of change. Services will be provided to clients on a time-unlimited basis with service intensity modified according to individual needs.
- b. Clients will not be discharged from the ITCD program unless they directly request it.
- c. The number of ITCD teams shall be determined by the needs and number of clients enrolled. Caseload size will not exceed 1:30.
- d. Clients under the influence of alcohol or other drugs
 - i. When a client shows up for treatment in what appears to be an intoxicated state, the staff member will remove the client from any group setting and have the client meet in a private area to discuss the client's use and behaviors and identify a disposition. A nurse

will assess the client's vitals to determine the need for immediate care through the emergency room. If the client is in need of emergency care, the staff will call 911 and request an ambulance to transport. If the client is deemed not to be harmful to self or others, the client will be assessed for detox and/or inpatient substance use treatment. If the client refuses the referrals to inpatient the client will be asked to leave the facility and return when sober. If necessary, the team will assist the staff member. Law enforcement will assist if the client shows signs of becoming a behavioral management issue. For clients who have a guardian, the guardian will be involved in the decision making process. If the guardian cannot be reached; the staff will follow the above procedure.

- ii. Transporting clients under the influence is not acceptable. However, assisting a client into appropriate level of care, such as detoxification, active treatment, or emergency room will occur within the limitations of staff and client's behavior.

3. Staffing Criteria

- a. ITCD shall be delivered by a multidisciplinary team responsible for coordinating a comprehensive array of services available to the client through CPRC with the amount of frequency of service commensurate with the client's assessed need.
 - i. Program Leader (ACI Coordinator)
 - 1. The program leader will receive all referrals, review them, discuss the ITCD program with the client and pair clients with an ITCD specialist.
 - ii. Physician or an advanced practice nurse (NP)
 - 1. The physician/NP will provide medication management to treat one or both disorders and will follow these guidelines when prescribing medications.

2. Maintain needed psychotropic medication for known serious primary psychiatric disorders, even when the client is actively using.
 3. Avoids use of benzodiazepines in ongoing treatment of people with known substance dependence, and seeks consultation when indicated.
 4. Demonstrates ability to utilize pharmacologic strategies for addiction treatment as an ancillary tool to full recovery (naltrexone, revia, and vivitrol).
 5. Collaborates effectively with other members of the treatment team.
 6. Communicates effectively with clients and families regarding psychopharmacology interventions and interactions with substance disorders.
 7. Demonstrates ability to negotiate medication changes with clients in a collaborative manner which promotes recover from both disorders.
- iii. RN (Registered professional nurse)
1. The RN will provide client education
- iv. QMHP (Qualified mental health professional)
1. Each QMHP will be trained in the following areas prior to providing services. All training will be documented in the staff personnel file.
 - a. Documentation and Medicaid compliance
 - b. Cognitive behavioral therapy 2.5 hours
 - c. Creating a recovery based mental treatment plan 2 hours
 - d. Illness management and recovery 2.5 hours
 - e. Introduction to DBT 2 hours
 - f. ITCD including motivational interviewing and stage-wise treatment 2 hours
 - g. Motivational interviewing 4 hours
 - h. Suicide prevention 2 hours

- i. PTSD 1 hour
 - j. Medications, basic diagnostic principles and collaboration with prescribers 2 hours
 - k. Older adults with psychiatric illnesses 1 hour
- v. CSS (DOC community support specialist)
- 1. Community support
- vi. Acquisition of appropriate housing and employment services
Substance Abuse Specialist (SAS)

1. The qualified substance abuse professional is defined as a person who demonstrates substantial knowledge and skill regarding substance use by being one of the following.
 - a. A physician or QMHP who is licensed in Missouri with at least one year of full-time experience in the treatment of persons with substance use disorders.
 - b. A person who is certified as a substance abuse professional.
2. The SAS will provide individual, family and group treatment. The SAS will assess the client's stage of treatment every 3 months and offer interventions that are appropriate for the stage of treatment (such as motivational and cognitive-based interventions). The intervention (i.e. motivational interviewing) will be described in behavioral terms in the progress note. The SAS will encourage the client to avoid high-risk behavior and situations that can lead to infectious diseases, find safe housing, practice a proper diet, and exercise.
3. The Four stages of change and treatment

The Stages of Change	The Stages of Treatment
Pre-contemplation	Engagement
Contemplation	Persuasion

Preparation	
Action	Active treatment
Maintenance	Relapse prevention

4. Program organization and communication

- a. The program leader will facilitate weekly multidisciplinary treatment team supervisory meetings to discuss each client's progress and goals and provide insights and advice to one another.
- b. The CSS will coordinate services with other team members to ensure that treatment supports recovery goals.

5. Core service components

- a. Access/Referral to comprehensive services
 - i. Residential services
 - ii. Supported Employments helping clients to find and keep competitive jobs. Abstinence should not be required to obtain these services
 - iii. Developing a capacity for independent living
 - iv. Improving quality of family and social relationships.
 - v. Assistance in managing mental health symptoms (Illness Management Recovery – IMR)
- b. Outreach to keep the client engaged
 - i. CSS will offer practical assistance by connecting clients with other services (for example, housing assistance, medical care, crisis management, legal aid, gainful employment, encourage friendships with non-users, etc.) that meet the client's individual needs.
- c. Individual Co-occurring counseling
 - i. Involves the use of motivational interviewing, cognitive behavioral therapy, harm reduction and relapse prevention. Individual co-occurring counseling may include face-to-face interactions with one

or more members of the client's family for the purpose of assessment or supporting the client's recovery.

d. Group treatment

- i. Clients may access services in a variety of formats including group treatment, and self-help groups. Groups may consist of two or more individuals as specified in the master treatment plan that is designed to promote individual self-understanding, self-esteem, and resolution of personal problems related to the client's mental disorders and substance use disorders through personal disclosure and interpersonal interaction among group members.
- ii. Group treatment size shall not exceed ten clients.

e. Group Education

- i. Informational and experiential services designed to assist clients, family members and others identified by the client as primary support in the management of substance use and mental health disorders. Services are intended to increase knowledge of mental illnesses and substance use disorders. This includes integrating affective and cognitive aspects in order to enable the participants, clients as well as family members, to cope with the illness and understand the importance of their individual plan of care. The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of the client's disease, symptoms, understanding the precursors to crisis, crisis planning, community resources, recovery management, and medication action and interaction.
- ii. Group Education size shall not exceed twenty clients.

f. Health interventions

- i. Clients with co-occurring disorders will be monitored for negative consequences of substance use such as: physical effects (chronic illnesses, sexually transmitted diseases, blood borne illnesses), social effects (loss of family support, victimization), self-care and independent functioning (mental illness relapses, malnutrition, unemployment, housing instability, incarceration) and use of substances in unsafe situations (driving while intoxicated, needle sharing for intravenous drug use).

g. Non-responder assistance

- i. Clients who do not progress or respond to basic treatment will be evaluated and linked with appropriate more intensive secondary interventions (for example, medications that help reduce addictive behavior, intensive family treatment, trauma interventions, daily group programs, residential care, payee service, urine testing, conditional discharge, etc.).

6. Assessment and treatment planning criteria

- a. ITCD shall be delivered according to the ITCD criteria and will be time unlimited with the intensity modified according to the level of need and degree of recovery. Treatment will include interventions to promote physical health.
- b. Intoxication with or withdrawal from alcohol and other substances causes reversible changes in memory and concentration during the time of use or withdrawal. Cognitive problems can persist for weeks or months and gradually clear up once a person stops using. Alcohol can also cause permanent changes on memory and other cognitive functions, and the only way to know if these memory problems will get better is to observe clients carefully during prolonged abstinence. For this reason, when clients with co-occurring disorders have problems with memory and concentration, we will use a simple test, such as the Mini Mental Status Exam (MMSE) to assess and monitor their cognitive impairment. If the problems are severe (for example, score is less than 19 on the MMSE) or moderate (score is less than 23 on the MMSE) and do not improve within a month of sobriety or show improvement, we will refer the client for a neuropsychological assessment or medical evaluation to assess other problems that could be causing the impairment.
- c. Based on the assessment, the goals and objectives of the treatment are to reduce and/or stop the use of substances and improve the management of mental health issues. Treatment planning is a collaborative process that guides treatment. It involves working with clients and their family members to establish personal recovery goals, and specify the means by which treatment can help them reach those goals. The initial master treatment plan will be completed within 30 days of a signed consent for treatment and will address both mental health and substance use and will involve building both skills and supports for recovery goals. Integrated treatment plans will be updated every three months.

7. Consumer records requirements

- a. Clinical records will be retained for seven (7) years in accordance with State of Missouri guidelines for records retention, or until all litigation,

adverse audit findings, or both are resolved. Clinical records/documents will be destroyed (shredded) thereafter only by authority of the Clinical Director following review by the Executive Director. Paper clinical records that have been closed will be stored in a separate section in the Clinical Records Department. Client rights and confidentiality are protected including a review of 42 CFR, Part 2 and definitions of client abuse and neglect.

- i. Where State law requires consent of a parent, guardian, or other person for a minor to obtain alcohol or drug abuse treatment, any written consent for disclosure must be given by both the minor and his or her parent, guardian, or other person authorized under State law to act in the minor's behalf.
- ii. Where State law requires parental consent to treatment will be obtained.
- iii. The confidentiality of alcohol and drug abuse records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser *Unless*:
 1. The client consents in writing
 2. The disclosure is allowed by a court order; or
 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

8. Consumers' rights

- a. NCMMHC is committed to the delivery of high quality services, which ensure that the rights of the client are protected. Our services must be delivered in a respectful and professional manner preserving the human dignity, health and safety of people. Clients will be allowed to participate in all aspects of the planning of their treatment and have the right to know, in advance, about the termination of services and why. Clients have the right to take control over their own live and make choices, which meet their personal needs and responsibilities. Furthermore, clients have the right to have personnel make fair and reasonable decisions about their

treatment and this will be communicated in a clear and concise language that is understood and comprehended. Each client shall be entitled to the following rights and privileges without limitation:

- i. To receive prompt evaluation, care and treatment;
- ii. To receive these services in a clean and safe setting;
- iii. To humane care and treatment; to have the treatment/rehabilitation explained;
- iv. To be treated with respect and dignity as a human being and addressed in an age-appropriate manner;
- v. To be the subject of an experiment or research only with their informed, written consent, or the consent of a person legally authorized to act on their behalf;
- vi. To have records kept confidential in accordance with federal and state laws and regulations;
- vii. To have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law;
- viii. To not be denied admission or services because of race, gender, creed, legal status, religion, marital status, sexual orientation, national origin, disability, age, prior treatment, withdrawal from treatment against advice, or continuation or return of symptoms after prior treatment;
- ix. To be free from verbal, sexual and physical abuse, neglect, humiliation, corporal punishment, threats or exploitation;
- x. To refuse hazardous treatment, unless ordered by the Court;
- xi. To medical care and treatment in accordance with accepted standards of medical treatment;
- xii. To consult with a private, licensed practitioner at the client's own expense;
- xiii. To request and receive a second opinion before hazardous treatment, except in an emergency; and
- xiv. To receive these services in the least restrictive environment.

b. Client rights and privileges which may be limited include:

- i. To see own records.

- ii. Limitations necessary to ensure personal safety or the safety of others.
9. Program and team member training and performance evaluation
- a. All new program staff will receive orientation within one month after hire and standardized training in evidenced based practices (at least a 2-day workshop or equivalent) within 2 months after hiring. The following trainings will occur within the first month of employment.
 - i. Client rights, confidentiality and verbal/physical abuse
 - ii. Customer service
 - iii. Infection control
 - iv. Fire and Safety
 - v. Compliance training
 - vi. Cultural/Age competencies
 - vii. Job Responsibilities and expectations
 - viii. Emergency policies and procedures
 - ix. Behavioral health code of employee conduct
 - x. Mission and values
 - xi. Documentation standards
 - xii. Electronic clinical records
 - xiii. Billing and productivity
 - xiv. Motivational interviewing and the stages of change
 - xv. ITCD
 - xvi. Deaf and working with interpreters
 - b. The following trainings will occur within 3 months of hiring
 - i. Signs and symptoms of a mental health diagnosis, including substance use and treatment
 - ii. Conducting psycho-educational groups
 - iii. Working with families and caretakers of clients
 - iv. Methods of teaching individuals and families self-help, communication and homemaking skills

- v. Writing and implementing a master treatment plan, writing measurable objectives and development of specific strategies based on the treatment plan.
 - vi. Basic principles of assessment and treatment including stage wise treatment and assessing for dual disorders
- c. Existing team members will receive annual refresher training (at least 1-day workshop or equivalent).
- d. The multidisciplinary team members shall receive ongoing training in ITCD and shall have a training plan that addresses:
 - i. Specific ITCD criteria,
 - ii. Co-occurring disorders
 - iii. Motivational interviewing
 - iv. Stage-wise treatment
 - v. Cognitive behavioral interventions
 - vi. Substance use disorders treatment
- e. To a large extent, clinical weekly group supervision is the process that will determine whether ITCD staff understand and are consistently applying the evidenced-based practices for treating people with co-occurring disorders or if further leadership, training and accountability is required to meet this goal. Group supervision will review all clients involved in the ITCD program and will problem-solve ways to help them better meet their individual goals. Program leaders will be regularly available for consultation and will also provide side-by-side supervision to achieve the following goals:
 - i. Assess performance
 - ii. Give feedback; and
 - iii. Model interventions

The Stages of Change	The Stages of Treatment	Suggested Interventions
Pre-contemplation – Clients do not see their substance use as a problem	Engagement – Goal is forming a trusting, working relationship. To recognize the consequences of their substance use, resolve ambivalence related to addiction and introduce the client to self-help principles.	Assertive outreach Practical assistance (i.e. housing) Introduction to individual, family, self-help and group treatment formats
Contemplation Preparation – Clients may acknowledge their substance use as a problem. Clients have made a decision to change.	Persuasion – Goal is to increase awareness of the impact of substance use, helping engaged clients develop the motivation to participate in recovery interventions and reduce substance use.	Motivational counseling, Persuasion groups, Basic social skills training, Vocational supports
Action – Clients display the greatest behavioral changes.	Active treatment – Goal is to further reduce or eliminate substance abuse, helping motivated clients acquire skills and supports for managing illnesses and pursuing goals. Clients are assisted to connect with self-help programs in the community and learn new skills.	Cognitive-behavioral counseling
Maintenance – Clients have a high comfort level with their new behavior and continue to develop relapse strategies.	Relapse prevention – Goal is to maintain awareness of the potential for relapse, helping clients in stable remission from mental illness and substance use disorders develop and use strategies for maintaining recovery. Clients are assisted to connect with self-help programs in the community and improve	Social skills training, Self-help group

	quality of life.	
--	------------------	--

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

SECTION: CLIENT RECORDS

**SUBJECT: ADMINISTRATION AND
STORAGE**

SECTION NO. III

SUBJECT NO. 1

The CPRC Director will maintain an organized client record system that includes a collection of client information and services provided. These records will be maintained and physically supervised on a day-to-day basis by the Clinical Records Clerk at the facility. Access to these records is limited to authorized staff, i.e., persons having direct contact with clients or whose job description requires access to confidential information about clients. Each record will be logged out to a specific staff person when it is removed from the storage area. Records will be stored under lock when not physically supervised.

All client records will be arranged according to a uniform system for organizing content. Each paper record will contain the Chart Order Form so information can be easily located and audits can be conducted with reasonable efficiency.

SECTION: CLIENT RECORDS

SUBJECT: MONITORING

SECTION NO. III

SUBJECT NO. 2

The CPRC Director and Team Leaders will regularly monitor all client records with the assistance of the Quality Assurance Team on an annual basis. Quantitative and qualitative review forms will be used to evaluate each file in order to ensure record-keeping standards are maintained and proper documentation provided in a timely manner. Staff responsible for records checked will receive copies of the completed evaluation and will be provided with supervisory guidance if necessary in order to ensure that the quality of the documentation provided meets appropriate standards.

SECTION: CLIENT RECORDS

SUBJECT: STANDARDS

SECTION NO. III

SUBJECT NO. 3

All entries into a client's record will be:

1. Clear, complete, accurate and recorded in a timely manner;
2. Dated, with beginning and ending time frames, and authenticated by the recorder with full signature, credential and title;
3. Written in indelible (black, not colored) ink that will not deteriorate from photocopying;
4. Legible; and
5. Submitted upon forms that are approved for current usage, not outdated forms.

Records will be retained in a safe, dry area for at least seven (7) years or until all litigation and/or adverse findings are resolved.

SECTION: CLIENT RECORDS

**SUBJECT: INTAKE / INITIAL
EVALUATION**

SECTION NO. III

SUBJECT NO. 4

The client record of the CPRC will document that Intake/Initial Evaluation procedures as described in Section II, Subject 3 have been completed. The client record will contain one or more documents which include:

1. A social history, clinical evaluation and assessment that includes documentation of:
 - a. Presenting problem, request for assistance, symptoms and functional deficits;
 - b. Personal, family, educational, community history, and results of prior treatment;
 - c. Reported physical and medical complaints and the need for screening for medical, psychiatric, or neurological assessment, physical exam, or current medications prescribed and taken, or other specialized evaluation;
 - d. Findings of a brief mental status exam;
 - e. Current functional strengths and weaknesses obtained through interview and behavioral observation;
 - f. Specific problem indicators for individualized treatment;
 - g. Existing personal support systems and use of community resources;
 - h. Diagnostic formulation;
 - i. Specific recommendations for further evaluation and treatment; and
 - j. Consultation between a physician and the psychologist or other QMHPs conducting the psychosocial/clinical evaluation addressing the client's need and the appropriateness of outpatient rehabilitation.
 - k. The clinical record shall support the level of care.

If the client chooses to see a physician not associated with the agency, evidence

of the following should be seen:

1. Release of information allowing the physician and agency to exchange pertinent information;
2. Agency provides the physician with copies of community support specialist's progress notes and other pertinent information quarterly, or more often if clinically indicated;
3. Agency and community physician receive and respond to phone calls and correspondence regarding the client's care;
4. Evidence that the agency and community physician negotiated a mutually agreed upon master treatment plan;
5. The treatment plan is signed by the community physician;
6. The community physician provides the agency copies of progress notes and other pertinent information at least quarterly, or more often if clinical indicated.

When an initial evaluation has indicated a physical exam is needed, the CPRC program shall file the results of the physical exam in the person's clinical record.

SECTION: CLIENT RECORDS

**SUBJECT: INDIVIDUAL TREATMENT/
REHABILITATION PLAN**

SECTION NO. III

SUBJECT NO. 5

The center will develop and maintain for each client a Master Treatment Plan in the client record using a standardized format based on Department of Mental Health requirements. The initial psychosocial evaluation and the Master Treatment Plan will record, at a minimum, the following:

1. Service Date:
 - a. Reason(s) for admission into rehabilitation services;
 - b. Criteria and/or plans for movement;
 - c. Criteria for discharge; and
 - d. A list of agencies currently providing programs/services including the type(s) of services; date(s) of initiation of services.
 - e. Summary statement of prioritized problems/assets.
2. Treatment outcomes and objectives for the treatment plan and any/all components:
 - a. Specific individualized medication, psychosocial rehabilitation, behavior management, critical intervention, community support goals and other services and interventions as prescribed by the Treatment Team;
 - b. Treatment regimen, including specific medical and remedial services, therapies and activities that will be used to meet the treatment goals and objectives;
 - c. Projected schedule for service delivery including the expected frequency and duration of each type of service planned;
 - d. The type of personnel who will furnish the services;
 - e. Documentation of treatment plan reviews and revisions;
 - f. Resources required to implement recommendations; and
 - g. A schedule for the periodic monitoring of the client that reflects factors that may adversely affect client functioning.

h. Level of care.

The master treatment plan will be developed with the participation of a QMHP and the client and/or guardian and will be approved by a physician. A licensed psychologist may approve the master treatment plan only for those clients who are not taking medications. The plan will be signed by members of the evaluation team and the client and/or guardian. A child/youth is not required to sign the master treatment plan; however, the youth shall participate in the development of the master treatment plan as appropriate. The client and/or guardian's signature will not be provided if signing would be detrimental to his/her well-being as documented in the client record; however, a progress note must then be written indicating the reason why. The client shall have the right to have the master treatment plan explained orally and to be given a copy of the master treatment plan. The master treatment plan shall be revised and rewritten at least annually. Documentation of the master treatment/rehabilitation plan, goals, and objectives will be completed within 30 days of admission to services. Treatment/rehabilitation plans will be reviewed at least every ninety 90 days as described in Section II, Subject 8. The review will be documented in detail by the evaluation team. Development of suitable revisions to the client's treatment goals shall occur as indicated by growth/deterioration of client's functioning and condition.

SECTION: CLIENT RECORDS

SUBJECT: QUARTERLY REVIEW

SECTION NO. III

SUBJECT NO. 6

At least every 90 days (or sooner if a client experiences significant change), a DLA-20 will be conducted by the Community Support Specialist, who will review the treatment/rehabilitation plan, goals, and objectives. This team will consist of:

1. Client and/or guardian;
2. A physician (when required);
3. Client's community support specialist;
4. CPRC Team Leader; and
5. Additional staff, as needed.

The client's record will document in detail a review of:

1. Barriers, issues or problems identified by the consumer, family, guardian, and/or staff that identify the need for focused services;
2. Brief explanation of any changes or progress in the daily living functional abilities in the previous 90 days; and
3. Brief summary of subsequent changes that will be made to the treatment plan as a result of conducting this functional update.

This review, together with the entire record, will be kept available for state or federal review purposes as requested.

Observation and monitoring of the client shall occur in client's residence at least quarterly or more frequently as stipulated by the treatment plan. Exceptions shall be documented. If a client's needs dictate, more frequent monitoring may be necessary on a short or long-term basis. Rationale for monitoring frequency shall be documented in the client record and reviewed regularly. At times of crisis, daily visits may be indicated for some clients.

SECTION: CLIENT RECORDS

SUBJECT: ANNUAL EVALUATION

SECTION NO. III

SUBJECT NO. 7

The annual evaluation conducted by CPRC staff for each client for whom ongoing treatment has been provided during the previous 12 months will include:

1. An updated social history focusing on changes which occurred since the intake history was taken or the most recent update, including:
 - a. Presenting problem;
 - b. Changes in personal, family, educational and community history;
 - c. Developmental history, when indicated;
 - d. Current functional weaknesses and strengths;
 - e. Changes in existing personal support systems;
 - f. Use of community resources;
 - g. A review of the client's participation in treatment over the last year;
 - h. Specific recommendations for further evaluation and/or treatment.
2. A clinical evaluation and assessment of client functioning focusing on changes which occurred since the intake history was taken or the most recent update, including:
 - a. Presenting complaints/request for assistance;
 - b. Changes in relevant treatment history and background information;
 - c. Reported physical/medical complaints;
 - d. Pertinent functional weaknesses and strengths;
 - e. Interview and behavioral observations;
 - f. Description of client's apparent change in condition from one (1) year ago;
 - g. Specific problem indicators required by the Department;
 - h. Update of the diagnostic formulation;
 - i. Specific recommendations for further evaluation and/or treatment;
 - j. Development of a revised treatment plan; and
 - k. Certification by the evaluation team that continued outpatient

psychiatric rehabilitation is appropriate to meet the client's needs.

SECTION: CLIENT RECORDS

SUBJECT: PROGRESS NOTES

SECTION NO. III

SUBJECT NO. 8

The primary purposes of the progress note is to record information that shows client movement in relation to his/her treatment goals. A progress note will be used to document all client services, activities, or sessions. Contacts and description will describe the individual and specific services provided. Documentation will include:

1. Month, day and year of service.
2. Name and specific service(s) rendered.
3. The actual time (of day) of rendered service, with beginning and ending times.
4. The amount of time spent (in minutes) it took to deliver the services.
5. Service code or notation if not billed
6. Location/Setting of service (i.e. Home, Community, Office).
7. The relationship of the services to the treatment described in the master treatment plan, including a synopsis of the service activity provided.
8. A description of the individual's response to the service provided.
9. Phone contacts.
10. Signatures, credentials and title of person providing the service.

The body of the CPRC/therapy progress note shall address:

1. Situation – which may include, but is not limited to, the circumstances of the visit, barriers to treatment, life circumstances of the individual, level of functioning, and/or appropriateness of dress and behavior of the client;
2. Intervention – as appropriate to the above situation, such as assisting a person overcome an immediate difficulty, or routinely addressing goals and objectives of the treatment plan;
3. Response – which shall be the record of what the client agrees to do, or his/her refusal to do, and the client's attitude and behaviors in relation to the intervention(s); and
4. Plan – which may include what the client shall work on until the next visit,

or other scheduled activities, as well as the next scheduled visit.

SECTION: CLIENT RECORDS

**SUBJECT: PSYCHOSOCIAL
REHABILITATION**

SECTION NO. III

SUBJECT NO. 9

Documentation of Psychosocial Rehabilitation Services will be provided by weekly progress notes which include attendance records, reporting daily client participation and pertinent information reports by family members or significant others regarding a change in the client's condition and/or an unusual or unexpected occurrence in the client's life.

The Psychosocial Rehabilitation Program shall also maintain documentation of measurable progress in the following key services:

1. Training/rehabilitation in community living skills;
2. Pre-vocational training/rehabilitation either directly or through subcontracts, according to individual client needs, including at a minimum, but not limited to, the following:
 - a. Interview and job application skills;
 - b. Therapeutic work opportunities; and
 - c. Temporary employment opportunities.
3. Development of personal support systems through group interactions.

Additional documentation will include information as described in Section IV, Subject 11.

SECTION: CLIENT RECORDS

**SUBJECT: CRISIS INTERVENTION
AND MEDICATION
SERVICES**

SECTION NO. III

SUBJECT NO. 10

Documentation of crisis intervention services will include all items described in Section III, Subject 9 in addition to the following:

1. A description of the precipitating event(s) and situation, when known;
2. A description of the client's mental status;
3. Interventions initiated to resolve the client's crisis state;
4. Client response to the intervention provided; and
5. Disposition.
6. Planned follow-up by staff.

Documentation of medication services will include all items described in Section III, Subject 9 in addition to the following:

1. A description of the client's presenting condition;
2. Pertinent medical and psychiatric findings;
3. Observations and conclusions;
4. Client's response to medication;
5. Actions and recommendations regarding the client's ongoing medication regimen; and
6. Pertinent/significant information reported by family members or significant others regarding a change in the client's condition and/or an unusual or unexpected occurrence in the client's life.

Documentation of medication administration will include items described in Section III, Subject 8 as well as the following:

1. Medication and dosage administered; and
2. Frequency of administration.

See also CommCare/North Central Missouri Mental Health Center 6-page form (Attachment A).

SECTION: CLIENT RECORDS

SUBJECT: DISCHARGE FROM CPRC

SECTION NO. III

SUBJECT NO. 11

Clients of CPRC may be discharged as described in Section II, Subject 22. Within 14 days of discharge, documentation will be placed in the client's record in the form of a discharge summary as well as a treatment note. The discharge summary will include the following:

1. Dates of admission and discharge;
2. Referral source;
3. Diagnostic impression;
4. Presenting problem, including identified functional disabilities;
5. Description of service(s) provided;
6. Client response to treatment/interventions;
7. Progress toward objectives of the treatment plan;
8. Prescribed medication, dosage and response;
9. Referrals made, discharge date;
10. Reason(s) for discharge;
11. Medical status;
12. A follow-up plan, if applicable; and
13. Signatures of client and/or guardian (when possible), community support specialist, and CPRC Director.

An aftercare plan shall be completed prior to discharge. The plan shall identify services, designated provider(s), or other planned activities designed to promote further recovery.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: PHILOSOPHY AND
PURPOSE
SUBJECT NO. 1**

The agency's Psychosocial Rehabilitation Center (PSR) program is for persons who have a history of serious mental illness and could benefit from additional supportive service other than case management and psychotherapy. The PSR program shall meet all the requirements for licensure under Department of Mental Health licensing rules. In those instances in which certification standards are more restrictive than licensing standards, the certification standards shall prevail. PSR is committed to a program that nurtures personal growth and dignity, and it supports the use of positive approaches and supports.

The program will initially be "psycho-educational" in approach. Topics such as stress management, relaxation, problem-solving, skill-building, coping with mental illness, current events, assertiveness, women's issues, men's issues, outdoor education, physical exercise, and other independent living topics will be covered. Pre-vocational groups, and activity units consisting of clerical work, food service and maintenance units will be implemented as clients progress in the program. The PSR program will assist the client served to develop the skills needed to live as independently as possible in the community. In this setting, members acquire the attitudes and basic skills of "employability" that lead to participation in transitional employment opportunities in the greater community. Access to needed resources and opportunities in the community through mutual and collaborative efforts of members and staff is essential to the well-being of each member. While the staff literally works with members in these activities, they also provide the structure and supervision necessary to progress toward identified goals. Through development of individualized treatment/rehabilitation plans, the member participates in ways that assure that his/her needs are met. Training for daily living skills is provided in the natural context of "doing" daily living activities as a group, with PSR staff instructing as necessary.

Recreational needs are met by providing activities and outings that occur at times distinctly set aside from work/educational activity. Regular evening and weekend time

will be scheduled when appropriate to promote recreational events. Members will be asked to sign a field trip permission form (Attachment A).

Psychosocial Rehabilitation Services are provided throughout the program. The overriding objective is to provide the members with a social network in which they can recognize their own worth and dignity as they work toward greater independence.

In terms of program outcomes, the service goals are:

1. To reduce the frequency and length of psychiatric hospitalizations.
2. Development of behaviors and abilities that will allow members to return to mainstream or “normative” community living.
3. To encourage the development of an individual’s desire or motivation to maximize independence by providing meaningful activity that is appropriate to the age, level of functioning and interests of the member.
4. To provide a setting in which members can learn to develop stable and supportive relationships as the individual develops a personal support system.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: ADMISSION CRITERIA
SUBJECT NO. 2**

The CPRC program shall admit all clients requiring PSR services to the PSR program if adequate program capacity allows within 20 working days, or sooner if clinical indicated, of eligibility determination. The essential criteria for attending the Psychosocial Rehabilitation program are as follows:

1. A diagnosis of serious mental illness as listed in the DSM-IV (except those diagnoses excluded by other CPRC admission criteria).
2. Presents a need for rehabilitative services to improve functioning impaired by the impact of the serious mental illness.
3. Motivated to participate in the rehabilitation process.
4. Does not require close supervision as a safeguard against the likelihood of behavior harmful either to self or others.
5. Does not display physical aggression which, by history or other indicators of likelihood, would present a significant risk or assaultive or explosive behavior, or create an environment in which other members could not feel safe at all times.

Should a client prove to be ineligible for PSR under the above criteria, appropriate referral to other agency or community resources will be made through the individuals' community support specialist. No one is excluded from membership in the Psychosocial Rehabilitation Program on the basis of religion or ethnic origins.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: CORE SERVICES
SUBJECT NO. 3**

Because of the pervasive impact of serious mental illness, the PSRC components of each program recognize a responsibility to define services in terms of the members' needs in all areas of their lives – social, educational, economic and personal. PSR provides for development of behaviors and abilities that will allow clients to return to activities appropriate to his/her age and based on the client's assessed needs. Age-appropriate is defined as that aspect of normalization that reinforces recognition of an individual as a person of a certain chronological age. This refers to an individual's dress, behavior, use of language, choice of leisure and recreation activities, and self-determination of the individual, and the way in which the individual is perceived and treated by others. Normalization is defined as making the commonly accepted patterns and conditions of everyday life available to persons with disabilities. A basic list of these services includes:

1. Initial screening for appropriateness of client participation in services or referral to alternative services.
2. Individual assessment and rehabilitation program planning (incorporated into CPRC client's master treatment plan).
3. Pre-vocational programming.
4. The PSR program shall provide or arrange for services on evenings and weekends, as required, to effectively address the rehabilitation needs of the program clients.
5. Training in the context of naturally occurring group efforts in the basic skills necessary for education and independent living, such as budgeting, nutrition, hygiene, accessing community resources, etc.
 - a. The PSR program shall provide regular client access to facilities and equipment necessary to provide opportunities for training/rehabilitation in daily living skills, including at a minimum, those activities associated with meal preparation and laundry.

- b. The PSR program shall provide off-site services on a regular basis as part of structured plan of activities for training/rehabilitation of community living skills. Such off-site services may include laundromats, work settings, banks, and other customer service agencies, health and welfare agencies, recreational/leisure settings, community service agencies, etc.
- 6. Case management and advocacy services.
- 7. Crisis intervention and resolution services available at all times.
- 8. Referral and assistance in obtaining services or financial aid from community resources.
- 9. Provision of rehabilitation services.
- 10. Address basic self-care needs.
- 11. Enhance the use of personal support systems.
- 12. Transportation to/from community facilities/resources.
- 13. Based on individual need toward goal of community inclusion, integration, and independence.
- 14. Available to adults, youths and children who need age-appropriate developmental focused rehabilitation.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: COSTS
SUBJECT NO. 4**

It is the philosophy of the PSRC to charge fees for direct services to members based on a sliding fee scale that determines individual co-payment/client portion. Members who are CPRC clients will have received prior authorization for funding for club attendance.

Some recreational events and outings may require that members pay additional costs.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: INTAKE SCREENING AND
ADMISSION
SUBJECT NO. 5**

FROM OTHER PROGRAMS OR FACILITIES: (including community support)

1. A completed PSR referral sheet should be sent to the PSR program director together with additional treatment records if deemed relevant for CPRC clients.
2. The program director will contact the referring clinician or PSR worker as soon as possible to discuss any special circumstances to make arrangements for an intake interview. The client will contact the program director for an interview time.
3. The program director will conduct the intake interview.
4. The intake screening, consisting of the intake interview and review of referral documents, will focus on determining the prospective member's needs of psychosocial rehabilitation services, functional strengths and weaknesses and transportation needs.
5. If there is a decision not to admit the prospective member, the referral worker will be notified.
6. If the prospective member is accepted for admission, a date will be agreed upon for the first days of attendance and completion of intake procedures.
7. If a delay in admission occurs because of insufficient program capacity, the client's name will be put on a waiting list and s/he will be offered other ancillary services as deemed appropriate.

FROM OUTSIDE PROFESSIONAL SOURCES:

1. Upon receipt of a completed referral, the program director will contact the referral source to determine whether the CPRC would be more appropriate for the client's needs than referral solely to the PSRC program. If so, intake will proceed as described above for referral from CPRC.

FROM NON-PROFESSIONAL SOURCES:

1. Potential members, family members, or friends of members will often approach the program director for self-referral to the PSRC program. It is the responsibility of the program director to follow through on all referrals, and to talk to the potential member's therapist or community support specialist after signing a release of information.

**SECTION: PSYCHOSOCIAL
REHABILITATION**

**SUBJECT: INTAKE AND
ASSIGNMENT
PROCEDURES**

SECTION NO. IV

SUBJECT NO. 6

1. During the first day of attendance, the new member will meet with a designated staff person to go over paperwork and complete orientation that includes educating a client on how to access their own clinical record. A handbook will be given to each member, going over the contents and reviewing procedures, including the service options available.
2. A community support specialist will be assigned to any new member as soon as possible, or within ten (10) days.
3. An individual master treatment plan should be written within 30 days of entrance to the program. The plan will be written together with the client and/or guardian in order to incorporate a full assessment of the individual's needs and expected results or outcomes of services.
4. If an admission has a guardian, the guardian will additionally be contacted to fill out forms, etc.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: CLIENT RIGHTS
SUBJECT NO. 7**

The agency assures each PSR client the same rights and privileges as assured for clients of CPRC. Each client shall be entitled to the following rights and privileges without limitation:

1. To receive prompt evaluation, care and treatment;
2. To receive these services in a clean and safe setting;
3. To humane care and treatment; to have the treatment/rehabilitation explained;
4. To be treated with respect and dignity as a human being and addressed in an age-appropriate manner;
5. To be subject of experiment or research only with the client's informed, written consent, or the consent of a person legally authorized to act on client's behalf;
6. To have records kept confidential in accordance with federal and state laws and regulations;
7. To have the same legal rights and responsibilities as any other citizen, unless otherwise stated by law;
8. To not be denied admission or services because of race, gender, creed, marital status, sexual orientation, national origin, disability, age, prior treatment, withdrawal from treatment against advice, or continuation or return of symptoms after prior treatment;
9. To be free from verbal, sexual and physical abuse, neglect, humiliation, corporal punishment, threats or exploitation;
10. To refuse hazardous treatment, unless ordered by the court;
11. To medical care and treatment in accordance with accepted standards of medical treatment;
12. To consult with a private, licensed practitioner at the client's own expense;
13. To request and receive a second opinion before hazardous treatment,

except in an emergency; and

14. To receive these services in the least restrictive environment.

Outpatient client rights and privileges which may be limited include:

1. To see own records; and
2. Limitations necessary to ensure personal safety or the safety of others.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: BEHAVIOR
MANAGEMENT
SUBJECT NO. 8**

Behavior Management

Behavior management techniques shall be applied as consistently and fairly as possible, and shall correspond with the individual's rehabilitation needs and goals. These techniques shall be consistent with all Missouri Department of Mental Health regulations regarding client rights. The CPRC Director shall review these procedures annually.

When behavior standards are violated by a client, the staff and/or clients present should remind the offending member of the rule which has been violated, and the staff person present should try to resolve the problem by immediate supportive direction, redirection and/or discussion. If this fails, the client may be escorted from the PSR activity by one of the PSR staff.

Temporary suspension from the PSR program may result from failure to follow resolution requirements established by PSR staff, or from violence and/or other serious and major infractions of PSR rules.

Involuntary discharge of a client from the PSR program is a decision that can only be made by a joint conference among the client and/or guardian, PSR staff, or the community support specialist who is assigned to the client in question, and the CPRC Director. Reasons for such discharge may include, but are not limited to: (1) no longer meeting eligibility criteria, violence, failure to comply with PSR staff resolution requirements or directions which are meant to stabilize a potentially unsafe situation, or inability to benefit from services. During the conference, the client will receive information, instructions and methods regarding how to reinstate PSR participation.

Emergency Behavior Management

When emergency behavior management (to limit physical or verbal acting out that could result in violence) is necessary, the PSR Worker should take the lead in communicating with the client. If another staff member is present, he or she should assume responsibility for activity beyond the immediate worker-client interaction. While

the PSR worker is dealing with the immediate client crisis situation, other PSR staff should call the agency for assistance from the client's community support specialist, local law enforcement should be called if a physical confrontation doesn't stop immediately or if someone is badly injured. Other clients should be removed from the area.

Emergency Physical Restraint

- A. PSR staff are not authorized to use emergency physical restraint techniques with clients, unless in self-defense, or to protect another client. If such an incident occurs, an Incident and Investigation Tracking System-Event Report Form shall be completed immediately and submitted to the CPRC Director.
- B. Disruptive or threatening behavior shall be documented in the individual's chart within twenty-four (24) hours of its occurrence, as shall action taken by staff, family members, and/or others.
- C. If a client who leaves program premises is believed to be dangerous to self and others, every effort will be made by PSR staff to locate the client as soon as possible, without leaving the rest of the PSR clients unsupervised. If the eloping client cannot be found within a reasonable period of time, PSR activities will be cancelled and the rest of the PSR clients will be returned home, while PSR staff concentrates on locating the missing client. If the client has identified a specific person or group of persons he/she plans to physically harm, the intended victims and local law enforcement will be notified, after consultation with the CPRC Director or designee. An Incident and Investigation Tracking System-Event Report Form shall be completed immediately and submitted to the CPRC Director.
- D. The victim of any assault occurring during PSR activities shall be informed of his/her right to press legal charges against his/her assailant.
- E. The Executive Director and CPRC Director will consult with PSR staff regarding whether or not to involve the criminal justice system in regard to prosecution of clients who are perpetrators of physical violence or other crimes during PSR activities.
- F. If real or threatened violence becomes an issue for a client more than once in a thirty (30) day period, the treatment team shall re-evaluate this client's ability to function within the PSR program.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: CLIENT ABUSE AND
NEGLECT
SUBJECT NO. 9**

I. DEFINITION OF ABUSE AND NEGLECT

Neglect: The absence of behaviors on the part of the primary clinician such as not returning phone contacts, missing or consistently arriving late for appointment, or other behaviors of not maintaining the intended program components. Neglect of clients will not be tolerated and will be addressed through disciplining measures. Neglect includes, but is not limited to: failure to provide adequate supervision during an event in which one client causes serious injury to another client; failure of an employee to provide reasonable and necessary services to maintain the physical and mental health of any client when such failure presents either imminent danger to the health, safety or welfare of the client, or a substantial probability that death or physical injury would result; or failure of an employee to provide reasonable or necessary services to a client according to the individualized treatment plan, or according to acceptable standards of care. This includes action or behavior that may cause psychological harm to a client due to intimidating, causing fear, or otherwise creating undue anxiety.

Physical Abuse: Purposely beating, striking, wounding or injuring any client or, in any manner whatsoever, mistreating or maltreating a client in a brutal or inhumane manner. Physical abuse includes handling a client with any more force than is reasonably or apparently necessary for client's proper control, treatment or management in an emergency situation.

Sexual Abuse: Any touching or fondling by an employee, directly or through clothing, of the breasts, genitals, or buttocks of a client for sexual purposes, or solicitation of the client by an employee to touch or fondle the employee in the same way. "Sexual purposes" as used in this subsection means for the arousing or gratifying of anyone's sexual desire.

Verbal Abuse: Verbal abuse includes, but is not limited to, an employee making a threat of physical violence to a client, when such threats are made directly to a client or about a client in the presence of a client, or an employee using profanity or speaking in

a demeaning non-therapeutic, undignified, threatening or derogatory manner to a client or about a client in the presence of a client.

II. PERSONNEL

1. The Agency shall employ no person known by the Administration to have committed physical abuse, sexual abuse, neglect, or a felony involving crimes against persons.
2. The Agency shall employ no person known by the Administration to have committed verbal abuse or neglect three (3) or more times in a twelve (12) month period.

III. REPORTING ALLEGATIONS OF CLIENT ABUSE AND NEGLECT

1. Complaints shall be filed with the Executive Director.
 - a. Any person may make a verbal or written complaint to the Executive Director or any other agency employee.
 - b. Any employee, including employees receiving complaints, who have reasonable cause to believe that a client of the agency has been subjected to physical abuse, sexual abuse, neglect or verbal abuse while under the care and supervision of the agency, shall immediately complete and file an incident report with the Executive Director. Failure to report is cause for disciplinary action or criminal prosecution or both.
2. If an incident of physical abuse, sexual abuse, neglect or verbal abuse, occurs during a PSR activity, the agency employee receiving the complaint or having knowledge of the incident shall report the incident to the Division of Aging (for adults 60 years of age or older and/or disabled) by calling the toll-free hotline (1-800-392-0210) immediately, or the Division of Family Services (for children and youths) by calling the toll-free hotline (1-800-392-3738).
3. If an incident of abuse is reported as described above, an Incident and Investigation Tracking System-Event Report Form shall also be completed and submitted to the CPRC Director within 24 hours of the incident.
4. Upon receiving a complaint, the Executive Director or designee shall:
 - a. Immediately report the complaint to the appropriate Licensing Agency, to all agency staff with clients who may be affected and send a copy of

the complaint to the QA Coordinator.

- b. Within five (5) days after receiving the complaint, the Executive Director or designee will send a letter acknowledging the receipt of the complaint to the person who filed the complaint.

IV. INTERNAL INVESTIGATION PROCESS:

1. In the case of injury and/or death of a client in her/his residence or in the community the CPRC staff and PSR program staff will review the occurrence to determine the need for further internal investigation if there is reason to believe that abuse or neglect occurred.
2. Internal investigations of all complaints of sexual abuse, physical abuse or neglect shall be initiated by the CPRC Director immediately, unless such an investigation would interfere with a Division of Aging, Division of Family Services, or criminal investigation already in progress, or unless directed by the Executive Director or higher authority within the Department of Mental Health not to investigate.
3. The Executive Director, CPRC Director and Clinical Director shall review each incident of emergency restraint or abuse within five (5) working days of its occurrence.
4. Investigations of neglect or verbal abuse shall be initiated within 24 hours.
5. All internal investigations shall include, but not be limited to, signed written statements from all persons with information regarding the complaint including witnesses, victims or alleged perpetrators and appropriate supporting documents.
6. The investigation of each complaint shall be completed within 30 days.
7. If serious injury or sexual abuse of a client is alleged, the Executive Director may arrange for a medical examination of the client to be completed as soon as possible by a licensed physician or registered nurse. A copy of the examination regarding the injury and treatment shall be placed in the client's record, and attached to the Incident Report. Any abuse or neglect, including sexual abuse, resulting or suspected of resulting in physical injury shall be reported immediately to the appropriate law enforcement agency. Within confidentiality guidelines, the Executive Director should request documentation of the findings of any criminal

investigation of the incident, for inclusion in the client's chart.

V. LOCAL DEPARTMENT OF MENTAL HEALTH INVESTIGATION PROCESS:

12. The head of the facility, day program, or specialized service that is licensed, certified or funded by the Department shall immediately report to a local law enforcement official any alleged or suspected:
 - a. Sexual abuse; or
 - b. Abuse or neglect that results in physical injury.
13. If a complaint has been made under this rule, the head of the facility or program, and employees of the facility, program or service, shall fully cooperate with law enforcement and with Department employees or employees from other agencies authorized to investigate the complaint. Failure to cooperate may result in contract termination or dismissal of the employee.
14. A board of inquiry, local investigator assigned by the Department, or the Department's central investigative unit shall gather facts and conduct an investigation regarding the alleged abuse or neglect. The investigation shall be conducted in accordance with the procedures and time frames established under the Department's operation regulations. Upon completion of its investigation, the board of inquiry, local investigator, or central investigative unit shall present its written findings of facts to the head of the supervising facility.
15. Within ten (10) calendar days of receiving the final report from the board of inquiry, local investigator or central investigative unit, the head of the supervising facility or Department designee shall send to the provider and alleged perpetrator a summary of the allegations and findings which are the basis for the alleged abuse/neglect. The summary shall be sent by regular or certified mail.
 - f. The provider and/or alleged perpetrator may meet with the head of the supervising facility or Department designee and submit comments or present evidence. If the provider or alleged perpetrator wishes to have this meeting, s/he must notify the head of the supervising facility or department designee within ten (10) calendar days of receiving the summary.

- g. This meeting shall take place within ten (10) calendar days of notification, unless the parties mutually agree upon an extension.
- h. Within ten (10) calendar days of the meeting, the head of the supervising facility or Department designee shall sustain or deny the allegations as to whether abuse/neglect took place. The provider and the alleged perpetrator shall be notified of this decision by certified mail.
- i. The letter shall advise the provider and alleged perpetrator that they have ten (10) calendar days to contact the Department's hearing officer if they wish to appeal a finding of abuse or neglect.
- j. If there is no appeal, the decision of the head of the supervising facility or Department designee shall be the final decision of the Department.

16. If an appeal is requested, the hearing officer shall schedule the hearing to take place within 30 calendar days of the request, but may delay the hearing for good cause shown. At the hearing, the head of the supervising facility or designee, or other Department designee, shall present evidence supporting its findings of abuse, neglect, or both. The provider or alleged perpetrator may submit comments or present evidence to show why the decision of the head of the supervising facility or Department designee should be modified or overruled. The hearing officer may obtain additional information from Department employees, as s/he deems necessary.

17. The decision of the hearing officer shall be the final decision of the Department. The hearing officer shall notify the provider, alleged perpetrator, and the head of the supervising facility or Department designee by certified mail of the decision within 14 days of the appeal hearing.

18. The opportunities described in Sections 4, 5 and 6 of this rule regarding a meeting with the head of the supervising facility and an appeal before the Department's hearing officer apply also to providers and alleged

perpetrators in an investigation of misuse of client funds/property.

19. A provider or alleged perpetrator does not forfeit his/her right to an appeal with the Department's hearing officer when s/he declines to meet with the head of the supervising facility under Subsection (4) (a) and (b) of this rule.
20. If the Department substantiates that a person has perpetrated physical abuse, sexual abuse, neglect, or conversion of client's property and/or funds for his/her own use or the facility's use, the perpetrator shall not be licensed, employed, nor provide services by contract or agreement at a residential facility, day program, or specialized service that is licensed, certified, or funded by the Department.
21. If the Department substantiates that a person has perpetrated verbal abuse or neglect two (2) or more times in a 12-month period, the perpetrator shall not be licensed, employed, or provide services by contract or agreement at a residential facility, day program or specialized service that is licensed, certified, or funded by the Department.
22. In accordance with 9 CSR 10-5.190, no person convicted of specified crimes may serve in facilities or programs licensed, certified, or funded by the Department.

*AUTHORITY: Sections 630.050, 630.165, 630.167, 630.168, and 630.170 RSMo Supp. 1997 and 630.135, 630.655, and 630.705 RSMo 1994. *Original rule filed October 29, 2998, effective May 30, 1999.*

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: CONFIDENTIALITY
POLICY
SUBJECT NO. 10**

Information regarding clients and their participation in the PSR program is confidential, and is to be shared only with staff who have a legitimate need to know the information. A time-limited authorization for release of information must be signed by the client and/or guardian before any information is passed on to interested parties.

The exceptions to the rule above are in cases in which the client is considered to be dangerous to self or others. In that case proper authorities will be notified to ensure the safety of the client or any other person(s).

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: HEALTH AND
SAFETY PROGRAM
SUBJECT NO. 11**

The agency will provide a safe and healthy environment for the individuals it serves, visitors, and staff.

Physical facilities shall be in good repair, in safe operating order, clean, free of infestation by vermin, appropriately furnished, well lit, well ventilated and temperature controlled.

The Health and Safety Program shall include:

1. Emergency plans and procedures for each program, covering infection control (including those infections that may be spread through contact with bodily fluids), medical emergencies, behavioral crises, injury or death of a client, fire, bomb threats, power failure, severe storms, tornadoes, floods, and earthquakes. Each program shall have plans for temporary shelter of clients, in the event it is not possible for them to be in facilities when they need shelter.
2. Quarterly emergency evacuation drills at each location. Clients and staff should be involved in all drills. Reports on the conduct and effectiveness of each test should be documented.
3. Periodic safety orientation and training, including: a) CPR and First Aid training, b) orientation and training on safety and health policies and procedures for staff/volunteers and clients, and c) training in fire suppression for staff. Safety rules and practices shall be posted.
4. Review of staff driving records, annual staff in-service on defensive driving techniques, and systematic maintenance and inspection of vehicles. Demonstrated poor driving performance may result in being relieved of driving responsibilities, and possible termination from employment, if transporting clients is an essential function of the job. Inspection of programs that operate vans shall include inspection of the van for emergency equipment, including a first aid kit.

5. A system shall be in place for reporting and review of all accidents and safety incidents.

New or supplemental inspections shall be conducted upon occupancy of new quarters or the installation of new processes or major items of equipment. Reports of these inspections and corrective actions taken shall be reviewed by the CPRC Director, and the Executive Director. Problems identified will be reported to the Board.

The Agency shall have a policy that serves individuals who are HIV positive or have AIDS, which shall be reviewed annually by the Board.

The Agency shall conform to federal, state, and local requirements regarding a drug-free and smoke-free environment. The Executive Director shall develop procedures and educational information as necessary to assure conformity with these requirements.

AIDS POLICY:

The agency is concerned about the impact of HIV infection, including Acquired Immune Deficiency Syndrome (AIDS), on clients. Staff must be sensitive to the needs of clients and other persons infected with the HIV virus, and no client shall be rejected or discharged from PSR activities based on health status alone. There is, however, an obligation to protect each client's well-being. These policies and procedures are intended to provide guidelines about how the rights of non-infected clients can be balanced with those of infected clients and prospective clients.

1. General Education: One way to prevent spread of the HIV virus is through education. With that in mind, the agency will:
 - a. Orient new staff on these policies and procedures within 30 days of hiring.
 - b. Provide inservice training for staff at least annually on issues related to AIDS, including research on transmission, prevention, treatment, and how to talk with clients about it.
 - c. Make information available to staff through memos and briefings at staff meetings.
 - d. Provide education for clients at least twice a year on AIDS transmission, prevention, and treatment. Attendance will be voluntary, but highly recommended for all.
 - e. Provide individual education and counseling to clients who are known by agency staff to have the AIDS virus or to engage in high-risk

behaviors.

2. Testing: The agency does not require serological testing of persons referred to PSR or current clients on a routine basis. There are certain circumstances however, in which the agency would require testing for the AIDS virus. The decision to require serological testing for AIDS would be made by the Executive Director on a case by case basis, after presentation of the evidence by clinical staff. Upon presentation of evidence, the Executive Director will require testing if a person: 1) either exhibited symptoms of HIV infection, or were in a high risk group (homosexual/bisexual men, IV drug users, hemophiliacs, heterosexual contacts of HIV infected individuals, and people with a history of transfusion of blood and blood products), and 2) exhibited behaviors which have a significant potential of HIV transmission (such as promiscuity, sexual aggressiveness, physical aggressiveness with the potential of blood to blood exposure, or sharing needles). If the test results are negative, but the client is known by agency staff to continue to engage in these dangerous behaviors, the Executive Director may require tests to be repeated periodically. Because staff is not routinely involved in clients' personal lives, they will not be able to identify all potential transmitters of the AIDS virus. Staff members are expected, when they suspect clients may fit the above criteria, to talk with and observe the client more closely in order to determine whether or not to recommend testing. The individual client shall have the option of not entering PSR (or leaving it if he/she were already a client) or being tested and sharing the results with staff. If the client agrees to be tested, an informed consent form must be signed. If a current client refuses to be tested, he/she shall be discharged from the program.
3. Program Participation: No person shall be refused PSR services because of HIV status alone. Staff should be aware that HIV infection adds more fear and loneliness to the stress of mental illness. It is agency policy to serve any person who meets eligibility criteria (see program descriptions for eligibility criteria). One eligibility criterion is that the referred individual not be a danger to others. If a referred individual is known to be HIV positive or in a high-risk group and to exhibit behaviors which have a significant potential of HIV transmission (see Testing section above), staff will gather extra information

- from the individual and the referring worker and make one of two decisions:
- 1) If the staff person has reason to believe that the referred individual has the intention and the ability to behave in a responsible manner (i.e. not to endanger others by transmitting the AIDS virus), the individual may be admitted to PSR, contingent upon agreeing to an individual behavior contract. If the individual subsequently violates the behavioral contract, he/she shall be discharged from the program.
 - 2) If the individual is known by staff to have engaged in irresponsible behavior since learning of the HIV positive diagnosis, or if the staff person has good reason to believe the individual does not have the ability or the intention to behave responsibly, then the staff person shall notify the CPRC Director, who shall make the determination whether to accept the individual into PSR. If a current client is known by staff to be infected with the AIDS virus, he/she shall receive education and counseling about the illness and safe-sex guidelines. If a staff member has good cause to believe that the client is engaging in behaviors with a significant potential of HIV transmission (see Testing section), the staff member shall consult with the CPRC Director. In such a circumstance, the client would either: 1) be required to sign a behavioral contract if the staff person and CPRC Director believe he/she has the ability and intention to behave responsibly (i.e. not to endanger others by transmitting the AIDS virus), or 2) be discharged from the program if the staff person and CPRC Director have good reason to believe the individual lacks either the intention or the ability to behave responsibly.
4. Confidentiality: Consistent with North Central's confidentiality policy, the agency may release information about a client's medical condition, including whether or not he/she has the AIDS virus, to other treatment medical providers outside the agency to coordinate care and to manage HIV/AIDS as a chronic condition while maintaining the confidentiality, privacy and security of this information. Within North Central, the staff person with whom a client works directly, the CPRC Director, the medical personnel and the Executive Director need to know about the client's medical condition in order to make appropriate decisions about treatment.

A. Fire Evacuation

1. Each program must have posted evacuation plans.
2. Drills shall be conducted quarterly, and the Safety Drill Report Form filled out. Fire evacuation drills should simulate real situations as much as possible. The reports should be filed at the facility.

In the event of a real fire, staff should immediately pull the fire alarm and escort people out of the building through the nearest exit, checking rooms on the way to make sure that all clients are leaving. In communities where this services is available, "911" should be called, or a call made to the local fire department (from the facility if the fire is small or from a nearby building if the fire is large). If more than one staff person is present and one is helping clients out of the building and if the fire is small, a staff person trained in fire suppression techniques may stay in the building to try to control the fire. Outside the building, staff should check to make sure that everyone who had been in the building is outside and should remain with the clients, a good distance from the building until the staff person in charge says it is safe to return to the building or until clients have been located elsewhere. Each program should have an emergency relocation plan.

B. Medical Emergency

The following procedure shall be followed in case a client is seriously injured or has a medical emergency in a facility, the client's home, or in the community while in the company of the staff person.

1. The first staff person on the scene should take charge. If more than one staff person is present or two or more arrive at the same time, the most senior staff person present (by position, then tenure) should take charge. The staff person who has the best working relationship with the client should provide emergency services, if this will not interfere with the provision of emergency care. If one of the staff present has specialized medical training or experience he/she will assume leadership.
2. Provide immediate emergency first aid and/or CPR procedures.
3. If emergency medical services are necessary, the staff person handling the client situation should ask someone (preferably, another staff person) to call the local agency best suited to provide emergency services (or 911, if available) and notify the CPRC Director. The emergency service

dispatcher should be told WHERE the emergency situation is (give cross streets), the PHONE number the staff person is calling from, WHAT HAPPENED (heart attack, auto accident, fall, etc.), HOW MANY persons need help, and WHAT is being done for the person(s). The caller should HANG UP LAST after the emergency service dispatcher has done so.

4. If the person is not in immediate danger, the CPRC Director or staff person in charge will decide when/if to transport the client to the hospital or physician where he/she is covered by insurance. If urgent care is needed, but ambulance transportation is not required, the client should be taken to the nearest hospital emergency room regardless of the insurance coverage.
5. If a client is hurt or becomes ill in his/her home or in the community or there is only one staff person present, that person should follow the above emergency procedures and should request assistance from the CPRC Director when as soon as possible.
6. Notifications to be made for Community Psychiatric Rehabilitation Center (CPRC) clients:
 - a. The CPRC physician.
 - b. The individual's medical doctor, if appropriate.
 - c. The CPRC Director (and Executive Director via Incident Report Form).
 - d. The community support specialist or other appropriate coordinating person/organization.
 - e. The individual's family and/or guardian and/or residential program staff or other appropriate persons.

C. Death of a Client

1. Local emergency service or "911" (if available) should be called so that trained medical personnel can make the determination regarding whether someone is dead or still requires medical treatment.
2. The CPRC Director and Executive Director should be notified.
3. Other case coordinating persons / organizations should be contacted. For example, Supported Housing Program, the Regional Center for Developmental Disabilities, the individual's residential facility, etc.

4. A decision should be made by the CPRC Director regarding who should contact family members and that task should be performed as soon as possible, respecting the feelings of the individuals involved.
5. The authorities that responded to the emergency call should contact the coroner.
6. Immediately after the emergency, the staff person involved in an accident, witness to an accident, or first to arrive at the scene will first verbally report to his/her supervisor, and then complete the EMT – Community Event Report Form – ADA/CPS and route this form to the Executive Director or designee.
7. A Discharge Summary should be completed and funding arrangements terminated as soon as possible after the death.
8. NCMMHC staff should be as helpful as possible with funeral arrangements, although this is the responsibility of the family or the county if the person is indigent and has no family.
9. Family members' feelings should be solicited and respected regarding as to whether clients and staff should attend the funeral or other services.
10. If it appears that family members are in need of bereavement counseling, the family should be advised that an NCMMHC counselor will be available to them.
11. Staff members involved with the client, particularly primary workers, will be supported by co-workers and supervisory staff throughout their grieving process.
12. The Department of Mental Health should be notified within twenty-four (24) hours, by submitting the Incident Report to the Executive Director, Regional Office and to Central Office, as instructed on the form.

D. Severe Storm

When severe weather is threatening, staff should keep in touch with weather reports and, if severe storms are occurring in areas where NCMMHC staff is responsible for clients, staff should ensure that clients have adequate shelter.

If severe storms occur while clients are at NCMMHC facilities, staff should advise them to stay away from windows and not to leave the building until the weather improves. If a NCMMHC sponsored activity is being held outside when severe weather occurs, clients should be moved inside to safe shelter, out of open areas, off of bodies

of water, etc. If severe weather prohibits clients from occupying or returning to NCMMHC facilities, and it seems unlikely that clients could make it home safely, arrangements for temporary emergency shelter should be used.

E. Tornado

When severe weather threatens, staff should monitor weather reports, and if a tornado warning is issued, staff should have everyone present in a facility go to the basement or designated area. All rooms in the facility should be checked to make sure that all clients and staff are in a safe location. The staff person on duty should take a battery-operated radio, and a flashlight and, once in the basement or designated area, account for all persons who were present in the facility at the time of the warning. People should remain in the designated safe area until the radio says the warning is over and the staff person in charge gives permission to go upstairs. If the weather is still threatening, staff should encourage clients to remain in the building until the weather improves. If a tornado were to actually hit the building, staff should instruct clients to seek additional shelter under something sturdy, like heavy furniture. The head and eyes should be protected as much as possible. If medical assistance is required, call local emergency services and provide first aid and CPR as needed. If destruction to the facility makes it uninhabitable, and emergency shelter is needed, contact the CPRC Director or Executive Director and refer to program procedures on relocation.

If a tornado is sighted or a warning issued while clients are out in the van, the staff should pull off the road and seek shelter in the basement of the nearest building or shelter. If there are no buildings; a) if the tornado is some distance away, staff should drive the van at right angles to its path while seeking shelter; or b) if the tornado is close-at-hand, staff should escort clients from the van, and instruct clients to lie down in a ditch, depression or on low ground, face down and protecting the head. If possible, staff should instruct clients to stay clear of structures that might be moved by a tornado (vehicles, power lines, etc.), and to stay out of parked cars.

F. Flood

1. NCMMHC should not buy or lease property that is known to be located in an area prone to flooding.
2. Members should not remain in basements when it is raining hard (unless seeking temporary shelter from a tornado or other severe weather).
3. When it is raining heavily or there are flash flood watches, staff should ascertain whether a client who lives in a low-lying area or near a river or creek will be safe before allowing the client to return to his / her home. If the safety

of going to or through such a flood-prone area is in doubt, alternative arrangements should be made, to allow the client to wait until it is safe to go home.

G. Earthquake Procedures

Although there is a major fault line in the eastern part of Missouri, it is unlikely that an earthquake would cause much damage or even be noticeable in North Central Missouri. However, the following emergency procedures, which are written to cover more extreme movements of the earth, are provided to serve as general education about what to do in the event of an earthquake. During an earthquake:

1. Staff should instruct clients to keep calm. Don't run or panic. Clients should be advised that with proper precautions, the chances of injury are minimized.
2. Clients should remain at the location, rather than trying to leave the area. Clients should be advised that most earthquake injuries occur as people are entering or leaving buildings.
3. If the earthquake strikes when clients and staff are indoors, clients should be instructed to take cover under a desk, table, bench, or against inside walls, and to stay away from glass, windows, and outside doors.
4. Clients and staff should not use candles, matches, or other open flames either during or after the tremor, and all fires should be doused prior to seeking shelter.
5. If the earthquake catches clients and staff outside, clients should be instructed to move away from buildings and utility wires, and once in the open, to stay there until the shaking stops.
6. Clients should be advised to refrain from running through or near buildings. The greatest danger from falling debris is just outside doorways and close to outer walls.
7. If clients and staff are in a moving car, staff should stop as quickly as safety permits, but stay in the vehicle with the client(s). Clients should be advised that a car may jiggle fearsomely on its springs during an earthquake, but is a good place to stay until the shaking stops. When driving on, staff should watch for hazards created by the earthquake, such as fallen objects, downed electric wires, or broken or undermined roadways.

After an earthquake, staff should:

1. Check all clients for injuries. Seriously injured persons should not be moved unless they are in immediate danger of further injury.
2. Check utility lines and appliances for damage. If anyone smells gas, staff should immediately evacuate clients from the building, and if it appears to be safe to do so, open windows and shut off the main gas valve. Staff should immediately report gas leakage to authorities, and should not re-enter the building until an official says it is safe.
3. If water pipes are damaged, staff should ascertain that clients are not left in the leakage area, and should shut off the water supply at the main valve until plumbing services can be called in. Emergency water may be obtained from such sources as hot water tanks, toilet tanks, and melted ice cubes.

H. Bomb Threats

1. Upon receipt of a threatening call, staff and clients should immediately evacuate the building without waiting to determine the reality of the threat.
2. All persons should leave through the nearest exit and gather well away from the building. The staff person present should determine if everyone who was in the building has evacuated (but no one should return to the building until authorized to do so).
3. The person who received the bomb threat call should keep the caller on the line as long as possible.
4. The person who received the bomb threat should write down as much of the following information as possible during the call:
 - a. Where is the bomb located?
 - b. When is it set to go off?
 - c. What type of bomb is it?
 - d. What does it look like?
 - e. Why has the bomb been planted?
 - f. Who planted it?
5. The person who received the bomb threat should hold the line open for as long as possible, without hanging up.
6. The person who received the bomb threat should have someone else notify local law enforcement, or if alone, attempt to keep the caller on line while using another line to notify local law enforcement.

7. The person who received the bomb threat should not discuss the call with anyone except the Executive Director and local law enforcement.

I. Loss of Electrical Power

Clients will be allowed to remain in the building and to continue as many routine activities as possible, and to wait to see if the power will be restored. If the power does not return within a reasonable amount of time, and it is safest to do so, clients should be asked to go home or assisted in doing so if necessary. All programs should have advance plans and arrangements for temporary shelter, in case it becomes necessary.

J. Infection/Exposure Control Procedure

There is no evidence that AIDS or other blood-or body fluid-borne infectious diseases are transmitted by touching someone with the disease, from the air, toilets, drinking fountains, pencils, papers, silverware, plates, glasses, mosquitoes, swimming pools, telephones, desks, chairs, or other surfaces.

To be transmitted, the AIDS virus or other blood-or body fluid-borne infectious diseases must enter the bloodstream through a cut or scratch in the skin or through a mucous membrane (like the eye or mouth). To prevent infection, all blood and body fluids should be treated as potentially infectious and contact with these substances should be avoided.

Direct exposure occurs by:

- * Needlestick injuries
- * Cuts with sharp instruments
- * Exposure through mucous membranes (e.g. splashes in the eyes and mouth)
- * Contaminations of open skin lesions with potentially infected body fluids.

1. Infection control procedure to be followed:

- a. Always wear gloves when contact with blood or body fluids is likely (items or surfaces soiled by blood or body fluids, excretions and secretions. This includes vaginal secretions, semen, urine, feces, and saliva, although there are no documented cases of the AIDS virus being spread via the last three means listed. Secretions or excretions containing blood are the primary concerns).
- b. Wear gowns when clothing may be soiled with body fluids, secretions or excretions.
- c. Hands should be washed after removing gowns and gloves that have

been in contact with blood or body fluids. Hands should also be washed thoroughly if they become contaminated with blood or body fluids, as should other body surfaces so exposed. Accidental splashes of blood to the face should be gently rinsed with water to minimize the risk of infection through the mucous membranes of the eyes and mouth.

- d. Articles soiled with blood or body fluids should be placed in an impervious bag and double-bagged and labeled before being sent for disposal. Gloves should be worn when bagging such articles.
- e. Clean spills of blood or body fluids with an appropriate hospital cleanser, such as sodium hydrochloride (household bleach) using disposable equipment. Disinfect the area and any non-disposable equipment with an appropriate disinfectant.
- f. Cytomegalovirus (CMV) can cause problems for a fetus, and although CMV cannot be spread through normal, casual contact, pregnant women should be especially careful in avoiding handling blood or body fluid, and should not provide direct care of any known (CMV) excreter (especially those who have AIDS. Persons with AIDS are more likely than the general population to have or excrete CMV.
- g. Needles should not be bent after use or reinserted in their original sheaths, but should be promptly placed in a rigid-wall, puncture-resistant container. Disposable syringes and needles are preferred; reusable syringes should be decontaminated before reprocessing.
- h. Although there is no documented case of exposure to the AIDS virus during resuscitation efforts, resuscitation or ambu-bags, or devices for mouth-to-mouth CPR should be available. Resuscitation training should include instruction in the use of disposable devices to prevent mouth-to-mouth contact between the resuscitator and the patient. In training, mannequins with disposable masks or face shields should be used when possible; otherwise, the mouth of the mannequin should be rinsed and wiped between each person with an appropriate disinfectant and then dried.
- i. If a needlestick or cut occurs (in which the blood of one person is

possibly exposed to another person), a written Incident Report should be filed with the CPRC Director and Executive Director.

- j. Although there are no documented cases of HIV being transmitted through feces, it potentially contains blood and infection (i.e., use of gloves and protective clothing to clean up excrement, washing hands and body surfaces that have come contact with the materials, etc). Clients or staff who do not use or are unable to use good hygiene, such that they expose others to the risk of contact with their fecal matter, may not be appropriate for CPRC or PSR programs. These cases should be evaluated on an individual basis to determine eligibility for services.

2. Management of Exposure

If an employee has a parenteral (e.g. needle stick or cut) or mucous membrane exposure to blood or other body fluids or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood (especially dermatitis), an incident report should be filed and the source individual should be informed of the incident and tested for serologic evidence of HIV and hepatitis infection after consent is obtained. The public Health Department should be consulted for testing source individuals in situations in which consent cannot be obtained (e.g. an unconscious person). Human bites that puncture will be evaluated on a case by case basis.

If the source individual has AIDS, is positive for HIV/hepatitis antibody, or refuses the test, the employee should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV/hepatitis infection as soon as possible after the exposure. The employee should be advised to report and seek medical evaluation for any acute febrile illness that occurs within twelve (12) weeks after the exposure. Such an illness, particularly one characterized by fever, rash, or lymphadenopathy, may be indicative of recent HIV/hepatitis infection. Seronegative employees should be retested six (6) weeks post exposure and on a periodic basis thereafter (6 weeks, 3 months, 6 months, 12 months and 24 months, or as recommended by the U. S. Public Health Service) to determine whether transmission has occurred. During this follow-up period (especially the first 6-12 weeks after exposure, when most

infected persons are expected to seroconvert) exposed employees should follow U.S. Public Health Service (PHS) recommendations for preventing transmission of HIV and hepatitis.

No further follow-up of an employee exposed to infection as described above is necessary if the source individual is seronegative unless the source person is at high risk of HIV/hepatitis infection. In the latter case, a subsequent (e.g. 12 weeks following exposure) may be obtained from the individual for antibody testing. If the source person cannot be identified, decisions regarding appropriate follow-up should be individualized. Serologic testing should be available to all individual workers who are concerned that they may have been infected with HIV or hepatitis. If an individual has a parenteral or mucous-membrane exposure to blood or other body fluids of an employee, the individual should be informed of the incident, and the same procedure outlined above for management of exposure should be followed for both the source employee and the exposed person.

3. Chemicals Effective in Killing the Aids or other blood- or body fluid-borne Viruses

For cleaning up spills and general disinfectant purposes: A 1:10 dilution of 5.25% sodium hydrochloride (household bleach) and water, made fresh daily, is an effective disinfectant. **Warning:** Never add sodium hydrochloride straight from the bottle directly to spills of blood, urine, sputum, or vomit. Toxic chlorine and nitrous oxide gases will be liberated at dangerous levels. To disinfect spills, pour a 1:10 dilution (see above) onto the spill and let soak for 10 minutes minimum. Avoid direct breathing of fumes, and ventilate the area well. Clean the spill and reapply for disinfectant.

For disinfecting, the sodium hydrochloride solution must be in contact with the spill for at least 10 minutes. It is recognized that following the application of disinfectants, many surfaces will dry before 10 minutes have lapsed. In this case, the drying time is considered sufficient and a further application of disinfectants is not required.

Sodium hydrochloride is a powerful bleaching and disinfectant agent. It can cause dermatitis and affect the nails, causing them to loosen. It can severely irritate the eyes and can cause permanent damage. It irritates the nose, throat, lungs and gastrointestinal tract and is corrosive to the delicate tissues of these organs. Wear gloves and use in well-ventilated areas. References: U.S. Department of Health and

Human Services, Public Health Service, Centers for Disease Control.

"Recommendations for Prevention of HIV Transmission in Health-Care Settings",
Morbidity and Mortality Weekly Report Supplement, Vol. 36, No. 2S, August 21, 1987.
AFL-CIO, CLC, Service Employees International Unions, The Aids Book: Information
for Workers, Second Edition, March 1986.

K. Incident Reporting

The purpose of reviewing Incident Reports is to identify safety problems related to agency facilities and possible patterns of safety problems related to North Central operations in the community and to monitor the handling for serious accidents and medical emergencies for consistency with North Central and DMH policies and procedures. Incidents involving clients on their own in the community will be documented and handled by each program's internal procedures for notifying appropriate parties. (Copies of these incident report forms shall be sent to the CPRC Director and Executive Director if anyone is harmed as a result of any client action, or if legal authorities are involved). If the program staff has any concern about developing patterns, they should inform the Program Director of their concerns.

Special Incident Report forms should be used to document:

1. Any serious injury (that is requiring medical care) to clients or staff while engaged in North Central business.
2. Accidents to staff, clients, or visitors involving agency equipment or staff, or on Agency premises (i.e. van accident, staff car accidents while transporting patient, client injured while engaging in a PSR activity) and requiring a doctor's attention.
3. Unusual or disruptive behavior by an agency client that causes injury to the client or others, damage to property or involves law enforcement.
4. Medical emergencies involving the agency staff (during work hours) or clients (anywhere, anytime and regardless of whether staff are present) requiring CPR and/or a response by an ambulance or other emergency team.
5. Staff or clients are exposed to bodily fluids and possible infection (see Infection Control Procedures).

The form should be completed within twenty-four (24) hours, and copies forwarded as required by specific program procedures. Copies must always be given to CPRC Director, and the Executive Director.

All original Incident Report forms will be maintained by the Executive Assistant in the personnel office. Copies are not to be placed in the client chart, or in staff personnel files.

Smoking: NCMMHC will adhere to the smoking policies outlined in local and DMH smoking policies as follows:

1. North Central Missouri Mental Health Center, all satellite offices, and all vehicles will provide a smoke-free environment at all times.
2. North Central must post "no smoking" signs in all places regulated by ordinance.
3. Each office will provide a designated smoking area outside the building for clients and staff who smoke.

Alcohol: In order to model chemical-free behavior, NCMMHC prohibits the use of alcohol by staff, employees, volunteers, or representative in any agency sponsored activity designed to benefit clients and also prohibits being under the influence of alcohol while discharging any agency related responsibilities.

Similarly, NCMMHC clients will not be allowed to consume or be under the influence of alcohol during any agency sponsored activity, either in agency buildings or in the community. Such a policy will provide opportunities for clients to practice chemical-free socialization.

Illegal Drugs or Inappropriately Used Drugs: Neither agency employees, staff, volunteers, representatives, nor clients shall use, be in possession of, or be under the influence of illegal or non-prescribed mood altering drugs while engaged in agency related activities or responsibilities, where ever they occur.

Use of Restraint and Time-Out Procedures: Please see Behavior Management Emergencies - Behavior Management Procedures.

The use of the time-out procedures will only be utilized when the safety of the client or others is at risk and only until emergency help is intervened. Otherwise staff will try to continue to counsel clients in a supportive manner.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: DOCUMENTATION
SUBJECT NO. 12**

The Psychosocial Rehabilitation Worker, with the member's input when possible, will write a progress note at least weekly that relates the member's participation to the elements of his/her master treatment plan, summarizes specific services rendered, and client's response to services. Daily attendance records include actual attendance times, as well as activity attended.

Documentation will include review of measurable progress in the following key services:

1. Training/rehabilitation in community living.
2. Pre-vocational training/rehabilitation according to member needs.
 - a. Interview and job application skills;
 - b. Therapeutic work opportunities; and
 - c. Temporary employment opportunities.
3. Development of a personal support system through a group modality.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: CLIENT RIGHTS
TEAM
SUBJECT NO. 13**

The North Central PSR Client Rights Team shall consist of a group of members who meet as needed, or at least quarterly, to review existing and planned development and evaluation of program activities with the administration, and to ensure that legal rights of members are upheld. The team will meet with a CPRC staff member who will act as a liaison to the administration. At the team's request, the CPRC Director or other Agency administrative staff will be available to meet with them. Family members or other advocates may, at the discretion of the team, be invited to attend.

Participation on the team is on a volunteer basis, with term limits established by the team and approved by the CPRC Director. Minutes of team meetings will be kept and stored so that they are available for review by all members.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: GRIEVANCE
PROCEDURES
SUBJECT: 14**

Grievance procedures are provided as a formal mechanism to ensure proper consideration and prompt attention to serious concerns about client rights and services. Judgment enters into the decision to trigger this mechanism. Not every complaint is a grievance nor does every controversy require a written plan of action.

If any client or client guardian has a grievance concerning legally protected rights and/or other treatment or services received, the client should:

1. First discuss the complaint or problem with the primary PSR Worker. If this is unsatisfactory, or if the client prefers, he/she may contact either a member of the Client Rights Team, or the CPRC Director.
2. If the grievance concerns a legally protected right or any other matter appropriate for the Team's attention, the Team member should approach the staff liaison to arrange a meeting of the Team to consider the grievance.
3. If the grievance is presented verbally and cannot be resolved immediately to the satisfaction of all concerned, or if the grievance is submitted in writing, an account of the proposed action should be filed with the CPRC Director indicating the anticipated date of resolution and need for follow-up.

It is always an option for a client to contact, in writing or verbally, either the CPRC Director, Executive Director or Clinical Director within 10 (ten) days of the incident. Clients are encouraged to address any concerns they may have directly with the Department of Mental Health. Information will be posted on how to contact the Missouri Protection and Advocacy Service, and is available to clients in the form of a Client's Rights Agreement signed by the client and worker. The client may file a complaint of abuse, neglect or violation of rights. The following formal complaints procedure will be followed:

- A client shall contact the Program Director or Clinical Director, who will endeavor to resolve the concern within 10 working days.

- If the concern remains unresolved by the Program Director or Clinical Director, the concern will be forwarded to the Executive Director, who will respond in writing, within 10 calendar days of receiving the complaint.
- If the concern remains unresolved by the Executive Director, the concern may then be taken to the Board of Directors who will respond, in writing, ideally completing the formal process within three (3) days after the completion of its investigation. Service related concerns will be directed to the Quality Assurance Committee.
- If the concern remains unresolved, a client may choose to access assistance external to NCMMHC and may choose to contact a local ombudsmen.
- Any serious complaint, including those alleging negligence and/or abuse of clients, shall be brought to the immediate attention of the Program Director, Clinical Director and Executive Director.
- All complaints, including their resolutions, shall be documented and stored in the Clinical Director's filing cabinet to ensure confidentiality is respected.
- Complaints may be made verbally, in written form, or by using an alternative confidential communication device or using the assistance of an interpreter.
- NCMMHC encourages and supports anyone making a complaint to include an advocate or other identified support person(s) to assist in the complaints process.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: CLIENT LAYOFF
FROM PSR
SUBJECT: 15**

In the event that the PSR Program experiences a reduction in POS or other funds severe enough to require a cutback or cessation of service the CPRC Director will endeavor to ensure continuity of service through referral to other programs as available. Clients and parents or guardians, if appropriate, will be given as much notice of such a situation as circumstances reasonably permit.

Layoff from attendance due to member behavior or illness will be in accordance with the applicable sections of this manual.

Closing Due to Inclement Weather:

The decision to terminate early or cancel PSR activities because of inclement weather will be based on broadcast announcements of local public school closings. Clients will be advised to monitor these broadcasts when there is a likelihood of severe weather conditions. The PSR-Worker or Aide will directly notify any outside residential facilities where members may reside.

Cancellation Due to Staff Illness or Unavailability:

When staff are unavailable due to illness or other unavoidable problem to conduct a regularly scheduled activity of the PSR program, the PSR Worker or Aide will make every effort to notify the CPRC Director as soon as the need for cancellation of the activity is determined, and arrange to have as many clients as possible notified in advance of the cancellation. Clients who do not have a telephone will be advised to attempt to reach a phone and call the local agency office for messages if they expect to be picked up for PSR at a prearranged time and no one arrives.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: MISSING OR
RUNAWAY CLIENTS
SUBJECT NO. 16**

Because the PSR Program is strictly a voluntary program based on a member's motivation to participate, there are few instances in which a member would be regarded as having "run away". There may be individual cases in which a member has agreed to attend for certain specified periods and to have a third party notified of his/her attendance. In these cases, the PSR staff's responsibility would be discharged upon providing such notice. In addition, members who attend as part of a group from a residential care facility that has protective oversight responsibility may be subject to special rules restricting absence from program grounds.

If a client misses two (2) consecutive contacts of treatment-planned attendance as specified in his/her master treatment plan, outreach efforts will be initiated. Routinely, the PSR Worker or Aide will attempt telephone contact with the absent client. If this attempt is unsuccessful, the absent client's assigned community support specialist will be notified and will continue active outreach efforts. If the community support specialist or PSR Worker believes it is warranted, a parent or guardian, or other person in regular contact with the client may be contacted for assistance or further information. Legal authorities or the Department will be notified if there is reason to believe that the safety or physical welfare of the client may be in jeopardy.

On community outings, a client will be regarded as missing if, at the designated time, his/her whereabouts cannot be determined. When immediate efforts to locate a client in such circumstances do not succeed, the responsible staff person will seek assistance from local law enforcement or other proper authority. If it becomes necessary to return other clients without having found the missing client, the responsible staff person will immediately notify local law enforcement as well as the CPRC Director. Said persons will in turn notify the client's parent or guardian if appropriate, or a significant other who has regular contact with the client. If the missing client is not located, the Department of Mental Health will be notified within twenty-four (24) hours, by use of the Incident Report Form.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: DISCHARGE
FROM PSR
SUBJECT NO. 17**

While it is inevitable that there will be discharges from PSR, with the decision made by either the client and/or guardian or the group, it is important to note that the group's underlying concept of membership and mutual selection does not inherently imply this result. In other words, unless one of the criteria below requires discharge, PSR membership is not time-limited. A client's goals may change and the need for specific services may diminish or resolve, but membership continues for as long as a client chooses to think of himself/herself as a "member".

It follows that there are no constraints to obtaining discharge if a client desires it. If a client simply stops coming without notifying a staff member, outreach efforts will be made, but will cease at the client's and/or guardian's request. For CPRC clients, the community support specialist will be notified immediately of missed attendance and will be responsible for coordination of any outreach efforts.

There are specific criteria that may require the CPRC Director, in consultation with the client's community support specialist or PSR Worker, to discharge a member.

These criteria are:

1. Flagrant and/or ongoing disregard to club rules or CPRC policies.
 - a. Depending upon the nature of the incident caused by this behavior and the persistence of the behavior, both with respect to a given incident or as a pattern over several incidents, the CPRC Director, in consultation with the community support specialist and PSR Worker, may either discharge the client from PSR or impose a suspension of attendance. If the client is suspended, his/her record will reflect the time period and any conditions that must be met for return.
 - b. The CPRC Director will notify the Department by use of the Incident Report if the cited behavior poses an imminent threat of harm to self or others and implement the crisis intervention plan as appropriate.
2. A change in circumstances shows that the member no longer meets

admission criteria.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: MEDICATION
SUBJECT NO. 18**

Many clients are able to self-manage their medications and are responsible for self-administration of their medications. These clients will continue to retain responsibility for taking medication as prescribed while attending the program. Guidelines are provided in the "Member Handbook" to ensure that medication brought into the group is carried in a safe, responsible manner. These guidelines state that the client will carry medications in clearly marked packages that remain with the client. Clients self-administering medications are defined as those who, in cooperation with their physician and place of residence when applicable, assume full responsibility for taking medication as prescribed. Self-administration of medication will be noted in the client's master treatment plan.

The administration of medications for those who do not self-administer medication will follow the established requirements as set forth in the license rules CSR 30-4.041 General Medical and Health care as follows:

1. All prescription drugs as administered at a day program shall be in containers prepared for day program use by the pharmacist and shall be kept at the day program: Medication shall be labeled with the client's name, instructions including medication packaged, strength, dosage, and directions for administering or dispensing, physician's name, and expiration date. A dated copy of the physician's orders for medication shall be kept with the medication.
2. The same person shall prepare, administer, and chart medication at the time it is given. If a unit dosage system is used, the same person who removed the medication from the unit does blister card shall also administer and chart the medication. An annually up-dated photo attached to the medication sheet will ensure positive identification.
3. All non-prescription medicine shall be labeled with the client's name; a copy of the physician's order for such medicine shall be kept with the medication.

4. Medicines shall be kept in locked containers. Schedule II controlled substances will be kept under double lock.
5. Medicine needing refrigeration shall be kept in a locked container in the refrigerator separate from food.
6. Medicine shall be properly disposed of when no longer needed.
7. The date and times of administration, the name of the person giving the medication, and the quantity of any medication given shall be recorded in the client's permanent record. Staff will report adverse drug reactions and medication errors immediately to the physician responsible for the client whose name and phone number will be recorded on each medication sheet.
8. The CPRC Director shall not permit any client to be provided medical treatment, drug, or topical medications other than by written order of a licensed physician. This regulation does not apply to non-prescription topical applications.
 - a. Physician's order shall be limited to 90 days for prescription and non-prescription (except non-prescription topicals) drugs. PRN orders for prescription drugs shall be reviewed every 30 days.
 - b. Standing orders for the entire facility shall not be allowed.
 - c. PRN orders for non-prescription drugs and treatment may be utilized for individual clients if the order indicates specific drug dosage, or specific treatments for specific indications.
 - d. Emergency PRN medications and chemical restraints will not be used by program staff.
 - e. In an emergency, the physician may give or change an order by telephone, but the order must be signed within 48 hours.
 - f. Stock supplies of non-prescription medications are permitted. Non-prescription medications shall not be used after the expiration date on the medication container and shall be disposed of properly.
 - g. Medications will not under any circumstances be used as punishment or as a form of behavioral control.
9. The head of the Program shall assume responsibility for the proper administration of medication in a well-lighted area.
10. First aid supplies needed to treat simple medical emergencies shall be

available at all PSRC and CPRC sites, as well as in Agency vehicles.

11. Information regarding any illness, accident, or injury, and action taken, which occurs while the client is attending PSR shall be noted in the client's clinical record.

**SECTION: PSYCHOSOCIAL
REHABILITATION
SECTION NO. IV**

**SUBJECT: CLIENT INPUT
SUBJECT NO. 19**

The PSR program shall implement policies/procedures to provide for the participation of clients/family/advocates (with client agreement) in the planning, development, and evaluation of the PSR program's activities. This is accomplished in several ways:

1. PSR introduction sheet – the client fills out a form requesting client needs/preferences for group activities upon entrance into PSR. (See Attachment B.)
2. Consumer Council – Clients, family, advocates, and staff is invited to meet at least twice a month to discuss group activities, policies or other concerns. Minutes are taken and turned over to the PSR Team Leader. Any client wishing to participate may do so.
3. Preferences – the entire PSR group may vote on particular preferences or fill out a Preferences Form. (See Attachment C.)
4. Suggestion Box – any client wishing to make an anonymous comment or suggestion may utilize the suggestion box.

ATTACHMENT A
NORTH CENTRAL MISSOURI MENTAL HEALTH SERVICES, INC.
FIELD TRIP PERMISSION FORM

I understand that as a client of the North Central PSRC, I will have the opportunity to participate in activities including both day and overnight field trips. I also understand that on any given occasion, my participation will be voluntary. My signature on this form indicates my permission to include me on these trips.

CLIENT SIGNATURE

DATE

GUARDIAN (if applicable)

DATE

WITNESS

DATE

Gen #8. FRM

01/14/91

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT
SECTION NO. V**

**SUBJECT: TABLE OF
ORGANIZATION
SUBJECT NO. 1**

Attachment A is the most current Table of Organization for North Central Missouri Mental Health Center.

The Table of Organization shall be revised as soon as possible after personnel or organizational changes, and reviewed for accuracy on a quarterly basis. Copies of each Table of Organization revision shall be made available to all staff and to the Board of Directors.

**SECTION: PERSONNEL & STAFF
DEVELOPMENT
SECTION NO. V**

**SUBJECT: HIRING
PROCEDURES
SUBJECT NO. 2**

A. Recruitment

Recruitment and screening of all CPRC and PSR staff will be conducted and documented in compliance with the employment policies contained in the Personnel Handbook of North Central Missouri Mental Health Center. Only qualified professionals shall provide CPRC services.

B. Background Check

1. No person will be employed by CPRC who is known by administration to have committed physical abuse, sexual abuse, neglect, or a felony involving crimes against persons. In addition, no person will be employed who is known to have committed verbal abuse or neglect.
2. To implement this policy, the Executive Assistant will submit the appropriate form (see Attachment B) signed by the newly hired employee, to the Missouri State Highway Patrol, Division of Family Services, Division of Aging and Department of Mental Health for a criminal records check and background screening for abuse or neglect and to determine whether the new employee is on the DMH disqualification registry. The information received in response to these inquiries will be kept strictly confidential and maintained by the Executive Assistant in a separate file from the employee's personnel file.

Employees in the PSR program who have frequent, regularly scheduled (at least once a week) and direct contact with clients shall have a contagious disease screening upon hire and annually thereafter. A tuberculin (TB) skin test (or chest X-ray if the employee cannot take a skin test) is required along with a physician's statement indicating the employee is free of contagious diseases. A new employee in the PSR program is required to have a TB screening at his/her own expense within 30 days of hire date with NCMHHC. This documentation will be maintained by the Executive Assistant in the employee's personnel file.

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT
SECTION NO. V**

**SUBJECT: PERSONNEL POLICIES
AND PROCEDURES
SUBJECT NO. 3**

North Central Missouri Mental Health Services shall maintain an agency-wide Personnel Policy and Procedures Manual with current core rules that applies to all staff and volunteers. This manual will be maintained and updated by the Executive Director and included in the orientation for each employee. Staff will have the same access to the Personnel Manual as to the CPRC manual, and copies will be kept in the same locations.

**SECTION: PERSONNEL & STAFF
DEVELOPMENT
SECTION NO. V**

**SUBJECT: VOLUNTEERS
SUBJECT NO. 4**

The Community Psychiatric Rehabilitation Program recognizes that qualified, interested individuals in the community may be available as a valuable resource in providing volunteer services to the program. Use of prospective volunteers must first meet Agency guidelines as defined in the Policies and Procedures Manual. In addition, prospective volunteers will be screened by the CPRC Director to ensure appropriateness of the individual in having a role with the Community Psychiatric Rehabilitation Program.

Volunteers will primarily be utilized in a paraprofessional role in PSR for such duties such as providing transportation for clients or assisting in providing supervision for recreational activities. If a volunteer has a special skill to teach clients, such as sewing, hobbies/leisure time skills, etc., this will be allowed provided that the skill taught will clearly have a benefit in the rehabilitative process, and that clients have expressed an interest in learning the skill and participate by choice. Volunteers may also be of assistance in tutoring members in preparing for GED, improving basic educational skills, and possibly assisting in other educational efforts if qualified.

Volunteers WILL NOT be used in providing community support services, crisis intervention, intake/annual evaluation or medication services. Volunteers will be screened through the Missouri State Highway Patrol, Division of Family Services, and Division of Aging to ensure they have no history of neglect, physical, sexual, or verbal abuse, or conviction of a felony involving crimes against persons. When providing transportation, prospective volunteers must have a valid Missouri driver's license and a safe driving record as determined through a record check. Volunteers will be observed and supervised by the CPRC Director and program staff to ensure appropriate interactions with Community Psychiatric Rehabilitation Program clients. In addition, they will be provided with orientation to the PSR philosophy and goals as well as the policies and procedures of CPRC as a whole. Volunteers will be provided with supervisory sessions by the CPRC Director and may be dismissed if unable to meet

program requirements or if they appear to be otherwise inappropriate for the PSR setting.

As a rule, volunteers will not have access to confidential records. Exceptions will be made at the discretion of the CPRC Director if it is clear that such access will enhance the service provided by the volunteer (i.e., student nurses are authorized to review client charts for their practicum assignment). Release forms would be obtained from each individual client whose file would be made available for review by the volunteer.

**SECTION: PERSONNEL & STAFF
DEVELOPMENT
SECTION NO. V**

**SUBJECT: STAFF SUPERVISION
PRACTICES & RATIOS
SUBJECT NO. 5**

All CPRC staff will receive annual written job performance evaluations and staff development plans that are specific to the key service functions of their job descriptions. The evaluation will be conducted as an element of each employee's supervision as described in their job descriptions and reflected in the Table of Organization (See Subject 1). The evaluation form shall contain documentation that the employee has had the opportunity to review and respond to the evaluation. Upon completion and review, the performance evaluation and staff development plan shall become a part of the employee's personnel file.

Community support specialists will carry a mixed caseload of community support clients to assure effective continuity of care. The caseload size and balance for each community support specialist will be a ratio from 1:9 to 1:30. Caseload size may not exceed 1:20 in adult population in the rehabilitation level of care, and 1:12 in the children/youth population in the rehabilitation level of care. At least seventy-five percent (75%) of each community support specialist's time shall be utilized for direct service delivery in the client's home or community. Each community support specialist will spend at least twenty-five (25) hours per week in direct contact with their clients, unless excused for a mandatory activity by the CPRC Director.

In determining the portion of the supervisor's time available for direct service, the CPRC Director will allocate at least twenty percent (20%) of the supervisor's time to each supervisee. Supervisory ratio shall not exceed 1 QMHP:7 community support specialists. The supervisor's caseload for the remaining time will be determined by need.

Community support specialists will maintain weekly supervisory contact. Supervisory sessions will include detailed review of client situations and necessary interventions, identification of referral needs, review of critical interventions, review of written documentation to assure the quality and adequacy of service delivery, and time management, as well as ongoing staff development concerns. Supervisors will maintain

a log of these sessions for each of their assigned community support specialists with observations that will be used in the community support specialist's annual performance evaluation.

Supervisors will be readily accessible to assigned community support specialists for guidance in handling client related issues. They will accompany community support specialists regularly to assure quality performance and to provide "as needed" backup and consultation, particularly in instances requiring Qualified Mental Health Professional expertise.

All CPRC staff, including volunteers, trainees, interns, and contractors, shall be supervised as described in their job descriptions and as reflected in the Table of Organization. The supervisor will provide feedback designed to enhance the clinical skills of the staff.

Additional supervision and oversight of case handling, including dealing with unplanned absences of direct care staff, will occur during regular staff meetings conducted by the CPRC Director with all CPRC staff in attendance.

Critical interventions will be reviewed monthly by the CPRC Director.

Psychosocial Rehabilitation Services shall have a staff-client ratio of 1:12 to be determined by the following formula.

1. A client day requires at least three and one half hours of attendance.
2. Average number of daily PSR clients is total number of client days during the last three months divided by the number of days that PSR services were delivered in the last three months.
3. Staff-client ratio is the number of direct service full-time employees divided by the average number of daily PSR clients.

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT**

**SUBJECT: CPRC DIRECTOR -
ADULT SERVICES
JOB DESCRIPTION**

SECTION NO. V

SUBJECT NO. 6

For CPRC Director Job Description See Attachment C.

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT**

**SUBJECT: CHILDREN AND
YOUTH SERVICES
DIRECTOR JOB
DESCRIPTION**

SECTION NO. V

SUBJECT NO. 7

For Children and Youth Services Director Job Description See Attachment D.

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT
SECTION NO. V**

**SUBJECT: CPRC TEAM LEADER
JOB DESCRIPTION
SUBJECT NO. 8**

For CPRC Team Leader Job Description See Attachment E.

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT
SECTION NO. V**

**SUBJECT: COMMUNITY
SUPPORT SPECIALIST
JOB DESCRIPTION
SUBJECT NO. 9**

For Community Support Specialist Job Description See Attachment F.

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT
SECTION NO. V**

**SUBJECT: PSR TEAM LEADER
JOB DESCRIPTION
SUBJECT NO. 10**

For PSR Team Leader Job Description See Attachment G.

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT
SECTION NO. V**

**SUBJECT: PSR WORKER JOB
DESCRIPTION
SUBJECT NO. 11**

For PSR Worker Job Description See Attachment H.

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT**

**SUBJECT: TRANSPORTATION
COORDINATOR JOB
DESCRIPTION**

SECTION NO. V

SUBJECT NO. 12

For Transportation Coordinator Job Description See Attachment I.

**NORTH CENTRAL MISSOURI
MENTAL HEALTH CENTER**

**CPRC
MANUAL**

**SECTION: PERSONNEL & STAFF
DEVELOPMENT**

**SUBJECT: TRANSPORTATION
AIDE JOB
DESCRIPTION**

SECTION NO. V

SUBJECT NO. 13

For Transportation Aide Job Description See Attachment J.

**SECTION: PERSONNEL & STAFF
DEVELOPMENT**

**SUBJECT: PROFESSIONAL
GROWTH AND
DEVELOPMENT**

SECTION NO. V

SUBJECT NO. 14

I. ORIENTATION REQUIREMENTS:

- A. New CPRC staff members shall go through orientation, even if they have previously been handling a caseload. The CPRC Director shall provide each new staff member with an Orientation Checklist (Attachment K), which shall be placed in the personnel file for that staff member.
- B. Newly hired or contracted physicians, psychiatrists and nurses are required to attend an orientation concerning the philosophy, values, mission, and goals of CPRC.
- C. Receptionists, secretarial, or other non-direct staff who will be coming in contact with CPRC clients directly or through telephone contact need to know who to direct the client to the appropriate person and therefore will be provided orientation.
- D. Orientation for community support and peer specialists must be at least ten (10) clock hours in duration. Topics and minimum content requirements for community support and peer specialists and supervisors include:
 - 1. Client rights and confidentiality policies and procedures, including prohibition and definition of verbal/physical abuse.
 - a. Introduction and discussion of policies and procedures.
 - b. Review of CPRC program handbook.
 - 2. Client management, e.g. techniques which address verbal and physical management of aggressive, intoxicated, or behaviorally disturbed clients.
 - a. Introduction and discussion of policies and procedures.
 - b. Review of CPRC program handbook.
 - 3. Center emergency policy and procedures.
 - a. Introduction of policies regarding provision of emergency

- service.
 - b. Introduction to emergency policies regarding disaster preparedness due to fires, tornadoes, threatening weather, etc.
4. Infection control orientation.
- a. Introduction to policies and procedures.
 - b. Awareness of universal body precautions and potential dangers to staff and clients from contact with and management of e.g. client who is injured and/or bleeding.
 - c. Review of CPRC rules, program handbook, survey process, and any other appropriate policies and procedures.
 - d. Information on how CPRC program interfaces with other agency programs.
 - e. Personnel activities relating to benefits, working hours, overtime policy, etc.
5. CPRC philosophy, values, mission, goals, and objectives.
- a. Review of chapter in CPRC program handbook containing program background, overview, philosophy and funding design and implementation.
 - b. Review of how program design and implementation respond to program philosophy.
6. Principles of appropriate treatment for adult and youth populations.
- a. Self-determination.
 - b. Personal dignity and worth.
 - c. Individualization.
 - d. Promotion of independence.
 - e. Continuity and coordination of care.
 - f. System responsiveness to client needs. (flexibility, availability, and accessibility).
 - g. Community integration and normalization.
 - h. Focus on rehabilitation and adaptive behaviors (as opposed to insight or process orientation).
 - i. Supportive educational approach.
 - j. Confidentiality and privacy.

7. Behavior management, crisis intervention, identification of critical situations. (Same topics as Client Management).
8. Communication techniques. Orientation may include techniques used to join with individuals in meaningful conversation, reflective listening, communication stoppers, carrying on conversations with individuals on heavy doses of medication.
9. Health assessment/medication training. Orientation may include neuroleptic drugs, Lithium toxicity levels, signs of client decompensation, and how to conduct a mental status check.
10. Legal issues.
 - a. Legal status of clients - voluntary, involuntary.
 - b. Commitment procedures.
 - c. Guardianship.
 - d. Appeal process for other benefits.
11. Job Responsibilities
 - a. Job descriptions.

E. Peer specialists will receive documented competency-based training with the involvement of peer specialists that includes:

1. Personal advocacy
2. Engagement
3. Recovery and resiliency principles
4. Community supports/connections
5. The effective use of sharing life experiences
6. Parenting skills

F. Orientation for all other staff in direct contact with clients (nurses, QMHP's providing intake/annual evaluation and crisis intervention, and all Psychosocial Rehabilitation staff) shall include:

1. Same as Section I-D above.

II. ORIENTATION AND CONTINUING EDUCATION REQUIREMENTS FOLLOWING START UP

- A. Orientation will be provided within 30 calendar days of employment.
Completion of this orientation will be documented in the personnel file.
Orientation topics include:

1. Client rights and confidentiality policies and procedures, including the prohibition of and the definition of verbal/physical abuse.
 2. Client management techniques which address the management of aggressive, intoxicated or behaviorally disturbed clients.
 3. Emergency policies and procedures.
 4. Infection control.
 5. Job responsibilities.
 6. Philosophy, values, mission, and goals.
 7. Principles of appropriate treatment for adult and youth populations.
- B. Staff who are transferred or promoted to a new job assignment will receive orientation to their new job responsibilities within 30 days of transfer.
- C. Orientation for volunteers and trainees will occur within 30 calendar days of initial attendance. Orientation will include:
1. Client rights and confidentiality policies and procedures including verbal/physical/sexual abuse.
 2. Emergency policies and procedures.
 3. Philosophy, values, mission, and goals of CPRC.
 4. Other topics relevant to their assignments.
- D. Staff working in the CPRC Program will also receive additional training within six (6) months of employment which includes:
1. Signs and symptoms of disability-related illness.
 2. Working with families and caretakers of clients receiving services.
 3. Rights, roles, and responsibilities of clients and families.
 4. Methods of teaching clients self-help, communication and homemaking skills in a community context.
 5. Writing and implementing an Individual Treatment and Rehabilitation Plan specific to Community Psychiatric Rehabilitation Services, including goal-setting, writing measurable objectives, and the development of specific strategies or methodologies.
 6. Basic principles of assessment.
 7. Special needs and characteristics of individuals with serious and persistent mental illnesses.
 8. Philosophy, values, and objectives of Community Psychiatric

Rehabilitation Centers for individuals with serious and persistent mental illnesses.

- E. In addition to standard orientation, community support specialists' will also include:
1. Philosophy, values, and objectives of Community Psychiatric Rehabilitation Services for individuals with serious and persistent mental illnesses.
 2. Behavioral management, crisis intervention techniques and identification of critical situation.
 3. Communication techniques.
 4. Health assessment and medication training.
 5. Legal issues including commitment procedures.
 6. Identification and Recognition of critical situations.
 7. Additional training for community support specialists include topics required by the Department of Mental Health and determined through consultation with a psychiatrist.
 8. Staff working with children/youths receive additional training in the above areas as it pertains to that population.
- F. Each community support specialist and supervisor shall receive ten (10) hours of initial training before being assigned a caseload or supervisory caseload.
- G. The portion of the staff orientation pertaining to topics 1 through 5 under item II will be counted toward the 18 hours of Continuing Education during the employee's first year of employment. All staff is to participate in at least 18 hours of relevant training per year.
- H. A written plan for comprehensive training and continuing education for community support and peer specialists and supervisors shall be developed. Documentation of all training activities in employee personnel files will include training topic, instructor's name, date of activity, duration, location, skills targeted/objectives of training, certification/continuing education units (if any).

SECTION: QUALITY ASSURANCE

**SUBJECT: QUALITY ASSURANCE
COMMITTEE**

SECTION NO. VI

SUBJECT NO. 1

- A. NCMMHC is committed to providing quality services to its clientele. This commitment shall be reflected in the long range goals generated from the agency mission statement (see NCMMHC Policies and Procedures Manual).
- B. The Quality Assurance Committee is comprised of management and clinical staff across programs, and is established by (and reports directly to) the Executive Director or designee. The Committee's purpose is to monitor all agency services and programs in order to assure quality care. It is composed of, at minimum, the following members:
 - 1. Clinical Director, who will serve as Chairperson.
 - 2. CPRC Director.
 - 3. One senior QMHP.
 - 4. One Support Staff member.
- C. The QA Committee will meet as often as needed, but at least once a month. At the discretion of the QA Coordinator, QA Committee meetings may join with or be replaced by the weekly Utilization Review Team meetings. The record system shall include minutes of all QA meetings with attendance, time, place, date, and actions or recommendations for action notes. The QA Committee will keep a centrally maintained permanent record of its transactions and shall describe the QA process in a written QA Plan subject to Management Team approval, and reported at least annually to the Board of Directors for review and/or revision.
- D. The QA Committee will establish policies and procedures subject to review by the Management Team, Executive Director and Board, including:
 - 1. Review of Incident Reports;
 - 2. Standards for clinical supervision;
 - 3. Standards for continuing education;
 - 4. Standards for clinical and medical records and records monitoring;

5. Establishment of client satisfaction measures;
 6. Monitoring identified process and outcomes of the CPRC provider's CPRC program; and
 7. Monitoring compliance of affiliate programs and subcontractors with applicable program standards.
- E. The QA Committee will periodically review policies and procedures for Outpatient Services and CPRC Services and make recommendations to the Management Team/Executive Director.
 - F. The QA Committee, in cooperation with the Management Team, will review the credentials for all staff to determine clinical privileges according to NCMMHC established standards, policies and procedures.
 - G. Serious incidents will be defined to include violent incidents involving clients in the care of the agency, other situations endangering the health and welfare of clientele, or any situation that requires the submission of an Incident and Investigation Tracking System-Event Report Form. The QA Committee will review serious incidents to determine appropriate agency actions, and will establish policies and procedures to carry out this function.
 - H. The QA Committee will periodically review evaluation reports of Agency programs, summary reports of clinical/medical records monitoring; consumer satisfaction surveys; recommendations, corrective actions, and the status of previously identified problems or outcomes related to certification standards or both; and other outcomes of agency services. It will make recommendations based on these findings to the Management Team/Executive Director who in turn will address said recommendations to the Board.
 - I. The QA Committee shall actively involve the CPR program's medical staff in the activities of the QA process including, but not limited to, clinical care issues and practices related to the use of medications.
 - J. The CPRC provider shall develop and implement a QA plan that integrates the functions of the QA process into the CPRC's psychiatric services.

SECTION: QUALITY ASSURANCE

**SUBJECT: CLINICAL
PRIVILEGING**

SECTION NO. VI

**PROCESS
SUBJECT NO. 2**

- A. The Management Team is responsible for granting and renewing clinical privileges to practitioners to provide CPRC Services.

Clinical Privileging Process: (See Attachment A)

1. Initial approval will be based on:
 - a. Criteria for each service as defined in 9 CSR 40-4.030. See Attachment B, Clinical Privilege Application;
 - b. Verified licensure, certification, or registration, if applicable;
 - c. Verified training and experience;
 - d. Recommendations of the CPRC Director or immediate supervisor for the services that the practitioner has been or will be providing;
 - e. Evidence of current competence;
 - f. Evidence of health status related to practitioner's ability to discharge his/her responsibility, if indicated; and
 - g. A statement signed by the practitioner that he/she has read and agrees to be bound by the policies and procedures contained in this manual.
 2. Renewal or revision of clinical privileges will, in addition to the above, take into account:
 - a. Relevant findings from the QA Committee's documented activities; and
 - b. The practitioner's adherence to the policies and procedures contained in this manual.
- B. The Management Team may, as necessary, grant temporary privileges on a time-limited basis.
- C. Practitioners will have the opportunity to be heard in any instance when denial, curtailment, or revocation of clinical privileges is being planned.

1. Request for this consideration should be made in writing to the Management Team.
2. The request for this consideration will be placed on the agenda of the next QA Committee meeting.
3. Any action taken or decision made on this request will be documented in the meeting minutes.

D. Special Credentialing Considerations:

ABNORMAL INVOLUNTARY MOVEMENT SCALE:

A physician licensed under Missouri state law to practice medicine or osteopathy who has either specialized training in mental health services or one year of supervised experience in treating problems related to mental illness and/or a psychiatrist who has completed a training program approved by the American Medical Association or the American Osteopathic Association will be allowed to perform screening using the Abnormal Involuntary Movement Scale.

A registered professional nurse, licensed under Missouri state law with two years experience in a psychiatric setting and/or with a master's degree in psychiatric nursing will be allowed to perform screenings using the Abnormal Involuntary Movement Scale under the supervision of a physician.

Registered Nurses and physicians providing AIMS screening for clients receiving neuroleptic medications will attend annual basic AIMS training presented by a physician.

The Registered Nurse will obtain the responsible physician's signature on all completed AIM scales.

The physician will be responsible for conducting any ongoing training to assess further needs of the AIMS protocol.

DIRECTIONS FOR COMPLETING
APPLICATION FOR CLINICAL PRIVILEGES

1. Complete all appropriate sections of this application. The required criteria for each privilege are listed in Attachment A, Clinical Privileging Process.
2. Check only those clinical privileges for which you provide the required documentation.
3. Attach copies of all documentation to this application. This should include, but is not limited to: resume; proof of certification/licensure; proof of training, education, and/or experience.
4. The completed application should be returned to the Executive Assistant.

The Management Team will review your application and credentials during a monthly meeting and will notify you, in writing, of the status of your application.

If you have any questions concerning your application for the Clinical Privileging process, please contact your CPRC Director or the Clinical Director.

ATTACHMENT A
NORTH CENTRAL MISSOURI MENTAL HEALTH CENTER
COMMUNITY PSYCHIATRIC REHABILITATION CENTER
CLINICAL PRIVILEGING PROCESS

It is agency policy that each clinical discipline has defined privileges that are based on established criteria as adopted by the Board of Directors. The Clinical Privileging process will be implemented and monitored by the Quality Assurance Committee.

THE PROCESS

The professional staff of the center strives to assure quality client care and optimal professional performance through the delineation of Clinical Privileges, the appointment/reappointment process, and periodic reappraisal of each staff member. Each staff member will be granted only those privileges for which he/she can supply documentation of training, experience, and demonstrated competence. All clinical privileges will be applied for and reviewed annually or sooner should an employee's job function change.

Practitioners will have the opportunity to be heard in any instance when denial, curtailment, or revocation of clinical privileges is being planned. Request for this consideration should be made in writing to the Management Team. Non-privileged staff receives close and documented supervision from privileged practitioners until training and experience are adequate to meet privilege requirements.

The Management Team may, as necessary, grant privileges on a temporary basis.

MENTAL HEALTH PROFESSIONAL

Defined in 9 CSR 30-4.030 as one of the following:

1. A physician licensed under Missouri state law to practice medicine or osteopathy and with training in mental health services or one (1) year or supervised experience in treating problems related to mental illness, or specialized training.

ATTACHMENT A (CONT.)

2. A psychiatrist, licensed as physician under Missouri state law, who has successfully completed a psychiatric training program approved by the American Medical Association, the American Osteopathic Association, or other training program identified as equivalent by the department.
3. A psychologist licensed under Missouri state law to practice psychology and with specialized training in mental health services.
4. A professional counselor licensed under Missouri state law to practice counseling and with specialized training in mental health services.
5. A clinical social worker licensed under Missouri state law with a Master's degree in social work from an accredited program and with specialized training in mental health services.
6. A psychiatric nurse or a registered professional nurse with at least two (2) years of experience in a psychiatric or substance addiction treatment setting or a Master's degree in psychiatric nursing.
7. An individual with Master's or Doctorate degree in counseling and guidance, vocational counseling, psychology, pastoral counseling, or family therapy, or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a mental health professional.

REQUIRED CRITERIA FOR EACH SERVICE PRIVILEGE

1. Initial/Annual Evaluations. The applicant must be one of the following:
 - a. A physician as previously defined;
 - b. A mental health professional (other than physician or psychiatrist) as previously defined; or
 - c. An individual with a Bachelor's degree in social work, psychology, nursing, or a related field.
2. Medication Services. A physician or psychiatrist as previously defined.
3. Medication Administration. A physician, registered professional nurse (RN), or a licensed practical (LPN) directed by a physician or RN.

ATTACHMENT A (CONT.)

4. Administration of Abnormal Involuntary Movement Scale. A physician or a registered professional nurse (RN).
5. Crisis Intervention and Resolution. Any mental health professional as previously defined.
6. Community Support Services. Mental health professional or an individual with a Bachelor's degree in social work, psychology, nursing, or a related field, if supervised by a mental health professional. Equivalent experience may be substituted on the basis of one (1) year of experience for each year of required educational training.
7. PSR Services. Same as 6.

**SECTION: ACCESS/CRISIS
INTERVENTION (ACI)**

SUBJECT: TREATMENT

SECTION NO. VII

SUBJECT NO. 1

- K. North Central Missouri Mental Health Center (NCMMHC) arranges or provides for the delivery of ACI services in Service Area 13, which includes the following nine (9) counties: Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam and Sullivan.
- L. The ACI program offers services aimed at the assessment and immediate stabilization of acute symptoms of mental illness and emotional distress. Crisis intervention services consist of mobile response, walk-in services, face-to-face and telephone interventions. Crisis intervention backup staff is identified during planned absences.
- M. NCMMHC shall maintain a published, centralized, 24-hour staffed toll-free hotline number that provides a direct means of crisis assessment and triage for persons in crisis, their families, and agencies needing assistance. The CommCare Telephone Crisis Line is the primary means for crisis assessment and referral to appropriate community resources and activation of crisis intervention services provided by regional administrative agents.
- N. NCMMHC is responsible for the coordination and provision of mental health services to Missouri citizens who reside within Service Area 13. The staff of the CommCare Telephone Crisis Line shall ensure linkage for callers to the appropriate administrative agent. NCMMHC has designated agency staff on call to the ACI program 24 hours a day, seven (7) days a week (24/7).
- O. If a resident of Service Area 13 presents for services in another service area, the administrative agency may authorize service provision by the crisis response staff responsible for serving the geographic area in which the caller presents.
 - 1. Under this scenario, the qualified mental health professional (QMHP) staffing the CommCare Telephone Crisis Line shall coordinate linkage between the two administrative agents by providing each of the agencies with appropriate documentation.

- P. NCMMHC subcontracts with CommCare to provide 24-hour telephone hotline services. The toll-free telephone line receives calls 24/7, but is designed to provide clinical coverage for NCMMHC after-hours and on weekends and holidays.
- Q. Service Area 13 residents shall be directed by staff of NCMMHC to call the toll-free crisis line after 4:30 pm Monday through Friday and on weekends and holidays.
 - 1. Business cards with the number of the toll-free CommCare Telephone Crisis Line shall be given to clients.
 - 2. NCMMHC shall have an after-hours recording that instructs those individuals calling for crisis services to call the toll-free hotline number.
- R. Crisis calls received by CommCare during working hours shall be directed to NCMMHC for triage and intervention services.
 - 1. When the initial call is received during working hours, CommCare Telephone Crisis Line staff shall collect a minimum of the following information from the caller:
 - a. Name
 - b. Address
 - c. Telephone
 - d. Age or date of birth
 - e. Presenting problem
 - 2. If face-to-face intervention is required, or if CommCare Telephone Crisis Line staff cannot resolve the issue, CommCare Telephone Crisis Line staff shall transfer the caller to NCMMHC via conference call, ensuring that a telephonic connection to the caller is maintained.
 - 3. If it is apparent that the caller is at imminent risk, CommCare Telephone Crisis Line staff shall request the assistance of 911 or law enforcement. NCMMHC shall be notified of the disposition.
- S. Routine After-Hours Calls:
 - 1. Individuals shall be scheduled for follow-up appointments unless the individual is currently receiving services from NCMMHC, has received services within the past four (4) months, and/or a Client Alert Form (see Attachment A) has been submitted to CommCare Telephone Crisis Line

staff.

2. NCMMHC provides follow-up crisis visits at its administrative office during regular office hours 8:30 am to 4:30 pm Monday through Friday. CommCare crisis line staff can contact NCMMHC crisis response staff to schedule an appointment.
 3. CommCare Telephone Crisis Line staff shall complete clinical documentation regarding the call and fax it to NCMMHC by 8:00 am the following day.
 4. Individuals currently receiving services through NCMMHC's CPRC program shall have access to an on-call community support specialist at all times.
 5. NCMMHC staff may request that CommCare Telephone Crisis Line staff add a specific client to their Client Alert System. Callers appropriate for this service include those that are considered high-risk or those who are frequent callers. NCMMHC staff shall provide CommCare Telephone Crisis Line staff with the following information on a Client Alert Form:
 - a. Client name
 - b. Address
 - c. Pertinent clinical information
 - d. Intervention plan
 6. The Client Alert System shall maintain the intervention plan for 30 days. NCMMHC staff may request an extension(s) in 30-day intervals. NCMMHC staff must complete a new Client Alert Form for an extension.
- T. Urgent After-Hours Calls:
1. CommCare Telephone Crisis Line staff shall contact NCMMHC crisis response staff by mobile phone.
 2. NCMMHC crisis response staff shall respond to the page within ten (10) minutes.
 3. CommCare Telephone Crisis Line staff shall transfer the call to NCMMHC staff via conference call, ensuring that a telephonic connection to the caller is maintained.
 4. Clinical documentation shall be faxed to NCMMHC by 8:00 am the following day.

5. NCMMHC crisis response staff shall contact CommCare Telephone Crisis Line staff to report clinical disposition immediately upon completion of the clinical intervention.

U. Emergency After-Hours Calls:

1. If the situation is life-threatening, law enforcement, ambulance, or other emergency assistance is dispatched. CommCare Telephone Crisis Line staff shall stay on the line until assistance arrives.
2. CommCare telephone crisis line staff shall direct the caller to Heartland Regional Medical Center in St. Joseph, Missouri unless a medical emergency exists, in which case the caller is directed to the nearest emergency room.
3. CommCare Telephone Crisis Line staff shall notify the NCMMHC crisis response staff of the disposition immediately following arrival of the emergency assistance personnel.
4. Clinical documentation of the contact shall be faxed to NCMMHC by 8:00 am the following day.

V. An assessment shall be done for all calls requesting crisis services/intervention that obtains sufficient information to determine the needs of the client and how to best address the identified needs.

1. Obtain the client's demographic information. This information may be provided by the hotline staff or by the client. Gather as much information as possible.
2. Attempt to determine if the client is an active client, new to services, or has a closed chart from previous treatment.
3. If the client has an active chart, check to see if s/he is an active community support client with a current community support specialist.
4. Assess for safety. Determine whether emergency, urgent or routine services are necessary to assure the client's safety. If risk is high, assist the client to the most appropriate, least restrictive level of care. If risk is low, provide referral to appropriate services. Refer to the Risk Assessment (see Attachment B).
5. Provide support, obtain information regarding the crisis situation and

provide crisis intervention. If the client is at risk as determined by the phone assessment, or there is a concern regarding the client's safety, arrange for a face-to-face assessment interview.

6. When a face-to-face assessment is conducted, complete NCMMHC's designated assessment form (see Attachment C). Do not leave blank spaces. Indicate N/A if the question is not applicable.
 7. A Safety Plan (Attachment D) shall be completed/**updated** during every face-to-face interview with a client **identified as being at risk for suicide** after a verbal contract is established. The Safety Plan may include the involvement of NCMMHC staff, family members, identified legal representatives, or others, with legal right or the consent of the client. The client and witness shall sign and date the plan. A copy shall be given to the client, and the original shall be kept in the client's ECR to be readily available for immediate reference.
 8. If the client has been given a next day urgent appointment, notify the intake department of the appointment.
 9. When the CommCare telephone crisis hotline is involved, notify CommCare hotline staff of the case disposition.
 10. Complete the appropriate paperwork and process it within NCMMHC's guidelines.
 11. If there are problems or questions, contact NCMMHC's ACI Coordinator.
- W. NCMMHC and CommCare Telephone Crisis Line staff shall keep written descriptions of the telephone hotline system that includes the following:
1. Name of agency that operates the hotline (CommCare);
 2. Numbers and qualifications of hotline staff;
 3. Written documentation that clinical supervision is provided, including but not limited to:
 - a. Meeting minutes;
 - b. Supervision logs; or
 - c. Peer review processes.
 4. Written description of how the telephone hotline is staffed;
 5. Written documentation of case reviews and quality assurance activities relating to hotline services;

6. Written documentation of how telephone hotline services are provided to hard-of-hearing, deaf and persons who have a limited understanding of the English language;
 7. Written description of ongoing hotline outreach activities;
 8. Written description of a process for identifying and utilizing community resources in the delivery of hotline services.
- X. If a client, client advocate, or family member requests to speak with an individual from a specialized program (i.e., CPRC community support specialist) and the ACI hotline staff have determined that this action is clinically necessary, the ACI hotline staff shall facilitate such a request
1. ACI hotline staff shall determine whether the request to speak with an individual from a specialized program is clinically appropriate and necessary.
 2. Clinical appropriateness is defined by the hotline mental health professional's assessment of the caller's needs and circumstances and whether connecting the caller to a specialized program representative shall positively influence the clinical outcomes.
 3. If a determination is made that the request to speak with a representative from a specialized program is not warranted, then the ACI hotline staff member shall respond to the caller's needs.
 4. If contacting a specialized program staff member is determined to be clinically necessary, and the call is received during normal business hours, then the specialized program representative is to be contacted.
 5. If the request to speak to a representative from a specialized program occurs after normal business hours, then the on-call supervisor or coordinator of the specialized program shall be contacted to respond to the call. NCMMHC shall have a supervisor on-call 24/7 for each specialized program.
 6. The ACI hotline staff shall remain in contact with the caller until a successful hand-off contact between caller and designated agency staff person has occurred. This can be accomplished by remaining on the line with the caller, if practical and feasible, or by repeatedly contacting the client or client's family member to verify that s/he was contacted by the

specialized program staff member.

7. If the specialized program staff member or the on-call supervisor fails to respond in a timely manner, an Incident Report shall be completed that documents the breach in protocol. The Incident Report shall be submitted to both the NCMMHC and CommCare ACI Coordinators within 24 hours of the incident.
 8. CommCare's ACI Coordinator shall investigate all Incident Reports generated and work with the NCMMHC ACI Coordinator and the supervisor of the specialized program to devise a corrective plan of action to avoid similar occurrences. If more than two (2) incidents occur in one month, the Executive Director of NCMMHC shall be notified in writing of the problem.
 9. A summary of the investigation shall be submitted to the Executive Directors of both NCMMHC and CommCare.
- Y. The ACI program operates a 24-hour Mobile Crisis Response Team (MCRT), which has a written description that includes the following:
1. Name of the agency that operates the hotline (CommCare);
 2. Written description of how the MCRT is staffed 24/7;
 3. Numbers and qualifications of staff;
 4. Written documentation that clinical supervision is provided including, but not limited to:
 - i. Meeting minutes;
 - ii. Supervision logs; or
 - iii. Peer review processes
 5. Written documentation of case reviews and quality assurance activities relating to mobile response services;
 6. Written documentation of how mobile response services respond to hard-of-hearing, deaf and persons who have a limited understanding of the English language.
- Z. The ACI program shall provide mobile response to known and unknown clients 24/7 at the location of the crisis or to another secure community location. Mobile crisis intervention services shall be provided by a Qualified Mental Health Professional as defined by the Missouri Department of Mental Health.

1. The MCRT shall respond to a request for service via mobile phone within ten (10) minutes.
2. The crisis team shall provide face-to-face visits, when required, within one (1) hour, unless:
 - i. The QMHP is on another call. The referral source or hotline vendor and client shall be advised of the anticipated arrival time.
 - ii. The client is requesting an appointment for a face-to-face at a later time or date.
 - iii. Extenuating circumstances develop which are beyond the control of the QMHP, such as a vehicle accident or traffic difficulties. The referral source or CommCare hotline vendor and client shall be advised of the anticipated arrival time.
 - iv. The client is not available when the QMHP arrives.
3. NCMMHC's ACI Coordinator shall be informed of any unusual response circumstances.
4. If a medical emergency exists, or injury has or is about to take place, 911 shall be called. (This may already have been done by CommCare hotline staff.) Crisis intervention staff is trained in basic First Aid and CPR, which will be utilized in situations where medical assistance is not available and only until medical services arrive or the client is successfully transported to a medical facility. Crisis intervention staff shall inquire about existing medical conditions that may be a factor in the crisis or could impact the disposition of the crisis. Crisis intervention staff shall be alert to other signs of special medical needs, such as the presence of medical equipment, medic-alert jewelry, service animal, etc. When medical treatment or stabilization is required, clients are referred to an appropriate medical facility.
5. Medication or medical issues should be referred to the RN or physician on call.
6. Clients shall have the opportunity to receive services in an environment acceptable to them, and when appropriate, without removing them from their current environment.
7. Services are intended to assure that all available community services and

resources are utilized to return clients to a pre-crisis level of functioning, direct them to appropriate follow-up services to reduce future crisis situations, and provide referral and resource information to individuals who are anticipating a crisis.

8. Mobile assessments shall occur in various locations, including but not limited to:

- a) Homes or home areas;
- b) Schools;
- c) Outreach centers;
- d) Detention;
- e) Police departments;
- f) Jails;
- g) Community facilities or shelters;
- h) Nursing homes;
- i) Residential facilities;
- j) Respite centers; and
- k) Other mutually determined neutral and safe locations in the community.

1) Crisis teams shall not visit locations considered unsafe. If a location is questionable due to being a known dangerous, high crime, or drug area, arrangements shall be made to meet the person in a safer location. If the situation is determined to be dangerous due to other factors such as possession of a weapon, law enforcement shall be contacted to escort the crisis team or to secure the area prior to the team's arrival.

2) Mobile response shall not be provided exclusively in emergency rooms, jails, or mental health facilities.

9. The referral source or CommCare hotline staff must be notified of the disposition regarding the client s/he referred to the crisis team.

10. Back-up supervision is available 24/7 by NCMMHC's ACI Coordinator or other designated qualified staff.

AA. When an unknown client, client advocate, or family member calls with a request

for the MCRT to respond to a crisis in a home or some other unsecured location, the MCRT staff member must perform a risk assessment and safety check. The risk assessment shall help determine the severity of the crisis. If the severity of the crisis is such that the MCRT staff has determined that there should be a face-to-face assessment, then the outreach clinician should conduct a safety check prior to entering the caller's home or some other location that is determined to be potentially unsafe.

1. The CommCare Risk Assessment (see Attachment B) shall be performed by MCRT staff to help determine the severity of the crisis when responding to an unknown client. The Risk Assessment allows the clinician to rate the client's potential for suicide and/or homicide as well as his/her history of violent behavior. The Risk Assessment shall be scored per the interpretation instructions.
2. If the MCRT staff person has assessed that the crisis is such that a face-to-face assessment is indicated, then the staff person shall perform a safety check, utilizing the Safety Protocol Check form (see Attachment E) in order to help determine the safety of the environment.
3. The Safety Protocol Check form must be completed on the phone before dispatching MCRT staff to a home. Staff is to maintain contact with the client by remaining on the line with the caller if practical and feasible, or by repeatedly contacting the client or client's family member to verify the safety of the environment in question.
4. If there is any question regarding the safety of the environment, the intervention should be redirected to a safer location or request law enforcement assistance. Interventions ordinarily should not be done with an intoxicated client, unless determined appropriate following consultation with the supervisor on call. The caller should be informed of any safety concerns. If the caller refuses to cooperate, MCRT shall not be dispatched to the location.
5. In the event that the MCRT clinician determines that there may be a safety risk, s/he is to call the on-call supervisor for final determination of intervention or proceed as directed by established agency protocol. The MCRT has the final decision whether to proceed with conducting the

intervention. Any concerns or doubts should be handled with the supervisor on call.

6. The QMHP staff shall be provided with a mobile phone supplied by NCMMHC.
7. NCMMHC is recommended to have trained back-up staff available 24/7 in order to accompany another staff member to a home or other location when necessary.
8. In situations where law enforcement need to be called, either to accompany the QMHP or to report a crisis, the QMHP shall ensure that all safety and risk precautions are reported to the law enforcement agency involved. The MCRT staff member shall remain involved in the case, either by phone or in person, until the crisis is resolved.
9. If all the aforementioned guidelines are not followed, an Incident Report shall be completed by the ACI Coordinator and submitted to CommCare's ACI Coordinator within 24 hours.
 - a) CommCare's ACI Coordinator shall investigate all Incident Reports generated and work with the NCMMHC ACI Coordinator to devise a corrective plan of action to avoid similar occurrences. If more than two (2) incidents occur in one month, NCMMHC's Executive Director shall be notified in writing of the problem.
 - b) A summary of the investigation shall be submitted to CommCare's Executive Director and NCMMHC's Executive Director.

BB. When a call is referred to mobile response, a phone-only response is appropriate if the clinical needs of the person that is in crisis can be addressed over the phone and/or the crisis has been de-escalated.

CC. NCMMHC has safety mechanisms in place for mobile response. These include, but are not limited to:

1. Mobile phones;
2. Risk assessments both for phone and continually during contact;
3. Availability of multiple staff to respond for face-to-face contact;
4. Back-up available by mobile phone;
5. Written protocols for mobile response to be delivered in safe locations when necessary.

DD. In crisis situations in which law enforcement needs to be contacted by ACI staff, the ACI staff must make the initial contact and remain involved until the crisis is resolved, either by phone or with the MCRT.

EE. When a call is referred to the MCRT, a phone only response is appropriate if both the staff and the person calling are satisfied that the crisis is resolved.

1. If the person who is calling is not satisfied that the crisis has been resolved, the MCRT person handling the call must contact his/her supervisor or ACI Coordinator immediately to help resolve the crisis. If a determination is made that the crisis has been resolved at that time, no further action is necessary.
2. If the MCRT staff member is not successful in satisfying the caller with the crisis service offered, NCMMHC's ACI Coordinator shall advise the CommCare ACI Coordinator within 24 hours of this occurrence and submit an Incident Report with all written documentation necessary to review the case.
3. All documentation shall include written progress notes, assessment forms, and other clinical information that would assist in determining what steps were taken to originally assist the caller and the specific nature of the caller's dissatisfaction.
4. CommCare's ACI Coordinator shall investigate all Incident Reports generated and work with the NCMMHC ACI Coordinator to devise a corrective plan of action to avoid similar occurrences. If more than two (2) incidents occur in one month, NCMMHC's Executive Director shall be notified in writing of the problem.
5. Throughout this process, NCMMHC shall ensure that the caller has access to all appropriate services. This may necessitate involving other supervisors within the agency, and perhaps initiating the agency's grievance procedure. The caller is to be contacted on a regular basis to keep him/her updated regarding the steps being taken to address his/her concerns. Documentation of all efforts is to be submitted to the ACI Coordinators of both NCMMHC and CommCare.
6. The CommCare ACI Coordinator shall notify the caller, in writing, of the results of the investigation.

7. A summary of the investigation and a copy of the letter provided to the caller shall be submitted to the Executive Directors of both NCMMHC and CommCare.
- FF. If the caller is still not satisfied, reasonable assistance shall be given if the individual wishes to file a grievance, as outlined in Section IV, Subject 14. NCMMHC shall cooperate with the Department of Mental Health in any review or investigation conducted by the Department or its authorized representative.
- GG. The ACI program has a written description for resource and referral to the following services:
1. Acute hospitalization;
 - a) The on-call ACI staff member shall notify the ACI Coordinator whenever a client has been hospitalized on an emergent basis. The ACI Coordinator/designee and hospital staff shall ensure the appropriate services shall be arranged upon hospital discharge.
 2. Medical services;
 3. Alcohol and drug detoxification services;
 4. Priority outpatient scheduling within 24 hours or the next working day;
 - a) Whenever a Mobile Crisis Response Team (MCRT) worker deems a same/next day appointment is necessary, the client information shall be obtained and the client shall be notified that someone from NCMMHC shall contact them.
 - b) It is the responsibility of the MCRT worker to notify the ACI Coordinator the next business day.
 - c) The ACI Coordinator shall arrange an appointment and notify the client. If the office is closed on the next business day, the MCRT worker shall arrange for the appointment to be done by someone from the on-call team.
 5. Children and youth services;
 6. Psychiatric availability; and
 7. Civil involuntary detentions.
 - a) On-call crisis staff is trained and knowledgeable regarding policies and procedures for involuntary hospitalization. All clinical staff is trained regarding the legal criteria for civil involuntary

commitment and procedures for completing required paperwork.
Follow-up will include discharge planning as appropriate.

**SECTION: ACCESS/CRISIS
INTERVENTION (ACI)**

SUBJECT: CLIENT RECORDS

SECTION NO. VII

SUBJECT NO. 2

- A. Clients receiving only telephone hotline or mobile outreach through the ACI program do not require a treatment plan. The ACI Coordinator or designee shall copy the CommCare crisis report and/or Crisis Contact Sheet to the Program Director and appropriate NCMMHC staff. For current NCMMHC clients, or those who are in the process of being admitted to a mental health program, there shall be evidence of coordination between the ACI staff and the treating staff documented on the CommCare crisis report and/or Crisis Contact Sheet (see Attachment C) no later than the next business day.
- B. The ACI program shall keep the following records for telephone hotline services when possible to obtain from a caller:
1. Date and time of telephone call;
 2. Identity of caller, including but not limited to, parent, client, law enforcement, judge, hospital, emergency room, mental health professional;
 3. Name address, telephone number, and date of birth;
 4. Presenting problem;
 5. Disposition and follow-up.
- C. The ACI program shall retain individual hotline records for at least five (5) years, or until all litigation and adverse audit findings, or both, are resolved, in compliance with 9 CSR 10-7.030, (II) (a) (3).
- D. When a call is received regarding another person, the identified client for the purpose of intervention must be the person calling, as well as the person being called about. For data collection, the identified client is the person being called about.
- E. The ACI program shall keep the following records for mobile outreach services when the individual agrees to provide identifying information:
1. Date and time of referral;

2. Date, time and place of face-to-face contact;
 3. Person accompanying mobile worker;
 4. Person in attendance at face-to-face contact;
 5. Name, address, telephone number, date of birth;
 6. Presenting problem
 7. Disposition and follow-up.
- F. NCMMHC shall document when the client does not provide identifying information.
- G. NCMMHC shall submit to the Department of Mental Health reports and documentation as prescribed by DMH, according to the Department's standardized form. NCMMHC shall provide financial information to the Department or any of its Divisions upon request, relating to but not limited to, program administration and services provided through any programs, services or activity using funds provided by the Department.
- H. NCMMHC shall meet federal HIPAA confidentiality requirements.
1. All client records are confidential. Federal client confidentiality statutes and guidelines govern disclosure of records and prohibit secondary disclosure of client information under general written consent for release of information.
 2. Three additional aspects of confidentiality to adhere to are:
 - a. Confidentiality guidelines require the use of the client's name as seldom as possible. When names must be used, only first names or first names with last initial (in the case of duplicate first names) should be given. Family members should be referred to by familial relationship (i.e., sibling, spouse, etc.) or gender (i.e., another female family member).
 - b. Special care shall be taken in documenting any time a client reports being involved in an illegal act. The clinical note should simply state, "client reports being involved in..." (i.e., burglary, etc.). No mention should be made of any details of an illegal act committed by a client.
 - c. Staff members shall restrict the discussion of client history and diagnosis to staff members who are involved in the treatment or formulation of treatment planning. Discussion shall only be conducted

within the confines of a private office or meeting room.

- I. To help ensure a client's right to confidentiality, NCMMHC staff shall adhere to the following guidelines:
 1. Clinical records shall be secured and shall not be within view in a mailbox, desk, in the front reception area, or elsewhere.
 2. Clinical records, or any part thereof, shall not be accessible to, or read by, anyone not involved in the client's care, treatment planning, or consultation thereof.
 3. Progress notes, evaluations, and intakes shall be transmitted to and from staff members for signature inside a dictation folder or interoffice envelope.
 4. Staff members shall check mailboxes and work areas at the end of the day and secure in a locked office, desk or file any documents containing client names or information.
 5. Clinical records shall be returned to the Clinical Records Department within 72 hours, unless the client is receiving psychiatric services later that afternoon.
- J. To ensure the confidentiality and security of client information, client records shall only be transported when concealed and enclosed in an interoffice envelope, a briefcase, or the records cases specifically purchased for this purpose. Any record hand-carried between agency locations or to court shall be protected from weather, the public eye, and from possible loss. Clinical staff who must document on-call services, off-site training, etc. shall secure any progress notes/documentation to ensure confidentiality. Whenever possible, the full name of the client shall be written after the information has been transported back to the agency location where the record is maintained.

**SECTION: ACCESS/CRISIS
INTERVENTION (ACI)**

**SUBJECT: PERSONNEL AND STAFF
DEVELOPMENT**

SECTION NO. VII

SUBJECT NO. 3

- A. Staff providing telephone hotline services must have a bachelors degree with three (3) years of behavioral health and crisis intervention experience, or a masters degree with one (1) year of behavioral health and crisis intervention experience.
 - 1. Staff providing telephone hotline services shall be supervised by a qualified mental health professional (QMHP).
 - 2. Staff providing telephone hotline services shall have immediate access to a QMHP.
- B. For mobile response, the MCRT shall have at least one (1) QMHP to provide face-to-face crisis intervention for each mobile response.
- C. The designated ACI Coordinator shall be a QMHP.
- D. Clinical supervision shall be provided to all ACI staff as follows:
 - 1. The ACI Coordinator shall review 100% of CommCare crisis forms completed by new ACI staff during their first on-call rotation and provide consultation as necessary. All other CommCare crisis forms shall be reviewed according to the ACI Quality Assurance Plan (See Attachment F).
 - 2. The ACI Coordinator shall review all CommCare Telephone Crisis Line forms according to the Quality Assurance Plan.
 - 3. All CPRC staff have weekly one-hour supervision with his/her supervisor to review concerns, to include ACI. The ACI Coordinator shall be notified as problems arise.
 - 4. A team of the Clinical Director, ACI Coordinator, and ACI workers involved may review cases in which appropriate intervention may be questioned.
 - 5. All client complaints relating to ACI shall be investigated by the ACI Coordinator.
- E. NCMMHC shall have written documentation that clinical supervision is provided

on a scheduled basis, including but not limited to:

1. Meeting minutes;
 2. Supervision logs; or
 3. Peer review processes.
- F. New ACI staff shall be trained and document the demonstration of the core competencies within the first six (6) months of employment.
- G. NCMMHC shall have designated staff on-call to the ACI program 24/7 for specialized programs. This designated staff person shall receive training and have experience in responding to crisis situations with individuals and families.
- H. NCMMHC shall have an ACI Training Plan. The training plan shall include clients, families and client advocates in the development and implementation of the plan.
- I. Staff providing ACI services shall complete the designated ACI training required by the Department of Mental Health and CARF, which includes, but is not limited to, the following core competencies:
1. Crisis intervention strategies and techniques
 2. ACI and legal issues
 3. Safety
 4. ACI responsiveness to clients
 5. Emergency Procedures
 6. First Aid and CPR
 7. Other competencies as required by the Department
- J. ACI staff shall have a working familiarity with the core competencies prior to providing crisis intervention services.
- K. NCMMHC shall describe how the core competencies shall be incorporated into the ACI staff training program on an ongoing basis.
- L. NCMMHC shall provide a written plan of how it shall measure the competencies of the ACI staff. The plan shall include at least two (2) measurable outcomes, including but not limited to:
1. Review of case documentation.
 2. Review of assessment forms for appropriate interventions.
 3. Question, answer and observation by supervisory staff and peers.
 4. Client satisfaction and clinical outcomes.

- M. New ACI staff must receive clinical supervision and must shadow the supervisor or experienced crisis workers for a minimum of two (2) weeks prior to providing crisis services.
- N. As required by 9 CSR 10-7.110, all staff shall participate in at least 36 clock hours of relevant training during a two (2) year period. All staff working within the ACI program and services shall receive a minimum of 12 clock hours per year of continuing education and relevant training.
- O. All training activities shall be documented in employee personnel files to include the training topic, name of instructor, date of activity, duration, skills targeted/objective of skill, certification/continuing education unites (if any), and location.

**SECTION: ACCESS/CRISIS
INTERVENTION (ACI)**

SUBJECT: QUALITY ASSURANCE

SECTION NO. VII

SUBJECT NO. 4

- A. NCMMHC shall develop a special service community outreach/education plan that includes details of how the following groups shall become familiar with the ACI program:
1. Families;
 2. Clients;
 3. Client advocates;
 4. State agencies including the Division of Family Services; Division of Senior Services; and Division of Youth Services;
 5. Law enforcement agencies;
 6. 911 personnel;
 7. Schools;
 8. Juvenile courts;
 9. Emergency medical services personnel;
 10. Residential care facilities;
 11. Homeless shelters and/or providers;
 12. Public housing;
 13. General public, i.e. hotline number is published in local telephone books.
- B. The community outreach/education plan shall include the various action steps that shall be taken in educating the community as to how to access the ACI program through written material and other means of communication.
- C. The community outreach/education plan shall indicate how the components shall be accomplished on an ongoing basis.
- D. NCMMHC shall, at least annually, demonstrate community awareness by way of mailing surveys, documenting phone calls, documenting routine feedback, or keeping a log of community outreach.
- E. The telephone number for ACI shall be published in a local telephone book.
- F. If the level of crisis services provided by NCMMHC is significantly below the state

average, or other established benchmarks, this circumstance shall be addressed in the Quality Assurance Plan.

- G. NCMMHC shall conduct the Consumer Satisfaction ACI Interview Survey as prescribed by the Department of Mental Health.