

**Grants to Expand Care Coordination  
Through the Use of Technology Assisted  
Care in Targeted Areas of Need  
(TCE-TAC)**

**RFA # TI-13-008**

**Meta House Healthy Connections  
(TI024728)**

**CSAT BIENNIAL PROGRAMMATIC REPORT**

**Program Reporting Period:**

**2/1/2015 – 7/31/2015**

### **Instructions for Completing this Report**

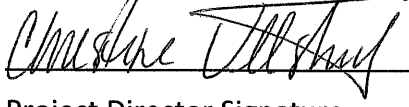
1. Save the report to your computer.
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3. Save your completed survey BEFORE returning it.
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5. Save the confirmation receipt of your submission.

**TCE-Technology Assisted Care (TAC)  
SAMHSA/CSAT  
1 Choke Cherry Road, Room 5-1055  
Rockville, MD 20850**

1. Reporting Period: 2/1/2015 – 7/31/2015
2. RFA #: TI-13-008
3. Grantee: Meta House – Healthy Connections Grant , TI# 024728
4. Provider Site(s):

Provider Site Name	Address	Contact Person	Phone/Email
Meta House	2625 N Weil St, Milwaukee WI 53212	Christine Ullstrup (Project Director)	414-962-1200  cullstrup@metahouse.org

5. Project Director: Christine Ullstrup
6. Evaluator: Lisa Larson, IMPACT Planning Council
7. Evaluator Phone/Email: 414-224-3054 / ljl Larson@impactinc.org

8. Signature  8/31/15  
Project Director Signature Date

9. List any changes in key staff contact information here: No changes

Staff Member	Add/Loss	Effective Date	Email	Phone

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## BACKGROUND

Provide the abstract from your grant application. Specify all technologies being used in the project and any changes from the initial application.

The Healthy Connections program will use technology, including electronic health records (EHR), text-messaging, and smartphone applications, to enhance the capacity of Meta House (MH) to serve underserved populations of racially-diverse (50% African American, 40% White), low-income women in Milwaukee with substance abuse disorders (SUDs) who have co-occurring conditions (COCs), including mental health disorders and chronic health problems. The goals of the Healthy Connections program are aligned with SAMHSA's strategic initiative for Health Information Technology and the goals of the TCE-TAC RFA: 1) implement new technology to enhance the treatment and recovery of underserved women, 2) serve 83 women with SUDs and COCs, 3) improve client engagement in substance abuse treatment, 4) improve women's level of functioning relating to substance use and recovery, 5) improve women's mental health functioning and decrease the impact of trauma, 6) improve women's physical health and access to health care, and 7) minimize subpopulation disparities in access to, use of, and outcomes of project services. To achieve these goals, the Healthy Connections program incorporates three complementary evidence based practices: 1) Technology-Enhanced Integrated Treatment for Co-Occurring Disorders, 2) Motivational Interviewing and Stages of Change, and 3) Seeking Safety: Psychotherapy for Trauma/PTSD and SUDs. An array of 100+ possible services to support recovery and resiliency will be provided to women in the Healthy Connections program, including group and individual substance abuse and mental health treatment, comprehensive biopsychosocial assessment, psychiatrist services, case management, consumer peer services, and child and family services. For 50 years, MH has provided gender-responsive, culturally-competent substance abuse and mental health treatment and has for over a decade used technology to support treatment and trained staff to use technology. However, MH's current system makes it nearly impossible to effectively use available information to coordinate client care among the multidisciplinary team, to provide timely evaluation and quality improvement feedback to the program, and to efficiently use staff time and organizational resources. The technology enhancements included in the Healthy Connections program will allow MH to more fully integrate care for all clients, to improve the long-term recovery and resiliency for women in the program, and to continue to do so long after the grant is over. The performance assessment for the Healthy Connections program will be conducted by the IMPACT Planning Council, an evaluation agency with 20 years of experience evaluating SAMHSA grants. The performance assessment will use findings from intake and 12 month follow-up evaluation interviews, as well as qualitative and process data, to examine the extent to which the Healthy Connections program meets the goals listed above.

## PROJECT IMPLEMENTATION

### Project Goals and Objectives

Provide status reports of all current project goals and objectives, including lessons learned and best practices using the technologies.

**Goal:** Implement new technology to enhance the treatment and recovery of underserved women

**Status:** The EHR system has been fully implemented in both the Residential and Outpatient programs, and new employees continue to be trained. Implementation of the patient portal was delayed due to some significant EHR system downtime when the vendor upgraded their system. However, staff was recently trained in the use of the EHR system patient portal and educational materials have been developed so clients can be invited to use the portal.

During this reporting period, the program implemented text messaging to remind clients of upcoming appointments and contact them when they do not show up for treatment. One of our Consumer Peer Specialists has been texting clients via a web-based system.

Clients who have smartphones continue to use smartphone apps as an aid to their recovery and health. The recovery app that clients had been using for reading from the AA Big Book and finding 12 step meetings was discontinued, so we identified replacement apps to use instead. Additional training on the smartphone apps was provided for clients and staff during this reporting period.

In addition to the smartphone apps, the program decided to make additional resources available for clients on our website, so they could be used by both clients with smartphones and those without smartphones. Because we serve women and not all 12-step meetings are safe places for women, the one resource we were especially interested in making available to clients was a list of the local 12-step and other peer support meetings that we consider the best options for our clients, including those with childcare and those that are LGBTQ friendly. We are planning to add additional resources for clients to the website in the future.

**Goal:** Serve women with substance use disorders who have co-occurring conditions, including mental and/or physical health conditions.

**Status:** As of July 31, 2015, a total of 50 women with substance use disorders and co-occurring conditions had been served in the Healthy Connections program. Based on the target of serving 53 women by the end of Year 2, the current intake coverage rate for the life of the grant is 95%, so the program is on target to serve 83 women during the life of the grant, as planned.

**Goal:** Improve client engagement in substance abuse treatment

**Status:** The data for the first two years of the Healthy Connections program (from the time clients were first admitted on 11/1/2013 through 7/31/2015) was compared to comparison data drawn from the year prior to the beginning of the Healthy Connections program (8/1/2012 through 7/31/2013). Preliminary findings indicate that client engagement in outpatient during the first year of the Healthy Connections program was improved compared to the year prior to the implementation of the program; however, these improvements were not as clear for Year 2 of the program. Specifically in the year prior to implementation, 67% of clients stayed in outpatient treatment for 30 days or longer (as measured by comparing their date of admission to their last date of service), and clients received an average of 13.39 hours of direct service during the first 30 days of treatment. During Year 1 of the Healthy Connections program, 74% of clients stayed in outpatient at least 30 days, and clients received an average of 18.72 hours of direct service during their first 30 days of outpatient treatment. During Year 2, 59% of clients stayed in outpatient at least 30 days, and clients received an average of 16.43 hours of direct service in their first 30 days of outpatient treatment. While the number of service hours remained higher than the comparison period, the drop in the number of clients staying at least 30 days from Year 1 to Year 2 will be explored with program staff during the Study Team Meeting to determine what factors might be affecting client retention.

**Goal:** Improve women's level of functioning relating to substance use and recovery

**Status:** Progress toward Goal 4 will be measured using local evaluation data collected at follow-up which will be analyzed after all data collection has been completed.

However, a preliminary look at the local evaluation data from the six month data collection point (N = 27 as of July 31, 2015) provides some indications of the program's progress toward meeting the overall goal of improving the women's level of functioning related to substance use and sobriety. The local data indicate that abstinence from alcohol and illegal drugs increased slightly between intake and six month follow-up and that clients were maintaining a high level of commitment to recovery through attending outside support groups. Specifically, at the six month data collection point, the percentage of clients who reported abstinence from both alcohol and illegal substances increased from 50% (13 of 26<sup>1</sup>) at intake to 58% (15 of 26) at six month follow-up. While these findings show a small improvement, this is a smaller

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<sup>1</sup> One client had missing data at both intake and follow-up for this item.

improvement than we'd typically expect in outpatient treatment. This issue has been discussed in the study team meeting and will continue to be monitored moving forward.

At follow-up, clients were showing a commitment to recovery by attending outside self-help groups. Specifically, six months after intake, over three-quarters (78%, 21 of 27) of the women reported attending peer support groups (including both non-faith-based and faith-based peer support groups).

**Goal:** Improve women's mental health functioning and decrease impact of trauma

Progress toward Goal 5 will be measured using local evaluation data collected at follow-up which will be analyzed after all data collection has been completed.

However, the local evaluation data from the six month data collection point (N = 27 as of July 31, 2015) do provide some preliminary indications of the program's progress toward meeting the overall goal of improving the women's mental and physical health. The local data suggest that the overall mental health functioning of the clients has improved or remained stable between intake and six month follow-up. Specifically, symptoms of depression, anxiety, and cognitive impairment decreased between intake and six month follow-up. No women reported suicide attempts at follow-up.

Following is a table showing the percentage of clients reporting any days of specific symptoms at intake and at the six month data collection point (N =27).

	Intake		Six month	
Symptom	n	Percent	n	Percent
Serious depression	19	70%	14	52%
Serious anxiety or tension <sup>2</sup>	20	77%	16	62%
Trouble understanding, concentrating, or remembering	19	70%	16	59%
Hallucinations	2	7%	1	4%
Trouble controlling violent behavior	1	4%	1	4%
Suicide attempts	0	0%	0	0%

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<sup>2</sup> N=27 for this item



**Goal:** Improve women’s physical health status and access to health care

**Status:** Progress toward Goal 6 will be measured using local evaluation data collected at follow-up, which will be analyzed after all data collection has been completed.

However, the local evaluation data from the six month data collection point (N = 27 as of July 31, 2015) do provide some preliminary indications of the program’s progress toward meeting the overall goal of improving the women’s physical health status and access to health care.

The local data suggest that the program has been successful in helping women gain access to health care. At follow-up, 96% (26 of 27) of the women had access to health care, including health insurance and/or an identified health care provider.

The preliminary results do not show a decrease in the degree to which physical health problems interfere with their lives. In fact, the number of women reporting that health problems interfered with their lives moderately, considerably, or extremely increased from 37% (10 of 27) at intake to 46% (12 of 26<sup>3</sup>) at follow-up. The preliminary results also do not show a decrease in the use of tobacco products. A total of 85% (23 of 27) of the women were using tobacco in the 30 days prior to the follow-up interview, compared to 81% (22 of 27) at intake. These preliminary results have been discussed with program staff in the Study Team Meeting. One of the factors in the findings related to tobacco use may be a lack of participation in the smoking cessation services offered. Specifically, of the 22 women who were actively smoking at intake, only 13 attended smoking cessation services. The program is considering other strategies to increase participation in services to address tobacco use and the use of smoking cessation apps.

**Goal:** Minimize subpopulation disparities in access to, use of, and outcomes of project services

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<sup>3</sup> There was one missing response to this item at follow-up.

**Status:** The table below shows the racial and ethnic subpopulations served by the program to date compared to the targets proposed in the Health Disparities Impact Statement.

Race/Ethnicity (N=50)	Target %	Actual %
African-American	51%	22%
White Non-Hispanic	40%	62%
Other	10%	16%

To date, the program has served a lower percentage of minority clients than originally planned (38% vs. 61%). The primary reason for this difference is that the program was also awarded a SAMHSA TCE-HIV grant focused on minority women in the outpatient program and has been serving a greater percentage of our minority outpatient clients under that program in order to avoid serving clients under two SAMHSA grants at the same time and to best serve the health needs of our minority clients. This dynamic has changed the demographic breakdown originally projected for the Healthy Connections program. In addition, the program has seen an increase in the number of white clients referred to the program due to the rapidly escalating use of heroin and prescription opiates and benzodiazepines. We will continue to monitor the program demographics to ensure we are addressing any barriers to access for minority women.

### Status Toward Goals

If you are falling short in meeting any project objectives, please explain and provide your plan for catching up. Include anticipated date of resolution.

Based on the most recent program findings, the program's primary issues are related to client retention, physical health issues, and tobacco cessation. We are hopeful that the recent implementation of text messaging for clients who are not attending regularly and our ongoing NIATx change projects will improve the early client retention for Year 3 of the program. Program staff will continue to explore ways to address the outcomes related to physical health issues and tobacco cessation. Tobacco cessation is particularly important to us as a program, but it has been difficult to replicate the positive changes we are able to see in residential treatment, where clients live in an environment that is more structured and supportive of tobacco cessation efforts, in the outpatient program, where women have less support and more exposure to triggers for smoking.

If you changed any project goals or objectives (including GPRA targets) during the reporting period, state the changes, the date changes were approved and how the approval was transmitted.

No changes

If you intend to request approval of changes in any project goals or objectives during the next reporting period, state the changes and the reasons for wanting to make them. (Remember that you need prior approval from SAMHSA to make these changes.)

No changes

## ORGANIZATION AND MANAGEMENT

### Personnel

List all positions supported by the grant, filled and vacant.

Position Title	Incumbent Name	Percent Time
Project Director	Christine Ullstrup	10%
Psychiatric Consultant	Cathy Perkins	Contract
Director of Quality Improvement	Andrea Jehly	15%
External Evaluator	Lisa Larson	Contract
Medical Records Coordinator	Ruth O'Donnell	60%
Director of MIS/Communications	Brian Vodicka	15%
Manager of Clinical Services	Julie Reichert	10%
Medical Records Administrative Asst.	Tonya Henry	100%
Receptionist	Cindy Piotter	25%
Admissions/Client Benefits Coordinator	Sandra Fenninger	25%

Position Title	Incumbent Name	Percent Time
Research & Evaluation Assistant	Sidnee Smith	20%
AODA Counselor Tech	Sara Holly	10%
AODA Counselors	Various	75%
Case Managers	Various	5%
Transportation	Various	10%
Consumer Peer Specialists	Various	25%

List staff additions or losses including contractors/consultants within the reporting period.

Staff/Contractor Position Title	FTE	Date Change Occurred	Addition or Loss

Discuss the impact of personnel changes on project progress and strategies for minimizing negative impact.

No changes during this reporting period

Discuss obstacles encountered in filling vacancies (if any); strategies for filling vacancies and anticipated timeline for having positions filled.

Currently, we have no vacant positions.

### Partnerships

List each of the partner organizations.

Partner
IMPACT Planning Council (External Evaluator)
Psytech Solutions (EHR provider)

Describe significant changes in relationships and/or working arrangements and summarize the implications of the change.

None of the relationships with contracted agencies have changed.

### Training and Technical Assistance (TA)

Describe staff development activities, including orientation and training for this reporting period.

Staff Development Activity	Date	Number of Participants	Training Provider
CDP DCI Training	2/18/2015	2	SAMHSA
Suicide Prevention Video	2/20/2015	1	SAMHSA
Stage Matched Recovery Planning	2/25/2015	5	Milwaukee County
Clinical supervision: Organizational Models	3/3/2015	1	UW Milwaukee
Women in the Mirror	3/5/2015	1	SAMHSA

Staff Development Activity	Date	Number of Participants	Training Provider
What Makes Evaluating Complexity Different	3/11/2015	3	FSG
TCE-TAC Grantee Conference Call	3/12/2015	2	SAMHSA
Infant, Early Childhood and Family Mental Health	3/12/2015	1	Roseanne Clark, Ph.D.
Caring for people with mental health issues in different setting	3/16/2015	1	Tom Heinrich, Jim Kubicek
Clinical supervision: Ethics and Boundaries in Clinical Supervision	3/24/2015	1	UW Milwaukee
Psychiatric Crisis Services	3/24/2015	1	Milwaukee County
The Neurobiology of Play Therapy: How to Improve Your Practice	3/27/2015	2	Rick Gaskill PhD
MC3 Welcoming Principles	4/1/2015	2	Milwaukee County
Pieces in my own head / Mental Health surrounded by stigma	4/1/2015	1	Milwaukee County
Social Media Intelligence	4/8/2015	1	
Women Connected: Families and Relationships in Recovery	4/9/2015	1	SAMHSA
Clinical Supervision: Developing Methods and Techniques of Clinical Supervision	4/14/2015	1	UW Milwaukee
Compassion Fatigue	4/16/2015	2	Mary Jo Barrett, MSW
Community Care Services	4/22/2015	1	Milwaukee County

Staff Development Activity	Date	Number of Participants	Training Provider
MKE County Coordinated Entry Workshop	4/22/2015	2	Milwaukee County
Naloxone administration	4/23/2015	6	Veronica Shaheen
Predictive Program Evaluation: Use your existing data to drive program success	4/23/2015	1	IBM
Training Mothers through trauma informed practice	4/26/2015	1	AIA
System of Care Evaluation	4/29/2015	1	RTI
Exploring Diversity in Women's Treatment: It's More Complicated than Race	5/13/2015	2	State of Wisconsin
Opioid Use Disorders and Treatment in Pregnancy	5/13/2015	1	
TCE-TAC Grantee Conference Call	5/21/2015	2	SAMHSA
Cultural Elements in Treating Hispanic/Latino Populations	5/27/2015	1	National Hispanic/Latino ATTC
Consensus Building	6/2/2015	3	United Way
Peers as Crisis Service Providers	6/10/2015	1	
A Comprehensive Guide to HIPAA Compliance: Preparing for OCR Phase 2 Audits	6/12/2015	1	Cross Country Education
Trauma Informed Care	6/17/2015	1	Milwaukee County

Staff Development Activity	Date	Number of Participants	Training Provider
Sequential Intercept Mapping	6/24/2015	1	SAMHSA
TCE-TAC Grantee Conference Call	6/25/2015	2	SAMHSA
Advanced ASAM Criteria Training and DSM V	7/8/2015	1	

**If you received technical assistance from a SAMHSA TA provider, describe it.**

Type of TA Received	Date	Purpose of Assistance	TA Provider	Additional Assistance Planned for this Issue

If you plan any training or TA activities for the next reporting period, describe the topic and anticipated audience.

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## PERFORMANCE INFORMATION

### GPRA Performance

As close to the last day of the reporting period as possible, check your official GPRA statistics on the SAIS webpage. Complete the table below. Enter the cumulative numbers (from beginning of the grant) from the SAIS reports.

Date on which reporting quarter data was obtained: 7/31/2015

	Target	Actual	%	Target	Actual	%



Intakes (Baseline)	53	50	94%			%
6-Month Follow	31	27	87%			%

If your intake or follow-up percentages are below 80 percent, please explain and state your plan for reaching your targets.

Please note that, due to the unavailability of the CDP system, this data is taken from our local evaluation records. The six-month follow-up rate has risen substantially during the last two biannual reporting periods and exceeded 80% as of the end of this reporting period.

If your count of the number of target or actual persons served (intakes) through your grant or your follow-up rates differ from those shown in your GPRA report, specify and account for the differences. Identify steps taken to seek assistance, if needed, to remedy the discrepancy.

Not applicable

**Evaluation**

Describe evaluation activities, progress made/action steps, and changes during the reporting period.

### GPRA data collection

Evaluation staff has been trained on GPRA data collection, data entry, follow-up, and client tracking and locating. As of the end of the reporting period, 50 women had been admitted to the Healthy Connections program. Initial GPRA data collection was completed for 100% of the participants, and contact information for follow-up purposes was collected for 100% of clients admitted to the grant.

To be successful Meta House believes that its approach to evaluation, as with treatment, must be gender-specific, trauma-informed, and culturally sensitive. Factors associated with the high risk population served by the program (i.e., primarily African-American women with substance use, a history of trauma, and co-occurring disorders, many of whom are homeless) make it very challenging to keep in contact with the women in order to conduct the follow-up interviews. The external evaluators for Meta House, in conjunction with the internal on-site evaluators, implemented a tracking protocol and a series of face-to-face contact events, which run concurrent to, but separate from a participant's treatment program. This process was created in order to develop a relationship between an individual interviewer and an individual participant that is separate from that of the clinical team, and continues post-discharge. We believe that attention to the person and to the relationship between interviewer and interviewee promotes continued participation in the evaluation process. As such, participants are interviewed at all points (i.e., intake, discharge, 6 month follow-up, and 12 month follow-up) by the same interviewer. This relationship has contributed to the evaluation staff's ability to obtain a high six month follow-up rate in the past.

To date, 31 clients have reached the six month follow-up point, and 27 six month follow-up interviews have been completed, giving the program an 87% six month follow-up rate (per the local evaluation data as of 7/31/2015). Having achieved six month follow-up rates for previous SAMHSA grants which met or exceeded the mandated 80% follow-up rate, the program is confident that the follow-up strategies currently in place will enable us to maintain a six month follow-up rate of at least the mandated 80%.

### Implementation of local evaluation

The evaluation team has completed all planned tasks related to the implementation of the local evaluation. Informed consent forms have been developed and implemented for all data collection points. Staff responsible for administering local evaluation instruments has been trained on administration of the instruments and procedures for data collection. Procedures and forms have been developed and implemented to facilitate tracking client involvement. Service tracking procedures have been reviewed and modified as necessary to capture service data. These procedures have been reviewed with staff responsible for reporting services provided. GPRA and local evaluation data collection interviews at the baseline, discharge, and six month follow-up intervals are being conducted, and all interviews have been reviewed with the external evaluation team for data integrity. Databases have been developed to allow for

data entry of local evaluation measures, and data entry of all intake and follow-up local evaluation interviews has been completed.

The Healthy Connections “study team” as described in the original application has been meeting monthly since the beginning of the grant. The study team is comprised of internal evaluation staff, administration, clinical staff, and child and family staff. The study team meets monthly in order to (1) monitor the engagement of the participants, (2) monitor evaluation procedures and troubleshoot any concerns, (3) monitor fidelity to implementation to evidence based practices, and (4) present evaluation data, including NOMS from 6 month and 12 month follow-up GPRA data, that can be used to make adjustments to the program as necessary.

Note any changes to the evaluation plan for this period, and document that GPO approval was received prior to the implementation of the changes.

No changes

Provide as an attachment the most recent documentation of evaluation findings outside GPRA reporting. Indicate if there are no new evaluation findings from last reporting period.

The evaluation findings for this reporting period have been reported above.

Discuss any problems encountered in conducting the evaluation, the impact of these problems on the evaluation and on the overall project, and plans for resolving the problems.

No substantial problems have been encountered in the evaluation to date.

Discuss how evaluation findings were used to improve the project.

Evaluation findings have been presented at regular study team meetings with program staff throughout the life of the grant. Most recently, the study team discussed the most recent program outcomes, focusing primarily on how to address outcomes related to retention and engagement and health. Some of these outcomes have been collected and reporting for the first time as part of the TCE-TAC grant, so it has been helpful for the program to have feedback in these areas. The program staff is still in the process of generating new strategies to address these issues.

Attach any written evaluation reports received during the period. Indicate if there are no new evaluation reports from the last reporting period.

There are no new evaluation reports from the last reporting period.

### Interim Financial Status

Attach an updated program budget and any budget modifications.

*Report expenditures, not obligations. For instance, if you have a contract with an evaluator for \$50,000 a year, but pay it monthly, report the amount actually paid, not the amount obligated. Note that we are requesting expenditures for the quarter and from the initiation of the grant, not just expenditures this quarter. [In the 'Total Funding' cell, please enter the total amount of grant funding you have received since the initiation of the grant. For instance, if you are in the second year of the grant and received \$400,000 each year, you would enter \$1,200,000.] Calculate 'Remaining Balance' by subtracting total cumulative expenditures to date from the total funding amount.*

Total Funding*: \$840,000		
Expenditures		
Expense Category	Expenditures This Quarter	Cumulative Expenditures To Date
Staff salaries	\$37,669	\$321,769
Fringe	\$9,392	\$82,464
Contracts	\$16,967	\$128,547
Equipment		
Supplies	\$104	\$7,358
Travel		\$2,089
Facilities		

Other	\$1,078	\$6,807
Total direct expenditures	\$65,210	\$549,034
Indirect costs	\$8,201	\$71,592
Total expenditures	\$73,411	\$620,626 (drew \$560,000)
Remaining balance		\$280,000
*Total funding should include supplemental awards if applicable, and supplement expenditures should be included in line item amounts.		

### Other Significant Project Activities

Discuss any notable project activities, events, or other issues that occurred during the reporting period not previously described. Describe any problems that emerged, the effect it had on the project and steps taken or planned to overcome the barrier.

#### a) Technology planning

The Director of MIS continued to move forward on the technology plan developed during the last two reporting periods and presented current technology needs for the organization to the Board of Directors so that we can have their support for these needs in budgeting and planning. Some of the items from the technology plan that are currently being addressed involve the EHR system, which are detailed below.

#### b) Smartphone apps

As mentioned above, new recovery apps were identified to replace the app that was no longer available. These apps are a meeting finder from Addicaid and the AA Big Book Free app. In May, staff provided additional education on smartphone apps to clients, including the new recovery apps, and made certain that clients know that staff have larger SD cards available for them if they can't use the apps on their phone due to space limitations.

#### c) EHR implementation and training

As described in prior reports, the EHR system has been successfully implemented, and all direct service staff have been trained in using the system. Managers have received training in using reports and other features of the EHR system to review services to clients, and data from the EHR system has been used to evaluate staff performance. During this reporting period, a Frequently Asked Questions document was developed to make it easier for staff to find answers to their questions. The patient portal is being rolled out to staff and clients.

Currently, staff are being educated on enrolling clients in the patient portal and client education materials have been developed so that clients can be invited to use the patient portal.

A new version of the biopsychosocial assessment that is used with clients at admission is being developed to aid in early client engagement. Program staff were concerned that the old assessment form was too long and burdensome for clients to complete in their first session, so the assessment has been divided into two parts and updated to make it more useful to staff and to allow clients to complete the first half with the intake counselor during their first session and complete the second half (with the more in-depth and/or sensitive questions) with their assigned counselor. The first half of the updated assessment form has been completed, and the second half has been sent to the EHR vendor for development. The plan is to implement the new assessment in the next reporting period.

The EHR team met to make plans for implementing outstanding changes in the EHR system, particularly those related to the patient portal, electronic signatures for groups, and ICD-10/DSM 5 coding changes. In addition, an in-person meeting has been set with our EHR vendor representative to discuss enhancements to the system that would be helpful for client care, particularly related to how families are connected and entered in the system.

d) Other technology enhancements

In addition to the accomplishments noted above, the program has been moving forward with technology enhancements to improve client access to resources. Client resources are being integrated into Meta House's website for the first time. Although we do have many clients using smartphones, we have been interested in making these resources available to as many clients (and potential clients) as possible, and the website is the best way of disseminating this information to both clients with smartphone access and those without it. Currently, our public information staff is working with the clinical team to compile a list of resources that we want to make available. As described above, a list of 12-step and other self-help meetings that are appropriate for women (including those with childcare available) has been made available on the website.

Attach a copy of the project's policies and procedures.

Meta House's current policies and procedures are attached as Attachment 1.

Attach copies of any publications in professional journals or presentations about your project during the reporting period. Indicate if there have been no publications or presentations since the last reporting period.

No presentations or publications to include.

### **LIST OF ATTACHMENTS**

List each attachment separately here and attach to the back of this report.

Attachment 1: Meta House Policies & Procedures

Attachment 2:

Attachment 3:

Attachment 4:



***Meta House, Inc.***

***PROGRAM  
POLICIES AND  
PROCEDURES  
(DHS 35, 75, 83)***

*Please note that all Meta House policies and procedures also apply to Shorewood House except where noted.*

*Where separate policies and procedures exist, the Shorewood House policies and procedures will be listed with a "B" after the section number, and the policies and procedures for the rest of the Meta House programs will be listed with an "A" after the section number.*

## **I. LOCATION OF SERVICE DELIVERY**

*Revised: 5/5/2015*

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### ***Service Delivery Location***

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#### **POLICY**

##### Outpatient Treatment

Meta House Inc. is located at 2625 N. Weil St., Milwaukee, Wisconsin, 53212. All outpatient clinical services are conducted at this location [DHS 35.07(1)]. The Director of Programs (DOP) is designated the Clinic Administrator, and is located on site. [DHS 35.07(1)(c)].

All outpatient mental health services will be provided at the Meta House outpatient clinic, except in instances where therapeutic reasons are documented in the client file to show that it is appropriate to use an alternative location such as the client's home, a school, medical clinic, or other location appropriate to support the client's recovery.

##### Residential Treatment

Meta House residential treatment occurs in one of the three following facilities:

- Riverwest North - 2626 N Bremen St, Milwaukee, WI, 53212
- Riverwest South – 2618 N Bremen St, Milwaukee, WI, 53212
- Shorewood House – 3924 N Maryland Ave, Shorewood, WI, 53211

All treatment services for residential clients occur in the residential facilities.

##### Meta Housing

Meta Housing is located at the following locations:

- Locust (Transitional Housing) – 128 and 138 W Locust, Milwaukee, WI, 53211
- 1<sup>st</sup> Street (Permanent Housing) – 2927, 2937, and 2947 N 1<sup>st</sup> St, Milwaukee, WI, 53211

Outpatient treatment for Meta Housing residents typically takes place at 2625 N Weil St, Milwaukee, WI, 53212. Some services occur onsite at Meta Housing, including in-home parenting services and one-on-one assistance with daily living skills.

#### **PROCEDURE**

The DOP, or designee, shall be consulted regarding off-site service delivery prior to actual delivery. The staff member providing the service shall document the reasons for off-site delivery in the client record.

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## ***Notification of Clinic Changes***

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### **POLICY**

Meta House shall notify DHS of any changes in administration, ownership or control, office location, clinic name, or program, and any change in the clinic's policies or practices that may affect clinic compliance by no later than the effective date of the change [DHS 35.09].

### **PROCEDURE**

The DOP shall provide the required notification to DHS.

## II. PERSONNEL

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### *Clinic Administrator*

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#### **POLICY**

The DOP shall serve as the Clinic Administrator, and is responsible for clinic operations and ensuring that the clinic is in compliance with all requirements of DHS 35, 75 and 83 and other applicable statutes/regulations. [DHS 35.123 (1)].

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### *Other Required Staff*

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#### **POLICY**

As required by DHS 35.123(2), the Meta House Outpatient Mental Health Clinic shall, at all times, implement at least one of the three following minimum staffing combinations for the provision of outpatient mental health services:

- a. Two or more licensed treatment professionals [as defined in DHS 35.03(9g)] who combined are available to provide outpatient mental health services at least 60 hours per week.
- b. One or more licensed treatment professionals who combined are available to provide outpatient mental health services at least 30 hours per week and one or more mental health practitioners [as defined in DHS 35.03(10)] or recognized psychotherapy practitioners [as defined in DHS 35.03(17r)] who combined are available to provide outpatient mental health services at least 30 hours per week.
- c. One or more licensed treatment professionals who combined are available to provide outpatient mental health services at least 37.5 hours per week, and at least one psychiatrist or advanced practice nurse prescriber who provides outpatient mental health services to consumers of the clinic at least 4 hours per month.

#### **PROCEDURE**

The DOP is responsible for assuring that at least one of the above minimum staffing combinations is implemented at all times.

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### *Trainees*

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#### **POLICY**

Meta House may hire a qualified treatment trainee [as defined in DHS 35.03(17m)] to provide psychotherapy services to consumers. Such trainees will be clinically supervised by a licensed treatment professional [as defined under DHS 35.03(5)(a)].

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### ***Reviewing Qualifications***

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#### **POLICY**

Meta House will evaluate staff members who provide psychotherapy or prescribe medication to determine if they possess current qualifications and demonstrated competence, training, experience and judgment for the privileges granted to provide psychotherapy or to prescribe medications for the clinic [DHS 35.13(1)].

#### **PROCEDURE**

The Human Resources Department will verify degrees, licensures, certifications and references of all prospective mental health professionals prior to making an offer to hire, and will monitor to assure that credentials are updated as required for current employees. Applicants for mental health professional positions will undergo interviews conducted by Meta House licensed treatment professionals to assess their competence, training, experience and judgment.

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### ***Selection of Staff – Ability to Serve Target Population***

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#### **POLICY**

When selecting staff, Meta House will give consideration to each applicant's competence, responsiveness and sensitivity toward and training in serving the target population, with regard to such characteristics as gender; age; cultural background; sexual orientation; developmental, cognitive and/or communication barriers; and physical and/or sensory disabilities. [DHS 75.03(3)(h)]

#### **PROCEDURE**

The Human Resource Manager will include, in the interview protocol, questions that explore each applicant's competence, responsiveness and sensitivity toward and training in serving the target population, and give weight to this criterion in the selection of staff.

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### ***Background Checks***

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#### **POLICY**

Meta House will conduct background checks in accordance with s. 50.065, Stats. and ch. DHS 12 on all applicants for employment and contractors who have direct regular contact with clients, and as appropriate with existing employees. [DHS 75.03(4)(b)] [DHS 35.13(2)] [DHS 83/17(1)].

#### **PROCEDURE**

Prior to the start of an individual's employment and every 4 years after [DHS 83/17(1)], the Meta House Human Resource Department will assure the completion of a background check. To determine whether a crime, or conduct relating to a governmental finding of abuse or neglect of another or of misappropriation of another's property, is substantially related to the care of a client, the Meta House Human Resource Department will consider all of the following criteria (DHS 12.06):

1. In relation to the job, any of the following:
  - a. The nature and scope of the job's client contact.
  - b. The nature and scope of the job's discretionary authority and degree of independence in judgment relating to decisions or actions that affect the care of clients.
  - c. The opportunity the job presents for committing similar offenses.
  - d. The extent to which acceptable job performance requires the trust and confidence of clients or a client's parent or guardian.
  - e. The amount and type of supervision received in the job.
2. In relation to the offense, any of the following:
  - a. Whether intent is an element of the offense.
  - b. Whether the elements or circumstances of the offense are substantially related to the job duties.
  - c. Any pattern of offenses.
  - d. The extent to which the offense relates to vulnerable clients.
  - e. Whether the offense involves violence or a threat of harm.
  - f. Whether the offense is of a sexual nature.
3. In relation to the person, any of the following:
  - a. The number and type of offenses the person committed or for which the person has been convicted.
  - b. The length of time between convictions or offenses, and the employment decision.
  - c. The person's employment history, including references, if available.
  - d. The person's participation in or completion of pertinent programs of a rehabilitative nature.
  - e. The person's probation or parole status.
  - f. The person's ability to perform or to continue to perform the job consistent with the safe and efficient operation of the program and the confidence of the clients served including, as applicable, their parents or guardians.
  - g. The age of the person on the date of conviction or dates of conviction.

If the Meta House Human Resource Department determines that clients may be at undue risk of harm by a job applicant in relation to these criteria, the individual will not be offered employment. In the case of a current employee for whom past or new information surface with regard to these criteria, the employee may be terminated.

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### ***Reporting of Misconduct***

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### **POLICY**

Meta House will report all allegations of misconduct that come to its attention to the appropriate State licensing authorities as required in DHS 13. “Misconduct” is defined as abuse or neglect of a client or misappropriation of a client’s property [DHS 13.03(13)].

## PROCEDURE

1. Any member (employee, contractor or volunteer) of Meta House’s workforce who is in possession of knowledge or allegations of misconduct on the part of any member of the workforce shall immediately report this information to the Director of Programs (DOP) or, if unavailable, another supervisor on duty.
2. The DOP, or other supervisor on duty, will, as quickly as required, take whatever steps are necessary to ensure that clients are protected from subsequent episodes of misconduct while a determination on the matter is pending. [DHS 13.05(2)].
3. The Meta House Medical Records Coordinator shall serve as the agency Clients Rights Specialist (CRS). The DOP, or other supervisor on duty, shall inform the CRS (or in the absence of the CRS, the CEO or designee) of the allegations and any mitigating action taken by the end of the business day.
4. The CRS shall report the allegation, as follows:
  - a. To DHS on the required DHS form, within seven calendar days of it coming to light [DHS 13.05(3)(a)].
  - b. To the Department of Regulation and Licensing (DRL), within seven calendar days of it coming to light, if the allegation of misconduct pertains to any member of Meta House’s workforce who holds a credential from the DRL that is related to the person’s duties with Meta House [DHS 13.05(3)(b)].
  - c. Immediately, in accordance with s. 4891, Stats., if the allegation involves child abuse or neglect, to the county department of human services, the county sheriff or city police department the facts and circumstances contributing to a suspicion that child abuse or neglect has occurred or to a belief that it will occur. In addition, the entity shall notify DHS in writing or by phone within seven calendar days that the report has been made [DHS 13.05(3)(c)].

Prior to filing the required reports for subparagraphs a and b (above) with DHS and DRL, the CRS will request receipt from these entities a signed *Confidentiality Agreement for Alcohol and Drug Abuse Treatment Records* form (DHS QQA-2596) in order to fulfill Meta House’s responsibilities under the HIPAA Privacy Rule, 42 CFR Part 2 (Section 2.53) and Wis. Stats. 51.30(4)(b)1 to protect client confidentiality. No such requirement exists for reports under subparagraph c (above).

5. The CRS shall conduct an inquiry.
  - a. The CEO shall assure that the CRS has full access to all information needed to investigate the allegation, all relevant areas of the program facility named in the allegation and all records pertaining to the matters raised in the allegation.



- b. The inquiry of the CRS may include questioning staff, the client or clients reported to be the victim of the misconduct, other clients, reviewing applicable records and charts, examining equipment and materials and any other activity necessary in order to form an accurate factual basis for the resolution of the grievance.
- c. When an inquiry requires access to confidential information protected under HIPAA, 42 CFR Part 2 or s. 51, and the CRS conducting the inquiry does not otherwise have access to the information under access rights specified in Appendix A of Meta House's *Policies for Protection of the Privacy of Protected Health Information*, the involved client(s) and/or their personal representative(s) (if required - see policy on *Consent to Treatment*) may be asked to consent in writing to the release of that information to the CRS and other persons involved in the grievance resolution process. The CRS shall maintain the confidentiality of any information about any program client gained during the inquiry, unless specific releases for that information are granted. If consent for access is not granted, the program shall attempt to resolve the matter with whatever information is available.
- d. When the inquiry is complete, the CRS shall prepare a written report with a description of the relevant facts agreed upon by the parties or gathered during the inquiry, the application of the appropriate laws and rules to those facts, a determination as to whether the grievance was founded or unfounded, and the basis for the determination. The CRS shall complete his or her inquiries and submit the report, with recommendations for corrective action, within 30 days (within 5 days, in the case of an emergency) from the date of the allegation coming to light.
- e. The CEO will review the report and accept or edit its recommendations within seven days (one, in the case of an emergency) of receiving the report from the CRS.
- f. The CRS will forward the report, amended with any changes made by the CEO, to the appropriate government agency(ies) per #4 (above) immediately upon completion of review by the CEO.

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### ***Personnel Records***

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#### **POLICY**

Meta House will maintain a personnel record for each employee that includes documentation of the employee's current training, licensure and certifications. Any limitations or restrictions on an employee's license will be fully documented and adhered to. A copy of the caregiver's background check, including the disclosure form and any subsequent investigation information

will also be included. A copy of the employee's resume that includes work experience, licensures, certifications and qualifications will also be maintained.

## **PROCEDURE**

The Human Resources Department shall be responsible for maintaining a personnel record for each employee in compliance with the requirements of this policy and [DHS 13.13(3)(c)]

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## ***Clinical Supervision***

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### **POLICY**

- a. The DOP shall provide administrative oversight of the job performance and actions of each staff member and require each staff member to adhere to all laws, regulations and Meta House policies governing the care and treatment of clients and the standards of practice for their individual professions. [DHS 35.14(1)(a)].
- b. AODA. A clinical supervisor meeting the requirements in DHS 75.02(11) will provide clinical supervision for the Meta House counseling staff as follows:
  1. Clinical Substance Abuse Counselor. A minimum of one hour of supervision for every 40 hours of counseling rendered. [DHS 75.11(5)(a)].
  2. Substance Abuse Counselor, Substance Abuse Counselor in Training, and Any Other Treatment Staff Member (except a physician or licensed clinical psychologist). A minimum of two hours of supervision for every 40 hours of counseling rendered. [DHS 75.11(5)(a)].
  3. One in-person meeting each calendar month with a substance abuse counselor-in-training, substance abuse counselor, or clinical substance abuse counselor. This meeting may fulfill a part of the requirements above.

The clinical supervisor shall provide supervision and performance evaluation of substance abuse counselors in the following areas identified in s. RL 162.01 (5): transdisciplinary foundations, practice dimensions and care functions, professional growth and development and ensuring a continuance of quality patient care. [DHS 75.11(5)(b)].

- c. Mental Health. The DOP or other licensed treatment professional meeting the requirements in DHS 35.03(9g) shall provide a minimum of one hour of clinical supervision per week to each member of the outpatient mental health counseling staff (including trainees). [DHS 35.03(5)(a) and (4)(a)]. Any staff member who provides services to clients who have a primary diagnosis of a substance use disorder will receive supervision from an individual with a clinical supervisor-in-training certificate, an intermediate clinical supervisor certificate or an independent clinical supervisor certificate granted by DHS. [DHS 35.14(4)(b)].

- . The system of clinical supervision will include:
  1. A system to determine the status and achievement of client outcomes to determine if the treatment provided is effective, and a system to identify any necessary corrective actions, and
  2. Identification of clinical issues, including incidents that pose a significant risk of an adverse outcome for one or more clients that should warrant clinical supervision that is in addition to the supervision specified under c (above) [DHS 35.14(1)(b)].

## PROCEDURE

- a. The clinical supervisor shall maintain a record of Clinical Supervision sessions. All counselors attending a given clinical supervision session will sign their names on a *Clinical Supervision* form. The clinical supervisor shall be responsible for recording the date and start/end times of the session on the form, and for documenting how the supervision addressed transdisciplinary foundations, practice dimensions, core functions, counselor development, counselor skill assessment, professional responsibility and performance evaluation. Each *Clinical Supervision* form will be signed and dated by the clinical supervisor and any recommendation for a change to a client's treatment plan will be documented in that client's record. [DHS 75.03(4)(g)] [DHS 35.14(3)]
- b. The status and achievement of client outcomes will be monitored at staffing meetings to be held on a regular basis (see STAFFING policy) via the review of the client's progress on each goal listed in the treatment plan. [DHS 35.14(1)(b)1]
- c. The DOP is responsible for assuring and documenting that all mental health professionals shall be trained in the identification of high-risk clinical issues, such as suicidal and homicidal ideation, and other harm to self or others (see Training in Assessment/Management of Suicidal Individuals). Response to such incidents shall be consistent with procedures described under Emergency Services. The occurrence of and subsequent response to all such issues will be documented in a *Serious Incident Report* form, which will be reviewed and signed by the DOP. [DHS 35.14(1)(b)2]

### III. VOLUNTEERS/INTERNS

*Reviewed: 4/23/2015*

*Revised: 5/13/2015*

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#### ***Volunteers***

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#### **POLICIES**

##### Volunteer Reporting and Management

The Volunteer Coordinator provides a central coordinating point for effective volunteer management within Meta House. He/she directs and assists staff and volunteer efforts. He/she is also responsible for utilizing volunteers effectively, assisting staff in identifying productive and creative opportunities, recruiting suitable individuals, and tracking the contribution of volunteers to the agency. Some volunteers, however, may be supervised in their activities by other members of the Meta House staff, when appropriate.

##### Equal Opportunity Statement

Meta House pro-actively recruits volunteers in order to expand the volunteer involvement of the community with the agency. We recruit volunteers without regard to race, creed, color, religion, sex, age, national origin, disability, veteran status, marital status, sexual orientation, military status, or any other characteristic protected by state or federal law.

##### Who May Volunteer

A volunteer must be officially accepted and enrolled in Meta House's volunteer program before performing any tasks. Volunteers are not considered employees of the agency. Agency clients, relatives and associates of clients, and employees **may not** be accepted as volunteers. Former Meta House clients must wait two years from discharge to be eligible to volunteer at Meta House. Volunteers who have not reached the age of 18 must have the written consent of a parent or guardian prior to volunteering. Many positions require that the volunteer be at least 18 years old. Individuals with a history of violence against women or children may not be Meta House volunteers.

##### Service at the Discretion of the Agency

Volunteers serve at the sole discretion of Meta House. Either the individual volunteer or Meta House has the right to terminate the volunteer-agency relationship at any time and for any reason.

##### Volunteer Placement

All potential ongoing volunteers will follow the steps outlined in the procedures below prior to the start of their service at Meta House. Volunteers who do not agree to a requested background check will be refused assignment. Special event or one-time volunteers may not be required to attend an interview, at the discretion of the Volunteer Coordinator.

### Volunteer Information

Volunteer personnel records will be accorded the same confidentiality as staff personnel records. Volunteers who would like to have a report of their hours tracked should notify their supervisor or the Volunteer Coordinator prior to beginning their service at Meta House.

### Volunteer Rights and Responsibilities

Volunteers have the following rights:

- to be given a meaningful assignment
- to have effective supervision
- to receive recognition for work done

In return, volunteers will agree:

- to actively perform their duties to the best of their abilities
- to remain loyal to the goals and procedures of the agency

### Confidentiality

Volunteers are responsible for maintaining the confidentiality of all privileged information to which they are exposed while serving as a volunteer, whether this information involves a staff member, volunteer, client, other person, or overall agency business. All volunteers will be required to sign a confidentiality agreement prior to the start of their service at Meta House. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action.

### Misconduct

In the unfortunate event that misconduct occurs, volunteers may be dismissed from further service at Meta House. Misconduct includes, but is not limited to, the following:

- violation of Meta House's confidentiality policy
- failure to satisfactorily perform volunteer assignment(s)
- gross misconduct or insubordination
- being under the influence of alcohol or drugs
- theft of property or misuse of agency equipment or materials
- abuse or mistreatment of clients or co-workers
- failure to abide by agency policies and procedures
- failure to meet physical or mental standards of performance or satisfactorily perform assigned duties
- excessive absenteeism, including more than three absences, for which they did not notify their supervisor
- failure to notify supervisor of new criminal charges during volunteer service

## **PROCEDURES**

### Steps to Becoming a Meta House Volunteer:

1. The Volunteer Coordinator will review the organization's volunteer needs and/or discuss volunteer interests, availability, and relevant skills with the volunteer applicant.

2. The applicant will complete an application which will be reviewed and used during the interview.
3. The applicant will attend an interview with the Volunteer Coordinator or appropriate staff member to determine skills, commitment, and interests. At the interview, the prospective volunteer will be asked to fill out a questionnaire for a background check, sign a confidentiality agreement, and complete other paperwork as needed for the position.
4. Meta House may check references. References may be friends or family members. A negative reference may prevent Meta House from being able to accept the individual into the volunteer program.
5. Meta House will conduct a criminal background check. Previous criminal behavior may preclude service at Meta House. A copy of the criminal background check may be submitted to Milwaukee County, depending on the nature of the volunteer's duties.
6. Meta House will contact the individual to schedule volunteer time. If problems arise during the application process, Meta House will contact the prospective volunteer to discuss further.

#### Orientation

Orientation may take place the first day of volunteering or at an earlier time. Orientation will consist of a review of Meta House policies, discussion of volunteer expectations, and exchange of contact information with the supervisor. A tour of Meta House and explanation of the agency's mission and programs will also take place, if not already completed during the interview. Volunteer and supervisor will sign the "New Volunteer Orientation and Checklist Form."

#### Checking In and Out

At the beginning of their volunteer shift, volunteers should check in at the front desk to sign in, get a visitor's badge, and get keys (if needed). Volunteers should sign out at the front desk and return any keys before they leave at the end of their shift.

#### Recognition

Meta House will make an effort to recognize all volunteers at least once annually.

#### Completion of Service

Upon completion of service, volunteers will be asked to complete an exit survey/exit interview.

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## ***Clinical Interns***

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### **POLICY**

The above volunteer policies and procedures apply to all clinical interns. In addition, candidates for clinical intern positions will be screened prior to acceptance and provided supervision by a qualified member of Meta House's clinical staff.

### **PROCEDURE**

#### Screening

Intern applicant requests will be forwarded to either the Director of Child & Family Services or the Supervisor of AODA Services for consideration of interview for potential placement (based on their respective placement interests).

The Supervisor of AODA Services/Director of Child & Family Services will initially review applicant for appropriateness with the Counseling/Child & Family staff. Staff selected for possible supervision of intern will be forwarded the applicant information received for review and consideration.

If the staff member is interested in the candidate based on documented qualifications (i.e., school concentration, employment experience, etc.), the counselor will schedule a face-to-face interview with the intern candidate.

Following the interview an acceptance or rejection of the intern will be communicated with the supervisor.

#### Screening criteria to be considered:

1. Hours of availability conducive to Meta House programming
2. Hours of availability conducive for provision of individual treatment
3. Shared core values of Meta House (i.e., strengths-based, family-centered, trauma informed care, gender responsive care)
4. Demonstrates professionalism
5. Exhibits intellectual curiosity

Upon acceptance of an intern & prior to start date, the prospective intern must complete the following forms:

1. Personal Information Form
2. Authorization to Obtain Driving Record
3. Code of Conduct
4. Confidentiality Agreement for Volunteers
5. Boundaries
6. Transporting Clients
7. Software/Hardware Policy
8. Acknowledgement Of Software/Hardware Policy
9. Background Information Disclosure Form (BID)\*

Forms #1-8 are returned to the Volunteer Coordinator. A photo of the intern should also be kept in the student's file.

Form #9 goes to Human Resources.

**\*All the forms have to be reviewed, signed, and submitted prior to start date. A background check must be conducted prior to start date so that Meta House remains in compliance with regulations.**

### **Supervision**

The typical course of supervising an intern should be similar to the below process/guideline:

#### **Observation**

1. The intern should spend one to six weeks in an observation period. This includes attendance at staff meetings, supervision, group/individual/crisis intervention sessions (as is deemed appropriate by the supervising staff member).
2. Training during the observation period should include an introduction to the organization, Meta House treatment philosophy, clients, and staff members and their roles.
3. Observation should also include a review of Meta House policies and procedures, forms, and processes, including SCCP/wraparound meetings, ASAM's, insurance authorization, etc.
4. All interns must be scheduled with the Medical Records Coordinator for a confidentiality orientation.

#### **Direct Practice**

1. The intern should begin as a co-facilitator for groups.
2. The intern will be instructed in clinical documentation practices, including instruction in the electronic health records system (Epitomax) and DAP progress note format.
3. Clients will be assigned to the intern, who will conduct the following (as appropriate for their position):
  - a. Assessment
  - b. Obtaining authorization
  - c. Treatment planning
  - d. Individual sessions and co-facilitation of group sessions
  - e. Crisis intervention (when applicable)
  - f. 30/90 day treatment plan reviews
  - g. Collaboration and consultation with Meta House staff and external agencies (as appropriate)
  - g. Coordination of case management referrals as needed, including housing, food, W-2, and other community services
  - h. Coordination of discharge planning
  - i. Completing discharge documentation
  - j. Ongoing attendance and participation at weekly supervision and staffing meetings
  - k. Attendance at other meetings as assigned



### Intern Evaluation

1. Evaluations should address performance in the content areas identified in the observation and direct practice sections of this procedure.
2. **Licensed Masters level clinical** staff should prepare and sign Graduate Intern Evaluations in timely manner as specified by the Intern's school.
3. **Non-Licensed Supervising staff** should prepare evaluation and have their supervisor review and co-sign prior to submission to the school (this is to prevent any future licensing issues for the student/volunteer).
4. All evaluations should be reviewed with the student prior to submission to the participating school.
5. A copy of all completed evaluations will be sent to the Volunteer Coordinator and kept in the student's file in case there is a future need for documentation of the internship experience.

## IV. STAFF DEVELOPMENT

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### *Orientation and Training*

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#### **POLICY**

All clinic employees will be provided initial and continuing training to Meta House policies/procedures and DHS 35 regulations, sufficient to enable them to effectively carry out their specific job responsibilities [DHS 35.15(1) and (2)] [45 CFR 96.132(b)] .

#### **PROCEDURE**

1. Orientation. The DOP is responsible for developing and updating as appropriate an orientation curriculum and ascertaining and documenting that each newly hired program staff completes the orientation. The curriculum will address:

- a. A review of the pertinent parts of DHS 75, DHS 35, DHS 83 and other applicable statutes and regulations. [DHS 35.15(2)(b)1]
- b. A review of the Meta House policies and procedures. [DHS 35.15(2)(b)2]
- c. Cultural factors that need to be taken into consideration in providing services for Meta House clients. [DHS 35.15(2)(b)3]
- d. The signs and symptoms of substance use and mental health disorders and reactions to psychotropic drugs most relevant to the treatment of those disorders served by the clinic. [DHS 35.15(2)(b)4]
- e. Techniques for assessing and responding to the needs of clients who appear to have problems related to trauma; abuse of alcohol, drug abuse or addiction; and other co-occurring illnesses and disabilities. [DHS 35.15(2)(b)5]
- f. How to assess a client to detect suicidal tendencies and to manage persons at risk of attempting suicide or causing harm to self or others. [DHS 35.15(2)(b)6]
- g. Recovery concepts and principles that ensure services, and support connection to others and to the community. [DHS 35.15(2)(b)7]
- h. Any other subject determined necessary to enable the staff members to perform their duties effectively, efficiently, and competently. [DHS 35.15(2)(b)8] .

Documentation of completion of orientation is inserted in each new program staff's personnel file.

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### *Staff Development Plan*

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#### **POLICY**

A staff development plan will be created for each employee and updated on an annual basis. [DHS 75.03(5)] [DHS 35.15(1)].

## **PROCEDURE**

1. Meta House identifies the skill sets that are required to effectively perform each service position.
2. The skill sets of each employee are compared with those skill sets required for the position.
3. Based on this assessment, the supervisor and employee create a development plan that identifies training needs and establishes goals to meet those needs.
4. The supervisor and employee identify in-service and external training opportunities throughout the year.
5. The development plan is reviewed by the supervisor and employer and updated as needed during the annual performance evaluation.
6. The development plan addresses opportunities for advancement in addition to the employee's current position.
7. Training records and performance evaluations are kept in the employee's personnel file.

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### ***First Aid Training***

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## **POLICY**

At least one employee with current certification in first aid and life-sustaining techniques will be on duty at all times during hours of operation of the residential and day treatment programs.  
[DHS 75.11(6)(j); DHS 75.12(6)(j)]

## **PROCEDURE**

1. The Human Resource Department will record and track the expiration dates of certification for first aid and life-sustaining techniques for each employee, and provide employees and the Director of Programs with notice of expiration.
2. The Director of Programs will be responsible for developing a staff schedule that assures that at least one employee with current certification in first aid and life-sustaining techniques will be on duty at all times during hours of operation
3. Meta House will pay the costs of certification and recertification in basic first aid and life-sustaining techniques for employees who have direct contact with clients.

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## ***Training in Assessment/Management of Suicidal Individuals***

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### **POLICY**

All program employees will receive training in assessment and management of suicidal individuals within two months of hire or will provide written documentation, at time of hire, of past training and/or supervised experience in this area. [DHS 75.03(6)] [DHS 35.165(2)].

### **PROCEDURE**

1. At time of hire, the Human Resource Department will collect documentation of past training/supervised experience or will schedule training for the employee.
2. At minimum, Meta House training will cover:
  - Risk factors
  - Behaviors that may indicate suicidal ideation
  - Assessment protocol
  - Management protocol
3. The Human Resource Department will assure documentation of the training in each employee's personnel file.

## IV. STAFF DEVELOPMENT

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### *Orientation and Training*

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#### **POLICY**

All clinic employees will be provided initial and continuing training to Meta House policies/procedures and DHS 35 regulations, sufficient to enable them to effectively carry out their specific job responsibilities [DHS 35.15(1) and (2)] [45 CFR 96.132(b)] .

#### **PROCEDURE**

1. Orientation. The DOP is responsible for developing and updating as appropriate an orientation curriculum and ascertaining and documenting that each newly hired program staff completes the orientation. The curriculum will address:

- a. A review of the pertinent parts of DHS 75, DHS 35, DHS 83 and other applicable statutes and regulations. [DHS 35.15(2)(b)1]
- b. A review of the Meta House policies and procedures. [DHS 35.15(2)(b)2]
- c. Cultural factors that need to be taken into consideration in providing services for Meta House clients. [DHS 35.15(2)(b)3]
- d. The signs and symptoms of substance use and mental health disorders and reactions to psychotropic drugs most relevant to the treatment of those disorders served by the clinic. [DHS 35.15(2)(b)4]
- e. Techniques for assessing and responding to the needs of clients who appear to have problems related to trauma; abuse of alcohol, drug abuse or addiction; and other co-occurring illnesses and disabilities. [DHS 35.15(2)(b)5]
- f. How to assess a client to detect suicidal tendencies and to manage persons at risk of attempting suicide or causing harm to self or others. [DHS 5.15(2)(b)6]
- g. Recovery concepts and principles that ensure services, and support connection to others and to the community. [DHS 35.15(2)(b)7]
- h. Any other subject determined necessary to enable the staff members to perform their duties effectively, efficiently, and competently. [DHS 35.15(2)(b)8] .

Documentation of completion of orientation is inserted in each new program staff's personnel file.

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### *Staff Development Plan*

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#### **POLICY**

A staff development plan will be created for each employee and updated on an annual basis. [DHS 75.03(5)] [DHS 35.15(1)].

## **PROCEDURE**

1. Meta House identifies the skill sets that are required to effectively perform each service position.
2. The skill sets of each employee are compared with those skill sets required for the position.
3. Based on this assessment, the supervisor and employee create a development plan that identifies training needs and establishes goals to meet those needs.
4. The supervisor and employee identify in-service and external training opportunities throughout the year.
5. The development plan is reviewed by the supervisor and employer and updated as needed during the annual performance evaluation.
6. The development plan addresses opportunities for advancement in addition to the employee's current position.
7. Training records and performance evaluations are kept in the employee's personnel file.

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### ***First Aid Training***

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## **POLICY**

At least one employee with current certification in first aid and life-sustaining techniques will be on duty at all times during hours of operation of the residential and day treatment programs.  
[DHS 75.11(6)(j); DHS 75.12(6)(j)]

## **PROCEDURE**

1. The Human Resource Department will record and track the expiration dates of certification for first aid and life-sustaining techniques for each employee, and provide employees and the Director of Programs with notice of expiration.
2. The Director of Programs will be responsible for developing a staff schedule that assures that at least one employee with current certification in first aid and life-sustaining techniques will be on duty at all times during hours of operation
3. Meta House will pay the costs of certification and recertification in basic first aid and life-sustaining techniques for employees who have direct contact with clients.

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## ***Training in Assessment/Management of Suicidal Individuals***

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### **POLICY**

All program employees will receive training in assessment and management of suicidal individuals within two months of hire or will provide written documentation, at time of hire, of past training and/or supervised experience in this area. [DHS 75.03(6)] [DHS 35.165(2)].

### **PROCEDURE**

1. At time of hire, the Human Resource Department will collect documentation of past training/supervised experience or will schedule training for the employee.
2. At minimum, Meta House training will cover:
  - Risk factors
  - Behaviors that may indicate suicidal ideation
  - Assessment protocol
  - Management protocol
3. The Human Resource Department will assure documentation of the training in each employee's personnel file.

## **V. CLIENT RIGHTS**

*Revised: 06/16/2015*

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### ***Compliance with Wisconsin Law***

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#### **POLICY**

Meta House will comply with patient rights requirements as specified in ch. DHS 75 and ch. DHS 94. [DHS 75.03(3)(e)] [DHS 35.24(1)] [DHS 83.32(1)].

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### ***Informing Clients of Rights***

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#### **POLICY**

Prior to admission and at least annually, all clients and/or, if required by law (see policy on *Consent to Treatment*), their personal representatives shall be informed verbally and in writing about all their rights as clients as specified in Wisconsin s. 51.61 and DHS 94. [DHS 75.03(11)(b)(3)b] [DHS 83.32(2)(a)].

#### **PROCEDURE**

Prior to admission, the staff person conducting the admission shall explain to the client/personal representative, as outlined in the *Client Rights* form, the rights that they have as a client in the Meta House program. The client/personal representative will have the opportunity to ask questions for the purpose of clarification. Verbal and written information provided shall include any financial cost or liability regarding treatment. At the conclusion of the discussion, the client/personal representative shall be asked to sign the *Client Rights* form. The original of the form shall be inserted in the client's chart, and a copy shall be given to the client/personal representative upon request.

The Medical Records Coordinator will monitor the client census to alert program staff when clients are due for an annual provision and discussion of client rights.

Residential program: Copies of clients rights, grievance procedure and house rules will be posted in a prominent public place available to clients, employees and guests. [DHS 83.32(2)(b)].



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## ***Denial and Limitation of Rights***

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### **POLICY**

A client's rights may be denied or limited only in the event the Director of Programs or designee has reason to believe the exercise of a right would create a security problem, adversely affect the client's treatment or seriously interfere with the rights or safety of others. [DHS 94.05(2)(a)].

Denial of a right may only be made when there are documented reasons to believe there is not a less restrictive way of managing the problem. [DHS 94.05(2)(b)].

No right may be denied when a limitation can accomplish the stated purpose. No limitation may be more stringent than necessary to accomplish its purpose. [DHS 94.05(2)(c)].

### **PROCEDURE**

1. A Meta House workforce member who believes that it is necessary to deny or limit the rights of a client will first request permission to do so from the Director of Programs or designee.
2. In the event of an emergency the right may be denied or limited prior to receiving permission from the Director of Programs or designee. However, as soon as the emergency situation is stabilized, the permission of the Director of Programs or designee must be sought and received in order for the denial or restriction to continue.
3. At the time of the denial or limitation, written notice shall be provided to the client and/or personal representative [DHS 94.05(3)], and a copy of the notice shall be inserted in the client's chart. The written notice shall:
  - a. Inform the client and/or personal representative of the right to an informal hearing or a meeting with the Director of Programs or designee who made the decision to deny or limit the right [DHS 94.05(3)(a)];
  - b. State the specific reason for the denial or limitation [DHS 94.05(3)(d)];
  - c. State the expected duration of the denial or limitation [DHS 94.05(3)(c)]; and
  - d. State the specific conditions required for restoring the right at issue [DHS 94.05(3)(b)].
4. Within two calendar days of the denial, written notice shall be sent to the Meta House Clients Rights Specialist [DHS 94.05(4)(b)],
5. Within 3 days of receiving a request made by the client whose rights have been denied or limited (or personal representative), the Director of Programs or designee shall hold an informal hearing to consider all relevant information submitted by or on behalf of the client.

The Director of Programs or designee will render a final decision regarding whether to uphold or rescind the denial or limitation and provide it in writing to the client and/or personal representative within two days subsequent to the hearing. [DHS 94.05(5)].

6. The Meta House workforce member notifying a client/personal representative of a denial or limitation of rights shall inform the client/personal representative of the right to file a grievance concerning the denial or limitation, as well as the process to follow in filing a grievance. [DHS 94.05(6)] .

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### ***Assistance in the Exercise of Rights***

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#### **POLICY**

Meta House staff shall assist all clients in the exercise of their rights [DHS 94.05(6)(1)]. Clients shall not be required to waive their rights as a condition for admission or receipt of treatment [DHS 94.05(6)(2)] [DHS 83.32(3)].

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### ***Non-Discrimination***

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#### **POLICY**

It is the official policy of Meta House, Inc. that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, disability, sexual orientation, military/veteran status, or military participation, in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681 –1686 and s. 504 of the Rehabilitation Act of 1973, as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC 12101-12213. [DHS 75.03(3)]. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above-named characteristics. Meta House, Inc. has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved. All officials and employees of Meta House, Inc. are informed of this statement of policy. Decisions regarding service delivery shall be made to further the principles of affirmative action and civil rights. A copy of the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

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### ***Least Restrictive Treatment and Restrictions***

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#### **POLICY**

Each client shall be provided the least restrictive treatment and conditions which allow the maximum amount of personal and physical freedom as determined by ASAM Patient Placement

Criteria or Wisconsin Universal Placement Criteria (WI-UPC), client choice and (when applicable) court order. [DHS 94.07].

## **PROCEDURE**

Substance Abuse clients who are referred to Meta House through the Milwaukee County AODA Central Intake Unit (CIU) will be admitted on the basis of a screening at the CIU that determined level of clinical care on the basis of the ASAM Patient Placement Criteria. Individuals referred directly to Meta House will have level of care determined by Meta House Intake staff utilizing the Wisconsin Uniform Placement Criteria (WIUPC). At every staffing, and when considering transfer or discharge, the treatment team will apply current information regarding the client's functioning against the ASAM Patient Placement Criteria in order to determine the appropriate level of clinical care.

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### ***Prompt and Adequate Treatment***

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## **POLICY**

All clients shall be provided treatment and services based on an assessment upon admission to the program. [DHS 94.08].

## **PROCEDURE**

An initial assessment, developed prior to or at admission, will form the basis for a preliminary service plan that will inform each client's treatment, which will begin on the day of admission.

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### ***Consent to Treatment***

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## **POLICY**

Informed Consent. [DHS 94.03(1)]. Prior to receiving treatment, all clients and/or their personal representatives (if required by law – see subsection on *Personal Representatives*, below) shall be informed verbally and in writing about:

- (a) Benefits of treatment and services. [DHS 94.03(1)(a)].
- (b) Administration of treatment and services. [DHS 94.03(1)(b)].
- (c) Risks of treatment [DHS 94.03(1)(c)].
- (d) Alternatives to treatment. [DHS 94.03(1)(d)].
- (e) Consequences of not receiving treatment. [DHS 94.03(1)(e)].
- (f) Effective time period of informed consent. [DHS 94.03(1)(f)].
- (g) Right to withdraw informed consent. [DHS 94.03(1)(g)].

The client and/or personal representative shall be asked to sign an acknowledgment that they have received and understand the information, and that they agree to receive treatment. The client and/or personal representative shall be provided a copy of the signed consent form upon request. [DHS 94.03(3)].

In emergency situations or where time and distance requirements preclude obtaining written consent before beginning treatment and a determination is made that harm will come to the client if treatment is not initiated before written consent is obtained, informed consent for treatment may be temporarily obtained by telephone from the client's personal representative. Verbal consent shall be documented in the client's chart, along with details of the information verbally explained to the personal representative about treatment. Verbal consent shall be valid for a period not to exceed 10 days, during which time informed consent shall be obtained in writing [DHS 94.03(2m)].

**Personal Representative.** If, under Wisconsin law a parent, guardian, or other person acting in loco parentis has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, Meta House will treat such person as a personal representative with respect to the right to consent to treatment.

Informed consent to treatment must be provided by a personal representative under the following circumstances:

- 1) **Minors.** The personal representative (parent, legal guardian or other court-appointed person) must provide consent for:
  - a) **Drug and Alcohol** treatment if the client is less than 12 years old, unless a court orders treatment. If there is consent from the personal representative or a court order, the minor's consent is not required, regardless of the age of the minor. Requirements for consent to drug and alcohol treatment for minors are summarized below:

REQUIRED CONSENT – AODA TREATMENT				
Age of Minor	Minor's Consent Required?	Minor Able to Consent Without Consent of PR?	PR's Consent Required?	PR Able to Consent Without Consent of Minor?
< 12	No [S.51.48]	No [S.51.47]	Yes (unless there is a court order) [S.51.47]	Yes [S.51.48]
≥ 12	Only if PR does not consent and there is no court order [S.51.48]	Yes [S.51.47]  (However, the PR must be notified of any services rendered "as soon as practicable.")	No [S.51.47]  (However, the PR must be notified of any services rendered "as soon as practicable.")	Yes [S.51.48]

- b) **Mental Health** treatment if the client is a minor. The minor's consent is required for mental health treatment that is not for alcohol and drug treatment if the minor is 14 years old or older, unless a court orders treatment. Requirements for consent to drug and alcohol treatment for minors are summarized below:

<b>REQUIRED CONSENT – MENTAL HEALTH TREATMENT</b>				
<b>Age of Minor</b>	<b>Minor's Consent Required?</b>	<b>Minor Able to Consent Without Consent of PR?</b>	<b>PR's Consent Required?</b>	<b>PR Able to Consent Without Consent of Minor?</b>
<b>&lt; 14</b>	No [S.51.61(6)]	No [S.51.61(6)]	Yes (unless there is a court order) [S.51.61(6)]	Yes [S.51.61(6)]
<b>≥ 14</b>	Yes (unless there is a court order) [S.51.61(6)]	No (unless there is a court order) [S.51.61(6)]	Yes (unless there is a court order) [S.51.61(6)] [S.51.14(3)(h)]	No (unless there is a court order) [S.51.61(6)] [S.51.14(3)(h)]

**OR**

For a minor of any age who has been found by the court incompetent because of mental or physical condition to make a rational decision on whether or not to consent to treatment.

2. **Adults.** A legally appointed personal representative must provide consent for an adult who has been adjudicated as incompetent to manage his or her own affairs.

## **PROCEDURE**

Prior to admission, Meta House intake staff shall explain to the client and/or personal representative what to expect from treatment as outlined in the Informed Consent form. The client and/or personal representative will have the opportunity to ask questions for the purpose of clarification. At the conclusion of the discussion, the client and/or personal representative shall be asked to sign the *Informed Consent* form. The original of the form shall be inserted in the client's chart, and a copy shall be given to the client and/or personal representative upon request.

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## ***Right to Refuse Medication/Treatment***

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## **POLICY**

No medication may be given to any client or treatment performed on any patient without the prior informed consent of the client, except in an emergency when it is necessary to prevent serious physical harm to self or others, unless the patient has been found not competent to refuse medication and treatment under s. 51.61 (1) (g), Stats., and the court orders medication or treatment [DHS 94.09(2)] [DHS 83.32(3)(h)]. In the case of a patient found incompetent under ch. 880, Stats., the informed consent of the personal representative is required. In the case of a

minor, the informed consent of the personal representative is required. Except as provided under an order issued under s. 51.14 (3) (h) or (4) (g), Stats., if a minor is 14 years of age or older, the informed consent of the minor and the minor's parent or guardian is required. Informed consent for treatment from a patient's parent or guardian may be temporarily obtained by telephone in accordance with Meta House's policy on *Consent to Treatment*.

## **PROCEDURE**

If a client refuses to take prescribed medication, the Meta House employee involved will document the refusal in the client's chart and contact the client's prescribing physician and/or primary health provider as well as Meta House medical staff. In cases in which the client refuses to take medication which the court has ordered, Meta House will refer the matter to the court.

## **POLICY**

A client who is in treatment on a voluntary basis may refuse any treatment including medication, at any time and for any reason, except in an emergency.

## **PROCEDURE**

If a client refuses treatment, his/her counselor and/or other Meta House staff will attempt to engage the client in discussion about this decision. If the client continues to refuse treatment, Meta House will attempt to refer him/her to other community resources as indicated, prior to discharge or, if the client is court-ordered to participate in treatment, refer the matter to the court.

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## ***Confidentiality***

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## **POLICY**

Every member of Meta House's workforce (employees, contractors, interns, volunteers) shall adhere to and receive training on Meta House's Policies for Protection of the Privacy of Protected Health Information, which will comply with provisions of 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records; 45 CFR Part 160 and Part 164, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA); and Wisconsin s. 51.30, Stats., and ch. DHS 92, Confidentiality of Records. All workforce members shall sign a statement acknowledging their responsibility to maintain confidentiality of personal information about clients.

## **PROCEDURE**

1. At time of hire, the Human Resource Department will schedule training, to take place within 30 days of hire, on Meta House's Policies for Protection of the Privacy of Protected Health Information for the employee. For each employee, the content of the training will be tailored to his/her position.

2. The Human Resource Department will assure documentation of the training in each employee's personnel file, including a signed statement acknowledging responsibility to maintain confidentiality of personal information about clients
3. Ongoing training for all employees will be scheduled as appropriate.

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## ***Reporting of Mistreatment of Clients***

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### **POLICY**

In compliance with ch. DHS 13 and DHS 83.12, Meta House will report to DHS all allegations that come to its attention that one of its staff members or contracted employees has misappropriated property of a client or has abused or neglected a client.

### **PROCEDURE**

Any employee that becomes aware of an allegation that an employee or contract staff member has misappropriated property of a client or has abused or neglected a client shall immediately report the allegation to the Clients Rights Specialist (CRS). The CRS shall document and investigate the allegation and report it to DHS on a form provided by DHS, within seven calendar days from the date Meta House knew or should have known about the abuse, neglect, or misappropriation of property. The CRS shall maintain documentation of any investigation. [DHS 83.12(2)2].

In the event of an allegation of abuse or neglect of a client, the CRS shall follow the adult at risk reporting requirements under WI s. 55.043 [DHS 83.12(2)2.b]

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## ***Right to File Grievances***

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### **POLICY**

A client or any person acting on behalf of a client has the right to file a grievance with Meta House. [DHS 94.28(1)]. Retaliation by members of Meta House's workforce against any client who files a grievance, or any person, including an employee of Meta House, who assists a client in filing a grievance is prohibited. [DHS 94.28(2)] [DHS 94.40(6)]. Retribution by Meta House against the Meta House CRS for making unpopular decisions in relation to inquiries pursuant to a grievance is prohibited, so long as the grievance policies and procedures are followed. Meta House shall establish procedures for filing a grievance that conforms with DHS 94.40 and 94.41, inform clients about these procedures, and train its workforce regarding these procedures [DHS 94.40(2)(c)].

### **PROCEDURE**

1. Training. All employees will receive training about the rights of clients and the client grievance procedures, including criminal and civil liabilities for violation of client rights, as part of their initial employee orientation [DHS 94.40(2)(c)].
2. Clients Rights Specialist
  - a. The CEO shall appoint the Medical Records Coordinator as Meta House Clients Rights Specialist and the Director of Quality Improvement as the back-up Clients Rights Specialist in the absence of the Medical Records Coordinator [DHS 94.40(3)(a)].
  - b. The Clients Rights Specialist(s) shall receive training in the requirements of all aspects of the grievance procedures [DHS 94.40(3)(d)].
  - c. The Clients Rights Specialist assigned to conduct a formal program level review shall not have any involvement in the conditions or activities forming the basis of the client's grievance, or have any other substantial interest in those matters arising from his or her relationship to the program or the client, other than employment [DHS 94.40(3)(c)].
3. Informing Clients. At orientation, Meta House staff inform all clients (and their personal representatives, if required - see policy on *Consent to Treatment*) of their rights, including the right to file grievances. The *Client Grievance Procedure* is explained and the client/personal representative has an opportunity to ask for clarification before signing the form. The original is kept in the client record, while a copy of the signed form is given to the client upon request. [DHS 94.40(2)(c)].
4. Grievance Procedure.

Clients or any person on behalf of the client may initiate a grievance by notifying, verbally or in writing [DHS 94.41(1)(b)], to the Clients Rights Specialist or any Meta House employee within 45 days of the occurrence of the event or circumstance in the grievance or of the time when the event or circumstance was actually discovered or should reasonably have been discovered, or of the client's gaining or regaining the ability to report the matter, whichever comes last. [DHS 94.41(5)(a)1]. The CEO may grant an extension of the 45 day time limit for filing a grievance for good cause. [DHS 94.41(5)(a)2]. "Good cause" may include but is not limited to circumstances in which there is a reasonable likelihood that despite the delay:

- investigating the grievance will result in an improvement in care for or prevention of harm to the client in question or other clients in the program; or [DHS 94.41(5)(a)2.a].
- failing to investigate the grievance would result in a substantial injustice. [DHS 94.41(5)(a)2.b].



Any member of Meta House's workforce who becomes aware of a client's or other party's (on behalf of the client) desire to pursue a grievance shall notify the Clients Rights Specialist (or in the absence of the Clients Rights Specialist, the CEO or designee) by the end of the business day (immediately, in an emergency<sup>1</sup>). In conducting grievance reviews, the Clients Rights Specialist will at all times establish conditions and act in a manner that will allow for objectivity and impartiality. The CEO shall assure that no sanction or threat of sanction is applied to the Clients Rights Specialist for establishing and maintaining such conditions, provided that the relevant policies and procedures are followed.

Whenever possible, Meta House staff shall attempt to resolve a grievance at the time it is presented by listening to the nature of the complaint and by making adjustments in operations or conditions that respond to the individual needs of the client. [DHS 94.41(1)(c)]. If this is not successful, the person pursuing the grievance shall be given the option of using Meta House's informal or formal resolution process.<sup>2</sup> [DHS 94.41(1)(d)] The Clients Rights Specialist will explain the grievance process to the person filing the grievance and shall adapt the process as appropriate to take into account any special limitations the grievant and/or client may have in order to allow the grievant/client to participate in the process to the fullest extent possible. [DHS 94.40(4)d)] [DHS 94.40(5)(c)].

If the grievance alleges a civil rights discrimination, The Clients Rights Specialist will also inform the grievant of other avenues of redress:

- a. State: DHS Civil Rights Compliance Office;
- b. Federal. Appropriate Federal Office for Civil Rights (depending on the source of federal funds).

## Grievance Procedure Details

### **1. Informal Resolution Process**

- a. The Clients Rights Specialist will inform the grievant (the individual filing the grievance), within five calendar days of receipt of the grievance (DHS Civil Rights Compliance, 2010-2013), of the option to begin the grievance process with an informal discussion with the staff members involved. [DHS 94.40(4)(a)]. The Clients Rights Specialist will also notify the client (or the personal representative) that she has the right to designate individuals of her choice to represent her and/or participate in the grievance

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<sup>1</sup> If after a preliminary investigation it appears that there is no emergency, the Clients Rights Specialist may treat the situation as a non-emergency for the remainder of the process. DHS 94.41(6)].

<sup>2</sup> Persons filing a grievance on behalf of a client, other than a client's personal representative, may only pursue an informal or informal resolution process with the permission of the client and/or personal representative (if the personal representative is required by law to provide consent for treatment) if the Clients Rights Specialist determines that there is a risk to the client or other clients at risk of physical or emotional harm, or unless no personal representative is available and the client is unable to express an opinion. See Section 9, *Grievances Filed on Behalf of Clients*, below.

process. (DHS Civil Rights Compliance, 2010-2013). Informal resolution is not a prerequisite for entering into the formal resolution process. [DHS 94.40(4)(b)].

- b. If the grievant elects to pursue an informal resolution process, the Clients Rights Specialist will arrange a meeting between the grievant and the staff member(s) involved, and if the grievant desires, the client (if other than the grievant). If the client is the grievant, she has the right to designate individuals of her choice to represent her and/or participate in the grievance process.
- c. If the matter is resolved through the informal resolution process, the Clients Rights Specialist shall prepare a brief report indicating the nature of the resolution and file it with the CEO, with copies to the client, the grievant, and the personal representative of a client if that person's consent is required for treatment (see policy on *Consent to Treatment*). [DHS 94.40(3)(c)].
- d. If the grievant elects not to pursue an informal resolution process, or if the informal resolution process does not resolve the matter, at any time during the formal resolution process a grievant wishes to switch to the informal resolution process, and the other parties agree to the switch, the Clients Rights Specialist may suspend the formal resolution process and attempt to facilitate a resolution of the matter between the parties. [DHS 94.40(3)(d)] [DHS 94.40(5)(d)]. Any applicable time limits of the formal resolution process shall be suspended during the use of the informal resolution process until a grievant indicates that he or she wishes the formal resolution process to begin or until any party requests that the formal resolution process resume. [DHS 94.40(3)(e)] [DHS 94.40(5)(d)] [DHS 94.41(1)(e)].

## **2. Meta House Formal Resolution Process**

- a. Any staff person receiving a request for formal resolution of a grievance shall notify the Clients Rights Specialist as soon as possible but not later than the end of business day. In turn the Clients Rights Specialist shall notify the CEO or his or her designee as soon as possible but not later than the end of the business day (immediately, in the case of an emergency). The CEO or designee shall assign the Clients Rights Specialist to oversee resolution of the grievance within 3 business days [DHS 94.41(5)(b)2]. (within 24 hours, in the case of an emergency [DHS 94.41(5)(c)1.b]) after the request for formal process has been made.
- b. The Clients Rights Specialist shall acknowledge receipt of the grievance to the grievant within five calendar days. The acknowledgement shall include notification 1) of appeal rights (DHS Civil Rights Compliance, 2010-2013) and 2) that the client (or the personal representative) has the right to designate individuals of her choice to represent her and/or participate in the grievance process. (DHS Civil Rights Compliance, 2010-2013).
- c. The Clients Rights Specialist shall conduct an inquiry.

- d. The Clients Rights Specialist shall meet with the grievant and the client (or personal representative), if different, and any staff member who may be named in the complaint, identify the matters at issue and explain the process for seeking formal resolution of grievances. [DHS 94.41(2)(a)].
- e. If the grievance was presented verbally or through an alternative form of communication, the Clients Rights Specialist shall assist the grievant in putting the grievance into writing for use in the ongoing process. A copy of the written grievance shall be given to the grievant and the client, and included in the Clients Rights Specialist's report. [DHS 94.41(2)(b)].
- f. If there are facts in dispute, the Clients Rights Specialist shall conduct an inquiry into the incidents or conditions which are the focus of the grievance. [DHS 94.41(2)(c)1].
- g. The CEO shall assure that the Clients Rights Specialist has full access to all information needed to investigate the grievance, all relevant areas of the program facility named in the grievance and all records pertaining to the matters raised in the grievance. [DHS 94.41(2)(c)2].
- h. The inquiry of the Clients Rights Specialist may include questioning staff, the client or clients on whose behalf the grievance was presented, other clients, reviewing applicable records and charts, examining equipment and materials and any other activity necessary in order to form an accurate factual basis for the resolution of the grievance. [DHS 94.41(2)(c)3].
- i. When an inquiry requires access to confidential information protected under HIPAA, 42 CFR Part 2 or Wisconsin Law, and the Clients Rights Specialist conducting the inquiry does not otherwise have access to the information under access rights specified in Appendix A of Meta House's *Policies for Protection of the Privacy of Protected Health Information*, the client and/or the personal representative (if required - see policy on *Consent to Treatment*) may be asked to consent in writing to the release of that information to the Clients Rights Specialist and other persons involved in the grievance resolution process. The Clients Rights Specialist may proceed with the inquiry only if written consent is obtained. The Clients Rights Specialist shall maintain the confidentiality of any information about any program client gained during the inquiry, unless specific releases for that information are granted. [DHS 94.41(2)(e)].

### **3. Report of Clients Rights Specialist**

- a. When the inquiry is complete, the Clients Rights Specialist shall prepare a written report with a description of the relevant facts agreed upon by the parties or gathered during the inquiry, the application of the appropriate laws and rules to those facts, a determination as to whether the grievance was founded or unfounded, and the basis for the determination. [DHS 94.41(3)(b)]. The Clients Rights Specialist shall complete his or her inquiries and submit the report within 30 days [DHS 94.41(5)(b)3] (within 5 days, in the case of an

emergency [DHS 94.41(5)(c)1.c]) from the date the grievance was presented to a program staff person.

- "Founded" means that there has been a violation of a specific right guaranteed to the client under the *Clients Rights* section of these policies, Wisconsin ch. DHS 92, ch. DHS 94 or ch. 51, Stats. [DHS 94.41(3)(a)1].
  - "Unfounded" means that the grievance is without merit or not a matter within the jurisdiction of the *Clients Rights* section of these policies, Wisconsin ch. DHS 92, ch. DHS 94 or s. 51.61, Stats. [DHS 94.41(3)(a)2].
- b. If the grievance is determined to be founded, the report shall describe the specific actions or adjustments recommended by the Clients Rights Specialist for resolving the issues presented. Where appropriate, the recommendation may include a timeline for carrying out the proposed acts and adjustments. [DHS 94.41(3)(c)].
  - c. If the grievance is determined to be unfounded, but through the process of the inquiry the Clients Rights Specialist has identified issues which appear to affect the quality of services in the program or to result in significant interpersonal conflicts, the report may include informal suggestions for improving the situation. [DHS 94.41(3)(d)].
  - d. Copies of the report shall be given to the CEO, the client and the grievant, if other than the client, the personal representative of a client if that person's consent is required for treatment (see policy on *Consent to Treatment*), and all relevant staff [DHS 94.41(3)(e)].
  - e. The Clients Rights Specialist shall purge the names or other client identifying information of any client involved in the grievance, other than the client directly involved, when providing copies of the report to persons other than the staff directly involved, the CEO or other staff who have a need to know the information. [DHS 94.41(3)(f)].

#### **4. Decision of CEO**

- a. If the CEO, the client, the grievant, if other than the client, and the personal representative, if that person's consent is required for treatment (see policy on *Consent to Treatment*), agree with the report of the Clients Rights Specialist, and if the report contains recommendations for resolution, those recommendations shall be put into effect within an agreed upon timeframe. [DHS 94.41(4)(a)].
- b. If there is disagreement over the report, the Clients Rights Specialist may confer with the client, the grievant, if other than the client, the personal representative, if that person's consent is required for treatment (see policy on *Consent to Treatment*), and the CEO or his or her designee to establish a mutually acceptable plan for resolving the grievance. [DHS 94.41(4)(b)].

- c. If the disagreement cannot be resolved through such discussions, the CEO or designee shall prepare a written decision describing the matters that remain in dispute and stating the findings and determinations or recommendations which form the official position of the program. [DHS 94.41(4)(c)].
- d. The decision may affirm, modify or reverse the findings and recommendations proposed by the Clients Rights Specialist. However, the CEO shall state the basis for any modifications which are made. [DHS 94.41(4)(d)].
- e. The CEO's decision shall be given personally or sent by first class mail to the client and the grievant, if other than the client, the personal representative of a client, if that person's consent is required for treatment (see policy on *Consent to Treatment*), and all staff who received a copy of the report of the Clients Rights Specialist. [DHS 94.41(4)(e)]. The decision shall be issued within 10 days DHS 94.41(5)(b)4] (within 5 days, in the case of an emergency DHS 94.41(5)(c)1.d]) of the receipt of the report from the Clients Rights Specialist, unless the client, the grievant, if other than the client, and the personal representative of the client, if that person's consent is necessary for treatment, agree to extend this period of time while further attempts are made to resolve the matters still in dispute.
  - i. The decision shall include a notice which explains how, where and by whom a request for administrative review of the decision under s. DHS 94.42 (2) may be filed and states the time limit for filing a request for administrative review. [DHS 94.41(4)(a)].
  - ii. If the grievance alleges a civil rights discrimination (DHS Civil Rights Compliance, 2010-2013), the decision shall also include notice of the right to appeal to:
    - (a) State: Division of Hearings and Appeals (DOA); or
    - (b) Federal: US DHHS, Region V, OCR, Chicago

## **5. Administrative Review**

Meta House personnel will cooperate with any grievance submitted for county and/or state administrative review as required under DHS ch. 94.

## **6. Protection of Clients**

- a. If the Clients Rights Specialist determines that a client or a group of clients is at risk of harm, and program staff have not yet acted to eliminate this risk, he or she shall immediately inform the CEO, the county department operating or contracting for the operation of the program, if any, and the office of the state department with designated responsibility for investigating client grievances under s. DHS 94.42 (1) (b) 2. of the situation. DHS 94.42(6).
- b. If the Clients Rights Specialist finds that interim relief is necessary to protect a client's well-being pending resolution of a grievance, a recommendation shall be given to the

CEO to modify the services being provided to the client to the extent necessary to protect the client. DHS 94.50(1). If the CEO agrees with the necessity for interim relief, he or she shall assure the implementation of action designed to provide the necessary protection at the minimum expense to the program and other clients while protecting the rights of the client who is the subject of the grievance. DHS 94.50(2).

## **7. Multiple Grievances by One Client**

- a. When a client or a person acting on behalf of a client has presented multiple grievances involving a variety of circumstances, the Clients Rights Specialist may establish an expanded timetable with specific priorities for investigating the allegations in a manner which appears most likely to deal with the issues in an efficient manner while addressing the most serious and/or urgent allegations first. This timetable may exceed the time limits in these policies, but shall include reasonable time limits for completing the investigation of each grievance. The Clients Rights Specialist shall notify the client (and personal representative when required - see policy on *Consent to Treatment*) and/or person acting on behalf of the client and the CEO of the timetable and priorities for resolution of multiple grievances within 10 days after beginning the inquiry. DHS 94.46(1).
- b. If there is an objection to the proposed timetable or priorities, the Clients Rights Specialist shall attempt to reach an informal resolution of the objection. If the client/personal representative, person acting on behalf of the client or the CEO continues to object, that person may request a review of the issue by the county department or the state grievance examiner, whichever would normally hear an appeal of the program level review under DHS ch. 94. In the absence of a request, the timetable and priorities established by the Clients Rights Specialist shall be controlling. DHS 94.46(2).

## **8. Related Grievances by Several Clients.**

- a. When two or more clients have presented individual grievances involving the same circumstances or a related group of circumstances, the Clients Rights Specialist may conduct the investigation as if it were one grievance. DHS 94.47(1).
- b. If the Clients Rights Specialist believes the investigation of the grievance will require more time to complete than is allowed under the time limits established in these policies, the Clients Rights Specialist shall establish a reasonable time limit for completing the investigation. The Clients Rights Specialist shall notify the clients, any person or persons acting on their behalf and the Director of Programs of the time limit within 10 days after beginning the inquiry. DHS 94.47(2).
- c. If there is an objection to the proposed timetable or priorities, the Clients Rights Specialist shall attempt to reach an informal resolution of the objection. If the client/personal representative, person acting on behalf of the client or the CEO continues to object, that person may request a review of the issue by the county department or the state grievance examiner, whichever would normally hear an appeal of the program level

review under DHS ch. 94. In the absence of a request, the timetable and priorities established by the Clients Rights Specialist shall be controlling. DHS 94.47(3).

## **9. Grievances Filed on Behalf of Clients**

- a. When a grievance is presented on behalf of a client by someone other than the client's personal representative, the Clients Rights Specialist shall meet with the client and the client's personal representative (if that person's consent is required for treatment - see policy on *Consent to Treatment*), to determine if the client or the client's personal representative, as appropriate, wishes the grievance investigated and resolved through an informal or formal resolution process. DHS 94.49(2).
- b. If the client or, when the personal representative's consent is required for treatment (see policy on *Consent to Treatment*), the personal representative is opposed to using the formal resolution process, the Clients Rights Specialist may proceed with the investigation only if there are reasonable grounds to believe that failure to proceed may place the client or other clients at risk of physical or emotional harm. If there is no personal representative, or that person is not available, and the client is unable to express an opinion, the Clients Rights Specialist shall proceed. DHS 94.49(3).
- c. Where a grievance is filed on behalf of a client by a person who does not have a right to information about the client because of confidentiality statutes, the person may only receive confidential information as part of the investigation or resolution of the grievance with the informed consent of the client or his or her personal representative, if there is one, and if the personal representative's consent is required for a release of information under applicable federal and/or Wisconsin law (see Section on *Informed Consent: Personal Representatives*). DHS 94.49(2).
- d. In the absence of this consent, a person presenting a grievance on behalf of a client shall be informed of the determination of the Clients Rights Specialist and decision of the CEO, if any, regarding the merit of the grievance, but if the text of the determination contains confidential information to which the person is not privileged or for which a release has not been obtained, the text may not be disclosed to the person. DHS 94.49(5).

## VI. CLIENT CASE RECORDS

Revised: 06/16/2015

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### *Creation and Organization of Client Records*

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#### **POLICY**

There will be a case record for each client admitted to Meta House [DHS 75.03(8)(a)] [DHS 83.42(1)]. The Medical Records Coordinator will be responsible for the maintenance and security of the client case record, ensuring that records are kept confidential, and ensuring that the records have a consistent format that facilitates information retrieval [DHS 75.03(8)(b-d)].

#### **PROCEDURE**

1. A client case record checklist for the appropriate program will be followed to maintain the consistency of the case record and facilitate information retrieval.
2. An electronic health record (EHR) episode will be opened for each client by the admitting staff member. A paper chart will also be created for required paper documentation.
3. The following forms must be completed before any client is admitted to Meta House:
  - a. Informed Consent [DHS 75.03(8)(e)(1)];
  - b. Patient Rights [DHS 75.03(8)(e)(3)];
  - c. Client Grievance Procedure [DHS 75.03(8)(e)(3)];
  - d. Releases of Information [DHS 75.03(8)(e)(13)];
  - e. Admission Agreement [DHS 75.03(8)(e)(2)] [DHS 83.42(1)(f)];
  - f. ASAM PPC or WIUPC [DHS 75.03(8)(e)(5)];
  - g. Acknowledgement of Receipt of Notice of Privacy Practices [DHS 75.03(8)(e)(3)];
  - h. Client Responsibilities
  - i. Other background information that the staff has obtained.

For clients being admitted to residential treatment, the following forms must also be completed before admission:

- a. Intake Data Sheet, including full name, gender, date of birth, admission date, last-known address, and emergency contact information [DHS 83.42(1)(a-b)];
- b. Evacuation Assessment [DHS 83.42(2)(k)];
- c. Agreement to Inspection



4. After intake, the Medical Records Coordinator will be responsible for assuring that the following are included in all client charts on an ongoing basis:
- a. Copy of any court order or other document authorizing another person to speak or act on behalf of the client, or other legal documents as required which affect the care and treatment of a client. [DHS 83.42(1)(s)];
  - b. Assessments [DHS 75.03(8)(e)(4)] [DHS 83.42(1)(c) & (h)];
  - c. Diagnosis [DHS 75.03(8)(e)(4)];
  - d. Results of subsequent ASAM PPC [DHS 75.03(8)(e)(5)];
  - e. Results of any testing [DHS 75.03(8)(e)(4)];
  - f. Treatment plans, including preliminary treatment plan [DHS 75.03(8)(e)(6)] [DHS 83.35(2)] [DHS 83.42(1)(i)];
  - g. Documentation of all services provided, including case management, education, and referrals [DHS 75.03(8)(c)(15)] [DHS 83.42(1)(t)];
  - h. List of current medications/supplements, including type and dosage [DHS 75.03(8)(e)(7)] [DHS 83.42(1)(p)];
  - i. Orders for medication or other required care [DHS 75.03(8)(e)(8)] [DHS 83.42(1)(o)];
  - j. Reports from referral sources [DHS 75.03(8)(e)(9)];
  - k. Records of referral by Meta House; [DHS 75.03(8)(e)(10)];
  - l. Staffing notes; [DHS 75.03(8)(e)(11 & 16)];
  - m. Correspondence relevant to client's treatment, including notation of telephone conversations [DHS 75.03(8)(e)(12)];
  - n. Releases of Information [DHS 75.03(8)(e)(13)] ;
  - o. Progress notes [DHS 75.03(8)(e)(14)] [DHS 83.42(1)(j)];
  - p. Documentation of transfer from one level of care to another [DHS 75.03(8)(e)(17)];
  - q. Discharge Documentation [DHS 75.03(8)(e)(18)] [DHS 83.42(1)(m)].

For residential clients, the following documentation must also be in the client case record:

- a. Results of communicable disease screening [DHS 83.28(4)];
- b. Current personal physician, if any [DHS 83.42(1)(d)];
- c. Documentation of significant incidents and illnesses, including the dates, times and circumstances [DHS 83.42(1)(g)];
- d. Results of the annual resident evacuation evaluation [DHS 83.42(1)(k)];

- e. Documentation of any sensory (hearing or vision) impairment of the client rendering them unable to detect or respond to a fire emergency [DHS 83.42(1)(L)] [DHS 83.48(7)(a) & (b)];
  - f. Any DHS–approved resident-specific waiver, variance or approval. [DHS 83.42(1)(n)];
  - g. Results of required quarterly psychotropic medication assessments [DHS 83.42(1)(q)];
  - h. Documentation of medication administration [DHS 83.42(1)(r)];
  - i. Client satisfaction survey [DHS 83.42(1)(i)];
5. Case records shall be maintained by Meta House for a period of 7 years from the date of termination of services [DHS 75.03(8)(h)] [DHS 83.13(2)b)].

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### ***Storage and Maintenance of Client Records***

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#### **POLICY:**

Meta House’s primary patient case record is electronic accessed via the Eptimax electronic health records system; however, a minimal paper case record will be maintained when needed for forms not available in Eptimax or records not easily scanned into the system. Eptimax is implemented as a hosted system, so that electronic patient case records are stored offsite on HIPAA compliant servers with encrypted communication and a regular backup system. When not in use, active and archived paper patient case records will be maintained in locked file cabinets, in locked rooms. All active case material will be returned to its designated location at the end of the business day [DHS 75.03(8)(c)] [DHS 83.42(2)]. Responding to requests for Medical Records will be the responsibility of the Medical Records Coordinator. The release of Medical records will only occur with a specific written consent that fulfills all the requirements of 42 CFR Part 2, HIPAA and Wisconsin state law. A record of all medical records requests will be maintained by the Medical Records Coordinator.

#### **PROCEDURE:**

##### **1. Electronic Records**

- a. Meta House network passwords must be strong enough to reasonably ensure proper security.
  - All passwords must contain three of the following characteristics:
    - Uppercase characters (A through Z)
    - Lowercase characters (a through z)
    - Base 10 digits (0 through 9)
    - Non-alphabetic characters (example: !, \$, %)

- Passwords must also meet the following complexity requirements.
  - Not contain the users account name or parts of the users full name that exceed two consecutive characters
  - Be at least 9 characters long
- b. All users will be automatically prompted to change their Meta House network passwords every 180 days.
- c. Users may not share their login information (user name and password) with anyone, including other Meta House staff.
- d. Passwords used to access the Meta House network or websites that contain client PHI<sup>1</sup> may not be written down or stored anywhere that they could be seen by anyone, including Meta House staff.
- e. When leaving their workstation, users must lock their screen or log out of their computer. (Locking can be done quickly by pressing the windows key  and the letter L at the same time.)
- f. All workstations will lock automatically if not inactive for 10 minutes.
- g. If anyone is logged into a computer that is used by other people, they must log out of the computer when they leave the workstation so that other users may log in to use the computer without being locked out. If users are locked out of a computer because another user did not log out properly, they should contact IT staff for help to unlock the computer rather than obtaining another user's password to unlock the computer.
- h. When accessing websites that contain client PHI, passwords should never be saved in the browser, even though the browser may prompt users to do so. If users save login information in error, they should contact IT staff to help them remove it.
- i. Staff may only have remote access to their computer via LogMeIn, Eptomax, or other website containing client PHI<sup>1</sup> if approved by their supervisor. The IT department will maintain a list for each user with remote access specifying which systems they are able to access. Appendix XX specifies the staff positions that are appropriate for remote access, and Appendix XX specifies the users who currently have remote access via LogMeIn.
- j. Any computer used for remote access to client PHI must be current on operating system security updates (e.g., Windows updates), have virus protection installed, and the software and virus definitions kept up to date.
- k. Remote access of client PHI may not occur over a public or unsecured WiFi network (e.g., at a coffee shop, airport, etc.) or at a public workstation (e.g., the library).
- l. All mobile phones or tablets used to access Meta House email will be equipped with a mobile device policy that will require a password on your device and automatically lock the device after no more than seven minutes of inactivity.
- m. When a staff member, intern, volunteer, or anyone else with access to the Meta House network or websites containing client PHI (see footnote above) leaves Meta House or

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<sup>1</sup> These include Eptomax, Dynacare, CMHC, ServicePoint, the Forward Health portal, and any other websites that contain client PHI.

changes positions so that access is no longer required, their supervisor or the HR department will inform the IT department, who will disable the individual's access to all such systems.

- n. The network servers will be stored in a locked room that is only accessible to IT staff.

## 2. Electronic Storage of PHI

- a. Files containing client PHI should only be saved in folders specifically designated for client PHI. Currently, these are the Census folder, the HIPAA Compliant Records folder, or the Evaluation folder (for program evaluation data). Such files should never be saved on a user's desktop, their personal folder (U: drive), General Office (O: drive), or any other location on the network.
- b. When staff are using Meta House laptops, no client PHI should be left on the laptop at the time it is signed back in to the IT department.
- c. Backup data from the network will be stored offsite either on media encrypted by a password or in a location only accessible by Meta House IT staff (e.g., a locked safe).
- d. Other than backup data, client PHI (including client names and social security numbers) may not be saved on any portable media, including flash/thumb drives and CD's.
- e. When users are remotely accessing the system, any client PHI saved to their computer must be deleted immediately after use. If any PHI is saved to a remote computer, the computer must be password protected with a password of reasonable strength (see guidelines above) and the password/user name may not be shared with any other member of the household.
- f. Client PHI must be cleared off of any workstation, laptop, mobile phone, or other device before it is disposed of or the device must be disposed of by organizations that can certify destruction of all data.
- g. Client PHI may not be uploaded to file storage websites without appropriate security and encryption, such as Dropbox or Google Docs.

## 3. Emailing PHI

- a. Electronic transmission of PHI to anyone outside of Meta House (i.e., any email address that does not end in *metahouse.org* or *shorewoodhouse.org*) is only permitted via secure, encrypted email. Currently, such email will be sent using a SendInc.com account, either via the website or through the Outlook add-in.
- b. All emails containing PHI must include a notification that the information is private and confidential and that redisclosure or other unauthorized use of the information is not permitted.

#### 4. Paper Records.

- a. Paper charts are located in the designated records areas in Riverwest North, Riverwest South, Riverwest East, and Shorewood House. Housing charts are located in the Housing Manager's office in the Locust building.
- b. Under no circumstances are client records to be left unattended.
- c. Charting is to take place in the designated records rooms. Charts are to remain in the records rooms. A staff member may remove assessment instruments and treatment or service plans in order to meet privately with a client. A completed chart index card must be left indicating what was removed from the chart and who has checked it out. Anything that is checked out must be returned to the appropriate medical record at the end of the business day.
- d. Only the Medical Records Coordinator or a Program Manager may approve the removal of the entire chart from its designated location.
- e. Filing cabinets and doors must be kept locked when staff persons are not physically present in designated chart areas. If a staff person is working on a medical record in their office and leaves the office, the material must be locked in a file cabinet or desk, or the door must be locked.
- f. Requests for archived charts or transfer of charts must be approved by the Medical Records Coordinator, Medical Records Assistant, or a Program Manager. A completed chart index card must be left in the chart's place in the cabinet to indicate who is using an archived chart.
- g. Transporting client charts (or content from charts) is permissible only between Meta House sites and only for approved activities (e.g., to transport from residential facilities to evaluators, auditors; to deliver new charts from intake to residential facilities, to deliver archived charts to the Riverwest East medical records room). When transporting protected information, staff is PROHIBITED from leaving the information in the vehicle when they leave the vehicle, unless they lock it in the trunk or a locked container.
- h. Opaque bags will be used to transport charts between facilities to indicate that the material is confidential.
- i. Upon discharge the case record will remain in the cabinet until the discharge staffing is complete. The Medical Records Coordinator and/or Assistant will remove the chart to be archived upon the completion of the typed discharge summary.
- j. The Medical Records Coordinator will designate the location of the keys to current client files in cooperation with the Program Managers.
- k. The Medical Records Coordinator will maintain responsibility for the records filing cabinet keys and the active and archived charts for all Meta House programs.

## VII-A. SCREENING

*Revised: 4/20/2015*

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### ***Admission***

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#### **POLICY**

##### ***A. Substance Abuse***

Admission criteria for Meta House programs [DHS 75.03(10)(b)] are as follows:

Referents must identify as female and be at least 18 years of age. The referent's need for services, the degree of impairment and the appropriate level of treatment care (as determined by the ASAM Patient Placement Criteria or WIUPC) per DHS 75 must be determined prior to admission. No individual will be admitted to the program without meeting these criteria, specific to the level of care.

To be admitted to the residential program a history and physical (dated no more than one year prior to admission date), and a negative Mantoux test for tuberculosis (dated no more than 90 days prior to admission) is required within seven days of admission [83.33.2g.b].

When a behavioral health diagnosis is present, a psychological assessment or a psychological summary may be requested from the client's therapist/physician before admission into a Meta House program.

Exclusion Criteria. After it is determined that the referent is eligible for a level of care provided by Meta House (DHS 75.11, 75.12, 75.13 or 75.14), intake staff will determine if the potential client can be safely served at the recommended level of care. Meta House will not accept a referent:

- Who is destructive to of property or self, or physically or mentally abusive to others. A history of this type of behavior will not automatically preclude someone from being treated at Meta House; however, Meta House will consider whether the program can treat the individual while ensuring the safety of staff and other clients. If an individual who was previously discharged due to such reasons desires to be readmitted, the Vice President of Clinical Services and Programming must assess her current status and approve any such readmission.
- Who has physical, mental, psychiatric or social needs that are not compatible with client group or with the care, treatment or services provided by the program
- Who is a sex offender.
- Who is in active withdrawal (please see Withdrawal policy below)

Admission Priority. Meta House gives preference in admission in the following order:

1. Pregnant injecting drug users. [45 CFR 96.131(a)1]
2. Other pregnant substance abusers. [45 CFR 96.131(a)2]
3. Other injecting drug users. [45 CFR 96.131(a)3]
4. Women with dependent children
5. Homeless persons with co-occurring disorders
6. Additional priorities of specific funding sources for women it funds.
7. All other women.

Wait List: Meta House never places pregnant women onto a Wait List. Pregnant women will be placed in the appropriate level of care based on the ASAM criteria and safety concerns. If Meta House residential treatment is at capacity and a pregnant woman requires residential treatment and/or cannot be safely treated in the day treatment program, Meta House staff will work with other providers, Milwaukee County, and the State of Wisconsin to assure that she is placed in appropriate residential treatment.

For women who not pregnant, placement are onto and admission from the Wait List will follow the priorities listed above. If a specific funding source has additional priorities (e.g., State of Wisconsin, Milwaukee County) for women it funds, Meta House will adhere to those priorities.

## ***B. Mental Health***

Admission criteria for the Meta House mental health clinic [35.16(1)] are as follows:

- Referents must be female, at least 18 years of age, with a diagnosable mental health and co-occurring substance use disorder. Pregnant women receive priority placement.
- A psychological assessment or a psychological summary may be requested from the client's therapist/physician before admission into a Meta House program.
- Intake staff will determine if the potential client can be safely served at the recommended level of care. Meta House will not accept a referent:
  - Who is actively suicidal or homicidal.
  - Who is destructive to of property or self, or physically or mentally abusive to others (If an individual who was previously discharged due to such reasons desires to be readmitted, the Director of Programs must assess her current status and approve any such readmission).
  - Who has physical, mental, psychiatric or social needs that are not compatible with treatment or services provided by the program

No individual will be admitted to the program without meeting these criteria. Any individual who applies for admission but does not meet these criteria will be referred to appropriate community services [35.16(2)]

## PROCEDURE

The client's chart will contain documentation of compliance with the above criteria.

### Pregnant women:

- As descriptions of Meta House are discussed in public presentations, all staff will be instructed to make it known that Meta House serves pregnant women and that they have priority for admission. [45 CFR 96.131(b)]
- Meta House will include the fact that it serves pregnant women and that they have priority admission on its entire print, social media and outreach efforts to the community, health care and social service providers. [45 CFR 96.131(b)] Pregnant women will be placed in the appropriate level of care based on the ASAM criteria and safety concerns. If Meta House residential treatment is at capacity and a pregnant woman requires residential treatment and/or cannot be safely treated in the day treatment program, Meta House staff will work with other providers and the Division of Mental Health and Substance Abuse Services within 48 hours of referral to assure that appropriate interim services are arranged. [45 CFR 96.131(d) (1) & (2)]

### Wait List:

The Admission/Orientation Coordinator will make reasonable efforts to stay in contact with women on the wait list to keep them engaged and to alert them to when a residential bed or outpatient treatment slot opens up.

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## *Application of Placement Criteria*

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## POLICY

Recommendations for initial placement, continued stay, level of care transfer and discharge of clients will be based upon the application of the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC) or other recognized uniform placement criteria [DHS 75.03(10)(c)].

## PROCEDURE

1. Intake. Clients who are referred to Meta House through the Milwaukee County AODA Central Intake Unit (CIU) will be admitted on the basis of a screening at the CIU that determined level of clinical care on the basis of the ASAM Patient Placement Criteria. Individuals referred directly to Meta House will have level of care determined by Meta House Intake staff utilizing the WIUPC.



2. Continued Stay, Level of Care Transfer and Discharge. At each staffing, the client's AODA counselor will submit a *Staffing* form with information relating to the client's current need for continuing in or change in the level of care based on the ASAM Patient Placement Criteria. The decision to continue the client at the current level of care or to transfer a client to another level of care and/or provider will be made within the context of the multidisciplinary team. Discharge from a program shall occur when the client no longer meets the ASAM Patient Placement Criteria for the program's level of care, and when critical elements of the discharge plan (e.g., safety, legal, shelter, income, stabilized mental health symptoms, parenting and other needs of children addressed) are in place; unless the funding source's assessment deems otherwise.

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## ***Withdrawal***

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### **POLICY**

A withdrawal screening shall be completed for any individual who is experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms. Any individual experiencing serious withdrawal symptoms will be referred to a detoxification setting immediately [DHS 75.03(10)(a)].

### **PROCEDURE**

The staff conducting the screening will assess each individual for signs of withdrawal and immediately refer any individual experiencing serious withdrawal symptoms to a detoxification setting.

## VII-B. SCREENING POLICY – Shorewood House

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### *Admission*

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#### **POLICY**

Admission criteria for Shorewood House [DHS 75.03(10)(b)] are as follows:

Referents must identify as female and be at least 18 years of age. The referent's need for services, the degree of impairment and the appropriate level of treatment care (as determined by the ASAM Patient Placement Criteria or WIUPC) per DHS 75 must be determined prior to admission.

To be admitted to the program, a history and physical (dated no more than one year prior to admission date), and a negative Mantoux test for tuberculosis (dated no more than 90 days prior to admission) is required within seven days of admission [83.33.2g.b].

When a behavioral health diagnosis is present, a psychological assessment or a psychological summary may be requested from the client's therapist/physician before admission into Shorewood House.

Clients admitted to Shorewood House must either have an insurance policy that will cover the cost of treatment or be able to pay the fee-for service rate for treatment. Potential clients who aren't able to pay for services but meet all other admission criteria may be referred to Meta House's other programs.

Exclusion Criteria. After it is determined that the referent is eligible for a residential level of care provided by Shorewood House (DHS 75.11 or 75.14), intake staff will determine if the potential client can be safely served at the recommended level of care. Shorewood House will not accept a referent:

- Who is destructive to of property or self, or physically or mentally abusive to others. A history of this type of behavior will not automatically preclude someone from being treated at Shorewood House; however, Shorewood House will consider whether the program can treat the individual while ensuring the safety of staff and other clients. If an individual who was previously discharged due to such reasons desires to be readmitted, the Vice President of Clinical Services and Programming must assess her current status and approve any such readmission.
- Who has physical, mental, psychiatric or social needs that are not compatible with client group or with the care, treatment or services provided by the program
- Who is a sex offender
- Who is in active withdrawal (see Withdrawal section below)

## **PROCEDURE**

The client's chart will contain documentation of compliance with the above criteria.

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### ***Application of Placement Criteria***

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## **POLICY**

Recommendations for initial placement, continued stay, level of care transfer, and discharge of clients will be based upon the application of the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC) or other recognized uniform placement criteria [DHS 75.03(10)(c)].

## **PROCEDURE**

1. Intake. Individuals referred to Shorewood House will have level of care determined by intake staff utilizing the ASAM Patient Placement Criteria or the WIUPC.
2. Continued Stay, Level of Care Transfer, and Discharge. At each staffing, the client's AODA counselor will submit a *Staffing* form with information relating to the client's current need for continuing in or change in the level of care based on the placement criteria. The decision to continue the client at the current level of care or to transfer a client to another level of care and/or provider will be made within the context of the team. Discharge from a program shall occur when the client no longer meets the placement criteria for the program's level of care, and when critical elements of the discharge plan (e.g., safety, legal, shelter, income, stabilized mental health symptoms, parenting and other needs of children addressed) are in place.

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### ***Withdrawal***

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## **POLICY**

A withdrawal screening shall be completed for any individual who is experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms. Any individual experiencing serious withdrawal symptoms will be referred to a detoxification setting immediately [DHS 75.03(10)(a)].

## **PROCEDURE**

The staff conducting the screening will assess each individual for signs of withdrawal and immediately refer any individual experiencing serious withdrawal symptoms to a detoxification setting.

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### ***Access and Referral***

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Individuals and referral sources can access Shorewood House services by calling the intake department directly. Intake screenings will occur during Shorewood House's normal business hours, which are 8:00 am to 4:30 pm, Monday through Friday.

Priority will be given to admissions from emergency rooms and detoxification facilities whenever possible, providing all above screening criteria are met. Priority will also be given to pregnant women; however, Shorewood House cannot accommodate children, so the baby would not be able to return to Shorewood House with the mother if she delivers while in treatment.

## VIII-A. INTAKE

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### *Program Agreement*

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#### **POLICY**

Prior to admission, all clients shall be informed verbally and in writing (via the *Program Agreement*) about the general nature and purpose of the program; expectations involving client participation; and regulations involving client conduct, including the types of infractions that will result in corrective action or discharge from the program, and the process for review or appeal. [DHS 75 (11)(b)(3)].

Prior to signing the program agreement, a client (or her personal representative) seeking admission to the residential program will be provided a copy of the Residential Program Statement, which will contain all of the elements required by DHS 83.06(1). [DHS 83.06(2a)]. The program statement shall be available to employees, to residents and to any other person upon request. [DHS 83.06(2b)].

Meta House shall give the client or the client's authorized representative a 30-day written notice of any change in services available or in charges for services that will be in effect for more than 30 days. [DHS 83.29(1)(c)]

#### **PROCEDURE**

Prior to admission, the Meta House intake staff shall explain to the client, as outlined in the program-specific *Admission Agreement* form. [DHS 75.03(11)(b)(3)] [DHS 83.29]:

1. the general nature and purpose of the program [DHS 75.03(11)(b)(3)(a)] [DHS 83.29(1)(b)];
2. hours of service, cost of treatment and accepted methods of payment (if client is to be billed) [DHS 75.03(11)(b)(3)(d & f)] [DHS 83.29(1)(b)] [DHS 83.29(2)(a)];
3. the method for notifying residents of a change in charges for services. [DHS 83.29(2)(c)];
4. Reasons and notice requirements for involuntary discharge or transfer. [DHS 83.29(2)(h)];
5. procedures for follow-up after discharge [DHS 75.03(11)(b)(3)(f)];
6. expectations involving client participation; and
7. regulations involving client conduct, including the types of infractions that will result in corrective action or discharge from the program, and the process for review or appeal [DHS 75.03(11)(b)(3)(c)].

The client will have the opportunity to ask questions for the purpose of clarification. At the conclusion of the discussion, the client shall be asked to sign the *Admission Agreement* form, indicating their agreement to comply with the terms of the *Admission Agreement* [DHS

75.03(11)(b)(3)]. The original of the form shall be inserted in the client's chart, and a copy shall be given to the client upon request. There shall be no retaliation threatened or carried out if a client or personal representative refuses to provide informed consent or withdraws consent.

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## ***Client Rights***

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### **POLICY**

At admission all clients and/or their personal representatives (as required by law - see policy on *Consent to Treatment*) shall be informed verbally and in writing about their rights as clients [94.04(1)] [DHS 83.28(6)], including the protection of confidentiality under federal and state law [DHS 75.03(11)(b)(3)(b)] and the procedure for filing grievances [DHS 83.28(6)].

### **PROCEDURE**

1. Upon admission, Meta House program intake staff shall explain to the client/personal representative, as outlined in the *Client Rights* form, the rights that they have as a client in the Meta House program, consistent with DHS 94. The staff member conducting program orientation shall also review the procedure for filing a grievance with the client/personal representative. The client/personal representative will have the opportunity to ask questions for the purpose of clarification. Verbal and written information provided shall include any financial cost or liability regarding treatment. At the conclusion of the discussion, the client/personal representative shall be asked to sign the *Client Rights* and *Client Grievance Procedure* forms. The original of the form shall be inserted in the client's chart, and a copy shall be given to the client/personal representative.
2. Upon admission, the Meta House intake staff shall explain to the client/personal representative, as outlined in the *Notice of Privacy Practices*, the methods used by Meta House to protect privacy. At the conclusion of the discussion, the client/personal representative shall be asked to sign the *Acknowledgment of Receipt of Notice of Privacy Practices* form. The acknowledgment form shall be inserted in the client's chart and the client/personal representative shall be given a copy of the *Notice of Privacy Practices*. If the client's written acknowledgment cannot be obtained, the staff member(s) who attempted to obtain it shall document their good faith efforts to obtain the acknowledgment and the reason why it was not obtained. That documentation shall be noted on the *Documentation of Good Faith Efforts to Obtain Written Acknowledgment of Receipt of Notice of Privacy Practices* form and filed in the client's chart.

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## ***Initial Assessment and Preliminary Service Plan***

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### **POLICY**

Upon admission, each client will have a preliminary service plan [DHS 75.03(11)(d)] [DHS 83.35(2)] [DHS 83.28(5)] developed on the basis of the intake assessment [DHS 75.03(11)(c)] [DHS 83.35(1)(a)].

### **PROCEDURE**

**Initial Assessment.** If the client is admitted through the Milwaukee County public sector AODA Central Intake Unit (CIU), the initial assessment shall consist of the comprehensive screening conducted at the CIU. If admitted through referral directly to Meta House from some other source, the Intake Department will conduct an initial assessment to include [DHS 75.03(11)(c)]:

1. An alcohol and drug history that identifies:
  - a. The substance or substances used.
  - b. The duration of use for each substance.
  - c. Pattern of use in terms of frequency and amount.
  - d. Method of administration.
  - e. Status of use immediately prior to entering into treatment.
2. Available information regarding the patient's family, significant relationships, legal, social and financial status, treatment history and other factors that appear to have a relationship to the patient's substance abuse and physical and mental health.
3. Documentation of how the information identified in #'s 1. and 2. relate to the patient's presenting problem.
4. Documentation about the current mental and physical health status of the patient.

**Preliminary Service Plan.** The Program Orientation Counselor will develop a preliminary service plan that is based on the initial assessment [DHS 75.03(11)(d)].

Both the intake assessment and the preliminary service plan will be documented in a progress note and inserted in the client's chart.

During the intake process, the Program Orientation Counselor shall discuss the initial assessment and preliminary service plan with the client and, when appropriate, with the client's family members. The client (and family members) will have the opportunity to ask questions for the purpose of clarification.

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## ***Information and Referral Relating to Communicable Diseases***

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### **POLICY**

All clients shall be provided information concerning communicable diseases, such as sexually transmitted diseases (STDs), hepatitis B, tuberculosis (TB), and human immunodeficiency virus (HIV), and those with communicable disease shall be referred for treatment as appropriate [DHS 75.03(11)(f)].

### **PROCEDURE**

During the intake process, the Orientation Counselor shall provide the client with information relating to communicable diseases, and make referrals for treatment if indicated. This process will be documented in the client's chart



## VIII-B. INTAKE – Shorewood House

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### *Program Agreement*

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#### **POLICY**

Prior to admission, all clients will be informed verbally and in writing (via the *Admission Agreement*) about the general nature and purpose of the program; expectations involving client participation; and regulations involving client conduct, including the types of infractions that will result in corrective action or discharge from the program, and the process for review or appeal. [DHS 75 (11)(b)(3)].

Prior to signing the program agreement, a client (or her personal representative) seeking admission to the residential program will be provided a copy of the Shorewood House Program Statement, which will contain all of the elements required by DHS 83.06(1). [DHS 83.06(2a)]. The program statement will be available to employees, to residents and to any other person upon request. [DHS 83.06(2b)].

Shorewood House will give the client or the client's authorized representative a 30-day written notice of any change in services available or in charges for services that will be in effect for more than 30 days. [DHS 83.29(1)(c)]

#### **PROCEDURE**

Prior to admission, the Shorewood House intake staff will explain to the client, as outlined in the program-specific *Admission Agreement* form. [DHS 75.03(11)(b)(3)] [DHS 83.29]:

1. the general nature and purpose of the program [DHS 75.03(11)(b)(3)(a)] [DHS 83.29(1)(b)];
2. hours of service, cost of treatment and accepted methods of payment (if client is to be billed) [DHS 75.03(11)(b)(3)(d & f)] [DHS 83.29(1)(b)] [DHS 83.29(2)(a)];
3. the method for notifying residents of a change in charges for services. [DHS 83.29(2)(c)];
4. Reasons and notice requirements for involuntary discharge or transfer. [DHS 83.29(2)(h)];
5. procedures for follow-up after discharge [DHS 75.03(11)(b)(3)(f)];
6. expectations involving client participation; and
7. regulations involving client conduct, including the types of infractions that will result in corrective action or discharge from the program, and the process for review or appeal [DHS 75.03(11)(b)(3)(c)].

The client will have the opportunity to ask questions for the purpose of clarification. At the conclusion of the discussion, the client will be asked to sign the *Admission Agreement* form,

indicating their agreement to comply with the terms of the *Admission Agreement* [DHS 75.03(11)(b)(3)]. The original of the form will be included in the client's chart, and a copy will be given to the client upon request. There will be no retaliation threatened or carried out if a client or personal representative refuses to provide informed consent or withdraws consent.

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## ***Client Rights***

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### **POLICY**

At admission all clients and/or their personal representatives will be informed verbally and in writing about their rights as clients [94.04(1)] [DHS 83.28(6)], including the protection of confidentiality under federal and state law [DHS 75.03(11)(b)(3)(b)] and the procedure for filing grievances [DHS 83.28(6)].

### **PROCEDURE**

1. Upon admission, Shorewood House intake staff will explain to the client/personal representative, as outlined in the *Client Rights* form, the rights that they have as a client at Shorewood House, consistent with DHS 83 and DHS 94. The staff member conducting program orientation will also review the procedure for filing a grievance with the client/personal representative. The client/personal representative will have the opportunity to ask questions for the purpose of clarification. Verbal and written information provided will include any financial cost or liability regarding treatment. At the conclusion of the discussion, the client/personal representative will be asked to sign the *Client Rights* and *Client Grievance Procedure* forms. The original of the form will be inserted in the client's chart, and a copy will be given to the client/personal representative.
2. Upon admission, the Shorewood House intake staff will explain to the client/personal representative, as outlined in the *Notice of Privacy Practices*, the methods used by Shorewood House to protect privacy. At the conclusion of the discussion, the client/personal representative will be asked to sign the *Acknowledgment of Receipt of Notice of Privacy Practices* form. The acknowledgment form will be inserted in the client's chart and the client/personal representative will be given a copy of the *Notice of Privacy Practices*. If the client's written acknowledgment cannot be obtained, the staff member(s) who attempted to obtain it will document their good faith efforts to obtain the acknowledgment and the reason why it was not obtained. That documentation will be noted on the *Documentation of Good Faith Efforts to Obtain Written Acknowledgment of Receipt of Notice of Privacy Practices* form and filed in the client's chart.

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## ***Initial Assessment and Preliminary Service Plan***

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### **POLICY**

Upon admission, each client will have a preliminary service plan [DHS 75.03(11)(d)] [DHS 83.35(2)] [DHS 83.28(5)] developed on the basis of the intake assessment [DHS 75.03(11)(c)] [DHS 83.35(1)(a)].

### **PROCEDURE**

**Initial Assessment.** The Intake Department will conduct an initial assessment to include [DHS 75.03(11)(c)]:

1. An alcohol and drug history that identifies:
  - a. The substance or substances used.
  - b. The duration of use for each substance.
  - c. Pattern of use in terms of frequency and amount.
  - d. Method of administration.
  - e. Status of use immediately prior to entering into treatment.
2. Available information regarding the patient's family, significant relationships, legal, social and financial status, treatment history and other factors that appear to have a relationship to the patient's substance abuse and physical and mental health.
3. Documentation of how the information identified in items 1 and 2 relate to the patient's presenting problem.
4. Documentation about the current mental and physical health status of the patient.

**Preliminary Service Plan.** The counselor will develop a preliminary service plan that is based on the initial assessment [DHS 75.03(11)(d)].

Both the intake assessment and the preliminary service plan will be documented in a progress note and inserted in the client's chart.

During the intake process, the counselor will discuss the initial assessment and preliminary service plan with the client and, when appropriate, with the client's family members. The client (and family members) will have the opportunity to ask questions for the purpose of clarification.

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## ***Information and Referral Relating to Communicable Diseases***

---

### **POLICY**

All clients will be provided information concerning communicable diseases, such as sexually transmitted diseases (STDs), hepatitis B, tuberculosis (TB), and human immunodeficiency virus (HIV), and those with communicable disease will be referred for treatment as appropriate [DHS 75.03(11)(f)].

## **PROCEDURE**

During the intake process, the counselor will provide the client with information relating to communicable diseases and make referrals for treatment if indicated. This process will be documented in the client's chart

## **X. ASSESSMENT**

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### ***Substance Abuse***

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#### **POLICY**

At Meta House all clients shall receive an assessment of their clinical needs that is based on information relating to their psychological, social and physiological signs and symptoms, trauma and substance abuse history as described in the DSM-IV [DHS 75.03(12)(1)] [DHS 83.35(1)(a)]. The assessment will be used to guide the development of an individualized treatment plan. The admission assessment shall be in writing. The process of assessment shall be ongoing, to assure that the treatment plan is modified as needed as determined through a staffing to be held at least every 30 days [DHS 75.03(12)(2)(e)] [DHS 83.35(1)(a)].

#### **PROCEDURE**

1. Based on level of care, the first assessment will be completed:
  - a) within four days of admission for residential clients [DHS 75.11(6)b];
  - b) within two visits after admission for day treatment [DHS 75.12(6)b] and outpatient [DHS 75.11(5)b] clients.
2. At admission the AODA Counselor shall interview the client and compile psychological, social and physiological history in narrative report format.
3. All collateral information summarized by referring agencies, the client's physician, and other Meta House staff is reviewed and integrated into the assessment.
4. The counselor shall identify in summary form the assessment information, conclusions, possible outcomes and a list of current problem areas at admission [DHS 75.03(12)(2)(b)] [DHS 83.35(1)(d)]. Strengths and needs are identified at this time.
5. Any signs, symptoms or previous history of a mental health diagnosis or trauma shall be identified and written into the assessment report [DHS 75.03(12)(2)(c)] [DHS 83.35(1)(c)5]. If there is an immediate crisis the client will be referred to the County Mental Health system. If any current issues are identified at admission, the client will be referred for assessment to a licensed mental health professional. Referrals for ongoing service shall be made to a mental health professional as indicated.
6. Any signs, symptoms, complaints or previous history of physical health problems, including the presence and intensity of pain [DHS 83.35(1)(c)3] shall be identified and included in the assessment report. If any such symptoms are identified, a referral shall be made for a physical health assessment to be conducted by medical personnel [DHS 75.03(12)(2)(d)] [DHS 83.35(1)(c)1].
7. The assessment shall include social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. [DHS 83.35(1)(c)10].
8. The assessment shall include behavior patterns that are or may be harmful to the client or other persons, including destruction of property. [DHS 83.35(1)(c)6]

9. The admission assessment shall be used to inform the development of the treatment plan. Assessment is an ongoing process in order to ensure that treatment plans are modified as needed. Updates and changes may result from a staffing that is conducted at least every thirty days, and more frequently if needed [DHS 75.03(12)(2)(e)] [DHS 83.35(1)(a)].

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## ***Mental Health***

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### **POLICY**

At Meta House all clients shall receive an initial assessment by a mental health practitioner prior to a second meeting with a staff member. The information collected during the assessment shall be sufficient to identify the client's need for outpatient mental health services. [DHS 35.17(1)(a)]. A comprehensive assessment, reflecting the client's current needs, strengths, functioning and insight into their illness shall be completed before beginning treatment, and included in the initial and subsequent treatment plans. (see TREATMENT PLAN, below).

### **PROCEDURE**

The comprehensive assessment shall include:

1. The client's presenting problems. [DHS 35.17(1)(b)1]
2. A diagnosis, which shall be established from the current Diagnostic and Statistical Manual of Mental Disorders. [DHS 35.17(1)(b)2]
3. The recipient's symptoms which support the given diagnosis. [DHS 35.17(1)(b)3]
4. Information on the client's strengths, and current and past psychological, social, and physiological data; information related to school or vocational, medical, and cognitive functioning; past and present trauma; and substance abuse. [DHS 35.17(1)(b)4]
5. The client's unique perspective and own words about how the consumer views his or her recovery, experience, challenges, strengths, needs, recovery goals, priorities, preferences, values and lifestyle, areas of functional impairment, and family and community support. [DHS 35.17(1)(b)5]

If the counselor performing the assessment determines that Meta House cannot serve a client's mental health or co-occurring substance use disorder needs, independently, or in collaboration with other providers, the clinic shall refer the client, with the client's consent, to an appropriate provider. [DHS 35.17(2)]

## **XI. TREATMENT PLAN**

### **POLICY**

A treatment plan based on the assessment will be developed for each client. The treatment plan will be developed in collaboration with the client, (for minors, the personal representative in accordance with the law - see policy on *Consent to Treatment*), other professional staff and, as appropriate and desired by the client, other family members/friends or community supports. Based on ongoing assessment, the treatment plan will be revised and updated as appropriate [DHS 75.03(13)(a)] [DHS 35.19(1)(a)] [DHS 83.35(3)(a)].

### **PROCEDURE**

#### **Substance Abuse**

1. Based on level of care, the first treatment plan will be completed:
  - a) within four days of admission for residential clients [DHS 75.11(6)b] [DHS 83.35(3)(a)];
  - b) within two visits after admission for day treatment [DHS 75.12(6)b] and outpatient [DHS 75.11(5)b] clients.
2. The AODA counselor, in conjunction with the client, parent(s) personal representative of minors as required by law and/or requested by the minor, other professional staff and other family/community members as appropriate, will develop a treatment plan based on the assessment [DHS 75.03(13)(a)].
3. The treatment plan shall specify the client's needs, strengths and short and long-term goals [DHS 75.03(13)(b)(1)] [DHS 83.35(3)(a)1].
4. Goals shall be stated in behavioral and measurable terms [DHS 75.03(13)(b)(1)] with specific time limits for attainment [DHS 83.35(3)(a)3] that reflect realistic expected outcomes [DHS 75.03(13)(b)(2)], in language that is understandable to the client [DHS 75.03(13)(b)(1)].
5. Treatment plans shall specify interventions and services designed to achieve attainment of the treatment goals [DHS 75.03(13)(b)(3)] [DHS 83.35(3)(a)2], while specifying who is responsible for delivering the services [DHS 83.35(3)(a)4].
6. Criteria for discharge will be described in the plan [DHS 75.03(13)(b)(4)].
7. Treatment plans of persons who are dually diagnosed will specify goals for treatment, designed with input from a mental health professional [DHS 75.03(13)(b)(5)].
8. The focus of progress and staffing notes will be to track tasks performed in meeting the treatment plan goals as well as progress toward those goals [DHS 75.03(13)(b)(6)].
9. The treatment plan shall address any culture, gender, disability and age-related treatment needs related to substance use disorders, mental disorders and trauma associated with the individual client [DHS 75.03(13)(a)].
10. Clients will be active participants in the development of their treatment plans. Other providers (internal and external to Meta House) will also be invited to participate in the development of the plan as appropriate. The counselor will solicit the client's input regarding

goals, strategies and outcomes, review the plan with the client and provide the client with explanations and opportunities to ask questions [DHS 75.03(13)(a)] [DHS 83.35(3)(b)].

11. The treatment plan shall be reviewed and signed by the counselor, clinical supervisor, client, parent(s)/personal representative of minor clients as required by law and/or desired by the minor, and the consulting physician. [DHS 83.35(3)(d)]
12. The treatment plan will be reviewed on a regular basis and modified as appropriate [DHS 83.35(3)(d)] as follows:
  - a. At least every 90 days for clients who attend treatment one day per week or less frequently [DHS 75.03(14)(a)(1)].
  - b. At least every 30 days for clients who attend treatment more frequently than one day per week [DHS 75.03(14)(a)(2)].

### **Mental Health**

- A. The counselor, in conjunction with the client and/or personal representative, other professional staff and other family/community members as appropriate, will develop a treatment plan based on the assessment [DHS 35.19(1)(a)]. The treatment plan shall describe:
  1. The client's strengths and how they will be used to develop the methods and expected measurable outcomes that will be accomplished. [DHS 35.19(1)(a)1].
  2. The method to reduce or eliminate the symptoms causing the client's problems or inability to function in day to day living, and to increase the client's ability to function as independently as possible. [DHS 35.19(1)(a)2].
  3. The schedules, frequency, and nature of services recommended to support the achievement of the client's recovery goals, irrespective of the availability of services and funding. [DHS 35.19(1)(a)4].
- B. The treatment plan shall reflect the current needs and goals of the client as indicated by progress notes and by reviewing and updating the assessment as necessary. [DHS 35.19(1)(b)].
- C. The client and/or personal representative shall be asked to approve and sign the treatment plan, which shall include an acknowledgment immediately preceding the client's or personal representative's signature that the client or personal representative had an opportunity to be informed of the services in the treatment plan, and to participate in the planning of treatment. If the client expresses disapproval of any aspect of the plan, notations of the objections shall be noted in the client's record [DHS 35.19(2)].



## **XII. STAFFING**

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### ***Substance Abuse***

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#### **POLICY**

A staffing with the entire multi-disciplinary team present shall be conducted for each Meta House client on a regular basis. Discharge planning shall be routinely reviewed beginning with admission. A discharge staffing will be conducted within ten days of the consumer's actual discharge date.

#### **PROCEDURE**

1. Each client's case shall be staffed according to the following schedule beginning with an admission staffing, then on-going staffing or crisis staffing as needed:
  - a. At least every 90 days for clients who attend treatment one day per week or less frequently [DHS 75.03(14)(a)(1)].
  - b. At least every 30 days for clients who attend treatment more frequently than one day per week [DHS 75.03(14)(a)(2)].
2. The multi-disciplinary team shall consist of the Case Manager, the AODA counselor, vocational/educational staff, the clinical supervisor, the Director of Programs, the consulting physician (if available), and other program-specific professional staff. Each discipline is required to present orally and in writing a summary of the case. Outside professionals such as recovery support coordinators (when Milwaukee County is a funder), probation and parole agents, child welfare caseworkers and W-2 caseworkers (FEPs) may be included as appropriate. [DHS 83.35(3)(e)]
3. If the client is dually diagnosed, the counselor will review the treatment plan with a mental health professional, with appropriate notation made in the progress notes [DHS 75.03(14)(d)].
4. At each staffing, the AODA counselor will submit a *Staffing* form with information relating to the client's current need for continuing in or change in the level of care based on the ASAM Patient Placement Criteria.
5. After each staffing, the AODA counselor will write a report summarizing progress on treatment plan goals, strategies and objectives; and documenting any changes to the treatment plan. Information relating to the client's current need for continuing in or change in the level of care based on the ASAM Patient Placement Criteria will be included in the report [DHS 75.03(14)(b)]. The staffing report shall be signed by the AODA counselor, the clinical supervisor, the consulting physician and, if the client is dually diagnosed, by a mental health professional, and inserted in the client chart [DHS 75.03(14)(e)].

6. The counselor and clinical supervisor will review each client's progress and the current status of the treatment plan in a case conference at least every 30 days and more frequently if necessary. The counselor will discuss with the client the client's progress and treatment plan status at least every 30 days. Notation of case conferences and review of progress with the client shall be made in the progress notes [DHS 75.03(14)(c)].

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## ***Mental Health***

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### **POLICY**

A staffing shall be conducted for each client on a regular basis. [DHS 35.19(3)(a)]. Discharge planning shall be routinely reviewed beginning with admission. A discharge staffing will be conducted within ten days of the consumer's actual discharge date.

### **PROCEDURE**

A mental health professional will conduct a staffing (clinical review) with each client at least every 90 days or 6 treatment sessions, whichever covers a longer period of time [DHS 35.19(3)(b)]. The clinical review will include the participation of the consumer and be documented. The documentation will include:

1. The degree to which the goals of treatment have been met.
2. Any significant changes suggested or required in the treatment plan.
3. Whether any additional assessment or evaluation is recommended as a result of information received or observations made during the course of treatment.
4. The consumer's assessment of functional improvement toward meeting treatment goals and suggestions for modification.

### **XIII. PROGRESS NOTES**

*Revised 8/18/2014*

#### **POLICY**

A progress note will be entered in the client chart in a timely manner for every instance of every service provided to or contact with the client and for every contact with a collateral source (i.e., anyone from which information may be obtained regarding the client, which may include a family member, clinical records, a friend, a co-worker, a child welfare worker, a probation and parole agent or a health care provider) by a professional staff member who delivered the service or made the contact [DHS 75.03(15)(a)].

#### **PROCEDURE**

1. Progress notes will be entered electronically via the electronic health records system.
2. All progress notes will be entered into the client chart by the end of the day on which the service was delivered. The only exception is for staff who work on evenings or weekends and are not at the office at the end of the work day. Such individuals may insert the progress notes in the chart at the beginning of the next day they are in the office.
3. Progress notes are entered into a client's medical record in a chronological manner [DHS 75.03(15)(b)(1)].
4. Progress notes document a client's progress toward their treatment plan and responses to treatment.
5. Progress notes will be entered using the appropriate progress note form.
  - For clinical AODA and child & family services, a DAP format will be used.
  - For all other eligible services, a blank progress note will be used.
6. When the DAP format is used, the note should follow these guidelines:

**D (DATA)**. This is a descriptive account of exactly what took place at the time of service. It should be written with descriptive words that indicate simply what was said, done, provided, describes who, what, when and how. Writers should not report their thoughts, impressions or opinions.

**A (ASSESSMENT)**. This is the writer's impression, assessment, and /or sensory response to the specific DATA indicated above. The writer documents what was witnessed and the impact this may have on the continued treatment planning for the individual. Descriptive terms, adjectives and adverbs are helpful to portray the impression resulting from the data.

**P (PLAN)**. Once the exact event or service has been recorded in the DATA statement and assessed in the ASSESSMENT portion, it is necessary to close the note with a PLAN for

continued treatment. Depending on the nature of the observance or service that is documented, the writer may offer a plan for immediate action or a plan for on-going treatment intervention and action. The Plan section of the note should include a statement about whether there is another appointment and when (i.e., the next scheduled date of contact for either group or individual).

7. The person making the entry must sign the progress note electronically using their credentials for the electronic health records system. Signing the progress note marks the note with the date it was signed as well as marking the note as completed, which does not allow the narrative to be modified in any way [DHS 75.03(15)(c)].
8. If any changes or additions to the progress note are required after it is signed, they should be added as an amendment in the electronic health record.
9. If a service is entered for a client in error in the electronic record, the client's status should be changed to Incorrect Entry so that the correct information may be added.
10. The electronic health record system maintains an audit trail of all changes made to a client's record, allowing a list to be generated of all updates made to the client record.
11. The person making the entry will note only services personally rendered to the client, events that the staff person was physically present with the client and/or personal contact with collateral agencies on behalf of the client. Notes on "hearsay" are not acceptable.
12. Staff shall make efforts to obtain reports and other case records for a client receiving concurrent services from an outside source. The reports and other case records shall be made part of the client's case record [DHS 75.03(15)(d)].

## IX. DIAGNOSIS

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### *Substance Abuse*

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#### **POLICY**

The Meta House medical director shall either establish the client's diagnosis or review and concur with the diagnosis made by the client's counselor or other external physician [DHS 75.13(5)(e)] [DHS 83.35(1)(b)].

#### **PROCEDURE**

The medical director shall establish or concur with a diagnosis for each client, enter it into the *Physician Referral Form*, and sign the form, which will be inserted into the client's chart.

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### *Mental Health*

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#### **POLICY**

Anyone admitted to the Meta House Outpatient Mental Health program shall receive a diagnosis for a mental health disorder and recommendation for therapy from a licensed treatment professional, or a recognized psychotherapy practitioner. [35.16(4)(a)]. However if Meta House is to be reimbursed under the medical assistance program for psychotherapy services provided to a medical assistance recipient, the recommendation for psychotherapy shall be a physician prescription. [35.16(4)(b)]

## **XIV. TRANSFER**

### **POLICY**

The decision to transfer a client to another provider and/or level of care will be made within the context of the multidisciplinary team. Transfer to another level of care shall be based on application of the ASAM Patient Placement Criteria.

### **PROCEDURE**

1. The counselor will complete the *Staffing* form for the client, which will include information relating to the client's current need for continuing in or change in the level of care based on the ASAM Patient Placement Criteria. The results will be reported at a staffing or other multidisciplinary team meeting.
2. If it is determined that a change in provider or level of care is in order, a date to initiate the transfer is set, and contacts are initiated to refer the client to the appropriate level of care.
3. Documentation of the transfer shall be prepared and inserted in the client's chart [DHS 75.03(16)(a)]. This documentation shall include
  - The date the transfer was recommended and initiated;
  - The level of care from which the client is being transferred; and
  - The completed *Staffing* form that documents the basis for the recommendation of the level of care to which the client is being transferred.
4. A copy of documentation related to the transfer is sent to the new program no later than one week subsequent to the transfer [DHS 75.03(16)(b)].

## **XV. DISCHARGE**

(Revised 7/30/2013)

### **POLICY**

The discharge planning process shall begin when the client enters treatment and is updated through ongoing treatment planning reviews. Discharge from a program shall occur when the client no longer meets the ASAM Patient Placement Criteria for the program's level of care [DHS 75.03(17)(a)], and when critical elements of the discharge plan (e.g., safety, legal, shelter, income) are in place. Discharge may also occur before treatment completion under the following circumstances:

- The client (and/or parent/personal representative for a minor, as required by law) requests in writing that treatment be terminated;
- Meta House determines that the client cannot be located, refuses further services or is deceased;
- The client presents a risk of serious harm to the health or safety of self, other residents or employees
- The client commits a serious infraction of program rules (see the procedure below for Involuntary Discharge from the Residential Treatment Program for examples of serious infractions); or
- Based on a funder's decision.

In the case of involuntary discharge for residential treatment clients, Meta House will provide the client a 30-day written advance notice [DHS 83.31(4)(a)(1)], except in a case where there is imminent risk of serious harm to the health or safety of the resident, other residents, or employees, as detailed in the procedure for Involuntary Discharge from the Residential Treatment Program below.

### **PROCEDURE**

#### Discharge Planning and Implementation

1. The discharge planning process shall begin when the client enters treatment and is updated through ongoing treatment planning reviews. The *Discharge Planning* form is signed and inserted in the client chart at admission, and updated as appropriate. This process is critical to continuing optimum care at other levels of treatment when a discharge occurs. Each client **MUST** have an updated form in the file at all times.
2. Discharge planning must consider, but is not limited to, ALL of the following domains:
  - a. Probation & Parole
  - b. Housing
  - c. Financial Support Plan/Employment
  - d. Child Welfare Status
  - e. Childcare/Parenting

- f. Safety Plan for Children
- g. Medical Needs
- h. Emotional/psychological needs
- i. 12 Step Support Network
- j. Relapse Intervention plan
- k. Informal/Formal Aftercare
- l. Follow-up dates

The AODA Counselors are responsible for obtaining necessary Authorization for the Release of Information forms and signatures to expedite communication for the purpose of discharge planning. The Consent for the Release of Information forms **MUST** be updated to cover aftercare, follow-up and evaluation sessions. They are initiated at admission, dated and signed, reviewed and up-dated as necessary.

3. Discharge decisions based on placement criteria and completion of treatment plan goals will be made within the multidisciplinary teams. A *Staffing* form for the client, which will include information relating to the client's current need for continuing in or change in the level of care based on the ASAM Patient Placement Criteria, will be completed and reviewed at each regularly scheduled staffing.
4. When the multidisciplinary team determines that the client is ready to be discharged, the case manager sets in motion the steps needed to execute the discharge plan. The client and providers involved in providing aftercare services are provided with a copy of the final *Discharge Planning* form, which includes specific recommendations for aftercare.
5. The counselor will discuss the aftercare recommendations with the client at time of discharge, and explain the circumstances under which return to treatment may be needed [DHS 75.03(17)(d)].
6. The AODA counselor prepares a Discharge Summary narrative and enters it into the client's chart within one week after the date of discharge [DHS 75.03(17)(b)]. At a minimum the Discharge Summary shall include [DHS 75.03(17)(c)]:
  - A description of the reasons for discharge;
  - The client's treatment status and condition at discharge;
  - A final evaluation of the client's progress toward treatment plan goals;
  - Recommendations regarding care after discharge; and
  - The signature of the counselor, clinical supervisor and, if the client is dually diagnosed, the mental health professional. The consulting physician shall sign the form with 30 days after the date of discharge.

#### Involuntary Discharge from the Residential Treatment Program

At orientation, Meta House staff inform all clients (and their personal representatives, if required - see policy on *Consent to Treatment*) of the types of infractions that will result in corrective action including discharge from the program, and the process for review or appeal [DHS 75.03(11)(b)(3)(c)] [DHS35.18(1)(k)]. This information is part of the written *Admission*



*Agreement* which the clients/personal representatives are asked to review and sign at this time. The original is kept in the client record, while a copy of the signed form is given to the client upon request.

Examples of behavior which may result in termination from treatment prior to completion include:

- Physical violence or threats of physical violence;
- Vandalism, theft or destruction of personal or Meta House property;
- Sexual acting out, sexual harassment or sexually inappropriate contact including language (Such behavior will be treated in a therapeutic manner with discharge as a possible consequence).
- Continual swearing, cursing or aggressive/abusive/threatening language.
- Trafficking, possession or use of alcohol, illegal drugs, or tobacco on the premises.

Determinations to discharge consumers from Meta House will be made on a case by case basis and to the degree that any infraction may warrant after a thorough investigation of the circumstances. All requests to discharge on the basis of behavior must be presented to the Director of Programs for final approval. Except in emergency situations, the decision will be made in consultation with the clinical team.

*Notice requirements.* Every notice of involuntary discharge shall be in writing to the client or personal representative and shall include all of the following [DHS 83.31(4)(c)]:

1. A statement setting forth the reason and justification for discharge. [DHS 83.31(4)(c)1].
2. A statement that the client or personal representative may ask DHS to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the department's regional office with a copy to Meta House. The notice shall state that the request must provide an explanation why the discharge should not take place. [DHS 83.31(4)(c)2].
3. The name, address and telephone number of the department's regional office director. [DHS 83.31(4)(c)3].
4. The name, address and telephone number of the protection and advocacy agency designated under s. 51.62 (2) (a), Stats: Wisconsin Coalition for Advocacy. 16 N. Carroll Street, Suite 400. Madison, WI 53703 608-267-0214. [DHS 83.31(4)(c)4].

Written notice will provided 30 days before involuntary discharge except in the cases listed above, which represent imminent risk of serious harm to the health or safety of the resident, other residents, or employees.

A discharge summary shall also be completed in cases in which treatment is terminated prior to completion. Clients leaving treatment unexpectedly for any reason **MUST** still receive aftercare recommendations. Even when clients leave and are demonstrating hostility or anger, attempts must be made to provide them with the *Discharge Planning* form (as described above) with aftercare recommendations.

## **XVI. REFERRAL**

### **POLICY**

Referral of clients for services to be delivered by other community service providers shall be based on an ongoing process of assessment, treatment planning and discharge planning that identifies specific client needs and services to address those needs. The CEO shall approve any agreements with outside providers to provide services with clients of Meta House [DHS 75.03(18)(b)].

### **PROCEDURE**

1. The treatment and discharge plans will identify needs that must be addressed by external community providers.
2. Any disclosure of confidential information to an external provider may only be carried out on the basis of:
  - a. Written consent of the client; or
  - b. A business associate agreement that complies with requirements of the HIPAA Privacy Rule and 42 CFR Part 2.
3. Any agreement with an external provider to provide services to clients of Meta House shall specify all of the following [DHS 75.03(18)(c)]:
  - a. The services to be provided.
  - b. The unit costs for the services, if applicable.
  - c. The duration of the agreement.
  - d. The maximum extent of services available during the period of the agreement, if applicable.
  - e. The procedures to be followed in making referrals to the external provider.
  - f. The reports that can be expected from the external provider and how and to whom this information is to be communicated.
  - g. The agreement of the external provider to comply with the requirements of DHS 75, the HIPAA Privacy and Security Rules and 42 CFR Part 2.
  - h. The manner and degree to which Meta House and the external provider will share responsibility for the patient's care.
4. In making referrals to and entering into agreements with external providers, the CEO or her/his designee will endeavor to assure that the provider is in compliance with applicable state and federal statutes and regulations governing the provision of the particular service, and operates in conformance with accepted industry standards.

## **XVII. FOLLOW-UP**

### **POLICY**

All follow-up activities conducted by Meta House either directly or related to referral to an outside provider will be conducted only with the consent of the client [DHS 75.03(19)(a)]. Meta House will track client follow-through with referral to outside providers for the purpose of maximizing the chances of client compliance.

### **PROCEDURE**

1. Program staff shall be responsible for obtaining the written consent of the client (using the *Informed Consent* form) to participate in any follow-up activities provided by Meta House.
2. Program staff shall be responsible for obtaining the written consent of the client to disclose confidential information prior to any referral being made to an external provider for additional, ancillary or follow-up services.
3. Program staff shall contact the external provider of any service to whom a client is referred for additional, ancillary or follow-up services within one week from the date the referral is initiated to follow-up on consumer follow-through with the referral [DHS 75.03(19)(b)].
4. Program staff shall request that the external provider of any service to whom a client is referred for additional, ancillary services while still in treatment at Meta House provide regular reports on the client's status and progress [DHS 75.03(19)(c)].
5. Program staff shall record the date, method and results of follow-up attempts in the former or current client's chart. If attempts to obtain follow-up are unsuccessful, the reasons will be documented in the chart entry [DHS 75.03(19)(d)].
6. Program staff will follow-up on a transfer by contacting the provider to whom the client has been transferred within five days following initiation of the transfer and every 10 days thereafter until the client is either engaged in the service or had been identified as refusing to participate [DHS 75.03(19)(e)].

## **XVIII. ALCOHOL AND DRUG TESTING**

*Revised: 05/29/2015*

### **POLICY**

Meta House shall administer urinalyses to clients as part of its treatment regimen to help clients address their alcohol and drug use, as well as to comply with the requirements of contractors such as the criminal justice system. Whether urinalysis is appropriate for a specific client and the frequency of urine sample collection will be determined during the treatment planning process. Meta House staff administering tests will strictly adhere to the collection protocol to assure integrity of results.

If urinalysis is included as part of a client's treatment plan, urine samples will be collected randomly based on the frequency specified in the client's treatment plan. In addition, the client's clinical team may request a urine sample to be collected at any time based on staff concerns about substance use.

### **PROCEDURE**

#### **1. General Principles**

- a. Recognize that women in substance abuse treatment usually have histories of being assaulted, violated physically and voyeuristically, particularly in intimate settings such as the shower, bathroom, or bedroom.
- b. Recognize the dilemma of needing to have urine samples with an appropriate chain of custody with a viewed urine sample while at the same time understanding the importance of being trauma-informed and not re-traumatizing clients.
- c. Provide information to women about our policy and the exact procedures to obtain a viewed urine sample.
- d. Let clients know who will be informed of the results and review how the test outcomes may impact her treatment, child custody and legal status.
- e. Explain steps taken to preserve dignity whenever a viewed urine sample is requested

#### **2. Scheduling of random urine sample collection.**

- a. Residential treatment (Riverwest North and South). At admission, all clients will be assigned one of five colors by the Counselor Technician. The Counselor Technician will allot a color for each day of the month in a calendar. Clients will not be notified of the schedule in advance. Living Support Staff will announce the color of the day at 6:00 pm. Clients then have until 10:30 pm to give their specimen.
- b. Residential treatment (Shorewood House). At admission, all clients will be assigned one of five colors by the counselor completing the admission. Living Support Staff will allot a color for each day of the month in a calendar. Clients will not be notified

of the schedule in advance. Living Support Staff will announce the color of the day at 6:00 pm. Clients then have until 10:30 pm to give their specimen.

- c. Outpatient treatment. At admission, all clients who have urinalysis included in their treatment plan will be assigned one of five colors. At the end of each week, the five colors will be drawn at random by the Receptionist. Each group of clients will be scheduled for urine sample collection for the following week based on the order the color is drawn. Clients will not be notified of the color for the day until the morning that the urine sample will be collected.

### 3. Collection Procedure

When a urine sample is requested from a client, the following procedure will be followed:

- a. Only female staff will obtain urine samples from clients.
- b. A urine sample cup, form, and sticker will be prepared before obtaining the UA.
- c. The staff person will complete the form on the Dynacare website which includes the client's identifying information including; name, date of birth, insurance provider, and drugs being screened.
- d. The bottle will be marked with a printed sticker that includes the client's name, date of birth, and bar code and the cup will then be given to the client.
- e. The female staff person will then accompany the client into a private rest room,
- f. The staff person will then observe the urine sample collection.
- g. Using gloves or a plastic bag, the staff person will assist the client by placing the cup into the sealable plastic bag.
- h. The sample will then be stored in a locked refrigerator or designated cabinet, until it is opened by staff for pick up,
- i. Urine samples will be picked up Monday- through Friday by an outside lab.

**Urine samples will be collected randomly on a weekly basis, after “passes”, and/or as deemed necessary by the clinical team.**

### 4. Split Specimen/Instant UA Cup Procedure for Counselors

- a. Open the UA cup bag by tearing the top off at the notched edges
- b. Remove the UA cup from the package.
- c. Remove the cap of the UA cup by turning counter-clockwise.
- d. Give the UA cup and cap to the client and ask client to provide a urine sample in the UA cup.
- e. Have the client secure the cap on the UA cup by turning in clockwise
- f. Ensure that there is a tight seal by twisting the cap until an audible click is heard
- g. Write the date and initials of the client on the “Noble Security Seal” label

- h. Peel the label off and secure it over the cap of the UA cup
- i. Place the UA cup on a flat surface and remove the “key” that is in the cap
- j. Push the “key” into the hole on the side of the cup (push firmly)
- k. Peel off the “Split-Specimen Cup” label on the front of the UA cup to view the results.
- l. Read the adulteration test results between 3-5 minutes (Use the color guide as a reference for what colors are considered “normal” for the OX, S.G. and pH, and make sure the green color on the back of the cup is visible between 90-100 degrees F)
- m. At 5 minutes, read the drug strip for the results of the test.
  - (1) A line next to the C and a line next to the T (or 1, 2 or 3) equals a negative test
  - (2) A line next to the C only equals a positive test for that drug
  - (3) A line next to the T (or 1, 2, or 3) only is an invalid test
  - (4) Use the key at the bottom of the strips to identify which drugs are showing results (Oxycodone, Benzodiazepine, Amphetamine, Opiates, Methamphetamine, Cocaine and THC)
- n. Make a photocopy of the results by placing the entire cup with the results faced down on the copier. Put a copy of the results (positive or negative) in the client’s chart.
- o. If a confirmatory test is necessary, a label needs to be printed but then the sample can be sent in the instant UA cup to Dynacare.
- p. If a confirmatory test is not needed, send the specimen to Dynacare with a note stating that not test is needed and the sample needs to be destroyed.

## 5. Urinalysis Use in Treatment

Residential Procedure - The written results from the lab will be faxed to the residential program, and given to the primary counselor. The primary counselor will use the results to help determine the course of treatment.

Outpatient Procedure – The written results are faxed to the outpatient program and given to a counselor. The counselor who receives the results e-mails out the positive UA results to the clinical team. The primary counselor will use the results to help determine the course of treatment

## **XIX. SERVICE EVALUATION**

### **POLICY**

For each of its programs, Meta House will develop an evaluation plan that identifies goals, objectives and measurable outcomes, and the methodology to conduct evaluation of these outcomes. The results of the evaluation shall be used to assess the effectiveness of each program, and to make changes as appropriate for the purpose of improving outcomes [DHS 75.03(20)(a)(1, 2 & 4)].

### **PROCEDURE**

1. The CEO, working with program staff and outside consultants as appropriate, will oversee the development and ongoing maintenance of an evaluation plan that specifies goals, objectives and measurable outcomes for each program, a methodology for collecting data to measure each outcome, and criteria for successful attainment of each outcome [DHS 75.03(20)(a)(1 & 2)].
2. Goals, objectives and measurable outcomes, and a process for collecting data and measuring performance will be established for each program in, at minimum, the following client outcome areas [DHS 75.03(20)(a)(3)]:
  - a. Living situation.
  - b. Substance use.
  - c. Employment.
  - d. Criminal justice involvement.
3. Meta House Evaluation Department staff will collect outcome information from each client and enter it into their database at admission and at discharge [DHS 75.03(20)(c)]. Evaluation Department staff will monitor to assure that data is collected for each client and check for completeness and accuracy.
4. At discharge the client will be asked to complete the *Meta House Client Satisfaction Survey*. The surveys shall be kept on file for two years [DHS 75.03(20)(d)].
5. The CEO shall issue an annual report that summarizes each service's success in meeting targeted outcomes [DHS 75.03(20)(f)]. The report shall also report data compiled from the client satisfaction surveys.
6. The CEO will review the annual evaluation report with management and other staff and make changes in service operations, as indicated by the data [DHS 75.03(20)(g)].

## **XX. UNLAWFUL ALCOHOL OR PSYCHOACTIVE SUBSTANCE USE**

### **POLICY**

The unlawful, illicit or unauthorized use of alcohol or psychoactive substances at any Meta House facility, service location or during any Meta House program activity regardless of location is prohibited [DHS 75.03(22)].



## XXI. REPORTING OF DEATHS

### POLICY

Meta House shall report all deaths resulting from physical restraint suicide or the effects of psychotropic medication to the Wisconsin Department of Health and Family Services (DHS) as required by s. 51.64(2). [DHS 75.03(24)] [DHS 83.12]. When a client in the *residential treatment program* dies as a result of an incident or accident not related to the use of a physical restraint, psychotropic medication, or suicide must be made to DHS.

### PROCEDURE

1. The CEO or designee shall report the death of a client (as defined by WI DDHS *Reporting Procedures for Statutorily Reportable Deaths* - available at [http://www.dDHS.state.wi.us/rl\\_DSL/Providers/Definitions.htm](http://www.dDHS.state.wi.us/rl_DSL/Providers/Definitions.htm)), using the procedures and form available at ([http://www.dDHS.state.wi.us/rl\\_DSL/Providers/ReportDeath.htm](http://www.dDHS.state.wi.us/rl_DSL/Providers/ReportDeath.htm)) as follows:
2. Within 24 hours if one of the following applies:
  - a. There is reasonable cause to believe that the death was related to the use of physical restraint or a psychotropic medication.
  - b. There is reasonable cause to believe that the death was a suicide.
3. Within 3 working days of the resident's death when a resident dies as a result of an incident or accident not related to the use of a physical restraint, psychotropic medication, or suicide.

## **XXII. HEALTH AND SAFETY**

Revised: 05/29/2015

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### ***Emergency Services***

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#### **POLICY**

Meta House shall have in place a procedure for the provision of services to address a client's mental health emergency or crisis 24-hours per day, seven days per week, including during hours when its offices are closed, or when staff members are not available to provide outpatient mental health services. [DHS 35.165(1)]

#### **PROCEDURE**

1. Meta House shall operate a 24-hour, 7-day-a-week emergency response system.
2. During business hours, mental health emergencies brought to the attention of staff will be addressed by the client's counselor (if available) and the DOP or, in the absence of the DOP, a mental health practitioner designated by the DOP.
3. Outside of business hours: Clients are provided upon admission with an after-hours emergency phone number. This cell phone is staffed 24/7 on a rotating basis. If an emergency situation is beyond the scope of practice of the individual staffing the phone, she will contact the DOP or (or, if not available, the DOP's designated mental health practitioner).
4. In a situation involving significant risk Meta House, the Milwaukee Police Department will be called and the resident will be transported to the Milwaukee County Mental Health Center.

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### ***Communicable Disease Screening***

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#### **POLICY**

All clients shall be provided information at admission and annually while the client is enrolled concerning communicable diseases, such as sexually transmitted diseases (STDs), hepatitis B and C, tuberculosis (TB), and human immunodeficiency virus (HIV), and shall refer clients with communicable disease for treatment when appropriate [DHS 75.03(21)].

## PROCEDURE

- 1) During the intake process, staff will provide the client with information relating to communicable diseases, and make referrals for treatment if indicated. This process will be documented in the client's chart.
- 2) Subsequent to admission, program staff and/or external communicable disease professionals shall engage in an inquiry and discussion of the client's prior and current behaviors that could lead to communicable diseases, such as sexually transmitted diseases (STDs), hepatitis B and C, tuberculosis (TB), or human immunodeficiency virus (HIV), and refer clients with or at risk of communicable disease for treatment as appropriate.
- 3) At least annually thereafter, for as long as the client is enrolled, program staff will engage the client in a discussion of prior and current behaviors that could lead to communicable diseases, such as sexually transmitted diseases (STDs), hepatitis B and C, tuberculosis (TB), or human immunodeficiency virus (HIV), and refer clients for treatment as appropriate [DHS 75.03(21)].

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## *Tobacco*

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## POLICY

Meta House is a tobacco-free environment.

Use of tobacco products is prohibited in all interior and exterior spaces, including inside vehicles while on agency-property/parking lots or within sight of Meta House, Inc. properties.

### Residential:

- Nicotine dependence will be treated the same as other addictive substances.
- Treatment plans will be developed to treat the dependence
- Clients will be asked to abstain from smoking tobacco while in the treatment program.
  - Clients are not allowed to smoke while on passes or appointments
  - Smoking anywhere on Meta House property could result in discharge
- Use of nicotine replacement patches will be allowed with a completed physician's order form.

### Outpatient:

- Nicotine dependence will be treated the same as other addictive substances.
- Treatment plans will be developed to treat the dependence
- Clients will be educated about being a good neighbor and being respectful about where they smoke and dispose of cigarette butts in the neighborhood
- No smoking allowed within sight of campus: this includes Weil, Bremen and Clarke streets.
  - Smoking anywhere on Meta House property may result in discharge