

Navigate
Standard Operating Procedures:
Table of Contents

Section	Procedure Subject	Page Number
Administrative	Leadership Team	4-5
Administrative	Organizational Chart	6
Administrative	Procedure Approval	7
Administrative	Procedure Manual Format and Management	8
Administrative	Delegation of Management Authority	9
Administrative	Safety Official Designation	10
Administrative	Research Review	11-12
Administrative	Quality Assurance/Improvement	13
Client Rights	Declaration of Procedure on Clients' Rights	14-20
Client Rights	Right to Treatment & Provider Choice	21
Client Rights	Client Confidentiality	22-30
Client Rights	Redisclosure of Client Information	31-32
Client Rights	Restrictive Interventions	33-34
Client Rights	Client Contesting Documents in Health Record	35
Client Rights	Client Grievances	36-37
Client Rights	Involuntary Commitment	38-39
Client Rights	Authorization to Videotape, Record Audio, and Photograph	40
Client Rights	Client Access to Health Records	41
Client Rights	Client Suspension and Expulsion	42
Client Rights	Client Search and Seizure	43
Client Rights	Legal Action Against Clients	44
Client Rights	Periodic Internal Review	45
Human Resources	Staff Recruitment, Application, Interviewing, Qualification, Hiring, and Job Descriptions	46-47
Human Resources	Personnel Records	48
Human Resources	Clinical Supervision	49
Human Resources	Staff Orientation and On-Going Training	50
Human Resources	Conflict of Interest	51
Human Resources	Staff Scheduling	52
Human Resources	Staff Schedule Changes	53
Human Resources	Staff Illness/Emergency Calls	54
Human Resources	Computer Usage Policy	55
Services	Eligibility and Admission Criteria	56
Services	Standing Orders	57
Services	Screening for Eligibility	58-59
Services	Nondiscrimination in Admissions	60
Services	Intake & Comprehensive Clinical Assessment	61-62
Services	Services	63
Services	Services to Victims or Abuse/Neglect	64

Section	Procedure Subject	Page Number
Services	Consent to Treatment	65-66
Services	Treatment Plans	67-69
Services	SAIOP	70-72
Services	Community Support Services	73-74
Services	On Call/First Responder Responsibilities	75-76
Services	Breathalyzer Screening	77
Services	Caseload Assignment and Continuity of Care	78
Services	Appointment No-Show Guidelines	79-80
Services	Discharge and Discharge Planning	81-82
Services	Treatment Team Meetings	83
Services	Waiting Lists	84
Services	Fee Assessment and Collections	85
Services	Subcontracting Process	86
Services	Medical Procedures	87
Services	Medication Needs and Planning	88
Services	Medication Acquisition, Storage, Dispensing, and Disposal	89
Client Information	Security, Accessibility, and Confidentiality of Health Records	90-91
Client Information	Authority to Document in Health Records	92
Client Information	Documentation in Health Records	93
Client Information	Assigning and Correcting Client Numbers	94
Client Information	Corrections in Health Records	95
Client Information	Counter Signatures in Health Records	96
Client Information	Minimum Record Requirements	97-99
Client Information	Progress Notes	100
Client Information	Initial Screening Information	101
Client Information	Court Orders and Subpoenas	102-103
Client Information	Health Records Abbreviations	104
Client Information	Form Filing System	105
Client Information	Client Contact Log	106
Client Information	Legal Documents	107
Client Information	Protection of Health Records	108
Client Information	Secured “Hot” File	109
Client Information	Disclosure of Protected Health Information	110-111
Client Information	Stamping Client Information when Releasing	112
Client Information	Transporting Health Records	113
Client Information	Utilization Review	114
Client Information	Record Retention and Disposal	115-116
Client Information	Creating Volumes	117
Client Information	Financial Records	118
Safety	Emergency Medical Treatment	119
Safety	Drug-Free Workplace	120
Safety	Client Harm-to-Self and Harm-to-Other Procedure	121
Safety	Critical Incident Reporting	122-124

Section	Procedure Subject	Page Number
Safety	Non-Critical Incident Reporting	125-127
Safety	Staff Incident/Accident Reporting	128-133
Safety	Blood-borne Pathogen Exposure Control Plan	134-138
Safety	Infectious Disease Procedure	139-140
Safety	HIV	141-144
Safety	Weapons	145
Safety	Written Plan for Emergencies	146
Safety	Fire Drills and Fire Emergencies	147
Safety	Natural Disaster Plan	148
Safety	Inspections	149
Safety	Personal Property Loss	150
Safety	Transportation Procedure	151
Safety	Computer Security	151

SECTION. ADMINISTRATIVE
SUBJECT. LEADERSHIP TEAM
CREATED. FEBRUARY 2012
REVISED. OCTOBER 2012

PROCEDURE:

The Navigate Leadership Team will consist of all Directors, Officers, and Coordinators.

Steps:

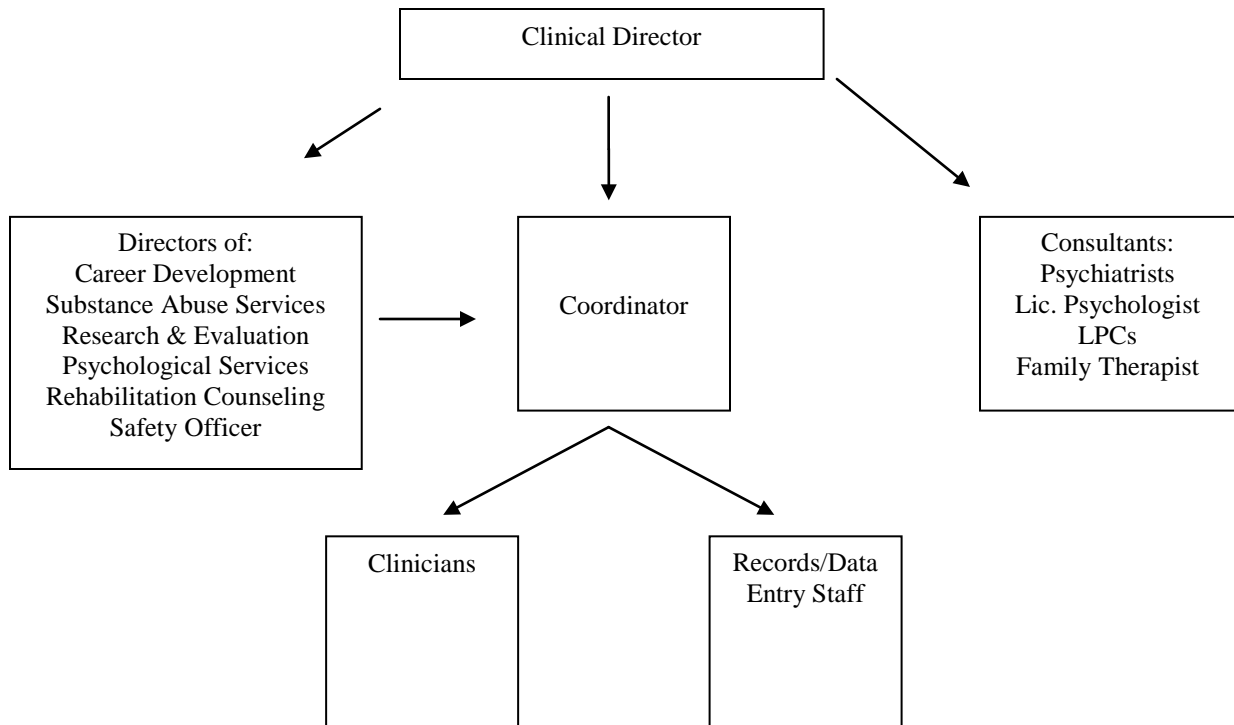
The Navigate Leadership Team will meet weekly and the minutes of these meeting shall be permanently maintained.

The Navigate Leadership Team develops, implements, and manages written policies for the following:

- (1) delegation of management authority for the operation of the facility and services;
- (2) criteria for admission;
- (3) criteria for discharge;
- (4) admission assessments, including:
 - (A) who will perform the assessment; and
 - (B) time frames for completing assessment.
- (5) Client record management, including:
 - (A) persons authorized to document;
 - (B) transporting records;
 - (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;
 - (D) assurance of record accessibility to authorized users at all times; and
 - (E) assurance of confidentiality of records.
- (6) screenings, which shall include:
 - (A) an assessment of the individual's presenting problem or need;
 - (B) an assessment of whether or not the facility can provide services to address the individual's needs; and
 - (C) the disposition, including referrals and recommendations;
- (7) quality assurance and quality improvement activities, including:
 - (A) composition and activities of a quality assurance and quality improvement committee;
 - (B) written quality assurance and quality improvement plan;
 - (C) methods for monitoring and evaluating the quality and appropriateness of Client care, including delineation of Client outcomes and utilization of services;
 - (D) professional or clinical supervision, including a requirement that staff who are not clinicians and provide direct Client services shall be supervised by a clinician in that area of service;
 - (E) strategies for improving Client care;
 - (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;

- (G) review of all fatalities of active Clients who were being served in area-operated or contracted residential programs at the time of death;
- (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;
- (8) use of medications by Clients in accordance with NC rules;
- (9) reporting of any incident, unusual occurrence or medication error;
- (10) voluntary non-compensated work performed by a Client;
- (11) Client fee assessment and collection practices;
- (12) medical preparedness plan to be utilized in a medical emergency;
- (13) authorization for and follow up of lab tests;
- (14) transportation, including the accessibility of emergency information for a Client;
- (15) services of volunteers, including supervision and requirements for maintaining Client confidentiality;
- (16) areas in which staff, including nonprofessional staff, receive training and continuing education;
- (17) safety precautions and requirements for facility areas including special Client activity areas; and
- (18) Client Grievance Procedure, including steps for review and disposition of Client grievances.

SECTION. ADMINISTRATIVE
SUBJECT. ORGANIZATIONAL CHART FOR NAVIGATE
CREATED. FEBRUARY 2012
REVISED.



SECTION. ADMINISTRATIVE
SUBJECT. PROCEDURE APPROVAL
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE:

All policies governing the operation of Navigate, consistent with North Carolina Statutes, standards and other regulations and East Carolina University (ECU) administrative policies shall be approved by the Leadership Team.

Steps:

Leadership Team policies govern the administrative and service operations of Navigate. Policies must be approved and amended by the Leadership Team. Navigate policies are maintained in the Navigate Standard Operating Procedures Manual, which is reviewed annually. The Navigate Clinical Director maintains the Navigate Standard Operating Procedures Manual.

SECTION. ADMINISTRATIVE
SUBJECT. PROCEDURE MANUAL FORMAT AND MANAGEMENT
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE:

All new policies and revisions to existing policies will be submitted after receiving appropriate approvals by the Leadership Team for inclusion in the Standard Operating Procedures Manual. The Standard Operating Procedures Manual will be managed centrally by the Clinical Director.

Steps:

1. The Navigate Standard Operating Procedures Manual includes Leadership Team approved, general administrative and service delivery policies and steps that guide day to day functioning of the agency. The manual allows for easy reference for staff and central management of one up-to-date manual.

All policies included in the manual will be maintained centrally by the Clinical Director.

SECTION. ADMINISTRATIVE
SUBJECT. DELEGATION OF MANAGEMENT AUTHORITY
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE:

The Navigate Clinical Director will delegate authority during the time he/she is away from the agency.

STEPS:

1. The Clinical Director will communicate to staff when he/she will be absent.
3. If authority has not been delegated during an unplanned absence of the Directors, the Navigate Leadership Team shall make that determination.

SECTION. ADMINISTRATIVE
SUBJECT. SAFETY OFFICIAL DESIGNATION
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: The Navigate Safety Officer shall be responsible for the development and implementation of all Clients' rights, and safety and environment of care policies and steps.

Steps:

The Navigate Safety Officer will be responsible for:

- Coordination of the development and implementation of all Clients' rights, safety and environment of care policies and Steps;
- Facilitating the dissemination of information to workforce; and,
- To act as lead resource on all matters related to Client rights and program safety.

SECTION. ADMINISTRATIVE
SUBJECT. RESEARCH REVIEW
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE:

Navigate will review all research studies in which Navigate Clients and/or staff may participate to ensure that a proposed project is appropriate for Navigate participation and that the time required of staff is not excessive. The reviewers will also ensure (1) that informed consent is obtained, meaning that adequate information is given to a person capable of understanding and that participation is entirely voluntary; (2) that an assessment of risks and benefits is presented to potential participants; and (3) that selection of subjects is not discriminatory.

Purpose:

To assure that all research involving Navigate Clients and staff is reviewed and approved prior to initiation of the research and to assure adherence to state and ECU IRB standards and to ethical standards regarding research activities.

Steps:

1. The Navigate Leadership Team will screen and review all requests for research activity from both outside and within Navigate. The Team will approve, suggest modification or disapprove the request for research activity.

Research Activities Subject to Review:

Any research that meets one of the following criteria is subject to review by the Leadership Team:

- Involves a trial or special observation which would place the subject at risk for injury (physical, psychological, or social injury)
- Increases the chance of disclosure of treatment
- Utilizes elements or steps not ordinarily employed by clinicians treating similar disorders of this population
- Is a type of Steps: that serves the purpose of the research only and does not include treatment designed primarily to benefit the individual

Reference: NC Administrative Code T10:14V .0200 3/1/96

Requests that require only that Navigate staff inform Clients of studies being conducted elsewhere or require that Navigate staff post information about studies being conducted elsewhere, are not subject to review by the Leadership Team. If the committee receives a request that Navigate post information about studies that are not subject to review by the committee, the Navigate Clinical Director will review those requests. The Clinical Director has the final decision as to whether or not to post the information.

Leadership Team Steps Regarding Research and Evaluation Proposals:

1. Direct inquiries for research activity to the Clinical Director.
2. Inquires will include a summary of the proposed study that will include study procedures, and risks/benefits to study participants.
3. Inquires will be reviewed by the Leadership Team. The Leadership Team will discuss the project and approve, make recommendations for modification, or disapprove the project.
4. The Clinical Director will write the researcher communicating the decision of the Leadership Team.
5. The Clinical Director will maintain a log of research projects to include the name of the project, principal investigators, date sent to the Leadership Team, date of the Team decision, date of communication to the researcher and outcome of the research. A notebook containing the applications and other correspondence will be maintained.
6. Prior the beginning any approved research study, the researcher must submit copies of all required and approved IRB documentation.
7. All reports submitted during the course of the project will be shared with the Leadership Team.
8. Each approved research project shall be reviewed by the Leadership Team at least annually.

Reporting Requirements:

1. A final report and copy of the research study will be submitted to the Leadership Team upon completion of the project.
2. If any major changes are made in the design of the research project, the Leadership Team must review the project again. Changes should be accompanied all required and approved IRB documentation.

SECTION. ADMINISTRATIVE
SUBJECT. QUALITY ASSURANCE/IMPROVEMENT
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: The Navigate Leadership Team will continuously evaluate and promote the quality, effectiveness and appropriateness of services provided by the Navigate Program.

Steps: The Navigate Leadership Team will meet once per week. Quality Assurance/Improvement (QA/QI) will be constant agenda item for these meetings.

QA/QI Tasks:

To review charts (new admissions, discharges and random ones) to assure accuracy and completeness (See Quantitative Record Monitoring and Reporting)

To assure Navigate compliance with HIPAA regulations

To review and implement any new State policies and Procedures

To review Navigate practices with respect to “best practice” or standard of practice guidelines

To improve our service plans and notes (length of notes, reference to goals and objectives in notes, review of service plan, use of notes, etc.)

To evaluate and make recommendations for improvement of service delivery and care of Clients

To conduct periodic reviews regarding the implementation of Client Rights Rules

Documentation:

Documentation will include minutes of the Leadership Team.

SECTION. CLIENT RIGHTS
SUBJECT. DECLARATION OF PROCEDURE ON CLIENTS' RIGHTS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE:

It is the procedure of Navigate to assure basic human rights to each Client receiving services. The rights of Clients will not be restricted without due process.

Purpose:

Basic human rights are defined by state statute 122C-51 as "the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation." In addition to these rights, Clients also have "the right to treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse. Each Client has the right to an individualized written treatment or habilitation plan setting forth a program to maximize the development or restoration of his capabilities."

Steps:

Each Client of Navigate has the same rights as those granted to other citizens of North Carolina, unless these rights have been restricted in a court of law. These rights include the right to purchase or sell property, enter into contractual relationships, register and vote, bring civil actions, send and receive mail, and marry or divorce. No Navigate workforce member may require any individual to waive their rights as a condition of treatment, payment, enrollment, or benefit eligibility. No Navigate workforce member will intimidate or retaliate against any individual for exercising their rights.

These and other rights are explained below. A complete list of the basic human, civil and legal rights of Clients, including those rights specific to persons receiving mental health, developmental disabilities, and substance abuse services is contained in the procedure entitled Information on Client Rights.

The rights of Clients will not be restricted without due process.

- A. Right to Confidentiality
Information acquired in treating a Client is confidential and will not be disclosed except in circumstances permitted by law. Clients are assured of confidentiality of information, proper release of confidential information, and appropriate access to confidential information by the Client, staff and others.
- B. Right to Treatment and Consent to Treatment
Each Client admitted to Navigate has the right to receive age appropriate treatment. An assessment will be completed on the day of admission; a Treatment Plan will be developed over a month's period with the Client and signed by the Client.

The Client or his/her legally responsible person shall be informed in advance of potential risks and alleged benefits, and alternatives to the treatment choices and has the right to consent or refuse any treatment offered. Refusal of consent of any treatment choices shall not be used as sole grounds for termination or threat of termination of services.

The Client will be informed about the length of time the consent is valid and the Steps: to withdraw consent.

Procedures which are not routine diagnostic or treatment steps shall require the express and informed written consent of the Client or legally responsible person prior to their initiation except in medical emergencies.

Documentation of informed consent shall be placed in the Client's record.

- C. Right to Freedom from Unnecessary or Excessive Medication
Each Client has the right to be free from unnecessary or excessive medication. Navigate does not dispense or store medication.
- D. Right to Freedom from Physical Restraint and Seclusion
A Client has the right to be free of physical restraint or seclusion. Navigate does not use physical restraint or seclusion. When there is immediate danger of abuse or injury to him/herself or others, or where substantial property damage is occurring, Navigate will contact the proper authorities.
- E. Right to Freedom from Abuse and Unnecessary Force
A Client has the right to be free from physical, emotional and verbal abuse or the threat of such abuse and to any sort of neglect or indignity. Staff will protect Clients from harm, abuse, neglect, and exploitation and staff will not harm, abuse, neglect or exploit Client.
- Proper authorities will be contacted in the following situations:
- The Client is exhibiting behaviors dangerous to self or others.
 - The Client is causing extensive property damage.
 - The Client is exhibiting behaviors that impede on the rights of other Clients.
 - The Client is exhibiting behaviors, which impede legitimate program functions.
 - The Client is exhibiting unlawful behaviors.
- F. Right to Privacy
Clients shall be free from unwarranted invasion of privacy. Individuals also have the right to send and receive mail and make and receive phone calls in private.
- G. Right to be Free from Exploitation
Navigate Clients have the right to be free from exploitation by staff and others. Navigate employees are strictly prohibited from the illegal or improper use or appropriation of a Client's personal possessions.

Clients will not be asked to provide voluntary non-compensated work for the agency.

Employees are strictly prohibited from engaging in inappropriate romantic or sexual discussions or behaviors with, or requiring the same, of a Client.

Additionally, employees are prohibited from certain activities which involve an individual who is currently or has been within the past five years a Client of Navigate. Such prohibited activities include, but are not limited to engaging in business transactions or borrowing assets or properties, requesting the individual to perform tasks or services for the employee or a member of his family, or giving or receiving gifts of a substantial nature.

- H. **Right to Freedom from Threat of Suspension or Expulsion**
Clients shall be free from threat or fear of unwarranted suspension or expulsion from services. Time-limited suspensions may occur when the Client has violated program rules and policies. Expulsion shall occur only when the Client is dangerous to him/herself or others or has exhibited a pattern of substantial property damage.
[Refer to the Navigate Suspension and Expulsion Procedure and Steps]
- I. **Right to File a Grievance**
All Navigate Clients have the right to file a grievance with regard to any circumstance in which the Client believes his/her rights have been violated. All Clients will be informed of the due process for filing a grievance at the time of admission into Navigate.
[Refer to the Navigate Client Grievance Procedure]
- J. **Wards/Guardianship**
Individuals who have been adjudicated incompetent by a court of law and have been assigned guardians are called wards. These individuals still retain their basic rights.
- K. **Social Integration**
Each Client will be encouraged to participate in activities in and outside of the program which support their treatment. Clients will not be restricted from these activities unless restricted in writing in the Client record.
- L. **Client Self-Governance**
Clients will be encouraged to participate in facility governance and evaluation through independent focus group reports.

II. INFORMING CLIENTS AND STAFF OF RIGHTS

A. Informing Clients

A written summary of Client rights shall be made available to all Clients and legally responsible persons at the time of admission into Navigate. A copy of this form is located in the Navigate Client Handbook. Staff are required to explain to the best understanding of the Client his/her rights while receiving services at Navigate, including explanation of protections regarding disclosure of confidential information and the process by which the Client can seek assistance when the Client believes that his rights have been restricted or violated.

In addition, Navigate shall have a copy of Client Rights, including the right to contact the Governor's Advocacy Council, displayed on a facility wall in a public area for Clients.

Additionally, each Client shall be informed of Navigate's policies at the time of admission or entry into the service. The Client should be informed of:

1. the Steps: by which he/she may obtain a copy of his/her service or program plan and, if applicable, discharge plan, and
2. any rules that the Client is expected to follow and possible penalties for violations. Such information shall include, but not be limited to Navigate policies on suspension and expulsion, search and seizure, and fee assessment and collection practices.
3. documentation on the "Consent for Treatment" shall assure that the Client or legally responsible person has been informed of the program's policies.

B. Informing Staff

All new staff shall receive information during orientation regarding the rights of Clients as specified in 122C, Article 3, applicable Rules APSM 95-2, and the Navigate Client Rights Policies and Steps. Periodic trainings will also be held for staff to attend and this will be documented in their personnel files, training section.

III. INTERVENTIONS

The goal of all treatment shall be to provide services in the least restrictive, most appropriate and effective, positive treatment modalities. Any intervention designed to reduce a behavior shall always be accompanied by positive treatment methods.

The following procedures are prohibited: Corporal punishment; painful body contact; substances which create painful bodily reactions; electric shock; insulin shock; unpleasant tasting foodstuffs; application of noxious substances (noise, bad smells, splashing with water); physically painful procedures to reduce behavior; disrespectful behavior such as name-calling, belittling, demeaning, or ridiculing.

IV. ABUSE AND NEGLECT REPORTING STEPS

[Refer to Navigate Incident Reporting Procedure and Steps]

Abuse is defined in NC General Statute 122C-66 as knowingly causing pain or injury to a Client. Abuse is further defined by the North Carolina Juvenile Code as the infliction or allowing the infliction of a physical injury or a substantial risk thereof, which causes or creates risk of death, disfigurement, impairment of physical or emotional health, or loss or impairment of the function of any bodily organ.

Neglect is defined as any intentional disregard of circumstances, which could lead to the impaired physical and/or emotional health of an individual, or of circumstances that places at risk the safety and well-being of an individual.

A. Allegations Made Against Persons Employed by Navigate

Employees who observe or obtain knowledge of a situation of suspected abuse or neglect of a Client by persons employed by Navigate are required to inform his/her supervisor and the Department of Social Services immediately. Allegations of suspected

abuse/neglect are required to be reported to the Safety Officer within 24-hours on the Navigate Incident Report form.

- B. Allegations Made Against Persons Other than Navigate Employees,
as required by law, incidents involving suspected abuse or neglect of Clients by persons who are not employed directly by Navigate should be reported directly to the adult or child protective services section of the local county Department of Social Services. These reports must be made as immediately as possible and should not exceed 24-hours of an alleged incident or of obtaining knowledge thereof.

An Incident Report form shall be submitted to the Safety Officer within 24-hours. The report should not name the alleged perpetrator of the abuse/neglect, but will state the relationship that person has with the Client, the general nature of the incident (abuse or neglect) and the date on which DSS was notified.

- C. Allegations Made by One Client Against Another Client
In the event of Client-to-Client abuse allegations, staff will advise Clients of the options to pursue legal action or file criminal charges, and will assist the Client in doing such if the Client so desires.

INFORMATION ON CLIENT RIGHTS

The State of North Carolina's Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) requires all area programs and their affiliates to inform all persons receiving services of their rights as defined in APSM 95-2 and in General Statute 122-C, Article 3.

Basic Human Rights Provided to Every Client

- Right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect and exploitation
- Right to treatment and care based on the normalization principle
- Right to receive age-appropriate treatment, access to medical care and habilitation, and the right to an individualized written program plan at the time of admission to maximize his/her development
- Right to be informed in advance of the potential risks and alleged benefits, and alternatives to the program choices
- Right to confidentiality
- Right to be free from unnecessary or excessive medication. Medication shall not be used for punishment, discipline or staff convenience
- Right to consent to or to refuse any treatment offered, including behavior management policies, except in certain emergency situations
- Right to request notification after occurrence of any or specified interventions
- Right to be informed of emergency procedures
- Right to exercise all civil rights. Certain civil rights may be limited if a Client has been adjudicated incompetent.
- Right to certain safeguards and carefully controlled circumstances when interventions are used
- Right to be free of corporal punishment, and to be free of harm, abuse and exploitation
- Right to be free of restrictive interventions including, but not limited to physical restraint, isolation or seclusion except when there is imminent danger of abuse or injury to himself or others, when substantial property damage is occurring, or when it's necessary as a part of treatment/habilitation
- Right to be free from threat or fear of unwarranted suspension or expulsion
- Right to be free from unwarranted invasion of privacy
- Right to be free from unwarranted search and/or seizure
- Right of the person legally responsible for a minor or an incompetent adult to request notification of the use of an intervention Steps:
- Right to request notification of the restriction of rights
- Right to file a grievance or a complaint with Navigate. Address complaints or grievances to:
Clinical Director, Navigate
4425L HS Building
East Carolina University
Greenville, NC 27858
- Right to contact Governor's Advocacy Council for Persons with Disabilities
1314 Mail Service Center
Raleigh, NC 27699-1314
1-877-235-4210

Local Review of Reduction, Suspension, Termination or Denial of Services

All Clients have the right to appeal Navigate's decision to reduce, suspend, terminate or deny a service. Any Client wishing to appeal such a decision will be given a copy of the Client grievance form as well as a copy of Navigate's Grievance Procedure.

Once a grievance/appeal has been filed, it is reviewed at the program level. If the grievance is not resolved at this level, the grievance may be brought to the Leadership Team, which will act as the final level of review in the Client grievance process. All Clients will be informed of their specific appeal rights when the decision to reduce, suspend, terminate or deny a service is made.

SECTION. CLIENT RIGHTS
SUBJECT. RIGHT TO TREATMENT & PROVIDER CHOICE
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: In accordance with N.C.G.S. 122C 57-61, Clients admitted into treatment at Navigate have certain rights and staff will make all efforts to assure these rights. Moreover, in addition to services from Navigate, Clients will be informed of other service providers from whom they may choose to seek services.

Steps:

Each Client admitted into service at Navigate has the right to:

1. Services in an environment that is the least restrictive or intrusive, yet most appropriate and enabling;
2. Age appropriate treatment;
3. A written service plan at the time of admission;
4. Consent to or refuse any treatment offered by the facility; alternative treatment suggestions will be offered. If the Client refuses all alternatives to treatment, they may be discharged from services. Any consequences of refusing treatment shall be explained to the Clients;
5. Enjoy the same civil rights as any other citizen of North Carolina;
6. Be free of infliction of corporal punishment;
7. Be free from physical restraint or seclusion unless there is imminent danger of abuse or injury to self or others, when substantial property damage is occurring, or when restraint or seclusion is necessary as a measure of therapeutic treatment and has been approved as a specific plan;
8. Be advised regarding the benefits, risks, and alternative of any particular service;
9. Be informed of alternative service providers from whom they may choose to seek services.

SECTION. CLIENT RIGHTS
SUBJECT. CLIENT CONFIDENTIALITY
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: All Navigate staff, volunteers, interns, and affiliates will only disclose protected health information in accordance with current state and federal regulations.

Purpose: To assure Client confidentiality of information, proper disclosure of information, and appropriate access to confidential information by Client, staff and others.

Steps:

1. State and Federal Regulations

Navigate follows the regulations pertaining to disclosure of Health Record information from the following reference materials.

- A. Division standards codify confidentiality requirements, referencing North Carolina General Statutes, 122C-51-56 and North Carolina Administrative Code 10 NCAC 18D.
- B. Health Insurance Portability and Accountability Act of 1996.
- C. All service information in records for Clients receiving substance abuse services may only be disclosed in accordance with current Federal regulations 42 CFR, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records".
- D. If any of the regulations cited in B or C above are less restrictive than North Carolina General Statutes, 122C-51 through 122C-56 will be followed.
- E. Navigate HIV Procedure, shall be used as the reference for full information related to disclosure of HIV Client information.

2. Notice of Privacy Practice (HIPAA)

- A. Navigate will provide Clients a notice of the uses and disclosures of protected health information that may be made by the agency, the rights of the Client, and the agency's legal duties with respect to protected health information. The notice shall be written in plain language, and shall be provided to all Clients upon admission, if substantive revisions are made or anytime if requested.
- B. Navigate will make a good faith effort to obtain a written acknowledgement of receipt of the notice provided to Clients at admission.
- C. Revisions to the notice may be made as appropriate and the revised notice shall be available at each facility for distribution to all Clients.

3. Client Access to Record

- A. When a Client requests review of his record, the Client must complete the "Client Access to Record" form. The request must be processed in a timely manner, but no later than 30 days after receipt of the request. If the protected health information is located off site, then the request must be honored no later than 60 day from receipt of the request.
- B. If Client access to the record is approved, the clinician will schedule an appointment as soon as possible with the Client for such review. The appointment time shall be appropriate for both the Client and the clinician.
- C. The clinician must be present during the entire review of the record by the Client.

4. Client Request for Change in Record

- A. The agency shall permit, the Client's request for an amendment to their protected health information. The agency shall act upon the request in a timely manner, but no later than 60 days upon receipt of the request.
- B. Whenever a clinical staff member agrees to the request for a change in a record, the contested portion of the record must be identified and the altered information to be entered as an addendum to the record. All portions of the original document, including changes, must remain in the Client's record. The Health Records staff will make reasonable efforts to inform others who have previously received the protected health information.
- C. When the clinical staff member is not in agreement with the Client about the request for changes in the record, the contested portion must be identified and a statement relative to the contested portion will be added to the Client record, which shall be recorded on a separate form and not on the original portion of the record which is being contested. Such a statement shall be made a permanent part of the Client's file and shall be released along with the contested portion of the record.

5. Release of Confidential Information with Consent

Navigate employees may not release any confidential information until a Consent for Release form as described in Rules .0202 and .0203 of this Section has been obtained. Disclosure without authorization shall be in accordance with G.S. 122C-52 through 122C-56 and Section .0300 of this Subchapter.

A. Consent for Release of Information (ROI) Form

When consent for release of information is obtained by Navigate a Consent for ROI form will contain the following information:

- a. Client's name;
- b. name of facility releasing the information;
- c. name of individual or individuals, agency or agencies to whom information is being released;
- d. information to be released;

- e. purpose for the release;
 - f. length of time consent is valid;
 - g. a statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent;
 - h. signature of the Client or the Client's legally responsible person; and
 - i. date consent is signed.
1. Unless revoked sooner by the Client or the Client's legally responsible person, a consent for ROI shall be valid for a period not to exceed one year except under the following conditions:
 - a. a consent to continue established financial benefits shall be considered valid until cessation of benefits; or
 - b. a consent for release of information to the Division, Division of Motor Vehicles, the Court and the Department of Correction for information needed in order to reinstate a Client's driving privilege shall be considered valid until reinstatement of the Client's driving privilege.
 2. A consent for release of information received from an individual or agency not covered by the rules in this Subchapter does not have to be on the form utilized by area or state facilities; however, the receiving area or state facility shall determine that the content of the consent form substantially conforms to the requirements set forth in this Rule.
 3. A clear and legible photocopy of consent for release of information shall be considered to be as valid as the original.
 4. Confidential information relative to a Client with HIV infection, AIDS or AIDS related conditions shall only be released in accordance with G.S. 130A-143. Whenever authorization is required for the release of this information, the consent shall specify that the information to be released includes information relative to HIV infection, AIDS or AIDS related conditions.

B. Person who may sign the consent for ROI form

The following persons may sign consent for ROI:

- (1) a competent adult Client;
- (2) the Client's legally responsible person;
- (4) personal representative of a deceased Client if the estate is being settled or next of kin of a deceased Client if the estate is not being settled.

C. Verification of Authorization in Cases of Doubt

Whenever the validity of an authorization is in question, a Navigate employee shall contact the Client or the Client's legally responsible person to confirm that the consent is valid. Such determination of validity of the consent shall be documented in the Client record.

- D. Informed Consent
Prior to obtaining consent for ROI, a delegated employee shall inform the Client or his legally responsible person that the provision of services is not contingent upon such consent and of the need for such release. The Client or legally responsible person shall give consent voluntarily.
- E. Persons Designated to Release Confidential Information
All Navigate Clinical Staff that have completed orientation training to this Procedure are authorized to release confidential information.
- F. Documentation of Release
Whenever confidential information is released with consent, the completed ROI is placed in the Client record.
- G. Release to Human Rights Committee Members
 - 1. Human Rights Committee members may have access to confidential information only upon written consent of the Client or the Client's legally responsible person.
 - 2. A Navigate employee shall release confidential information upon written consent to Human Rights Committee members only when such members are engaged in fulfilling their function as set forth in 10A NCAC 28A .0207, and when involved in or being consulted in connection with the training or treatment of the Client.
- H. Release of Information by Internal Client Advocates
Upon request by the Secretary, internal Client advocates may disclose to the Secretary or his designee confidential information obtained while fulfilling monitoring and advocacy functions.

6. Disclosure of Client Information Without Client Consent

The following situations in this section constitute a basis for the release of Client information without the consent of the Client. In most of these circumstances, operating in the best interests of the Client takes precedence over obtaining a consent for release. In other instances, confidential information is released without Client consent when the releasing agency is mandated by law or regulations to release Client information.

- A. Notice to Client or Legally Responsible Person
 - (1) Navigate shall give written notice to the Client or the legally responsible person at the time of admission that disclosure may be made of pertinent information without his/her expressed consent in accordance with G.S. 122C-52 through 122C-56. This notice shall be explained to the Client or legally responsible person as soon as possible.

- (2) The giving of notice to the Client or legally responsible person shall be documented in the Client record on the "Release or Disclosure of Client Information" form.

B. Grounds for Disclosure

The following situations constitute a basis for the release of confidential Client information without the Client's consent:

(1) Pursuant to Court Order

Confidential information shall be disclosed if a court of competent jurisdiction issues an order compelling disclosure, not merely a subpoena. Whenever a "subpoena to produce document" is received by any person within Navigate, that person shall notify the Clinical Director, who shall be responsible for directing necessary action regarding the subpoena.

- a. **Petition for Appointment of Guardian**
Client information may be released in response to a valid written court order issued by the clerk of court, the magistrate, an administrative hearing officer or a judge of district or superior court.
- b. **Petition for Involuntary Commitment**
Client information may be released in response to a valid written court order issued by the clerk of court, the magistrate, an administrative hearing officer or a judge of district or superior court. Client information may also be released to attorneys in cases of respondents facing commitment proceedings or proceedings related to the admission of a Client into treatment facilities.
- c. **Voluntary Commitment**
Only information necessary for admission may be disclosed.
- d. **Criminal Proceedings**
Exchange of Client information is allowed when a court of competent jurisdiction issues a written court order requiring a mental examination of a criminal defendant.

(2) Disclosure to Legally Responsible Person

North Carolina General Statute 122C-55 allows for disclosure of certain confidential Client information upon request of the next of kin or other family member or by a person otherwise designated by the Client as the legally responsible person, any of whom having a legitimate role in the therapeutic services rendered to the Client.

- a. **Basic Information**
The responsible professional (person designated as responsible for treatment), after first notifying the Client that the information has been requested, shall provide to these persons (a) notification of the Client's admission to the facility, (b) transfer to another facility, (c) decision to leave the facility against medical advice, (d) discharge from the facility, and (e) referrals and appointment information for treatment after discharge.
- b. **Further Information**
For information other than described in paragraph above, the family member or otherwise designated legally responsible person must make written request for information, identifying the intended use for this information.

The responsible professional shall, in a timely manner:

- (1) Provide the information requested based upon the responsible professional's determination that providing this information will be to the Client's therapeutic benefit, and provided that the Client or his legally responsible person has consented in writing to the release of the information requested; or
 - (2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between Client and professional; or
 - (3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin or family member or designee does not have a legitimate need for the information requested.
- (3) **Exclusion Applicable to Substance Abuse Clients**

The fact of admission or other **basic information as described in paragraph above** of a substance abuse Client may only be disclosed to the Client's next of kin when the responsible professional ("treating clinician") determines that the disclosure is in the best interest of the Client and when the Client is incapable of rational communication.

7. Disclosure of Client HIV Information

Refer to the Navigate HIV Procedure for delineation of procedures regarding HIV Clients.

A. Issues of Confidentiality and Duty to Warn

Confidentiality shall be protected by the agency for all Clients with HIV infection, as required by confidentiality regulations. Only those staff providing direct treatment services to the Client may be notified of the Client's condition.

In outpatient settings, this includes only those treatment staff providing direct services to the specific Client, and staff providing direct service/supervision to staff providing such direct service.

In day or residential programs, this includes all staff who may have direct service or behavior management contact with the specific Client and staff providing direct service/clinical supervision on such contact.

Treatment Team Staff will be provided with HIV Client records for the qualitative review of Client admission.

Decisions to notify any other persons or agencies shall be on an absolute "need to know" basis and must be approved by the Navigate Leadership Team. Failure by an employee to preserve Client confidentiality is grounds for disciplinary action and may render the employee liable to civil prosecution.

B. Health Records Documentation

In order to protect the confidentiality of Clients, the cover of Health Records of Clients with HIV infection should be unmarked. Information relative to HIV infection should be placed in the record to communicate such vital information to staff and other health care professionals who may be working with the Client. This information should be noted on a plain sheet of paper, which should be filed at the beginning of Section I of the chart, on top of the format sheet.

8. Staff Training

The process of training staff about issues of confidentiality and protected health information is an agency wide process. Responsibilities of particular individuals are outlined below.

A. Navigate Safety Officer

Prepares and distributes outline of confidentiality and protected health information regulations, to directors, coordinators, clinicians.

Participates as a trainer in Navigate Orientation Training of all new members of its workforce (employee, volunteers, trainees, any other persons carrying out job tasks for the agency) by reviewing confidentiality and protected health information regulations.

Advises management and staff on responding to subpoenas or court orders, interprets updates, and further training as needed.

B. Coordinators

Confirms that new employees, volunteers, students and all others having access to Client information have received training on the regulations governing Client confidentiality, liabilities and disciplinary actions for breaching confidentiality. If training has not occurred, supervisor will provide confidentiality training. Training will occur within 30 days of hire or placement and again if requirements change. Completes “Assurance of Confidentiality” form with new employees and forwards it to the Navigate Safety Officer.

Assures that staff has received computer training by Navigate staff.

Employee indicates an understanding of the requirements regarding confidentiality and assures compliance by signing the “Assurance of Confidentiality” form.

9. Utilization Review (UR)

During all tiers of the UR process, staff will ensure the confidentiality of Client information at all times.

10. Audits

All outside personnel participating in audits, licensing, accreditations, etc, will authenticate appropriate “Assurance of Confidentiality” forms to ensure the confidentiality of the records they are reviewing/auditing.

11. Consequences for Not Maintaining Confidentiality

Staff are subject to suspension, dismissal or disciplinary action for failure to comply with confidentiality rules. Breach of confidentiality under existing NC Statute is a Class 3 misdemeanor and is punishable by a fine not to exceed \$500. Staff could also be subject to civil action by the Client for any breach of confidentiality.

Under the Health Insurance Portability and Accountability Act of 1996, which went into effect April 14, 2003, the following sanctions would also apply:

- General civil penalty for failure to comply
 - \$100 per violation per person
 - Not to exceed \$25,000 per calendar year
- Criminal penalties regarding privacy rules are imposed for any person who knowingly and wrongfully discloses individually identifiable health information
- Criminal penalties:
 - Simple offense: up to \$50,000 and/or one year imprisonment
 - If committed under false pretenses: up to \$100,000 and/or five years

imprisonment

- If committed with intent to sell, transfer, or use information for commercial advantage, personal gain, or malicious harm: up to \$250,000 and/or ten year imprisonment.

SECTION. CLIENT RIGHTS
SUBJECT. REDISCLOSURE OF CLIENT INFORMATION
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE:

Whenever Navigate receives confidential information from another facility, agency, or individual, such information shall be treated as any other confidential information generated by Navigate. Release or disclosure of such information shall be governed by the rules of 10 NCAC 18D.

Purpose: To comply with G.S.122C-52 (b) when releasing Client information that originated at another facility.

Steps:

1. If information from another facility/agency is used in the Client's diagnosis or treatment at Navigate, then Navigate staff will maintain that information permanently with the Client's Health Record.
2. Whenever possible, authorization from the Client should be obtained prior to redisclosure to a third party; however, Navigate may redisclose health information to a facility operated by or under contract with Navigate or state facilities (excluding private agencies not under contract) from another facility without authorization from the Client or his/her legal representative when necessary to coordinate appropriate and effective treatment of the Client and if failure to share this information would be detrimental to the treatment of the Client. The proceeding statement **does not** pertain to information protected by 42 CFR Part 2, which requires consent of the Client when disclosing substance abuse information.
3. Upon request, Clients have access to confidential information in their Health Record including information received from another facility. When a Client requests confidential information that Navigate has received from another facility, it is best practice to direct the Client to the facility that originated the information. Whenever a consent for release of information is intended to include information received from another facility, the consent **shall** specify the information to be released including information received from other facilities.
4. A subpoena **does not** authorize disclosure of confidential information including Client information received from another facility. In response to a subpoena, Navigate **shall not** disclose information from another facility. The recipient of the subpoena shall **immediately** contact the Clinical Director. For further information regarding subpoenas and court orders, please refer to *Subpoenas and Court Orders Procedure*.
5. Disclosure of information that originated at another facility shall be handled like disclosures made with information generated by Navigate. Except where otherwise specifically permitted, release of confidential information requires consent from the Client or the Client's legally responsible person. The information disclosed **must** be stamped to indicate that the

information is confidential and redisclosure is prohibited except as authorized by G.S.122C-53 through G.S.122C-56. For information protected by 42 CFR Part 2, the information must be stamped with the following: *This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*

SECTION. CLIENT RIGHTS
SUBJECT. RESTRICTIVE INTERVENTIONS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: The goal of all treatment and habilitation shall be to provide services in the least restrictive, most appropriate and effective, positive treatment modalities. Any intervention Steps: designed to reduce a behavior shall always be accompanied by positive treatment. Treatment methods shall include: deliberative teaching and reinforcement of behaviors which are non-injurious; improvement of conditions associated with non-injurious behaviors, i.e. enriched social and educational environment; alteration or elimination of environmental conditions correlated with self-injury. In general, Navigate does not employ restrictive interventions.

Steps: Navigate staff will use no form of physical restraints or restrictive interventions. Staffs are instructed to use de-escalation strategies and/or call the proper authorities (e.g., police) in circumstances of concerning Client behaviors.

Restrictive Interventions

Restrictive interventions are any interactions (i.e., behavioral and/or therapeutic) that result in a reduction of the Client's ability to exercise his/her rights. Restrictive interventions require safeguards to ensure the health and safety of the Client. Therefore, positive and less restrictive alternatives shall be considered and attempted whenever possible prior to the use of more restrictive interventions. Restrictive interventions shall not be employed as a means of coercion, punishment, or retaliation by staff or for the convenience of staff or due to the inadequacy of staffing. In addition, restrictive interventions shall not be used in a manner that causes harm or abuse. The Clinical Team members will be responsible for informing the Clients of their rights regarding restriction.

Prohibited Intervention Procedures

The following intervention procedures are prohibited from use within Navigate.

- Any intervention that may be considered corporal punishment is prohibited. Corporal punishment is the infliction of intentional physical pain or potential physical pain to the Client's person.
- Any intervention that is potentially painful to the Client that is administered for the purpose of reducing the frequency or intensity of a behavior. Such interventions include painful bodily contact; over-exercising; substances administered to induce painful body reactions; electric or insulin shock; unpleasant tasting substances; contingent application of any noxious substances, which include, but are not limited to noise, bad smells, or splashing with water, or any other potentially painful physical procedures or stimuli.
- Planned non-attention to specific behaviors that are health threatening to the Client is prohibited.
- Depriving a Client of any basic necessity, such as food, water, shelter, or access to bathroom facilities, is prohibited.

- Any form of chemical restraint is prohibited. Psychopharmacologic drugs, which are not required to treat medical symptoms, shall not be used as punishment or for staff convenience.
- Isolation timeout which is defined as the removal of a Client for a period of 30 minutes or more to a separate room, where the exit is barred by staff but not locked, and where there is continuous supervision by staff.
- Seclusion is isolating a single Client in separate locked room.
- Physical restraint is the application or use of any manual method of restraint that restricts freedom of movement; or the application or use of any physical or mechanical device that restricts freedom of movement or normal access to one's body.
- Mechanical restraint is the most restrictive form of physical restraint.

Permitted Restrictive Interventions

- **Suspension/Expulsion** from Navigate is not permitted unless circumstances arise for which suspension/expulsion would be appropriate.
[See Suspension/Expulsion Procedure and Steps]

SECTION. CLIENT RIGHTS
SUBJECT. CLIENT CONTESTING DOCUMENTS IN THE HEALTH RECORD
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate Clients have the right to contest information documented in the Health Record.

- Steps:**
- A. Document on a Service Note that Client has requested to review his/her record.
 - B. Following this review, the Client may contest and/or request amendment to any portion of the record.
 - C. The agency shall act upon any Client's request for amendment of health protected information in a timely manner, but no later than 60 days upon receipt of the request. The request may be verbal or in writing.
 - D. When the Client is contesting the documentation in the record, file the Client's version of the documentation in the Health Record behind the document that they are contesting.
 - E. If the clinician and his/her supervisor agree with the Client's change, an addendum will be added to that portion of the record.
 - F. The Coordinator will make reasonable efforts to inform others who have previously received the protected health information.
 - G. If the clinician and his/her supervisor do not agree with the contested portion, documentation must appear in the Service Note detailing the reason for the disagreement.
 - H. The Client must be notified by the clinician in writing, of the decision regarding the contested portion within a reasonable time frame. This should be filed in the correspondence section of the record.

SECTION. CLIENT RIGHTS
SUBJECT. CLIENT GRIEVANCES
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: If a Client is dissatisfied with a service or service provider, the Client should be encouraged to discuss his/her concerns with the appropriate Navigate staff. If the Client does not think the concern has been addressed appropriately or fairly, then the Client or advocate may obtain further review and resolution through a routine, designated grievance process.

Purpose: To facilitate positive resolution of grievances by providing a systematic process of review that is reasonable, fair and thorough.

Steps:

A concern regarding service or clinician(s) may be presented by a Client, advocate, staff or others. Concerns may include, but are not limited to the following:

1. grievances relating to services or service providers;
2. alleged violations performed by staff of the rights of individuals or groups including cases of alleged abuse, neglect or exploitations;
3. concerns regarding the use of restrictive procedures, discharges, expulsion or suspension;
4. concerns regarding failure to provide needed services that are available in the area program.

Clients shall be informed of their right to file a grievance upon admission into Navigate. If, at any point during service, a Client or other interested party expresses an interest in filing a grievance, he/she will be given a copy of the Client Grievance Form along with a copy of the Procedure and Steps. **At any time while receiving services from Navigate, the Client may contact the Clinical Director for assistance, concerns, questions, etc. with regards to filing a grievance.**

Clients should also be encouraged to contact the Governor's Advocacy Council with any concerns relating to services or providers at Navigate:

Governor's Advocacy Council for Persons with Disabilities
Bryan Building, Suite 218
2113 Cameron Street
Raleigh, NC 27605-1344
(800) 821-6922 (voice or TDD)

Responsible Party:
Local Level Review:

Task:
When a Client voices any concerns/grievances these concerns shall first be addressed at the local level. The actions taken and recommended resolutions shall be documented on the Client Grievance form within five working days of learning of the Client's grievance/concern. If the Client is not satisfied after discussing the concern at the local level (supervisory), the Client or

designee should tell a member of Leadership Team immediately about the concern/grievance.

Leadership Team Review:

The members of Leadership Team shall schedule to meet with the individual filing the grievance within 5 working days to discuss the concern(s). After meeting with the Client/advocate the Leadership Team members shall record their findings and decisions on the Client Grievance Form. This decision must be presented to the Client in writing within 5 working days of the grievance conference. If the Client is not satisfied with the decision rendered by the Leadership Team, he/she may direct the grievance to the Chair of the University and Medical Center Institutional Review Board (IRB).

ECU IRB:

The ECU IRB shall review the concern(s) and recommendations with the individual filing the grievance and shall record his/her findings and decisions on the Client Grievance Form. This decision must be presented in writing to the Client within 5 working days of the grievance conference made by the ECU IRB. The decision of the ECU IRB must be presented in writing, using the Client Grievance Form, to the Client within 5 working days of meeting. If the Client is not satisfied with the decision rendered by the ECU IRB, he/she may direct the to the Area Board.

Area Board (ECBH):

The Area Board shall review the Client Grievance Form and staff responses at the next scheduled meeting (a special meeting may be called in extreme circumstances). The Client and/or advocate are encouraged to attend this meeting. The decision of the Area Board must be presented in writing, using the Client Grievance Form, to the Client within 5 working days of meeting. This is the final stage in the Navigate grievance process.

Once the Client's grievance/concern has been resolved or has been reviewed by the Area Board, the original document and all attachments shall be sent to the Safety Officer for retention. The Safety Officer shall inform all interested parties of the results of the grievance process.

SECTION. CLIENT RIGHTS
SUBJECT. INVOLUNTARY COMMITMENT
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: All Navigate staff who determine a person's necessity for involuntary inpatient, outpatient, or emergency commitment, will follow the assessment Steps as defined by state statute.

Steps:

Anyone in the community (including family, neighbors, law enforcement officers, area program staff) who has knowledge of an individual who is "mentally ill and either dangerous to himself or others...or in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness" may appear before a magistrate or clerk of superior court to execute an affidavit and to petition for the issuance of a custody order. If the magistrate finds that there are reasonable grounds to believe the allegations, s/he issues an order to law enforcement personnel to take the individual into custody for examination by a physician, psychiatrist, or licensed practicing psychologist. The law enforcement officer then transfers the individual to one of the above mentioned service providers.

The physician, psychiatrist or licensed practicing psychologist performs an examination which includes an assessment of the individual's:

1. current and previous mental illness or intellectual disability including, if available, previous treatment history;
2. dangerousness to self or others as defined in G.S. 122C-3 (11);
3. ability to survive safely without inpatient commitment, including the availability of supervision from family, friends, or others; and
4. capacity to make an informed decision concerning treatment.

Involuntary Inpatient Commitment

If the determining examiner finds that the individual is mentally ill and a danger to self or others, or in need of treatment to prevent deterioration leading toward dangerousness, s/he must recommend inpatient commitment and report this by completing Sections I, II and III on the Examination and Recommendation to Determine Necessity for Involuntary Commitment form. Copies are made of the form and distributed as indicated on the back of the form. At the conclusion of this determination, law enforcement personnel must transfer the individual to an inpatient facility.

Outpatient Commitment

If during the examination, the physician, psychiatrist, or licensed practicing psychologist finds that the individual is 1) mentally ill but 2) able to survive safely in the community with available supervision; 3) is still in need of treatment to prevent disability or deterioration which could lead to dangerousness; and 4) is unable to make a decision to seek or comply voluntarily with treatment, s/he must recommend an outpatient

commitment. Again, all three sections of the form must be completed with special attention to section III listing the name, address, and telephone number of the person or center who will provide outpatient treatment and must include an appointment date and time. This information must be given to the individuals providing the supervision. The examiner must also inform the treatment provider by sending a copy of the examination and appointment notice to the provider.

Emergency Commitment

An individual may be brought in voluntarily by a community member for an assessment by a physician, psychiatrist, or licensed practicing psychologist, without an order from the magistrate. If the examination results in the need for immediate hospitalization, the examiner will complete the Supplement to Support Immediate Hospitalization form and sign it in front of any official authorized to administer oaths (e.g., a notary public). This will serve as the custody order and an appearance before a magistrate is then waived. The examiner will complete the Examination and Recommendation for Involuntary Commitment form and follow the steps described above under Involuntary Commitment. Law enforcement officers may then transport the individual to a 24-hour facility.

The examiner must send a copy of the Supplement to Support Immediate Hospitalization to the Clerk of Court in the county of the 24-hour facility. If there is doubt that the form will be received within the 24 hours (excluding weekends and holidays), the examiner will communicate his findings to the clerk by telephone. The Chief District Court Judge will review the certificate within 24 hours for a finding of reasonable grounds.

If the physician, psychiatrist, or practicing licensed psychologist, determines that the individual does not meet the criteria for any of the above mentioned commitments, the individual must be released and the proceedings terminated.

SECTION. CLIENT RIGHTS
SUBJECT. AUTHORIZATION TO VIDEOTAPE, RECORD AUDIO, AND PHOTOGRAPH-
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate will respect individual privacy and confidentiality related to participation in both clinical and public activities in regards to videotaping, audio recording, and photographing.

Steps: Clients served will be made aware that participation in any public activity is strictly voluntary. They are not expected to make public statements of gratitude or be identified as a Client in any promotional materials.

1. Complete an authorization for the Client when a video/photograph or public activity session is planned.
2. Specify dates consent is effective.
3. Obtain Client signature on the authorization when consent has been given.
4. The Client can refuse participation in any public activity and has the right to revoke consent at any time during the process.

Steps: Clients will be made aware that video and audio recording of sessions is used for clinical supervision and research. Clients will further be made aware that consenting to such recording is voluntary and does not impact their ability to receive services from Navigate

1. Explain *Consent for digital video or audio recording* form with client prior to recording for the first time.
2. Obtain Client signature on the authorization form when consent has been given
3. The Client can revoke consent at any future time to have recording made of counseling sessions.

SECTION. CLIENT RIGHTS
SUBJECT. CLIENT ACCESS TO HEALTH RECORDS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate Clients have access to their own records unless the clinician determines that release of any part of the record would be injurious to the Client's physical or mental well-being. If there is no clinician directly involved in the Client's treatment, the Clinical Director or his/her designee may refuse Client access. If the request is refused, the Client may request that his/her information be sent to a physician or psychologist of the legally responsible person's choice, and in this event the information shall be provided to that specified physician/psychologist.

Steps:

- A. Clients will complete the "Client Access to Record" form. The request must be processed in a timely manner, but no later than 30 days after receipt of the request.
- B. Prior to decision for releasing, the request will be reviewed by the clinician's supervisor and/or Treatment Team.
- C. It is recommended that the Client and treating clinician review the record together.
- D. If the supervisor, treatment team and/or clinician agree that the reviewing of the record would harm the Client, the Client will be offered the option of having the record sent to a physician or psychologist of the legally responsible person's choice.
- E. If the supervisor, treatment team and Clinician cannot reach consensus about possible injury to the Client, the decision shall be referred to the Clinical Director or his/her designee.
- F. The Clinician should inform the Client in writing of any decisions made and file a copy in the correspondence section of the record.
- G. If there is any information from family members or others that may jeopardize their relationship with the Client or otherwise be harmful, staff may consider removing those portions of the record before review and informing the Client that portions of the record have been removed.

SECTION. CLIENT RIGHTS
SUBJECT. CLIENT SUSPENSION AND EXPULSION
CREATED. FEBRUARY 2012
REVISED.

Steps:

A. Procedure and Criteria for Suspension

1. No Client shall be threatened with unwarranted suspension or expulsion.
2. Clients shall be informed of the behaviors that could result in suspension or expulsion from program services. Such criteria would include, but not be limited to the following: use or possession of drugs or alcohol on site, violence or threats of violence to staff or other Clients, breaches of confidentiality, theft, and destruction of property.

B. Alternatives to Suspension/Expulsion

All possible alternatives to suspension or expulsion from a Navigate program must be exhausted prior to such action. Alternatives might include the development of a behavior intervention plan to modify the Client's unacceptable behavior, or similarly a negotiated written agreement with the Client in which he/she accepts responsibility for coping with and the consequences of repetitious problematic behavior.

C. Documenting Suspensions/Expulsions

The suspension or expulsion of a Client from a Navigate program must be documented on a Navigate Incident Report form and forwarded to the Clinical Director within 24-hours. Documentation shall include:

1. A description of each alternative to suspension/expulsion that was attempted prior to the action.
2. The specific times and conditions for resuming services following a suspension.
3. The discharge plan, including the designation of an alternate service determined to meet the Client's needs.
4. A statement signed by the Client or legal guardian acknowledging his/her right to file a grievance with regard to the suspension/expulsion.

D. Appeal

All Clients for whom suspension and expulsion is recommended but who do not agree, may contest the action by filing a grievance in accordance with the Navigate Client Grievance Procedure. Due process under this procedure shall be applicable for any suspension, expulsion or other discharge not mutually agreed upon by the Client and appropriate staff.

SECTION. CLIENT RIGHTS
SUBJECT. CLIENT SEARCH AND SEISURE
CREATED. FEBRUARY 2012
REVISED.

A. Reasonable Cause

A reasonable cause for searching a Client's private space or person must be established prior to any search. Cause is constituted by the reasonable belief that a Client is in possession of stolen property, substances which may be illegal, health threatening or dangerous to the Client or others, or items which are prohibited by program procedure. Reasonable belief may include:

1. a reliable witness to the Client's actions, or
2. a belief which is clearly indicated by surrounding circumstances, such as a Client's prior history of similar behaviors or opportunity or accessibility beyond that of others, or
3. if the Client exhibits significantly different or otherwise inexplicable behavior which is outside of regular patterns for the individual.

B. Search Procedure:

1. Navigate will contact the proper authorities (e.g., police) when reasonable cause is established.

C. Documentation of Search/Seizure

The essential elements of documentation as dictated by mental health standards include the scope and reason for the search, the steps followed, and a description of seized property.

Every unplanned search and seizure shall be documented on a Navigate Incident Report form and forwarded to the Safety Officer within 24-hours.

SECTION. CLIENT RIGHTS
SUBJECT. LEGAL ACTION AGAINST CLIENTS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate to avoid legal actions against Clients whenever possible. However, if Client actions indicate a need to seek criminal charges, Navigate will do so. Examples of such behavior include, but are not limited to: communicating threats to peers or staff, physical or sexual assault, theft, damage to real property, possession of alcohol and/or illicit drugs in Navigate facilities, possession of drug paraphernalia, trespassing.

SECTION. CLIENT RIGHTS
SUBJECT. PERIODIC INTERNAL REVIEW
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate will conduct a review at least every three years regarding implementation of Client Rights Rules.

Steps:

1. Every 3 years the Navigate Leadership Team will begin a systematic review of all Navigate Standard Operating Procedures to assure compliance with any new Client rights laws.
2. A copy of these report findings will be kept with Leadership Team notes. Any required procedure changes will be instituted and said policies placed in appropriate procedure manuals.

SECTION. HUMAN RESOURCES
SUBJECT. STAFF RECRUITMENT, APPLICATION, INTERVIEWING,
QUALIFICATION, HIRING, AND JOB DESCRIPTIONS
CREATED. FEBRUARY 2012
REVISED. OCTOBER 2012

PROCEDURE

It is the procedure of Navigate that the hiring of new staff will entail a structured process to ensure the selection of qualified and quality staff.

STEPS:

1. Open positions at Navigate will be communicated through standard means to include but not limited to: email announcements, newspapers ads, and networking with other professional organizations and agencies.
2. Interested candidates will express their interest in applying for the position via email or letter. Applicants need to submit their completed Navigate application, resume, copies of all transcripts and all professional certifications/licenses, and the names of two professional references that can corroborate the applicant's professional experience with the proper population and qualities.
3. A face-to-face interview will be conducted between an applicant and Navigate Coordinators/Directors to discuss the applicant's qualifications and to explain the requirements of the open position.
4. Prior to making an offer to an applicant, the Clinical Director or Coordinator will determine if the applicant meets the minimum qualifications of the open position. This will include a review of the applicants resume, transcripts, professional certifications/licenses, as well as contacting the applicant's references. This determination process will be documented using the Navigate Qualification Determination Form. Completed forms of hired staff will be kept in personnel records.
5. Job offers to applicants will be made via email or in letter form. Applicants will be asked to respond to the offer via email or in letter form. Copies of email and/or letters will be kept in personnel records.
6. All Navigate applicants who are offered a position must complete a criminal background check prior to the start date of their employment, which will be facilitated by the Coordinator. The criminal background check will include:
 - a. The applicant completing the Navigate criminal disclosure form,
 - b. a formal criminal background check conducted by a qualified company, and
 - c. a NC Health Care Registry check.
 - d. Documentation pertaining to criminal background checks and histories will be kept in personnel files
7. Applicants whose criminal background checks reveal a criminal history will be reviewed on a case-by-case basis. Crimes that preclude an applicant to hold a human service position via NC statute require the termination of an applicant's employment with Navigate.

8. All Navigate employees will have a job description that outlines duties, responsibilities, professional expectations, training expectations, and necessary qualifications. Signed job descriptions will be kept in personnel records.

SECTION. HUMAN RESOURCES
SUBJECT. PERSONNEL RECORDS
CREATED. FEBRUARY 2012
REVISED.

All Project Working Staff Personnel Records will contain:

- Resume
- Copy of transcript of most recently completed degree
- Copy of diploma of most recently completed degree
- Signed Job Description
- Copy of Driver's License and Social Security Card
- Copies of application, job offer/acceptance correspondences
- Confidentiality statement
- All past and current performance evaluations (when applicable)
- Any disciplinary action forms or communications (when applicable)
- Qualification determination form
- Copies of current professional licenses, certifications (when applicable)
- Copies of criminal disclosure form and criminal background check
- Copies of NC Health Care Registry check
- Copies of TB test results and other documentation pertaining to infectious disease
- Documentation of clinical supervision (when applicable)
- Documentation of training

SECTION. HUMAN RESOURCES
SUBJECT. CLINICAL SUPERVISION
CREATED. FEBRUARY 2012
REVISED. OCTOBER 2012

PROCEDURE: All direct service providers employed by Navigate and who do not hold a license for independent clinical practice will participate in regularly scheduled, Client focused supervision with another service provider whose experience and training are relevant to the population served by the supervisee.

Steps:

1. Within the first two weeks of employment, a Coordinator will develop in conjunction with a Clinicians an Individualized Supervision Plan. The plan will track the competency progression across various clinical activities and identify the supervision goals/objectives for the Clinician. This plan will be reviewed and updated at least every 90 days.
 - a. If it is a Coordinator in need of Clinical Supervision, then the Individualized Supervision Plan will be developed and facilitated by the appropriate Director. This will include instances of when a Director is Supervising a Coordinator's Clinical Supervision of a Clinician.
2. Staff working 10 or more hours per week must receive an average of 1 hour of individual supervision or 1.5 hours of group supervision per week. Staff working less than 10 hours per week must receive an average of .5 hour of individual supervision or .75 hour of group supervision per week.
3. Clinical Supervision will be documented using the Navigate Supervision Progress Log. This log will document the date and amount of clinical supervision, Individualized Supervision Plan goals addressed, critical issues discussed, new supervision and goals identified.
4. All supervision documentation will be kept in personnel files.

SECTION. HUMAN RESOURCES
SUBJECT. STAFF PRE-SERVICE ORIENTATION AND ON-GOING TRAINING
CREATED. FEBRUARY 2012
REVISED. OCTOBER 2012

PROCEDURE: All Navigate clinical staff WILL complete pre-service orientation and ongoing training.

Steps:

1. Clinical staff will complete 12 hours of pre-service orientation before they can engage in their job duties. This training includes: 1 hour of ethics and Client rights, 1 hour of HIPAA privacy training, 3 hours of OHSA blood born pathogen and TB training, and Values, 7 hours of First Aid/CPR Training. Completion of these trainings will be certified using the Pre-Service Orientation Record that is to be kept in personnel files.
2. During the first 4 weeks of employment, each staff will undergo “On-the-Job” competency training specific to their position. Hours of training will vary depending upon staff needs and position.
3. Only designated staff will be trained in First Aid/CPR in order to comply with Navigate procedure.
4. On-going Training:
 - a. All Clinicians will complete booster trainings in Infectious Disease annually.
 - b. First Aid/CPR booster trainings will be completed as required.
 - c. All Clinicians will complete ongoing continuing education that is specific to fulfilling their duties. This training will include courses for a related degree, in-service and external workshops.
 - i. In-service (except for On-the-Job) must be documented on a Navigate training event ticket and kept in personnel files. Training event tickets will document training date(s), participant name/signature, trainer name/credentials, and trainer/supervisor signature.
 - ii. Clinicians completing external training must provide a copy of the training certificate to be kept in their personnel file. Training certificates must document training date(s), participant name, trainer name/credentials, and trainer signature.

SECTION. HUMAN RESOURCES
SUBJECT. CONFLICT OF INTEREST
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate prohibits the solicitation of Clients to staff members' private practices. Navigate employees may not enter into contracts or business transactions on behalf of Navigate from which they may benefit personally.

Steps:

Regarding referrals of Clients to employees' private practices:

If an individual requests referral information from Navigate, he/she will not be directed solely to any current or former Navigate employees unless they are the only providers meeting the individual's need in that area. Names of current or former employees may be given to the individual, when their skills are appropriate, along with the names of other providers with no current or past association with Navigate. The goal of offering names of providers must be to give the individual an opportunity to choose freely from appropriate providers.

If a Navigate employee is leaving Navigate to begin a private practice, he/she must inform any current Clients that Navigate will continue to provide care. The departing employee may not solicit or encourage the Client to follow him/her to the private practice. If the Client initiates a request to follow the departing employee, the employee must inform his/her supervisor of the Client's request. If the supervisor feels that the situation needs further discussion, the supervisor may contact the Client to arrange a meeting to discuss the options for care available.

Regarding business contracts from which employees may benefit personally:

Employees will not contract for goods or services with a business or organization in which the employee has a personal or financial interest. Similarly, employees will not purchase goods or services from him-/herself or from other persons, groups, or organizations in which the employee has a personal or financial interest.

Employees will not attempt to influence other employees to enter into any contract or undertake any financial transaction on behalf of the agency from which the first employee would benefit either personally or financially.

SECTION. HUMAN RESOURCES
SUBJECT. STAFF SCHEDULING
CREATED. MAY 2012
REVISED.

Policy: A designated Navigate Coordinator will be responsible for preparing the clinic's staffing schedule on a bimonthly basis and shall be posted no less than two-weeks prior to the beginning of the schedule period on the distribution medium (e.g. Google Calendar).

Procedures:

Regarding Staff Time-Off Requests Prior to the Posting of the Schedule:

All members of the Navigate Counseling Clinic staff, including Coordinators, Clinicians, and Record Clerks shall submit time off requests electronically via email to the designated staffing coordinator as soon as possible and no less than two-weeks prior to the beginning of the bimonthly schedule period (e.g. January/February, March/April, May/June; July/August; September/October, and November/December).

Regarding Staff Time-Off Requests After the Posting of the Schedule:

Once the schedule has been posted, all time off requests will be handled per the Staff Schedule Change Request policy.

Regarding Schedule Preparation by the Designated Clinic Coordinator:

The Clinic Coordinator responsible for preparing the schedule shall send out a reminder email to Navigate Staff members for time off request one-week prior to preparing the schedule.

The Clinic Coordinator responsible for preparing the schedule shall prepare the schedule, ensuring proper coverage of clinic staffing functions (e.g. coordinator, clinicians, and administrative), and send to the Clinic Director via email three-weeks prior to the beginning of the schedule period for final approval prior to posting.

The Clinic Director shall notify the Clinic Coordinator via email of his/her approval within five days of receipt.

The Navigate Coordinator responsible for preparing the schedule shall electronically post the approved schedule on the clinic's designated distribution medium (e.g. Google Calendar) and notifies staff via email of its posting.

SECTION. HUMAN RESOURCES
SUBJECT. STAFF SCHEDULE CHANGES
CREATED. MAY 2012
REVISED. JUNE 2012

Policy: Once the staff schedule has been officially posted, all non-emergency schedule changes are the sole responsibility of the staff member needing to make a change, and must be approved by the Clinic Coordinator responsible for scheduling.

Procedures:

Regarding Staff Member Responsibilities to Make Non-Emergency Schedule Changes:

After the schedule has been officially posted, staff members are solely responsible for finding a replacement with the exact same function (e.g. Clinician must trade shifts with a Clinician) for any shift changes needed.

In the event that shift coverage cannot be obtained after earnest effort has been made by the staff member needing the shift change, the staff member can request assistance from the Clinic Coordinator responsible for scheduling. Every effort will be made to assist all staff members with such matters, however, when requests cannot be accommodated, the staff member is expected to work as scheduled.

The staff members agreeing to a shift change will notify the Clinic Coordinator responsible for scheduling once the change has been agreed upon via email, preferably no less than one week prior to the shift change.

The Clinic Coordinator responsible for scheduling will approve or decline approval of the staff member schedule change request.

If approved, the designated Clinic Coordinator shall make the changes within the Navigate Schedule Tool on the shared drive and on the designated distribution medium (e.g. Google Calendar). They will then notify the affected parties, other Clinic Coordinators and Clinic Director(s) via email of the approved shift changes.

SECTION. HUMAN RESOURCES
SUBJECT. STAFF ILLNESS/EMERGENCY CALLS
CREATED. MAY 2012
REVISED.

Policy: Scheduled staff members with an illness shall notify the Clinic Coordinator on-duty as soon as possible prior to the beginning to their shift, preferably no less than four hours, if a non-emergency.

Procedures:

Regarding Staff Non-Emergency Illness Calls:

Scheduled staff members with a non-emergency illness shall call the Clinic Coordinator on-duty on the Navigate cell phone (252-378-8498) as soon as it is known that you cannot work your scheduled shift. If the Clinic Coordinator on-duty does not answer the phone, the staff member shall leave a voicemail message with their name, shift, and reason.

In the event that the staff member illness will have effect on more than one shift, the staff member will notify the Clinic Coordinator on-duty as soon as possible so they can plan accordingly.

Staff members will work with the Clinic Coordinator to make-up hours missed due to absence.

The Clinic Coordinator on-duty will review the clinic operations schedule and coordinate coverage as soon as possible. Once resolved, the Clinic Coordinator on-duty will send an email to the other coordinators and clinical director(s). They will then change the Navigate Schedule Tool to reflect: "I" (illness) or "E" (emergency) for the appropriate staff member and "CO" (counselor) or "CC" (clinic coordinator) for the staff member(s) providing coverage, and make changes to the designated distribution medium (e.g. Google Calendar).

SECTION. HUMAN RESOURCES
SUBJECT. COMPUTER USAGE
CREATED. NAVIGATE 2012
REVISED. OCTOBER 2012

PROCEDURE:

Navigate will provide laptop computers to employees for use in conducting Navigate business. Laptops will be assigned to employees during Navigate operating hours dependent on need. Laptops are to be utilized solely for Navigate related activities including the completion of assessment/evaluation related activities, client tracking, completing progress notes and other electronic health record activities. The storage of personal files on Navigate laptops and all non-Navigate related activities are prohibited. Each laptop must be returned to a coordinator prior to daily closing. Laptops will be locked in a secure area when not in use. In the event there is greater demand for laptops than computers available, coordinators will have discretion to assign laptops based on Navigate priorities. A general guide follows:

1. Client assessment and treatment planning activities
2. Coordinator and Director needs (e.g., client tracking)
3. Completion of Client progress notes and other paperwork
4. All other Navigate related activities

SECTION. SERVICES
SUBJECT. ELIGIBILITY AND ADMISSION CRITERIA
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE:

Navigate Clients are eligible for screening, intake, comprehensive clinical assessment/diagnostic assessment, Treatment Planning, case management and/or counseling services if they are at least 18 years old, consent to participate, and present with an issue(s) that outpatient counseling may help to resolve. Clients must also be medically and psychiatrically stable. Major exclusion criteria for treatment at the clinic include (1) having a significant psychiatric illness (e.g., schizophrenia), (2) having a significant medical problem (e.g., end-stage cancer), or (3) having a cognitive impairment that would impede ability to consent or participate. Medical exclusions will be based on the judgment of the clinic's staff based on each potential participant's history, physical examination findings, and routine laboratory work results. Clients who are not appropriate for the Navigate Counseling Clinic will be given a list of appropriate counseling resources in the Greenville area.

SECTION. SERVICES
SUBJECT. STANDING ORDERS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate that a Standing Order by the Clinical Director shall cover the following services only:

- Outreach
- Screening
- Case Consultation
- Intake
- Treatment Planning

Navigate shall provide the above services when necessary in the treatment of Clients and potential Clients (persons seeking service).

Definitions

- To reach out to the community (either to groups or to non-Client individuals) with education and prevention activities, known as Outreach.
- To assess the nature of a non-Client's problems and need for services, typically known as Screening
- To provide services to outside agencies or professionals for non-program Clients, known as Case Consultation
- To do an initial assessment of a Navigate Client, known as Intake, and
- To help Clients identify their problems, goals, services needed, typically know as Treatment Planning.

SECTION. SERVICES
SUBJECT. SCREENING FOR ELIGIBILITY
CREATED. MAY 2012
REVISED. OCTOBER 2012

PROCEDURE

It is the procedure of Navigate that a Clinician shall screen every individual seeking services at Navigate before an appointment for an intake is offered. The screening shall establish the appropriateness and relative priority of the individual's need relative to Navigate resources. Staff shall make a recommendation for alternative disposition of those cases not offered an intake appointment. The purpose of this Steps: is to establish the mechanism for assessing need and eligibility of individuals applying for services and to establish guidelines for managing the disposition of individuals found eligible. This Steps: also establishes guidelines for referring those found ineligible for services to alternative resources.

STEPS:

Initial Contact via LME:

Clients referred to Navigate via any Eastern Region LME (Local Management Entity) should have received an initial screening at the LME.

Initial Contact Other Than LME:

Clients may make an initial contact by "walk-in" or telephone call. All screening contacts are authorized by standing orders (See Standing Orders Procedure and Steps). Regardless of the means of contact, initial requests for services are normally referred to a clinician assigned for this purpose. After regular working hours when the center is closed and depending on where the individual presents and the nature of the problem, requests for service are managed by the Clients' LME.

Screening always includes an assessment of the Client's potential to harm themselves or others, as well as their medical and psychiatric stability. If a Client presents any risk of suicide or homicide, the Navigate Client Risk Assessment Procedure and Steps will be followed.

1. The Navigate employee taking the phone call or assisting the individual who was walked into the clinic will complete the Telephone/Walk-In Contact Form.
2. The employee will place the completed form in the On-Call Binder if the individual is to be referred to another service or in the Coordinator binder if they are scheduled for an appointment with Navigate.
3. The employee will fill out the tracking log with all appropriate information. An intake assessment will be assigned to a clinician by a clinic coordinator.

Disposition:

The screening worker will assess the individual's complaint or presenting problem and make a determination of the appropriate disposition. The range of possible dispositions includes:

1. *Emergent* when the Client's issues present at a severity level requiring the initiation of services within 2 hours. Clients at this severity level will be referred to an

- organization with appropriate programming (e.g., Vidant Medical Center Emergency Department).
2. *Urgent* when the Client's issues present at a severity level requiring the initiation of services within 48 hours. Clients at this severity level will be referred to an organization with appropriate programming (e.g., Walter B. Jones Alcohol and Drug Abuse Treatment Center).
 3. *Routine* when the Client's issues present at a severity level requiring the initiation of services within 14 calendar days. Clients presenting at this severity level will be referred to Navigate for a scheduled admission assessment and further care, or referred to another provider of the Client's choice.
 4. *Non-Threshold Clinical Need* when the Client's issue severity does not meet any of the above levels. Clients at this severity level will be referred to community resources.

Staff will assist individuals seeking care to identify an alternative resource and/or refer them back to the LME when it is decided that they are not eligible for Navigate services.

SECTION. SERVICES

SUBJECT. NONDISCRIMINATION IN ADMISSIONS

CREATED. MAY 2012

REVISED.

PROCEDURE

It is the procedure of Navigate to operate within the guidelines of Section 504 of the Rehabilitation Act of 1973 as well as the Title VI of the Civil Rights Act and the Age Discrimination Act of 1975. Section 504 prohibits discrimination on the basis of disability.

Individuals are admitted to Navigate and are rendered services without regard to race, color, national origin, disability, age, sexual orientation, gender expression, beliefs, or lifestyle. This program complies with the following laws:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- The Age Discrimination Act of 1975

In accordance with Section 504 of the Rehabilitation Act of 1973, Navigate will not, directly or through contractual arrangements, discriminate on the basis of disability in admissions, access, treatment or employment.

STEPS:

The Director of Career Services has been designated to serve as the Section 504 Coordinator and the Clinical Director is responsible for compliance with the other two laws.

Director of Career Services

1. Serve as the initial contact person for anyone with questions or complaints about discrimination.
2. Investigate complaints of discrimination within timeframes of agency grievance Steps:. If deemed necessary, a committee may be asked to investigate the complaint (See Client Grievance Procedure).
3. Maintain file on grievances.
4. Ensure prompt and equitable resolution of grievances.
5. Ensure that a self-evaluation is conducted as needed to comply with requirements.
6. Ensure that facility's continuing overall compliance.
7. Maintain liaison with public, state and federal agencies, relative to various aspect of compliance.

Steps to File a Complaint:

All complaints relative will be handled through existing agency grievance steps, following specific timeframes. The Director of Career Services is the general portal of entry for most complaints, specific to discrimination and assists anyone with a complaint, as necessary.

SECTION. SERVICES

SUBJECT. INTAKE & COMPREHENSIVE CLINICAL ASSESSMENT

CREATED. FEBRUARY 2012

REVISED. OCTOBER 2012

Procedure and Steps:

- The Client Rights and Consent to Treatment (see corresponding policies) and Comprehensive Clinical Assessment should be completed during the first meeting for all Navigate Clients.
- The Comprehensive Clinical Assessment (CCA) will include:
 - The Global Appraisal of Individual's Needs (GAIN)
 - A Clinical Interview with a Navigate Clinician using the electronic health record intake form. This form will be signed (digitally) signed by the Clinician and a Coordinator.
 - Infectious Disease Screening

Readmission

Individuals who already have an extensive record may seek readmission. In such cases the previous record may be referenced and a summary provided with the exception that a complete description of the presenting problem, history of the present condition, diagnosis and treatment recommendation is required. Information obtained from other service programs should be included in summary or by reference as appropriate.

Psychological Evaluations

In order to assist with Treatment Plan development and comprehensive care, Clients may be referred for psychological assessment to a licensed psychologist. Tests typically consist of psychological testing, observation, and clinical interview. Areas in which assessments are done include intellectual and emotional functioning, personality dynamics, academic achievement, adaptive functioning, and neuropsychological screening.

Navigate Clinicians may refer Clients for psychological evaluation when approved by the Clinical Director. The Clinicians will add this referral to the Treatment Plan or complete a Treatment Plan Update when appropriate (see Treatment Plan Procedure). When Navigate receives the evaluation, it will be placed in Clients' Health Records.

Psychiatric Evaluations

In order to assist with Treatment Plan development and comprehensive care, Clients may be referred for a specialized psychiatric evaluation to determine psychiatric needs. The psychiatric evaluation will include at a minimum:

- A history of the present illness,
- Past history including treatments, response to medications and family history,
- Health status including all other medications being used and/or prescribed,
- Mental status examination,
- DSM-IV-TR diagnosis across all 5-axes, and
- Treatment recommendation(s).

Navigate Clinicians may refer Clients for psychiatric evaluation when approved by the Clinical Director. The Clinician will add this referral to the Treatment Plan or complete a Treatment Plan Update when appropriate (see Treatment Plan Procedure). When Navigate receives the evaluation, it will be placed in Clients' Health Records.

Clinical Interview

- A Clinical Interview (CI) may be performed by Navigate staff that hold an LPC, or an LCAS, or those with a Masters and are under supervision for an LPC or LCAS.
- A CI will be completed with each new Client. The interview process may be completed over the first month of a Client's participation in Navigate services. The purpose of a CI is to identify Client issues better and thus, comprehensively plan and intervene to help the Client obtain their treatment objectives and goals.
- The CI must include:
 - a chronological general health and behavioral health history (includes both mental health and substance abuse) of the recipient's symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts;
 - biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
 - a description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions; and current medications;
 - a strengths/problem summary which addresses risk of harm, functional status, co-morbidity, recovery environment, and treatment and recovery history;
 - diagnoses on all five axes of the DSM-IV-TR;
 - evidence of an interdisciplinary team progress note that documents the team's review and discussion of the assessment;
 - evidence of recipient participation including families, or when applicable, guardians or other caregivers, and other agency representatives, and
 - documentation of all the above must be recorded in the Client's Health Record.

SECTION. SERVICES
SUBJECT. SERVICES
CREATED. AUGUST 2012
REVISED.

Navigate Counseling Clinical provides an array of professional counseling services. Services will be provided within the expertise, credentials, training and ethical guidelines of Navigate Team Members. Referrals will be made services needed by clients that fall outside said expertise, credentials, and training.

Navigates' services include clinical assessment, treatment planning, case management, crisis management, substance abuse counseling, clinical mental health counseling, rehabilitation counseling, career counseling, adjustment counseling, vocational evaluation, and biofeedback. Said services are provided on an out-client basis in individual and group therapy sessions, educational groups, tele-counseling, and other technology-based means of service delivery.

Services provided via tele-counseling and other technology-based means of service delivery will adhere to all guidelines pertaining to protections of Clients' right, confidentiality, and personal health information (i.e., HIPAA). Navigate Team Members will adhere to all current ethical guidelines pertaining to services delivered via tele-counseling and technology-based means of service delivery. Navigate will adhere to industry standards in regard to the security requirements of equipment and mechanisms (e.g., encryption). Use of tele-counseling and technology-based service delivery does not preclude adherence to other Navigate policies and procedures. Tele-counseling and technology-based service deliver will be primarily used when Clients cannot access standard face-to-face services.

SECTION. SERVICES

SUBJECT. SERVICES TO VICTIMS OF ABUSE/NEGLECT

CREATED. FEBRUARY 2012

REVISED.

When a Navigate staff member determines through the admission process or in the course of treatment that a Client is a victim of abuse or neglect, the staff will follow these guidelines:

- Ensure that the Client is currently safe and that their safety is maintained.
- Report all suspected cases of abuse and/or neglect of Clients to area DSS.
- Ensure that treatment services are coordinated with the agencies involved in determining the abuse/neglect e.g. DSS, Courts, Battered Person's Programs/Shelters.
- Determine if the responsible others in the home have a problem with mental illness or substance abuse and if so, the provider will work with DSS, court and any other relevant agency to ensure that appropriate mental health, substance abuse or developmental disability services are obtained for their treatment and support. The initial triage of any problems should determine the acuity and severity in order to ensure that appropriate crisis services are provided.
- Update the Client's Treatment Plan in order to ensure that services are of sufficient intensity and duration to meet the Client's needs for safety, recovery and healing.

SECTION. SERVICES
SUBJECT. CONSENT TO TREATMENT
CREATED. FEBRUARY 2012
REVISED.

Procedure: At or before admission to services, a written consent for treatment will be obtained, signed by the Client or legally responsible person. Under N.C.G.S. 122C-57, each voluntarily admitted Client or his guardian has the right to consent to or refuse any treatment. Consent may be withdrawn at any time. If a particular treatment is refused, the treatment professional shall determine if different treatment is possible. If all appropriate treatments are refused, the Client may be discharged.

Steps:

1. Written Consents
All consents will be documented in the Client Health Record.
 - A. Specific Treatment
For each specific type of service ordered at or added after admission, a Consent for Treatment form must be completed by the lead staff and signed by the Client or legally responsible person. Consent for specific treatment modalities will be denoted by Client signature on the Treatment Plan.
 - B. Disclosure of Possible Side Effects
When a treatment measure is known to have potential negative side effects, this information must be disclosed and a written consent for treatment obtained from the Client or legally responsible person.
 - C. Emergency Care
A written consent for permission to seek emergency medical care for the Client must be obtained from the Client or legally responsible person.
 - D. Experimental Drugs Procedures
Navigate does not prescribe, store, or manage experimental drugs.
 - E. Treatment Plans Involving Intrusive Interventions
When intrusive interventions are incorporated into the Client's treatment plan, Client rights rules for informed consent include disclosure of alleged benefits of the Steps:, potential risks, and alternative methods for the period of time in which the Steps:/intervention is in use. Written acknowledgement of disclosure and consent must be obtained from the Client or legally responsible person.
 - F. Day/Night Services
Signed applications for day/night services will be considered informed consent by the Client or legally responsible person.

2. Verbal Consents

When written consent cannot be obtained, justification for the verbal consent should be noted on the appropriate Navigate Consent for Treatment form and documented in the Client's Health Record.

3. Consent of Minors

Navigate does not serve minors.

4. Emergency Intervention Upon Client Refusal

Please see “Restrictive Intervention Procedure and Steps.”

5. Due Process/Grievance

Due process for involuntary Clients who refuse service or interventions shall be the Navigate Client Grievance Steps:. Refusal of consent shall not be used as the sole grounds for termination or threat of termination of services unless it is the only viable option.

SECTION. SERVICES
SUBJECT. TREATMENT PLANS
CREATED. FEBRUARY 2012
REVISED. OCTOBER 2012

PROCEDURE:

It is the procedure of Navigate that Treatment Plans for all Clients be Person-Centered and based on a) a thorough assessment of the Client needs, b) the strengths, resources and expressed desires of the Client, c) the needs and desires of family members when appropriate, e) the resources available in the family and other community systems, and f) increasing the self-sufficiency and independence of Clients consistent with their personal goals.

STEPS:

Assessments

The development of the Treatment Plan is based on a thorough assessment of the Client. An appropriately credentialed professional will complete the Comprehensive Clinical Assessment. The assessment must:

- Identify the appropriate diagnosis consistent with current DSM-IV-TR terminology.
- Yield a list of the significant problems/needs related to the Client's condition.
- Identify the significant service needs of the family or caretaker in the case of dependent Clients.
- Identify the Client's strengths and resources, both community and family, that can be used to create interventions.
- When appropriate and with the Client's permission, include the perspective of significant others who play an important role in the Client's life.
- Include the development of a level of care/functioning and other assessments as appropriate.
- Identify the next steps to be completed to access services.
- Identify Client's expected/desired outcomes.

Specialized services may require additional assessments specific to their intervention goals. Therefore, as Clients are enrolled in additional programs, program specific assessments should be completed as needed.

Development of the Treatment Plan

Upon completion of the Comprehensive Clinical Assessment (see Intake Procedure), a Navigate Clinician will develop a Treatment Plan in collaboration with the Client. The plan includes the chief issues to be addressed, Client choices, recommended treatment program, interventions and therapist.

Treatment Plan Development and Client Involvement

Clients must participate in the development of their service plan and the goals chosen must reflect the areas on which the Client has agreed and participation is reflected on the electronic

health record. If Clients refuse to approve the plan the Clinician shall so document on the plan. Where dependent Clients are involved, a family member, guardian or caretaker must participate in the development of the plan and its approval.

Treatment Plan Content

Treatment Plans must contain the following elements:

- Client goals, i.e., problems or needs that the Client has agreed to work on, stated in a way that includes the criteria for successful completion.
- Client strategies, i.e. action plans/assignments Client will complete to accomplish goals
- Supports, i.e. natural supports, people who will be involved in helping the Client reach goals.
- Staff interventions, i.e. what staff will do to assist Clients in achieving their goals including interventions with responsible individuals.
- A Crisis Prevention and Response plan that is individualized to the Client's needs and resources.

In addition, plans must incorporate the following principles:

- The least restrictive intervention consistent with successful treatment will be used.
- Clients will retain as much personal responsibility for their behavior and needs as is consistent with their condition. Client choice, desired outcome and self-determination will be honored.
- Interventions that strengthen parent child relationships and build on family strengths and dynamics will be chosen first
- In complex cases the intervention of more than one helping agency is usually necessary. The Treatment Plan will reflect a collaborative coordinated approach to community care.

Clients With Severe Disabilities

Additional specialized approaches are necessary in planning for Clients with disabilities that impair their ability to live independently. For individuals with such conditions, Treatment Plans must:

- Incorporate their personal goals and vision for the future
- Address a wide range of social and personal functions that are developmentally appropriate
- Identify services to strengthen functioning and remedy gaps in skills and knowledge so that they exercise social skills, personal choice, and independent action to the extent of which they are capable.

Treatment Guidelines and Restrictiveness of Care

The Treatment Plan development shall incorporate the use of professional level of care and treatment guidelines where available. When there is a range of service interventions available, staff shall choose the least restrictive intervention that is appropriate for the Client's needs.

Review of Progress Toward Treatment Goals

Subsequent review of the Treatment Plan will occur as dictated by the intensity of treatment, Client needs, and the expected duration of treatment but no less than annually.

The Clinician responsible for the case, other staff involved and the Coordinator will review the service plan.

Treatment Plan Approval

Completed Treatment Plans need to be reviewed and approved by the Client (or their legal guardian), as noted in the electronic health record. The Treatment Plan will be signed (digitally) signed by the Clinician and a Coordinator.

Subsequent Supervisory Review and Revision of the Treatment Plan

If, during the Review of Treatment Progress, it is determined that the Client needs additional services or changes in services, the clinician and their clinical supervisor will review and determine needed changes. This will be documented using the electronic health record. These recommendations will be made in collaboration with the Client. The plan must be updated whenever there is a significant change i.e. an additional goal is agreed upon. At a minimum the plan must be rewritten every 12 months.

Treatment Plan Update Approval

Completed Treatment Plan Updates need to be reviewed and approved by the Client (or their legal guardian) and staff that assisted in the development of the update. The Treatment Plan Update will be signed (digitally) signed by the Clinician and a Coordinator.

When the Client is receiving services from multiple programs every effort should be made to have just one comprehensive and integrated service plan. Joint planning of the individuals involved and/or the use of a case manager to integrate services best accomplish this.

SECTION. SERVICES

SUBJECT. SUBSTANCE ABUSE INTENSIVE OUTPATIENT PROGRAM (SAIOP)

CREATED. JANUARY 2009

REVISED. OCTOBER 2012

SAIOP Description of Intervention

Navigate follows the guidelines for the required components of the Substance Abuse Intensive Outpatient Program definition (NOTE: Navigate SAIOP service was formally known as “Navigate”). SAIOP is the Level II.1 Intensive Outpatient Services ASAM Patient Placement Criteria. SAIOP means structured individual and group addiction treatment activities and services to assist Navigate’s Clients to begin recovery and learn skills for recovery maintenance. SAIOP is offered at least 3 hours per day at least three days per week with no more than two consecutive days between offered services. SAIOP services shall include a structured program consisting of, but not limited to, the following services:

1. individual counseling and support which may include:
 - a. motivational interviewing (MI) around barriers to recovery
 - b. community reinforcement approaches (CRAs) for relapse prevention
 - c. cognitive behavioral therapy (CBT) techniques for dealing with recovery issues
 - d. role-play activities for dealing with recovery issues
 - e. gestalt techniques to identify and explore emotions
2. group counseling and support which may include
 - a. CRAs for identifying and practicing stress management skills
 - b. CRAs for identifying and practicing relapse prevention skills
 - c. CRAs for psycho-education on issues pertaining to recovery
3. family counseling, training, or support
4. biofeedback training to help clients manage stress and triggers to relapse
5. biochemical assays to identify recent drug use (e.g. urine drug screens)
6. MI, CRAs, and CBT for relapse prevention to include community and social support systems in treatment
7. life skills training based on CRAs.
8. crisis contingency planning
9. disease management
10. treatment support activities that have been adapted or specifically designed for persons with co-occurring disorders of mental illness and/or physical disability, and substance abuse/dependence.

Group counseling will be provided each day SAIOP services are offered. SAIOP will include case management to arrange, link or integrate multiple services as well as assessment and reassessment of the recipient’s need for services. SAIOP services also inform the recipient about benefits, community resources, and services; assists the recipient in accessing benefits and services. Navigate SAIOP will be provided in a setting separate from the Client’s residence.

Staff Requirements

SAIOP will be conducted by practitioners employed by Navigate which is legally part of the East Carolina University. Navigate staff will meet the provider qualification policies, procedures and standards established by DMH and the requirements of 10A NCAC 27G. Navigate will meet these standards through licensure by the State of NC.

Navigate will provide 'first responder' crisis response on a "24/7/365" basis to recipients who are receiving these services.

Staffing Requirements

The Navigate SAIOP will be under the clinical supervision of the Navigate Clinical Director. The Clinical Director must hold a CCS/LCAS and be on site a minimum of 50% of the hours the SAIOP is in operation.

Services will also be provided by staff who meet the requirements specified for Qualified Professional (QP) or Associate Professional (AP) status for substance abuse according to 10A NCAC under the supervision of the Clinical Director. The maximum face to face staff to Client ratio will not exceed more than 12 adult Clients to 1 QP based on an average daily attendance.

Service Type/Setting

Navigate will operate as a facility licensed under 10A NCAC 27G.3700.

Expected Outcomes

The expected outcome of the Navigate SAIOP is abstinence. Secondary outcomes include: sustained improvement in health and psychosocial functioning, reduction in any psychiatric symptoms (if present), reduction in public health and/or safety concerns, and a reduction in the risk of relapse as evidenced by improvement in empirically supported modifiable relapse risk factors.

Documentation Requirements

Navigate staff will complete, for each Client, a standard, full service note for each day of SAIOP that includes the Client's name, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of intervention, the signature (degree/credentials or position) of the staff providing the service.

A documented discharge plan will be discussed with the recipient and included in the record.

Admission Criteria

For admission into the Navigate Substance Abuse Intensive Outpatients Program (SAIOP), Clients must at least 18 years old, have a substance dependence diagnosis, consent to participate, and must present with the medical, psychiatric, behavioral, and social level of severity necessary

to receive services at the Intensive Outpatient level of care (American Society of Addiction Medicine level II.1).

Discharge Criteria

Navigate will discharge Clients when:

1. their level of functioning has improved with respect to the goals outlined in the Person Centered Plan, including of a transition plan to step down to a less intense level of care,
2. they no longer wished to receive SAIOP services.
3. they no longer are benefitting from SAIOP, or
4. they can no longer function at this level of care because:
 - a. they are not making progress, or are regressing and all realistic treatment options have been exhausted indicating a need for more intensive services.

See Discharge Policy for additional details.

SECTION. SERVICES
SUBJECT. COMMUNITY SUPPORT SERVICES
CREATED. JANUARY 2009
REVISED. OCTOBER 2013

Community Support Service Description of Intervention

Navigate follows the guidelines for the required components of the Community Support service definition. Navigate Community Support services consist of substance abuse rehabilitation services and supports necessary to assist our Clients in transitioning into the Navigate SAIOP. The service is also designed to assist the Client in acquiring substance abuse recovery skills necessary to successfully address his/her educational, vocational and housing needs.

Navigate Community Support services include coordination of movement across levels of care, directly to the person and their family and coordination of discharge planning and community re-entry following hospitalization, residential services and other levels of care.

Community Support includes case management to arrange, link, or integrate multiple services as well as assessment and reassessment of the Client's need for services. Community Support also informs the Client about benefits, community resources, and services; assists the Client in accessing benefits and services; arranges for the Client to receive benefits and services; and monitor the provision of services.

Navigate staff providing Community Support services must consult with identified providers, include their input into the Person Centered Planning process, inform all stakeholders, and monitor the status of the Client in relationship to treatment goals.

The service also includes providing "first responder" crisis response on a 24/7/365 basis to Clients experiencing a crisis.

Provider Requirements

Navigate staff will meet the provider qualification policies, procedures and standards established by DMH and the requirements of 10A NCAC 27G. These standards set forth the administrative, financial, clinical, quality improvement and information services infrastructure necessary to provide services.

Navigate Community Support providers will have the ability to deliver services in various environments, such as homes, schools, jails, homeless shelters, street locations, etc.

Staffing Requirements

Navigate staff who meet the requirements specified for Qualified Professional (QP) or Associate Professional (AP) status according to NCAC 27G.0104 and who have the knowledge, skills and abilities required by the population and age to be served will deliver Community Support.

All Navigate Associate Professionals providing Community Support will be supervised by a QP. Supervision will be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline (see Supervision Policy).

Documentation Requirements

Navigate staff will complete, for each Client, a standard, full service note for each day of Community Support that includes the Client's name, date of service, purpose of contact, describes the provider's interventions, includes the time spent performing the interventions, effectiveness of intervention, the signature (degree/credentials or position) of the staff providing the service.

SECTION. SERVICES
SUBJECT. “ON-CALL” FIRST RESPONDER RESPONSIBILITIES
CREATED. FEBRUARY 2012
REVISED. MAY 2012, SEPTEMBER 2012, NOVEMBER 2012

Policy: Navigate has an on-call first responder system for Clients to provide a response to Client crisis during non-work hours.

Procedure:

1. Each Client will have a crisis plan as part of his/her Treatment Plan. All crisis plans will have a proactive plan and a reactive plan with the contacts, phone numbers and instructions for handling certain crises. Crisis plans will be accessible via the Client’s Electronic Health Record.
2. Only Navigate Coordinators, Directors, and Staff designated by a Director may serve as On-Call Clinician.
3. The following are guidelines for planning and handling Client crises:
 - a. Clients in crisis during operating hours will know to call Navigate at 252-744-0328. If it is determined that the call is a crisis, the staff person will refer the call to the scheduled On-Call Clinician.
 - b. Clients in crisis during non-operating hours will know to call the Navigate On-Call Clinician cell phone at **252-378-8498**. The On-Call Clinician will call the call-back number as soon as possible.
 - c. A short-term crisis plan will be developed with the Client over the phone. This plan should reflect the Client’s Treatment Plan crisis plan, and can include, but is not limited to:
 - i. Counseling over the phone with the On-Call Clinician.
 - ii. Arranging/facilitating community supports for the Client.
 - iii. Face-to-face counseling with the Client.
 1. The On-Call Clinician will have the capacity to respond face-to-face within 2 hours.
 2. Face-to-face responses will occur in a location that is accessible and safe for all parties involved. Accessibility and safety will be determined by the On-Call Clinician.
 - d. *When the On-Call Clinician determines that the crisis involves clear and present danger to the Client and/ or others, and/or the Client’s level of distress is not alleviated following reasonable efforts, the Integrated Family Mobile Crisis (1-866-437-1821) will be contacted.*
 - e. *In emergency situations, the On-Call Clinician will contact the proper authorities (e.g., police, ambulance).*
 - f. *The Clinic Director shall be contacted as soon as reasonably possible for all risk assessments of a 3.*
 - g. *The incident shall be documented in a progress note as soon as possible following the conclusion of the crisis response.*

Toriello- 252-561-5703 Sias- 252-258-3562 Sligar- 252-8647053

Regarding On-Call Clinician Changeover and Equipment Handoff:

The Navigate Counseling Clinic cell phone (252-378-8498) shall be carried by the Clinic Coordinator or Director designated for on-call operations that week. The changeover/handoff will take place weekly on the day of the designated staff meeting.

SECTION. SAFETY
SUBJECT. USE OF BREATHALYZER SCREENING
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate will conduct a breathalyzer screening when in the judgment of a coordinator, director, or their safety designee, a client has arrived for an appointment and is displaying signs and symptoms of alcohol intoxication.

Steps:

1. If a clinician suspects a client is under the influence of alcohol upon their arrival at Navigate, they shall contact a coordinator or their safety designee. This individual will provide an assessment of the client and initiate the steps of a breathalyzer screening as well as contact a director.
2. Breathalyzer screenings are considered non-routine.
3. For any breathalyzer screening of .04 or above or for any client displaying signs and symptoms of alcohol intoxication who refuses a breathalyzer screen, the client will be advised that they should not drive from Navigate. Another mode of transportation will be arranged by Navigate staff if required. If a client disregards this warning and decides to drive their vehicle, 911 will be called. The 911 dispatcher will be provided only a description of the client's vehicle and that a potentially intoxicated individual is behind the wheel. A direction of travel will be provided if known. At no time should the client's relationship to Navigate be mentioned.
4. The results of any breathalyzer screening will be documented in a client's progress notes.
5. A client who is under the influence of alcohol shall not participate in any group session scheduled for that day, but will receive an assessment by a coordinator or director.
6. A Non-Critical Incident Form will be completed by the employee giving the breathalyzer screening or by the coordinator or director who assessed the client in the event a breathalyzer was refused. This form shall be submitted to the Safety Official within two days for review.

SECTION. SERVICES

SUBJECT. CASELOAD ASSIGNMENT & CONTINUITY OF CARE

CREATED. SEPTEMBER 2011

REVISED.

PROCEDURE: Services to Clients shall at all times be provided with regard to their need for continuity of care. The interest of the Clients served shall be the determining factor in staff caseload assignments.

Steps:

1. Continuity of care is assured by:

- Maintaining, wherever possible, the staff assigned at intake or early in the contact. Assignment of staff are based on needs of the persons served, service provider availability, and caseload size.
- Avoiding arbitrary re-assignment which can interfere with the continuity of care.
- Any changes in staff will be discussed with the Clients served and their care providers (as applicable).
- Whenever possible, changes in staff are based on the documented interests and choices of the Clients served.

2. Changes in staff which are not based on the Clients served interest may only occur for the following reasons:

- Unanticipated events beyond the organization's control (i.e. staff turnover, prolonged illness, etc.). Any such changes will be documented and discussed with the Clients served.

3. The Clients served and their care providers who disagree with the reassignment may address this with the service provider or follow Navigate's Grievance Procedure.

SECTION. SERVICES

SUBJECT. APPOINTMENT ATTENDANCE AND NO-SHOW GUIDELINES

CREATED. FEBRUARY 2012

REVISED.

PROCEDURE:

Navigate expects Clients to attend their scheduled appointments.

No Show Guidelines:

Navigate staff will evaluate the situation of any Client who fails to attend a scheduled appointment (i.e., who “no shows”) and will use his/her clinical judgment, along with these guidelines, to determine what follow up is needed. Cancellations without rescheduling will be handled in similar manner.

- Any course of treatment should be “concluded,” not allowed just to stop. A conclusion to treatment will include an assessment by Navigate staff either that the Client no longer wishes treatment and is not an imminent danger to him-/herself or others, or that the Client no longer needs treatment. For example, a conclusion may be an assessment by staff that the Client is not attending sessions, has not responded to outreach efforts, and appeared at last contact to be in his/her usual state and not an imminent danger.
- If staff judges that the Client needs further treatment, he/she should make some outreach effort when the Client no shows. If there is a sound clinical reason for not following up on a no-show, the staff should document that reason. If a Client has a chronic pattern of missing appointments, the staff should consider including this as a problem on the treatment plan and developing a response to the no-shows in collaboration with the Client.
- The type of follow up should be tailored to the needs and situation of the Client. In most cases where dangerousness is not an issue, a phone call will suffice. The staff may also choose to make send a letter or conduct a home visit if appropriate.

Steps:

Established Clients: The record of any Client who fails to keep an appointment will be briefly reviewed by the clinician with whom the appointment was scheduled. The clinician will note any recent information suggesting an impending crisis and any information indicating that the Client might be dangerous to him/herself or others.

If such information is found, the clinician will make a vigorous effort to contact the Client as quickly as possible. This effort might include calling the Client, making a home visit, referring the Client to a crisis outreach worker, calling family or other contact persons, or even calling law enforcement officers. The clinician will note on a progress note the reasons for the outreach, the efforts made, and the outcome.

If such information is not present and the Client has been stable and not showing any evidence of impending crisis or imminent danger to self or others, the clinician should make a phone call to reschedule the appointment. The clinician will note on a progress note the reasons for the call, the efforts made, and the outcome. For stable clients, a first missed appointment should receive a phone call informing the client of the missed appointment and asking them to

re-schedule. A message will be left if Navigate staff have permission to do so. In the event a stable client does not call to re-schedule, a second call will be made indicating that Navigate and their clinician have not seen them recently and asking them to be in contact regarding future appointments. A message will be left if Navigate staff have permission to do so.

New referrals: If an individual fails to attend his/her first appointment for screening or intake, the clinician with whom the appointment was scheduled will make a clinical evaluation on the information available about the follow up that is appropriate. In general, a phone call and/or letter noting the missed appointment and inviting the individual to reschedule will be sent.

If there has been evidence of possible danger to self or others, the clinician will evaluate the situation based on the information available and may ask law enforcement officers to investigate or may take other action. Clinicians are encouraged to discuss cases involving potential danger with their supervisors if at all possible.

The clinician will note on a progress note the reasons for the outreach, the efforts made, and the outcome.

Cancellations without rescheduling: When a Client cancels an appointment and does not reschedule, the staff will give the chart with the cancellation information to the clinician with whom the appointment had been made. The clinician will review the chart as described above and will determine what follow up is indicated. The clinician will note on a progress note the reasons for the outreach, the efforts made, and the outcome.

No-show reduction efforts: As a means to reduce no-show, Clients will receive an appointment reminder phone call a day before their next appointment. Reminder calls will be made on Fridays for appointments on Monday.

SECTION. SERVICES

SUBJECT. DISCHARGE AND DISCHARGE PLANNING PROCEDURE

CREATED. MAY 2012

REVISED. OCTOBER 2012

PROCEDURE:

It is the procedure of Navigate to terminate services with every Client in one of three ways:

1. Termination of Services by Mutual Consent
2. Termination without Mutual Consent
3. Administrative Terminations.

It is also the procedure of Navigate to complete a Discharge Plan with all Clients terminated from all services.

Steps:

Voluntary discharge from services is an orderly process carried out between the person served and Navigate. Voluntary termination of services may occur if the Client is moving outside of geographical reach, if the Client has achieved all his/her goals, or if the program can no longer provide the needed services for a Client.

Discharge from Services by Mutual Consent

The discharge from services is optimally the result of a mutual agreement between the Client and the Navigate staff that services are no longer required. At any time during the course of service delivery, the Client and staff may agree that goals and objectives have been reached, that services are no longer indicated or that referral to another provider may be required. The process of discharge will include exploration of what additional services and resources may be required by the Client and what assistance will be needed to access them. This must be reflected on the Discharge Plan.

For Clients whose service is to be terminated the Navigate staff will determine, with input from the Client, whether aftercare is necessary. Aftercare is not required for any service as a whole. Recommendations for aftercare are made on a case per case basis.

Prior to discharge, the Navigate Clinician will assist the Client to obtain information on resources that he/she might explore, and will help in the transition to those other services when no other programs take this responsibility.

Each Client shall be assigned to one Navigate Clinician who has primary responsibility for the maintenance of the service record and treatment plan. This individual shall be responsible for ensuring that discharges are based on the guidelines below and ensuring completion of the Discharge Plan, in collaboration with the Client, by the last day of services. If it has been determined that some form of aftercare is necessary, the plan shall include any recommendations

for aftercare and any referrals that were made. Discharge plans will be filed in the Client's Health Record.

The Discharge Plan shall contain the following:

- Client's perceptions of his/her treatment progress,
- Client's goals and plans for recovery
- Contact information on any and all referrals for the Client,
- Information (date and location) on any and all upcoming appointments for the Client with other service providers,
- Services the Client plans to seek,
- Recommendations by Navigate staff, and
- Notice to collaborating agencies when applicable and active releases of information are on file.

Clients will be asked to approve the Discharge Plan when available. Discharge Plans will also be signed (digitally) by the Clinician and a Coordinator. Clients will then be given a copy of the plan.

Termination of Services Without Mutual Consent

Discharge from services where mutual consent between Client and staff not possible shall be at the judgment of the staff. Two options exist for this type of discharge:

1. A Client shall be discharged from services when in the staff's opinion further services would be contraindicated (not in the best interest of the Client). This type of termination may occur at any time during the course of service delivery and must include approval by the Clinical Director. The Clinician will give a copy of the Navigate Grievances procedure to the Client.
2. When a Client has not been seen for 60 days, the Coordinator will commence discharge. If a Client is deceased, the Clinician shall complete a Critical Incident Report. Exceptions include Clients who are expected to return or that have appointments less frequently than twice a year.

NOTICE TO COLLABORATING ORGANIZATIONS

Other organizations/individuals that have collaborated with Navigate in the preceding Client services shall be notified in writing of the termination of services when there exists consent for release of information.

Information Collected

Regardless of the type of termination, an attempt will be made to complete the GAIN TxSI with each Client one week after termination.

SECTION. SERVICES
SUBJECT. TREATMENT TEAM MEETINGS
CREATED. FEBRUARY 2012
REVISED.

Procedure: Navigate will hold regularly scheduled and as needed treatment team meetings.

Purpose: To ensure quality service delivery through adoption of review procedure.

Steps: The agenda of the treatment team meeting will include case consultations, and case staffing, and group clinical supervision. Treatment team meetings will be facilitated by the Clinical Director or designee.

Case consultation and Care Coordination:

Case consultation treatment team meetings will occur weekly. These meetings offer an opportunity for staff to obtain consultation and collaboration around problematic cases. Treatment team meetings maintain an atmosphere of support among colleagues where problems can be discussed without criticism or blame. Treatment team meetings provide a resource of information, experience, and assistance to their members.

Case Staffing:

Case staffing treatment team meetings will occur as needed. These meetings include the Client and an open discussion on their progress in the program.

Composition of the teams:

Case consultation treatment team meetings will include all Navigate staff.

Case staffing treatment team meetings will include the Client's Clinician, the Navigate Coordinator, and all relevant Directors. The inclusion of Navigate Consultants will be made on a case-by-case basis. It is expected that the team will function collaboratively, sharing ideas and perspectives to improve Client care. The Clinical Director will serve as the meeting facilitator. The Clinician will document the results of the meeting on the Client's progress note for that day.

Documentation

Team meetings will be documented using clinical supervision logs (per Clinical Supervision Procedure) and standard recording of meeting minutes.

Confidentiality:

In all activities involving Client information, staff will ensure that confidentiality is maintained.

SECTION. SERVICES
SUBJECT. WAITING LISTS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Client waiting lists and available resources will be regularly reviewed so as to minimize the length of time Clients must wait for onset of services.

Steps:

1. There will be no waiting lists for the provision of crisis services.
2. Navigate will maintain a systematic method of documenting waiting list for its services and for dealing with the maintenance of the list.
3. The Leadership Team will regularly review waiting lists in order to determine if the presenting needs of potential Clients exceed the needs of certain active Clients in order that resource allocation adjustments can be made as seen fit.
4. Group therapy will be offered whenever possible in order to alleviate the length of time individuals wait for clinical services.
5. Individuals who the agency cannot serve or who will have a long wait will be given information on referral sources in the area.

SECTION. CLIENT INFORMATION
SUBJECT. FEE ASSESSMENT AND COLLECTIONS
CREATED. MAY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate to assess a fee per service provided based on a sliding scale fee schedule and to never turn away a client for inability to pay.

STEPS:

Financial information regarding Client fee setting and payment of bills are not considered part of the Client treatment record. Financial information shall be filed separately. Clients will be asked to bring evidence of income to their intake interview. The below sliding scale fee will be provided to all Clients. Clients shall be asked for payment at the time of services. No Client will be turned away for inability to pay. The fee structured to be billed is as follows:

If your combined family income is:		Fee for Assessment:	Fee per Individual Session:	Fee per Group Session:
Annual Average	Monthly Average			
\$0 - \$24,999	\$0 - \$2,083	\$10	\$5	\$2
\$25,000 - \$34,999	\$2,084 - \$2,916	\$20	\$10	\$4
\$35,000 - \$49,999	\$2,917 - \$4,166	\$40	\$20	\$8
\$50,000 - \$74,999	\$4,167 - \$6,249	\$60	\$30	\$12
\$75,000 - \$99,999	\$6,250 - \$8,333	\$100	\$60	\$24
\$100,000 & above	\$8,334 & above	\$150	\$90	\$35

Following the conclusion of a counseling session or intake interview, the clinician will arrange for the client and a clinic coordinator to meet to discuss payment and schedule future sessions. Collection of payment will be done by a clinic coordinator. A receipt for any payment received will be provided to the Client.

SECTION. SERVICES

**SUBJECT. SERVICE SUBCONTRACTING AND AGREEMENTS WITH
INDEPENDENT PRACTITIONERS**

CREATED. FEBRUARY 2012

REVISED.

PROCEDURE: Whenever possible, services needed by Clients will be provided by Navigate staff that are qualified to provide such services. For needed services that are sub-contracted to external agencies and/or independent practitioners, Navigate will ensure that such agencies and practitioners are fully qualified to provide such services.

Steps: Before Navigate enters into a sub-contract agreement for an external agency and/or independent practitioner to provide services, the Navigate Clinical Director will take the following steps:

1. Ensure that external agencies and/or independent practitioners are in good standing with required certifications and/or licenses to provide needed services (e.g., obtain copies of current licenses/certifications).

SECTION. SERVICES
SUBJECT. MEDICAL PROCEDURE
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate does not perform any medical procedures. Clients will be referred to appropriate agencies for physician consultation on medical procedures.

SECTION. SERVICES
SUBJECT. MEDICATION NEEDS AND PLANNING
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

Navigate staff do not prescribe nor administer any medications, prescribed or over-the-counter, to Clients.

STEPS:

Clients who are taking or who may need medication will be referred by a Clinician (Clinician) to appropriate individuals licensed to prescribe and/or administer medications.

Medications that Clients report taking and being prescribed will be recording in their service plan with the name and contact information of the prescribing entities.

SECTION. SERVICES

SUBJECT. MEDICATION ACQUISITION, STORAGE, DISPENSING, DISPOSAL

CREATED. FEBRUARY 2012

REVISED.

PROCEDURE

Navigate does not acquire, store, dispense, nor dispose of and medications.

SECTION. CLIENT INFORMATION
SUBJECT. SECURITY, ACCESSIBILITY, AND CONFIDENTIALITY OF HEALTH RECORDS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate will safeguard all Health Records against loss, tampering, defacement, and unauthorized access to assure their safety at all times. Records will be accessible to authorized staff.

Steps: Current Navigate Health Records will be stored at their appropriate site in locked cabinets and locked rooms. All closed Health Records will be stored in locked cabinets and locked rooms.

Responsible Party: Navigate Coordinator

- A. Assumes responsibility of protecting records against loss or defacement
 - 1. Maintains records in protective folders labeled with Client identification, per program requirements.
 - 2. Stores service record folders in locked file cabinets.
- B. Maintains inventory control
 - 1. Verifies that a service record is opened and filed for each Client admission, or a pending is file created for screening events.
 - 2. Retrieves records for authorized staff providing treatment for all designated appointments and/or walk-ins.
 - 3. Retrieves records as requested for reviews, or other support or management needs.
 - 4. Assures that proper authorized user receives records.
- C. Authorized users maintain security and control of record until it is returned to designated staff.
 - 1. Keeps records from designated staff in secure location to prevent unauthorized access or release of confidential information.
 - 2. Returns records directly to designated staff for transfer to others who may request records.

3. Returns service records to designated staff by the end of the workday.
- D. Removes out guides upon return of records users and re-files in appropriate storage file. Follows up to investigate missing records.

SECTION. CLIENT INFORMATION
SUBJECT. AUTHORITY TO DOCUMENT IN HEALTH RECORDS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

Only designated individuals, such as treatment/clinical staff, designated (e.g., data entry) staff, support staff, students/interns/residents/fellows, volunteers and contract employees will document in health records. All entries in the Client record shall be accurately authenticated.

STEPS:

Any entry in the Client record shall be digitally signed and authenticated by recording name and credentials of the service provider and, if necessary, countersigned by their supervisor.

SECTION. CLIENT INFORMATION
SUBJECT. DOCUMENTATION IN HEALTH RECORDS
CREATED. FEBRUARY 2012
REVISED. OCTOBER 2012

PROCEDURE

It is the procedure of Navigate to have standard documentation practices to ensure the quality and integrity of the health record. Navigate will use an electronic health record to consistently manage client information. Paper copies of client health records will also be maintained according to policy.

STEPS:

1. All entries in the Health Record shall be authenticated and dated.
2. All service entries shall include the date the service was rendered.
3. All service entries will be made using the electronic health record.
4. All incidents (Critical and Non-critical) shall be documented in the Health Record via a progress note. Incident Reports, however, are a separate document and are not filed in the Client record.

SECTION. CLIENT INFORMATION
SUBJECT. ASSIGNING & CORRECTING CLIENT NUMBERS
CREATED. FEBRUARY 2012
REVISED. JULY 2012

PROCEDURE: Unique Client numbers will be assigned and used from the point of initial Client contact throughout the period of service delivery.

Steps:

1. Client numbers will be assigned a 5-digit number by the Navigate Coordinator.
2. Clients being referred by a special category (i.e. DSS) will be assigned a 5-digit number with letter(s) at the end. A client may have multiple letters if they qualify for multiple categories.
3. Clients who are self-referred, but who are later found to have involvement with a specific category will be assigned the letter at the end of the 5-digit number when this information is disclosed by the client. Navigate staff do not need to change the previous client number assigned to reflect the letter at the end.

SECTION. CLIENT INFORMATION
SUBJECT. CORRECTIONS IN HEALTH RECORDS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate to have standardized correction procedures to ensure the integrity of the Health Record for legal purposes, audit purposes, and quality assurance purposes.

STEPS:

Alterations shall be made by the individual who recorded the original entry.

Draw one single, thin line through the error or inaccurate entry to ensure that the original entry is still legible.

Record the corrected entry above or near the original entry.

Record the date of the alteration and the initials of the recorder.

Insert the word(s) in the appropriate place above the recorded entry when words have been omitted from the entry.

Add information after the last entry in the record whenever the information to be added cannot be legibly inserted near the original entry. Additional information is not to be “squeezed” into an area.

Any information added to the record shall be documented as an addendum or late entry and dated.

The use of correction fluid or tape (any type of white out) is not permitted on any service record. All documentation, including corrections and alterations shall be done in black permanent ink or typewritten. Black felt tip pens are not acceptable, as the ink tends to bleed.

Improper error correction is a deficiency when a service record is reviewed. Acknowledgement that the mistake has been duly noted and no longer needs to be counted as a deficiency can be done as follows:

1. Just above, or in the margin by the “white out”, black out, and/or ink blob correction write the phrase “incorrect error Steps: noted”
2. Sign your initials
3. Write the date

This will alert future reviewers that the error has been recognized, handled according to Steps:, and no longer needs to be considered a deficiency.

SECTION. CLIENT INFORMATION
SUBJECT. COUNTER SIGNATURES IN HEALTH RECORDS
CREATED. FEBRUARY 2012
REVISED. OCTOBER 2012

PROCEDURE

It is the procedure of Navigate to ensure authentication of documentation in all Health Records.

STEPS:

In the case of staff that may not be fully qualified, the specific requirements for countersignatures shall be addressed in the plan for supervision.

Signatures and Countersignatures

1. All entries in the service record shall be digitally signed using the electronic health record. For professionals, the staff member who provided the service and recorded the event shall sign their name with credentials, degree, or licensure. For associate professionals, the individual who provided the service and recorded the event shall sign their name and position.
2. Whenever a staff member is no longer available (extended leave, termination) to sign a record entry, a notation reflecting this shall be documented in the record with the staff member's supervisor's signature that is signing on behalf of the staff member.
3. A rubber stamp shall be used only for medical reasons and ADA accommodations. If the individual is unable to use the stamp for medical/physical reasons, the individual shall designate an authorized person to stamp the document. The designation shall be documented in writing.

SECTION. CLIENT INFORMATION
SUBJECT. MINIMUM RECORD REQUIREMENTS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate to adhere to the minimum record requirements as indicated in APSM 45-2, Service Records Manual for Area Programs and Contract Agencies, APSM 30-1, Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services, APSM 95-2, Client Rights in Community Mental Health, Development Disabilities and Substance Abuse Services, and the requirements set forth by Accreditation agencies.

STEPS:

Navigate maintains for each individual person served, family unit, or group receiving service, a record of vital information considered necessary to provide appropriate service, protect the organization and comply with legal regulation. The record will contain, at a minimum, the following:

1. Identification/Face Sheet (name, Client record number, date of birth, race, gender and marital status, admission date and discharge date)
2. Documentation of mental illness, developmental disabilities or substance abuse diagnosis coded in according to DSM-IV-TR;
3. Documentation of screening and assessment that reflect the nature of the problem or reason for requesting or being referred for services;
4. Treatment Plan;
5. Emergency information for each Client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident as well as the name, address and telephone number of the Client's preferred physician;
6. A signed statement from the Client of legal guardian granting permission to seek emergency care from a hospital or physician;
7. Documentation of services provided and progress toward outcomes;
8. Documentation that Client rights have been explained;
9. Unique Identification Number,;
10. Client Consents (i.e., consent to treatment, release of information);
11. Guardianship paper (when applicable)
12. Notice of Privacy Practices;
13. Documentation of Critical Incidents; and
14. Discharge plan.

The record will contain the following if applicable or required:

1. Documentation of physical disorders diagnosed according to International Classification of Disease (IC-9-CM); medication orders; orders and copies of lab tests; and documentation of medication administration errors and adverse drug reactions;
2. Therapeutic leave;
3. Psychological, medical, or psychosocial evaluations;

4. Court reports, documents of guardianship or legal custody, birth or marriage certificates and any court orders related to the service being provided;
5. Consent to participate in approved research projects;
6. Other essential information as deemed necessary to provide appropriate services, protect the organization, or comply with legal regulations.

Continuing services to the person(s) served are kept up to date through documentation of:

1. Current contact entries from the point of intake through discharge; and

General Client Records Requirements

Documenting in Service Records

1. All service record entries including assessments/evaluations shall include the date (month/day/year) the service was rendered
2. Each page in a service record that originated with another provider agency shall include the Client's name.

Discharge Status:

If there has not been face-to-face contact with a Client within the past twelve months, the Client shall be formally discharged from services.

Abbreviations

See Abbreviations Procedure and Steps:

Client Consent for Research

1. For research purposes, a written consent signed by the Client or legally responsible party shall be obtained to authorize the Client's participation as a subject in a research project. The consent shall reflect that the Client and legally responsible person have been informed of any potential dangers that may exist; conditions of participation are understood; and the Client has been informed of the right to terminate participation without prejudicing the treatment that is being received.

Special Precautions

1. Known allergies and adverse reactions shall be clearly documented in the Client's record.
2. A lack of known allergies and sensitivities to pharmaceuticals and other substances shall also be prominently noted in the Client's record.

Follow-Up Documentation

Follow-up documentation shall reflect attempts to ascertain why a Client is not attending a service in accordance with the established schedule.

Documentation of Suspected/Observed Client Abuse/Neglect

1. Whenever Client abuse/neglect is observed or suspected, facts relative to the suspected or observed abuse/neglect shall be documented in the service record including reports made by the individual Client and actions taken by staff.
2. Opinions relative to the suspected or observed abuse/neglect shall be documented in incident reports or in Client's record.
3. Per G.S 7B-301, any person or institution has the duty to report abuse, neglect, dependency, or death due to maltreatment of any juvenile to the Director of the Department of Social Services in the county where the juvenile resides or is found.
4. Per G.S. 108A-102, any person having reasonable cause to believe that a disabled adult is in need of protective services shall report such information to the Director of the county department of Social Services in the county in which the person resides or is present.

Discharge Plans

Discharge Plan for Clients Receiving Substance Abuse Services

Per Division publication APSM 30-1, Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services, before discharging a Client receiving substance abuse services, the facility shall complete a discharge plan and refer the Client to the level of treatment in accordance with the Client needs.

Therapeutic Leave

1. Documentation shall reflect the number of days of service and include verification of therapeutic leave days.
2. Documentation related to the therapeutic leave shall include:
 - a. The length of time for the leave
 - b. Justification for each therapeutic leave episode, and
 - c. A statement regarding the Client's condition prior to departing and after returning from the leave.

SECTION. CLIENT INFORMATION
SUBJECT. PROGRESS NOTES
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate will document the progress of Clients toward their goals established on their Treatment Plan, as well as other clinically significant events.

Steps: Progress notes will be completed for each Client for the day they participate in Navigate services.

All Progress notes will be entered on the Client information database and will include the following:

1. Date of Service
2. Identification of recipient, if different from Client
3. Client identification numbers
4. Goals addressed
5. Description of intervention/activity
6. Effectiveness of intervention/activity
7. Duration of service

All completed progress notes will be digitally signed by the appropriate staff, printed and filed in the Client's Health Record.

SECTION. CLIENT INFORMATION
SUBJECT. INITIAL SCREENING INFORMATION
CREATED. MAY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate that potential Client information from an initial telephone or walk-in screening is housed in a pending file.

STEPS:

Initial screening information gathered from potential Clients is filed in a pending file in alphabetical order and housed a designated secure location. If the screening folder information is entered into the electronic health record, it is then housed with the active files in the appropriate Health Record area.

If information collected is information that results in an open record (i.e. the person becomes a Navigate Client), the information collected is forwarded to the appropriate record.

If information collected does not result in an open record, the information remains in the pending file. After 12-months of inactivity, this information will be moved to an Inactive screening file.

SECTION. CLIENT INFORMATION
SUBJECT. COURT ORDERS AND SUBPOENAS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate to comply with valid requests issued by the courts.
Navigate shall comply with any valid requests issued by the court adhering to the APSM 45-2A Appendix F “Legal Proceedings”.

STEPS:

CLINICIANS:

A. If You Receive a Subpoena

1. **NEVER IGNORE A SUBPOENA.** Notify your supervisor immediately. If you are unable to reach your supervisor, notify the Clinical Director.
2. Notify the Client. Request a release of information and specify substance abuse information (or any other sensitive information) if this is part of the record.
3. Contact the party requesting information in order to ascertain type of information being sought. No Client information is to be given to the attorney without a signed release of information form from the Client.

All efforts should be made to arrange a deposition at the program, have a subpoena quashed, or to be placed on telephone standby. To do this, contact the attorney or official legal representative responsible for the court order or subpoena and request the above possible arrangements.

4. Enter outcome information in the records including copy of subpoena. **Request written copy of subpoena, if you were subpoenaed by telephone.**

It shall be noted that clinicians should not volunteer opinions in private custody cases. Opinions shall be offered only when necessary for the protection and safety of a child or when requested by the court.

B. If You Testify

1. Handwritten notes may be made and taken to court. However, these may be requested to be introduced as evidence by attorney so limit notes to relevant facts.
2. If you have no release from Client and no court order, make the following statement to the judge: “Due to the confidentiality laws governing the Division of Mental Health, Developmental Disabilities and Substance Abuse (DHR) and the Federal Law 42 CFR, part 2, I must be court ordered to testify or produce documents in these proceedings.” Disclose information only upon oral or written direct order by the judge.

HEALTH RECORDS

1. Ensure that the subpoena/court order is valid. A valid subpoena may be signed by a clerk of the court, an attorney, or party in the court action. The subpoena shall contain the court file number; the name of the court case, and the subpoena shall state when and where the records shall be produced. A court order shall be labeled as a court order and it shall contain the court file number, and be signed and dated by the judge. Both subpoenas and court orders shall be from the state of North Carolina.
2. Review chart to ensure completeness.
3. Release records only by court order or a signed release. In the case of child abuse, neglect, or dependency cases involving the Department of Social Services, the Department may obtain mental health records relevant to an investigation or the provision of protective services without consent of the Client. The Department must, however, make a written request for these records stating the grounds for the release (North Carolina General Statutes sections 7B-302). Information released will be logged in writing and signed on the Accounting Disclosure release form. Copies of the Health Records shall be released according to state and federal law.
4. Number all pages of copies front and back
5. Complete affidavit with Navigate letterhead and have documents notarized.
6. Seal envelope and record on the envelope the sealed date. Sign the envelope.
7. Send or transport the documents via certified mail. When transporting records, obtain a valid signature on the "Records Delivered to Court" form in order to leave the records in the custody of the court.

SECTION. CLIENT INFORMATION
SUBJECT. HEALTH RECORDS ABBREVIATIONS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Symbols and abbreviations may be used when they have been approved.

- Steps:**
1. An official record of approved abbreviations should be kept on file.
 2. A copy of the approved abbreviations listing must be made available to staff who record in the Client record.

*Note: Please remember that diagnosis may not be abbreviated on the Diagnostic Report, Service Plan, and Admission Assessment. However, elsewhere in the chart (service notes) abbreviations of diagnosis referenced in the approved list may be used.

SECTION. CLIENT INFORMATION
SUBJECT. FORM FILING SYSTEM
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: All Clients' records will be filed in the approved standardized filing format.

Steps: When filing information in a Client's record, forms should be filed in relation to the time at which they are initiated or the frequency of reference. This system allows the most frequently used and most current material to be filed at the beginning or top of the section, reducing the amount of times the papers are handled. Keep each section of materials in the order listed on the format sheet.

SECTION. CLIENT INFORMATION
SUBJECT. CLIENT CONTACT LOG
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate will collect information on Client attendance and services received.

Steps: Client attendance and services received will be documented on the Client Contact Log. This information will be entered into the electronic health record on a daily basis by a designated staff.

SECTION. CLIENT INFORMATION
SUBJECT. LEGAL DOCUMENTS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Legal documents concerning a Client shall be filed in the Client's record.

Steps: All legal documents shall be filed chronologically according to standard filing format under correspondence in the Client's record. Examples of legal documents include: involuntary commitments, guardianship orders, Disability Determination documents, and subpoenas.

SECTION. CLIENT INFORMATION
SUBJECT. PROTECTION OF HEALTH RECORDS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Health Records will be stored in accordance to State and Federal Regulations and preserved as much as possible in the event of a disaster.

Purpose: To assure that in the case of disaster (fire, flood, etc.), Health Records are preserved as much as possible.

SECTION. CLIENT INFORMATION
SUBJECT. SECURED “HOT” FILE PROCEDURE
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Whenever special circumstances exist, such as when an employee is a relative of the Client, an employee is a neighbor of the Client, the Client is a professional in the community, etc., the Client and/or staff may request that the Client’s record be filed as a “Secured/Hot File”.

NOTE: Charts for individuals with HIV are not considered “Secured Hot Files”. These charts are kept with all other charts.

- Steps:**
- A. All requests for designation as a secured file will be managed by the Coordinator.
 - B. The Coordinator, program staff, and the Client will negotiate the level of security available and implement as such. Client information in the electronic Client database will be secured based on the established levels of access criteria. If the file is secured in the electronic Client database, Health Record data entry will be done by the Data Entry Staff.
 - C. The record may be filed in a locked drawer, box or file cabinet at the site under the supervision of the Coordinator or designee, or it may be maintained at the administrative office of the Clinical Director.
 - D. On the cover of the Client record, “Secured/Hot File” should be documented.
 - E. At the time of discharge, a “Secured/Hot File” should remain locked in the Health Records for three months after discharge or as long as the circumstances exist that warrant the record being placed in the “Secured/Hot File”, whichever is longer.
 - F. The agency will make every effort to accommodate all requests for “Secured/Hot Files,” but is not required to do so.

SECTION. CLIENT INFORMATION
SUBJECT. DISCLOSURE OF PROTECTED HEALTH INFORMATION
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: The disclosure of protected health information will be governed by NC General Statute 122C, 42 CFR Part 2, and Health Insurance Portability and Accountability Act of 1996.

Steps:

Definitions: Disclosure- the release, transfer, provision of access to, or the divulging in any other manner of information outside the entity holding the information.

1. Exchange and use of protected health information between Navigate and other treatment-related agencies for the purpose of treatment, payment, or healthcare operations will be permitted and based on “need to know” guidelines, and positional authority.
2. For all other disclosures the agency will enact “minimum necessary” guidelines. Minimum necessary will be defined by the Client, through the designation of specific information to be disclosed on all authorizations to release. The agency will not disclose or request an entire record, unless authorized by the Client to do so, or the entire record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.
3. ACCOUNTING FOR DISCLOSURE: Whenever Client information is disclosed, it must be documented on a progress note. Document the date of disclosure, the information that was disclosed, to whom the information was disclosed, their address, and the purpose of the disclosure.
4. Clients may request a copy of the progress note accounting for the disclosure of protected health information.
5. VERIFICATION OF AUTHORITY TO REQUEST PROTECTED HEALTH INFORMATION
 - a. Navigate will process written requests for information that include the following required elements:
 - Client’s name
 - Name of facility disclosing the information
 - Name of individual or agency to whom the information is being disclosed
 - Information to be disclosed (how much and what kind)
 - The purpose of the disclosure
 - Length of time authorization is valid (not to exceed 1 year)

- Statement that authorization is subject to revocation except to the extent that action has been taken in reliance on the authorization
 - Signature of the Client or legally responsible person
 - Date authorization is signed.
- b. Subpoenas or similar written statements that on their face demonstrate that the applicable requirements have been met.
- c. Identity of public officials may be established by an agency identification badge, other official credentials, or other proof of government status.
- d. When receiving an oral request for disclosure of protected health information, Navigate staff should obtain contact information and verify identity and authority to receive information prior to disclosure. Contact numbers should not be direct lines, but should be the agency. Navigate staff should confirm the identity of Clients through the verification of Social Security number or Date of Birth.

SECTION. CLIENT INFORMATION
SUBJECT. STAMPING CLIENT INFORMATION WHEN RELEASING
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: A Client's confidentiality will be protected when releasing Client information.

Steps:

1. After receiving request for release of information, obtain a consent for release, and review the chart (if there is mention of a family member abusing substances, the two stamps mentioned below are required when releasing the information).
2. Once the consent is obtained, copy the information requested and prepare to send if a valid consent is on file (Refer to Confidentiality Procedure and Steps:).
3. The copied information must be stamped with one of both or the following stamps:

If the Client has MH and/or DD diagnosis only use the following stamp:

~ Sensitive Information~ When requested by Client, must be shown and/or interpreted by a competent clinician. Redisclosure prohibited by law without Client consent.

If the Client has a substance abuse diagnosis, use the following stamp in addition to the "Sensitive Information" stamp:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

SECTION. CLIENT INFORMATION
SUBJECT. TRANSPORTING HEALTH RECORDS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate staff will ensure safe transport of records by following appropriate steps.

Steps:

Circumstances requiring transport of records between sites:

1. When subpoenas have been issued requiring that records be presented in court.
2. When records are needed for audit or review.
3. When the record is needed to coordinate care with another provider outside Navigate, and copying a portion of the record is deemed inadequate. In this situation, the record must remain in the custody of a designated employee.

In the circumstances noted above,

- The Coordinator will pack the record in the designated Health Record envelopes.
- The Coordinator will ensure that the Health Record Routing Slip is completed and will attach it securely to the envelope.
- The staff transporting will maintain the security of the record en route by ensuring that it is kept in a locked car or locked car trunk.
- Once the record is delivered, the receiving staff will complete the "Received by" portion of the Health Record Routing Slip and the staff will sign under "courier" when delivery is completed.
- The routing slip along with the envelope will then be delivered back to the Coordinator.
- The Coordinator will maintain a file of routing slips.

SECTION. CLIENT INFORMATION
SUBJECT. UTILIZATION REVIEW
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate will conduct utilization review of services provided through case review and data analysis.

Purpose: To ascertain appropriateness, effectiveness, necessity, and cost-effectiveness of services provided, and to assure appropriate management of resources. Utilization review will be conducted through an interdisciplinary team approach that protects the process from conflict of interest, and assures the confidentiality of all Client information.

Steps: The utilization review process will consist of three tiers of review, designed to provide the mechanism for oversight of service provision at the individual provider level, local treatment team level, and at an administrative level.

- | | |
|-----------------|---|
| Tier I | Service providers will review the goals and services for all Clients at least quarterly. |
| Tier II | Navigate Treatment Teams will: <ul style="list-style-type: none">❑ review all new admissions to assess the thoroughness of the assessment, the accuracy of the diagnosis based on the assessment, and the appropriateness of the service plan for the needs of the individual and❑ conduct case consultations to provide opportunities for collaboration around problematic cases. |
| Tier III | The third tier of the utilization review process will be the Navigate Leadership Team. This Committee meets weekly and will review all admissions, discharges and random cases to assure compliance with Health Records standards. |

SECTION. CLIENT INFORMATION
SUBJECT. RECORD RETENTION AND DISPOSAL
CREATED. AUGUST 2012
REVISED.

PROCEDURE

It is the procedure of Navigate to retain mental health records and their confidentiality as well as dispose of these records as applicable by federal and state law.

STEPS:

Navigate shall develop specific time frames for retaining service records, as well as for disposing of them. The retention and disposition of records are governed by North Carolina General Statutes 122 C-26.

Retention Instructions

Inactive Service Records

All inactive service records shall be physically retained in a safe and secure environment for a period that does not extend 60 days after the date of the last service. If a service record is not reopened prior to this time, the Client shall be discharged according to the Discharge Procedure.

Discharged/Deceased Service Records

All discharged service records shall be retained in a safe and secure environment a minimum of 11 years following termination. Specifically, these records will be kept in a locked storage cabinet within the Navigate file room.

If a Client is discharged and later receives a screening evaluation or emergency services etc. but is not admitted for treatment, the retention period is based on the date of contact rather than the discharge date.

Disposal Instructions

Discharged service records will be managed by the Navigate Coordinator. The Coordinator will serve as the records custodian, which includes placing records in the storage cabinet and updating the stored records logs. Stored records log will include Client name, date of birth, dates of service, and storage location.

Video/Audiotape of Clients

Destroy when administrative/clinical value ends or within six months, whichever is first.

Worksheets

(Working papers used to record information that is summarized and incorporated into the service record or other officially facility document).

Destroy when administrative/clinical value ends or within three years, whichever is first.

SECTION. CLIENT INFORMATION
SUBJECT. CREATING VOLUMES
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Client records should be formed into volumes when the contents become too great for one volume to accommodate.

Steps:

1. When a record becomes too full to handle efficiently, a new Volume will be created. The information that should be transferred to the new volume must include the most current: Form B, LOE, Service Plan, Service Order, Admission Assessment, and Evaluation. It should also include the most recent: Progress Notes, and the most recent or relevant correspondence.
2. The record containing the Client's oldest treatment information should be marked as Volume I along with the dates of services included in that record(Example: Volume I 2/07-2/09). The record with the newest treatment information will now be Volume II. This process will continue each time the current record becomes too full to handle efficiently.

SECTION. CLIENT INFORMATION
SUBJECT. FINANCIAL RECORDS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate to keep financial records separate from the Client record.

STEPS:

Financial information regarding Client fee setting and payment of bills are not considered part of the Client treatment record. Financial information shall be filed separately.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. EMERGENCY MEDICAL TREATMENT
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate to ensure that Clients who are in need of emergency medical treatment receive such treatment in a prompt manner.

STEPS:

1. Navigate Coordinators will make sure that at least one staff member is present who has current certification in basic first aid, CPR, seizure management, and managing airway obstruction when Clients are in the facility. The Clinical Director maintains records of the certifications for employees who obtain certification.
2. Staff will assess whether an injured or ill Client is in need of immediate emergency first aid. If so, staff will call for assistance and proceed with administering emergency first aid. Staff will determine whether he/she can safely transport the Client to appropriate medical care or whether to call Emergency Medical Services (EMS).
3. If staff is uncertain of Client's physical condition, he/she should contact EMS by dialing 911.
4. Staff will take to the emergency care facility the Client's:
 - a. Emergency information, and
 - b. Consent for emergency medical treatment
5. A Navigate Coordinator will contact the Client's next of kin.
6. Staff will document the incident on the appropriate incident report and progress note to be filed in Health Record.
7. Navigate Coordinators will make sure that at least one staff member is present who has current certification in basic first aid, CPR, seizure management, and managing airway obstruction when Clients are in the facility. The Clinical Director maintains records of the certifications for employees who obtain certification.
8. Staff will assess whether an injured or ill Client is in need of immediate emergency first aid. If so, staff will call for assistance and proceed with administering emergency first aid. Staff will determine whether he/she can safely transport the Client to appropriate medical care or whether to call Emergency Medical Services (EMS).
9. If staff is uncertain of Client's physical condition, he/she should contact EMS by dialing 911.
10. Staff will take to the emergency care facility the Client's:
 - a. Emergency information, and
 - b. Consent for emergency medical treatment
11. A Navigate Coordinator will contact the Client's next of kin.
12. Staff will document the incident on the appropriate incident report and progress note to be filed in Health Record.

SECTION. SAFETY AND ENVIRONMENT CONTROL
SUBJECT. DRUG-FREE WORKPLACE
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE:

Navigate is a drug-free workplace. Navigate clinical staff has a responsibility to intervene in situations where a Client or potential Client is on site under the influence of alcohol and/or other drugs. Clinical staff has the responsibility to intervene therapeutically with Clients who use alcohol and/or other drugs during the course of treatment

Steps:

If a person presents at Navigate under the influence of alcohol and/or other drugs or testing reveals that the person is currently under the influence of alcohol and/or other drugs:

- The clinical staff available will determine if the person is a danger to herself or others and if so, the person will be referred or committed to the appropriate facility for treatment based on the individual case.
- If the person is not a danger to herself or others, the clinical staff will explore options based on the individual case. Options may include:
 - a. Detoxification
 - b. Inpatient Substance Abuse Treatment
 - c. More intensive outpatient substance abuse treatment
 - d. Experiencing the consequences (e.g. legal consequences, family restrictions, employment consequences, etc.) of alcohol and/or other drug use
 - e. Exploring/supporting other means of preventing further relapse
- The clinical staff will take every reasonable measure to ensure that wherever the person goes from Navigate, that she is transported by family, friends, taxi, law enforcement or whatever means possible, and is not allowed to leave the facility driving while impaired. The clinical staff should not try to forcibly take the car keys, or physically restrain the person. If the individual insists on leaving on their own, either by car or on foot, and there is a reason to fear harm may come to her or to others as a result of intoxication, the clinical staff will call law enforcement. Information provided to law enforcement will include specifics about the person's description and a description of the vehicle. Information provided will not include identification of the person as a Navigate Client.

As a drug free environment, cigarette smoking will not be allowed in the Navigate building. Smoking is permitted in designated areas. Clients are expected to place all cigarette butts in trash containers; they are not to be left on the ground.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. CLIENT HARM-TO-SELF AND HARM-TO-OTHERS PROCEDURE
CREATED. MAY 2012
REVISED.

PROCEDURE:

For Navigate Clients with a recent history (90 days or less) of harm-to-self and/or harm-to-others, a safety check needs to be completed each time the Client visits Navigate.

STEPS:

The safety check will include a harm-to-self and/or harm-to-other risk interview conducted by a Navigate Clinician. The interview will entail a harm-to-self and/or harm-to-others risk assessment. In conjunction, the Clinician will complete the Navigate Safety Check form.

A Navigate Coordinator or Director must be contacted immediately if a Client is believed to be at a low or higher risk for self-harm and/or other harm. At this point, a safety plan will be implemented. Safety plan may include but will not be limited to updating the Client's crisis intervention plan on his/her Treatment Plan, completing written contracts for safety with the Client, escorting the Client to the Vidant Medical Center Emergency Department, initiating involuntary commitments steps, conducting duty to warn steps and/or contacting proper authorities (i.e., police).

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. CRITICAL INCIDENT REPORTING
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate to adhere to the Division of Health and Human Services (DHHS) Procedure and Steps: for Critical Incident Reporting as outlined in APSM 30-1. A staff's failure to report critical incidents, failure to report in a timely manner, failure to appropriately handle incidents, and/or failure to develop and adhere to corrective action plans stemming from critical incidents can and may lead to formal disciplinary actions against the staff person, up to and including dismissal.

DEFINITIONS

1. **CRITICAL INCIDENT**- an occurrence that has led or may result in a situation that is contrary to a Client's welfare. Critical incidents include:
 - a. Any accident or injury including self-injurious behavior, which requires treatment by a physician. First aid provided by a nurse or other facility staff **would not** be included in this category.
 - b. Use of any hazardous substance, which requires treatment by a physician. First aid provided by a nurse or other facility staff **would not** be included in this category.
 - c. Any Client death (regardless of whether or not it meets State Death Reporting requirements)
 - d. Suspension or expulsion of a Client from services.
 - e. Any case of abuse, neglect or exploitation against a Client, which is under investigation or has been substantiated by a county Department of Social Services (DSS) or the DFS Health Care Personnel Registry Section.
 - f. Any suicide attempt, which results in injury or places the Client in jeopardy.
 - g. The arrest of a Client for violations of the state, municipal, county, or federal law.
 - h. Any fire or equipment failure that places the health or safety of a Client in jeopardy.
2. **JEOPARDY**- a situation that has caused death or may cause death or permanent impairment to a Client.

STEPS:

1. **REPORTING CRITICAL INCIDENTS**
 - a. All critical incidents must be reported to a Director and/or Coordinator verbally as soon as feasibly possible and in writing within 24 hours of occurrence.
 - b. The critical incident must be reported on the standardized form provided by the State, Critical Incident and Death Reporting Form
 - c. The report must be submitted to the Safety Officer or identified designee within 72 hours of occurrence.
 - d. Documentation of the incident must be made in a Client's record via a progress note.
 - e. A copy of the report must also be sent to the referral source.

- f. Navigate must maintain documentation regarding critical incidents indefinitely.
- g. The Leadership Team will review all critical incidents monthly to identify trends. Trends may include type, frequency, and severity of critical incidents related to a clinician and/or Client.
- h. Incident reports will be securely maintained by the Safety Officer and be made available for review upon request by any approved auditing body, compliance monitors, Leadership Team members, and Members of the Advisory Committee.

2. ADDITIONAL REPORTING REQUIREMENTS

- a. Incidents resulting in Client death must be reported to the NC Division of Health Service Regulation according to state requirements.
- b. Adult Protective Services
 - i. If at any point in Navigate's review of a critical incident, from initial receipt to committee review, the incident's circumstances indicate that a disabled adult may have been abused, neglected or exploited, the Safety Officer must make a report to all appropriate authorities:
 - 1. Pitt County Department of Social Services, Adult Protective Services, (252) 902-1110; or
 - 2. DFS Health Care Personnel Registry, (919) 715-0159
- c. Health Care Personnel Registry
 - i. ALLEGATIONS- Certain allegations must be reported to the Health Care Personnel Registry branch of DFS. These allegations are:
 - 1. Abuse of Client
 - 2. Neglect of Client
 - 3. Diversion of drugs from a Client
 - 4. Fraud committed against a Client
 - 5. Fraud committed against Navigate
 - 6. Misappropriation of property from Navigate
 - 7. Misappropriation of property from a Client
 - 8. Injuries of unknown sources
 - ii. The initial Incident Report must be faxed or mailed to DFS, HCPR section within 24 hours of staff becoming aware of the incident.
 - iii. Steps must be taken during the investigation to prevent further acts of abuse, neglect, misappropriation of property, drug diversion, or fraud.
 - iv. The completed investigation must be faxed/mailed to the HCPR section within five days of staff becoming aware of the incident.
 - v. Forms and instructions are in the Health Care Personnel Registry Reporting Steps:, and are also available on line at <http://facility-services.state.nc.us>.
- d. Non-Critical Incidents (See also Non-Critical Incident Reporting Procedure and Steps:)
 - i. Navigate staff are responsible for maintaining accurate and timely documentation about non-critical incidents that occur with Clients and/or within the organization's facilities or on therapeutic outings. This information will be maintained by the Safety Officer and be made available for review upon request by any approved auditing body.

compliance monitors, Leadership Team Members and Members of the Advisory Committee.

- ii. Non-Critical incidents include, but are not limited to:
 - 1. Accidents or injuries requiring minor first aid or no intervention
 - 2. Any event necessitating use of North Carolina Interventions (NCI) techniques; (Any intervention that results in abuse, neglect, injury, or death must be reported on the Critical Incident Report Form)
 - 3. Property destruction under \$500.00 and
 - 4. Other unusual occurrences
- iii. Navigate staff will use the Non-Critical Incident Reporting Form.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. NON-CRITICAL INCIDENT REPORTING
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate that all incidents, accidents, and application of North Carolina Interventions techniques involving Clients and/or staff shall be reported and reviewed in a timely and objective manner, and in accordance with all applicable local, state, and federal laws.

STEPS:

I. DEFINITION OF NON-CRITICAL INCIDENTS

Non-critical incidents that involve Clients that occur on Navigate property, or within services operated by Navigate, that do not fall into the category of “Critical Incidents” in CRITICAL INCIDENT REPORTING PROCEDURE AND STEPS:.

Examples of Non-Critical Client Incidents:

A. Assault, Simple

Aggression by a Client against another individual, in which the Client physically attacks or attempts to injure another party, but does not cause serious injury (requires no more than simple first aid)

B. Client Rights Violations* (See also Staff Incident/Accident Reporting Procedure and Steps:)

Any act violating the rights of a Client, as outlined in the Client Rights Procedure.

C. Dangerous Behavior

Client exhibits behaviors that can be deemed dangerous by present clinical staff, but causes no physical harm to self or others.

D. Infectious Disease Exposure (See also TB Control Procedure and Steps; Blood-borne Pathogens Procedure and Steps:).

Client exposure to blood and/or other bodily fluids, with or without universal precautions having been exercised.

E. Injury, Minor

Injury to Client requiring no more than basic first aid.

F. Lapse in Client Supervision* (See also Staff Incident/Accident Reporting Procedure and Steps:)

The unplanned absence of staff, creating a lack of coverage for Client(s) for whom supervision is required and/or scheduled.

G. Use of North Carolina Interventions (NCI) physical techniques

When appropriately trained staff appropriately utilizes NCI to de-escalate situations that are not life threatening to the Clients. (If intervention results in abuse, neglect, injury or death to the Client, it is considered a critical incident)

H. Property Damage

Intentional or accidental destruction of property by a Client to property valued less than \$500

I. Unauthorized Search and Seizure

An unauthorized search conducted by staff of a Client's person, property, and/or private space, which may result in the removal of one or more items of the Client's property/belongings. This is a Client Rights Violation, and must be carried out in strict accordance with the Client Rights Procedure.

J. Self Abuse/Self Injurious Behavior

Self-inflicted harm that is not life threatening or can be considered a suicide attempt

K. Inappropriate Sexual Behavior (by Client)

An act of inappropriate sexual behavior by self (public masturbation, exhibitionism, etc), or inappropriate sexual behavior perpetrated by Client against another Client or staff.

L. Automobile or machinery accident involving Client

An automobile or machinery accident in which a Client is involved, but does not result in injuries requiring more than basic first aid.

*** Requires Non-Critical Incident Report**

II. REPORTING OF INCIDENTS

All non-critical incidents must be reported to a Director and/or Coordinator within 24 hours of occurrence.

III. NON-CRITICAL INCIDENT REPORTING STEPS

Non-Critical Incident Report Form

1. The staff person who is with the Client at the time of a Client incident is responsible for completing the Non-critical Incident Report Form.
2. If and when multiple staff are involved in an incident, one staff will be chosen by the group (or Coordinator, if necessary) to complete a single Non-Critical Incident Report form. The other staff involved should assist by reviewing and providing input.
3. If there is strong disagreement among involved staff about the events reported, then all involved staff shall complete separate Non-Critical Incident Report forms.
4. The original Non-Critical Incident Report form must be submitted to a Coordinator, for review and signature within 24 hours of the incident. If a Coordinator is not/will not be available during this time period, then the Non-Critical Incident Report form must be submitted to the Safety Officer for review.
5. The Coordinator will review and sign the Non-Critical Incident Report form and submit the form and any written comments and/or follow-up to the Safety Officer within two working days.
6. At any point in this process, the Coordinator or Safety Officer may determine if additional investigation and/or reporting is required to ensure the incident was not a Critical Incident.
7. If further investigation is not warranted, the Safety Officer will sign the Non-Critical Incident Report form.
8. Oversight and additional follow-up of corrective actions taken is initiated by the Leadership Team.

The final resting place for the original copy of the Non-Critical Incident Report form and all attachments is with the Safety Officer. All non-critical incident reports must be kept readily available for clinicians and monitors to review upon request.

All Client incidents should be documented in the Client's Health Record using a progress note.

THE ACTUAL INCIDENT AND ACCIDENT REPORT FORM (OR COPY) IS NEVER FILED IN THE CLIENT'S HEALTH RECORD.

IV. INVESTIGATION STEPS:

1. If it is deemed that outside investigation is warranted, the appropriate authorities will be contacted by the Safety Officer or designee.
2. Internal Investigations
 - a. If an internal investigation is required/requested, the Safety Officer will appoint an investigation team. The team will be composed of at least two staff members with work experience relevant to the incident. Team members shall not have been involved in the incident, nor shall they have a vested interest in it.
 - b. The team must review the incident, precipitating events, and subsequent actions taken, within one calendar week of being charged with the investigation. At least two team members must be present for any interview associated with the incident.
 - c. The team will present their findings and recommendations to the Safety Officer in writing.
 - i. The Safety Officer will contact the Clinical Director if disciplinary action is recommended.
 - ii. If the Safety Officer disagrees with the team's findings, the supervisor may request a hearing with the Clinical Director.
 1. Both the Safety Officer and at least one investigation team member will have the opportunity to present disputed issues for consideration by the Clinical Director.
 2. The Clinical Director's decision will be final.

V. ADMINISTRATIVE REVIEW OF INCIDENTS

The Safety Officer is responsible for the administrative monitoring and review of all incidents within Navigate. The Safety Officer shall generate a monthly report including, but not limited to, frequency and leveling of incidents, incidents per provider and/or program component, satisfactory resolution of incidents, and Client rights violations. All Client right violations will be presented to the appropriate LME administered Client Rights Committee for review.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. STAFF INCIDENT/ACCIDENT REPORTING
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE

It is the procedure of Navigate that all incidents and accidents involving staff shall be reported and reviewed in a timely and objective manner, and in accordance with all applicable local, state and federal laws.

STEPS:

I. DEFINITION OF STAFF INCIDENTS AND ACCIDENTS

Adverse incidents are incidents that occur on Navigate property, or within services operated by Navigate that result in the death of a staff member, injury or abuse to person(s) and/or property, or that are otherwise illegal and/or potentially dangerous to Clients, staff or others. Adverse incidents include accidents and/or injuries involving staff, regardless of severity, occurring while a staff is actively at work. Incidents, therefore, may occur in the community, in a motor vehicle, on Navigate property. Accidents involving Navigate owned vehicles are also considered incidents. Incidents also include a staff's violation of Client rights.

II. INCIDENT CATEGORIES AND DESCRIPTIONS

Most incidents can be separated into the following general categories. Incidents not fitting into one of these categories should be described as "Other".

A. Abuse, Neglect, and/or Exploitation Allegations (See Abuse, Neglect and Exploitation Reporting Procedure and Steps;; See also Critical Incident Reporting Procedure and Steps:)

Abuse and exploitation are defined in N.C.G.S.122C-66 (07/01/99) as the resulting action(s) of "An employee or volunteer at a facility who, other than as a part of generally accepted medical or therapeutic Steps:, knowingly causes pain or injury to a Client or borrows or takes personal property from a Client..." Abuse is further defined by the N.C. Juvenile Code as the infliction of, or allowing the infliction of a physical injury or substantial rise thereof, which causes or creates risk of death, disfigurement, impairment of physical or emotional health, or loss or impairment of the function of any bodily organ. Allegations of sexual abuse, and of Client-to-Client abuse shall be reported under this category, as well.

Neglect is defined as any intention irrespective of circumstances, which could lead to the impaired physical and/or emotional health of an individual, or of circumstances that place the safety and well-being of an individual at risk.

Anyone knowing of, or suspecting the abuse, neglect or exploitation of a Client is required by law to report such knowledge/suspicion to the Department of Social Services, in addition to following internal reporting steps. (G.S 122C-66, G.S.7A-543, G.S. 108-A-102)

B. Assault, Simple

Aggression by a staff against an individual (other than a Client), in which the staff physically attacks or attempts to injure the other party, but does not cause serious injury (requires no more than basic first aid).

C. Assault, Aggravated

Assault by a staff against an individual (other than a Client) causing injury to the other party that requires medical care beyond the scope of simple first aid.

D. Automobile Accident

Staff in a vehicle involved in an accident, whether injury results or not.

E. Client Rights Violations *See Non-Critical Incident Reporting Procedure and Steps:

Any act violating the rights of a Client, as outlined in the Client Rights Procedure.

F. Dangerous Behavior

Staff exhibits behaviors that are illegal, such as possession of weapons or controlled substances; behaviors that are potentially life threatening, such as attempting homicide.

G. Death of Staff

Death resulting from self-inflicted injury, accident, or unknown causes when the individual is on Navigate property or engaging in work related activity.

H. Infectious Disease Exposure (See also TB Control Procedure and Steps; Blood-borne Pathogens Procedure and Steps:)

Staff exposure to blood and/or other bodily fluids, with or without universal precautions having been exercised.

I. Injury, Minor

Injury to staff requiring no more than basic first aid while performing work related activities.

J. Injury, Serious

Injury to staff requiring medical care beyond the scope of basic first aid while performing work related activities.

K. Lapse in Client Supervision *(See Non-Critical Reporting Procedure and Steps:)

The unauthorized absence of staff creating a lack of coverage for Client(s) for whom supervision is required and/or scheduled

L. Inappropriate use of North Carolina Interventions (NCI) techniques (See Critical Incident Reporting Procedure and Steps:)

N. Property Damage/Loss

Damage or loss of property by staff owned or leased by Navigate

O. Search and Seizure * (See also Non-Critical Incident Reporting Procedure and Steps; Client Rights PROCEDURE and Steps)

An unauthorized search conducted by staff of a Client's person, property, and/or private space, which may result in the removal of one or more items of the Client's property/belongings. This is a Client Rights Violation, and must be carried out in strict accordance with Client Rights Procedure

P. Sexual Assault

An act of serious sexual aggression perpetrated by staff against an individual other than a Client.

***Requires a Non-Critical Incident Report**

III. REPORTING OF INCIDENTS

All Staff Incidents/Accidents must be reported in writing to a Coordinator within 24 hours of occurrence. Critical Incidents must be reported to the supervisor verbally as soon as possible and in writing within 24 hours (See Critical Incident Reporting Procedure and Steps). Reporting guidelines and form completion steps follow.

IV. INSURANCE COVERAGE FOR INCIDENTS

A. Staff Injury

Incidents that 1) result in injury to staff (including Client-staff), 2) require medical care, and 3) occur during the course of the staff's prescribed duties are covered by Worker's Compensation. All injuries sustained at work must be reported on the appropriate East Carolina University Worker's Compensation form, whether medical attention is required or not. This is a state requirement.

B. Property Damage and/or Loss

Although East Carolina University (ECU) has insurance to cover property damage and/or loss, individual circumstances dictate if, when, and how insurance is used. The Safety Officer must immediately be notified in the event of staff property damage. Upon review of the incident, the Safety Officer will contact appropriate ECU staff to determine if insurance coverage applies. There may be situations for which the Client or staff may be responsible for replacement and/or restitution.

V. STAFF INCIDENT REPORTING STEPS

A. Staff Incident/Accident Report Form

1. The staff person who is primarily involved in a staff incident, is responsible for completing the Staff Incident/Accident Report Form.
2. If and when multiple staff are involved in an incident, one staff will be chosen by the group (or Coordinator) to complete a single Staff Incident/Accident Report Form. The other staff involved should assist by reviewing and providing input.
3. If there is strong disagreement among involved staff about the events reported, then all involved staff shall complete a separate Staff Incident/Accident Reports.
4. The original report form must be submitted to the Coordinator for review and signature within 24 hours of the incident (or next business day, if weekend/holiday). If the Coordinator is not/will not be available during this time period, then the report must be submitted to the Safety Officer for review.
5. The Coordinator will review and sign the report and submit the form and any written comments and/or follow-up to the Safety Officer within two working days.
6. At any point in this process, the Coordinator, Safety Officer, and/or other Directors may determine if additional investigation and/or reporting is required. This process may be internal, criminal, or otherwise.
7. If further investigation is not warranted, the Safety Officer will sign the report.
8. Oversight and additional follow-up of corrective actions taken is initiated by the Safety Officer.

B. Incident Report Involving Injury

1. Staff injury
 - a. The injured staff person shall notify a Director and/or Coordinator immediately upon sustaining the injury, unless physically unable. In this circumstance, a fellow staff person shall notify the supervisor after making sure that the appropriate emergency steps (e.g. calling 911, performing CPR, etc) have been initiated.
 - b. The injured staff/designee shall complete the Staff Incident/Accident Report Form as outlined in VI. (A.)
 - c. The injured staff/designee shall then complete all required East Carolina University Worker's Compensation forms and immediately forward to appropriate personnel.
 - d. The Coordinator must review and sign the report and submit the form and any written comments and/or follow-up to the Safety Officer within two working days.
 - e. If the injury involved the spill of hazardous materials and/or blood-borne pathogens, a copy of the Staff Incident/Accident Report must immediately be forwarded to the OSHA Compliance Officer or Chief Operations Officer, whether or not universal precautions were used.

- f. At any point in this process, the Coordinator, Safety Officer, and/or other Directors may determine if additional investigation and/or reporting is required. This process may be internal, criminal, or otherwise.
- g. If further investigation is not warranted, the Safety Officer will sign the report.

C. Incident Reporting- Alleged Abuse, Neglect, and/or Exploitation

See Abuse, Neglect and Exploitation Reporting Procedure and Steps; see also Critical Incident Reporting Procedure and Steps.

D. Incident Reporting- Death of Staff

1. Any staff death occurring while the staff person is actively engaged in a work activity must be immediately reported to a Director/Coordinator.

E. Incident Reporting- Automobile Accidents

In addition to the completion of the Staff Incident/Accident Report Form, all automobile accidents must be handled and reported as follows.

1. Call 911 to report the accident
2. Do not leave the automobile or the scene of the accident
3. Call and report the accident to the immediate supervisor, Safety Officer or other Director
4. Call, or have the supervisor call, the Safety Officer to report the accident immediately upon notification.

F. INVESTIGATION STEPS:

Internal Investigations

1. If an internal investigation is required/requested, the Safety Officer will appoint an investigation team. The team will be composed of at least two staff members. Team members shall not have been involved or have a vested interest in the incident.
2. The team must review the incident, precipitating events, and subsequent actions taken, within one calendar week of being charged with the investigation. At least two team members must be present for any interview associated with the incident.
3. The team will present their findings and recommendations to the Safety Officer in writing.
 - a. The Safety Officer will contact the Clinical Director if disciplinary action is recommended.
 - b. If the Safety Officer disagrees with the team's findings, the Safety Officer may request a hearing with the Clinical Director.
 - i. Both the Safety Officer and at least one investigation team member will have the opportunity to present disputed issues for consideration by the Clinical Director.
 - ii. The Clinical Director's decision is final.

VI. ADMINISTRATIVE REVIEW OF INCIDENTS

The Safety Officer is responsible for the administration monitoring of all Staff Incidents/Accidents within Navigate. The Safety Officer shall generate a monthly report including, but not limited to, frequency of staff incidents/accidents, incidents/accidents per program component, satisfactory resolution of incidents/accidents, and Client rights violations. All Client rights violations will be presented monthly to the appropriate LME administered Client Rights Committee for review and signature.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
CREATED. FEBRUARY 2012
REVISED.

Navigate complies with 29 CFR 1910.1030, Occupational Exposure to Blood borne Pathogens, Final Rule, published by the Occupational Safety and Health Administration, with guidelines established by East Carolina University (ECU).

I. Definitions

Blood borne pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated sharps mean any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane or broken-skin contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other potentially infectious materials (OPIM) means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Regulated waste means liquid or semiliquid blood or other potentially infected materials (OPIM): contaminated items that would release blood or other OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

Universal precautions is an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

II. Exposure Determination

A. Tasks in which occupational exposure occurs at Navigate:

- First aid to open wounds
- Mouth to mouth resuscitation in emergencies
- Housekeeping

III. Schedule and Method of Implementation for “Methods of Compliance”

A. Universal Precautions

All Navigate employees will observe universal precautions whenever dealing with blood or other potentially infectious materials. Methods for observing universal precautions are described below under “Work Practice Controls” and “Personal Protective Equipment.” Instruction in universal precautions is provided during mandatory orientation for new employees and annually.

A. Work Practice Controls

1. Employees will be observant for situations in which contact with blood or OPIM is possible. They will take action, such as donning gloves, to avoid personal exposure.
2. Employees will not pick up contaminated sharp items (such as broken glass) with their hands but will use a brush and dustpan.
3. Employees will not eat or drink or store food in areas where contaminated items are kept.
4. Navigate will maintain readily-accessible hand washing facilities
5. When hand-washing facilities are not readily available, antiseptic hand cleaner will be made available.
6. Employees will wash their hands immediately or as soon as possible after removing gloves.
7. After contact with blood or OPIM, employees will wash the affected skin with soap and water or will flush mucous membranes with water immediately or as soon as possible.

C. Personal Protective Equipment (PPE)

1. Provision. Navigate will provide gloves.
2. Use. Employees must use appropriate PPE any time occupational exposure is possible. The only exception would be under the rare and extraordinary circumstance, when it was the employee’s professional judgment that use of PPE would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker, a co-worker, or a Client.
3. Accessibility. Navigate will provide PPE in a size and of a type expected to meet the needs of the employees. If any employee finds the materials not suitable to his/her needs, s/he will notify the supervisor who will obtain suitable materials.
4. Removal and disposal. Employees must remove personal protective equipment before leaving the work area where it has been used. Contaminated PPE must be placed in a bag labeled “biohazard” before being discarded.
5. Gloves. Employees must wear gloves whenever it can be reasonably anticipated that their hands may have contact with blood. Examples of such situations are providing first aid contact with urine or feces or nasal discharge. Gloves should be removed after use and must be discarded in a “biohazard” bag.

D. Housekeeping

1. All Navigate sites will be maintained in a clean and sanitary condition.

2. Any area that is contaminated with blood or OPIM will be decontaminated with a 1:10 bleach solution as soon as possible after contamination. Any broken glassware which may be contaminated will not be picked up directly but will be collected using a brush and pan.

E. Communication of hazards to employees

1. Labels. Red bags or bags labeled “biohazard” will be used for disposal of contaminated materials such as gloves or paper towels used to clean up spills of blood or OPIM.
2. Information and training.
 - a. All Navigate employees must participate in the ECU bloodborne pathogens training program.
 - b. The training will be provided by ECU during the initial orientation meeting at the time of initial assignment.
 - c. All employees will attend annual retraining in universal precautions and bloodborne pathogens. This training can be obtained by completing ECU’s Bloodborne Pathogens training.

G. Recordkeeping

1. Health Records. The Navigate Clinical Director will be responsible for keeping a Health Record for each employee who has occupational exposure. The record will include:
 - the name of the employee
 - a copy of the employee’s hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any Health Records which the employee presents regarding his/her ability to receive the vaccination
 - a copy of all results of examinations, medical testing, and follow up steps following exposure, as required by OSHA
 - the employer’s copy of the healthcare professional’s written opinion, as required by OSHA
 - a copy of the information provided to the healthcare professional at the time of initial examination for exposure.

Confidentiality of Health Records. Navigate will ensure that the Health Records are kept confidential and that their contents are not disclosed without the employee’s written consent to any person within or outside Navigate/ECU except as required by law.

ECU will maintain the records for at least the duration of employment plus 30 years.

2. Training records. The Navigate Coordinator will maintain training records which will include the following information:
 - the dates of the training sessions

- the contents of the training sessions
- the names and qualifications of the persons conducting the training
- the names and job titles of the persons attending the training sessions.

Training records will be maintained for 3 years from the date of the training.

3. Availability. The Health Records and training records will be made available to the OSHA Assistant Secretary and the OSHA Director upon request.

Employee training records will be provided upon request for examination and copying to employees or employee representatives.

Employee Health Records will be provided upon request for examination and copying to the subject employee and to anyone having written consent from the subject employee.

IV. Steps: for the evaluation of circumstances surrounding exposure incidents.

Post exposure evaluation and follow up

Following an exposure incident, Navigate will make immediately available to the exposed employee a medical evaluation with ECU Office of Prospective Health.

1. The employee's supervisor or his/her designee will document the routes of exposure and the circumstances under which the exposure incident occurred on the Staff Incident/Accident Report form.
2. The supervisor will document (on the Staff Incident/Accident Report form) the identity of the source person and will assist that person in obtaining blood testing for HIV and hepatitis B as soon as possible. If the source person is already known to be infected with HIV or hepatitis B, testing need not be repeated. Any fees for testing the source person will be paid by Navigate.

The results of the source person's testing will be reported to the Navigate Safety Officer who will make the results available to the employee. The Safety Officer will discuss with the employee the need for confidentiality regarding the identity of the source person.

3. As part of the exposed employee's medical evaluation, if the employee gives consent, his/her blood will be collected and tested for HIV and hepatitis B. The healthcare provider evaluating the employee will be encouraged to provide post exposure prophylaxis, when medically indicated, as recommended by the US Public Health Service.
4. The ECU Office of Prospective Health will be available to the exposed employee to provide counseling, medical evaluation, and any other information as the employee wishes.

5. ECU Office of Prospective Health will be provided a record of Staff Incident/Accident Report form, which includes a description of the employee's duties at the time of the incident, the routes of exposure, the circumstances at the time of exposure, and the reports of the source person's blood testing if known.
6. ECU Office of Prospective Health will be asked to send to the Navigate Safety Officer, to be passed along to the employee, a written opinion regarding the employee's need for hepatitis B vaccination and whether the vaccination has been given, and his/her recommendation for follow up. He/she must also include whether the employee was informed of the results of the evaluation and whether the employee was told about any medical conditions resulting from the exposure which require further evaluation or treatment. The healthcare professional will be asked not to include any other findings or diagnoses.
7. As noted above in III, G, 1, Health Records obtained documenting employee exposure will be kept for the duration of employment plus 30 years.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. INFECTIOUS DISEASE
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE:

Using the Infectious Disease Screening Questionnaire, Navigate staff will screen all Clients and potential Clients for Infectious Diseases and refer positive screens to their local health departments for testing.

All Navigate staff will have annual TB tests.

Purpose: To ensure that Clients and staff who are at risk for developing tuberculosis (or other infectious diseases) are screened and referred for treatment.

Over the past years, tuberculosis (TB) has reached epidemic proportions in underdeveloped nations around the world and even in the US. Detection and appropriate treatment have become extremely important because of the increasing number of infected individuals and the emergence of multi-drug-resistant strains. Certain groups of people are at high risk for contracting TB. These include:

- the homeless,
- substance abusers,
- individuals infected with human immunodeficiency virus (HIV),
- the prison population,
- immigrants from underdeveloped nations, and
- migrant farm workers.

Symptoms of TB include

- persistent, unexplained cough (especially if the individual is coughing up blood)
- fever
- weight loss
- fatigue
- night sweats

Steps:

(1) All Navigate Clients will be screened for Infectious Diseases during the Comprehensive Clinical Assessment (see Intake Procedure), using above mentioned form, provide education on these diseases, and will give information about the local health department. The information will include the address and telephone number of the health department.

(2) Staff will assure assistance to all Clients with positive screens in making an appointment or in obtaining follow up.

(3) All new Navigate staff must complete the ECU blood-borne pathogens training. In addition, employees must take an annual infection control refresher course, which includes blood-borne pathogen training. Both are satisfied through the health and safety web page.

(4) Staff will attempt to educate Clients about infectious disease, including TB and blood borne pathogens.

(5) Navigate requires all staff members to have annual TB testing.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. HIV
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate staff will be knowledgeable about human immunodeficiency virus (HIV), will educate Clients about high risk behavior and safety measures, will treat HIV-infected Clients with dignity and will offer equal access to services, will collaborate with local Health Departments as needed for special situations, and will observe Client rights and confidentiality requirements as with any other Client.

Steps:

Training for staff:

All staff are required to complete Bloodborne Pathogens training during their orientation. All staff are expected to complete annual retraining.

Control measures: Infected persons shall

1. refrain from sexual intercourse unless condoms are used; exercise caution when using condoms due to possible condom failure;
2. never share needles or syringes;
3. not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk;
4. have a skin test for tuberculosis;
5. notify future sexual partners of the infection. If the time of initial infection is known, the infected Client will notify persons with whom sexual intercourse has occurred and with whom needles have been shared since the date of infection. If the date of infection is not known, the infected Client will notify sexual partners and others sharing needles over the past year.

Staff will also instruct infected Clients in the appropriate cleanup of blood and other body fluids.

Staff will advise infected Clients about the risk of perinatal transmission and the risks of breastfeeding.

Confidentiality:

As with any Client, staff will not discuss Client information with other Navigate staff members except as needed for care coordination, consultation/supervision, or quality review. Staff will not reveal any Client information to individuals outside Navigate without written permission from the Client.

The diagnosis of HIV infection or Acquired Immuno Deficiency Syndrome (AIDS) will be documented on Axis III of the Diagnostic Report. The diagnosis will not be indicated on the outside of the chart, nor will the chart be flagged or otherwise marked to indicate HIV infection.

Duty to Warn:

If staff become aware that a Client infected with HIV is behaving in a way that creates risk to other individuals in the community, the staff person must contact the Director of the Department of Public Health of the Client's home county and must make a report of the diagnosis and behavior. The Director of Public Health has the authority to investigate and to take action to protect others from communicable diseases.

Unlike other "duty to warn" situations, staff must not contact directly the person at risk.

Collaboration with the Public Health Departments:

When HIV-infected individuals have co-existing diagnoses for a mental illness, substance abuse, or a developmental disability, Navigate, the Public Health Department, and ECU may collaborate to provide care and to ensure compliance with treatment. When a Navigate Client is not complying with control measures, Navigate staff must report that behavior to the Director of Public Health. In such cases, law requires a conference between Navigate and the local Health Department staff to develop a plan to prevent infection in the community.

The Director of the Public Health Department can meet with the Client to provide instruction about control measures. If the Client does not comply, the Director of the Public Health Department can issue an Isolation Order, violation of which is a misdemeanor offense. Involuntary commitment is also an option if the Client is considered incapable of following the control measures, though an Attorney General's opinion (David Parker, April 24, 1990) concluded that

- a. being HIV-positive and failing to comply with control measures alone is not grounds for involuntary commitment,
- b. involuntary commitment proceedings should complement rather than replace Department of Environment, Health, and Natural Resources statutes/rules addressing control measure violations.

The intent of the General Assembly is to control these persons in the least restrictive available setting, where therapeutically appropriate.

In compliance with the law, and in the interests of contributing to the public safety and well-being, it is the procedure of Navigate to cooperate fully with Directors of Public Health in the development and implementation of such compliance plans for persons who are HIV-positive and have mental illness, developmental disability or substance abuse.

Special Circumstances:

In general, HIV-positive Clients will be served as any other Client. In cases where an HIV-positive Client has special circumstances (for example, a Client who is unable to control normal body functions such as bowel or bladder control, or who has oozing wounds, or whose resistance to infection is compromised so that contact with staff or

other Clients with common minor illnesses may pose a danger), staff will make efforts to find ways to serve that Client safely. Staff may request assistance from the Navigate Leadership Team.

Personnel Procedure on HIV-Related Issues:

In compliance with guidelines issued by the North Carolina Department of Environment, Health and Natural Resources, Navigate will abide by the provisions of the Handicapped Persons Protection Act (G.S. 168A-3[47]) in hiring and promoting employees who are affected by impairments of the hemic and lymphatic system.

Navigate will not refuse to hire or promote a person solely on the basis of his/her having tested positive for HIV.

Employees are ethically and legally obligated to conduct themselves responsibly for the protection of Clients, coworkers, and themselves. Employees who know or have reason to believe they are infected with HIV should inform their supervisors on a confidential basis if their HIV status would affect their abilities to perform expected duties. Work issues involving employees who have HIV should be treated as highly confidential and should be considered by their supervisors on a case by case basis. Consultation from the employee's personal physician is desirable to determine whether or not the employee should be directly involved in the care of Clients. A Release of Information should be obtained from the employee prior to contacting the physician.

A decision should be made on an individual basis, in consultation with the employee, the employee's supervisor, the personal physician, and the Navigate Safety Officer as to whether the employee should continue working in direct Client care, be transferred to a non-direct care position, or be advised to apply for disability retirement.

Working with HIV-positive Clients:

Employees are expected to provide care and service to Clients with HIV infection as part of their regular work responsibilities. Employees will keep confidential any knowledge of a Client's or another employee's HIV status.

Employees will not be excused simply at their own request from delivering care to an HIV-positive Client, nor will they be permitted to refuse to work with another employee with HIV infection. There is no evidence suggesting risk of transmission of HIV through casual contact.

Any employee who has concerns or objections to caring for Clients or working with employees infected with HIV is encouraged to discuss this with his/her supervisor and to receive individual education and/or counseling if appropriate.

Testing:

North Carolina law provides for confidential testing for HIV. Tests are available from the Health Departments in each county. Clients at risk for HIV infection should be

encouraged to obtain testing from the Health Department, ECU, or a provider of their choice.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. WEAPONS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: It is not the intent of Navigate to substitute its judgment for individual judgment regarding the appropriateness of gun or weapon ownership, but rather to establish workplace guidelines for the appropriate possession of weapons. Employees will not carry firearms or other weapons on their person or in their vehicle while on duty as an employee of Navigate. Clients will not carry firearms or other weapons on their person when receiving services at Navigate site.

Purpose: To ensure Client and staff safety from injury due to firearms while affording staff civil liberties due under the law.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. WRITTEN PLAN FOR EMERGENCIES
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate shall maintain a written plan for dealing with fire, medical emergencies, or natural disasters and other life-threatening situations.

Steps:

1. The Plan will contain detailed evacuation Steps and appropriate responses to medical emergencies.
2. All personnel will be formally oriented to the plan as part of their orientation.
3. Each facility or program will have this written emergency plan available and accessible in several areas that can be accessed readily in the event of an emergency.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. FIRE DRILLS & FIRE EMERGENCIES
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate will conduct fire drills in conjunction with East Carolina University.
Fire drills are conducting on a quarterly basis.

Steps:

1. Evacuate the building promptly:

Upon hearing the alarm, evacuate the building by using the nearest Exit.

Assigned Staff will assume responsibility for checking restrooms, conference rooms and offices making sure that everyone evacuates.

Move away from the building to a safe place, away from falling debris and firefighting equipment. Use designated exits unless exit is blocked, then use alternate exit.

3. Isolate the fire:

Close all openings when leaving building and offices. Make sure all doors and windows are closed. This will slow down the rate of fire and smoke spread, allowing extra time to escape in the event of a fire.

4. Accountability:

Once outside check to see if everyone is accounted for. There should be a designated area for everyone to gather in order to account for all staff, Clients and guests.

5. Do not stop:

Don't stop to get coats, hats, or for any other reason.

Return to building only after the Fire Marshall has approved a return.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. NATURAL DISASTER PLAN
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate will identify safety plans for staff and Clients to deal with manmade, natural disaster or act of God crises/disasters.

Steps:

Hurricanes/tornadoes or other disasters calling for seeking shelter. When the agency is informed of an imminent hurricane warning or other extraordinary circumstances requiring shelter, staff and Clients will proceed to the hallway outside of room 4345 for safety.

Tornado drills will be conducted by the Navigate Safety Officer on a quarterly basis.

Bomb threats or other potential harmful acts identified as inside the facility. When the agency is informed of such a threat, all staff and Clients will be immediately evacuated from the building as if there were a fire. The alarm used for fire alerts will be sounded. Local emergency services will be notified.

If staff become aware that a Client or someone related to a Client is homicidal towards the Client or one of the staff, all Navigate staff in the building will be notified of the circumstances and description of the said person. Depending on the circumstances, office doors may be locked and the local emergency authorities called.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. INSPECTIONS (FIRE & HEALTH)
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate must be inspected annually by the East Carolina University (ECU) Environmental Health & Safety Department.

Steps:

1. The Navigate Safety Officer is required to arrange an annual fire, safety, and environmental health inspection.
2. If these inspections note deficiencies, the Safety Officer should take appropriate action to correct the deficiencies and obtain a copy of the inspection report.
3. Copies of annual inspections reports must be sent to the Division of Facility Services, 701 Barbour Drive, Raleigh, NC 27603. A cover letter should accompany the inspection reports. The cover letter should indicate the site's license number, expiration date of license and the explanation that Navigate operates the site.
4. Copies of all inspections will be kept by the Safety Officer.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. PERSONAL PROPERTY LOSS
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate may reimburse for loss or damage of personal property when such property is damaged due to interaction with a Client, when the property is appropriately at risk, and when the employee, intern or volunteer is acting in an appropriate manner and in the conduct of his/her employment or service with Navigate.

Steps:

1. The employee, intern or volunteer experiencing damages to or loss of personal property should complete a Non-Critical Incident Report Form following the steps outlined in the Non-Critical Incident Report Procedure.
2. Upon receipt of the completed Non-Critical Incident Report form, the Leadership Team will review the form and obtain information from the individual completing the report form regarding the cost of the article or the extent of the damage.
3. The Safety Officer will consult with any East Carolina University insurance policies to determine the appropriate reimbursement.
4. The Leadership Team will review the report at the next regularly scheduled meeting. The Safety Officer will present the data they have gathered and offer a recommendation for reimbursement to the Leadership Team.
5. The Leadership Team may approve, deny or modify the recommendation. If the Team agrees to reimburse the employee, intern or volunteer for damage to or loss of personal property this will be recorded in the Team minutes.
6. The Safety Officer will be responsible for notifying the employee, intern or volunteer of the Team's decision. If the individual is to be compensated for the damage to or loss of personal property, the Safety Officer will process the charge.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. TRANSPORTATION PROCEDURE
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate staff will not transport Clients in their personal vehicles nor East Carolina University vehicles.

SECTION. SAFETY & ENVIRONMENTAL CONTROL
SUBJECT. COMPUTER SECURITY
CREATED. FEBRUARY 2012
REVISED.

PROCEDURE: Navigate staff will follow computer security procedures in order to keep information safe.

Basic security measures:

- Staff will not share passwords with anyone else.
- When possible, staff members will use the screen-saver password function in Windows.
- When staff members leave a computer, they will log off.
- Staff will lock their office doors when they leave for the day.

Personal Use of Internet and Email

Navigate internet access and email are intended for business use.

Any inappropriate use of internet access or email, such as sending threatening, profane, or obscene email or visiting any pornographic website, may result in immediate disciplinary action, including termination.

Email and internet use are not routinely monitored, but the capacity to do so exists. Navigate has no wish to monitor or scrutinize employees' use of the internet or email; but if anyone raises concerns or notices inappropriate use, monitoring can be initiated.

Avoiding computer viruses

In general staff will avoid opening email from unknown sources. Staff can protect computers by copying to a disk any attachment from an email WITHOUT OPENING IT. The copying process allows the computer to scan the message for viruses. If the program shows the "macro alert" message, staff will disable any macros.

Protecting data

Staff should routinely make backup copies of information not already saved to the server. Server files will be backed up by the IS staff daily.