

# Chapter

# 4

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# Chapter

# 4

## MISSION STATEMENT

### **12 VAC 35-105-570**

The mission of the Richmond Behavioral Health Authority is to provide superior behavioral health services that support Richmond's citizens reaching their greatest potential.

### **12 VAC 35-105-580 Service Description Requirements**

- A.** The RBHA shall develop, implement, review, and revise its services according to its mission. These service descriptions shall be available for public view.
- B.** Each division director has created and maintains a description of each service offered as a structured program of care and design to meet the individual's physical and emotional needs; provide protection, guidance and supervision; and meet the objectives of any required service plan (See Service Descriptions in Attachment A Section)

### **12 VAC 35-105-590 Provider Staffing Plan**

- A.** RBHA has designed and implemented a staffing plan including the type and role of employees and contractors that reflects the:
  - 1. Needs of the population served;
  - 2. Types of services offered
  - 3. The service description; and
  - 4. The number of consumers served

- B.** Staff shall be of sufficient numbers to meet service requests by consumers. Staff knowledge, skill and abilities should be adequate to provide quality service to consumers. RBHA shall develop a transition staffing plan for new services, added locations and changes in capacity.

**C. SUPERVISION**

It is the policy of Richmond Behavioral Health Authority that supervision and evaluation of employees, volunteers and student interns will include:

- regularly scheduled supervision
- evaluations which are based on job descriptions and performance criteria
- interim and annual written performance evaluations
- discussions of evaluations with staff whom are being evaluated
- delineating strengths as well as weaknesses; recommendations for improved performance
- approving assessments and individualized services plans or delegated to an employee or contractor who is a QMHP (qualified mental health provider) or QMRP (qualified mental retardation provider) or who has equivalent experience

Supervision and evaluation of employees, volunteers and student interns shall:

1. be provided by persons who have experience working with the population served and in providing the services outlined in the service description
2. be performed by a QMHP in the mental health section and performed by a QMRP or contractor with experience equivalent to the educational requirement in the mental retardation section
3. receive individual and/or group supervision that is appropriate to the services provided and the needs
4. be documented and available for review

- D.** RBHA shall employ and contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals being served in residential services with medical or nursing needs, speech, language or hearing problems or other needs where specialized training is necessary.

## 12 VAC 35-105-600 Nutrition

In locations where appropriate, RBHA staff shall:

1. Abide with a written plan for the provision of food services, which ensures access to nourishing, well-balanced, healthful meals.
2. Make reasonable efforts to prepare meals that consider cultural background, personal preferences, and food habits and that meet the dietary needs of the individuals served.

3. Assist individuals who require assistance feeding themselves in a manner that effectively addresses any deficits
4. Monitor food consumption of RBHA consumers residing in residential programs to include:
  - a) Warning signs of changes in physical or mental status related to nutrition
  - b) Compliance with any needs determined by the individualized services plan or prescribed by a physician, nutritionist or health care professional

### **12 VAC 35-105-610 Community Participation**

RBHA provides consumers receiving residential, day support, and day treatment services appropriate opportunities to participate in community activities.

### **12 VAC 35-105-620 Monitoring and Evaluating Service Quality**

The RBHA has implemented a process to monitor and evaluate service quality and effectiveness on a systematic and ongoing basis through our Quality Leadership, Services Leadership, and Operations Leadership Councils. In addition, the following mechanisms to monitor and evaluate service quality and effectiveness have been implemented:

- Each service provider shall be supervised by a Qualified Professional
- Regular meetings will be held for the purpose of direct supervision service activities
- Supervisors shall review the records of each service provider at least quarterly and initiate a corrective action plan with the service provider as is required

### **Screening, Admission, Assessment, Service Planning and Orientation**

This section of the manual serves to present policy, procedure, and guidelines which relate to the provision of services at Richmond Behavioral Health Authority. It describes the flow of the service delivery process, from a consumer's entry into and progress through the Agency's service delivery system to discharge and termination of services.

### **12 VAC 35-105-630 Policies on Screening, Admission and Referrals**

Requests for RBHA services are made both in person and by telephone. Although most the agency's requests for services, the assessments, intakes and referral activities are handled by the Assessment and Intake and Crisis Intervention units, staff in other agency programs conduct these activities as well.

A. The Richmond Behavioral Health Authority (RBHA) serves city residents regardless of age, race, ethnic origin, or socio-economic status. RBHA has identified target populations in each disability area, consistent with Priority Populations as designated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services, in order to maximize service delivery within resource limitations.

B. Initial Access to Services: Standard intake hours are from 8:00 AM to 5:00 PM, Monday through Friday. Emergency Services are available 24 hours per day, 365 days per year. A centralized triage process that involves screening, crisis intervention, referral, and scheduling intake assessments is performed within the Emergency Services area. The public may access services through a single phone number (819-4100) or by presenting in person during regular business hours.

C. Individuals seeking services are connected with designated staff that performs initial screening as to the nature and urgency of the presenting problem. The designated staff shall complete a preliminary assessment detailed enough to determine that an individual qualifies for admission and to develop a preliminary individualized services plan for individuals admitted to services. Employees responsible for screening, admitting and referral shall have immediate access to written service descriptions and admission criteria.

D. In emergency situations, Emergency Services staff is promptly dispatched to more fully assess and intervene. When the nature of the presenting problem requires same day response (urgent), Emergency Services staff is available to complete the intake assessment process and initiate appropriate services. By prescribed protocols, individuals presenting with service needs in the area of substance abuse and dependence are scheduled for orientation group or intake assessment, or when indicated, linked directly to SA treatment services.

E. Although the primary channel for accessing services is through the centralized process described above, RBHA provides some off-site screening and intake assessment services as needed. Using the same standard procedures, qualified staff assigned to locations such as the City Jail, Day Reporting Center, Youth Day Treatment, state facilities, and other outreach locations complete screenings, assessments, and other documentation requirements for determining service needs and providing service linkage.

Qualified professionals who, at a minimum, hold a Master's degree and are either licensed or license eligible staff for both Emergency Services and the Intake Assessment Unit. Some off-site intakes for specialized populations are conducted by Case Managers or Counselors who have been appropriately trained to do so. This includes intakes for consumers in the discharge planning process at state facilities and certain off-site locations in which substance abuse services are frequently assessed.

F. Service Provider Choice/Right to Appeal – All consumers seeking services from RBHA, are entitled to a choice of provider and may select a provider from within RBHA or from another provider in the community. The freedom of choice shall be discussed with each consumer prior to admission. RBHA consumers have the right to participate meaningfully in decisions regarding all aspects of services to include the development, preparation, implementation and any changes of service and/or discharge plans.

Any consumer who believes that the RBHA has violated his or her right to participate meaningfully in decisions regarding all aspects of service including individualized service plan; changes and/or discharge of services, have the right to appeal this decision by reporting the allegation to either the supervisor, division director, or the RBHA Consumer and Family Affairs Coordinator.

If a consumer or his authorized representative, is dissatisfied with the with the finding/action plan, they may appeal the action plan/findings to the RBHA Executive Director. The consumer must put their request in writing to the Executive Director within five days upon receipt of the findings/action plan from the Consumer and Family Affairs Coordinator. Within five days, the RBHA Executive Director or his designee will refer any complaint that is not resolved to the consumer's or authorized representative's satisfaction to the human rights advocate. The consumer or his authorized representative, as applicable, may contact the human rights advocate at any time.

Any decision that affects the receipt of Medicaid-covered services may be appealed in writing within thirty (30) days to the Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219. The Medicaid recipient must be notified in writing of the right to a hearing and the procedure for requesting a hearing, both at the time of the applications and at the time of any action. For Medicaid applicants and recipients whose primary language is not English, a translation understood by the applicant or recipient of the appeal rights must be included.

Whenever a service is terminated, changed or decreased, the consumer must receive written notification of the pending action within 10 days, except for the following:

1. Advance notice will be reduced to five days if the facts indicate the action is necessary because of probable fraud; and
2. Advance notice does not need to be sent if:
  - The consumer has stated in writing that he or she no longer wishes to receive RBHA services or Medicaid
  - The consumer moves
  - The consumer's whereabouts are unknown. RBHA will determine
  - The consumer gives information that requires the termination of Medicaid, and the consumer knows that this action is the result of giving the information
  - The consumer has been admitted to an institution where he or she is ineligible for services under the *Virginia State Plan for Medical Assistance*
  - The consumer moves to another state and has been determined eligible for Medicaid in the new jurisdiction; or
  - The consumer's whereabouts are unknown. The agency will determine that the consumer's whereabouts are unknown if mail sent to the recipient is returned as undeliverable

G. Verification of Identity – It is the policy of the Richmond Behavioral Health Authority that all consumers requesting initial treatment present valid picture identification as proof of his or her

identity in order to receive service from RBHA, except when he/she is deemed eligible for emergency services. Establishing the true identity reduces instances of fraud, malpractice, and inappropriate billing and ultimately improves the overall quality of consumer care. Acceptable forms of identification may include drivers' licenses, DMV identification, picture identification from other social agencies, and employment identification that bear the likeness of the service applicant. Expired licenses or identification documents are unacceptable.

It is not required that consumers active to the RBHA produce identity verification. This policy only applies to consumers who are either unknown to this agency or reopened following case closure of any duration.

- The individual seeking services or designated representatives will be requested to bring picture identification to the initial face to face contact with RBHA staff. The proof of identity brochure will be given or mailed to all individuals requesting services.
- During a face to face triage contact, the individual will meet with the Crisis staff person who will copy the individual's identification and attach a copy of the identification to the triage form. If no ID is provided, the proof of identity brochure will be given to individuals and the consumer will be instructed that ID must be presented at the time of the next appointment (orientation/intake).
- If triage has been conducted by telephone the individual will provide ID at the time of the next appointment. If no ID is provided, the proof of identity brochure will be given to the individual and he/she will be instructed that ID must be presented at the time of next appointment (orientation/intake).
- RBHA staff that performs initial contacts outside of the primary service location shall be responsible for securing a copy of the picture identification from the consumer to be placed in the individual record.
- The Reimbursement staff will copy the individuals ID at the time of financial screening.
- If the individual is presenting for orientation, ID will be copied by the SA Services or Assessment Service Office Associate and attached to the triage.
- In cases related to children (person's under 18 years of age) school records, birth certificates, and documented referrals from other social agencies that bear the individuals name will be accepted as verification of that individual's identity. A responsible adult or external representative may verify identity by signing a form to that effect in the presence of an RBHA employee.
- In cases related to MR consumers, birth certificates and documented referrals from other social agencies that bear the individual's name will be accepted as verification of that individual's identity. A responsible adult or external representative may verify identity by signing a form to that effect in the presence of an RBHA employee.
- Individuals who do not have a picture identification will be permitted to complete the triage. They will be told, however, that they must secure a valid identification in order

to receive service at RBHA. These individuals will be directed to facilities that provide such identification. Individuals appearing in person will be given a handout by the financial officer or the triage staff person, which provides the addresses and telephone numbers of the locations where picture identification may be obtained. It will be the individual's (or his/her designee's) responsibility to secure this identification and provide a copy to RBHA.

- Until such identification is provided by the individuals, services will not be rendered with the exception of emergency services.

## **12 VAC 35-105-640 Screening and Referral Services Documentation and Retention**

A. Richmond Behavioral Health Authority shall maintain written documentation of screening performed, including:

1. Date of initial contact
2. Name, age, and gender of the individual
3. Address and phone number, if applicable
4. Presenting needs or situation to include psychiatric/medical problems, current medications and history of medical care
5. A copy of an advance directive (if applicable)
6. Wellness Recovery Action Plan or similar expression of a consumer's treatment preferences
7. Name of screening employee or contractor
8. Method of screening
9. Screening recommendation
10. Disposition of individual

B. RBHA shall retain documentation for each screening. For individuals not admitted, documentation shall be retained for six months. Documentation shall be included in the individual's record if the individual is admitted.

## **12 VAC 35-105-650 Assessment Policy**

It is the policy of the Richmond Behavioral Health Authority that an individual must be a resident of Richmond City in order to be eligible for services provided by the board, or in the custody of the Richmond Department of Social Services, or ordered by a Court within this jurisdiction. Residency will be established by the current address of the individual's primary residence. In the event that an individual who is receiving Board services is no longer a legal resident of

Richmond City, he/she will no longer be eligible for services. Case termination must occur within thirty (30) days following the loss of legal residency. If critical services are not available in the consumer's new area of residency, the Executive Director or designee may authorize the provision of services for an additional period of thirty (30) days.

The Intake Process: Intake is a multi-purpose procedure: various demographic and service-related information is collected; assessment and service delivery begin at the point of intake. During the intake process, information is gathered to:

- Determine eligibility for services
- Identify the consumer for agency records and subsequent contacts by agency staff
- Identify the appropriate agency program and level of care needed to which the consumer will be referred and refer within 24 hours post the intake process within available resources.
- Determine the relative urgency of the service required and treatment appointments with identified program should be:
  - a) Routine care – Appointment should be set up with primary service provider within 7 working days or place on waiting list if it is determined that resources and the capacity to provide identified services is limited.
  - b) Urgent Care – (i.e. rapid onset of persistent or unusual discomfort associated with an illness) Appointment should be set up with primary service provider within 48 hours
  - c) Non Life-threatening Emergency Care – (i.e. not an immediate danger to self or others and does not immediately require traditional inpatient care for safety reasons)

Services should be provided within 6 hours of referral

- d) Emergent Care – (i.e. sudden onset of a condition that manifest itself by symptoms of sufficient severity that the absence of immediate treatment can reasonably be expected to result in serious jeopardy to the mental health of the individual) Services should be provided immediately.

Information may be gathered from collateral resources, such as friends, family, lawyers, other providers, etc; however, the intake process ordinarily is not formally initiated until a direct request for service is made by the identified consumer. There are three exceptions to this:

- Parents may request service for dependent children 18 years of age or younger (although children under 18 years of age may request services for themselves);
- An appropriate collateral resource (ACR) may request services for consumers with intellectual or physical impairment that makes it impossible for them to adequately communicate their service needs. An ACR may be a parent, legal guardian, or other person having legal custody.

- An Intake is completed regardless of the consumer's residence if requested by a social services agency in Richmond City, e.g., for a child in the custody of Richmond City who is placed and resides in a foster home in Henrico).
- An Intake is also completed in the following situations:
  - 1) When a person moving to Richmond City can provide a specific address and a moving date. Moving "somewhere" within the area at some vague point in the future is not sufficient to qualify for services.
  - 2) When ordered by a court, regardless of the person's residence.
  - 3) On transient persons served through the Crisis Services Unit, regardless of consumer's residence.
  - 4) On transient persons committed to any State facility
- During the intake process, the consumer must be informed by the Intake staff the following:
  - 1) Fees for service are determined on a sliding scale according to income and family size, that a financial interview will be conducted prior to the initial interview, and that the consumer should be prepared to provide the following information:
    - a) Total household gross income (include income of both spouses and any other supporting members of the household);
    - b) Total number of dependents; and
    - c) Name, address, and policy number of any medical insurance coverage
  - 2) Orientation regarding the scope of services provided by the identified program

Consumer Registration: When individuals requesting agency services come in for their appointment, they are asked to verify their identity, complete forms and have a financial interview prior to seeing the intake staff. This process is known as "client registration." The Admission packet includes a statement of "consent" to treatment. While initial registration is generally the procedure, there are exceptions:

- For consumers whose first contact with the agency is under crisis conditions, the financial interview may be conducted at the conclusion of the Initial Interview. In an unusually severe crisis, when no family member is available to provide financial information, the financial interview may be conducted prior to the second visit, but no later than one week following the initial interview. If the Financial Interview is not conducted immediately prior to or following the Initial Interview, the Intake staff must provide the consumer with a brief explanation of the agency's reimbursement policy and charges.

- In some RBHA programs, the first face-to-face interview with an individual requesting services will be at an off-site location; for example, a case manager may meet with the individual at his/her home. In this instance, case managers conduct the consumer registration process.
- Sometimes, services rendered are mandated or the request for services is initiated by someone other than the consumer receiving the services (such as a state hospital). In these instances, the consumer may never come into the agency, and staff providing services may complete the consumer registration forms.
- For further information on the financial interview and related subjects, consult Chapter 3, under the Reimbursement section.

Initial Assessment: Following intake and registration, a consumer is seen for the first time by a case manager or clinician, depending upon the program to which the request for agency services has been assigned. The purpose of this interview is to gather consumer information and assess their needs, preferences, strengths, and abilities in order to plan for service provision. This interview may be conducted at the agency, at a consumer's home, or elsewhere, depending on the service program. A preliminary assessment is to be documented on the Diagnostic Client Study at the first visit and completed within 30 days.

Reassessments shall be completed when there is a need based on the medical, psychiatric or behavioral status of the individual and at least annually. Primary service providers shall make reasonable attempts to obtain previous assessments.

In accordance with the requirements of the Commonwealth of Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, and other funding sources, all identified consumers admitted to programs within the Richmond Behavioral Health Authority will be given a diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) published by the American Psychiatric Association or the International Classification of Diseases (ICD-9-CM).

The Diagnostic Client Study is an integral part of the assessment, and is ongoing to identify an individual's physical, medical, behavioral, functional, and social strengths, preferences, progress and changing client needs. The assessment shall address:

1. Onset/duration of problems;
2. Social/behavioral/developmental/family history;
3. Employment/vocation/educational background;
4. Previous interventions/outcomes;
5. Financial resources and benefits;
6. Health history and current medical care needs;

7. Legal status, including guardianship, commitment and representative payee status, and relevant criminal charges or convictions, probation or parole status;
8. Daily living skills;
9. Social/family supports;
10. Housing arrangements; and
11. Ability to access services

**A determination of legal residency will be made by staff according to the following guidelines:**

Adults:

A competent adult will be deemed to be a legal resident of Richmond City if her or his primary residence is in the service area. Where there is a question of an adult's competency to establish a legal residency, a determination of competency for this purpose will be made by the Executive Director or designee.

A competent adult whose primary residence is not in Richmond City will have the burden of establishing to the satisfaction of the Executive Director that he or she is a legal resident of the service area.

A competent adult who moves from the service area will no longer be deemed a legal resident. An exception to this guideline may be made for (and is limited to) an individual who moves from Richmond City solely to obtain services in another locale. Such an individual may retain legal residency in the service area if:

- The placement is time-limited and for the purpose of short-term treatment or training (examples include substance abuse treatment programs and residential programs with age limits or length-of-stay limitation); and
- The individual has a realistic intent of returning to Richmond City at the end of the time-limited placement
- An adult who is not competent, as determined by the Executive Director or designee, will retain his or her legal residency established prior to incompetency. An exception to this guideline may be made for (and is limited to) an individual who:
  - Immediately prior to his or her incompetency resided with a parent, parents, or a close family member, and
  - The parent, parents, or close family member is a legal resident of Richmond City; and

- The individual resides with the parent, parents, or close family member, or will reside with them following a stay in a placement which is time-limited and for the purpose of short-term treatment or training.
- Any adult not covered by the above guidelines should be referred to the Executive Director for a determination of residency

#### Children:

- A child will be deemed eligible for services if his or her custodial parent or parents are legal residents of the City of Richmond
- A child for whom services are requested by the Richmond City Department of Social Services will be deemed eligible for services if he or she meets the residency requirements of the State Department of Social Services
- If the child is in the legal custody of someone other than his or her parent or parents, and the child resides with that custodian, the child will be deemed eligible for services if the custodian is a legal resident of Richmond City.
- An emancipated or self-supporting child will be treated as an adult for purposes of determining legal residency
- Any child not covered by the above guidelines should be referred to the Executive Director for a determination of residency
- In addition to the residency requirement and depending on the services requested, there may be program or admission criteria that must be met in order to receive services

#### **12 VAC 35-105-660 Individualized Services Plan (ISP)**

An individualized service plan (ISP) for each RBHA consumer is required to be developed following the preliminary assessment. For an individual who has been discharged from a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital or released from a commitment hearing and has been referred to RBHA and determined by RBHA to be appropriate for Case Management services, an ISP is initiated within 24 hours of the consumer's admission to a Case Management program. The ISP must be updated when required by the Department's Licensing Regulations or other regulatory body. The initial ISP is to be developed and implemented within 24 hours of admission and shall continue in effect until the individualized services plan is developed or the individual is discharged, whichever comes first. This document can be added to as the ongoing assessment of the consumer's needs and should be finalized by the primary service provider no later than 30 days after admission. Providers of short-term services shall develop individualized service plans within a time frame consistent with the expected length of stay of individuals. The specific procedures to be followed in treatment and case management planning are included in the instructions for the forms used to document service planning.

In all RBHA programs, staff or contractors shall:

1. comply with the human rights regulations in regard to participation in decision-making by the individual or legally authorized representative in developing or revising the ISP
2. involve family members, guardian, or others, if appropriate, in developing, reviewing, or revising, at least annually, the individualized service plans consistent with laws protecting confidentiality, privacy, the human rights of individuals receiving services and the rights of minors
3. be responsible for implementation of an individualized services plan; demonstrate a working knowledge of plan's goals, objectives and strategies
4. reviews of the ISP shall include a face to face every 90 days, an assessment update and a review of:
  - consumer's level of engagement and involvement in the program and other services, and satisfaction with services
  - significant changes in the consumer's status
  - consumer's participation in recovery planning and preferences for services
  - contact with parent(s) or guardian; and
  - observations of consumer behavior
  - documentation/rationale for continuing service provision/treatment
  - of medical problems

All ISP's shall include:

- The individual's needs and preferences
- Crisis self-management strategies,
- Advance directives, if applicable
- WRAP plans
- Relevant psychological, behavioral, medical, rehabilitation and nursing needs as indicated by the assessment including strategies to address at risk for falls factors
- Individualized strategies, including the intensity of services needed;
- A communication plan for individuals with communication barriers, including language barriers;
- A crisis plan, when appropriate

- The behavior treatment plan, if applicable

## **12 VAC 35-105-670 Individualized Services Plan Requirements**

The individualized services plan for all RBHA consumers shall include, at a minimum:

1. A summary or reference to the assessment
2. Goals and measurable objectives for addressing each identified need
3. The services and supports and frequency of service to accomplish the goals and objectives;
4. Target dates for accomplishment of goals and objectives;
5. Estimated duration of service plan;
6. Discharge plan, where applicable; and
7. The RBHA staff or contractors are responsible for coordination and integration of services, including service providers of other agencies
8. ISP's shall be signed and dated, at a minimum, by the person responsible for implementing the plan and the individual receiving services or the legally authorized representative. If unable to obtain the signature of the individual receiving services or the legally authorized representative, the RBHA staff or contractor shall document the reason.

## **12 VAC 35-105-680 Progress Notes or Other Documentation**

All RBHA staff are required to document all services and/or activities that are provided to the consumer and/or with collaterals. For all services, any incident involving or regarding the consumer will be documented in the progress notes in the consumer's medical record immediately. In addition, any disclosure of information about a consumer (with or without authorization of the consumer) will be documented in the progress notes in the consumer's medical record. This is to include the date of such disclosure, the reason for disclosure, the information disclosed, and person to whom information was disclosed. The Medical Records' staff will document the same on the Disclosure Log.

Services Recorded per Contact: This applies to all services except for Therapeutic Day Treatment, Psychosocial, and Residential Programs. Each entry for services should identify the date and time frame of contact, type of contact (e.g. telephone contact, face to face contact, etc.), type of service rendered (e.g. crisis intervention, case management, etc.), the length of time, and the persons involved. Telephone conversations are to be noted as such, including who initiated the call, discussion content and response. Progress notes on face to face contacts should include sufficient detail to refer to the consumer's ISP, identify the consumer's status, staff interventions/strategies, and the consumer's response. Each entry is to be signed with full signature and credentials. Each activity, including all face to face and telephone contacts directly

with the consumer and/or on behalf of the consumer, is to be documented in the progress notes within one (1) business day of the delivery of service. **Crisis related contacts should be documented immediately.**

**Services Recorded Monthly:** This applies to all Therapeutic Day Treatment, Psychosocial, and Residential Programs. Each entry for services should identify the time frame of contact, date of progress note entry, and type of service. Monthly progress notes should include sufficient detail to refer to the consumer's ISP, identify the consumer's status, staff interventions/strategies, and the consumer's response. Each entry is to be signed with full signature and credentials. These monthly summary progress notes should be completed by the end of the month.

## **12 VAC 35-105-690 Orientation**

All persons and/or their legally authorized representatives registering for RBHA services shall receive a comprehensive orientation to the agency. This orientation, whether provided in a group or individual manner, includes a broad range of information about the agency in general, the agency's privacy practices, the consumer's rights, and information specific to the program(s) from which the individual will receive services. Orientation Checklists detail the information shared and provide documentation to the Orientation which include the following:

1. RBHA Mission
2. Confidentiality practices for individuals receiving services
3. Human Rights and how to report violations
4. Participation in treatment and discharge planning
5. Fire safety and emergency preparedness procedures
6. The grievance procedure
7. Service guidelines
8. Physical plant or building lay-out
9. Hours and days of operation
10. Availability of after-hours service

## **Crisis Intervention and Clinical Emergencies**

### **12 VAC 35-105-700 Written Policies and Procedures for A Crisis or Clinical Emergency; required elements**

This policy and procedure provides for prompt intervention in the event of psychiatric emergencies (crises). Since the Crisis Intervention Unit is the entry point for most requests for services, one of the primary functions of clinicians within this unit is to determine whether a person is in "crisis." Clinicians performing crisis assessments shall be master's-level, license-

eligible clinicians with crisis training or an approved student/volunteer under the supervision of a crisis clinician. Every RBHA preadmission screening evaluator hired after July 1, 2008 shall:

- Possess a Master's degree with a major course of study in Human Services (.e.g., Counseling, Social Work, Rehabilitation Counseling, Nursing) or Masters degree or equivalent course credits in Psychology. The degree should be acceptable by the Virginia Department of Health Professions as a sufficient Master's degree to allow licensure as a Licensed Clinical Social Worker, a Licensed Professional Counselor, a Licensed Substance Abuse Practitioner, or a Licensed Marriage and Family Therapist, or Virginia license as a Registered Nurse and 36 months professional work experience with a psychiatric population.
- Have **DBHDS Certification**- RBHA evaluators and preadmission screeners certified prior to July 1, 2008 under the existing program will remain certified pending availability of the new certification program. RBHA evaluators and preadmission screeners hired after July 1, 2008 will be considered certified upon successful completion of the existing certification program (see appendix A, page 69)

For consumers currently receiving services at RBHA, all primary service providers shall alert the Emergency Services staff about consumers deemed to be at risk of needing an emergency intervention. Each Primary Service Provider shall document "Crisis Alert" on the ES Contact Log and provide all essential clinical information:

- Reason for crisis alert
- Safety and support plan
- Names/telephone numbers of collateral contacts
- Advance Directives
- Wellness Recovery Action Plans (WRAP), if applicable

The Emergency Services staff shall inform the Primary Service Provider of the disposition of the emergency situation. In the event the situation prompting the alert is no longer considered active, the Primary Service Provider shall document the change in the consumer's "alert" status.

A crisis (psychiatric emergency) is defined as a recent, acute disruption in functioning precipitated by a specific stressful event perceived by the client as meaningful and threatening. The components of this definition are actually the guidelines used by the clinician to determine whether an individual is in crisis:

- Disruption in Functioning: a change in day-to-day routine and performance of roles.
- Recent: loosely defined as within the last few weeks.
- Acute: sudden onset, sharp change.
- Clear Precipitating Event: a specific identifiable stressor.

- **Client Awareness:** perceived by client as meaningful and threatening. The client feels he/she is in crisis.

In preparing preadmission screening reports, RBHA prescreening evaluators should consider any and all available and relevant information to include a review of medical records, WRAP plans, advance directives, information or recommendations provided by other current service providers and/or appropriate significant persons (i.e. family, partner).

The provision of crisis intervention services will be documented on the Crisis Intervention Contact Log. All emergency contacts must include the identification of the individual in crisis, the precipitating factors, and the outcome. If the consumer in crisis is, or becomes, an open case, the Pre-admission Screening Form and Progress Note shall be included in the consumer's medical record.

If the emergency services intervention occurs in a hospital or clinic setting, RBHA's preadmission screening evaluator shall inform the charge nurse or requesting medical doctor of the disposition, including leaving a written clinical note describing the assessment and recommended disposition or a copy of the preadmission screening form containing the clinical information. This action must also be documented in the consumer's RBHA medical record (i.e. progress note or note on preadmission screening form).

Responses to Requests for Services: The Crisis clinician conducts a brief assessment, either by telephone or in person, to determine what services are needed. The clinician then determines which of the following disposition is appropriate:

- Provision of Information Only
- Referral: If the requested services are more appropriately provided by another agency (e.g. protective services, social services, legal assistance, medical services, etc.), the consumer is so referred. After determining whether or not crisis intervention is indicated, a resident of another catchment area seeking mental health, mental retardation or substance abuse services is given the name and phone number of the CSB/Authority serving that catchment area.
- Intake: If the requested services are appropriately provided by Richmond Behavioral Health Authority, the process known as "Intake/Assessment" is begun.
- Emergency Telephone Requests for Agency Services:

## **12 VAC 35-105-710 Documenting Crisis Intervention and Clinical Emergency Services**

All RBHA staff providing crisis intervention and clinical emergency services shall document the following:

1. Date and time

2. Nature of crisis or emergency
3. Name of individual
4. Precipitating factors
5. Interventions/treatment provided
6. Employees or contractors involved
7. Outcome

If a crisis or clinical emergency involves an individual who is admitted into service, the crisis intervention documentation shall become part of his record.

## **MEDICAL MANAGEMENT**

### **12 VAC 35-105-720 Health Care Policy**

The Richmond Behavioral Health Authority has implemented protocol that assists consumers with the location and utilization of appropriate health care services.

Procedure: Medical needs will be addressed in the initial assessment as well as throughout treatment. Any medications, including those prescribed at RBHA will be documented. The consumer shall be assisted by the primary service provider (in collaboration with treating psychiatrist) in accessing medical services that are appropriate for the consumer's medical needs. The primary service provider (PSP) shall communicate the results of diagnostic tests to the consumer and his authorized representative. Additionally, the primary service provider shall keep accessible to consumers the names, addresses, and telephone numbers of several medical and dental providers offering the consumer a choice in provider selection.

The PSP will encourage consumers to seek medical evaluations at least annually. The discussion with the consumer and/or their legally authorized representative about the findings of any medical evaluation shall be documented in the consumer's medical record on the Emergency Care Plan/Health and Medical History form #RBHA 0110 Rev. 04/04.

### **12 VAC 35-105-730 Medical Information**

All RBHA consumers are requested to seek a medical evaluation upon entry into the Authority and as needed. Primary Service Providers shall document their ability to obtain a medical evaluation that consists of, at a minimum, a health history and emergency medical information on each consumer of RBHA. Medical information shall be captured and maintained on the Emergency Care Plan/Health and Medical History form #RBHA 0110 Rev. 04/04 and shall include:

1. Allergies ;
2. Recent physical complaints and medical conditions;

3. Chronic conditions;
4. Communicable diseases;
5. Physical challenges or restriction on physical activities, if any;
6. Past serious illnesses, serious injuries and hospitalizations;
7. Serious illnesses and chronic conditions of the individual's parents, siblings and significant others in the same household;
8. Current and past drug usage including alcohol, prescription and nonprescription medications, and illicit drugs; and
9. Sexual health and reproductive history
10. Risks for falls

### **12 VAC 35-105-740 Physical Examination**

The consumer's primary service provider will encourage the consumer to seek a physical examination in consultation with a qualified practitioner and assist the consumer in accessing medical services. The primary service provider shall obtain results of physical exams or document attempts of the same. Any RBHA locations designated for physical examinations shall ensure individual privacy. Documentation of the physical examination shall include as a minimum:

1. General physical condition (history and physical);
2. Evaluation of communicable disease;
3. Recommendations for further diagnostic tests and treatment, if appropriate;
4. Other examinations indicated, if appropriate; and
5. The date of examination and signature of a qualified practitioner

### **12 VAC 35-105-750 Emergency Medical Information**

Emergency medical information about the consumer is readily available to staff or contractors in consumer medical records (located on green Emergency Care Plan/Health and Medical History form in front of medical record). The following emergency medical information is maintained on all RBHA consumers:

1. If available: the name, address, and telephone number of (a) consumer's physician and (b) a relative, legally authorized representative, or other person to be notified
2. Medical insurance company name and policy or Medicaid, Medicare or CHAMPUS number, if any;

3. Currently prescribed medications and over-the-counter medications used by the consumer
4. Medication and food allergies;
5. History of substance abuse;
6. Significant medical problems;
7. Significant communication problems;
8. Risk factors for falls
9. Advance directive, if one exists

### **12 VAC 35-105-760 Medical Equipment**

RBHA medical equipment shall be maintained in the Medical Services Unit under the control of the Nursing Supervisor. This equipment shall be made available to qualified medical staff and other RBHA personnel who have been trained and whom have authorization to utilize or manage this equipment.

This equipment will be accessed on an as needed basis. Since RBHA is an outpatient facility, personal medical equipment shall be the property of the consumer. The service provider may maintain control of the equipment on the consumer's behalf while the consumer is receiving services from the agency. The equipment will be returned to the consumer upon his/her departure.

## **Medication Management Services**

### **12 VAC 35-105-770 Medication Management**

- A. The Richmond Behavioral Health Authority may deliver medications through its Medication Access Program by means of authorization of one of our physicians. Consumers are seen by psychiatrists for evaluation at least quarterly. Consumers who have not taken medications prescribed prior to their most recent evaluations shall be encouraged to return them to the primary service provider or the Medication Access Program.
  1. Medications will be administered/delivered only to individuals for whom the medications are prescribed and will be administered/delivered as prescribed. The RBHA Medication Access Program is responsible for the handling, storage and disposal of medication. Outdated medication, discontinued medications, drug containers with worn, illegible, or missing labels according to the applicable regulations of the Virginia Board of Pharmacy will be disposed of by the RBHA Medication Access Program.

2. RBHA psychiatrists may issue prescriptions. Consumers with prescription coverage must take their prescriptions to an outside pharmacy. The Medication Access Program staff will assist consumers without prescription insurance in the acquisition of their medications. Medications that are prescribed will be documented by the physician on the “Medication Order Form” in the consumer’s medical record. A current medication order must be maintained on site. If the consumer is receiving services from an outside psychiatrist, then a current medication order for all medications the individual receives shall be maintained on site. If the consumer is not followed by a RBHA psychiatrist, then a medication order form shall be placed in the consumer’s medical record.
3. Consumers known by staff to bring medications with them to RBHA for administration assistance or supervision of self-administration shall be supervised in the administration of these medications by a trained, authorized medical professional.
  - a. Packaged medications brought to RBHA by consumers will be verified as necessary by the medically trained staff on site.
  - b. All medications that are administered will be documented in the consumer’s record.
  - c. Medications brought to RBHA programs whether prescriptions or over the counter shall be kept in a secure location that is locked. Only staff designated to administer medications will have access to them.
  - d. Medications shall be maintained in environments that maintain their efficacy (i.e. medications that require refrigeration shall be refrigerated).
  - e. Should questions arise regarding the appropriateness of administration of any medication, the medical staff person on site should consult with the prescribing physician, consumer, authorized representative, and/or parent as circumstances require. Such consultations should be documented in the consumer’s record.
4. Medications must be administered only by physicians or nursing staff authorized to do so by the Virginia Board of Pharmacy or The Virginia Board of Nursing. Only those persons possessing appropriate medical training (i.e. MD, NP, RN, LPN) or an individual completing a Medical Management Training Program approved by the Virginia State Board of Nursing will be authorized to administer medications.
5. Only RBHA psychiatrists can dispense samples to consumers
6. The Medication Access Program staff will deliver a one-month supply of medication. A smaller amount may be delivered if indicated by physician or

requested by the consumer's primary service provider and adequate justification is provided.

## **12 VAC 35-105-780 Medication Errors and Drug Reactions**

In the event of medication error or adverse drug reaction:

- First aid shall be administered if indicated
- RBHA staff or contractors shall promptly contact a poison control center, pharmacist, nurse or physician and shall take actions as directed
- The consumer's physician shall be notified as soon as possible unless the situation is addressed in standing orders
- Actions taken by RBHA staff or contractors shall be documented
- The RBHA Quality Assurance Office shall review medication errors at least quarterly as part of the quality assurance in 12 VAC 35-105-620
- Medication errors and adverse drug reactions shall be documented on the Consumer Incident Report, in the consumer's medical record, and on the Pharmacy Services Medication Error Report (see Exhibit A)

**EXHIBIT A: RBHA Pharmacy Services Medication Error Report**

Date/Time of Error: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Date/Time Error Discovered: \_\_\_\_\_ Area: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Prescription/Room No.: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Person (s) Involved in Error: \_\_\_\_\_ (optional)

Person (s) notified? YES NO

Supervisor for Area where error occurred: \_\_\_\_\_ Init.

Error Discovered by: \_\_\_\_\_ Title: \_\_\_\_\_

**I. DISPENSING ERROR:**

- Product selection: \_\_\_\_\_
- Product preparation: \_\_\_\_\_
- Product labeling: \_\_\_\_\_
- Expired drug: \_\_\_\_\_
- Incompatibility: \_\_\_\_\_
- Delivery error: \_\_\_\_\_
- Compounding error: \_\_\_\_\_
- Packaging error: \_\_\_\_\_

**II. THERAPEUTIC ERROR:**

- Order interpretation: \_\_\_\_\_
- Prescribing: \_\_\_\_\_
- Monitoring: \_\_\_\_\_
- Omission: \_\_\_\_\_
- Extra dose: \_\_\_\_\_
- Wrong dose: \_\_\_\_\_
- Wrong route: \_\_\_\_\_
- Wrong rate: \_\_\_\_\_
- Wrong time: \_\_\_\_\_
- Wrong dose form: \_\_\_\_\_

Other: \_\_\_\_\_

Further Investigation: \_\_\_\_\_

Action: \_\_\_\_\_

Date/Time Action Taken: \_\_\_\_\_

**III. Potential cause (s) of error:**

- Receipt not checked: \_\_\_\_\_
- Computer not checked: \_\_\_\_\_
- Profile not reviewed: \_\_\_\_\_
- Order misinterpretation: \_\_\_\_\_
- Personnel not properly trained: \_\_\_\_\_
- Computer error: \_\_\_\_\_
- Equipment error: \_\_\_\_\_
- Workflow error: \_\_\_\_\_
- Other: \_\_\_\_\_

Description: \_\_\_\_\_

**IV. Patient Outcome:**

- Potential error/ Patient not receive medication: \_\_\_\_\_
- Patient received Med: no ill effect: \_\_\_\_\_
- Patient received Med: increase LOS or monitoring: \_\_\_\_\_
- Patient received Med: change VS or mental status: \_\_\_\_\_
- Not determined: \_\_\_\_\_

# BEHAVIOR MANAGEMENT

## Introduction

This section of the manual serves to present policy, procedure, and guidelines which relate to Behavior Management at the Richmond Behavioral Health Authority (RBHA). It describes the use of behavior management techniques, including restraint and time out as well as guidelines for the behavioral treatment plan and prohibited actions. As with any procedure for ensuring maximum safety for staff and consumers, all staff is expected to exercise discretion and judgment in order to balance practice applications and humanistic concerns.

## Policies and Procedures on Behavior Management Techniques

### 12 VAC 35-105-800

It is the policy of the Richmond Behavioral Health Authority that qualified mental health professionals under the consultation of staff psychiatrists and supervisors will evaluate any person presenting acute emotional or psychiatric symptoms. If a consumer becomes aggressive, disruptive, or violent, staff will intervene in a manner that fosters the care, welfare, safety and security of all involved individuals at all times.

RBHA staff will utilize the Crisis Prevention Institute's (CPI) Nonviolent Crisis Intervention team techniques and interventions:

- when necessary to protect individuals from personal harm, injury or death to self or others
- when less restrictive measures have been exhausted and, or
- when the emergency is so sudden that no less restrictive measure is possible

RBHA staff will receive training and instruction on how to manage aggressive behaviors safely using supportive, directive, nonviolent physical crisis intervention, and therapeutic rapport. Staff is required to complete Nonviolent Crisis Intervention training, instruction and receive CPI approved test results before applying any of the CPI techniques.

### The CPI Crisis Development Model

CRISIS LEVELS	DEVELOPMENT/BEHAVIOR	STAFF ATTITUDES/APPROACHES
1.	anxiety	1. supportive
2.	defensive	2. directive
3.	acting out person	3. nonviolent physical crisis intervention

<b>4. Tension Reduction</b>	<b>4. Therapeutic Rapport</b>
<b>Tension Reduction:</b>	<b>“Decrease in physical and emotional energy which occurs after a person has acted out, characterized by the regaining of rationality.”</b>
<b>Therapeutic Rapport:</b>	<b>“An attempt to reestablish communication with an individual who is experiencing Tension Reduction. By going through the process of Therapeutic Rapport, we are better able to build relationships with the individuals in our care.”</b>

## PROCEDURES

- RBHA staff will not use time out or Crisis Intervention techniques as, reprisal, punishment or for the convenience of staff
- RBHA staff will implement voluntary time out when less restrictive measures such as paraverbal communication have failed to prevent the behavior from escalating. Time out may range from approximately 5 to 30 minutes in length per episode. However, no individual will be in time out for more than 30 minutes per episode
- RBHA staff will document all episodes of time out and nonviolent crisis interventions in the individual’s service plan, progress note, and record each incident on the Nonviolent Crisis Intervention Log to include:
  - 1) Date/time
  - 2) Employee(s) involved
  - 3) Circumstances and reasons for use, including but not limited to other behavior management techniques attempted; purpose for using time out/CPI technique instead of other less restrictive techniques
  - 4) Duration
  - 5) Type of technique used;
  - 6) Outcomes, including documentation of debriefing of the individual and staff involved following the incident

## IDENTIFICATION OF AGGRESSIVE, VIOLENT AND POTENTIALLY VIOLENT PERSONS

### A. Criteria

Persons who have a history of demonstrating violent behavior, poor impulse control/easily agitated or who have threatened to do so by self-report or notice from others

**B. Procedures**

1. Persons meeting the above criteria will be identified by corresponding documentation in his or her medical record
2. When a person that is identified according to the aforementioned criteria is visiting or is expected to visit a service provider at the RBHA, the respective primary service provider will:
  - a. Notify his/her immediate supervisor and senior staff person of the time of the visit, the name of the person, and the location/room number in which the visit is to occur to initiate a “standby” alert status
  - b. Notify any co-workers in the immediate vicinity of the visit of the same, and
  - c. Notify the switchboard operator and the security officer (s) of the visit, the name of the person, and the location/room number in which the visit is to occur to initiate a “standby” alert status
  - d. Notify his/her immediate supervisor, any co-workers, switchboard operator, security officers anyone else previously notified of the visit when the person has departed and the alert status can be terminated
3. If clerical/support (any other staff) observe the display of dangerous/unusual behavior or persons with weapons, he/she will:
  - a. Notify the police by dialing “911”, alert the senior staff person of the service area, other service area staff and security
  - b. Assist with securing the waiting area for safety (this could include having consumers move to another waiting area of the RBHA, clearing the area of visitors, etc.)

**VISITORS OR PERSONS ALREADY IN AN OFFICE OR ON PROGRAM PREMISES**

- A. All staff will utilize the Crisis Prevention Institute’s (CPI) Nonviolent Crisis Intervention team techniques and interventions with an emphasis on strengthening care, welfare, safety and security.
- B. Ideally, at least three persons should be available prior to attempting to intervene with a potentially violent individual. The first senior staff member on the scene is

designated as the lead responder. Upon arriving at the scene, with three people available to advance practical applications of CPI: defusing the situation with paraverbal communication, personal safety techniques (blocks and grab releases) and Supportive Stance.

- C. Use the technique of the CPI Supportive Stance and Personal Safety Techniques which stresses personal space, body posture that is nonconfrontational, nonchallenging, and nonthreatening; body position permitting escape or evasion of physical attacks and remaining aware of how a verbal intervention may impact the individual.
- D. Avoid invading the individual's personal space (generally 11/2 to 3 feet); make a quick assessment of the situation, rather than rushing into the area where the individual is.
- E. If the area or office door is open, determine whether a weapon is involved, an injury has occurred, or physical assault is occurring. If any of these are determined, the lead responder will direct one of the staff to summon the Security Officer (if on site) who will call for police back up immediately and will coordinate police back-up, including briefing the police upon arrival. If Security Officer is unavailable at program site, the lead responder will notify the program manager and coordinate police back up if needed. The lead responder will identify staff to locate the consumer's medical record for review of the emergency medical information, emergency contact person and recent clinical condition. The staff remaining at the scene will attempt to distract or divert the aggressor or if needed, seek the help of other staff.
- F. If consumer is in an office with the door closed, the lead responder will knock on the door and state: the name of the person in the office, "this is...(name of the person responding), I am sorry to interrupt you, but I need to see you for a moment." The goal is to get the door open and staff member who is inside, out of the office. If there is no response for 10 seconds, the lead responder will enter the office cautiously and make a determination of what action to take.
- G. If it is determined that there is no imminent danger, the respondents will take their cues for assistance or action from the lead responder:
  - 1. Assist with diffusing the situation or
  - 2. Retreat to an area outside the office to continue monitoring the situation until the individual leaves the office or until the lead responder indicates that assistance is no longer required
- H. All other staff is responsible for ensuring the safety of any consumers or visitors by clearing the hallways and waiting rooms in the immediate vicinity of the incident. Supervisors will direct staff to assist with moving individuals to another area of the

building. Staff not responding to the incident is to remain in their work area and to prohibit visitors and consumers from entering the area of the incident.

- I. Staff will not allow or participate in “spectating” when an incident is occurring
- J. If the aggressor can be escorted to a “quiet room” designated by the lead responder, two staff will accompany the aggressor and will continue to attempt to establish therapeutic rapport. The third staff member will remain outside the “quiet room” to continue to re-direct staff/consumers/visitors and to brief security/police when they arrive.
- K. If the aggressor cannot be escorted to a “quiet room”, the respondents will continue attempts to establish therapeutic rapport in an area as open/safe as possible in order to provide ample space for rapid exits if needed.
- L. The lead responder will authorize interventions; whether that is consultation with the psychiatrist, medication evaluation, prescreening for hospitalization, legal interventions, etc.
- M. We will immediately intervene in situations where SED children are engaging in destruction of property and aggressive to self or others. The cycle of escalation in SED children often occurs rapidly, therefore, any employee witnessing or is in the vicinity need to assist as soon as possible. Additionally, when SED children leave the grounds and do not return immediately or do not respond to verbal prompts, the police and the guardians of the children will be notified and staff will reasonably monitor the whereabouts of the child.

#### **“DR. REDD PROCEDURES FOR VISITORS OR PERSONS ALREADY IN AN OFFICE OR ON PROGRAM PREMISES**

- A. A Dr. Redd is initiated by calling the front desk staff @ extension 4000; clearly announce your location and “Dr. Redd.” The first employee to arrive at the site of the Dr. Redd will assume leadership for the intervention until the arrival of the service area supervisor. No action should be taken until a second person arrives on the scene, unless it is determined that immediate intervention is necessary. All employees not participating in the intervention are to return to and secure their respective service areas, and to attempt to keep others from entering the vicinity of the emergency.
- B. All staff will utilize the Crisis Prevention Institute’s (CPI) Nonviolent Crisis Intervention team techniques and interventions with an emphasis on strengthening care, welfare, safety and security
- N. Ideally, at least three persons should be available prior to attempting to intervene with a potentially violent individual. The first senior staff member on the scene is designated as the lead responder. Upon arriving at the scene, with three people available to advance practical applications of CPI: defusing the situation with

- paraverbal communication, personal safety techniques (blocks and grab releases) and Supportive Stance.
- O. Use the technique of the CPI Supportive Stance and Personal Safety Techniques which stresses personal space, body posture that is nonconfrontational, nonchallenging, and nonthreatening; body position permitting escape or evasion of physical attacks and remaining aware of how a verbal intervention may impact the individual.
  - P. Avoid invading the individual's personal space (generally 11/2 to 3 feet); make a quick assessment of the situation, rather than rushing into the area where the individual is.
  - Q. If the area or office door is open, determine whether a weapon is involved, an injury has occurred, or physical assault is occurring. If any of these are determined, the lead responder will direct one of the staff to summon the Security Officer (if on site) who will call for police back up immediately and will coordinate police back-up, including briefing the police upon arrival. If Security Officer is unavailable at program site, the lead responder will notify the program manager and coordinate police back up if needed. The lead responder will identify staff to locate the consumer's medical record for review of the emergency medical information, emergency contact person and recent clinical condition. The staff remaining at the scene will attempt to distract or divert the aggressor or if needed, seek the help of other staff.
  - R. If consumer is in an office with the door closed, the lead responder will knock on the door and state: the name of the person in the office, "this is...(name of the person responding), I am sorry to interrupt you, but I need to see you for a moment." The goal is to get the door open and staff member who is inside, out of the office. If there is no response for 10 seconds, the lead responder will enter the office cautiously and make a determination of what action to take.
  - S. If it is determined that there is no imminent danger, the respondents will take their cues for assistance or action from the lead responder:
    - 1. Assist with diffusing the situation or
    - 2. Retreat to an area outside the office to continue monitoring the situation until the individual leaves the office or until the lead responder indicates that assistance is no longer required
  - T. All other staff is responsible for ensuring the safety of any consumers or visitors by clearing the hallways and waiting rooms in the immediate vicinity of the incident. Supervisors will direct staff to assist with moving individuals to another area of the building. Staff not responding to the incident is to remain in their work area and to prohibit visitors and consumers from entering the area of the incident.

- U. Staff will not allow or participate in “spectating” when an incident is occurring
- V. If the aggressor can be escorted to a “quiet room” designated by the lead responder, two staff will accompany the aggressor and will continue to attempt to establish therapeutic rapport. The third staff member will remain outside the “quiet room” to continue to re-direct staff/consumers/visitors and to brief security/police when they arrive.
- W. If the aggressor cannot be escorted to a “quiet room”, the respondents will continue attempts to establish therapeutic rapport in an area as open/safe as possible in order to provide ample space for rapid exits if needed.
- X. The lead responder will authorize interventions; whether that is consultation with the psychiatrist, medication evaluation, prescreening for hospitalization, legal interventions, etc.
- Y. We will immediately intervene in situations where SED children are engaging in destruction of property and aggressive to self or others. The cycle of escalation in SED children often occurs rapidly, therefore, any employee witnessing or is in the vicinity need to assist as soon as possible. Additionally, when SED children leave the grounds and do not return immediately or do not respond to verbal prompts, the police and the guardians of the children will be notified and staff will reasonably monitor the whereabouts of the child.

#### **AFTER-HOURS PROCEDURES**

1. Anyone working in the RBHA outside of regular business hours is to notify Crisis Services upon arrival and departure and to let Crisis staff know how long they expect to be in the building
2. After hours meetings are to be adequately staffed to handle opening/securing the front door upon visitor’s arrival and escorting them from the meeting to the front door upon departure

#### **REPORTING** (please see Section 5 of the 4/30/03 RBHAncident Report Form)

- I. All incidents, on and off site, will be documented on the Consumer Incident Report and Report to Office of Licensing (if applicable) by the lead respondent. Incidents of physical intervention shall be compiled on a monthly basis. The Executive Director or designee shall submit an annual report to DBHDS, of each instance of physical intervention by the 15<sup>th</sup> of January each year, or more frequently if requested by the department. Each instance of physical intervention should be documented on the Physical Restraint Log to include:
  - a) date and time
  - b) rationale (include specific reasons such as behavioral purpose, protective purpose, medical purpose)

- c) type (block, one-hand wrist grab release, two-hand wrist grab release, one-hand hair pull release, two-hand hair pull release, bite release)
  - d) duration (the time of the initiation of physical intervention until the individual is released)
- II. The lead respondent must report the incident to their immediate supervisor and supervisor of the service area incident occurred.
  - III. If the incident involves abuse, neglect, or an exploitive act of a consumer, lead respondent should call Adult Protective Services (APS) or Child Protective Services (CPS) and appropriate law-enforcement authorities. **Complete Consumer Incident Form and DBHDS form.**
  - IV. If the incident involves death or serious injury, please complete DBHDS form DMH 966E 1156 RO4/16/02 and follow the ***Consumer Incident Report Protocol***.

➤ **Suicide**

1. If an employee receives notification that a consumer has died of an “apparent suicide”, the employee needs to follow the above reporting procedures within 24 hours of discovery and by telephone to the legally authorized representative, and submit all forms to supervisory staff for review and signature.
2. The supervisor will immediately contact the Director of their program and schedule date/time for a case review. The supervisor should also immediately review the case record and determine if the consumer received an appropriate level of care prior to the suicide given the apparent clinical need of the consumer.
3. The supervisor should note on the actual “Consumer Incident Report Form” in Section B (staff action taken to correct/improve/resolve...) that the chart was reviewed. Document the services delivered (level of intensity) to the consumer that was consistent to appropriate level of care/needs. If a supervisor cannot make this determination, he/she needs to immediately contact their Director. The supervisor should also note in Section B the date/time of the scheduled Case Review. The supervisor then needs to attach the **Management Team Signature page** and hand deliver to the Division Director and Executive Director’s office for a review/signature within 24 hours.

➤ **Death From Unknown Causes**

1. When an employee receives notification that a consumer has died of unknown causes, the employee needs to complete the two forms cited above within 24 hours of discovery. Employees should include only the facts on these forms, or reference the source for any non-factual information. For example, if an employee is notified by a family member that a consumer has died of a drug overdose, the employee needs to clearly state that “Jane Doe, sister of consumer, called and she stated that consumer died two days ago of drug overdose.”
2. The form needs to be submitted to the supervisor, who will then complete the chart review described above and note this review on Section B of the form. **Additionally**, the employee should consult with the supervisor about contacting the emergency contact and/or legally authorized representative for the consumer, or any other individuals listed on “Authorization to Release Forms.”

➤ **Serious Injury (Please follow steps 1, 2, and 3 of reporting protocol for Suicide)**

1. Immediately following any serious injury incident of a consumer, the employee needs to follow the procedures to complete the RBHA “Consumer Incident Report Form” and the “Report to Office of Licensing Form” (form # DMH 966E 1156 RO4/16/02) within 24 hours of discovery and by telephone to the emergency contact or legally authorized representative, and submit both of these forms to supervisory staff.

**The information for these reports should be provided by the most involved staff person or persons. It is the supervisor’s responsibility to see that the reports contain all of the relevant information and are hand delivered to the Division Director and Executive Director as soon as possible.**

- V. The lead respondent will complete forms and hand deliver immediately upon completion to the Executive Director (**forms are not to be placed in intra-agency mail**).
- VI. The Executive Director will review and determine if further action needs to be taken (i.e. staff training, further clinical interventions, procedure review, etc.)
- VII. The primary service provider and/or lead responder will document the incident in the consumer’s medical record and post/communicate alerts as needed. **Please note: the forms do not substitute the need to document crisis intervention activities in the consumer’s record.**
- VIII. Upon completion of the Executive Director’s review, the forms will be forwarded to the Quality and Standards Division for routing to DBHDS, tracking and filing. These forms must be kept for a minimum of three years.

- IX. Critical Incident de-briefing is provided by the Quality and Standards Division and is available to staff upon request.

## Behavioral Treatment Plan

### 12 VAC 35-105-810

The primary service provider will develop an individual behavioral treatment plan in response to behavioral needs identified in the assessment. This plan must list specific behaviors to be addressed and specifically describe the use of behavioral management techniques emphasizing a positive approach. The behavioral treatment plan will be monitored and administered by staff trained in behavioral treatment. Isolated time out may only be used as part of a behavioral treatment program that has been approved by the LHRC and incidents of isolated time out shall be limited.

## Prohibited Actions

### 12 VAC 35-105-820

The RBHA refrains from all activity that may prove harmful or inappropriate to its consumers. This includes:

1. Prohibition of contact and visits with attorneys, probation officers, placing agency representatives, ministers or chaplains;
2. Any action that is humiliating, degrading or abusive;
3. Corporal punishment;
4. Subjection to unsanitary living conditions;
5. Deprivation of opportunities for bathing or access to toilet facilities except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's record;
6. Deprivation of appropriate services and treatment;
7. Deprivation of health care;
8. Administration of laxatives, enemas, or emetics except as ordered by a physician or other professional acting within the scope of his license for a legitimate medical purpose and documented in the individual's record;
9. Applications of aversive stimuli except as permitted pursuant to other applicable state regulations;
10. Limitation on contacts with regulator, advocates or staff attorneys employed by DBHDS or the Department of the Rights for Virginians with Disabilities.
11. Deprivation of drinking water or food necessary to meet an individual's daily nutritional needs except as ordered by a licensed physician for legitimate medical purposes and documented in individual's medical record;
12. Prohibition of contacts and visits with family and legal guardians except as permitted by other applicable state regulations or by order of a court or competent jurisdiction;
13. Delay or withholding of incoming or outgoing mail except as permitted by other applicable state and federal regulations or by order of a court of competent jurisdiction; and

14. Deprivation of opportunities for sleep or rest except as ordered by a licensed physician for a legitimate medical purpose and documented in the individual's medical record.

## **Seclusion, Restraint, and Time Out**

### **12 VAC 35-105-830**

#### **(12 VAC 35-105-840 Requirements for Seclusion Room)**

It is the policy of the Richmond Behavioral Health Authority that no program is permitted to use seclusion, chemical and mechanical restraints. If a consumer becomes physically aggressive, nonviolent physical crisis intervention techniques will be used only as a last resort to reduce a foreseeable risk of harm to consumer or others.

### **Restraint**

When a consumer exhibits physically aggressive behaviors, and previous strategies (i.e. verbal intervention, removing dangerous objects, and personal safety techniques) unsuccessfully reduced the strength, energy and momentum of the acting out behaviors, the use of nonviolent physical interventions may be used. Physical intervention may only be used based on therapeutic or administrative necessity demonstrated and documented in accordance with an individualized service plan. The behavioral criteria for imposing physical interventions should be documented on the individualized service plan and reviewed with the consumer at least quarterly to determine if strategy is commensurate to his/her level of functioning. The accepted forms of a physical intervention include:

- no element of pain involved
- intent is to calm down individual
- individual is not restrained on the floor, reducing risks of restraint-related positional asphyxia and other injuries
- team interventions are used
- used only as a last resort when someone presents a danger
- used to protect-not to punish
- continually assess for signs of tension reduction and use opportunities to reestablish a therapeutic rapport with the individual

### **Time Out**

It is the policy of the Richmond Behavioral Health Authority that time out will be utilized only within sound therapeutic practice. Any program that employs time out will document in the individual's service plan with the justification and purpose for using time out instead of other less restrictive techniques when:

- a minor, under 18 years old, has exhibited behavior that is either threatening to self or others, or
- an individual is extremely disruptive

- less restrictive measures have been exhausted

### Time Out Procedures

The purpose of the time out procedure is to allow the student time away from the provocative situation in which they can calm down and process their actions/feelings with the support of qualified staff. Once the student's aggressive behaviors subside, they are given a maximum of 5 minutes to consider their actions. The staff will then ask the student to identify the problem, and reviews alternative ways the situation could have been handled. The student is then accompanied back to the group activity.

- 1) A five to thirty minute time out will be used when a minor, under 18 years old, has displayed behavior that is either threatening to self or others, or is extremely disruptive to the group process, and less restrictive consequences have not been effective in preventing the situations from escalating. All staff will receive at least three hours of training annually on the use of time out.
- 2) A time out will consist of a trained RBHA employee who will ask the student to leave the activity in progress and go to a designated observable, safe, secure and quiet area. If the student continues to be disruptive or exhibits dangerous behaviors, he/she will be asked to enter the time out room. This room will be conducive to providing a safe, secure and quiet space free of distraction. At all times the safety and dignity of the individual is to be maintained.
- 3) RBHA staff will convey all instructions to move or to remain in the alternative location to the student with dignity, while projecting in a decisive, calm, and non-threatening voice tone and positive professional demeanor. Staff will communicate respect by honoring the consumer's personal space and will establish a supportive stance that is nonthreatening and nonchallenging.
- 4) RBHA staff **will not use isolated time out** as defined by the U.S. Health Care Financing Administration (HCFA). Definition: "Isolated Time Out is the removal of a client to a separate unlocked room from which entry is barred, but which is unlocked and the client is maintained under constant supervision."
- 5) Whenever a student is given a time out, a staff member will remain with the student the duration of time out. The door of the time out room will always remain open and egress is unimpeded. The student will be allowed bathroom privileges as needed. If a student is in time out during a meal, he/she will be allowed to eat the meal as soon as the time out process has been completed.

### 12 VAC 35-105-850 Transition of Individuals Among Services

Consumers at the Richmond Behavioral Health Authority shall be offered services most appropriate for their behavioral health needs. In order to foster service continuity, for individuals hospitalized through the civil involuntary admission process in a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital for whom

RBHA will provide services upon the consumer's discharge, RBHA staff shall engage those individuals in appropriate services and supports upon their return to the community. Additionally, the consumer will be permitted to transition among service divisions within the agency.

The primary service provider continuously assesses consumer need. As part of this assessment the service provider shall determine with the consumer, family and/or their legally authorized representative, the most appropriate avenue for meeting the consumer's service needs.

In the event that a consumer's needs and preferences could be best met through other RBHA programs, then an internal referral will be made to the appropriate program by the primary service provider. The following guidelines must be adhered to when transitioning consumers among services:

#### **Transfer Primary Service Provider Responsibility to New Program/Referral for Additional Services**

- **Referring Program Staff** should discuss with supervisor, complete the top half of Referral Form (# 0300 RBHA 10/00, revised 7/03) and include the following information:
  - a) Consumer name
  - b) ID number
  - c) Date of request
  - d) Name of staff making request
  - e) Unit name
  - f) To (i.e. name of unit you wish to refer consumer)
  - g) Indicate type of referral (i.e. transfer of primary service or request for additional service)
  - h) Specific reason for referral and services requested
  - i) For transfers of primary service and to less or more intensive service, please check all that apply.

**Complete:** a closing summary (#RBHA 0801, revised 6/08) and indicate Service Area Closing (follow Closing Summary Instructions on page 2-3), submit to **Referral Program Supervisor** for signature and place in consumer record (**upon receipt of referral acceptance**)

**Complete:** program release section on MIS Data Collection Form and all other data elements and submit to medical records for input (**upon receipt of referral acceptance**)

- **Receiving Program Supervisor** must complete the bottom half of **Referral Form #0300** RBHA 10/90 and include the following information:
  - a) Date
  - b) Indicate whether you accept or reject and specify reason if you reject (please do not reflect administrative issues on document such as "human rights forms due, no

financial form, treatment plan is due.”) Please call referring Supervisor and negotiate plan and target date for record compliance if consumer meets criteria for your program.

- c) After the supervisor accepts the case, assigns a PSP to consumer, signs and indicates program enrollment date – the **Receiving Program Supervisor** must complete the program enrollment section

In many cases, consumers need services other than or in addition to those available at Richmond Behavioral Health Authority. In such cases referral to another resource or agency (an “outside referral”) is appropriate. The following guidelines must be adhered to in making outside referrals and program/CSB discharges/transfers/closings:

### **TRANSFER/CLOSING SUMMARY INSTRUCTIONS**

*(Please review RBHA Discharge Policy, page 37 – revised 6/08)*

In accordance with the requirements of the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Medical Assistance Services (DMAS), all identified consumers admitted to RBHA must have a discharge plan on the treatment plan. Additionally, whenever a service is terminated or decreased, DMAS requires that the recipient receive written notification of the pending action within 10 days, except for the following:

1. Advance notice will be reduced to five days if the facts indicate the action is necessary because of probable fraud; and
2. Advance notice does not need to be sent if:
  - The recipient has stated in writing that he or she no longer wishes to receive Medicaid services;
  - The recipient gives information that requires the termination of Medicaid, and the recipient knows that this action is the result of giving the information;
  - The recipient has been admitted to an institution where he or she is ineligible for services under the Virginia State Plan for Medical Assistance;
  - The recipient moves to another state and has been determined eligible for Medicaid in the new jurisdiction; or
  - The recipient’s whereabouts are unknown. The agency will determine that the recipient’s whereabouts are unknown if mail sent to the recipient is returned as undeliverable.

#### **Transfer of Service Provider within Same Program**

- **Program Supervisor** must ensure that the following information is completed on MIS form:
  - a) Consumer name
  - b) ID#
  - c) Program enrollment section only on MIS form and submits to medical records

#### **CSB Closing**

- If you are closing a case to CSB (RBHA), a **MIS Data Collection Form** must be completed noting program closure and all other data elements except priority population and enrollment information. If it is a CSB discharge, please check both the Program release and CSB Discharge boxes at the top of the form.
- A **Closing Summary** (#RBHA 0801 Rev. 06/03) and a final progress note on the **Progress Notes Form** should be completed. The Closing Summary must include the following information:
  - a) Consumer name, ID#, Date report was written
  - b) Indicate that this is a CSB Closing
  - c) Reason for admission
  - d) Progress consumer made achieving the goals and objectives identified in the ISP, services provided and a summary of critical events during service provision (i.e. consumer reports for all scheduled appointments with no prompting and has remained in the same apartment for the past two years with no incidents; 15 year old daughter died in car wreck this past year)
  - e) Indicate consumer's level of functioning/limitations at the time of case closure. For example: Consumer is able to arrange and negotiate own appointments and transportation; Consumer has had no behavioral incidents in school or at home and has had satisfactory reports over the past 8 months.
  - f) Indicate discharge diagnosis and discharge medications. If consumer was on no medications at the time of discharge, please note NA. If consumer refused medications and psychiatrist recommended medication regime to control symptoms, please indicate under Recommendations.
  - g) Indicate reason for closure and explain in "comment" section.
  - h) Note whether consumer/authorized representative/family participated in discharge planning process and explain if "no."
  - i) Summarize recommendations on procedures, activities, or referrals to assist consumer in maintaining or improving functioning, independence, and status; explain location and arrangement for future services that have been made (i.e. consumer was referred to MCV Counseling Center, @ 12<sup>th</sup> and Main for weekly counseling sessions, psychiatric evaluations and medication reviews. Initial appointment is scheduled on 8/15/03 @9AM).
  - j) Signature of person who prepared summary, staff ID#, RU# and supervisor's signature.

**12 VAC 35-105-860 Discharge****DISCHARGE POLICY (Revised 6/08)**

**PURPOSE:** To provide written protocol and procedures regarding the discharge of individuals from the service and termination of services.

**POLICY STATEMENT:** The Richmond Behavioral Authority shall discuss the criteria for discharges with the consumer, the authorized representative, and the consumer's family, upon admission to agency. Subsequent to discharge from the service and termination of service, the Authority shall make every reasonable effort to notify the consumer in writing of pending discharge from the service and termination of services.

For consumers whom refuse case management services or are under consideration for discontinuing case management services due to their failure to keep scheduled appointments, RBHA staff shall document all outreach efforts to reengage the consumer to include home visits, telephone calls, letters, and contacts with others. Upon discharge, each consumer must have a written discharge summary in their medical record. Discharge instructions shall be provided, in writing, to the consumer, consumer's family and/or the authorized representative. Appropriate arrangements or referrals must be made to all services identified by the discharge plan prior to the consumer's discharge date. Discharge planning shall be consistent with the individualized service plan and criteria for discharge. Additionally, the discharge planning process shall involve consumer, the authorized representative and/or the consumer's family.

**PROCEDURES:**

In order to insure continuity of care, no case is to remain open longer than 30 days without a service contact, unless the service/treatment/case management plan clearly authorizes less frequent contact. For 30 days each quarter, Primary Service Providers are requested to submit a copy of the discharge summary to the Medical Records' Supervisor whenever a closing relates to refused case management services or whenever case management services were discontinued because consumers failed to keep scheduled appointments. The Quality and Standards Division will routinely monitor the rate of and reasons for refused or discontinued case management services so that appropriate actions can be implemented to reduce the rate and address those reasons when possible. A written notice should be forwarded to consumer and/or family/legal guardian/authorized representative 10 days before discharge and a written discharge summary is due within 30 days after a 30 day period of a "no service contact" and shall include, at a minimum, the following:

- Reason for admission and discharge;
- Consumer's participation in discharge planning;
- Consumer's level of functioning or functional limitations, if applicable;
- Recommendations on procedures, activities, or referrals to assist the consumer in maintaining or improving functioning and increased independence and the status, location and arrangements for future services that have been made;
- Progress made achieving the goals and objectives identified in the individualized

services plan and summary of critical events during service provision;

- Discharge date;
- Discharge medications, if applicable;
- Date the discharge summary was actually written/documented; and
- Signature of person who prepared summary

The discharge of a consumer and subsequent closing of the consumer's medical record will occur under several different circumstances using the following discharge criteria:

### **DISCHARGE/TERMINATION OF SERVICES CRITERIA**

A consumer's treatment may be terminated, and case closed, if at a minimum the case meets one of the following criteria. Indicate the applicable criteria by checking the left-hand column.

- |   |  |
|---|--|
| <input type="checkbox"/> 1. There is verified documentation, also documented by Primary service provider that consumer is no longer eligible for available services, has moved from service area<br><div style="text-align: right; padding-right: 10px;"><b>AND</b></div> | <input type="checkbox"/> 1. Documented treatment goals have been achieved (and no further treatment goals are indicated) |
|---|--|

or has no means of contact (i.e. in jail and is receiving follow-up care from jail)

**OR**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Documented treatment goals have been achieved (and no further treatment goals are indicated) | <input type="checkbox"/> 2. Consumer <b>is not AT RISK</b> per risk criteria guidelines |
|--|---|

**OR**

- |  |            |
|--|------------|
| <input type="checkbox"/> 1. There is documentation that consumer wishes to terminate treatment although Documented Treatment Goals are not met | <b>AND</b> |
| <input type="checkbox"/> 2. Consumer <b>is not AT RISK</b> per risk criteria guidelines  | <b>AND</b> |
| <input type="checkbox"/> 3. There is documentation that consumer has been advised of personal risk and opportunities for further help          |            |

**OR**

- |  |            |
|--|------------|
| <input type="checkbox"/> 1. Consumer has discontinued treatment (i.e. has not attended treatment sessions)   | <b>AND</b> |
| <input type="checkbox"/> 2. Consumer <b>is not AT RISK</b> per risk criteria guidelines  | <b>AND</b> |
| <input type="checkbox"/> 3. There is documentation of at least one phone call and one written attempt to contact consumer without treatment engagement |            |

**OR**

- |  |            |
|--|------------|
| <input type="checkbox"/> 1. Consumer has discontinued treatment (i.e. has not attended scheduled treatment sessions at appointed time without notice for three consecutive appointments, or with notice, for six consecutive appointments) | <b>AND</b> |
| <input type="checkbox"/> 2. Consumer <b>is not AT RISK</b> per risk criteria guidelines  | <b>AND</b> |
| <input type="checkbox"/> 3. There is documentation of at least two phone calls and/or written attempts and at least one face-to-face outreach attempt (with adequate follow-through) to contact consumer without treatment engagement      |            |

### **RISK FACTORS**

Risk factors may include:

- Multiple hospitalizations of any type or recent hospitalization
- Consistent or unusual circumstances of non-compliance with treatment and medication
- Patterns of injury to self/others/property
- Substance use
- Significant disorganization/disorientation of thoughts or impaired judgment
- Significant environmental risks (homelessness, lack of income, inadequate nutrition, dangerous living environment, etc.)
- Inadequate age/developmentally appropriate ability to care for self
- Encounters with criminal/juvenile justice system
- Medical condition that may/does contribute to psychiatric illness or developmental delay
- Familial dysfunction (<18y/o) including, but not limited to substance use, violence
- School failure/chronic suspension (5-18y/o)
- Concrete thinking that consistently fosters misinterpretations and suspiciousness that frequently leads to anger, frustration, and hostile reactions unless provided adequate support

***RISK FACTORS ARE DESIGNATED TO BE AT RISK (i.e. the consumer is considered to be at risk relative to discharge/termination of services criteria) if the presence or continuation of a risk factor/s is causing or expected to cause dangerousness to self/others and/or further decompensation/relapse/regression.***

## Waiting List Protocol

Richmond Behavioral Health Authority has identified target populations in each disability area, consistent with Priority Populations as designated by the Department of Mental Health, Mental Retardation, and Substance Abuse Substances, in order to maximize service delivery within resource limitations. Individuals requesting services are connected with RBHA staff whom will perform an initial screening to determine the nature and urgency of the presenting problem. Access to services may be based on urgent and emergent care depending upon the availability of resources. Individuals who have been determined to need routine care may be placed on a waiting list when limited resources exist in program areas identified by screener.

### **Waiting List Procedures When Resources Are Limited:**

1. Any new referral requesting routine care will be placed on a waiting list by the program supervisor for which the individual has been referred
2. A waiting list data form shall be completed on each individual who will be placed on the waiting list in chronological order
3. The Division Director will ensure that the waiting list data form (section B) is updated at least monthly and



Richmond Behavioral Health Authority Child and Adolescent Mental Health Current Waiting List Data Base	
1. Contact Person	2. Phone: (    )
3. Waiting List Data Base for Child and Adolescent Mental Health Services (Unduplicated)	
A. Individual's Name (Optional)	_____ Last          _____ First          _____ MI
B. Waiting List Unique Identifier	_____ Insurance Name/Number          _____ Individual Identifier #
C. Individual's Date of Birth	_____ MM          _____ DD          _____ YYYY
D. Diagnostic Information (Check all that apply)	<input type="checkbox"/> Not known at this time <input type="checkbox"/> Meets the criteria as having a Serious Emotional Disturbance (SED) <input type="checkbox"/> Any other ED or MI diagnosis <input type="checkbox"/> Dual Diagnosis - MI/SA <input type="checkbox"/> Dual Diagnosis - MI/MR <input type="checkbox"/> Triple Diagnosis - MI/MR/SA <input type="checkbox"/> Developmental disability other than mental retardation
E. Special Conditions and Risk Factors (Check all that apply)	<input type="checkbox"/> No special conditions or risk factors <input type="checkbox"/> Not known at this time <input type="checkbox"/> Deafness or hearing loss <input type="checkbox"/> Blindness or visual impairment <input type="checkbox"/> Not ambulatory or major difficulty in ambulation <input type="checkbox"/> Unable to communicate with verbal speech <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Special education <input type="checkbox"/> High or extensive behavioral challenges <input type="checkbox"/> High or extensive physical or personal care challenges <input type="checkbox"/> Concurrent major medical condition/chronic health problem <input type="checkbox"/> Limited English proficiency (national origin minority) <input type="checkbox"/> At risk of out of home placement or being homeless <input type="checkbox"/> Current residence is not satisfactory or appropriate to individual's needs <input type="checkbox"/> Currently truant, expelled, suspended, or dropped out of school <input type="checkbox"/> Social supports are limited or lacking <input type="checkbox"/> Aging care giver <input type="checkbox"/> Care giver unable or unwilling to provide support <input type="checkbox"/> No guardian or legally authorized representative <input type="checkbox"/> Family has petitioned to be relieved of custody to access services <input type="checkbox"/> Is aging out of CSA or foster care financing for residential supports <input type="checkbox"/> Department of Social Services/Juvenile Justice system involvement <input type="checkbox"/> Lacks transportation
F. Individual's CSB Service Status	<input type="checkbox"/> Is currently receiving CSB services <input type="checkbox"/> Is NOT currently receiving CSB services

Section B TRACKING REPORT

DATE PLACED ON WAITING LIST \_\_\_\_\_

**CONTACT DATES AND INITIALS OF STAFF**

<b>DATE</b>											
<b>STAFF</b>											
<b>INITIALS</b>											

- Service Type Individual Enrolled/Date \_\_\_\_\_
- Delete Service Request/Reason: \_\_\_\_\_
- Extend Waiting Period through \_\_\_\_\_

Richmond Behavioral Health Authority Mental Retardation Current Waiting List Data Base	
1. Contact Person	2. Phone: ( )
3. Waiting List Data Base for Mental Retardation Services (Unduplicated)	
A. Individual's Name (Optional)	_____ Last _____ First _____ MI
B. Waiting List Unique Identifier	_____ Insurance Name/Number _____ Individual Identifier #
C. Individual's Date of Birth	_____ MM _____ DD _____ YYYY
D. Diagnostic Information (Check all that apply)	<input type="checkbox"/> Not known at this time <input type="checkbox"/> MR Diagnosis <input type="checkbox"/> Cognitive developmental delay <input type="checkbox"/> Dual Diagnosis - MR/MI <input type="checkbox"/> Dual Diagnosis - MR/SA <input type="checkbox"/> Triple Diagnosis - MR/MI/SA <input type="checkbox"/> Autism <input type="checkbox"/> Developmental disability other than mental retardation or autism
E. Special Conditions and Risk Factors (Check all that apply)	<input type="checkbox"/> No special conditions or risk factors <input type="checkbox"/> Not known at this time <input type="checkbox"/> Deafness or hearing loss <input type="checkbox"/> Blindness or visual impairment <input type="checkbox"/> Not ambulatory or major difficulty in ambulation <input type="checkbox"/> Unable to communicate with verbal speech <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Dementia <input type="checkbox"/> High or extensive behavioral challenges <input type="checkbox"/> High or extensive physical or personal care challenges <input type="checkbox"/> Concurrent major medical condition/chronic health problem <input type="checkbox"/> Limited English proficiency (national origin minority) <input type="checkbox"/> At risk of out of home placement or being homeless <input type="checkbox"/> Current residence is not satisfactory or appropriate to individual's needs <input type="checkbox"/> Current residence is satisfactory but supports provided are inadequate <input type="checkbox"/> Social supports are limited or lacking <input type="checkbox"/> Currently unemployed or no day support options <input type="checkbox"/> Aging care giver (Caregiver is 55 or older) <input type="checkbox"/> Care giver illness or disability <input type="checkbox"/> No guardian or legally authorized representative <input type="checkbox"/> Family has petitioned to be relieved of custody to access services <input type="checkbox"/> No guardian or legally authorized representative <input type="checkbox"/> An application for training center placement has been initiated
F. Projected Biennium Services required	<input type="checkbox"/> Current biennium <input type="checkbox"/> 2008 - 2010 biennium <input type="checkbox"/> 2010 - 2012 biennium

<p>G. Individual's MR Waiver Waiting List Status (Check only one)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is on the Statewide Medicaid MR Waiver Urgent Waiting</li> <li><input type="checkbox"/> Is on the Statewide Medicaid MR Non-Urgent Waiting List</li> <li><input type="checkbox"/> Is on the CSB MR Planning Waiting List (Medicaid Eligible)</li> <li><input type="checkbox"/> Is not on the Statewide Medicaid MR Waiver Waiting List</li>   <li><input type="checkbox"/> MR Intensive Residential (which is a group home)</li> <li><input type="checkbox"/> MR Supervised Residential</li> <li><input type="checkbox"/> MR Supported Residential</li> <li><input type="checkbox"/> MR Supported Employment - Group</li> <li><input type="checkbox"/> MR After School Program</li> <li><input type="checkbox"/> MR Day Care Grant</li> </ul>
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Section B TRACKING REPORT

DATE PLACED ON WAITING LIST \_\_\_\_\_

**CONTACT DATES AND INITIALS OF STAFF**

<i>DATE</i>											
<i>STAFF INITIALS</i>											

- Service Type Individual Enrolled/Date \_\_\_\_\_
- Delete Service Request/Reason: \_\_\_\_\_
- Extend Waiting Period through \_\_\_\_\_

Richmond Behavioral Health Authority Adult Substance Use Disorder Current Waiting List Data Base	
1. Contact Person	2. Phone: ( )
3. Waiting List Data Base for Substance Abuse Services (Unduplicated)	
A. Individual's Name (Optional)	_____ Last _____ First _____ MI
B. Waiting List Unique Identifier	_____ Insurance Name/Number _____ Individual Identifier #
C. Individual's Date of Birth	_____ MM _____ DD _____ YYYY
D. Diagnostic Information (Check all that apply)	<input type="checkbox"/> Not known at this time <input type="checkbox"/> Meets criteria for substance use <input type="checkbox"/> Meets criteria for substance dependence <input type="checkbox"/> Meets criteria for substance abuse <input type="checkbox"/> Any other SA diagnosis <input type="checkbox"/> Dual Diagnosis - SA/MI <input type="checkbox"/> Dual Diagnosis - SA/MR <input type="checkbox"/> Triple Diagnosis - SA/MI/MR <input type="checkbox"/> Developmental disability other than mental retardation
E. Special Conditions and Risk Factors (Check all that apply)	<input type="checkbox"/> No special conditions or risk factors <input type="checkbox"/> Not known at this time <input type="checkbox"/> Development disability other than mental retardation <input type="checkbox"/> Deafness or visual impairment <input type="checkbox"/> Not ambulatory or major difficulty in ambulation <input type="checkbox"/> Unable to communicate with verbal speech <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Dementia <input type="checkbox"/> High or extensive behavioral challenges <input type="checkbox"/> High or extensive physical or personal care challenges <input type="checkbox"/> Concurrent major medical condition/chronic health problem <input type="checkbox"/> Limited English proficiency (national origin minority) <input type="checkbox"/> At risk of being homeless <input type="checkbox"/> Current residence is not satisfactory or appropriate to individual's needs <input type="checkbox"/> Current residence is satisfactory but supports provided are inadequate <input type="checkbox"/> Currently unemployed <input type="checkbox"/> Social supports are limited or lacking <input type="checkbox"/> Aging care giver <input type="checkbox"/> Care giver unable or unwilling to provide support <input type="checkbox"/> Currently pregnant <input type="checkbox"/> Female who currently resides with dependent children <input type="checkbox"/> IV drug use <input type="checkbox"/> In jail or a correctional facility or otherwise in criminal justice system <input type="checkbox"/> Lacks transportation

Section B TRACKING REPORT

DATE PLACED ON WAITING LIST \_\_\_\_\_

**CONTACT DATES AND INITIALS OF STAFF**

<i>DATE</i>											
<i>STAFF</i>											
<i>INITIALS</i>											

- Service Type Individual Enrolled/Date: \_\_\_\_\_
- Delete Service Request/Reason: \_\_\_\_\_
- Extend Waiting Period through \_\_\_\_\_

Richmond Behavioral Health Authority Adolescent Substance Use Disorders Current Waiting List Data Base							
1. Contact Person	2. Phone: (    )						
<b>3. Waiting List Data Base for Substance Abuse Services (Unduplicated)</b>							
A. Individual's Name (Optional)	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%; text-align: center;">_____</td> <td style="border: none; width: 33%; text-align: center;">_____</td> <td style="border: none; width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Last</td> <td style="border: none; text-align: center;">First</td> <td style="border: none; text-align: center;">MI</td> </tr> </table>	_____	_____	_____	Last	First	MI
_____	_____	_____					
Last	First	MI					
B. Waiting List Unique Identifier	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">_____</td> <td style="border: none; width: 40%;">_____</td> </tr> <tr> <td style="border: none;">Insurance Name/Number</td> <td style="border: none;">Individual Identifier #</td> </tr> </table>	_____	_____	Insurance Name/Number	Individual Identifier #		
_____	_____						
Insurance Name/Number	Individual Identifier #						
C. Individual's Date of Birth	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%; text-align: center;">_____</td> <td style="border: none; width: 33%; text-align: center;">_____</td> <td style="border: none; width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">MM</td> <td style="border: none; text-align: center;">DD</td> <td style="border: none; text-align: center;">YYYY</td> </tr> </table>	_____	_____	_____	MM	DD	YYYY
_____	_____	_____					
MM	DD	YYYY					
D. Diagnostic Information (Check all that apply)	<input type="checkbox"/> Not known at this time <input type="checkbox"/> Meets criteria for substance use <input type="checkbox"/> Meets criteria for substance dependence <input type="checkbox"/> Meets criteria for substance abuse <input type="checkbox"/> Any other SA diagnosis <input type="checkbox"/> Dual Diagnosis - SA/MI <input type="checkbox"/> Dual Diagnosis - SA/MR <input type="checkbox"/> Triple Diagnosis - SA/MI/MR <input type="checkbox"/> Developmental disability other than mental retardation						
E. Special Conditions and Risk Factors (Check all that apply)	<input type="checkbox"/> No special conditions or risk factors <input type="checkbox"/> Not known at this time <input type="checkbox"/> Deafness or visual impairment <input type="checkbox"/> Blindness or visual impairment <input type="checkbox"/> Not ambulatory or major difficulty in ambulation <input type="checkbox"/> Unable to communicate with verbal speech <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> High or extensive behavioral challenges <input type="checkbox"/> High or extensive physical or personal care challenges <input type="checkbox"/> Concurrent major medical condition/chronic health problem <input type="checkbox"/> Limited English proficiency (national origin minority) <input type="checkbox"/> At risk of out of home placement or being homeless <input type="checkbox"/> Current residence is not satisfactory or appropriate to individual's needs <input type="checkbox"/> Current residence is satisfactory but supports provided are inadequate <input type="checkbox"/> Currently truant, expelled, suspended, or dropped out of school <input type="checkbox"/> Social supports are limited or lacking <input type="checkbox"/> Aging care giver <input type="checkbox"/> Care giver unable or unwilling to provide support <input type="checkbox"/> Family has petitioned to be relieved of custody to receive services <input type="checkbox"/> Is aging out of CSA or foster care financing for residential supports <input type="checkbox"/> Currently pregnant <input type="checkbox"/> IV drug use <input type="checkbox"/> Department of Social Services/Juvenile Justice system involvement <input type="checkbox"/> Lacks transportation						

Section B TRACKING REPORT

DATE PLACED ON WAITING LIST \_\_\_\_\_

**CONTACT DATES AND INITIALS OF STAFF**

<b>DATE</b>											
<b>STAFF</b>											
<b>INITIALS</b>											

- Service Type Individual Enrolled/Date: \_\_\_\_\_
- Delete Service Request/Reason: \_\_\_\_\_
- Extend Waiting Period through \_\_\_\_\_

<b>Richmond Behavioral Health Authority</b>						
Service Wait Times in Weeks						
1. Contact Person:			2. Phone: ( )			
<i>Instructions:</i> For the number of individuals on the CSB’s service waiting list during the current fiscal year, estimate the average number of weeks between a person’s placement on the CSB’s service waiting list and his initial receipt of that service. If there is no waiting list for the indicated service, insert NA. If the CSB does not provide the service, insert NP.						
<b>Indicate # of Individuals Waiting For Each Service</b>	<b>MH Services</b>		<b>MR Services</b>		<b>SA Services</b>	
	Adult Svs. Average Wait Time	C&A Svs. Average Wait time	Adult Svs. Average Wait Time	C&A Svs. Average Wait Time	Adult Svs. Average Wait Time	C&A Svs. Average Wait Time
<b>Initial Assessment</b>						
<b>Outpatient Services</b>						
Medication Services						
Psychiatric Services						
Counseling & Psychotherapy						
Behavior Management						
SA Outpatient						
SA Inpatient						
Community Based SA Medical Detox						
SA Residential						
SA Intensive Residential Services						
MR Supervised Residential						
MR Supported Residential						
MR Waiver-Urgent						
MR Waiver-Non-Urgent						
Intensive In-Home						
Methadone Detox						
Opiod Replacement						
Assertive Community Treatment						
Case Management Services						
<b>Day Support Services</b>						
Day						

Treatment/Partial Hospitalization						
Day Care Grant						
MR After School Program						
MR Supported Employment - Group						
Therapeutic Day Treatment (C&A)						
Rehabilitation						
Sheltered Employment						
Transitional or Supported Employment - Individual						
Alternative Day Support Arrangements						

<b>Richmond Behavioral Health Authority</b>	
Survey of Prevention Service Priorities	
2. Contact Person	3. Phone: (    )
<p><i>Instructions:</i> CSB's are encouraged to use the social indicator data for individual and community risk factors to identify their prevention needs and service priorities.</p>	
<p><b>A. Most Significant Risk Factors Contributing to Adolescent Problem Behavior in the CSB Area</b></p> <p>(Assign high, medium, or low priority rank - H, M, L)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Availability of Drugs</li> <li><input type="checkbox"/> Transition and Mobility</li> <li><input type="checkbox"/> Low Neighborhood Attachment</li> <li><input type="checkbox"/> Extreme Economic and Social Deprivation</li> <li><input type="checkbox"/> Family History of Problem Behavior</li> <li><input type="checkbox"/> Family Management Problems</li> <li><input type="checkbox"/> Low Commitment to School</li> <li><input type="checkbox"/> Early Initiation of Problem Behavior</li> </ul>
<p><b>B. Populations for Focused Prevention Efforts</b> (Rank order, with "1" being the highest priority)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pregnant females/women of childbearing age</li> <li><input type="checkbox"/> Pre-school students (age 4 or under)</li> <li><input type="checkbox"/> Elementary school students</li> <li><input type="checkbox"/> Middle school students</li> <li><input type="checkbox"/> High School students</li> <li><input type="checkbox"/> Parents/families</li> <li><input type="checkbox"/> Older adults</li> <li><input type="checkbox"/> General population</li> <li><input type="checkbox"/> Health professionals/first responders (disasters)</li> <li><input type="checkbox"/> Teachers/administrators/counselors</li> <li><input type="checkbox"/> Other: (specify)</li> </ul>

Section B TRACKING REPORT

DATE PLACED ON WAITING LIST \_\_\_\_\_

**CONTACT DATES AND INITIALS OF STAFF**

<i>DATE</i>										
<i>STAFF INITIALS</i>										

- Service Type Individual Enrolled/Date: \_\_\_\_\_
- Delete Service Request/Reason: \_\_\_\_\_
- Extend Waiting Period through \_\_\_\_\_

<b>Richmond Behavioral Health Authority</b>	
Survey of Prevention Service Priorities	
2. Contact Person	3. Phone: ( )
<i>Instructions:</i> CSB's are encouraged to use the social indicator data for individual and community risk factors to identify their prevention needs and service priorities.	
<p><b>A. Most Significant Risk Factors Contributing to Adolescent Problem Behavior in the CSB Area</b> (Assign high, medium, or low priority rank - H, M, L)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Availability of Drugs</li> <li><input type="checkbox"/> Transition and Mobility</li> <li><input type="checkbox"/> Low Neighborhood Attachment</li> <li><input type="checkbox"/> Extreme Economic and Social Deprivation</li> <li><input type="checkbox"/> Family History of Problem Behavior</li> <li><input type="checkbox"/> Family Management Problems</li> <li><input type="checkbox"/> Low Commitment to School</li> <li><input type="checkbox"/> Early Initiation of Problem Behavior</li> </ul>
<p><b>B. Populations for Focused Prevention Efforts</b> (Rank order, with "1" being the highest priority)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pregnant females/women of childbearing age</li> <li><input type="checkbox"/> Pre-school students (age 4 or under)</li> <li><input type="checkbox"/> Elementary school students</li> <li><input type="checkbox"/> Middle school students</li> <li><input type="checkbox"/> High School students</li> <li><input type="checkbox"/> Parents/families</li> <li><input type="checkbox"/> Older adults</li> <li><input type="checkbox"/> General population</li> <li><input type="checkbox"/> Health professionals/first responders (disasters)</li> <li><input type="checkbox"/> Teachers/administrators/counselors</li> <li><input type="checkbox"/> Other: (specify)</li> </ul>

<p><b>TITLE:</b> SERVICES AND SUPPORTS</p> <p><b>EFFECTIVE DATE:</b> December 1, 2001  <b>REVISION DATE:</b> June 20, 2002  <b>REVISION DATE:</b> July 1, 2005  <b>REVISION DATE:</b> June 18, 2006  <b>REVISION DATE:</b> January 10, 2007  <b>REVISION DATE:</b> June 11, 2008  <b>Updated Date:</b> July 30, 2008  <b>Updated:</b> June 30, 2009</p>	<p><b>PREPARED BY:</b> Gale M. Price</p> <hr/> <p><b>REVIEWED BY:</b> Dr. Steve Ashby  Executive Director  Date: _____</p> <hr/> <p><b>REVIEWED BY:</b> John P. Lindstrom, Ph.D.  Interim Executive Director  Date: _____</p> <hr/> <p><b>REVIEWED BY:</b> Wilson J. Washington, Jr.  Chief Executive Officer  Date: _____</p> <hr/> <p><b>REVIEWED BY:</b>  Chief Executive Officer</p>
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ADDENDUM 1/18/09: Progress Notes Instructions

Richmond Behavioral Health Authority (SAMPLE)  
 Progress Notes  
 Client ID#: 000000

Full Client Name: Joe Blow

<p>DATE: <u>6/27/04</u>                  Length <input type="checkbox"/> 15 min <input type="checkbox"/> 30 <input checked="" type="checkbox"/> 60min  <input type="checkbox"/> 90min other: _____                  Site: <input checked="" type="checkbox"/> Office <input type="checkbox"/> Home  <input type="checkbox"/> Other: _____                  Type: <input checked="" type="checkbox"/> F-toF <input type="checkbox"/> Phone  <input type="checkbox"/> Other: _____                  With: <input type="checkbox"/> XClient <input type="checkbox"/> Collateral  <input type="checkbox"/> Other: _____  <input checked="" type="checkbox"/> Case Management                  TYPE: <input checked="" type="checkbox"/> Assess &amp; Plan  <input checked="" type="checkbox"/> Linking  <input checked="" type="checkbox"/> Coordinate <input type="checkbox"/> Ed &amp; counsel  <input type="checkbox"/> Enhancing <input type="checkbox"/> Collateral  <input type="checkbox"/> XMonitoring  <input type="checkbox"/> Discharge Planning  <input type="checkbox"/> Crisis Intervention  <input type="checkbox"/> Intake  <input type="checkbox"/> Therapy:  <input type="checkbox"/> Individual <input type="checkbox"/> Couples  <input type="checkbox"/> Family  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Billable <input type="checkbox"/> Non-billable</p>	<p>GOAL # 1</p> <p>GOAL # 1</p>	<p>OBSERVATIONS &amp; CLIENT STATUS RE: ISP:                  3180 Cl. reported on time, assessed level of functioning &amp; cl. presented w/pressured speech, attire                  Neat, well-coordinated. Affect/mood: labile/anxious. Chief complaint: could not remember appropriate                  Bus stop, became frustrated, and upon arrival at RBHA could not get Security Guard's attention so that                  He could not announce his arrival. He reports seeing Dr. Duck on 5/20/04 for follow-up of high blood                  Pressure, but has not been able to schedule follow-up appt. with Dr. Roberts re: diabetes.                  Cl reports he has heard nothing about food stamp application. Denies use of psychoactive substances,                  Suicidal /homicidal ideation, other concerns. Reports no changes in living arrangements, insurance,                  Or income.</p> <p>STAFF INTERVENTIONS: Provided education and guidance re: bus connections and role-played                  Speaking with assertiveness. Reviewed ISP, satisfaction with services and progress over the past three months                  and cl. feels plan needs no revisions. Discussed &amp; obtained authorizations for DSS, Dr. Roberts, &amp;                  Dr. Duck. Collaborated w/Mrs. Brown #733-5999 @DSS who reports cl. should receive confirmation                  Letter re: food stamps by the end of July. Plan: will continue to meet w/cl. biweekly and next appt.                  Is 7/10/04 w/writer, re: finalizing disability report, reviewing privacy notice, and monitoring                  Receipt of services from Dr. Roberts @MCV re: diabetes scheduled on 7/1/04. Cl is scheduled to                  See Dr. Gong on 7/28/04 @3PM for medication review.</p> <p>STAFF SIGNATURE/TITLE: Gale M. Price, LCSW, QMHP</p>
<p>DATE: _____                  Length <input type="checkbox"/> 15 min <input type="checkbox"/> 30 <input type="checkbox"/> 60min  <input type="checkbox"/> 90min other: _____                  Site: <input type="checkbox"/> Office <input type="checkbox"/> Home  <input type="checkbox"/> Other: _____                  Type: <input type="checkbox"/> F-toF <input type="checkbox"/> Phone  <input type="checkbox"/> Other: _____                  With: <input type="checkbox"/> Client <input type="checkbox"/> Collateral  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Case Management                  TYPE: <input type="checkbox"/> Assess &amp; Plan  <input type="checkbox"/> Linking  <input type="checkbox"/> Coordinate <input type="checkbox"/> Ed &amp; counsel  <input type="checkbox"/> Enhancing <input type="checkbox"/> Collateral  <input type="checkbox"/> Monitoring  <input type="checkbox"/> Discharge Planning  <input type="checkbox"/> Crisis Intervention  <input type="checkbox"/> Intake  <input type="checkbox"/> Therapy:  <input type="checkbox"/> Individual <input type="checkbox"/> Couples  <input type="checkbox"/> Family  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Billable <input type="checkbox"/> Non-billable</p>	<p>GOAL #</p> <p>GOAL #</p>	<p>OBSERVATIONS &amp; CLIENT STATUS RE: ISP:</p> <p>STAFF INTERVENTIONS:</p> <p>STAFF SIGNATURE/TITLE:</p>

## PROGRESS NOTES INSTRUCTIONS

The revised (white) 2 sided Progress Note on page 36 was reviewed and approved by the Forms Control Committee and went into effect on August 1, 2004. They will be available in the forms section of the main Medical Records Department. Progress notes are designed to document the course of treatment. They should clearly reflect the implementation of the treatment plan and assessment. The treatment plan symptoms, objectives, and treatment strategies must be documented regularly in the progress note.

Various formats for writing progress notes such as **DAP** and **SOAP** are commonly used. Organized case notes provide structure to progress note writing, rather than simply summarizing a session. The acronym SOAP stands for subjective, objective, assessment, and plan. Most CSB's use the DAP format which stands for:

- DATA – What specifically took place in the session, therapeutic intervention (i.e. linked, prescreened, collaborated, provided guidance, etc.),
- ASSESSMENT - Observations, current stressors, impairments, symptoms
- PLAN – Based on the current assessment, what will be done to most effectively meet the treatment plan objectives; a confirmation and/or revision of the treatment plan, next appointment at agency and with external providers, who you will collaborate with, will you transport consumer to next appointment, will you see consumer in office, in the field

You will notice that the revised progress note is designed to document evidence of the course of treatment and follow licensure/Medicaid guidelines. (Please see attached) sample

**Time Saver Tip:** Donald Wiger, (1997) writes that some clinicians report that their case note details and accuracy increased when they started writing the notes during session, but adds “the transition to taking case notes during session often takes a few months.”

### Guidelines:

1. can type directly on form, however you must use the curser key rather than the enter key as you move through the document
2. document the date of activity
3. check the appropriate box for time spent and type of service
4. include: setting, service delivered/service code, time spent (i.e. time spent, face to face, telephone or consumer related
5. write legibly in complete thought; correct spelling
6. entries should be typewritten or handwritten in black ink
7. sign first and last name; credentials (i.e. LCSW, LPC, QMRP, QMHP, etc.)
8. leave no blanks; all time gaps in a record should be justified;
9. avoid late entries

**ADDENDUM 1/18/09: Provider Choice/Right To Appeal**

Effective 11/1/04, any consumer admitted to the agency must review this form and sign. Annual updates are required. **Please use this form at all intakes.**

**CLIENT NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

If you are a client seeking any of the services listed below, you are entitled to a choice of provider. This means you may select a provider from within Richmond Behavioral Health Authority or from another provider in the community.

- The freedom of choice has been discussed with me. I understand that I have the option to seek services elsewhere, but choose the Richmond Behavioral Health Authority as my provider for the following services as may be needed and available:

- Mental Health Outpatient
- Mental Health Case Management
- Psychosocial Rehabilitation
- Crisis Intervention
- Intensive In-Home for Children & Adolescents
- Mental Health Support
- Mental Health Residential Services
- Therapeutic Day Treatment for Children & Adolescents
- Mental Retardation Case Management
- Substance Abuse Case Management
- Substance Abuse Treatment

- The freedom of choice has been discussed with me, and I have chosen to receive the following services elsewhere in the community, and understand that RBHA has no obligation to cover the cost of these services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Client or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (optional)

\_\_\_\_\_  
Date

**RIGHT TO APPEAL AND FAIR HEARING FOR NON-MEDICAID CONSUMERS**

All RBHA consumers have the right to participate meaningfully in decisions regarding all aspects of services to include the development, preparation, implementation and any changes of service and/or discharge plans.

**(PLEASE SEE Discharge/Termination Instructions on PAGES 4-32 TO 4-35)** Whenever a service is terminated or decreased, the consumer must receive written notification of the pending action within 10 days, except for the following:

- 1) The consumer has stated in writing that he or she no longer wishes to receive RBHA services;
- 2) The consumer moves
- 3) The consumer's whereabouts are unknown. RBHA will determine that the consumer's whereabouts are unknown if mail sent to the consumer is returned as undeliverable

Any consumer who believes that the RBHA has violated his right to participate meaningfully in decisions regarding all aspects of service to include the development, preparation, implementation and any changes of service and/or discharge have the right to appeal this decision by reporting the allegation to either the supervisor, division director, or the internal human rights advocate at the RBHA.

**Procedures:**

1. RBHA staff will make every attempt to resolve complaints to the individual's satisfaction at the earliest possible step by completing the **Contact Form** indicating date of complaint, by whom, type/purpose of contact, desired outcome by consumer, action taken, appropriate signatures as indicated on form. Additionally, the **Complaint Resolution** form must also be completed by consumer and signed. Both the **Contact Form** and the **Complaint Resolution** form must be forwarded to RBHA Internal Human Rights Advocate, immediately. ( Please see pages 40 – 41).
2. If the consumer or his legally authorized representative, is not satisfied with the Finding/action plan, they may appeal the action plan/findings to the Executive Director of the RBHA. The consumer must put their request in writing to the Executive Director within five days upon receipt of the findings/action plan from the **Internal Human Rights Advocate.**
2. The RBHA Executive Director or his designee will refer any complaint that is not resolved to the individual's or legally authorized representative's satisfaction, within five working days, to the human rights advocate.
3. The consumer or his legally authorized representative, as applicable, may contact the human rights advocate at anytime.



## COMPLAINT RESOLUTION

Please sign and return this sheet to indicate your satisfaction with the Findings and Action Plan.

A preaddressed postage envelope is enclosed for your convenience.

**Please check one of the corresponding boxes.**

- I agree with the Findings and the Action Plan recommendations offered.
- I do not agree with the Findings and or the Action Plan recommendations offered.
- No further action is desired.
- I will appeal the Findings and or Action Plan to the RBHA Executive Director (appeal must be in writing to the Executive Director by \_\_\_\_\_).

---

Signature

date

Provide your signature, date and return in the preaddressed, postmarked envelope.

Comments for Appeal:

If you are not satisfied with the Finding/action plan, you may appeal the action plan/findings to the Executive Director of the RBHA. You must put your request in writing to the Executive Director within five days upon receipt of the findings/action plan from the Richmond Behavioral Health Authority.

**ADDENDUM 1/18/09: Medical/Psychiatric Consult Request**

Effective 11/1/04, the Medical/Psychiatric Consult Request was approved by the Forms Control Committee and should be utilized to request medical/psychiatric information or to request a consultation.

*RBHA Medical Psychiatric Consult Request*

*To:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*From:* \_\_\_\_\_

*Re:* \_\_\_\_\_ *Consumer ID:* \_\_\_\_\_

*Insurance Provider:* \_\_\_\_\_ *Insurance #:* \_\_\_\_\_

*SSN:* \_\_\_\_\_ *DOB:* \_\_\_\_\_

*Medical DX:*                      *Significant Medical Problems:*                      *Allergies:*

*Date of last exam:* \_\_\_\_\_

*Reason for consultation:*

\_\_\_\_\_  
\_\_\_\_\_

*Current Medications:*

\_\_\_\_\_  
\_\_\_\_\_

*Examination Results:*

\_\_\_\_\_  
\_\_\_\_\_

*Recommendations:*

\_\_\_\_\_  
\_\_\_\_\_

*Return Appointment:* \_\_\_\_\_ *Time:* \_\_\_\_\_

*Physician Signature:* \_\_\_\_\_

### **ADDENDUM 1/18/09: Private Provider Psychiatric Assessment**

Effective 11/1/04, if you have consumers whom are not followed by RBHA psychiatrists, please avail the form on pages 47-48 to private psychiatrists who will conduct the initial psychiatric assessment.



107 South Fifth Street  
Richmond, Virginia 23219  
(804) 819-4000

**Authority**

Please Note:  
A recent psychiatric evaluation  
(within 6 months) can replace the  
Psychiatric Assessment.

**PRIVATE PROVIDER PSYCHIATRIC ASSESSMENT**

**I. Identifying Information:**

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
SSN: \_\_\_\_\_ Medicaid # \_\_\_\_\_

**II. Chief Psychiatric Complaint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Mental Status** (to include behavior, intellectual and memory functioning, and orientation).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. History of present illness onset and reasons for treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Past History of any Psychiatric/Emotional, Behavioral, Substance Abuse problems and Suicidal/Homicidal attempts and treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. Diagnosis**

**AXIS I.** \_\_\_\_\_

**a.** \_\_\_\_\_

**AXIS II.** \_\_\_\_\_

**AXIS III.** \_\_\_\_\_

**AXIS IV.** \_\_\_\_\_

**VII. Treatment Recommendations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **M.D.** **Date:** \_\_\_\_\_

**ADDENDUM 1/18/09: Referral Form**

Effective 11/01/04, the revised Referral form now requires an address.

CLIENT NAME : \_\_\_\_\_ ID: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**Referring Unit Information**

Date: \_\_\_\_\_

- Discussed with consumer
- Discussed with family
- Discussed with next friend

Staff Making Referral: \_\_\_\_\_

Unit: \_\_\_\_\_

To: \_\_\_\_\_ (Unit)

- Type of Referral:
- Transfer of Primary Service
  - Transfer to less intensive service
  - Additional Service
  - Transfer to more intensive service

Reason for Referral and Services Rendered/Summary of Services Received/Current Status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case approved for referral

\_\_\_\_\_  
Supervisor signature

**Unit Receiving Referral Information**

Date: \_\_\_\_\_

Accept       Denied      Specify reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Provider Assigned to Client: \_\_\_\_\_ Unit: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Program Enrollment/Admission Date: \_\_\_\_\_

### Richmond Behavioral Health Authority Pre-Screener Qualification Certification

Staff Member \_\_\_\_\_

Program \_\_\_\_\_

Certification for CSB/BHA employees and designees is based on three elements-education, successful completion of training modules, and supervisory approval by the appropriate clinical supervisor. Documentation of academic credentials, licensing (if any), completion of DBHDS certification training, and supervisory approval to function as a CSB/BHA evaluator or preadmission screener should be maintained and available in the employee's personnel file.

<p><b>Educational Requirements:</b> After July 1, 2009, individuals hired or contracted by CSB's to function as ECO evaluators and preadmission screeners must possess the following minimum educational qualifications prior to completion of the DBHDS certification training</p> <ul style="list-style-type: none"> <li>• Master's degree with a major course of study in Human Services (e.g., Counseling, Social Work, Rehabilitation Counseling, Nursing) or Masters degree or equivalent course credits in Psychology. The degree should be acceptable by the Virginia Department of Health Professionals as a sufficient Master's degree to allow licensure as a Licensed Clinical Social Worker, a Licensed Professional Counselor, a Licensed Substance Abuse Practitioner, or a Licensed Marriage and Family Therapist, or</li> <li>• Virginia license as a Registered Nurse and 36 months professional work experience with a psychiatric population.</li> </ul>	<p>Highest Degree Verified:</p>
<p><b>DBHDS Certification:</b> CSB/BHA evaluators and preadmission screeners certified prior to July 1, 2009 under the existing program will remain certified pending availability of the new certification program. CSB evaluators and preadmission screeners hired after July 1, 2009 will be considered certified upon successful completion of the existing certification program.</p>	<p>Attach transcript of completed certification modules.</p>
<p><b>ES Training Approval:</b> On the job training completion with the crisis unit.</p>	<p>_____ Signature of staff who monitored the ES Training.</p>

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED FORM TO THE HUMAN RESOURCES OFFICE.**