Name of Tribe Here BEHAVIORAL HEALTH

Peer Counselor

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| **SECTION 1:** | **Clinical Policy Manual** |
| **POLICY:** | **Agency Licensure and Certification – Off Site location** |
| **REFERENCE:** | **WAC 246-341-0300; WAC 246-341-0310; WAC 246-341-0330; WAC 246-341-0342** |

**Policy:**

Name of Behavioral Health Program Here, will meet requirements outlined under WAC 246-341 for Behavioral Health agencies. Program Name will provide treatment services at an offsite location.

**Procedures:**

1. Program Name will meet the certification requirements under WAC 246-341 for each certified treatment location
2. Program Name does not hold national accreditation so is not claiming exception under 246-341-0310.
3. The primary treatment site is located at \_\_\_\_\_\_\_ and has held certification since \_\_\_\_\_\_\_.
4. The treatment services that are offsite will be held at \_\_\_\_\_. It is located \_\_\_\_\_. This location has held certification since \_\_\_\_\_\_.
5. This location will provide treatment services to individuals located in \_\_\_\_\_\_ and surrounding areas with its primary purpose to provide services to \_\_\_\_\_\_.
6. This location will provide outpatient substance abuse and mental health services, assessment services, and recovery support services.
7. These services are not in-home services.
8. All Services at this location follow the same confidentiality processes and procedures as outline for our primary service locations. All records are maintained in accordance with applicable laws at the off-site location.
9. Treatment services that are offered are certified to be provided.

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| **SECTION 2:** | **Clinical Policy Manual** |
| **POLICY:** | **Individual Service Plan** |
| **REFERENCE:** | **WAC 246-341-0620;** |

**Policy:**

Name of Program develops and implements an individual service plan for all persons receiving services in order to facilitate optimal treatment.

**Procedures:**

* 1. Individual Service Plans will be completed or approved by a professional appropriately credentialed to provide mental health, substance use disorder, and problem and pathological gambling services.
  2. All individual service plans will be strength-based and will address issues identified by the individual or, if applicable, the individual's parent (s) or legal representative.
  3. All individual service plans will be in a terminology that is understandable to the individual and the individual's family.
  4. The individual service plan must document that the plan was mutually agreed upon and a copy was provided to the individual.
  5. The individual service plan must contain both measurable goals and/or objectives and interventions.
  6. The individual service plan must be updated to address applicable changes in identified needs and achievement of goals
  7. Name of Program will ensure the individual service plan:
     1. Is initiated during the first individual session following the assessment or in the case of peer counseling services at the initial meeting, with at least one goal identified by the individual or if applicable their parent(s) or legal representative
     2. Documents the service plan was reviewed and update to reflect any changes in the individual’s treatment needs or as requested by the individual or if applicable their parent(s) or legal representative.
  8. The assignment of work to the individual will have a therapeutic value and meet all the requirements of subsection 1 of this section
  9. The individual service plan will be reviewed on an ongoing basis to determine the need for continued services following the ASAM criteria, for substance use disorder services.
  10. When required by law, the program must notify the required authority of a violation of a court-order or non-participation in treatment, or both.
  11. The individual service plan must be personalized to the individual’s unique treatment needs
  12. The individual service plan will include individual needs identified in the diagnostic and periodic reviews, addressing:

1. All substance use needing treatment, including tobacco, if necessary;
2. The individual’s bio-psychosocial problems;
3. Treatment goals;
4. Estimated dates or conditions for completion of each treatment goal; and
5. Approaches to resolve the problem.
6. The individual service plan must document approval by a chemical dependency professional (CDP) or mental health professional if the staff member developing the plan is not a CDP or fully licensed mental health counselor or social worker.
7. The individual service plan must document that the plan was updated to reflect any changes in the individual’s treatment needs, or as requested by the individuals, at least once per month for the first three months, and at least quarterly thereafter.
8. The individual service plan must document that the plan has been reviewed with the individual.
9. The initial individual service plan will be completed before treatment services are received.

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| **SECTION 3:** | **Clinical Policy Manual** |
| **POLICY:** | **Clinical Record Content** |
| **REFERENCE:** | **WAC 246-341-0640; HIPPA; 42 CFR Part 2** |

**Policy:**

Name of Program establishes and maintains an individual clinical record system ensuring all items indicated in this policy are present in all clinical records as applicable.

**Procedures:**

All Patient Clinical Records will include:

* 1. Documentation the individual received a copy of counselor disclosure requirements established under RCW 18.19.060.
  2. Demographic information, including the following information (at a minimum) for each person served:
     1. Full name;
     2. Gender;
     3. Date of birth;
     4. Home address;
     5. Date of admission;
     6. Name, address and telephone number of next of kin or other responsible person;
     7. Name and city of personal physician, if any.
  3. An assessment that meets WAC requirements (if receiving mental health, substance use disorder or pathological gambling services)
  4. Documentation of the individual response when asking if the individual is under Department of Corrections (DOC) supervision, if they are under civil or criminal court ordered mental health or chemical dependency treatment or there is a court order exempting the individual participant from reporting requirements. If the person claims an exemption from reporting requirements than a copy of the order will be present in the chart.
  5. Documentation that the agency is in compliance with RCW 71.05.445 regarding mental health services for individuals under Department of Corrections that are receiving mental health services through Name of Program.
     1. That the agency notified DOC orally or in writing. The agency must confirm an oral notification with a written notice by electronic mail or fax.
     2. The agency obtained a copy of the court order from the individual and placed it in the record when the individual has been given relief from disclosure by the committing court.
     3. When appropriate, the agency requested an evaluation by a designated mental health professional when the provider becomes aware of a violation of the court-ordered treatment and the violation concerns public safety.
     4. In accordance with RCW 71.05.445 disclosure of information released does not require the consent of the individual if under the supervision of the Department of Corrections and they are receiving mental health services
     5. Whenever federal law or federal regulations restrict the release of information and records related to mental health services for any patient who receives treatment for alcoholism or drug dependency, the release of the information may be restricted as necessary to comply with federal law and regulations

1. Documentation that the individual was informed of applicable federal and state confidentiality requirements. This includes all confidentiality requirements under 42 C.F.R. Part 2.
2. Documentation of confidential information that has been released without the consent of the individual under RCW 70.02.050, 70.02.230, and 70.02.240, and the Health Insurance Portability and Accountability Act (HIPAA).
3. Documentation that any mandatory reporting of abuse, neglect, or exploitation consistent with chapters 26.44 and 74.34 RCW has occurred
4. If treatment is not court-ordered, documentation of informed consent to treatment by the individual or individual’s parent, or other legal representative.
5. If treatment is court-ordered, a copy of the orders.
6. Medication records, if applicable.
7. Laboratory reports, if applicable.
8. Properly completed authorizations for release of information, if applicable.
9. Copies of applicable correspondence.
10. Discharge information
    * 1. Name of Program will create a discharge statement if the Patient left without notice within 37 days of their last contact or within 7 days of being staffed for discharge prior to 30 days of no contact.
      2. If Patient is leaving with notice they will have an individual discharge appointment with a provider within 7 days of their last clinical contact. The discharge document will include: date of discharge, continuing care plan, legal status (if applicable) and current medication.
      3. If the Patient is transferring it will be documented in the Patient’s file what documents pertinent to the individuals course of treatment were forwarded to the new service provider with the individuals’ permission.
11. The clinical file will contain copies of all reports required by entities such as the courts, Department of Corrections, Department of Licensing, Indian Child Welfare, and the Department of Social and Health Services. The report will document the date the report was submitted. Reports will be completed by the 7th day of the following month.
12. Documentation of progress in a timely manner and before any subsequent scheduled appointments of the same type of service session or group type occur or documentation as to why this did not occur. Progress notes must include the date, time, duration, participant names, response to interventions and a brief summary of the session and the name of the staff member and their credential of who provided it.
13. If a crisis plan is created with the Patient a copy will be maintained in their clinical file and the Patient or applicable representative will be given a copy.
14. If a patient identifies that coordination with any systems or organizations are relevant to the patient’s treatment this coordination will be documented on a progress note. Coordination will only occur if given consent by the patient, or if applicable their parent (s) or legal representative.
15. Justification for the change in the level of care when transferring an individual from one certified treatment service to another within the same agency, at the same location.
16. Documentation that staff members met with each individual at the time of discharge unless the individual left without notice, to:
    * 1. Determine the appropriate recommendation for care and finalize a continuing care plan.
      2. Assist the individual in making contact with necessary agencies or services.
      3. Provide and document the individual was provided with a copy of the plan.
17. Documentation that a discharge summary was completed within seven days of the individual’s discharge, including date of discharge, a summary of the individual’s progress towards each individual service plan goal, legal status, and if applicable, current prescribed medications.
18. Documentation of any referral for specialized care.

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| **SECTION 4:** | **Clinical Policy Manual** |
| **POLICY:** | **Access to Clinical Records** |
| **REFERENCE:** | **WAC 246-341-0650; RCW 70.02.010 (37)** |

**Policy:**

Name of Program respects the right of individuals to access their clinical records and provides copies of records per all relevant laws and regulations.

**Procedures:**

* + 1. Individuals will be provided access to review their record with the appropriate Clinical Manager (mental health or substance abuse) or designee upon request by the individual or their designated representative, or their legal representatives, or both.
    2. Ensure that any material confidential to another person, agency or provider is not re-disclosed to the requestor
    3. The clinical record will be made available for review within 15 calendar days of the request.
    4. The program will allow appropriate time and privacy for the review.
    5. During any access to clinical records, the program will have the Clinical manager or designee available to answer questions.
    6. Requests for copies of Patient records (duplicating, searching and other administrative costs) will be at a rate not higher than defined in the Revised Code of Washington 70.02.010.
    7. If the request for copies of clinical records needs to be mailed, an additional charge for postage in the amount actually incurred by the program will be charged to the person/agency making the request.
    8. An individual’s clinical record will be made available to the Washington State

Department of Health (DOH) staff as required for any department program review.

1. Electronic records will be made available in paper form if requested
2. Meet all criteria in subsection 1

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| **SECTION 5:** | **Clinical Policy Manual** |
| **POLICY:** | **Outpatient services – Recovery support – General** |
| **REFERENCE:** | **WAC 246-341-0718** |

**Policy:**

Name of Program provides recovery support services that are intended to promote an individual’s socialization, recovery, self-advocacy, development of natural support and maintenance of community living skills.

**Procedures:**

1. Recovery support services through Name of Program include\_\_\_\_\_\_\_\_\_\_.
2. Patients receiving recovery support services will participate in an assessment process to determine the appropriateness of the agency’s services based upon the individual’s needs and goals. Refer the Patient to outside providers if a more intensive level of care is appropriate and with consent of patients will include the individual’s family members, significant other and other relevant treatment providers as necessary to provide support to the individuals.
3. Staff working within the Recovery support program will receiving annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030. These trainings will be documented in the staff member’s personal file.
4. A clinical record for each patient in recovery support services will be maintained and within will be documented the name of the agency or sources through which the individual is referred, a summary of every service encounter that includes the date, time and duration, and the names of the person who provided the service.
5. Information on copies and documents shared by or with the agency will be documented in the patient’s clinical file.

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| **SECTION 6:** | **Clinical Policy Manual** |
| **POLICY:** | **Outpatient Treatment Services – Recovery Support- Supportive Housing and Supportive Employment Mental Health and Substance Use Disorder Services** |
| **REFERENCE:** | **WAC 246-341-0722** |

**Policy:**

Name of Program provides recovery support services for an individual’s transition to community integrated housing and employment. Support is given to the individual to be a successful tenant in a housing arrangement and employee in an employment situation.

**Procedures:**

1. Name of Program will meet all requirements of WAC 246-341-0718 as described above.
2. Through our locations we will provide supportive housing and supportive employment. Clinical staff will coordinate with Tribal, state, federal and private citizens to facilitate housing and employment plans for individuals.
3. Staff will receive initial and annual training through staffing on fair housing laws, housing assessments which include housing preferences, affordability, and barriers to housing.
4. Staff will receive initial and annual training through staffing on fair hiring practices and employment assessments and screenings
5. Individuals will be assessed in regards to their living and employment skills through a personal needs assessment. They will be given an opportunity to participate in life skills classes.
6. Staff will assist Patients in developing a housing plan that includes acquisition and maintenance as part of their individual service plans.
7. Staff will assist Patients in developing an employment plan that includes acquisition and maintenance as part of their individual service plans.
8. Patients will work directly with staff to locate housing and employment that is supportive of their preferences, goals and interest as well as provide any outreach, tenancy and employment support to the individuals as part of their transition plans.
9. Individuals will develop independent living skills and support through participation in Life Skills classes. The Life skills classes will provide a segment in regards to the requirements of the Fair Housing Act, Americans with Disabilities Act and the Washington state Anti-discrimination law. This information will also be posted in the facility in a public area.
10. All services will be coordinated with patients on individualized bases to assist them in obtaining and maintaining housing and employment.

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| **SECTION 7:** | **Clinical Policy Manual** |
| **POLICY:** | **Outpatient Services – Recovery Support – Peer Support Mental Health Services.** |
| **REFERENCE:** | **WAC 246-341-0724** |

**Policy:**

Name of Program will provide Peer Support Mental Health Recovery Support through our Branch Facility “People’s Place”. All Peer Support staff will complete required trainings and education through the Department.

**Procedures:**

1. Peer Support Mental Health Services will provide activities to assist an individual in developing control over the life and recovery process.
   1. Peer Counselors will provide Life Skills classes
   2. They will assist Patients in self-advocacy and fostering natural support such as their family members
   3. They will assist individuals in the development and maintenance of community living skills by assisting them in community activities, promoting socialization through taking them to activities and offering support, encouragement and assistance as they participate.
   4. They will share life experiences in regards to building of skills and alliances to enhance an individual’s skill development.
2. Name of Program will meet the general requirements that are outlined in WAC 246-341-0718
3. All Peer Counselors will be recognized by the Department of Health (DOH) and the Health Care Authority (HCA) as a “peer counselors” outlined in WAC 246-341-0200 and WAC 182-538D-0200.
   1. Peer Counselors will provide individualized support services such as skill development, assisting with appointments, helping meetings in goal completion.
   2. Peer Counselors will also provide group services such as Life Skills training class
      1. They will work under the supervision of a mental health professional and within the guidelines of their DOH certification
4. All services provided to an individual by a Peer Counselor will be documented within the Patient’s individual records and will document the frequency, duration, and expected outcome of the peer support services provided. Individuals will have individualized service plans which documents the goals they are working towards with support of the Peer Counselor.

**EMPLOYEE ACKNOWLEDMENT**

**ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING**

**OF NAME OF PROGRAM**

**PEER COUNSELOR PROCEDURES**

My signature below shall acknowledge and certify that I have received, read and understand the Name of Program Peer Counselor Policy and Procedures, dated a copy of which has been provided to me. I also understand that it contains important information on the Name of Program Peer Counselor procedures, policies and obligations as an employee. I have familiarized myself with the material in the document. I understand that statements contained herein are not a contract and that my employment with the Name of Tribe is at-will. Finally, I clearly recognize and understand that the Name of Tribe at its sole and absolute discretion may change the procedures at any time with or without prior notice. I have been informed that this document and the material contained herein supersedes any and all prior procedures issued in relation to Name of Program’s clinical procedures.

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(Employee Signature)

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(Print Name)

Date