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Northwest Directions – Mental Health Outpatient Services
Northwest Connections – Emergency Mental Health Services
Northwest Transportation Specialists – Non-emergency Medical Transportation Services
County Contracted Services – Daily Living Skills, Mentoring, Community Support Program

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Northwest Journey Organizational Chart

Day Treatment
Northwest Journey

- Director of Day Treatment & Clinical Services/Deputy Director
  - Program Coordinator
    - Direct Service
      - Mental Health Professional
      - Teacher
      - Mental Health Technician
    - Clinical Services
      - Psychologist
      - Clinical Mental Health Coordinator
      - Therapy Specialist/Nurse
      - Intern/Volunteer

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Northwest Connections Organizational Chart
Northwest Transportation Specialists Organizational Chart
Community Support Program (CSP) Organizational Chart

Community Support Program Organizational Chart

HR Manager

County CSP Clinical Coordinator

CSP Professional

CSP Technician

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Billing Office Organizational Chart

Billing Office

Billing Office Supervisor

Billing Office Staff
Introduction

Northwest Counseling and Guidance Clinic consists of several community based programs, which includes children’s mental health day treatment programs certified under DHS 40, mental health outpatient services certified under DHS 35, and county contracted services which include Daily Living Skills, Mentoring, Community Support Program, and Emergency Services.

NWCGC reserves the right to amend the Policy & Procedure Manual at any time and will attempt to notify employees in writing. This manual and the policies therein are always subject to review. NWCGC reserves the right to modify, supplement, amend, or delete any of the provisions contained in this manual with or without prior notice. This manual does not entirely represent policies of NWCGC, but is designed to give guidance on many essential personnel and program matters as well as to facilitate employee understanding, cooperation, efficiency, and unity through a systematic, uniform application of coordinated practices.

This manual is not a contract with any employee. Unless an employee is given a written contract signed by the Day Treatment & Clinical Services Director or Deputy Director specifying an employment term, all employees are “at will.” “At will” means that both the company and the employee have the right to terminate employment at any time, for any reason or no reason at all. Nothing in this manual or any written or oral representation by any employee, official, manager, or supervisor of this agency shall be construed as constituting or creating a contract of employment.

All employees are expected to be familiar with the material enclosed in the Policy & Procedure Manual. As an employee of NWCGC, there are special conditions to your employment due to the nature of the work environment and the fact that this is a mental health agency. Of particular importance are the role-modeling requirements and presentation of self on the job. Some special skills are required of each job position, but to all jobs one quality is common: positive adult role modeling. As an employee of this agency, you must read the Policy & Procedure Manual. You must demonstrate understanding of this manual to your supervisor and demonstrate the competency to execute these policies effectively and efficiently. Throughout your employment you will have a variety of opportunities to expand your knowledge and skills. These opportunities will occur in a variety of ways including but not limited to formal in-service training sessions, supervisory sessions, informal staff meetings, or from other staff members in ‘give and take’ feedback. NWCGC expects that each staff person will utilize all of these various interactions and assignments to expand personal knowledge and skills that contribute to the overall program/agency.

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Program Overview – Children’s Mental Health Day Treatment

Northwest Journey Programs offer a community-based treatment option that provides intensive intervention and preventative mental health services for youth. The interventions provided by Northwest incorporate trauma informed care and evidenced based treatment modalities that specifically address the individual needs of the client. Clients participate in daily services that consist of up to five hours of mental health and approximately 1 hour of educational services per treatment day.

Northwest Journey Programs provide clients, parents, social workers, communities, schools, and courts with treatment options in efforts to prevent the further deterioration of behaviors and mental illness. In addition, Northwest Journey Programs function as a therapeutic service for children and adolescents transitioning to the community from out-of-home placements.

Program Goals & Objectives:
To Our Clients: Northwest Journey Programs strive to improve the lives of people with mental health needs. We work to develop programs that foster personal growth, accentuate positive potential, and teach healthy coping skills.

To Our Communities: Our goal is to provide programs that enhance the strengths of each person, family, and community with whom we work. We strive to have each community see our program as an asset. Each program must be viewed as a community partner actively interested in seeking positive solutions. We recognize that we must constantly listen to and respond to the needs of our communities.

Program Services:
All program services are provided by staff who meet the DHS 40 statutory requirements for the various roles and positions held within the day treatment system.

Individual Counseling-Individual Counseling sessions are conducted on a regular basis, with 1 or more sessions per client, per week. These sessions work to address specific identified issues.

Group Counseling-Groups are conducted throughout each day targeting the shared needs of our clients. Groups are facilitated in discussion, educational and experiential formats on such topics as anger management, coping skill development, social skill building, human development, issues of abuse, symptom management, and self esteem.

Educational Programming - Educational Coordinators work collaboratively with the school systems in order to develop the educational curriculum.

Family Intervention - Family involvement in the program is expected. Family therapy sessions will be conducted dependent upon the needs of each family. In addition, the family is encouraged to attend multi-disciplinary team meetings.

RN Services - Each program has a Registered Nurse who provides ongoing evaluation of medication side effects, communication with the prescribing physician, and educational information to the clients regarding his/her illness and treatment.
Program Overview – Children’s Mental Health Day Treatment (continued)

*Psychological Consultation* - Psychological evaluations are available, based on previous evaluations and need. Psychological Consultation is provided to staff each week. Individual clinical reviews are conducted with the Psychologist on a monthly basis, or more often if necessary.

*AODA services* - Northwest Journey Programs recognize the impact of substance use on the family, individual, and community. For this reason, AODA assessment, prevention services, and individual sessions to provide education, support, and/or address AODA issues secondary to mental health are either available on site or clients are referred to additional community AODA programming to meet their needs.

*Multidisciplinary Team Meetings* - Multidisciplinary Team Meetings are conducted monthly at each day treatment program and more often as needed. The staff extends invitations for the meeting to parents, school, county, and any other involved parties or providers, and encourages the involvement of the entire team in the treatment process.

*Discharge Planning* - Discharge planning starts at intake, and helps define the treatment process. Northwest Journey Programs work to return clients to their school, home, and community environment as soon as possible.

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Program Overview – Emergency Services

Northwest Counseling & Guidance Clinic provides emergency services to contracted counties within Wisconsin. Staff members respond to emergencies (a.k.a. crises) 24 hours a day, 7 days a week for NWCGC programs and during designated hours defined by individual county contract. NWCGC staff assists individuals, families, community members, and other systems such as law enforcement faced with emergent mental health and AODA situations.

Program Goals & Objectives:
Goal: Provide the community with access to necessary emergency mental health services.

Objectives:
- To identify and assess an individual’s immediate need for mental health services to the extent possible and appropriate given the circumstances
- To respond to the emergency need by providing a service or group of services appropriate to the individual’s specific strengths and needs to the extent they can be determined and/or addressed in a crisis situation
- When necessary and appropriate, to link an individual who is receiving emergency mental health services with other community mental health service providers for ongoing treatment and support
- To make follow-up contacts, as appropriate, to determine if needed services or linkages have been provided or if additional referrals are required

Program Services:
Emergency Telephone Services - Residents of participating counties may call to receive support or assistance in regards to emergent mental health or AODA issues. Crisis staff are trained to respond to such situations as people in need of crisis assessment because of potential dangerousness (suicide or homicide), relationship issues, symptom management problems, etc.

Mobile Services - If telephone services are not able to resolve an emergent mental health situation, a mobile worker will be dispatched to conduct a face-to-face crisis assessment. Mobile services are available as defined by individual county contract.

Short term Voluntary or Involuntary Hospital Care - NWCGC staff will assist individuals in connecting with the appropriate hospital care when less restrictive community based alternatives are not sufficient to stabilize an individual experiencing a mental health crisis.

Linkage and Coordination Services - Linkage and coordination services will be provided by the appropriate county to support cooperation in the delivery of emergency mental health services.

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Program Overview – Outpatient Mental Health

Northwest Counseling & Guidance Clinic provides community-based mental health treatment services to clients by means of several office-based locations, as well as outreach services to children and families through some of our Northwest Journey offices. Multiple treatment approaches are offered and treatment is individualized to meet the needs of each client.

Program Goals & Objectives:
Goal: Provide the highest quality mental health services in accordance with evidence-based practice models.

Objective for clients: To improve overall quality of life, which may include, but is not limited to: improved job performance and/or satisfaction, improved interpersonal relationships, and improved life satisfaction.

Program Services:
Individual Counseling - Individual Counseling sessions are conducted based on need. These sessions work to address specific identified issues. Individual counseling is conducted with a Mental Health Counselor and based upon the specific needs of the client.

Family Therapy - Family therapy sessions are conducted according to the needs of the client. When a child/adolescent is involved in mental health services, family involvement is essential to the individual’s treatment success.

Psychological Consultation - Psychological evaluations are available, based on previous evaluations and need.

Psychiatric Consultation - Psychiatric evaluations are available, based on previous evaluations and need.

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Criteria For Admission

NORTHWEST JOURNEY - CHILDREN’S MENTAL HEALTH DAY TREATMENT
The criteria for acceptance into Children’s Mental Health Day Treatment are:
- A primary mental health disorder (involving behavioral and/or emotional difficulties).
- An inability to obtain sufficient benefits from less restrictive treatment services.
- A reasonable likelihood to benefit from services based on information available.
- The presence of significant dysfunction in two or more basic domains of living. Domains of life may include: school, home, community.
- A need for transitional services after placement in an inpatient setting, residential setting, or acute crisis.
- Be experiencing a period of acute crisis or other severe stress, so that without the level of services provided by the program, he or she would be at high risk for hospitalization or other institutional placement.

Note: For specific procedures related to admissions, please refer to the admissions policy.

NORTHWEST CONNECTIONS - EMERGENCY SERVICES
Any resident of a county served and anyone physically present in a county served may contact the Emergency Services Program. In addition, anyone who is a current client of Northwest Journey or NWCGC Mental Health Outpatient may access the Emergency Services Program (Northwest Connections).

NWCGC - OUTPATIENT MENTAL HEALTH SERVICES
The Criteria for acceptance into Mental Health Outpatient Treatment are:
- A primary mental health diagnosis.
- An inability to obtain sufficient benefits from less restrictive treatment services.
- A reasonable likelihood to benefit from services based on information available.

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Referral Process

NORTHWEST JOURNEY – CHILDREN’S MENTAL HEALTH DAY TREATMENT
A referral may be made by a parent, school professional, county worker, probation/parole officer, or another medical or clinical provider.

NORTHWEST CONNECTIONS - EMERGENCY SERVICES
Any resident of a county served and anyone physically present in a county served may contact the Emergency Services Program. In addition, anyone who is a current client of Northwest Journey or NWCGC Mental Health Outpatient may access the Emergency Services Program.

OUTPATIENT MENTAL HEALTH SERVICES
A referral may be made by an individual, parent, school professional, county worker, probation/parole officer, or another medical or clinical provider.

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Policies & Procedures Applicable to All NWCGC Programs

Exceptions Noted
Affirmative Action And Nondiscrimination / Americans With Disabilities Act (ADA)

Affirmative action and nondiscrimination:
In order to provide a workplace free of discrimination with equal opportunity, NWCGC adheres to a policy of nondiscrimination and equal employment opportunities for all applicants and employees, regardless of race, creed, national origin, sexual orientation, gender, or other protected classification in accordance with Federal and State Equal Rights and Opportunity Statutes. Equal consideration to all qualified individuals includes, but is not limited to, the following functions:

- Hiring, placement, promotion, transfer, or demotion
- Recruitment
- Compensation for employment
- Conditions of employment
- Training
- Involuntary layoff or separation from employment

Our policy objective is to employ individuals who are qualified for specific work by such job-related standards as experience, demonstrated attitude and skill, education, training, overall ability and other relevant considerations.

NWCGC also seeks to provide reasonable accommodations for qualified individuals with disabilities in compliance with all federal and state laws concerning the employment of persons with disabilities.

Americans with Disabilities Act (ADA)
The Americans with Disabilities Act (ADA) requires employers to reasonably accommodate qualified individuals with disabilities. It is the policy of Northwest Counseling and Guidance Clinic (NWCGC) to comply with all federal and state laws concerning the employment of persons with disabilities.

It is NWCGC company policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment.

NWCGC will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job. An individual who can be reasonably accommodated for a job without undue hardship will be given the same consideration for that position as any other applicant.

All employees are required to comply with safety standards. Applicants who pose a direct threat to the health or safety of other individuals in the workplace, when such threat cannot be eliminated by reasonable accommodation, will not be hired. Current employees who pose a direct threat to the health or safety of the other individuals in the workplace will be placed on appropriate leave until an organizational decision has been made in regard to the employee’s immediate employment situation.
Affirmative Action And Nondiscrimination / Americans With Disabilities Act (ADA) (Continued)

The HR department is responsible for implementing this policy, including resolution of reasonable accommodation, safety and undue hardship issues.

Definitions
As used in this policy, the following terms have the indicated meaning and will be adhered to in relation to the ADA policy.

- “Disability” means a physical or mental impairment that substantially limits one or more major life activities of the individual; a record of such an impairment; or being regarded as having such an impairment. Major life activities include the following:
  - In general: major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.
  - Major bodily functions: a major life activity also includes the operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

- “Direct threat,” means a significant risk to the health or safety of others that cannot be eliminated by reasonable accommodation.

- “Qualified individual” means an individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.

- “Reasonable accommodation” may include making existing facilities readily accessible to and usable by individuals with disabilities, job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

- “Undue hardship” means an action requiring significant difficulty or expense by the employer.

- In determining whether an accommodation would impose an undue hardship on a covered entity, factors to be considered include, but are not limited to:
  - The nature and cost of the accommodation.
  - The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility; the effect on expenses and resources or the impact of such accommodation upon the operation of the facility.
  - The overall financial resources of the employer; the number, type and location of facilities.
  - The type of operations of the company, including the composition, structure and functions of the workforce; relationship of the particular facility to the employer.

- “Essential functions of the job” refers to those job activities that are determined by the employer to be essential or core to performing the job; these functions cannot be modified.
Affirmative Action And Nondiscrimination / Americans With Disabilities Act (ADA)  
(Continued)

PROCEDURE:
1. If an employee is in need of a reasonable accommodation they should discuss the matter with their immediate supervisor. An employee must be able to identify the accommodation needed.
2. A supervisor who receives a request for an accommodation should address this request with the appropriate administrator, document the adoption of any accommodation, and specify a time frame within which the accommodation will be reviewed for effectiveness and sustainability assessment.
3. If an employee feels that there is a violation of this policy, please report the possible violation to an immediate supervisor. Complaint procedures noted in this manual should be followed and the Human Resources Representative should be notified immediately.
4. The immediate supervisor and Human Resources Representative will collaborate on the completion of an investigation.
5. The Day Treatment & Clinical Services Director and Deputy Director must be notified of the incident, the investigation, and the outcome.

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Animals On-Site

**POLICY:**
NWCGC prohibits animals at its facilities except when the presence of the animal has a purpose, is safe for staff and clients, and client guardians have waived NWCGC liability, or in the case of service animals. In the United States, the Code of Federal Regulations for the Americans with Disabilities Act of 1990 defines a service animal as "any guide dog, signal dog, or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items."

**PROCEDURE:**
Other than situations of a service animal, the following procedure should be followed:
1. The animal owner must get approval from the on-site administrator and other staff members prior to bringing the animal to the facility.
2. If any client, staff person, or other party at the facility has any physical or other concerns related to the animal, then the animal will not be allowed at the facility. Remember to check on allergies to animal dander when evaluating having a pet on site.
3. The purpose for the animal being on-site must be for treatment reasons and each animal allowed on-site must either be certified for treatment purposes by an accredited animal training program, be engaged in an “animals in training” program to become certified, or be deemed by the administrator to have the correct demeanor to be on site as a therapeutic tool.
4. All vaccinations and current veterinary records must be on file at any site for any animal on site.
5. Written approval must remove all liability from NWCGC regarding the animal. The animal owner is responsible for working with the Program Coordinator or other administrator to ensure that all paperwork is completed with regard to gaining approval of staff, clients, and guardians.
6. Any site that will have an animal on site must post a sign at entrances to the site notifying visitors of the presence of the animal.
7. In addition, the animal owner is responsible for the behavior and actions of their animal.
8. The animal owner assumes responsibility and liability for the animal and its behavior.

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Anti-Retaliation

POLICY:
NWCGC strictly prohibits any form of retaliation against an employee who in good faith makes a complaint, raises a concern, provides information or otherwise assists in an investigation or proceeding regarding any conduct that he or she reasonably believes to be in violation of NWCGC’s policies, or applicable laws, rules or regulations.

This policy is designed to ensure that all employees feel comfortable speaking up when they see or suspect illegal or unethical conduct without fear of retaliation. It is also intended to encourage all employees to cooperate with NWCGC in the internal investigation of any matter by providing honest, truthful and complete information without fear of retaliation.

Anyone found in violation of this policy is subject to disciplinary action, up to and including termination. Persons who knowingly and intentionally make a false report of non-compliance may also be subject to disciplinary action, up to and including termination.

RETALIATION:
The types of retaliation prohibited include but are not limited to:

- Intimidation;
- Adverse actions with respect to the reporter’s work assignments, salary, vacation, and other terms of employment;
- Unlawful discrimination;
- Termination of employment;
- Adverse actions taken against a relative or partner of the reporter seeking employment or employed by NWCGC;
- Threats of any of the above.

Note that an adverse personnel or disciplinary action against an employee whose conduct or performance warrants such actions for reasons unrelated to the reporting of a concern will not be deemed a violation of this policy.

REPORTING VIOLATIONS:
If you believe you have been retaliated against or that any other violation of this policy has occurred, or if you have questions concerning this policy, you must immediately notify Human Resources, your immediate manager, or any other person as outlined in the Open Door policy.

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Background Check & Self Disclosure

POLICY:
All employees/volunteers/interns of NWCGC are required by the agency and by law to have a completed formal background check on file. This will include a state criminal background check, a check of the caregiver misconduct registry, and a driver record check. It also may include a check of other sources, which may provide appropriate information relevant to the position for which an applicant is being considered. NWCGC will initiate and pay for the required background check(s).

Applicants are subject to denial of employment based upon information obtained by means of the background check. However, no information derived from a criminal background check will automatically disqualify any accepted applicant from being hired. A final decision about hiring will be made only after a careful review of factors including:

- The nature, circumstances, and frequency of any offenses(s).
- The length of time since the offense(s).
- Documented successful rehabilitation.
- The accuracy of the information provided by the applicant in his/her application materials.

Applicants for positions having driving/transportation responsibilities are subject to denial of employment for these positions based on the health of their driving record and according to the requirements of any insuring agency or transportation-contracting agency.

PROCEDURE:
1. Background checks must be completed for any state in which the potential employee has lived within the previous 3 years. Therefore, background checks may need to be completed for more than one state depending on current and past residency.
2. At the time of interview or upon offer of employment contingent on background check findings, NWCGC will require that the potential employee complete a Background Information Disclosure (BID) form and, if necessary given recent out-of-state residency, a form to initiate an out of state background check.
   a) Completion of the BID is required under the provisions of Chapters 48.685 and 50.065 Wisconsin Statutes. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract.
   b) The following may result in a forfeiture of up to $1,000.00, denial or termination of employment, and other sanctions as provided in DHS 12.05 (4), Wisconsin Admin. Code:
      i) Failure to complete and submit the BID form to the appropriate agency or entity;
      ii) Knowingly giving false information or knowingly omitting information on the BID form, or as part of the self-disclosure policy;
      iii) After submitting a BID form, subsequently failing to report any information about a conviction for a crime or other act or offense requested on the BID, or as part of the self-disclosure policy.
Background Check & Self Disclosure (continued)

c) NWCGC reserves the right to denial or termination of employment to anyone providing false information or omitting information on the BID.

3. Any job offers made to potential employees will be contingent upon completed background check(s) free of offenses making an employee ineligible for caregiver status.

4. The forms must be forwarded to the payroll department for follow-up.

5. The payroll department will send the background check response to the appropriate program site.

6. Each on-site administrator or other immediate supervisor will follow up with each individual potential employee regarding any offenses listed as a result of the background check. The purpose of this discussion will be to obtain factual verification of the offenses listed.

7. Each supervisor will document this follow up and such documentation will be included in the personnel file.

8. If any offense listed on the results of the check appears on the State of Wisconsin List of Offenses Affecting Caregiver Eligibility, the potential employee will be disqualified from employment with NWCGC unless the potential employee has completed a rehabilitation review process and received documented approval from the state to restore caregiver eligibility.

9. Each NWCGC employee having client contact will be asked to fill out an updated Background Information Disclosure form every 2 years.

10. As per state statute, background checks will be updated on all existing employees every 4 years or sooner if indicated by reasonable suspicion or program requirements.

SELF DISCLOSURE POLICY for all Caregivers:
As required by DHS 12.07 NWCGC employees are required to notify the entity in writing as soon as possible, but not later than the person's next working day, any changes to the information included on the BID form, including:

1. Convictions of any crime.
2. Substantiated findings of abuse, neglect or misappropriation.
3. Current investigations related to abuse, neglect or misappropriation.
4. Program licensure limitations, revocations or denials.
5. Discharge from any branch of the US Armed Forces, including any reserve component.
6. Residency outside the state of Wisconsin
7. Rehabilitation Review requests.

Fair Employment Act:
NWCGC operates in compliance with Wisconsin’s Fair Employment Law, Chapters 111.31 – 111.395, Wisconsin Statutes which “prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person’s arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity”.

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Benefits

POLICY:
NWCGC offers certain benefits to full-time employees. Benefits may include but are not limited to paid time off, health insurance, dental insurance or reimbursement, life insurance, a retirement plan (401k), worker’s compensation, a cafeteria plan for medical and dependent care expenses, and access to additional benefits available for individual purchase. A limited set of benefits are also available to part-time employees.

PROCEDURE:
1. A detailed explanation of both full-time and part-time benefits including current annual premiums are located in the NWCGC Employee Benefits Summary documents which can be obtained electronically on Public Folders, or in hard copy through an employee’s supervisor, or from the Human Resources Representative.
2. Upon hire, an employee will receive an “agreement to hire” information sheet which outlines his/her position, function, hours, and benefits.
3. Eligible employees are responsible for completing and returning forms when electing to participate in or decline these benefits.
4. All personnel forms and benefits information sheets are available on NWCGC electronic Public Folders, through an employee’s supervisor, or by contacting either the Payroll Specialist or HR Manager.

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Bereavement Leave

POLICY:
Full-time employees shall be allowed paid bereavement leave as defined below in the event of the death of certain family members.

POLICY:
1. Any employee in need of bereavement leave must notify their immediate supervisor as soon as is practicable following the loss of a family member.
2. Employees and/or Supervisors must communicate with the Payroll Specialist about the use of bereavement leave for any employee through use of a time off request that notes paid time off as bereavement leave. The supervisor and/or employee must also include on the time off form the family relationship for which bereavement leave is being used.
3. An employee who is absent from work because of the death of the employee's spouse/partner, child, parent, brother, sister, grandparents, aunt, uncle, niece or nephew, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law or daughter-in-law, or any relative living in the same household with the employee may be excused without loss of pay for a maximum of two (2) regularly scheduled workdays.

NOTE: Employees may choose to use accrued vacation and/or personal time for paid absences beyond the two days offered under this policy.

NOTE: The days used under the Bereavement Leave Policy do not need to be directly adjacent to the death of the family member in situations where a delayed memorial service is planned. No additional days of bereavement leave will be granted if employees choose this option.

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Boundaries

POLICY:
NWCGC requires that employees establish and maintain clear boundaries when dealing with clientele to assist clients in developing healthy relationships and maintain a stable, healthy work environment. Staff found to be in violation of this policy and/or who exhibit poor boundaries with clients may be subject to disciplinary action up to and including immediate dismissal from employment. To aid employees in maintaining a working understanding of appropriate boundaries, boundaries and ethics training must be completed annually.

PROCEDURE:
A dictionary definition of boundary states: something indicating a border or a limit. Because a boundary, when relative to clients, is invisible and related to one’s own values and norms, it is important to outline some clear examples of what are not acceptable boundaries when dealing with clients. Examples of unacceptable boundaries may include:
1. Purchasing or selling items between client and employee.
2. Buying gifts for a particular client.
3. Not keeping a clear distinction of a friendship versus a professional relationship.
4. Behaving with intentions other than therapeutic for the client.
5. Inappropriate language or inappropriate jokes.
6. Self-disclosure, by an employee, that is not of therapeutic benefit to the client.
7. Seeking out an individual and/or meeting with a client beyond the realm of treatment services.
8. Derogatory or demeaning comments/jokes.
10. Loss of personal objectivity. One should focus on the treatment plan and client’s needs.
11. Touching clients without their permission or using an unacceptable display of affection.
12. Transporting clients during non-work hours to jobs or community service outings.
13. Giving clients access to personal contact information (including but not limited to home or cell phone numbers) unless specifically indicated in the treatment process.

This list is not all-inclusive. They are examples of inappropriate behavior. If there are questions regarding appropriate boundaries, please consult your supervisor. It is also suggested that one refer to the NASW Professional Code of Ethics.
Boundaries (continued)

Acceptable displays of affection between staff and clients, if okay with client:
- Patting client on the head, back or shoulders
- Shoulder to shoulder hugs
- Light hand slapping or “high fives”
- Verbal praise or recognition
- Arm around shoulder

Staff should practice the following in order to protect themselves:
- Rule of Threes (three people present as safeguard)
- Use informal monitoring
- Don’t show favoritism
- No secrets with clients
- Avoid physical contact that may be misinterpreted
- Avoid provocative or revealing attire

Preventing Peer to Peer Abuse:
- Staff behavior can set the tone
- Clients should not determine what is and is not appropriate behavior
- Remember that clients are not likely to report peer to peer abuse
- There is no standard definition of “normal curiosity”
- Staff should not permit clients to play “Truth or Dare”
- Be aware that consensual activities can change to abuse
- Age differences can make consensual activities criminal for one of the participants

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Building Maintenance Issues

POLICY:
All building maintenance emergencies should be handled according to the most appropriate policy and the immediacy of the need.

PROCEDURE:
The following procedures should be followed in an emergent building maintenance situation:
1. If the property is owned and/or operated by Northwest, then report the problem immediately to Ken Haaf. If Ken is not available, then contact one of the following individuals, in this order of preference: Justin Coveau, Steve Ammend.
2. If the property is owned and/or operated by a party other than Northwest, then contact that party immediately. Following your report of this problem to your landlord, inform Justin Coveau of situation.
3. Emergent building maintenance issues may include, but are not limited to: utilities, heating, cooling, or plumbing systems, etc.
4. If the building concern is not emergent, please report to Ken, or the appropriate landlord. Ken or the landlord will schedule maintenance services as is necessary and appropriate. Non-emergent situations may include, but are not limited to: carpet cleaning, painting, lawn service, etc.
5. Maintenance Records will be kept at each site. This file may include: any pertinent maintenance records, fire inspections, receipts from purchasing of large item materials, any follow up in regards to the completion of inspections, etc.

Ken Haaf cell: 715-566-4473
Justin Coveau office: 715-327-4402, cell: 715-214-3257
Steve Ammend office: 715-866-8301, cell: 715-371-0279

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Cellular Telephones

POLICY:
Northwest Counseling and Guidance Clinic recognizes that certain employees will require cellular telephones (cell phone) to complete their work tasks. When it is determined that an employee needs a cell phone to complete his/her work tasks, the agency will provide a phone based on his/her role. For some employees, as determined by agency administrators, an option of using his/her personal cell phone as his/her work phone will be provided. In such cases, the agency will offer a stipend to the employee to assist with related costs. This stipend is based upon types of phones allowed by position as determined by administration (see chart below) and is not intended to completely cover an employee’s costs of cell phone ownership or use. If said employee chooses the option of using his/her personal cell phone as his/her work phone the procedures outlined below must be followed.

Division: Day Treatment
Who has authorization for phones: Director/Deputy Director, Program Coordinator
Type of phone allowed: Smart phone

Division: Emergency Services
Who has authorization for phones: Administrators, Clinical Backup Persons
Type of phone allowed: Smart phone, Basic phone

Division: DLS & Mentoring
Who has authorization for phones: Administrator
Type of phone allowed: Basic phone

Division: Transportation
Who has authorization for phones: Transportation Director
Type of phone allowed: Smart phone

Division: Outpatient
Administrator, Clinic Leads
Basic phone

Mobile Workers and Barron CSP Workers’ cell phone options are determined by county contract. These employees should check with their supervisor regarding this issue.

PROCEDURE:
1. If an NWCGC employee chooses to receive a stipend rather than the agency phone, then that employee agrees to use that basic and/or smart phone for work-related purposes.
Cellular Telephones (continued)

2. A stipend determined by the agency will be provided via paycheck. This will be specified in the employee’s agreement to hire under “special circumstances.” The stipend will be a flat amount and will not be a full reimbursement of the employee’s cell phone costs.

3. If the employee chooses to get a smart phone and needs/wants to have it receive work email, the employee must receive approval from their supervisor and choose a phone compatible with our network.

4. For all phones used for business purposes:
   - Employees must make every reasonable effort to adhere to all rules of confidentiality and ethical protection of client and agency information during all cell phone operations and service including data transfers, uploads, downloads, upgrades, etc.
   - The phone’s lock function must be engaged at all times and must be set to the minimum security lock timer setting.
   - The outgoing voicemail on the phone must be professional and identify the user as an employee of Northwest.
   - If the employee is a person who receives calls from clients, the outgoing voicemail message must indicate the hours during which messages are retrieved and responded to.
   - The phone may only be used by the employee.

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Client Grievance

POLICY:
Northwest Counseling and Guidance Clinic shall address any and all grievances in an appropriate, respectful, and systematic manner. Any individual filing a grievance shall not be threatened or penalized in any way for filing such grievance.

PROCEDURE:
1. NWCGC must inform a client, upon admission, of his/her rights and how to use the grievance procedure. The client and his/her parent/guardian will be given a copy of the Client Bill of Rights as well as a sign-off for receiving the Rights and Grievance Procedure.
2. If a client feels that his/her rights have been violated, a grievance may be filed. Any person who is aware of a possible violation of a client’s rights may file a grievance on behalf of the client.
3. If a grievance is brought on behalf of a client, the Client Rights Specialist (CRS) or program administrator will meet with the client and parent/guardian to determine if the client wishes to proceed with the grievance. If the client does not wish to have the grievance investigated and no compelling circumstances appear to exist, the CRS will note on the written copy of the grievance why there will be no investigation and copies of the notation will be distributed to the client and the person filing the grievance on behalf of the client.
4. Forms for filing a grievance will be readily available at each NWCGC location.
5. One cannot be threatened, discriminated against, or penalized in any way for filing a grievance or assisting someone with filing a grievance.
6. A client may, at anytime prior to or following the grievance process, or at any time during it, choose to take the matter to court.
7. A client may choose the informal or formal procedure for dealing with the grievance. At any time during the resolution process the process may be switched from a formal process to an informal process or from an informal process to a formal process.
8. The client may communicate orally, in writing, or any alternative method in which they normally communicate with any staff person, on-site administrator, or CRS.
9. If the grievance is filed orally or through alternative form of communication, the CRS or on-site administrator shall assist in putting it into writing. A copy of the written grievance shall then be given to the client and grievant.
10. The informal procedure involves the CRS informally discussing the situation with people or staff involved in order to try to resolve the problem. The informal process is optional and not a prerequisite before pursuing a formal grievance. The informal procedure includes:
   a. The CRS or on-site administrator and client will discuss the options available for resolution, which may include talking separately with the individual with whom one has a grievance regarding options for resolution.
   b. If a resolution is made with the CRS’s involvement, a report will be filed by the CRS and a copy will go to each client, the treatment provider, and the program administrator. If the CRS is not involved, the program administrator will file a brief report with the CRS.
11. If an informal resolution cannot be made, or if a client wishes to use the formal process, a formal investigation into the incident will begin. The objective of the formal procedure is to adequately address client concerns in a professional and expedient manner. The formal procedure includes:
Client Grievance (continued)

a. A program staff will notify the CRS of the grievance.

b. The CRS will meet with the client making the grievance and any staff member named in the grievance.

c. The CRS will put the grievance in writing, distributing a copy to the client and the treatment provider with whom there is a grievance.

d. If the facts are in dispute, the CRS will begin a formal investigation into the grievance. The program administrator shall grant the CRS full and unimpeded access to all information needed to investigate the grievance. The investigation shall include questioning staff and reviewing records and charts or any other means necessary to complete fact finding.

e. If the investigation requires access to confidential information, the CRS may need to obtain informed written consent from the client to access confidential treatment info. per DHS Stats. 94.41(2)(d) and s.51.30 (4)(b) 6. If accessed, the CRS will maintain the confidentiality of the information.

f. If the CRS determines that a client or group of clients is at risk of harm, and the program has not yet acted to eliminate the risk, s/he shall immediately inform the program administrator and the DQA Clients Rights Unit within DHS of the situation.

g. The CRS will complete the inquiry within thirty (30) days of the complaint. The CRS will determine the disposition of the grievance.

h. The CRS will discuss the findings of the inquiry with the client filing grievance and the treatment provider, which a grievance has been filed against, to determine if the proposed resolution is acceptable to both parties.

i. The CRS shall prepare a written report describing the relevant facts, applying relevant laws and rules to the facts determining the disposition of the grievance, and copies will be given to the administrator, the client, and the grievant if other than the client, the parent or guardian of a client if that person’s consent is required for treatment, and all relevant staff.

j. If the grievance is founded, the report shall contain recommendations by the CRS for resolving the issue(s). If the grievance is determined to be unfounded, but the CRS has identified issues, which appear to affect the quality of the program services or to result in significant interpersonal conflicts, the report by the CRS, may include informal suggestions for improvements.

k. If there is disagreement over the report, the program administrator shall prepare a written decision describing matters remaining in dispute, and stating the findings, determinations, or recommendations. The program administrator’s decision may affirm, modify, or reverse the CRS’s findings and recommendations, but must state the basis for any reversal or modifications that are made. The program administrator’s decision shall be given to the client/grievant, guardian or parent, and provided to staff that received a copy of the CRS’s report.

l. The program administrator’s report will include a notice which explains how, where, and by whom a request for administrative review of the decision may be filed with the county or state, and the time limits for the request for such a review.
Client Grievance (continued)

m. Please note the following time limits:
   • A grievance must be filed either orally or in writing within 45 days of the event
     giving rise to the grievance, or of the time when the event or circumstance was
     actually discovered or should reasonably have been discovered, or of the client’s
     gaining or regaining the ability to report the matter, whichever comes last.
   • The staff taking the complaint must notify the program administrator and CRS as
     soon as possible, but not later than the end of the staff person’s shift. In turn, the
     program administrator or CRS will also address the problem with the individual that
     has been filed against.
   • If the grievance is not able to be resolved through informal discussion, the CRS will
     begin the formal process of resolving the grievance within one (1) business day of the
     complaint in emergent situations or three (3) business days of the complaint for non-
     emergent situations.
   • In both the formal and informal process, a report must be submitted to the program
     administrator within five (5) business days in emergent situations and thirty (30) days
     in non-emergent situations (unless the time limit is suspended while an informal
     resolution is attempted).
   • The program administrator’s decision shall be issued within five (5) days of receipt of
     CRS report in emergent situations and ten (10) days of receipt of CRS report in non-
     emergent situations.
   • If a client is unsatisfied with the findings and decision, s/he may request an
     administrative review first by the county and then by the state within 14 days of
     receiving the decision. To begin this process a client needs to state the objection and
     may include a proposed solution, which should be submitted in writing to the CRS so
     that it can be forwarded to the appropriate party.

12. Emergency Services clients may utilize the same steps above by contacting the CRS of their
    county of residence.

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Client Record Review

POLICY:
Northwest Counseling and Guidance Clinic shall provide each client and his/her legal guardian with access to his/her records according to statute. Note that Northwest Connections is not the holder of records and any clients requesting access to his/her records will be referred to the county records department.

PROCEDURE:
1. The client shall request to view or receive a copy of records in writing.
2. If the client has received service in more than one Northwest System location, the request must include the specific program records being requested.
3. If the client is no longer receiving services at NWCGC, then the entire record may be viewed by the client/client’s legal guardian and/or sent to the client/client’s legal guardian.
4. If the client is receiving services through NWCGC at the time of request, then the clinician will review the record and determine if any items in the record may be harmful to the ongoing treatment of the individual. If this is the case, the clinician has the right to remove those materials during viewing or withhold those records from being sent. The clinician must document what is being withheld and why it is being withheld in the chart.
5. NWCGC has 10 working days to respond to such requests.
6. NWCGC reserves the right to charge for copies of records.

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Client Rights

POLICY:
Northwest Counseling and Guidance Clinic shall provide each client and his/her legal guardian with the Bill of Rights related to treatment for mental health, alcoholism, drug abuse, or developmental disability. The Bill of Rights is in accordance to Wisconsin Statute sec. 51.61 (1) and DHS 94 of Wisconsin Administrative Code. The Bill of Rights will be distributed at time of intake.

All agency employees working with clients must be familiar with the protections and guarantees of confidentiality, respect, and safety afforded to each client. In addition, each employee providing client care will receive training on DHS 94 and NWCGC’s HIPAA manual as part of the orientation process.

PROCEDURE:
1. At time of intake, each client and his/her legal guardian is given a copy of the Bill of Rights as they are defined by statute and Wisconsin Administrative Code.
2. Each treatment facility will post a copy of the Client Bill of Rights. It shall be posted in a location that is visible to clientele.
3. It is important to recognize that some of the rights may be limited or denied for safety purposes. Those limitations are noted on the poster and copy that is distributed to client and guardian.
4. Each employee will review a copy of DHS 92, DHS 94, HIPAA, and HITECH guidelines. The employee is expected to read, understand, and sign a form indicating understanding during the orientation procedure.
5. Each employee will receive training regarding DHS 94, HIPAA, and HITECH guidelines.
6. Any employee not adhering to the policy of this organization is subject to discipline, which may include immediate termination.
7. A client rights specialist shall be designated for each NWCGC site. The name, address, and phone number of the client rights specialist shall be made available to each client and his/her legal guardian. Note: Per DHS 94.40(5)(a) – a client rights specialist has the right to be free from retaliation for conducting their investigation regardless of outcome.
8. Emergency Services clients may contact the Client Rights Specialist for their county of residence.

Primary Client Rights Specialists are:
Curtis Emerson
PO Box 388
760 Johnson St
Siren, WI 54872
715-349-2829

Paul Hajny
300 Sixth Street
De Pere, WI 54115
920-437-4024

Information on toll free phone numbers for each CRS is available on all CRS print materials.

Alternate Client Rights Specialists:
Anne Wollan
Kristi King Nelson

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Clients With Special Needs

POLICY:  
In conformance with Title IX of The Civil Rights Act and Section 504 of the Rehabilitation Act, NWCGC will assess for the possibility of clients receiving the following specialized services: sign language interpreters for the hearing impaired, translators for non-English speaking persons, assistance and adaptive aids for the visually impaired, and physically handicapped individuals receiving wheelchair accessibility and ramp or elevator accessibility.

PROCEDURE:  
1. If a client needs any of the above-stated aides in order to benefit from services, please contact the county division of social services disability coordinator for arrangements.
2. NWCGC will make all forms, consent forms, releases, and programming, as well as the notification of rights, both oral and written, available in a language understood by the client, including sign language, foreign language, and simplified language when necessary. (DHS 94.04 (5)

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Conceal and Carry

POLICY:
Employees of Northwest are prohibited, under the discretion afforded by Wis. Stat. § 175.60 (15m) (a) with respect to Wis. Stat. § 175.60 (15m) (b), from carrying a concealed weapon or a particular type of concealed weapon in the course of the employee’s employment or during any part of the employee’s employment.

All visitors to any Northwest-operated location of service are prohibited by law and notified under posted notices at each location from carrying a concealed firearm onto the property. Under the law: “It is unlawful for any person to enter or remain in any part of a nonresidential building, grounds of a nonresidential building, or land that the person does not own or occupy after the owner of the building, grounds, or land, if that part of the building, grounds, or land has not been leased to another person, or the occupant of that part of the building, grounds, or land has notified the person not to enter or remain in that part of the building, grounds, or land while carrying a firearm.” Wis. Stat. § 943.13(1m)(c) 2 and § 943.13(1e)(cm).

NOTE: In addition, property owners/operators generally possess the right to exclude others from their property. While the specific provisions above only reference prohibiting the possession of firearms, property owners may also prohibit or restrict the possession of other weapons on their property. Northwest prohibits the carrying of other weapons.

NOTE: The Carrying Concealed Weapon statute still exempts law enforcement officers (peace officers) from any prohibition on carrying concealed weapons. Wis. Stat. §941.23 (2) (a).

PROCEDURE:
1. Each Northwest-operated service location will post the requisite notice that concealed and carried firearms are banned from the premises.
2. Any Northwest employee found in violation of this policy will be subject to disciplinary action, which may include immediate termination and potential legal ramifications.
3. If any visitor to the premises is found in violation of this policy, the visitor will be asked to leave the premises immediately and, at the discretion of the administrator or person in charge of the location at the time of the violation, law enforcement may be called to assist with the situation.

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Conflict of Interest and/or Dual Relationships

POLICY:
Because the National Association of Social Worker (NASW) Code of Conduct is widely accepted as a professional standard, NWCGC utilizes its Code of Conduct to define and address issues of conflict of interest and dual relationships. A conflict of interest is defined as a situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person’s self-interest and professional interest or public interest. A dual relationship in psychotherapy refers to any situation where multiple roles exist between a provider and a client. Examples of dual relationships are when the client is also a student, friend, family member, employee or business associate of the provider. Whenever possible, dual relationships should be avoided, but when they occur, they should be discussed openly and managed with the supervisor.

A “potential conflict of interest or dual relationship” plan may be developed with the supervisor in order to prevent conflicts of interest or other situations that could compromise one’s ability to competently and ethically serve our consumers.

PROCEDURE:
1. If an employee is aware of a dual relationship and/or potential conflict of interest, they should bring this to the attention of their supervisor.
2. The supervisor and employee shall discuss the situation and evaluate the need for a “potential conflict of interest or dual relationship” plan.
3. The plan should be developed within the context of the NASW code of conduct and ethical standards.
4. If a plan is developed, the employee and supervisor should sign the plan and make it a part of the employee’s personnel file.
5. The plan should be re-visited as necessary.

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Consent for Admission

POLICY:
Northwest Counseling and Guidance Clinic will only admit a person for treatment with the proper consent, pursuant to an order of a court with jurisdiction over the person under ch. 48 or 55 statutes, or if authorized by the county department under s. 51.42 or 51.437, to which the person has been committed pursuant to s. 51.20 (13).

PROCEDURE:
1. At point of intake, the provider will receive appropriate written authorization for treatment as indicated by statute.
2. A potential client will not be admitted to the program without appropriate authorization.
3. When providing treatment to a child below the age of 14 for mental health or 12 for AODA, the provider must obtain guardian/parental consent for treatment. During a crisis situation this consent may be obtained via phone. All attempts will be made to engage a parent/guardian during a crisis assessment.
4. When providing treatment to a child who is 14 years of age or greater for mental health or 12 years of age or greater for AODA, the provider must obtain both child and guardian/parental consent for treatment. If either the client or the parent/guardian do not give consent to treatment, a review must be conducted by a Mental Health Review Officer in accordance with Chapter 51.14. A hearing will be held and the court will issue a written order regarding their decision regarding consent for treatment.
5. Several statutes are applicable to the treatment of children and adolescents within the mental health system. Focusing on the inpatient services, a minor is considered to be any person below the age of 18 years. The Children’s Code (Chapter 48) makes provision for the treatment of minors under 48.135 (1) and (2) and 48.20 (5) and (6). Essentially, these statutes indicate that the treatment of minors for mental health, developmental disabilities, alcohol or drug abuse problems should proceed under the appropriate Chapter 51 statutes.
6. Any individual, regardless of age who is judged to be incompetent under sec 51.20 (1) (a) 2.e will require consent from a court order or guardian prior to admission.

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Consumer Satisfaction

POLICY:
Upon discharge, Northwest Counseling and Guidance Clinic shall provide each client and/or purchaser with a consumer satisfaction survey to provide clients and purchasers with an opportunity to provide feedback in order to improve services.

PROCEDURE:
1. Following discharge, the client and/or purchaser will receive a consumer satisfaction survey.
2. The information obtained in the survey will be used to examine the quality of services within the NWCGC system.
3. The Day Treatment & Clinical Services Director/Deputy Director or designated administrator receives the original returned consumer satisfaction survey. He or she then discusses the survey with the program administrator.
4. The program administrator is responsible for direct follow up with the party completing the survey.
5. NWCGC makes program changes as necessary and appropriate in conjunction with consumer satisfaction reports.
6. NW Connections Emergency Services does not directly conduct consumer satisfaction surveys. Each certified county has a policy related to obtaining consumer feedback regarding services unless otherwise specified in contract.

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Corporate Compliance / Integrity

**POLICY:**
NWCGC requires proper, ethical, and legal billing for services. All NWCGC employees engaged with documentation or execution of billing practices are required to know the applicable laws and regulations related to their position, obey the law, and report any concerns of fraud or abuse to management and/or the Compliance Officer. In addition to review of this policy, employees are provided documentation training according to the needs of their position.

**The Compliance Team**
- **Board of Directors**
  Responsibilities: Supplies oversight through support, guidance, and approval of the Compliance Policy.
- **Compliance Committee (consisting of the Day Treatment & Clinical Services Director, Day Treatment & Clinical Services Deputy Director, and a quorum of NWCGC Division Leads)**
  Responsibilities: Reviews internal investigation reports provided by Compliance Officer, facilitates changes in internal processes as needed, reviews compliance plans as needed, and provides recommendations for changes to the plan for approval by the Board.
- **Compliance Officer**
  Responsibilities: Receives reports from staff, supervisors, etc., regarding any compliance concerns or potential incidents. Documents and gathers relative incident information. Facilitates internal investigation to assure employee protection. Maintains internal investigation records/results.
- **Business Office Supervisor**
  Responsibilities: Lends administrative oversight and support for billing practices. Reviews coding/documentation. Provides guidance/education as needed.
- **External Legal Counsel**
  Responsibilities: Upon specific request from the Board of Directors, brings specialty knowledge and advice regarding fraud/abuse issues.

**Applicable Laws:**
If an employee does not feel as though he/she fully understands a law that applies to his/her job, he/she should talk to his/her supervisor to seek out options for additional guidance or training.

**Fee Schedule:**
The Business Office Supervisor, Chief Financial Officer, the Day Treatment & Clinical Services Director, and Deputy Director will periodically review fee schedules and determine fee increases. Unauthorized employees are prohibited from altering set fees or from billing amounts and codes that are not in the current fee schedule.

**Contracts:**
All contracts and/or payer agreements are reviewed by the Business Office Supervisor and signed/approved by the Chief Financial Officer, Day Treatment & Clinical Services Director, and/or Day Treatment & Clinical Services Deputy Director.
Corporate Compliance / Integrity (continued)

Client Medical Records:
NWCGC will maintain patients’ medical records according to all federal and state laws. Documentation guidelines are provided to each staff at orientation and remain available to all staff through electronic public folders (NW Connections does not require record retention).

Confidentiality:
Medical and billing information of all clients is strictly confidential. It is unacceptable to access client information or look in a client's chart unless it is required of your current job duties. Medical and billing information is released only in accordance to our internal policies and procedures, and is done in accordance with all state and federal guidelines relevant to the release of such information. Certain accounting and financial data is also confidential. Any questions regarding the release of such information should be directed to the client's clinician or in the case of day treatment clients, the Program Coordinator or Day Treatment & Clinical Services Director/Deputy Director. See also NWCGC Policies and Procedures regarding client confidentiality standards and policies.

Record Retention:
Employees are prohibited from destroying any client information or financial information without the permission of their department supervisor/director. All records included in an audit, lawsuit or investigation must be retained. Destroying the records before the case is closed is unethical and illegal.

Billing Rules:
Because of the number and complexity of billing rules, they present one of the biggest risk-management challenges. On the most basic level, we need to be certain that all of the bills we submit are accurate. That means every piece of information of the billing, ranging from the date of service, to the clinician providing the service to the location at which the service was provided must all be correct. If anything on the bill is incorrect, the bill may be deemed false, which can result in extensive civil or criminal penalties. Egregious or intentional misrepresentations can result in serious fines and/or criminal penalties.

Fraud and abuse may take such forms as, but are not limited to, the following actions.
- Submitting claims for excessive charges.
- Submitting claims for unnecessary services.
- Submitting claims for services or supplies that were not performed/provided.
- Misrepresenting the ICD-9 diagnosis to justify payment.
- Submission of duplicate claims, (for example: billing Medicare and the patient for same service).
- "Up-coding" or altering claims to receive higher reimbursement.
- Billing for "non-covered" services as "covered" services.
- Soliciting. Offering or receiving a "kickback", bribe or rebate, (paying for referral of patients in exchange for ordering diagnostic and/or psych testing and other services or medical equipment). (Medicare/Medicaid anti-kickback statute, 42 U.S. C 132a-7b(b).)
Corporate Compliance / Integrity (continued)

- Billing Medicare patients for more than what Medicare deems the patient's responsibility.
- Waiving copayments and deductibles - When providers forgive financial obligations for reasons other than genuine financial hardship of the patient, they may be unlawfully inducing that patient to purchase items/services from them. There must be a good faith attempt to determine the patient's actual financial situation (hardship form). Routine use of hardship forms is potentially unlawful.
- Completing or assisting a patient in falsely completing an application for Medical Assistance.
- Billing a person who has Medicare or Medicaid coverage for services provided to another person who is not eligible for Medicare or Medicaid coverage, or using another person's Medicare or Medicaid identification card to obtain reimbursement.
- Inappropriate unbundling of patient charges to receive higher reimbursement.
- Split billing schemes-billing procedures over a period of days when all treatment occurred during one visit.
- Altering of claims history records to generate higher reimbursement.
- Billing Medicare or Medicaid based on a higher fee schedule than for non-Medicare/Medicaid patients.
- Medical record documentation does not support claim form data.
- Failure to refund overpayments in a timely manner.
- Incorrect disclosures of provider ownership.

Anti-kickback and Stark:
Both federal and state laws prohibit anyone from making a payment to a person if one reason for the payment is to encourage referrals to a physician/clinician. NWCGC may distribute marketing items such as pens, coffee cups, shirts to potential referral sources, but the value of the marketing items will not exceed fifty dollars. The law also states that it is illegal to receive a kickback. Similarly, when contracting with other specialists or suppliers, we must make certain that we do not receive anything from the specialist or supplier in exchange for referrals.

Antitrust:
Antitrust laws are designed to ensure that there is competition in the marketplace. In general, the laws are designed to prevent health care providers from making an agreement with another health care provider if that agreement will reduce competition. For example, it is illegal for health care providers to make an agreement with any other medical provider on the prices each will charge for services. Similarly, it is illegal for two or more providers to agree to divide up the marketplace.

The antitrust laws are particularly challenging because many activities that sound like legitimate business activities actually violate the antitrust laws. For example, it is generally not permissible for groups of providers to discuss whether or not they will accept a certain price from an insurer or whether they will participate with a particular health plan.
Corporate Compliance / Integrity (continued)

If a fraud investigator from the government contacts an employee
There is always the possibility that during employment, government agents or fraud investigators may contact an employee directly, either at work or at home. These contacts are routine and should not be viewed as cause for alarm. Nevertheless, since it can be quite unnerving to be contacted by an investigator, employees should be aware of this possibility.

In the event that a government investigator, who requests a telephone or personal interview, or is seeking information or documents, contacts you, you should be aware of the following:

- The investigator is not forbidden from contacting you and requesting to speak with you.
- You have the right to choose whether or not to speak with the government investigator.
  You have every right either to agree to speak or to refuse to speak with the investigator.
  You will want to confirm the person’s position and credentials prior to proceeding.
- Regardless of your decision, if a government investigator contacts you, please notify your supervisor or the Compliance Officer.
- The government investigator does not have the right to insist upon an interview, and it is improper for him or her to pressure you in an attempt to obtain an interview. Any such pressure should be ignored. Whether or not to submit to an interview is an entirely voluntary decision on your part. If you feel that you are being improperly pressured, please notify your manager or the Compliance Officer.
- If you decide to refuse an interview, you should politely, but firmly decline the investigator's request.
- Since you are not required to submit to an interview, if you decide that you are willing to submit to one, you have the right to request the presence of legal counsel or any other precondition you desire.
- If an employee asks what our organization wants them to do or they wonder if it is in their best interest and/or in the best interest of our organization, the answer is that the decision is truly the employee’s.
- Under all circumstances, remember that you must tell the truth to the government investigator. Failure to do so may, in and of itself, be a violation of the law.
- Do not destroy any documents or attempt to hide evidence.
- Destroying evidence is a crime. While you may believe that you are helping our organization, or protecting yourself, it will cause considerable damage to your reputation and the agency’s and may result in serious legal consequences.

Internal Documentation Reviews:
The Billing Office Supervisor or designee, periodically reviews charts for outpatient services and provides results to the appropriate manager as well as the Chief Financial Officer. The Billing Office Supervisor or designee will provide documentation discrepancies detected during the review to the clinician(s). Ongoing review and training will be provided on an as-needed basis to physicians/clinicians with coding discrepancies.
Corporate Compliance / Integrity (continued)

The Billing Office Supervisor or designee conducts day treatment file audits and provides documentation discrepancies detected during the review to the program administrator(s) and Day Treatment & Clinical Services Director/Deputy Director. Orientation training will be provided for each employee providing or documenting day treatment services. Ongoing training will be provided on an as-needed basis to providers. The Billing Training Guide will be the training tool.

Outside auditors will conduct transaction testing in conjunction with the agency’s fiscal audit.

Account Reviews
The Business Office Supervisor conducts retrospective periodic account reviews. The scope of the account review includes review of remittances to ensure that the code(s) submitted match the code(s) on the remittance. The account review will ensure that appropriate follow-up action is taken in order to secure reimbursement. The accounts will also be reviewed to ensure that appropriate discounts, write-offs and adjustments are applied. The Business Office Supervisor approves all discounts, write-offs and adjustments.

Application of Codes:
Application of codes will be based on the Health Care Financing Administration (HCFA) and American Medical Association (AMA) standards and regulations. The documentation must support the service billed/performed. Any employee who intentionally engages in up coding will face disciplinary action and that action may result in termination of employment. The physicians/clinicians are responsible for assigning the appropriate visit code based on the level of service performed. The Business Office will communicate with, and seek the approval from the physicians/clinicians regarding any recommended coding changes. The Business Office is responsible for communicating and keeping abreast with any changes in the correct coding initiative. In an effort to ensure compliance the following resources are available:

- HCPC - Health Care Financing Administration Common Procedure coding System (updated annually): injections, medication, supplies
- ICD-9 - International Classification of Disease (updated annually): diagnosis
- CPT - Current Procedural Coding: medical procedures, E/M levels
- CCI - Correct Coding Initiatives: determines codes that are “bundled”/incidental to the service performed
- Medicare (WPS - Communiqué) Provider News (bulletin)
- WPS (Medicare) Provider Line (phone)
- Mental Health Reimbursement Advisory (bulletin)
- Mental Health Reimbursement Advisory-coding hotline (phone)
Corporate Compliance / Integrity (continued)

PROCEDURE:
1. Any employee or representative acting on behalf of the corporation who becomes suspicious or aware of any unethical or unlawful violation of this policy shall report the potential violation to their direct supervisor and/or the Corporate Compliance Officer. This can be done using the form entitled: “Anonymous Report of Suspected or Potential Violation Of Compliance Policy.” All reports will remain anonymous and can be sent to:

   Northwest Counseling and Guidance Clinic
   Attn: Human Resources
   Corporate Compliance Officer
   203 United Way Drive
   Frederic, WI. 54837

2. NWCGC does not practice and will not support any form of retaliation against any employee who makes known a complaint or potential compliance issue. Employees should feel confident that there will be no retaliation and the complaint/potential violation will be investigated.

3. The Corporate Compliance Officer will investigate the initial complaint. Members of the compliance committee, on an as-needed basis, will review the details of the complaint and further investigation may occur if needed. The Corporate Compliance Officer will consult with legal counsel on an as-needed basis.

4. If the investigation determines that disciplinary action is necessary, the action should take place within 60 days from the date the complaint/report was filed. Compliance Committee in collaboration with the Board of Directors will determine the disciplinary action. The disciplinary action will be determined on a case-by-case basis and may include dismissal. Continued employment of all personnel is dependent upon lawful and ethical standards of conduct.
Court Hearing Appearance

POLICY:
There may be times when an employee of NWCGC is asked to participate in a court hearing. Because of client’s rights and confidentiality regulations, NWCGC requires that their employees be subpoenaed prior to providing testimony when NWCGC is not a party named in the case.

POLICY:
1- If a NWCGC employee is asked to participate in a court hearing they should immediately ask for a subpoena. You may receive a telephone call or email with this inquiry.
2- The NWCGC employee shall provide a copy of the subpoena to their immediate supervisor for submission to their personnel file. Any client identifying data will be blacked out.
3- For part-time and hourly full-time NWCGC employees any time spent at court should be documented on your timesheet and mileage related to travel is also reimbursable. For salaried full-time NWCGC employees, court time is part of their salaried pay, and an expense sheet should be submitted for mileage related to travel.
4- At anytime NWCGC employees are welcome and encouraged to consult with any NWCGC administrator related to the case.

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Court-Ordered Clients

POLICY:
Northwest Counseling and Guidance Clinic will communicate with the appropriate agencies regarding the care and treatment of clients that are court-ordered to attend treatment.

PROCEDURE:
1. All court ordered clients will be asked to complete a release of information with the agency supervising the court order.
2. With the appropriate release in place, NWCGC will contact the appropriate agencies with relevant information.

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Crisis Assessment
(Policy does not apply to Emergency Services – see Emergency Services section.)

POLICY:
Northwest Counseling and Guidance Clinic shall use sound judgment and procedures in identifying suicide and violence risks. Staff should do what is necessary to provide safety to an individual in crisis.

PROCEDURE:
1. Each clinician receives training in crisis assessment.
2. At the time of the initial assessment, the clinician should document any past suicide or violence risks.
3. In addition to the suicide and violence risk assessment completed at the initial assessment, ongoing crisis assessment will be completed based on client symptoms.
4. Clinician uses the Crisis Assessment tool to assess risk and develop a response plan.
5. Follow Medical Incident Policy if there has been an attempted suicide on site.
6. If client is assessed to be at immediate risk for harm to self or others, please contact law enforcement.

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Death Reporting

POLICY:
In accordance with Chapter 51 requirements, if a client receiving services from NWCGC dies, and there is cause to believe that the death was related to the use of a physical restraint/seclusion, psychotropic medications or suicide, then it is the NWCGC staff person’s duty to complete a Client/Patient Death Determination form and follow the procedures outlined below. When in doubt as to whether the client death was related to the use of a physical restraint/seclusion, psychotropic medications or suicide, report. County contracted programs and Emergency Services staff will assist a county in completing a death report when necessary, but will not do so independently.

PROCEDURE:
1. The staff member involved with the client will need to contact the program administrator and report such an occurrence within 24 hours of finding out about the death.
2. If the death occurs on site at any of the NWCGC locations due to such actions as a result of safety hold, suicide, psychotropic medications, or any other tragic event, the appropriate law enforcement agencies need to be contacted immediately.
3. Dial 9-1-1 for reporting emergencies, or the area police department for non-emergencies and the appropriate personnel will be dispatched to the site.
4. When a staff member receives notification of the death of a client, a faxed report of the incident needs to be made to the Behavioral Health Unit, Supervisor, within 24 hours.
5. The Central Program Certificate Office is located at PO Box 2969, Madison, WI 53701; fax number (608) 261-0655. The client/patient death determination form will need to be completed and faxed to this address and fax number. The form needs to be faxed to the Division of Quality Assurance, as indicated above, for processing and information.
6. The family members of the client will be contacted and informed of the incident.

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Destroying Paperwork for N0-Shows

POLICY:
To maintain confidentiality and adequate files only for clients receiving services, Northwest Counseling and Guidance Clinic shall destroy, after 6 months, intake paperwork that had been completed on a client that did not receive a service.

PROCEDURE:
1. Each month, the support staff will destroy paperwork that is greater than 6 months old that was completed for clients that did not receive services.
2. If the client requests services in the future, new paperwork will be completed.
3. Letters conveying non-acceptance to Northwest Journey will be maintained for the determined certification period.

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Digital Signature – Clinical Documentation

**POLICY:**
A digital signature may be granted to specific NWCGC personnel by that person’s direct supervisor.

**PROCEDURE:**

1. Documents being sent with a digital signature must be reviewed in the same manner as a document having a hand-written signature.
2. A unique username and password will be established for each user.
3. If an authorized user discloses their logon or password to others, they will be subject to the NWCGC Employee Discipline policy.
4. Administration has the authority to revoke the authorization to utilize electronic signature at any time.

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Documentation Expectations

POLICY:
Every service provided must be documented.

PROCEDURE:
1. The provider of the service is responsible for completing any and all documentation related to the service provision. This may include, but is not limited to the following: assessments, notes, treatment plans, treatment plan updates, safety plans, discharge summaries, etc.
2. The documentation must be completed:
   - Within 24 hours of the service provision for Day Treatment services
   - Within 72 hours of the service provision for Outpatient, Daily Living Skills, and Mentoring services
   - By the following business day for Emergency Services
3. Completed documentation must be placed in the client file within one week of service provision.

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Dress Code

POLICY:
All employees of NWCGC shall wear clothing appropriate for specific job-related responsibilities and duties. As a result of a range of job duties, consideration must be given to the following issues: safety, role modeling, appropriately professional presentation, nature of activity, and hygiene.

PROCEDURE:
1. Employees are expected to consider the following: Dress is an external act of appropriate role modeling. Dress is a reflection on this agency.
2. Clothing and footwear shall be clean and free of excessive wear, tear, and odor.
3. Ripped, torn and worn out clothing is prohibited.
4. Dress should be of a reasonable and appropriate style and length.
5. Clothing that is ill fitting or sexually suggestive, or that contains inappropriate writings, pictures, or advertisements/references to alcohol, tobacco or other substances is prohibited.
6. Jewelry should be moderate. For safety purposes, in certain settings, the following are prohibited: long earrings, chains, and certain other body piercing jewelry that could raise safety concerns.
7. Beards, mustaches and hair shall be clean and well groomed.
8. Failure to comply with the dress code may result in disciplinary action, up to and including termination of employment.
9. As a courtesy to fellow employees and clients, excessive use of perfume, cologne, scented lotion, etc. is prohibited.

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Duty to Warn

POLICY:
Employees of Northwest Counseling and Guidance Clinic that provide direct care to consumers are required to comply with Wisconsin law regarding duty to warn requirements.

Case law from Wisconsin’s Supreme Court indicates:
A professional is negligent if he/she does not warn, when harm to a third person is foreseeable by a professional exercising due care.

PROCEDURE:
1. If a staff member becomes aware that a client intends to cause serious and imminent harm to a third party, then that staff member has an obligation to warn either law enforcement or the known third party.
   The threat must be:
   a. A serious specific threat of harm
   b. Against a specific, clearly identified victim
   When, in the professional’s opinion, both of the above conditions are present, the duty is to make reasonable efforts to communicate the threat to:
      a. The potential victim, or
      b. If unable to make contact with the potential victim, to the law enforcement agency closest to the potential victim or the threatening client.
2. In order to determine whether or not the risk of harm is serious and imminent, the provider should consider the following:
   • Assess the level of mental illness (or other related underlying concern)
   • Assess nature and character of the danger (i.e. plausible or nonsense)
   • How urgent is the situation? If it is imminent that harm will occur, you must act. If a serious threat is not immediate, then you should have time to obtain consultation and to plan your actions.
   • Do you have time to obtain consultation? If you do, obtain it and document it. If you do not, then do what you need to do and document it.
   • Intervene using professional skills and tools. Try to defuse the anger through ventilation, try to dissuade client from violent solutions, ask for permission to discuss the situation with significant others, attempt to get client to give up weapons or to put away weapons and ammunition. With a minor, the parent, guardian, or school may be key. Remember that the duty to warn or protect standards and case law are predominately focused on an adult client. When the client is a minor, their privacy rights are attenuated and the parent or guardian holds authority to intervene. If the parents are the intended victims, this is even more critical. Other times a school or other institution may have some potential control over the situation, but could also be the potential target.
Duty to Warn (continued)

- Contact the police for a possible Emergency Detention (51.5). A law enforcement officer, in coordination with the county department, may place a hold if the person is found to be mentally ill, drug dependent, or developmentally disabled, as well as a substantial danger to self, others, unable to care for self, or their judgment is impaired. The hold is for up to 72 hours and the requirements are similar to those for involuntary commitment. Don’t try to detain the person yourself.
- If danger is very high and there are no other options, contact the police and/or intended victim.
- Limit disclosure to only information directly related to the threat.

3. As part of the necessary judgment and decision making in regards to duty to warn, professionals should enumerate all ethical duties in a hierarchy. For instance:
   - Preserve life.
   - Respect and safeguard the autonomy and privacy of clients.
   - Adhere to all state and federal laws that govern client care, such as laws that relate to confidentiality and maltreatment of vulnerable persons.
   - Restrict treatment to your areas of competence. Understand professional limitations and refer the client to another professional when it is in the client’s best interest.
   - Avoid dual relationships that exploit clients - socially, financially, or sexually.
   - Avoid discriminatory behaviors.
   - Consult with other professionals when circumstances dictate. When giving direct client care, get clinical supervision.
   - Respect the rights, views, and clinical practices of other professionals.
   - Hold colleagues accountable for ethical practices.
   - Continue to grow professionally.

4. In cases of client disclosure, the staff involved should document the details of the disclosure and report to the appropriate county department.

5. Documentation should be forwarded to the employee’s supervisor and kept on file.

6. If there are questions, please contact your supervisor for clarification.

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Electronic Signature – Forward Health Portal

POLICY:
An electronic signature may be used for purposes of submitting documents (PA/RF and PA/CADTA) to Medical Assistance on the Forward Health Portal. When submitting documents via the Forward Health Portal, it is the policy of NWCGC that all documents being electronically signed and submitted will have the original, hand-written signature, on a paper copy of the document, prior to submission via the Forward Health Portal. Obtaining the signature of the responsible party on documents and maintaining a paper format is a quality assurance issue for our clients and a risk management issue for the organization.

PROCEDURE:
1. Documents being sent with an electronic signature must be reviewed in the same manner as a document having a hand-written signature.
2. Electronic signatures will be used only on the PA/RF and PA/CADTA documents being sent via the Forward Health portal.
3. A unique username and password will be established for each Forward Health portal user. The username must be at least 6 characters and, the password must have at least 1 upper case letter, 1 number, and a total of at least 8 characters. The username and password are confidential and known only to the user.
4. If a person, other than the authorized signer, is electronically submitting/completing a document that has an electronic signature, then the authorized signer must have completed the hand-written signature for the paper copy file, prior to the electronic signature being submitted/completed. For instance, NWCGC Case Managers will complete the PA/RF and PA/CADTA and submit, in hard copy form, to the reviewing licensed Psychologist for review and signature, prior to being sent electronically.
5. Once the PA/RF and PA/CADTA forms have been signed by the authorized signer and then submitted through the Forward Health portal, they cannot be changed or modified.
6. All entries in clinical records shall be legible, permanently recorded, dated, and signed with the name and credentials of the person making the entry.
7. If an authorized user discloses their logon or password to others, they will be subject to the NWCGC Employee Discipline policy.
8. The following personnel are authorized to submit clinical records via the Forward Health Portal utilizing electronic signature:
   • NWCGC Program Coordinators
   • NWCGC Case Managers
   • NWCGC Outpatient Clinicians
   • NWCGC Clinical Mental Health Coordinators
9. Again, these parties have this authorization only after the authorized signer, the licensed Psychologist, provides the hard copy review and signature.
10. Administration has the authority to revoke the authorization to submit the PA/RF and/or PA/CADTA at any time.

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Electronic Health Records (EHR)

Confidentiality:
In order to maintain confidentiality of electronic files, a minimum password length is required in order to access the system. The system uses end-to-end encryption to prevent interception of data submitted. Additionally, all login attempts are logged in the database, and all accounts can be disabled easily by administrators at any time. Within the system, administrators have the ability to control what data is accessible for each end user. No direct access to the database is allowed except through secure VPN. Data is stored in separate databases on dedicated servers that are mirrored in HIPAA compliant commercial data centers.

Integrity of Data/Quality Assurance:

POLICY:
Documentation is a critical component of mental health services. An EHR quality assurance staff person will be responsible for completing random file audits to ensure the data entered into each client file is accurate. The purpose of the audits will be to evaluate the quality/accuracy of the documentation and how it reflects on the actual service provision of services, and to identify specific staff who may need additional training in data entry. The EHR quality assurance designee reviewing documents will provide feedback to the employee completing the documentation.

PROCEDURE
- EHR quality assurance designee will have access to documents completed by staff.
- Documentation review will be part of the supervision and feedback process for staff.
- NWCGC administrative staff will review documents regularly for all employees. Additional documentation of reviews may be completed as needed (i.e. quality assurance, work performance concerns, judgment concerns, client grievance, etc.)
- NWCGC administrative staff will provide feedback to the employee in a variety of formats, including verbally (both individually and/or in group settings), through written feedback, etc.
- It is expected that the employee will be receptive to the feedback and implement any necessary changes for all future reports.

Employee Access:
Within the electronic database, NWCGC administrators have specific control to limit the access that each user has to data contained within each file. The role of the user (case manager, direct services, clinical services, etc.) will determine what group they are added to. Each group will have designated varying levels of restrictions based on the minimal amount of data that needs to be accessed for quality of care. The system administrator can designate what types of documents each group is able to view. Additionally, all documents created will be “signed and locked” by the creator of the document and thus accessible as “read only” by other users. Editing privileges will be limited to program directors and/or program coordinators. As with all documents, these will be viewed through a “read only” status unless viewed by an administrator.
Electronic Health Record (EHR) (continued)

**Time Stamps:**
All users of the electronic records system have the ability to choose the time and date of the actual service, consultation, meeting, or telephone call. However, upon saving the document it will be electronically stamped with the actual time and date of document completion. This time stamp cannot be changed, thus reflecting the true date and time the document was created.

**Data Backup:**
Complete database backups are done nightly and are kept off-site in separate HIPAA compliant storage. Certain transactions, including clinical note saves and deletes, are logged as they happen. This provides an audit trail for these transactions. In addition, the off-site servers are protected by a hardware firewall in order to provide security measures for the system.

**Records Maintained Electronically:**
All client records are kept electronically. A client record includes, but may not be limited to, general information, treatment records (52.49 (2)(b)1.), the health record (52.45(4); 52.46; 52:49 (2)(b)2.), the educational record (52.43(5); 52.49(2)(b)3.), and informed consent documents.

**Purchaser Access:**
Purchasers will have access to electronic records through an electronic portal that is accessed through the internet. In order to access this portal, they will have to create an access ID and a password. Only authorized purchasers will be granted permission by an administrator of the electronic records system. Once access has been granted, they will then only have access to records or documents specifically designated for them. The administrators of the electronic records system will identify specific users, such as clinicians and case managers, who have the ability to designate a file for purchaser access.

**Record Access and Maintenance:**
All staff, whose job duties require access, will have access to a client’s electronic record. Specified access will be granted by the administrators on a staff by staff need for access to carry out their specified job duties
Electronic Health Record (EHR) (continued)

**Auditing Capabilities:**

**POLICY:**
When the department or any other governmental agency needs to review the electronic records, they will be granted a user account for an outside auditor. This will allow them “read only” access to the files they need to review.

**PROCEDURE:**
- The department and/or governmental agency representative auditing electronic files will be provided with a computer by NWCGC, as well as space to review the electronic records.
- Program directors, program coordinators, and/or the EHR quality assurance designee will be available to facilitate the review of records by the department or other agency.
- All records reviewed by outside agencies will be “read only.”

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Employee Accident or Injury

POLICY:
Any employee or volunteer of NWCGC must report a job related injury to their immediate supervisor within 24 hours of the incident. A job related injury is defined as an activity that occurs on or off NWCGC grounds in the execution of activities specifically related to the function of NWCGC. Worker’s compensation benefits for work-related injuries are provided to all employees and volunteers approved by NWCGC administration.

PROCEDURE:
1. Treat the injury with appropriate medical attention or first aid.
2. Report the job related injury to immediate supervisor within 24 hours of the incident. All injuries must be reported due to the possible need for medical coverage as well as to facilitate necessary program evaluation.
3. Any injured employee must also, unless medically unable, complete a worker’s compensation First Report of Injury form within 24 hours of the incident during which injury occurred. The form is available on public folders, through your supervisor, or from either Human Resources or the Accounting/Payroll Specialist.
4. Forward the worker’s compensation form to the Accounting/Payroll Specialist immediately upon completion.

NOTE: Failure by the employee to either report the incident to his/her supervisor and/or complete the First Report of Injury Form required by Worker’s Compensation may result in denial of worker’s compensation coverage for the claimed injury and/or related treatment.

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Employee Complaint Procedure

**POLICY:**
NWCGC supports an employee’s right to a complaint resolution process as outlined by the procedure below (see Anti-Retaliation). The objective of this process is to promote a positive team concept. In all situations, the individual staff member should remain objective and open to feedback and work toward an immediate resolution of problems or conflicts. This policy does not cover concerns of any form of abuse, neglect, or exploitation of clients or employee discrimination or sexual harassment. For these issues, please refer to the Reporting of Suspected or Actual Adult/Elder Abuse, Reporting of Suspected or Actual Child Abuse and Workplace Harassment Policies.

**PROCEDURE:**
In cases concerning dispute with another employee, the complainant should:
1. Bring his/her concern directly to the individual(s) involved in an objective and dispassionate manner.
2. If there is a lack of responsiveness, bring his/her concern to the immediate supervisor.
3. If the issue remains unresolved, bring his/her concern to NWCGC administration following the administrative hierarchy outlined in the organizational chart, or to the Human Resources Representative.

In cases concerning dispute with a supervisor:
1. Discuss with supervisor the specific concern presenting the information and details in an objective manner.
2. An employee may also submit written documentation that summarizes the concern and conversation he/she had with his/her direct supervisor and ask that it be placed in his/her employee file.
3. If employee believes the issue remains unresolved or the supervisor is unresponsive to his/her concern, the employee may bring his/her concern to NWCGC administration following the administrative hierarchy outlined in the organizational charts, or to the Human Resources Representative.
4. If an employee has addressed concerns at all other available levels and finds the matter to be unresolved, they may submit their concern in writing, to include all steps taken previously to resolve the concern, to the Board of Directors.

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Employee Discipline

POLICY:
Any staff member who fails to appropriately execute or knowingly violates Wisconsin law, NWCGC policy, procedures and/or practices, who resists supervisory expectations, who demonstrates an inability to work with other staff members cooperatively, or commits gross misconduct or negligence will be subject to disciplinary action, up to and including termination of employment.

PROCEDURE:
Administrative responses may include, but are not limited to:
1. A conference with the direct supervisor of the employee and / or other administrator indicating a need for behavioral or attitudinal change.
2. A discussion documentation filed in the personnel file of that employee indicating a specific instruction and redirection of detrimental behavior and/or attitude. The documentation shall also contain a description of the supervisor’s expectation(s) and goal(s) for that employee.
3. Written reprimand – which will include a description of the misconduct or non-compliance at issue as well as a plan for addressing the matter. Employees will be asked to sign this document to confirm its review with them and will be given an opportunity to make a written response to the documentation to be included in the personnel file of that employee.
4. Administrative leave / suspension with or without pay.
5. Demotion or reassignment of responsibilities or job classification.
6. Dismissal from employment.

None of these disciplinary measures is required to be used before discharge from employment nor are the listed disciplinary actions required to be used in any specific order.

Grounds for immediate dismissal may include, but are not limited to:
1. Fraud in documentation and/or billing practices
2. Being under the influence of alcohol, an illegal substance or substances (including prescription medication) that significantly impair ability to complete job duties according to the employee’s position while on the job
3. Introduction of alcohol or drugs onto NWCGC grounds, or offering alcohol or drugs to a client of the program
4. Physical, emotional, or sexual abuse of a client
5. An action endangering the safety and welfare of clients and /or staff
6. Sexual harassment;
7. Fraud in securing employment
8. Breach of client confidentiality

The offenses listed above are not intended to be all-inclusive, and discipline or discharge may occur for any other reason, depending upon the seriousness of the offense and the particular circumstances involved.
Employee Discipline (continued)

Any action deemed as a violation of Wisconsin Statute uncovered during investigation shall be reported immediately to the appropriate county agency for additional investigation.

It should be further noted that any individual holding a credential will be appropriately reported to the state-licensing agency.

NOTE:
Unless an employee is given a written contract signed by the Day Treatment & Clinical Services Director or Deputy Director specifying an employment term, all employees are “at will.” “At will” means that both the company and the employee have the right to terminate employment at any time, for any reason or no reason at all.

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Employee Evaluations

**POLICY:**
NWCGC employees will periodically receive evaluation or assessment of their performance conducted by a supervisor and reviewed with the employee. The purposes of this process are to ensure communication between employees and supervisors regarding an employee’s job performance and ability to meet a supervisor’s expectations, and to assist an employee with professional growth.

**PROCEDURE:**
1. An evaluation that includes documentation of the assessment of performance will be conducted periodically. The period of time between evaluations is a matter of supervisory discretion and may vary by employee based upon factors such as, but not limited to, tenure with the agency or in a specific role, stability of an employee’s previous performance, etc.
2. Supervisors are expected to offer fair and accurate evaluations to employees with feedback aimed at assisting employees in professional growth.
3. Supervisors are expected to work with employees to effectively plan or strategize ways of addressing areas needing improvement.
4. Employees are expected to actively participate in the evaluation process and to receive evaluations in an open and non-defensive manner.
5. Employees are expected to take personal responsibility to address identified needs for change as indicated in an evaluation and constructively participate in correcting identified needs in problem areas.
6. The employee will be given the opportunity to review and sign the evaluation.
7. If the employee feels it is necessary, she/he has a right to add comments to the written evaluation.
8. A copy of the evaluation will be placed in the employee’s personnel file.

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Employee or Employee Relatives Receiving Services at NWCGC

POLICY:
When an employee’s relative or employee of NWCGC receives services at NWCGC, his/her file will be kept in a separate locked file cabinet in a locked room. The employee receiving services or the relative of the employee receiving services at NWCGC will not have access to the record, without the proper releases. NWCGC will make every effort to limit access to the file to only those employees providing the service or providing direct supportive services to the service provider to provide employees and their relatives with reassurance regarding their confidential information.

PROCEDURE:
1. For purposes of this policy, any “relative” relationship will be evaluated on a case-by-case basis.
2. The provider of the service is responsible for completing any and all documentation related to the service provision. This may include, but is not limited to the following: assessments, notes, treatment plans, treatment plan updates, etc.
3. The documentation will be provided to only the necessary support service providers for filing and billing services.
4. Clinical review of the case will be completed in one-on-one sessions versus group discussions.
5. The employee or the employee’s relative will have access to the file only with a completed release by the client and in accordance with the Client Record Review Policy.

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Employee Safety Plan

POLICY:
Northwest Counseling and Guidance Clinic requires that each program develop a safety plan and consider safety when dealing with clients and developing programming. The site’s administrator must approve all plans.

NWCGC will not tolerate inappropriate contact by clients. In this case, inappropriate contact is defined as: any intentional contact by the client that is perceived, by the staff person, as threatening, uncomfortable, sexual in nature or unprofessional.

PROCEDURE:
1. When organizing space within the treatment setting, be aware of the importance of safety.
2. Each site shall develop a site-specific evacuation plan. The evacuation plan shall include: a specific exit plan including alternative routes, a designated assembly place following evacuation, and protocol for entering the building following an evacuation.
3. In the event of a natural disaster or other large scale crisis situation, each site, led by the on-site administrator, shall develop a plan to meet the needs of the clients first, before taking care of personal concerns such as family or themselves.
4. At each day treatment program, fire drills will be held monthly and documented.
5. At each day treatment program, tornado drills will be held monthly during the months of May, June, July, August, September, and October.
6. If an employee of NWCGC receives verbal, written, or behavioral (e.g. nuisance calls, stalking, following, etc.) contact from a client that is not within the context of treatment and/or is inappropriate in content, then that employee should consult with his/her supervisor as soon as possible. This includes attempts by clients to connect with an individual employee via social networking sites/profiles not hosted by the agency.
7. In conjunction with his/her supervisor, the employee should communicate verbally and in writing to the client the inappropriateness of the contact.
8. The employee needs to document all inappropriate contact and the employee’s response to the contact in the file.
9. If threatened by the contact, then the employee (in conjunction with his/her supervisor) should report the threat to the police. Employee must be clear with law enforcement officials that he/she is a mental health professional.
10. When making a report to the police, details of the treatment are neither necessary nor appropriate to disclose.
11. If an employee encounters a situation that he/she deems to be unsafe while providing services in the community rather than at an NWCGC site:
   a. Employee should ensure his/her own personal safety.
   b. Employee should call 9-1-1 if necessary.
   c. Employee should report incident to supervisor within 24 hours of incident.

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Employment Outside of the Northwest System

**POLICY:**
A NWCGC employee seeking secondary employment in addition to NWCGC employment is required to notify the immediate supervisor before he/she accepts employment with a company/entity other than NWCGC and Northwest Passage (NWP). If outside employment adversely affects work at NWCGC or is considered not to be in the employer’s best interests, the employee will be asked to decide which job he/she prefers to keep. Management reserves the right to determine when an employee’s action is in conflict with the employer’s interests.

Any employee engaging in activities, with or without compensation, to promote or assist in the sale, development, or delivery of services that are competitive with NWCGC or NWP services will be deemed in conflict of the employer’s interests. Employees engaging in such activities may be subject to disciplinary action or discharge from employment.

NWCGC does not intend to interfere with or attempt to control an employee’s time away from his/her job. However, other full or part-time employment may affect an employee’s ability to effectively perform his/her job with NWCGC. NWCGC recognizes that employees have the right to engage in activities that are private in nature. However, it is expected that employees are cognizant of the implications that their actions may have toward their employment with NWCGC.

**PROCEDURE:**
1. If the employee’s supervisor approves employment with another agency, the employee continues to be fully responsible for knowing and adhering to his/her work schedule at NWCGC.
2. For full-time employees, their position with NWCGC is considered the employee’s primary employment, and scheduling for the needs of NWCGC shall be considered first priority.
3. If the immediate supervisor observes problems with diminished abilities, emotional stress, or conflict in scheduling, the employee will be asked to re-evaluate their employment situation and/or terminate one job.

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Family and Medical Leave

POLICY:
Under this policy, Northwest Counseling & Guidance Clinic will grant up to 12 weeks (or up to 26 weeks of military caregiver leave to care for a covered service member with a serious injury or illness) during a 12-month period to eligible employees. The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy.

Employee Eligibility:
To be eligible for Family and Medical Leave Act (FMLA) benefits, an employee must:
1. Work for a covered employer.
2. Have worked for the employer for a total of 12 months.
3. Have worked at least 1,250 hours (federal) or 1,000 hours (state) over the previous 12 months.
4. Work at a location in the United States or in any territory or possession of the United States where at least 50 employees are employed by the employer within 75 miles.

Leave Entitlement:
An eligible employee will be granted up to 12 workweeks of unpaid leave during any 12-month period for one or more of the following reasons:
1. For the birth and care of the newborn child of the employee.
2. For placement with the employee of a son or daughter for adoption or foster care.
3. To care for an immediate family member (spouse, child, or parent) with a serious health condition.
4. To take medical leave when the employee is unable to work because of a serious health condition.
5. Qualifying exigency leave for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the military member is on covered active duty or called to covered active duty.
6. Military caregiver leave (also known as covered service member leave) to care for an injured or ill service member or veteran.

An eligible employee can take up to 12 weeks for the FMLA circumstances 1 through 5 above under this policy during any 12-month period. An eligible employee can take up to 26 weeks for the FMLA circumstance 6 above (military caregiver leave) during a single 12-month period. FMLA leave already taken for other FMLA circumstances will be deducted from the total of 26 weeks available.

If a husband and wife both work for the company and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent "in-law") with a serious health condition, the husband and wife may only take a combined total of 12 weeks of leave. If a husband and wife both work for the company and each wishes to take leave to care for a covered injured or ill service member, the husband and wife may only take a combined total of 26 weeks of leave.

The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently.
Family and Medical Leave (continued)

(Take time periodically when needed over the year) or, under certain circumstances, may use the Leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 workweeks (or 26 workweeks to care for an injured or ill service member) over a 12-month period.

1. For the birth, adoption or foster care of a child, the company and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule.
2. FMLA leave may be taken intermittently whenever medically necessary to care for a seriously ill family member, or because the employee is seriously ill and unable to work.

The employer will maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If applicable, arrangements will be made for employees to pay their share of health insurance premiums while on leave.

In some instances, the employer may recover premiums it paid to maintain coverage for an employee who fails to return to work from FMLA leave.

Upon return from FMLA leave, an employee will be restored to the employee’s original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment.

An employee’s FMLA leave will not result in the loss of any employment benefit that the employee earned or was entitled to before using FMLA leave, nor will it be counted against the employee under a “no fault” attendance policy.

PROCEDURE:

1. Employees seeking to use FMLA leave are required to provide 30-day advance notice of the need to take the FMLA leave when the need is foreseeable and such notice is practicable. The HR manager will provide Notice of Eligibility, the appropriate DOL Certification, and Rights & Responsibilities forms within five business days.
2. The company will require certification for the employee’s serious health condition, family member’s serious health condition, qualifying exigency for military family leave, or serious injury/illness of covered service member. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave.
Family and Medical Leave (continued)

3. NWCGC Human Resource Manager will review the request for family or medical leave and provide a response via the Designation Notice form within five business days of the proper request.

4. The employer may also require the employee to provide the following: second or third medical opinion (at the employer’s expense) and periodic recertification; and periodic reports during FMLA leave regarding the employee’s status and intent to return to work.

5. When intermittent leave is needed to care for an immediate family member or the employee’s own illness, and is for planned medical treatment, the employee must try to schedule treatment so as not to unduly disrupt the employer’s operation.

6. Any vacation or personal/sick time used during the leave period will be counted toward the family and medical leave time limits. Refer to policies for Time Off in this manual for information regarding use of paid vacation and/or personal time.

7. Employees shall not accrue vacation days or personal days during any unpaid portion of FMLA leave.

8. Employees are not eligible for holiday pay during any unpaid period of FMLA leave. A paid holiday is considered to be “during any unpaid period of FMLA leave” if either the workday that precedes the holiday or the workday that follows the holiday is a leave day taken without pay.

9. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one that is virtually identical in terms of pay, benefits and working conditions. The company may choose to exempt certain key employees from this requirement and not return them to the same or similar position.

10. All written information relative to FMLA leave will be provided to the HR Manager and retained for employee records.

11. The supervisor of the employee utilizing FMLA leave must coordinate the leave with administration.

12. The employee must be informed either verbally or in writing when time off is being considered as FMLA leave. The employee’s supervisor will document any discussion related to FMLA leave on the Discussion Documentation form and forward it to the payroll specialist.

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File Storage

(Policy does not apply to Emergency Services – see Emergency Services section.)

POLICY:
All client files are confidential. Files are stored in a locked office area and are the private property of the agency. Access authorization is prescribed by the administrator under statutory guidelines established by the State of Wisconsin license for client information. Regardless of a staff member’s employment status (i.e. independent contractor), records of services provided to a NWCGC client on behalf of the clinic belong to the clinic, not the staff member. All records are to be kept at the NWCGC site where the client received treatment. After client records have been closed for more than one year and in the event of a site closure, client records will be stored at a site designated by NWCGC.

For the Frederic Mental Health Outpatient Program, closed files will be stored at the following address: 204 United Way
Frederic, WI 54837

For all other NWCGC programs, closed files will be stored at the following address:
402 Technology Drive East
Menomonie, WI 54751

Closed files will be kept for a minimum of seven years after case closing or when the client turns the age of 19, whichever is greater.

PROCEDURE:
1. Files and said information includes, but is not limited to: assessment, notes, treatment planning, and all related communication (letters of correspondence, telephone numbers, logged telephone calls).
2. Release of any agency client file information to anyone other than clinical staff is prohibited by law, except as allowed by Chapter 51.30(4)(b).
3. Agency employees not directly responsible for the provision of treatment services and/or the coordination of such services, as defined in their job description, are not to have access to this file material.
4. Agency related documents regarding personnel, operational forms, and intra-organizational correspondence, individual or agency program evaluations, management and budget material is the private property of the Board of Directors.
5. Administration will authorize review of any material not directly related to a specific area of responsibility as defined in a written job description.
6. Any violation of this authorization could lead to civil or criminal charges.
7. Staff members should ask his/her supervisor for information and approval prior to accessing files or removing them from the designated areas of storage.

Closed Files:
1. Records will be closed. Each client record will include a discharge summary.
2. Closed files will be labeled with the client discharge date and client date of birth.
File Storage (continued)

3. In the event of program closure, ongoing providers and clients will be notified of the facility closure, and the location of the closed files.
4. The files will be stored at the above-stated addresses.
5. If requested, the client may see their records. Please see Client Record Review Policy for details.
6. Client records will be destroyed seven years after case closing or when the client turns the age of 19, whichever is greater.

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Hiring Practices

POLICY:
NWCGC employees having been hired to any position in the agency must have completed an interview with the supervisor as well as provide all required personnel paperwork. The interview is designed to allow an applicant to learn more about NWCGC programming and operations as well as for potential supervisors to learn about an applicant’s education, work history/experience, and professional qualities to determine if an applicant is suitable to fill a job opening.

PROCEDURE:
NOTE: The following are steps in the hiring process. An applicant may be rejected at any time during the process. NWCGC is an Equal Opportunity Employer and will not reject applicants at any time based on their membership in a protected class.

1. Applicant submits a resume and/or completes application for employment.
2. Review of applications by administration.
3. Interviews are conducted.
4. Supplemental materials are requested and received. Supplemental materials may include: application for employment, resume, criminal background check, caregiver background check (see Background Check & Self Disclosure policy), character references, references from previous employers, transcripts, copy of degree(s), and employment history.
   - NWCGC will follow statutory guidelines regarding reference checks for each certified program.
   - For non-certified programs, NWCGC will check references on the most recent previous employer and/or employers of related experience.

NOTE – In the cases of employment where an applicant must meet specific statutory or contractual requirements of the position for which they are being considered, NWCGC will take steps to document that an applicant meets the requirements for the position. These steps will include documentation of and reference to relevant experience and degree(s) to determine whether or not the applicant is qualified for the position.

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Inclement Weather

POLICY AND PROCEDURE:

1. Business Office Staff
   In the event of inclement weather, the Chief Financial Officer or a Board member will make a determination as to whether the Business Office will be officially closed. If the Business Office is officially closed, staff will be given the time off with pay. If the Business Office is not officially closed and staff cannot safely make it to work and elect not to report to work, staff will have three options: (1) take paid time off; (2) take unpaid time off; or (3) obtain approval from the Chief Financial Officer to make the time up at a later date (i.e., in the evening or on the weekend, depending on the nature of the work).

2. Northwest Journey Staff
   In the event of inclement weather, Northwest Journey Programs must consider a late start. If this is not possible, the Program Coordinator (PC) will consult with their Day Treatment & Clinical Services Director to make a determination as to whether the program will be officially closed. If the assigned Director is unavailable, the PC should consult with another Director. In the event of inclement weather that precipitates the need for an early release, the PC should consult with their Director or, if their assigned Director is not available, another Director regarding closure. The final decision to close the facility will be made by the assigned Director or an alternate Director. If the day treatment program is officially closed, full-time staff will be given the time off with pay. Part-time staff may make the hours up on another day if deemed viable by the PC. If the site is not officially closed and staff cannot safely make it to work and elect not to report to work, staff will have three options: (1) take paid time off; (2) take unpaid time off; or (3) obtain approval from the PC to make the time up at a later date (i.e., in the evening or on the weekend, depending on the nature of the work).

   In the case of regional employees who regularly provide services at more than one site, if inclement weather prevents travel to the scheduled location on any given day, the employee is expected to make a determination with their immediate supervisor whether they can provide services at a different location for that day, assuming safe travel allows. If inclement weather prevents the regional employee from providing services at any site on that date, they will need to take paid time off or unpaid time off.

   It is expected that the day treatment programs will be open when the schools are open, and there may be occasions where day treatment will be open even though the schools have elected to close.
Inclement Weather (continued)

3. Northwest Connections Staff:
   In the event of inclement weather:
   • Staff that are unable to report for work must first contact all staff on their contact list for a possible replacement
   • If unable to find a replacement, employee must notify his/her supervisor
   • If roads leading to the facility are closed by a state agency, employee(s) that are already at the call center will be asked to remain there and will be paid accordingly with the understanding that additional staff will arrive as soon as it is safe to drive
   • In the event that the facility would need to close down, all phone lines would be transferred to a senior worker/supervisor’s cell phone and county dispatches would be notified

4. Northwest Directions Staff:
   In the event of inclement weather, NWD therapists that are providing school outreach services should monitor the decisions made by the school districts where they provide services and abide by closure or late start decisions of the school. If the school district has not closed school for that day, yet the therapist feels it is too dangerous for them to safely travel to the school, the therapist should notify the school district that they cannot travel to the school, and should work with the identified school contact person to reschedule therapy sessions that meet the needs of the client and school. Therapist should attempt to have the school put them on any inclement weather calling tree process the school has in place. The therapist should also contact the Outpatient Systems Director to notify him/her of cancelled trips to the various school districts due to inclement weather.

5. Contracted services with Counties:
   In the event of inclement weather, any NWCGC employee who needs to travel to designated locations to provide services should contact their immediate supervisor to discuss the situation and determine a plan of action, taking into consideration the individual consumer’s situation and need. If it is determined that the NWCGC employee will not travel to their designated location, the employee will contact the consumer to notify them of the cancellation and make a plan to reschedule their service date. Because pay for these services is based upon travel and direct service provision, if the employee is not traveling to a service location and providing direct service, there is no compensation to them on that date.

6. Transportation Services
   In the event of inclement weather, a driver should consult with his/her Transportation Supervisor to determine whether it is safe to provide services. The Transportation Supervisor will notify the Transportation Services Coordinator about any need to change routes. The Transportation Services Coordinator will consult with Program Coordinators and inform them of any changes to routes.

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Infectious Diseases

POLICY:
It is the intent of NWCGC to minimize the risk of transmission of communicable diseases between and among staff and clients. Toward this end, it is the obligation of staff members to notify supervisors of exposure to, or known infection with, general communicable diseases (which include, but are not limited to, influenza, meningitis, mumps, whooping cough, measles, diphtheria, chicken pox, and tuberculosis), and to work with medical providers to develop a plan which minimizes the risk to others at the program sites. Employees and/or clients shall be temporarily restricted from the agency if infected with a communicable respiratory illness or contagious illness (such as mononucleosis, strep, staph, etc.)

In addition, it is mandatory for staff to be trained regarding blood-borne pathogens, practice Universal Precautions, and follow the Exposure Control Plan at the site when faced with a possible exposure. Employees who are deemed to have occupational exposure according to the Exposure Control Plan, and will be receiving the Hepatitis B vaccination must receive the vaccination from a Wisconsin Public Health clinic. If the employee chooses to receive the vaccination at another clinic, it will be at the employee’s expense. Note that this policy does not apply in the case of minor upper respiratory tract infections (“colds”).

The purpose of this policy is to establish procedures to be followed when a NWCGC employee is exposed to or infected with a communicable disease. There are two general categories that are discussed: General communicable diseases (as above), and blood borne pathogens (most importantly, but not limited to, HIV, and Hepatitis viruses B & C). A further purpose is to provide clients and staff with necessary medical information related to potential health risks in the work sites.

PROCEDURE:
General communicable diseases:
Staff members will notify supervisors if they suspect exposure to, or have confirmation of having a communicable disease. It is the obligation of the staff member to see a medical provider and develop a plan for minimizing the risk to others of becoming infected. A determination of work status shall be made, based on medical evidence concerning the nature of the risk posed by the illness, the likely duration of the risk, and the severity of the risk. If the employee refuses or otherwise fails to provide the medical report, the employee will not be allowed to return to the work until such time as the medical report is provided.

Blood-borne pathogens:
Procedures for minimizing exposure to, and dealing with possible exposures to blood-borne pathogens are clearly elucidated in the Exposure Control Plan. Note that training regarding blood-borne pathogens is carried out annually as per OSHA standards.

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Informed Consent

POLICY:
Each client of Northwest Counseling and Guidance Clinic and his/her legal guardian shall be provided with complete and accurate information and time to study the information, or seek additional information concerning the proposed treatment or services made necessary by, and directly related to his/her mental illness, developmental disability, alcoholism, or drug dependency including:

- The benefits of proposed treatment
- The way treatment is to be administered and services to be provided
- Expected treatment side effects which are a reasonable possibility including side effects or risks of side effects from medication
- Alternative treatment modes and services
- Probable consequences of not receiving the proposed treatment services
- A time period for which the informed consent is effective (which shall be no longer than 15 months from the time the consent was given).
- The sharing of records within the Northwest System is on a need to know basis. Need to know means that the program and its providers have, are, or will be providing mental health services to the identified client. For example, if the identified client is transferring to another Day Treatment Program, the originating day treatment program may provide copies of treatment records pertinent to ongoing care to the receiving day treatment program.
- The right to withdraw the informed consent at any time, in writing

PROCEDURE:
1. Clients and legal guardians will complete the informed consent document prior to beginning treatment.
2. Informed consent may be obtained over the phone only in emergent situations. Verbal consent is valid for a period of 10 days.
3. Informed Consent is in effect for a maximum of 15 months and may be withdrawn at any time in writing.

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In-service and Orientation Training

POLICY:
Northwest Counseling and Guidance Clinic requires that primary staff complete orientation and in-service training as required by statute and professional licensure, if licensure is required for position.

- Day Treatment = 48 hours/year prorated by employee’s start date
- LPC, LCSW, LMFT, CSW, CAPSW, CISW = 30 hours every 2 years
- PhD = according to APA standards
- Physician = according to Chapter 448.13 standards
- Emergency On-call orientation = 20-40 hours – depending on experience
- Emergency On-call = 8 hours/year in areas related to the provision of crisis services

Every employee is required to complete all the objectives listed below for his/her respective program.

Day Treatment Orientation Training:
1. Review of DHS 40 Standards.
3. Review job responsibilities.
4. Read and review Client Bill of Rights as well as applicable parts of Chapters 48, 51, 55, 115, and DHS 92, 94, 13, and 190.
5. Basic mental health treatment concepts applicable to providing day services for children and their families.
6. Techniques and procedures for providing non-violent crisis management for individuals or for groups of children.

Emergency On-call Orientation Training:
1. Review of DHS 34 Standards.
3. Review job responsibilities.
4. Read and review Client Bill of Rights as well as applicable parts of Chapters 48, 51, 55, and DHS 92, 94, and 13.
5. Review basic mental health and psychopharmacology concepts applicable to crisis situations.
6. Review techniques and procedures for assessing and responding to the emergency mental health needs of persons who are suicidal, including suicide assessment, suicide management, and prevention.
7. Review techniques and procedures for assessing and responding to the emergency AODA needs of persons.
8. Review techniques and procedures for non-violent crisis management for clients, including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the client and others in emergency situations.
In-service and Orientation Training (continued)

Mental Health Outpatient Orientation Training:
1. Review of DHS 35 Standards.
2. Review of 92, 94, 13, and applicable parts of Ch. 48, 51, 55.
4. Cultural Factors that need to be taken into consideration in providing outpatient mental health services for the clinic’s consumers.
5. Signs and symptoms of substance use disorders and reactions to psychotropic drugs most relevant to the treatment of mental illness and mental disorders served by the clinic.
6. Techniques for assessing and responding to the needs of consumers who appear to have problems related to trauma; abuse of alcohol, drug abuse or addiction; and other co-occurring illnesses and disabilities.
7. How to assess a consumer to detect suicidal tendencies and to manage persons at risk of attempting suicide or causing harm to self or others.
8. Recovery concepts and principles that ensure services, and supports connection to others and to the community.
9. Any other subject that the clinic determines is necessary to enable the staff member to perform the staff member’s duties effectively, efficiently, and competently.

Northwest Transportation
2. Initial and ongoing training as required by contractual standards.
3. Client rights training.

PROCEDURE:
Each employee must abide by the following guidelines in regards to in-service training.
1. Staff person finds a training that he/she would like to attend.
2. The staff member’s supervisor must approve the training.
3. The supervisor will keep track of the money used by the staff person for each training.
4. Upon return from the training, the staff member attending the training may be asked by his/her supervisor to provide an in-service to the other staff members on the topic.
5. Bring a copy of the completion of training to the supervisor for personnel file.
6. A maximum of $400 compensation per credentialed employee, per year and $250 compensation per non-credentialed employee, will be provided for registration fees, meals, and all other associated costs such as lodging, mileage, etc.
7. All agency employees are expected to attend agency sponsored in-service training sessions in accordance with supervisor approval. In general, expenses associated with agency sponsored in-service training sessions will not count toward the monetary compensation provided for in-service training as outlined above.
8. At year-end, the supervisor must send copies of in-service tracking sheet(s) for all shared employees to the Payroll Specialist in Frederic.

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Keys and Locks

POLICY:
To ensure safety and privacy of clients and staff as well as restrict access to business premises, only employees in need of keys for stated employment purposes will be given the necessary keys.

PROCEDURE:
1. The program administrator determines which employees need which keys.
2. The program administrator distributes the keys and is responsible for the return of the keys upon termination of employment.
3. The program administrator maintains records regarding the key distribution.
4. Any employee losing a key or finding a missing key shall report the loss immediately to the supervisor.
5. Because of the nature of the program, expeditious change of locks may be necessary to ensure client safety and protect property.
6. Any staff member intentionally giving an agency key to a client or other unauthorized party may be immediately terminated from employment.

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Leave(s) of Absence

POLICY:
The designated administrator must approve any leave of absence. Leave of absence is defined as any leave from work that is not covered under provisions for paid time off, disability, Family and Medical Leave, military service, or worker’s compensation.

PROCEDURE:
1. The employee requesting an unpaid leave of absence must do so in writing to the designated administrator. A copy of the request must be submitted to the direct supervisor of the employee.
2. The employee must specify the time period to be absent and conditions of need.
3. If the leave request is related to a medical situation that is not otherwise covered by FMLA (i.e. an employee with less than one year of employment with the agency), then medical documentation of leave need must be provided. The first documentation must be provided at the time of the leave request. NWCGC may request periodic reports relative to family and medical leave if warranted by potential significant changes in the circumstances of the leave.
4. Any leave of absence will be unpaid, unless an employee utilizes accrued paid time off.
5. NWCGC reserves the right to require that all other leave options have been exhausted, including that all accrued paid time has been used before a period of unpaid leave can begin.
6. Employees shall not accrue paid time off during any unpaid portion of leave.
7. Employees are not eligible for holiday pay during any unpaid period of leave. In order for an employee on leave to receive a paid holiday, both the work day immediately preceding the holiday and the work day immediately following the holiday must be paid via use of accrued paid time off.
8. Employee benefits, including health insurance, shall be continued whenever such benefits and/or insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. If applicable, arrangements will be made for employees to pay their share of health insurance premiums while on leave.
9. The employee must return to work on the originally scheduled return date or take proper steps to request an extension of the leave, or he/she will be considered to have voluntarily resigned from his or her employment.
10. The employer may recover premiums it paid to maintain coverage for an employee who fails to return to work from his/her leave of absence.
11. Employees will be returned to the same position, if available, or to an equivalent position, if available, with equivalent pay, benefits and other employment terms, provided the employee seeks to return to work immediately upon expiration of the leave. Otherwise the employee will be deemed to have voluntarily resigned his/her employment with NWCGC.
12. Extensions of leave may be considered, in writing, on a case-by-case basis. A written request for extension must be received no later than the originally scheduled return date.
13. All written information relative to a leave of absence will be provided to the Payroll Specialist and retained for employee records.
Leave(s) of Absence (continued)

14. The supervisor of the employee utilizing an approved leave of absence must coordinate the leave with other administrators as necessary.

15. The designated administrator holds the authority to approve or deny any request for unpaid leave of absence.

Jury Duty
If an employee is required to serve on a jury, NWCGC will allow the employee to be absent from work whenever the court requires that the employee appear for jury duty and will pay the employee the difference between his/her regular rate of pay and the payment received from the courts. In order to collect the difference between his/her regular wages and the amount the employee is paid as a juror, the employee must provide his/her supervisor with proof of the amount he/she was paid while serving as a juror. The employee must show his/her jury duty summons to his/her immediate supervisor as soon as possible so arrangements can be made to accommodate the absence. The employee is expected to report for work whenever the court schedule permits, including reporting to work immediately if released from jury duty with the majority of the workday remaining.

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Liability Insurance Coverage

POLICY:
NWCGC carries professional liability insurance to cover employees in the service of the program and in the responsible execution of their duties. There are certain exclusions to the coverage, which change from time to time. However, employees should note that individuals are not covered if they intentionally perpetrate an illegal act defined as abuse or neglect toward a client’s safety, emotional and/or physical health.

PROCEDURE:
1. This agency and each employee have a legal responsibility to report any employee action considered as abuse or neglect.

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Media Contacts

POLICY:
Any employee or volunteer of NWCGC must refer and report all media contact relating to NWCGC’s operations to the Day Treatment & Clinical Services Director or Deputy Director.

PROCEDURE:
1. If an employee/volunteer is contacted by the media related to NWCGC’s operations, then s/he should contact the Day Treatment & Clinical Services Director or Deputy Director.
2. An employee/volunteer should not disclose information regarding the program or clients without the appropriate authorization.
3. All information released to the media must be reviewed and approved by the Day Treatment & Clinical Services Director or Deputy Director.
4. Response to the media should be one of the following: “I must refer you to our Administrator as s/he is the company spokesperson on these matters.” or “Due to the confidentiality of our program, we are not able to comment.”

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Medical Incident

POLICY:
All medical and/or psychiatric emergencies that involve a client and/or staff person should be evaluated by the first staff person to arrive/observe the situation. Any accident taking place while receiving services at a NWCGC service site and causing injury to a client at the program site that requires more than basic first aid must be assessed by a licensed medical clinician.

PROCEDURE:
The first concern in any accident should be that timely medical attention is received. Therefore, staff members should err on the side of caution. These procedures should be followed during each occurrence requiring clinic/hospital attention:
1. If there is an emergency, dial 9-1-1.
2. If you have been certified in CPR and First aid, utilize the skills obtained during that training.
3. If NWCGC staff is transporting client to medical facility, when necessary and possible, staff should call the clinic/hospital to notify of arrival and specify injury/illness.
4. When possible, the appropriate supervisor should be informed.
5. When possible, staff should notify the parent, family member, or guardian of the situation. If the parent/guardian is available, then she/he may decide if/when to seek medical attention.
6. When utilizing medical providers, outline specific symptoms and behavior that caused injury. Inform attendants of drug/medical history and medications presently taken.
7. Stay with the client at all times or as permitted by attending medical clinician.
8. At the conclusion of the medical review, ask the medical clinician exactly what the diagnosis and medical needs are and understand any written instructions.
9. Upon return to the program site, document the incident in the client’s chart and forward the report to the appropriate supervisor. The appropriate supervisor will forward to the site RN (where applicable). The charting and reporting should include: staff response and actions (including times), any medical directives provided by medical providers and recommended medical attention.
10. Inform other staff responsible for continuity of care.
11. All serious incidents/accidents must be reported to the program administrator within 8 hours of the incident.
12. All serious incidents/accidents for certified programs must be reported to the regional program surveyor (Division of Quality Assurance) within 24 hours. All serious incidents/accidents for county contracted programs must be reported to the appropriate county supervisor within 24 hours.
13. For all incidents at day treatment sites, the site RN will coordinate communication of all follow up to day treatment staff and to appropriate outside medical providers as soon as is reasonable.
14. A medical incident report form should be used for documentation and kept in the medical section of the client file.

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**Mileage / Expense Reimbursement**

**POLICY:**
NWCGC will reimburse for mileage when travel is at the request of NWCGC and is in excess of the amount of travel to an employee’s “home” site. Reimbursement will not include travel from an employee’s place of residence to an employee’s home site. In fact, travel to another site will only be compensated if it is in excess of the mileage from an employee’s place of residence to an employee’s “home” site. For example, your “home” site is Frederic, which is 20 miles round-trip from your residence. You are asked to travel to Rice Lake from your residence for a full day of work, and mileage from your residence to Rice Lake is 60 miles round-trip. You must subtract your mileage from your residence to Frederic, your “home site,” from the mileage from your residence to Rice Lake (60-20=40). You will be compensated for the difference only, which equals 40 miles. Employees should note that reimbursement rates may be different for different service divisions of the agency. Employees will always be reimbursed at the rate that applies for the divisions of the agency for which the employee was providing services at the time travel occurred.

**PROCEDURE:**
1. When an employee is asked by his or her supervisor to travel to a site other than their “home” site, the employee must use the policy stated above to compute mileage reimbursement. For employees that provide services at more than one location, his or her supervisor will designate the “home” site.
2. Employee should complete a mileage reimbursement form and submit it to his or her supervisor for approval.
3. The supervisor will give the form to the Accounting/Payroll Specialist for reimbursement.
4. A check will be granted based upon the approved amount of reimbursement.
5. Mileage/expense forms are to be turned in to the supervisor weekly. Emergency Services employees must submit expense forms directly to the Accounting/Payroll Specialist with their timesheet.
6. Reimbursements are paid with the next payroll if received by the Monday prior to payday. If not received by the Monday prior to payroll, then reimbursement will be included in the following payroll cycle.
7. If there are unusual or mitigating circumstances, such as a vacation or extended illness, the employee should talk with the supervisor about the delay in turning in receipts. Generally, no reimbursement will be granted if expense reports are turned in later than three days beyond their due date.
8. Dated receipts will be required for any expenses other than mileage reimbursement.
9. An employee cannot be reimbursed for both fuel and mileage for the same travel time. Either a receipt for the fuel must be turned in with the expense report or the amount of mileage computed as stated above.
10. Employees who are assigned a company vehicle will be reimbursed for fuel costs only.

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Non-Discrimination and Sexual Harassment - Clients

POLICY:
Northwest Counseling and Guidance Clinic prohibits discrimination on the basis of race, gender, religion, disability, age, sexual orientation, national origin or any other protected classification as defined by all Federal and State Civil Rights and Equal Opportunity statutes toward clients.

Northwest Counseling and Guidance Clinic shall provide an environment for clients that is free of sexual harassment. Sexual harassment is any unwelcome verbal or physical conduct of a sexual nature.

Examples of sexual harassment include: sexual propositions, sexual innuendoes, suggestive comments, sexually oriented “jokes” or teasing, displays of sexually explicit pictures or cartoons, leering, whistling, making obscene gestures and physical contact such as touching, pinching, brushing against another’s body or coercing sexual intercourse. Please note that some of these behaviors are also criminal acts.

PROCEDURE:
1. If a client believes that s/he has been the subject of discrimination or sexual harassment, then the matter should be reported immediately to a staff member.
2. Any complaints of discrimination or sexual harassment will be addressed according to the Clients Rights policy with involvement of the Clients Rights Specialist as is necessary and appropriate.
3. NWCGC forbids retaliation against anyone for reporting discrimination or sexual harassment or otherwise assisting in the investigation of a discrimination or sexual harassment complaint.
4. The staff will investigate all complaints of discrimination or sexual harassment thoroughly and promptly.
5. The program will, to the greatest extent possible, maintain the confidentiality of those involved in the investigation.
6. If appropriate, staff will report the incident to the County Child Protective Services.

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Payment for Services

POLICY:
Northwest Counseling and Guidance Clinic follows a billing process and expects to be compensated for services being provided.

PROCEDURE:
1. A benefit check will be completed by the business office.
2. If a potential client’s benefits do not cover the service being requested, site personnel will contact the client to inform them of the situation.
3. If the client is not available and/or does not return phone calls, but an answering machine and/or service is available, the administrative staff will leave the potential client a message indicating that s/he should contact our office immediately.
4. If the client does not respond to this request for contact within 24 hours, the appointment will be cancelled.
5. If the client returns the call and wishes to make payment arrangements, the client is informed that they may do the following:
   • Contact the county to see if she/he qualifies for county and/or state assistance.
   • Contact the billing office for payment arrangements.
6. A self-pay client is expected to pay for the service, in full, on the date the service is rendered. In the event a client requests assistance with payments, they will be instructed to contact the business office.
7. Emergency Services are billed through the county billing department. Each county follows its own policy regarding fees and ability to pay, etc.

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Personal Data Change

POLICY:
Each employee of NWCGC shall notify his/her supervisor and complete a new W-4 or appropriate change form immediately, if any changes occur in his/her name, home address, telephone number, marital status, name or number of dependents, number of tax exemptions, insurance classification, beneficiary changes, or individuals to be contacted in case of emergency.

PROCEDURE:
1. If an employee status changes, as indicated in the stated policy, the Accounting/Payroll Specialist should be given the updated information.
2. Failure by an employee to keep NWCGC advised of these changes may affect his or her pay, dependents’ eligibility for medical insurance, and other important matters.

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Personnel Files

POLICY:
NWCGC will maintain personnel files that reflect the previous work history, performance, ongoing training, education, and business matters related to each employee. All personnel records are considered the private property of NWCGC. Representatives of the State of Wisconsin Division of Quality Assurance, representatives of contracted payers, NWCGC administrative staff, and the employee are the only individuals with access to the files. The personnel information is released beyond the above noted access only upon the written authorization of the employee.

PROCEDURE:
1. Upon hire, a personnel file is opened.
   a. For Northwest Journey, Northwest Directions, and Daily Living Skills or Mentoring, a personnel file will be opened at the program site and the business office.
   b. For Northwest Transportation and Northwest Connections a personnel file will be opened at the business office only.
2. Whenever placing something in a personnel file at any site other than the business office, the supervisor must also send a copy to the business office for inclusion in the personnel file at that location.
3. At a minimum, all information required by licensing needs to be kept in both files.
4. It is expected that these items are on file at both locations within one week of the employee providing them at either location.
5. For employees with files at both the program site and the business office, upon termination of employment, both files must be compiled into one file that includes all of the information and will be kept at the business office location.
6. Any unauthorized employee viewing files is subject to disciplinary action, which may include termination.
7. Employees have the right to review their own personnel file in accordance with the requirements of state law.
8. All requests for copies of an employee’s personnel file MUST be forwarded immediately to the Human Resource Department for processing. No copies of files may be given from the work site. Supervisors must follow up with such requests immediately so that the agency may comply with regulations regarding the time frame (7 days) within which an employee must be furnished with a complete copy of his/her personnel file.

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Program Evaluation

POLICY:
Northwest Counseling and Guidance Clinic will conduct program evaluations for each program type.

PROCEDURE:
1. For Day Treatment Services, quality assurance tracking processes will be in place at each site. Each referral source, client and legal guardian will receive a consumer satisfaction survey at the time of discharge. NWCGC will include a stamped, self-addressed envelope for easy return.
2. For Emergency Services, each county develops a process for program evaluation. NW Connections tracks outcomes related to contacts.
3. For Outpatient Services as well as DLS & Mentoring, each consumer receives a consumer satisfaction survey at the time of discharge from the program.
4. An annual report will be provided to the Department of Health Services, Program Certification Unit as indicated by statute.

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Purchase of Materials

POLICY:
All materials purchased with NWCGC funds are property of NWCGC and should be treated as such.

PROCEDURE:
1. Upon termination of employment, employees are expected to return all materials purchased through NWCGC continuing education or other funds.
2. All materials purchased with NWCGC funds should be readily accessible to all employees.
3. Requests for materials, equipment, and therapy tools should be submitted to program administrator for approval.

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Reporting of Crimes

POLICY:
Rules of confidentiality do not take precedent regarding a commission of a crime.

PROCEDURE:
1. If a client admits that s/he has or is about to commit a crime, proper authorities shall be notified. Please see Duty to Warn Policy for potential crimes that involve harm to a specific individual.
2. The client may be advised of the report.
3. Any questions relative to the interpretation of this procedure should be directed to the appropriate supervisor.
Reporting of Suspected or Actual Adult / Elder Abuse

POLICY:
NWCGC insists that all clients served through NWCGC be treated with dignity and respect and receive services free of and are protected from any form of physical or emotional abuse, neglect or exploitation. NWCGC maintains a zero tolerance acceptance level of any form of abuse, neglect, or exploitation. Any form of abuse, neglect, or exploitation will result in immediate disciplinary procedures, possible legal action, and notification of appropriate regulatory agencies. Zero tolerance means absolutely no level of abuse, neglect, or exploitation will be tolerated.

All employees of Northwest Counseling and Guidance Clinic are required by the adult and elder abuse laws (55.043 (1m) and 46.90(4)) to report to the county agency if they have reasonable cause to suspect that an adult-at-risk or elder-at-risk seen in the course of professional duties requests the person to make the report, or if the person has reasonable cause to believe that any of the following situations exist:
1. The adult or elder at risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk.
2. An adult or elder at risk other than the subject of the report is at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by a suspected perpetrator.

An employee required to report shall immediately inform, by telephone or personally, the county department.

Applicable Definitions
Adult at Risk, as defined in Wis. Stat. § 55.043(1e), means any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

Elder Adult at Risk, as defined in Wis. Stat. § 46.90(br), means any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

Abuse, as defined in Wis. Stat. § 46.90(1)(a), means any of the following:
1. Physical abuse: intentional or reckless infliction of physical pain or injury, illness, or any impairment of physical condition.
2. Emotional abuse: language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.
3. Sexual abuse: a violation of criminal assault law, s. 940.225 (1), (2), (3), or (3m).
4. Treatment without consent: the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electro-convulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.
Reporting of Suspected or Actual Adult / Elder Abuse (continued)

5. Unreasonable confinement or restraint: the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.

Financial exploitation, as defined in Wis. Stat. § 46.90 (1) (ed), means any of the following: 1. Obtaining an individual's money or property by deceiving or enticing the individual, or by forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his or her informed consent. 2. Theft, as prohibited in s. 943.20. 3. The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities. 4. Unauthorized use of an individual's personal identifying information or documents, as prohibited in s. 943.201. 5. Unauthorized use of an entity's identifying information or documents, as prohibited in s. 943.203. 6. Forgery, as prohibited in s. 943.38. 7. Financial transaction card crimes, as prohibited in s.943.41.

Neglect, as defined in Wis. Stat. § 46.90(1)(f), means the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. "Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under Chapter 154, a power of attorney for health care under Chapter 155, or as otherwise authorized by law.

Self-neglect, as defined in Wis. Stat. § 46.90(1)(g), means a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

PROCEDURE:
1. Employees observing an incidence of abuse, neglect or exploitation of a consumer of services will immediately intervene and/or dial 9-1-1 if someone is in immediate life-threatening danger, provide first aid, or obtain medical assistance, if necessary, and secure the safety of the consumer.
2. If you suspect an elder at risk or adult at risk has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation, contact the county agency. For the contact number for your county please visit the websites listed below:
   Wisconsin Adults at Risk (age 18 to 59) County Agency Help Line http://dhs.wisconsin.gov/aps/Contacts/aaragencies.htm
   Wisconsin Elders at Risk (age 60 and over) County Agency Help Line http://dhs.wisconsin.gov/aps/Contacts/eaaragencies.htm
3. If the alleged abuser is a paid caregiver employed by a long-term care facility, contact the Division of Quality Assurance, Office of Caregiver Quality (608-261-8319).

4. If an act of abuse, neglect or exploitation is suspected, the staff member involved in, or suspected of being involved in an act of abuse, neglect or exploitation may be immediately placed on paid suspension until an investigation determines the validity of the suspicion.

5. In the event of a verified act of abuse, neglect or exploitation, disciplinary procedures will be implemented immediately.

6. The procedures may include termination and law enforcement may be brought in if deemed appropriate.

7. If a NWCGC employee is aware or made aware of a situation of abuse, neglect or exploitation, but does not report it to his/her supervisor, that employee will face the same disciplinary and legal actions as the actual perpetrator of the abuse, neglect or exploitation.

8. If a staff member in good faith reports an act of abuse, neglect or exploitation, there will be no reprisal or discrimination for reporting such act.

9. If a staff member knowingly makes a false accusation regarding another staff member’s behavior, the accusing staff member will face disciplinary and possible legal actions.

10. If you experience any of the above, and are not sure whether to report, it is safest to report. However, you may wish to discuss the decision with your supervisor before acting.

11. In cases of client disclosure, the staff involved should write an incident report that details the disclosure and report to the appropriate county department.

12. An incident report should be forwarded to the administration and kept on file.

13. If there are questions, please contact your supervisor for clarification.

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Reporting of Suspected or Actual Child Abuse

**POLICY:**
NWCGC insists that all clients served through NWCGC be treated with dignity and respect and receive services free of and are protected from any form of physical or emotional abuse, neglect or exploitation. NWCGC maintains a zero tolerance acceptance level of any form of abuse, neglect, or exploitation. Any form of abuse, neglect, or exploitation will result in immediate disciplinary procedures, possible legal action, and notification of appropriate regulatory agencies. Zero tolerance means absolutely no level of abuse, neglect, or exploitation will be tolerated.

All employees of Northwest Counseling and Guidance Clinic are required to report by the child abuse law (48.981) if they have reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected or have reason to suspect that a child seen in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur. An employee required to report shall immediately inform, by telephone or personally, the county department.

Mandatory reporting guidelines read as follows:
A physician, other medical or mental health professional, social or public assistance worker, school teacher, administrator, or counselor, child care worker in a day care center or child caring institution, alcohol or drug abuse counselor, member of treatment staff employed by or working under contract with a county department under s46.23, 51.23, or 51.37, physical therapist, occupational therapist, are required to report by the child abuse law (48.981) if they have reasonable cause to suspect that a child seen in the course of professional duties has been abused or neglected or having reason to suspect that a child seen in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur… A person required to report shall immediately inform, by telephone or personally, the county department. The county department shall, within 60 days after it receives a report from a person required to report, inform the reporter of what action, if any, was taken to protect the health and welfare of the child who is the subject of the report.

Under Chapter 48.981 of the Wisconsin Statutes, we as health care professionals have a responsibility to report cases of suspected child abuse (under 18 years of age) or neglect. Chapter 48.981 provides the following definitions of abuse and neglect:

a. “Abuse” means any physical injury inflicted on a child other than accidental means, or sexual intercourse or sexual contact under s.940.225. In this paragraph, “physical injury” includes but is not limited to severe injury constituting great bodily harm under s939.22 (14).

b. “Neglected Child” means a child whose parent, guardian, legal custodian or other person exercising temporary or permanent control over the child neglects, refuses or is unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child.
Reporting of Suspected or Actual Child Abuse (continued)

PROCEDURE:
1. Employees observing an incidence of abuse, neglect or exploitation of a consumer of services will immediately intervene and/or dial 9-1-1 if someone is in immediate life-threatening danger, provide first aid, or obtain medical assistance, if necessary, and secure the safety of the consumer.
2. If you suspect a child has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, or exploitation, contact the county agency.
3. If a client tells a staff member that s/he has abused his/her child, or a staff member witnesses child abuse by a client, or if a minor client reports abuse, you must report this to the appropriate county agency.
4. If an adult client admits to past abuse as a child, the law is vague, as no statute of limitations exists. Either decision, to report or not to report, could be defended given the circumstances of the case.
5. If an adult who was abused in the past as a child expresses concern over a minor sibling at home, it is advisable to report the situation to the appropriate county department on an informal basis, to alert them to be aware of any potential problem. Since there is only suspicion of abuse here of a non-client, the reporting rule does not apply; yet for good interagency cooperation and possible prevention of abuse, informal contacts are expected.
6. If an act of abuse, neglect or exploitation is suspected, the staff member involved in, or suspected of being involved in an act of abuse, neglect or exploitation may be immediately placed on paid suspension until an investigation determines the validity of the suspicion.
7. In the event of a verified act of abuse, neglect or exploitation, disciplinary procedures will be implemented immediately.
8. The procedures may include termination and law enforcement may be brought in if deemed appropriate.
9. If a NWCGC employee is aware or made aware of a situation of abuse, neglect or exploitation, but does not report it to his/her supervisor, that employee will face the same disciplinary and legal actions as the actual perpetrator of the abuse, neglect or exploitation.
10. If a staff member in good faith reports an act of abuse, neglect or exploitation, there will be no reprisal or discrimination for reporting such act.
11. If a staff member knowingly makes a false accusation regarding another staff member’s behavior, the accusing staff member will face disciplinary and possible legal actions.
12. If you experience any of the above, and are not sure whether to report, it is safest to report. However, you may wish to discuss the decision with your supervisor before acting.
13. In cases of client disclosure, the staff involved should write an incident report that details the disclosure and report to the appropriate county department.
14. An incident report should be forwarded to the administration and kept on file.
15. If there are questions, please contact your supervisor for clarification.

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Role Modeling

POLICY:
As an employee for NWCGC, one is considered to be an adult role model to each client. Employees reflect NWCGC expectations of respect and personal responsibility for one’s self and one’s behavior toward others. The following items are considered by the organization to be core in positive role modeling and the minimal expectations of each staff member (they are not all-inclusive):

1. Show respect for yourself. Presentation of self on the job as neat, clean, and well groomed.
2. Show respect for other staff members and clients.

PROCEDURE:
An employee not adhering to the role modeling expectations may be subject to disciplinary action, up to and including termination of employment.

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Social Media Use

**POLICY:**
NWCGC views social media and networking sites as powerful tools to communicate our services and to further your personal reputations as staffing experts.

Social media can take many different forms, including Internet forums, blogs & micro blogs, online profiles, wikis, podcasts, pictures and video, email, instant messaging, music sharing, text messaging, and voice over IP, to name just a few. Examples of social media applications are LinkedIn, Facebook, MySpace, Wikipedia, YouTube, Twitter, Yelp, Flickr, Second Life, Yahoo groups, Wordpress, ZoomInfo – the list is endless.

When an employee is participating in social networking, he/she is representing both him/herself personally and NWCGC. It is not our intention to restrict an employee’s ability to have an online presence and to mandate what they can and cannot say. We believe social networking is a very valuable tool and continue to advocate the responsible involvement of all NWCGC employees in this space. While we encourage this online collaboration, we would like to provide employees with a company policy and set of guidelines for appropriate online conduct and to avoid the misuse of this communication medium.

**Policy Guidelines:**
- NWCGC prohibits employees to use social media platforms including texting, during the provision of direct services with any and all clientele. If an employee has an emergency where texting or other cell phone use is needed, she/he is asked to speak directly with their immediate supervisor to help devise an appropriate plan of action.
- Do not post any financial, confidential, sensitive or proprietary information about NWCGC or any of our clients and staff. This includes, but is not limited to taking photos of clients and storing them on a personal device, using/sharing any information on a social media platform that discloses the identity of NWCGC clientele.
- Bullying or harassment of current, former or potential customers, partners, employees and competitors will result in disciplinary action, up to and including termination. The same guidelines hold true for NWCGC vendors and business partners.
- If a current or former client of NWCGC attempts to connect with a current employee on a social media platform, employees should let their immediate supervisor know prior to responding to the request or contact. Each case will be discussed and an appropriate response will be developed between the employee and NWCGC. If the client is posting that they are about to hurt themselves, the NWCGC employee should immediately contact law enforcement and provide as much information as necessary to assist law enforcement in helping that individual.
- As a NWCGC employee, be aware that you are responsible for the content you post and that information remains in cyberspace forever.
- Use privacy settings when appropriate. Remember, the Internet is immediate and nothing posted is ever truly private nor does it expire.
Social Media Use (continued)

- If you see unfavorable opinions, negative comments or criticism about you or NWCGC, do not try to have the post removed or send a written reply that will escalate the situation. Forward this information to our internal Human Resources.
- Think of what you say online in the same way as statements you might make to the media, or emails you might send to people you don’t know. Stick to the facts; try to give accurate information and correct mistakes right away.
- Do not post obscenities, slurs or personal attacks that can damage both your reputation as well as NWCGC’s.
- Be aware that you are not anonymous when you make online comments. Information on your networking profiles is published in a very public place. Even if you post anonymously or under a pseudonym, your identity can still be revealed.
- If contacted by the media, please refer to Media Contacts Policy.

NWCGC may monitor content out on the web. Users who violate the policy may be subject to discipline, up to and including termination of employment. If you have any questions about this policy or a specific posting out on the web, please contact Human Resources.

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Suicide Debriefing

POLICY:
Northwest Counseling and Guidance Clinic will provide support to staff and families following the suicide of a client.

PROCEDURE:
1. As soon as possible following the suicide of a client, but no later than seven (7) days following the death, the staff involved will participate in a post-vention. The post-vention will generally be conducted by a clinical supervisor or designee. The purpose of the post-vention is to allow the staff to process their reactions and gain support.
2. Active efforts will be made to refer family members or other concerned persons following a client suicide to other providers for a debriefing or other services. When appropriate, NWCGC will provide this service.
3. It is noted that a person’s legal rights do not stop when they die, thus, there can be no release of confidential information without proper legal authorization. Any requests for information should follow the release of information procedure with legal consultation as needed.
4. As with any client death, death-reporting procedures will be followed.

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Technology / Information Management System

POLICY AND PROCEDURE:
Northwest Programs (hereafter, defined as Agency), to include Northwest Passage, LTD., Northwest Pediatric Specialties, and Northwest Counseling & Guidance Clinic has developed and established this Technology Policies and Procedures to clarify legal and ethical use guidelines for the Agency’s technology resources and to outline essential Information Management Systems (IMS) protocols that were designed to ensure:

- Preservation and security of mission critical data
- Reliable workstation and server performance
- Dependable antiviral and firewall protection
- Reliable network connectivity
- HIPAA compliance

Agency computing resources are designed to enhance and support the mission statement and operation of the Agency. These supportive technological features include microcomputers, RS 6000 Unix, Windows 2003 and Windows 2008 servers, advanced archival and disaster recovery systems, enterprise virus solutions, Internet, Internet surveillance measures, and advanced firewall protection. These devices and technology protection measures are complimented and supported by the Agency’s Wide Area Network (WAN) and Virtual Private Networking (VPN) infrastructures.

This manual sets forth computer use policies and procedures for all Agency-owned technology. The intent is to give an overview of acceptable and unacceptable uses. This manual is not to be considered an exhaustive enumeration of all uses and misuses.

Misuse and Abuse
General Overview
- Employees will engage the Agency’s computing infrastructure in an effective, ethical, moral, and legal manner. Any activity that adversely compromises the Agency’s reputation, data, computers, and/or networks is prohibited.
- End Users will observe the rights of other users, respect the integrity of the systems, and adhere to Agency policies and all relevant Federal, State, and local laws, regulations, and obligations.
- Misuse of computing, networking or information resources may result in reprimand, to include suspension, or termination. If the Agency’s Board determines the violation warrants action beyond the Agency’s imposed penalty, the case may be referred to the appropriate legal authorities.
- Employees who observe abuses and potential or actual security breaches are required by Agency protocol to report such incidents. These reports are to be directed to the Technologies Administrator. Confidentiality will be observed when processing a complaint or concern.
Technology / Information Management System (continued)

*Misuses*
Misuses are defined as, but not limited to:
- Use of any Agency technology that violates Federal, State, and local laws, regulations, and obligations.
- Unauthorized replication of copy-protected material. Illegal reproduction of software and intellectual property is protected by US Copyright Law and is subject to civil and criminal penalties including fines and imprisonment.
- Unauthorized hardware and/or software installation. Installations must be approved and performed by the Technology Administrator or an appointed authorized technician.
- Installation and/or participation in computer games. Games are strictly prohibited.
- Online gaming/gambling.
- Unauthorized modification of existing hardware and system software.
- Unauthorized removal of Agency-owned technology or data.
- Intentional destruction of equipment, software, or data belonging to the Agency.
- Any deliberate attempt to circumvent or subvert system or network security measures to include, but not limited to:
  - Providing, assisting in, or gaining unauthorized or inappropriate access to the Agency’s computing resources.
  - Unauthorized attempts to gain privileged access or access to any account not belonging to the End User. Individual accounts cannot be transferred to or be used by another End User without appropriate authorization. Sharing passwords is prohibited.
  - Any action that compromises the Agency’s automated disaster recovery backup systems.
  - Any action that compromises the Agency’s anti-virus measures.
  - Any action that compromises the Agency’s surveillance measures.
- Activities that interfere with the ability of others to use resources effectively.
- Distribution of obscene, racist, abusive, or threatening messages and material via electronic mail or other means.
- Distribution of mass e-mailings (Spamming) to non-agency and Agency recipients.
- Use of Agency computers, websites, email and networks for political, commercial or profit-making enterprises, except as authorized by the designated Administrator. Examples of these prohibited activities include, but are not limited to: solicitations to sell personal goods, managing a personal business, stock trading, accessing auction and gambling URLs, canvassing for political campaigns, etc.
- Inappropriate handling of confidential data in such a way to jeopardize or breach the confidentiality status of that data. Employees are prohibited from browsing administrative, client, and employee data files without specific purpose and authorization. If, by mistake or other cause, an employee reads protected information, that information will not be divulged except as authorized by the designated Administrator of that facility or by appropriate legal authorities.
- Alteration of Agency data with the intent to commit fraud.
- Use of printers as copiers - one copy of output should be made and taken to copiers for the production of multiple copies.
Technology / Information Management System (continued)

- Printing to label laser sheets or any paper with adhesive backing.
- Intentional removal of the “Notice of Confidentiality” disclosure from the body of Agency email.
- Accessing third party email systems. Third party email systems include but are not limited to Excite mail, Yahoo mail, Hot mail, etc.
- Email is considered the property of the Agency. Email is considered a legal and professional document. Consider this information when composing and sending email. Use professionalism and appropriate language when composing email messages.
- Using a personal computer on the Agency’s WAN.
- Sending attachments via email with a total file size greater than 400KB. Files in access of this limitation will be transported through Public Folders. Upon receipt of attached files the sender and receiver should delete the email from the appropriate mail folder to ensure mail folder sizes remain manageable.
- Storing proprietary client data in unprotected shared folders or in first level Public Folders resulting in HIPAA violations. Contact the Technologies Administrator to setup protected shared folders.
- Non-agency related data streaming during office hours. Examples include radio programs and video feeds.

Northwest Programs Intellectual Property and Data Rights
All data produced and stored on the Agency’s networks, to include but not limited to End User e-mail, documents, research, graphics, logos, agency strategies, demographics, and databases are considered to be the intellectual property of the Agency.

All Agency data will be considered trade secret and/or copyright protected and will not be distributed to Non-Agency recipients without appropriate authorization.

Data contained on the servers and End User Workstations is subject to audit, without notice, as deemed appropriate by the designated Administrator of the facility.

Disaster Recovery Measures
Disaster Recovery Systems (DRS) are essential to ensuring data restoration in the event of a catastrophic hardware and/or software malfunction. These events are very rarely predictable, striking without notice.

To ensure mission critical data can be recovered End Users are required to return their data to the server at the end of the workday. Note that the Agency does not backup workstations. Servers are the only storage devices equipped with DRSs.

End Users are prohibited from using floppy, CD media, or other types of writable media to store agency data. All Agency data must be stored on the Agency servers.
Technology / Information Management System (continued)

Antivirus Measures
The growth and proliferation of malicious programs has progressively increased from an annoyance factor to a major security threat for corporate communities. Viruses can penetrate the most sophisticated protection array, therefore, no network is considered immune from data destructive virus attacks.
This Agency deploys Automated Enterprise Antivirus Protection to the workstations accessing Internet and the servers. These measures are designed to compliment the Agency’s Disaster Recovery Backup systems.

End Users should understand that antiviral systems are not fool proof. New viruses are designed and launched every day; viruses that can infiltrate current protection arrays.

This Agency requires that End Users exercise extreme vigilance when handling data, programs, and e-mail and email attachments.

The Agency has implemented policies and procedures to reduce the threat of virus attack. Antivirus protection begins with the End User. End Users are required to follow these protocols when using their workstations and the network resources.

- End Users will consider e-mail attachments and links as potentially dangerous threats and treat them with caution. Open only expected attachments and links from known and trusted sources. Question or delete all other e-mails before opening.
  That said, caution should be exercised with friendly e-mail. Cloaked viruses can penetrate a friend, co-worker, or family member’s address book and send itself to all parties listed in that address book. Any e-mail attachment with an unclear purpose should be verified with the sender before being opened. When in doubt delete the e-mail or contact the Technologies Administrator.
  E-mails containing holiday attachments, video, audio, or other "fun attachments" and sexually-explicit material are likely to be a frequently exploited tool for the transport of viruses. The programs that are attached to these e-mails are prohibited for download to the workstation’s fixed disk (hard drive) and network. End Users will avoid these high-risk e-mails. Download of such emails is considered a misuse of the resource (see section entitled Misuse and Abuse).
- End Users will, to the best of their ability, strive to stay informed about virus development, risks, alerts, hoaxes, and understand the potential vulnerabilities to their computing systems. To learn more about virus protection, active viruses, virus hoaxes, and other related references please click on, or type the attached hyperlink into your URL window on your browser: http://www.symantec.com/avcenter/
- End Users will know where their data/media has been and if there is a risk that the data/media could have been compromised. End User will be responsible for initiating proactive virus scans to keep their data virus free.
Technology / Information Management System (continued)

- All insert-able media that has been, or could have been exposed to computing systems outside the Agency’s networks will be scanned for viruses before the media sources can be deployed to the Agency’s network. End Users will set writeable media to write-disabled except when there is a need to write a file to them; then write-disable them again.
- The Technologies Administrator will be responsible for implementing the Agency’s Virus Alert Communication System. This system is designed to notify End Users of legitimate impending or potential virus threats.
- In the interest of preventing circulation of hoax virus alerts and, in turn, creating unnecessary alarm, End Users are prohibited from releasing virus notifications to other Agency End Users. Hoax alerts will frequently come in the form of email chain letters. These hoaxes pose a threat to the integrity of the Agency’s Virus Alert System (The cry wolf syndrome) and therefore will be avoided by the End User.
- End Users who have been given authorization to perform company duties on their personal computers are required to have an updated and operational Antivirus application running on said computers.

The Technologies Administrator will be used as a resource to assist End Users in navigating the techniques to identify potential virus threats, system vulnerability and clarify virus policy.

Log On and Password Protocols

Employees may not access the Agency’s networks and applications without appropriate authorization. Once authorization has been granted, a Log On ID and Password will be assigned to the respective End User.

End Users will maintain their Log On ID and Password in strict confidence. End Users will be held accountable for any activity carried out under their Log On ID and Password. The Agency will presume all activities carried out under an assigned Log On ID and Password to be the activities of the authorized End User until such time that End User can provide sufficient evidence to the contrary.

End User Log On Passwords are not to be shared with any other person without appropriate authorization.

Password violations constitute the majority of security breaches in today’s networks. Consider the following when selecting a password:

- Guess-able passwords are one of the most common sources of security breaches. Avoid using your Log On name as your password, in any form: as-is, reversed, doubled, etc.
- Avoid using your first or last name in any form. Avoid using your boyfriend's, spouse's, best friend's, or other close person's name.
- Avoid using information easily obtained about you. This includes license plate, telephone numbers, social security numbers, brand of your automobile, street you live on, etc. Use a combination of letters, numbers, and non-numeric characters.
Technology / Information Management System (continued)

- Avoid writing the Log On and Password down. Someone else may discover it. If you do need to write it down, avoid identifying it as a Log On and/or Password. Do not attach the reminder to the computer or work area, and make the written version slightly different from the actual version.
- Never allow End Users to use your Password. Enter your Password unobserved by others. If you believe that your Password has been compromised please change it or request a new Password from the Technologies Administrator.

The Agency requires Passwords with no fewer than 6 characters. The Password must be alphanumeric and can contain special characters (! * % & #).

Password Example:  Rainb1bow
  lphish$  
mhall#1 (Mary had a little lamb #1)

End Users are required to log out of the workstation at termination of their session. Logging out is essential to protecting the Agency’s data and contents of the End User’s desktop and files.

Account Activation, Change of Status, and Deactivation
The Program Administrator will be responsible for notifying the Technologies Administrator when new employees are hired and existing employees leave or are transferred.

Activating an account - The Program Administrator will contact the Technologies Administrator no less than two weeks before the new hire start date to request an IMS account for the incoming employee.

The Program Administrator will assume responsibility to train the new employee. Training will include Agency policy and procedure, email use, file management, and general computer care/use.

Change of status - “Change of status” encompasses employee transfers, promotions, and demotions. The Program Administrator will contact the Technologies Administrator two weeks prior to an employee transfer, promotion, or demotion to make necessary account revisions.

Deactivation - The Program Administrator will contact the Technologies Administrator two weeks before an employee leaves the Agency. Deactivation details will be discussed at that time.

Hostile Dismissals - The Program Administrator will contact the Technologies Administrator prior to the dismissal to discuss protocol.
Technology / Information Management System (continued)

Internet

General Overview

Agency technology services include the provision for access to the Internet. The Internet is a global electronic information and communications network connecting millions of computers and users to one another. The information available is vast, and the ability to deliver data and communiqués matches no other mode of data transport.

This Agency is pleased to offer this connectivity option to those employees who are authorized to use the service. Authorized End Users have access to any or all of the following:

- Electronic mail (e-mail) communication capable of reaching any member of the global community
- Information and news from a wide variety of sources and research institutions
- Public domain data to span many varieties
- Discussion groups on a wide variety of topics
- Availability to e-commerce
- Access to countless websites to include the Agency’s website
- Access to many university libraries, the Library of Congress, and more

Internet access is a commanding force and influence in the Agency’s daily course of doing business. Many benefits can be obtained through the access of computers and people around the world. End Users have the capacity to communicate, and represent the Agency to a global audience.

The Agency also understands that for every volume of beneficial material accessed and data exchanged through the Internet, there is equal availability to volumes of material and data exchanged that may not be deemed appropriate, or have little or no value to the Agency’s mission statement and operation. To avoid Agency / End User Internet ethic and policy conflicts, the Agency has set forth the following usage protocols. The Agency requires that all End Users abide by the following policies when using the Internet.

Acceptable Internet usages will include access to unique resources and the opportunity for collaborative work that is supportive of the Agency’s mission statements, research, education, and business/economic development. The preservation of the Agency’s reputation will be considered first and foremost when utilizing the Internet. The use of your account must be consistent with these objectives.
Technology / Information Management System (continued)

End Users are expected to take all reasonable measures, given the constraints of technology and management practices, to ensure that Internet traffic entering and departing the Agency’s networks conforms to the acceptable use policy.

The Agency employs Internet and workstation surveillance technology. Internet and desktop activities are recorded and reviewed on a regular basis.

Misuses
Misuses are defined as, but not limited to:

- Transmission and storage of any materials that are found to be in violation of Federal, State, and Agency statutes. This includes, but is not limited to: copyrighted material infringement, threatening, obscene, vulgar, offensive, harassing, or slanderous material, or data protected by trade secret.
- Allowing non-authorized users access to their Internet account without first obtaining permission from the designated Administrator of that facility.
- Accessing the Internet for personal use on Agency time.
- Personal activities related to financial, commercial, product advertisement, or non-related Agency political lobbying.
- Installing any program that has been downloaded from the Internet to an Agency’s workstation’s fixed storage (hard drive) without appropriate authorization.
- Activities designed to interfere with the ability of other users to make effective use of the Internet.
- Sending, receiving or displaying any material that detracts from the reputation of the Agency.
- Activities leading to contamination, deletion or reconfiguration of data or degradation of system performance.
- Misrepresentation of oneself as someone else, fictional, real or anonymous.
- Any action to attempt to find out the passwords or account set-up for other End Users, or passwords for services for which appropriate access has not been authorized.
- Installation of an Agency’s Internet account to an End User’s personal computer.
- Purposeful alteration of Web Browser system and security settings.

At completion of the Internet session, End Users will log out of their Web Browser and Desktops to prevent unauthorized access.

The End User is responsible for security of his or her Internet account and password. The Agency will presume all use of the account and password to be that of the authorized End User.

The Agency reserves the right to review any End User’s Internet activity logs, without notice, when abuses are suspected.
Technology / Information Management System (continued)

**Disk Storage**
End Users are required to store all data on the appropriate designated server(s), through the pre-determined mapped drives that have been configured for that End User.

End Users are not to store data to A: (1.44 floppy) or other writable media or C: (local hard drive). These drives are to be reserved for data in transport or secure data editing.

Caution: Each Agency server is protected by a Network Backup System. All data that is not stored on a server will be void from the scheduled system backup.

**Technology Donations**
From time to time vendors, schools, and businesses will contact the Agency to offer technology donations. In the past the Agency has accepted these donations without first inspecting the equipment to determine said equipment’s usability. Frequently the equipment has been found to be antiquated, inoperative, and in turn useless. The Agency than has to pay a substantial hazard waste fee to dispose of the equipment. To avoid unnecessary expense to the Agency all donation requests must be reviewed by the Technologies Administrator before the donation can be accepted.

**Workstation End User Maintenance**
It will be the responsibility of each End User to provide and maintain an environment that is conducive to the preservation of their workstation. Such an environment will provide reasonable protection that will prevent damage and unnecessary wear and tear to the hardware. End Users will follow and abide by these protocols to promote a safe computing environment:

- The work area near the computer components will be kept clean and free of office debris / dust. CPUs, monitors, and printer blower fans require an area clear of obstruction to vent heat. It will be the responsibility of the End User to provide an unobstructed area that will be conducive to this function.
- CPU Cases, monitors, mice and keyboards will be cleaned periodically with a non-abrasive cloth moistened with a weak Windex solution.
- Liquid solutions (coffee, water, soda, etc.) and food will be kept at a safe distance from all electronic components.
- CPUs that are placed on the floor will be mounted in a CPU Superbase in such a manner to raise the CPU 12” off the floor. CPUs cannot be placed directly on the floor.
- Each workstation is protected by an agency-approved surge protector. The End User is prohibited from removing this protection from their computer and/or other agency peripherals. End Users will not plug unauthorized electronic devices into these surge protection devices. Dust caps will be installed to the open electrical ports on the surge protector.
- At the direction of the Technologies Administrator or discretion of the Program Administrator, workstations, peripherals, and servers will be turned off in the event that severe weather or other anomalies may threaten hardware, software or data.
Technology / Information Management System (continued)

- If it is deemed necessary to relocate a workstation, peripheral or other hardware, the Technologies Administrator will be contacted to supervise the relocation.

End Users who are assigned to notebook computers will:
- Abide by the aforementioned polices.
- Ensure that the unit is powered down before transport.
- Transport the unit in the appropriate carry case.
- Provide reasonable measures to guard against theft.
- Ensure that the unit is not exposed to temperatures less than 45° F and no greater than 105° F for periods exceeding 30 minutes.
- When using an external power supply in the field, ensure that the unit is protected against surge or other electrical anomalies.
- Carry the notebook in such a manner to protect against accidental dropping.

End Users will be financially liable for hardware damage or data loss resulting from intentional or unintentional actions that are in direct violation of, but not limited to, these policies.

**Acquisition Requests for New Technology**

Requests to purchase new hardware/software must be channeled through the authorized Director of the program. The Director will submit the request to the CFO (when applicable) and the Technologies Administrator.

To prevent delays in new technology installations, please provide adequate notice to allow for Board approval (when applicable), purchase and delivery, and scheduling.

**Closing**

The aforementioned statements of policy are not meant to be exhaustive. The Agency’s Board of Directors is the final authority on questions of acceptable use of the technology. Until an issue is resolved, questionable use should be considered unacceptable.

All questions, concerns, definition clarification, and interpretations of these polices should be directed to the Technologies Administrator.

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Termination of Employment

POLICY:
An employee should notify NWCGC administration as soon as possible of intentions to terminate employment. Notification should be made in writing and a four-week or longer notice is appreciated.

PROCEDURE:
1. Provide written notification to immediate supervisor regarding termination of employment.
2. Immediate supervisor should immediately forward written notification to payroll department.
3. Prior to receiving a final paycheck, all agency keys and assigned property should be returned to the employee’s supervisor.
4. Employees should review accrued time off status with his/her supervisor and payroll department prior to the final day of employment to ensure proper credits or deductions.

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Time Off – Full Time Employees Only

POLICY:
NWCGC provides paid time off to full time employees in the form of structured paid holidays, and accrued paid time off.

PROCEDURE:

Paid Holidays:
(This section does not apply to Emergency Services – see Emergency Services section.)
2. Christmas Eve and Christmas Day may be exchanged for two alternative holidays depending on religious or cultural needs under the following stipulations: within two weeks of employment with NWCGC, an employee must declare the two dates on which the alternative holidays will be utilized. These dates will continue as the employee’s alternative holidays throughout the duration of his/her employment.
3. If any paid holiday falls on a weekend, the administration of each NWCGC division reserves the right to designate the date on which the holiday will be observed according to the needs of the program (i.e., the Friday immediately before or Monday immediately after). Supervisors and administrators will make every effort to make this decision as far in advance of the holiday as practical and communicate the decision to affected employees.
4. Employees are not eligible for holiday pay during periods of unpaid FMLA or other unpaid leave of absence or if they are working less than full time hours at the time of the paid holiday (i.e. short term reductions in hours or layoffs). Employees are eligible for holiday pay while out on FMLA or another unpaid leave of absence if they take an already accrued paid time off day on both the day immediately before and the day immediately after the holiday.

Paid Time Off:
1. Paid Time Off is granted to employees on an accrual system and is meant to allow employees a benefit of paid time off for absences from work.
2. Full-time employees typically accrue a total of 120 hours of paid time off per year in their first year of employment unless otherwise agreed to by the relevant Administrator and indicated on an individual’s “agreement to hire.”
3. Full-time employee’s paid time off accruals increase as years of service increase. Updated annual accrual totals outlined below are granted on the employee’s anniversary of hire:

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<thead>
<tr>
<th>Anniversary</th>
<th>1st Anniversary</th>
<th>2nd Anniversary</th>
<th>3rd Anniversary</th>
<th>10th Anniversary</th>
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<tbody>
<tr>
<td></td>
<td>136</td>
<td>152</td>
<td>160</td>
<td>200</td>
</tr>
</tbody>
</table>

4. Employees are expected to notify supervisors in advance of any planned time off and as soon as is practical for any absence involving immediate illness, injury, or emergency need.
5. Use of paid time off is subject to approval of the employee’s supervisor or other administrator.
6. Notification of an unplanned absence will be made according to the supervisor’s expectations (i.e. phone call to supervisor’s cell phone, etc.).
7. Employees will document the use of any accrued paid time off using a Time Off Request form available at their work site.
8. If an employee absence is sudden and does not allow for a Time Off Request form to be completed in advance, the employee will complete the document immediately upon return. In certain cases where an absence precludes documentation of time off by the employee and documentation is required for payroll prior to an employee’s return to work, a supervisor may complete this document on an employee’s behalf.
9. Accrued Time Off may be carried over from year to year with a limit of 280 total hours.
10. Upon termination of employment accrued time will be paid out according to the following schedule:
   - 50% of accrued time will be paid out if a termination notice is provided at least four weeks prior to the last day of work, and the employee works the last 20 days of their employment (i.e. no PTO used during 4 week notice time period). If PTO is used during the 4-week notice time period, the last date of employment must be extended by that amount of time to receive the 50% payout.
   - If the termination notice is less than four weeks or the employee is discharged for disciplinary reasons or misconduct, there will be no compensation for accrued paid time.
   - Employees who voluntarily decline to return at the end of an approved leave (FMLA, LoA, etc.) will forfeit any accrued PTO.
11. Employees who are absent without sufficient accrued paid time off and whose absences are not covered by an otherwise approved leave (FMLA, Jury Duty, Approved leave of absence, etc.) will not be paid for the time off that was not sufficiently covered by accrued time AND may be subject to disciplinary action including termination of employment. Employees are accountable for planning their absences carefully and managing their accrued paid time off wisely, allowing for adequate reserves should an unplanned absence or emergency arise. Employees cannot “borrow against” future accruals.
12. Employees will not continue to accrue time during any unpaid time.

Transitions between Part-time and Full-time:
Time working for NWCGC as a part-time employee will not be counted towards annual accrual rates of PTO if an employee transitions to a full-time position.

Employees transitioning from full-time to part-time status will be paid out all accrued PTO and unable to continue accruing PTO. Such employees will then be eligible to the provisions under the Time Off (Unpaid) – Part-Time Employees Only policy unless otherwise agreed upon by administration.

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Time Off (Unpaid) – Part Time Employees Only
(This policy does not apply to Emergency Services)

POLICY:
NWCGC provides a structure allowing unpaid time off to part time employees.

PROCEDURE:
1. Holidays that are designated as paid holidays for full time staff are also considered automatic unpaid days off for part time staff. Those include: New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day.
2. Part time staff will typically be allowed the equivalent of 2 workweeks of unpaid time off. A workweek is defined by the number of hours in each individual’s part time schedule. For example, if a part time staff is regularly scheduled to work 20 hours weekly, then that staff would be eligible for up to 40 hours (2 X 20 hours / week) of unpaid time off during a calendar year.
3. Part time staff are expected to submit requests for time off to their immediate supervisor with as much notice as is reasonable and according to that supervisor’s expectations.
4. If a part time staff is absent from work for an amount exceeding the equivalent 2 work weeks or if their absences become problematic for program functioning and are not covered by an approved leave such as FMLA jury duty, etc., they may be subject to disciplinary action due to poor work attendance.

Transitions between Part-time and Full-time:
Time working for NWCGC as a part-time employee will not be counted towards annual accrual rates of PTO if an employee transitions to a full-time position.

Employees transitioning from full-time to part-time status will be paid out all accrued PTO and unable to continue accruing PTO. Such employees will then be eligible to the provisions under the Time Off (Unpaid) – Part-Time Employees Only policy unless otherwise agreed upon by administration.

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Tobacco, Drug and Alcohol Use and Testing

POLICY
Northwest Counseling and Guidance Clinic is an alcohol and drug free agency. This includes all buildings, vehicles, and grounds. Employees, clients, and visitors are prohibited from using alcohol and/or illegal drugs on agency grounds. Tobacco use is only permitted in designated areas on agency grounds. Tobacco, including smokeless tobacco, is prohibited on agency grounds in the presence of consumers or customers. Electronic cigarettes are considered equivalent to regular tobacco cigarettes for the purpose of this policy.

Instances where drug/alcohol testing will occur include pre-employment (Transportation Services only), reasonable suspicion, post-accident with probable belief circumstance, and follow-up (employees who have tested positive or violated policy could be subject to a follow-up). Employees who test positive, or otherwise violate this policy, are subject to discipline, up to and including immediate termination.

USE PROCEDURE:
1. Being under the influence of alcohol, illegal substances, or prescription medications that may impair your ability to complete the duties of your position while you are on the job as well as use of such substances on the job is prohibited and subject to disciplinary action including potential immediate termination.
2. If an employee is abusing alcohol or illegal drugs, then he/she is encouraged to seek help.
3. NWCGC would support the employee seeking help by allowing an unpaid leave of absence.
4. If an employee is abusing alcohol or illegal drugs and would like to seek a leave of absence for treatment, they should follow the applicable leave of absence policy in this manual.

TESTING PROCEDURE
1. All drug-testing information will be maintained in separate confidential records.
2. Each employee, as a condition of employment, will be required to participate in pre-employment testing (Transportation Services Only) or at request of management as a result of reasonable suspicion, post-accident with probable belief circumstance, and/or follow-up to previous positive tests.
3. Testing for the presence of alcohol will be conducted by analysis of breath.
4. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine. The test will screen for a panel of 10 substances.
5. Any employee who tests positive will be immediately removed from duty.
6. An employee will be subject to the same consequences of a positive test if he/she refuses the screening or the test or tampers with or alters urine samples that are submitted for testing.
Tobacco, Drug and Alcohol Use and Testing (continued)

REQUIRED TESTING

1. **Pre-employment (Transportation Services Only):** All applicants must pass a drug test before beginning work. Refusal to submit to testing will result in disqualification of further employment consideration.

2. **Reasonable Suspicion:** Employees are subject to testing based upon (but not limited to) observations by a supervisor of apparent workplace use, possession, or impairment. Human Resources shall be consulted before sending an employee for testing. *Under no circumstances will the employee who is displaying reasonable suspicion be allowed to drive him or herself to the testing facility. The supervisor will make arrangements for the employee to be transported to the testing facility and home.*
   - Employees suspected of workplace use or impairment will be on paid medical leave pending the outcome of the drug test.

3. **Post-accident:** Employees are subject to testing when they cause or contribute to accidents that seriously damage a Northwest vehicle, equipment, or property and/or result in an injury to himself or herself, another employee, or anyone else requiring medical attention. A probable belief circumstance will be presumed to arise in any instance involving a work-related accident or injury in which an employee who was operating a motorized vehicle is found to be responsible by NWCGC insurance company and/or law enforcement for causing the accident. In any of these instances, the investigation and subsequent testing must take place within two (2) hours following the accident, if not sooner. *Under no circumstances will the employee be allowed to drive him or herself to the testing facility.*

4. **Follow-up:** Employees, other than those whose primary responsibility is transporting MTM members, who have tested positive, or otherwise violated this policy, are subject to discipline, up to and including immediate termination. Depending upon the circumstances and the employee’s work history/record, NWCGC may offer an employee who violates this policy or tests positive the opportunity to return to work on a last chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies determined by NWCGC for a minimum of one (1) year but not more than two (2) years as well as a waiver of the right to contest any termination resulting from a subsequent positive test. If the employee either does not complete their rehabilitation program or tests positive after completing the rehabilitation program, they will be subject to immediate discharge from employment.

COLLECTION AND TESTING PROCEDURES

Applicants and employees subject to drug testing shall go to a designated collection facility. The laboratory shall screen all specimens and confirm all positive screens. There shall be a chain of custody from the time specimens are collected through testing and storage.
Tobacco, Drug and Alcohol Use and Testing (continued)

CONFIDENTIALITY
Information and records relating to positive/negative test results, drug and alcohol dependencies and legitimate medical explanations shall be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed where relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

INSPECTIONS
NWCGC reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas, and property that might conceal a drug, alcohol, or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including discharge.

CRIMES INVOLVING DRUGS
NWCGC prohibits all employees from manufacturing, distributing, dispensing, possessing or using an illegal drug in or on NWCGC premises or while conducting company business. NWCGC employees are also prohibited from misusing legally prescribed or OTC drugs. Law enforcement personnel shall be notified, as appropriate, where criminal activity is suspected.

NWCGC does not desire to intrude into the private lives of its employees, but recognizes that employee’s off-the-job involvement with drugs and alcohol may have an impact on the workplace. Therefore, NWCGC reserves the right to take appropriate disciplinary action for drug usage/sale/distribution while off company premises. All employees who are convicted of, plead guilty to, or are sentenced for a crime involving an illegal drug are required to report the conviction, plea or sentence to Human Resources within five days. Failure to comply will result in automatic discharge. Cooperation in complying may result in suspension without pay to allow management to review the nature of the charges and the employee’s past record with NWCGC.

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Transportation and Vehicle

PURPOSE:
The primary purpose of this policy is to ensure the safety of NWCGC clients and employees.

GENERAL GUIDELINES:
- Any NWCGC employee providing transportation services or utilizing a NWCGC vehicle must have a completed driving record check. NWCGC reserves the right to complete subsequent driving record checks.
- NWCGC has the authority to deny driving privileges to any employee providing transportation services utilizing his/her personal vehicle or a company vehicle based on results of a driving record check.
- Any employee driving a NWCGC vehicle or providing transportation services must meet agency insurance and/or MTM standards.
- Any traffic violation must be reported to the program administrator immediately; failure to do so may result in disciplinary action. Please note: Certain traffic violations may immediately disqualify an employee from providing transportation services to clients.
- NWCGC may conduct an administrative review for any traffic violation of any NWCGC employee. The review may result in disciplinary action and/or termination, depending upon the violation.
- Any tickets or traffic violations issued to a driver while in operation of a company vehicle or personal vehicle will be the personal responsibility of the driver, not the company.
- Seatbelts must be worn at all times that the vehicle is in motion.
- The driver must be carrying a current valid driver’s license when operating the vehicle.
- The vehicle may only carry as many passengers as the manufacturer rates for the vehicle.
- When transporting clients, NWCGC vehicles must have the following:
  - Cellular telephone
  - First aid kit
  - Fire extinguisher
  - Ice scraper in the winter
  - Portable triangle reflectors
  - Extra electrical fuses
  - Flashlight
  - Biohazard spill kit
  - Stepstool for 12 passenger vehicles
  - Current vehicle registration
  - Current insurance card
  - MTM accident forms
  - Seatbelt cutter
- Follow all state and county regulations regarding cell phone use while driving. Please note that texting while driving is illegal in the state of Wisconsin.
- The vehicle should be clean, uncluttered and free of obstructions on the floors, aisles and seats.
- Passenger doors should be locked at all times when a vehicle transporting clients is moving.
- A current insurance and registration card for the vehicle must be kept in the vehicle at all times.
Transportation and Vehicle (continued)

- There is no smoking in a company vehicle.
- No animals may be in company vehicles used for transporting clients except for certified service animals for identified clients.

WHEN AN EMPLOYEE IS TRANSPORTING A CLIENT WITH HIS/HER PERSONAL VEHICLE, THE FOLLOWING PARAMETER APPLIES:
- The employee is responsible for maintaining insurance coverage and informing NWCGC of any lapse or change in insurance coverage.

MAINTENANCE FOR VEHICLES OWNED BY NWCGC OR NWP
As a general rule, the recommended maintenance schedule provided by the vehicle’s manufacturer should be followed. Adherence to the factory maintenance schedule is important for ensuring the safe and long run economical use of the vehicle. In addition, compliance with the factory’s maintenance schedule may be required to cover certain repairs under the factory’s standard warranty.

- In addition, a professional should inspect any unusual sound or feel to the vehicle as soon as possible.
- Any vehicle used to transport clients must comply with MTM’s inspection schedule.
- The Transportation Director shall approve all repairs over $100 for vehicles.
- New vehicles often have special driving requirements during the “break-in” period. An employee driving a new vehicle must follow the manufacturer’s “break-in” requirements.
- All maintenance services must be documented. For each service, the documentation should reflect the date of service, the name of the service provider, the odometer reading, and the service(s) provided.

MONTHLY REPORTING
For vehicles transporting clients, the assigned driver must complete the monthly vehicle report and submit it to the Transportation Supervisor indicating the mileage and any maintenance or repairs during the month. The monthly report along with all work orders (routine or not) must be turned in to the Transportation Director within one week of month-end.

For vehicles assigned to specific individuals, not providing community transportation, vehicle reports should be submitted to the Transportation Director on a quarterly basis.

USE OF NWCGC VEHICLES
The direct supervisor of a potential driver in conjunction with the Transportation Director will determine which employees have authority to transport clients in NWCGC vehicles. The principal consideration in granting such authority should be the safety of the clients. Employees with a pattern of dangerous driving practices shall not be allowed to transport clients.
Transportation and Vehicle (continued)

PERSONAL USE OF NWCGC VEHICLES
Certain employees that have been assigned NWCGC vehicles may use the vehicles for a reasonable amount of non-work related travel. Personal use of NWCGC vehicles includes running errands, taking short trips, and commuting between the employee’s home and base office. NWCGC vehicles should not be used for very long distance trips (e.g., to Florida) that are not work related. The employee is responsible for tracking business, personal, and commuter mileage.

The employee assigned a NWCGC vehicle should be the person driving the vehicle. If someone other than the employee drives the vehicle, any accident/damage incurred during that time is the sole responsibility of the employee.

Employees with company vehicles are expected to comply with the company’s maintenance and other vehicle policies, including quarterly mileage reporting to the Transportation Director. In general, the employee is expected to maintain the reasonable value of the vehicle through regular upkeep and maintenance. The employee is subject to financial penalty if the value of the vehicle is deemed lower than the reasonable value. The employee should avoid excessive wear and tear from kids, pets, and general negligence. The company covers the cost of insurance and maintenance of the vehicle (including the cost of six car washes a year); however, insurance rate increases due to moving violations may be passed on to the responsible driver. The company reimburses fuel costs for business travel. All personal (including commuter) fuel costs are the responsibility of the employee.

Personal use of a company vehicle is a form of taxable compensation. The taxable value of this benefit is based on the value of the vehicle and the percentage of mileage used for personal travel. For example, based on the IRS’ vehicle valuation tables, the taxable value of a $16,000 vehicle is approximately $4,560 per year, based on 100 percent personal usage of the vehicle. If personal mileage represents 40 percent of the vehicle’s total mileage for the year, the taxable value reported to the IRS on the employee’s W-2 would be approximately $1,824 ($4,560 x 40%). Drivers need to keep a detailed account of business miles as opposed to personal miles. Commuting miles to and from an employee’s home and their “home office” site are considered personal miles, and fuel costs for such travel should not be charged to the company. When calculating business travel each day, employees should deduct the commuting miles from the total miles. All employees must have an assigned home office site. The yearly breakdown of mileage needs to be turned into the Accounting / Payroll Specialist by the 5th of December.
Transportion and Vehicle (continued)

VEHICLE CLAIMS/ACCIDENTS
Report all accidents to the Transportation Director as soon as possible. Obtain the following information from other drivers involved in the accident (suggestion: use cell phone to photograph driver’s license, license plate, etc.):

- Name and address of each driver, passenger and witness.
- Name of Insurance Company and policy number for each vehicle involved.
- Complete the following forms and submit to Transportation Director: Automobile Loss Notice, Incident Report Form, and Vehicle Claim Form. These must be completed within 2 business days of the accident. These forms can be found under the Company Vehicles folder in the Administrative DT Public Folders.

According to Wisconsin law, any accident must be reported to the Police when it results in:

- Injury or death of a person
- $1,000 or more total damage to property owned by any one person
- Damages of $200 or more to government property (except motor vehicles)

CHANGING VEHICLE NEEDS
If there is a need for a change in vehicles, this should be reported to the Transportation Supervisor. Possible future changes in the number and types of vehicles needed should be reported as early as possible.

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Travel Expense Reimbursement

POLICY:
As a general rule, employees are not reimbursed for meals during days that involve expected travel for the position and do not involve overnight stays. The exception to this rule is the occasional business meal whereby the employee is expected to engage in business related discussions during the meal. The reimbursement rate for such meals shall not exceed $10.00 for breakfast, $10.00 for lunch, and $15.00 for dinner. NWCGC will reimburse employees for overnight stays when the trip is related to work outside a 125-mile radius of one's home site. An employee’s immediate supervisor must approve overnight stays.

PROCEDURE:
1. Employees whose travel involves an overnight stay are expected to find appropriately priced accommodations. In general, overnight lodging should range between $60 and $80 per night (excluding applicable taxes/fees). If employees are unable to find accommodations in this price range, they are expected to contact a supervisor for approval if possible. Otherwise, employees must explain the additional costs upon turning in the receipt.
2. For business travel that involves an overnight stay, the reimbursement rates for meals are as follows:
   - $17.50 on the departure day of the trip.
   - $35.00 per each day that the employee is away from home for the entire day (i.e. travel days not including days that the employee either departs or returns home).
   - $17.50 on the return day of the trip.
   - Any tip exceeding 15% will not be reimbursed.
   - If an employee exceeds the amount indicated in the policy, then they will be reimbursed only for the allowable amount.
Any exceptions to the aforementioned meals policy must be pre-approved by the employee’s supervisor. The meal reimbursement rates include tip.
3. NWCGC employees are encouraged to share rooms whenever one is comfortable doing so and the accommodations meet the needs of the parties involved.

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Urine Drug Screening - Clients

POLICY:
In order to provide a quality recovery experience, and a safe, drug free, environment in which to recover, NWCGC has a urine drug screen program.

PROCEDURE:
1. At point of intake, the provider will obtain information concerning alcohol and drug use. It will be determined whether or not AODA issues currently exist. An AODA evaluation may be requested.
2. Client’s presenting with AODA issues and/or their guardian(s) may be asked to sign the Urine Drug Screen agreement upon intake or at any point during treatment when AODA issues arise.
3. At any point during treatment, a request for a urine drug screen can be made to the client and/or legal guardian.
4. Collection of the samples may occur on-site. If a client is already submitting to regular urine screens elsewhere, NWCGC may choose to obtain these results with appropriate releases.
5. Client must provide a urine specimen upon request of the program staff or a release to obtain one elsewhere.
6. If client will be submitting to a drug screen elsewhere, then the client will need to do so within 24-hours.
7. NWCGC will provide the client with the sample collection materials and facility space to produce the sample.
8. Samples testing positive will be discussed with client’s counselor and the clinical supervisor. Continued participation in treatment with NWCGC will be evaluated at that time. Client may be recommended to a higher level of care; client’s treatment plan may be extended or client may be discharged from the program.
9. Continued participation in the Northwest Journey program will be evaluated if the client refuses to cooperate with the admissions agreement stating the clients need to be free of chemicals and/or substances.
10. Additionally, if a client is suspected of using chemicals or substances, and a Urine Drug Screen is requested, (and the client refuses to cooperate with the Urine Drug Screen,) the client’s continued participation in the program will be further evaluated. Additionally, a referral for specialized AODA services may be deemed appropriate based on the client’s use of substances or suspected use of substances. Referrals for alternative care will be made if the client is uncooperative in meeting the program expectations for sobriety as stated in the admissions agreement.

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Volunteers / Interns

POLICY:
When appropriate, NWCGC administration promotes the participation of community-service oriented individuals and student interns in the implementation of program services. These individuals must be screened by NWCGC administration and have very specific goals and parameters to their interaction with clients. Adequate supervision and training of these individuals are an important aspect of the programming.

PROCEDURE:
1. Each volunteer and student intern must read, understand, and abide by NWCGC policy and procedure manual as well as the program guidelines. Knowledge of client rights and confidentiality are of extreme importance.
2. Each student intern must be approved by administration and supervised by appropriate staff members.
3. Each student and volunteer will be given clear goals, expectations, and responsibilities within the program setting.
4. Volunteers are not to act as substitutes for staff members in any of the treatment capacities.
5. Each volunteer and student intern must complete all relevant personnel forms including but not limited to a background check and background information disclosure.

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Waiting List

POLICY:
Northwest Counseling and Guidance Clinic will develop a waiting list when necessary.

PROCEDURE:
1. The site administrator will develop a waitlist when the client cannot be seen in the immediate future.
2. The waitlist will be managed placing a priority on acuity, position on the wait list, and paperwork completion.

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Workplace Harassment

POLICY:
NWCGC is an equal opportunity employer committed to maintaining a workplace free from discrimination and unlawful harassment.

Under federal and state fair employment laws, members of protected classes are shielded from unlawful discrimination in employment. Protected classifications include age, race, creed, color, disability, marital status, sex, sexual orientation, national origin, ancestry, arrest or conviction record, military status, or the use or non-use of lawful products off the employer’s premises during non-working hours. Such discrimination can be in form of harassment such as:

1. Unsolicited and repeated derogatory epithets, derogatory statements or gestures made to a person because of his/her protected status.
2. Any attempts to penalize or punish a person because of his/her protected class status.

NWCGC will not tolerate sexual harassment of any of its employees. Sexual harassment is any unwelcome verbal or physical conduct of a sexual nature. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is made, either explicitly or implicitly, a condition of employment;
2. Submission to, or rejection of, such conduct is the basis for employment decisions; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance, or the conduct creates an intimidating, hostile or offensive working environment.

Examples of sexual harassment include: sexual propositions, sexual innuendoes, suggestive comments, sexually oriented “jokes” or teasing, displays of sexually explicit pictures or cartoons, leering, whistling, making obscene gestures and physical contact such as touching, pinching, brushing against another’s body or coercing sexual acts. Please note that some of these behaviors are also criminal acts.

All allegations of workplace harassment will be subject to an immediate and confidential investigation by management. If an employee is responsible for the harassment, he/she will be subject to disciplinary action or termination from employment.

PROCEDURE:
1. If an employee believes that s/he has been the subject of workplace harassment, then the matter should be reported immediately to the program supervisor, and the Equal Employment Opportunity Coordinator.
2. NWCGC forbids retaliation against anyone for reporting workplace harassment or otherwise assisting in the investigation of a workplace harassment complaint.
3. All complaints of workplace harassment will be investigated by the administration thoroughly and promptly.
4. NWCGC will, to the greatest extent possible, maintain the confidentiality of those involved in the investigation.
Workplace Harassment (continued)

5. If the investigation confirms that workplace harassment has occurred, NWCGC will take appropriate disciplinary action, which may include termination of employment.

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Policies & Procedures Applicable to NWJ Only
Admission to Children’s Mental Health Day Treatment

POLICY:
Northwest Journey (NWJ) requires that each client complete an intake process and initial assessment to determine the most appropriate level of treatment needed.

PROCEDURE:
1. NWJ will accept referrals from the following parties: parents, county departments, mental health providers, medical providers, schools, and other parties indicating the need for the service.
2. A child must be funded to enter the program. NWJ accepts the following funding sources: Private Insurance, Medical Assistance, and private pay contracts with agencies and/or families.
3. NWJ will serve any school age child and admit both males and females in to the program.
4. In order for a child to be accepted in the program, she/he must meet the following admission criteria:
   - A primary mental health disorder (involving behavioral and/or emotional difficulties).
   - An inability to obtain sufficient benefits from less restrictive treatment services.
   - A reasonable likelihood to benefit from services based on information available.

And at least one of the following:
- The presence of significant dysfunction in two or more basic domains of living. Domains of life may include: school, home, community.
- A need for transitional services after placement in an inpatient setting, residential setting, or acute crisis.
- Be experiencing a period of acute crisis or other severe stress, so that without the level of services provided by the program, he or she would be at high risk for hospitalization or other institutional placement.
5. NWJ will prioritize clients based upon acuity of need and/or intake process completion.
6. After a referral is made, a specific assessment and intake process will be followed. Refer to Assessment and Intake Policy for description.
7. When a program carries a wait list, admission into the program will follow the Waiting List Policy.
8. Upon client admission, the program shall provide an admissions summary to the client/guardian and/or referral source. The admissions summary shall include the following elements: reasons for admission, services to be provided, and the date on which the client will begin the program.
9. A child under the age of 14 will be admitted to the program only with the written consent of the child’s parent or guardian. A child 14 years of age or older will be admitted with the consent of the child and/or the parent/guardian pursuant to chapter 51.14. A child will be admitted pursuant to an order of a court with jurisdiction over the child under chapter 48 or 55, Stats.; or if authorized by a county department under s. 51.42 or 51.437, Stats., to which the child has been committed pursuant to s. 51.20 (13) Stats.
Admission to Children’s Mental Health Day Treatment (continued)

10. Upon admission to the program, the child will be assigned a case manager. The case manager shall be responsible for:

- Providing the client and his or her parents or guardian, if they are available, a thorough explanation of the nature and goals of the program, the initial assessment, treatment planning and reviews and the rights and responsibilities of clients and their families;
- Supervising and facilitating the client’s initial assessment, developing and implementing the treatment plan, conducting ongoing case reviews, planning for discharge, and implementing the aftercare program;
- Coordinating the program’s operations on behalf of the client with other agencies and schools serving the client;
- Maintaining contact and communication with the client’s family and facilitating the family’s participation in the treatment plan;
- Serving as advocate for the client and his and her family with other agencies and programs to help them obtain necessary services and benefits from those other agencies and programs; and
- Mediating, if possible, any disputes or conflicts between the client or client’s family and the program or with other programs or agencies serving the client and his or her family, and assisting the client and his or her family in asserting or protecting their rights to care and treatment.

Note: For information on the Intake Process, please refer to the Intake Process Policy.

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Assessing and Monitoring Psychotropic Medications

POLICY:
Northwest Journey Programs shall assess and monitor the effects and side effects of psychotropic medications to provide adequate assessment and monitoring of a client’s physical health related to the psychotropic medications.

PROCEDURE:
1. At the time of the initial assessment, the Clinical Mental Health Coordinator should document any medications being taken by the client.
2. The registered nurse shall complete a medication informed consent form regarding the potential side effects and purposes of the prescribed medications. The registered nurse will utilize the State of Wisconsin medication informed consents which can be found online at: dhfs.wisconsin.gov.
3. If the nurse is not immediately available and there are immediate concerns about psychotropic medication risks, then the client will be referred to his/her prescribing medical clinician.
4. NWJ – site RN will request that the prescribing medical clinician provide potential side effects for each psychotropic medication being prescribed.
5. NWJ - site RN will request that the prescribing medical clinician indicate the specific side effect monitoring to be completed by the RN at the day treatment program.
6. The registered nurse shall have ongoing contact with clients for the duration of the client’s participation in day treatment. Concerns regarding the side effects will be monitored as directed by the prescribing medical clinician.
7. The nurse or case manager should contact the parent and prescribing medical clinician regarding all side effects observed at the program.
8. The site RN is the primary contact for the Prescribing Medical Clinician.

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Client Group Size

POLICY:
Northwest Journey Programs shall provide group therapy to clients when it has been determined to be an appropriate part of treatment.

PROCEDURE:
1. Mental Health and AODA Group therapy is available at day treatment programs.
2. In day treatment programs client groups shall have no more than ten clients with one mental health professional with a maximum of twelve clients with two mental health professionals.

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Client Orientation

POLICY:
Northwest Journey staff will complete a client orientation process with each new client on his/her first day of programming to assist the client in becoming familiar with the operations of the program in an effort to maximize treatment gains. In addition, clients will be informed of the rules and expectations of the program in an attempt to help prevent unsafe situations as well as negative behavioral situations.

PROCEDURE:
1. Prior to a new client entering the program a designated staff shall meet with the CMHC of the program to determine the age and level of comprehension for the incoming client.
2. Each site will designate staff members to perform client orientation.
3. The designated staff member will meet the new client at the door.
4. The designated staff member will explain the daily routine of the program. He/she will discuss the rules of the program in age and/or developmentally appropriate terms.
5. The designated staff member will explain the client’s rights.
6. The designated staff member will define terms used in the program such as respectful, safe, appropriate behaviors, and inappropriate behaviors. He/she will tailor the orientation to the age and skill level of the client, which will be determined by the CMHC prior to admission.
7. The designated staff member will explain to the client the interventions that may be used.
8. The staff will explain the use of safety holds in the program and explain when and how each type would be used. In addition the staff will inform the client of ways to prevent situations in which a safety hold may be necessary.
9. Staff will remind the client that the use of safety holds is only for safety reasons and that safety holds will not be used as a consequence.
10. The staff member will demonstrate different ways that would demonstrate that the client was attempting to calm him or herself down. The staff will ask the client what he/she thinks works best to help him/herself cool down. The staff will have the client demonstrate his/her understanding of how to demonstrate that he/she is calming down.
11. The designated staff will ask the client if they have any questions regarding anything covered. The staff will answer the client’s questions, if relevant.
12. The designated staff will take the client on a tour of the facility and introduce them to the other staff members.
13. The client will sign the client orientation check-in sheet and then start regular programming.

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Community Resource Linkage

POLICY:
It is the policy of Northwest Journey to provide information, linkage and coordination services for clients utilizing our day treatment services.

PROCEDURE:
1. The information, linkage and coordination of services shall be directed at achieving one or more of the following outcomes:
   - Connection of a client with other programs to obtain ongoing mental health treatment, support and services, and coordination to assist the client and his or her family.
   - Coordination with other mental health providers in the community to ensure best standards of care for each client and his/her family.
   - Coordination with law enforcement, hospital emergency room personnel and other county service providers to offer assistance and intervention when other agencies are the initial point of contact for a person in a mental health crisis.
2. Linkage and coordination services will be a component of the program. The case manager has the primary responsibility to provide families with the resource information as well as the linkage and coordination of the suggested services.

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Crisis Response Services

POLICY:
Northwest Journey shall be available to meet the acute needs of a client during periods of time when they are not physically present in the program.

PROCEDURE:
1. To receive assistance in time of crisis, the parent or legal guardian should call 1-888-552-6642. NWCGC – Northwest Connections staff person will respond to the call.
2. The person responding to the crisis call will provide crisis services per protocol.
3. If the caller identifies him/herself as a NWJ client, and if during the course of the contact, the NWC staff believes that the NWJ staff may have information helpful to the crisis worker, then she/he may contact one of the appropriate day treatment administrators in the following order: Day Treatment & Clinical Services Director or Deputy Director, Program Coordinator, other day treatment staff member. The goal of this contact is to obtain additional collaborative information that may be helpful to resolving the crisis situation.
4. NWC staff will provide the usual documentation of the call, and if appropriate will provide the documentation to the NWJ program.

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Discharge Planning and Aftercare

POLICY:
NWJ provides an aftercare plan that offers practical applications for continuing treatment progress and positive development of the client and family through the community, school, and social service resources. NWJ works to prepare clientele to transition back to the community, local schools, and families with an increased sense of self and improved skills and resources for dealing with difficulties.

PROCEDURE:
1. NWJ will provide an individualized aftercare plan for each client.
2. Upon admission into the program, the client’s multidisciplinary team and the treatment team shall prepare a discharge plan which establishes a process for the client’s transition back into the community and identifies aftercare services which will be recommended to assist in the transition and to support the client’s reintegration into family, school and community activities and programs.
3. NWJ will work cooperatively with other agencies to establish necessary steps to follow through with the plan.
4. In cases where a client discharge is certain, a discharge summary will be completed within 10 days of the last client visit, and the file will be considered closed.
5. NWJ staff will connect with clients, as determined by individual discharge plan, for up to 3 months following discharge.

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Dress Code for Clients

POLICY:
Northwest Journey requests that all clients wear clothing that is laundered, appropriate for weather conditions, free of offensive language/pictures, and is respectful to themselves and others to promote an environment that demonstrates appropriate safety, boundaries, self-care, self-respect, and respect for others.

PROCEDURE:
1. Upon intake, the client will be informed of the dress code expectations through the client orientation process.
2. Clothes brought to the treatment setting should be appropriate for both treatment and indoor/outdoor activities.
3. Clothing should be appropriate for prevailing weather conditions.
4. If a client’s clothing is offensive in any way, client may be asked to change or wear a sweatshirt to cover inappropriate clothing.
5. Clients will not be allowed to wear clothing that shows off the midriff or undergarments.
6. If a client’s clothing becomes an issue as deemed so by the clinical team, the client’s guardian will be contacted and informed of the problem.

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Emergency Intervention

PURPOSE:
The intent of this policy is to ensure that staff members provide treatment interventions consistent with Wisconsin Administrative Code best practice standards and NWCGC policy.

POLICY:
- NWJ staff will conduct an initial assessment to review client history relative to clinical needs.
- Staff will receive training regarding treatment interventions, and will utilize de-escalation techniques in an effort to prevent a safety hold.
- Every client must be treated in the least restrictive treatment environment possible.
- A safety hold is a last resort and not a form of treatment.
- A client must present as an imminent danger to himself/herself or others in order to warrant a safety hold.
- Unless safety doesn’t allow, processing will occur following all safety holds with clients. The goal is to prevent further needs for physical intervention.
- A Treatment Plan Review and M-Team Meeting will take place following any safety hold. Again, the goal of this discussion is to prevent future safety hold situations by developing the least restrictive treatment strategies to prevent holds.
- A committee will review safety holds and provide concrete feedback to administration and in turn to direct care staff. One primary goal of the Committee is to eliminate safety holds.

PROCEDURE:
Prevention of Aggressive Behavior:
Intake and Assessment
1. The clinical mental health coordinator (CMHC) will complete a comprehensive client history during intake interviews. This history will include a review of client behavior, including “triggers”, warning signs, repetitive behaviors, response to treatment, and prior seclusion and restraint events that are associated with dangerous acts.
2. Cognitive limitations, neurological deficits and learning disabilities should be noted during the intake evaluation.
3. Each client must complete a medical evaluation prior to intake. Any factors that require modification to safety hold procedures should be noted.
4. During the initial assessment process, each client will be evaluated for appropriateness for DHS 40 Level 1 Day Treatment Services. The process includes discussion with the multi-disciplinary team.
5. Upon acceptance into the program, the client and his/her guardian will receive information regarding when a safety hold may be implemented and the procedures related to the safety hold.
6. On the first day of treatment, the client will complete a client orientation process explaining specific behavioral interventions in language and terms that are developmentally understandable and appropriate.
Emergency Intervention (continued)

7. Inform client that s/he must assume, whenever possible, responsibility for attempting to control his/her own behavior. Each client will be instructed and taught cues that assist in developing and sustaining control over behavior. These options will be taught and encouraged in language and terms appropriate to the development and understanding level of the child.

Treatment Planning
1. The treatment team (includes team members as listed in DHS 40.09(1)(a)-(h)) develops the treatment plan which includes strategies to prevent dangerous behavior, de-escalate behavior before it becomes necessary to use restrictive interventions, and initiate psychological and psycho-pharmacological treatments for treating the underlying psychopathology.
2. Safety holds are not to be used as part of or in lieu of a treatment plan.
3. Within one business day following each safety hold, at 30-day intervals, and more frequently when requested or needed based on client’s symptoms, or change in status, NWJ staff will schedule a Treatment Plan Review and a Multidisciplinary Team (M-Team) meeting to review the case and client’s appropriateness for continued treatment in the day treatment setting.

Staff Training
1. NWJ employees will receive repeated and ongoing training in the management of client behaviors.
2. The Psychologists will provide monthly trainings to address mental health topics, which may include treatment interventions.
3. Each treatment team staff must complete the initial CCG "Day One" de-escalation training and demonstrate competency (as defined by CCG) in de-escalation techniques prior to providing unsupervised services to the children we serve at our program locations. CCG has agreed that the “Day One” de-escalation training may be completed either in-person or via videoconference system by a CCG approved trainer.
4. Each treatment team staff must complete the initial CCG "Day Two" safety hold technique training and demonstrate (as defined by CCG) competency in the implementation of safety hold techniques prior to being involved in any safety hold with the children we serve at our program locations. “Day Two” safety hold technique training will be done in person with a CCG approved trainer.
5. Each treatment team staff member will complete an annual CCG recertification training reviewing de-escalation and safety hold techniques and demonstrate (as defined by CCG) competency in both areas.
6. Client age and development will be a central training issue to teach staff about client interventions.
7. In addition, staff training will include that each client must be treated in the least restrictive manner and setting necessary to safely and appropriately meet his/her needs.
8. Each staff member will participate in 48 hours of continuing education per year, as it is related to his/her position. NWJ will work to proactively reduce the likelihood of behavior that results in safety holds. Staff trainings, client interventions, and general milieu will support this culture.
Emergency Intervention (continued)

Crisis Management:
De-escalation Strategies
1. NWJ shall implement de-escalation techniques consistent with the Crisis Consultant Group (CCG) training protocol.
2. Each client shall have specific behavioral strategies that prevent the need for safety holds.
3. A de-escalation strategy may be time and space away from other clients. When taking time and space away from the larger group, a client may request to be alone in a room and close the door to the room. This should be done to assist with their de-escalation. Closing the door must be client self-directed and not staff directed. Staff must be able to monitor the client for safety via a window in the door. The door may not be locked or held. Staff must monitor the client from outside the room door (not via video monitor).

Indications for the Use of Safety Hold
1. A safety hold may be used only in an emergency to prevent dangerous behavior to self or others (as defined in Chapter 51.42). Measures promoting the child’s self-control or less restrictive options must have failed or are impractical.
2. A safety hold may not be used as punishment for clients, for the convenience of the program, as a substitute for or part of the treatment plan, where prohibited by state guidelines, to compensate for inadequate staffing patterns, or instituted by untrained staff.
3. When it becomes necessary to implement a safety hold, the autonomy and dignity of the client must be preserved as much as possible.

Ordering and Monitoring Safety Holds
1. The decision on when to implement a safety hold with a client must be made by professionally trained staff working with the client at the time of the behavior.
2. NWJ will implement de-escalation and physical intervention strategies in accordance with CCG and best practice standards. Staff will utilize the hold method that is least restrictive to meet the specific needs of the client. CCG hold types include the following:
   a. Level 1 CCG Hold-standing escort hold
   b. Level 2 CCG Hold-standing hold using wall as support
   c. Level 3 CCG Hold-seated hold
3. Upon implementation of a hold, NWJ staff will continuously assess and monitor the psychological and physical well being of the client.
4. NWJ Clinical Mental Health Coordinator (CMHC), who is trained in the safety hold technique, will conduct a mental and physical well-being assessment of the client to ensure that the hold is being done in a safe manner. The assessment will take place as soon as practicable, but in no case later than 1 hour after the initiation of the hold. The CMHC will continue to monitor the situation during the hold. When the CMHC is not available, an on-site Mental Health Clinician or a Master’s Level NWCGC Administrator will perform the responsibility noted.
5. The need for nutrition, hydration, and elimination and the physical and psychological comfort of the client should be monitored and responded to once the needs are identified and when able.
Emergency Intervention (continued)

6. A client shall not be denied his/her basic needs such as toileting, hydration, clothing, etc. without good cause for denial or limitation as per DHS 94.05 (2) (a-c). A limitation or denial of rights has the following parameters:
   a. The director or designee of the treatment facility has reason to believe that the exercise of the right would create a security problem, adversely affect the patient’s treatment or seriously interfere with the rights or safety of others.
   b. Denial of the right may only be made when there are documented reasons to believe there is not a less restrictive way of protecting the threatened security, treatment or management interests.
   c. No right may be denied when a limitation can accomplish the stated purpose and no limitation may be more stringent than necessary to accomplish the purpose.

7. The individual providing ongoing assessment and monitoring shall determine if and/or when, to contact law enforcement for assistance (if the person monitoring is not the person completing the physical and mental well-being assessment, then the determination will be made in consultation with the individual providing the physical and mental well-being assessment). The factors to be used in this determination include: client age, client’s physical and mental status, length of hold, client’s de-escalation or lack thereof, and the client’s previous history and response to treatment. For example, if a client quickly de-escalates and is released, then there may be no need for law enforcement intervention. On the other hand, if a client continues to demonstrate a safety risk and does not de-escalate over a short period of time (10-15 minutes), law enforcement may be contacted.

8. If law enforcement is requested, then they shall determine whether or not the client is in need of an emergency detention or other law enforcement intervention. If a client is determined to be in need of law enforcement intervention, then law enforcement will detain and transport as is necessary and appropriate.

9. If a client is determined not to be in need of law enforcement intervention, then a clinical decision, including review of information from the mental and physical well-being assessment as well as overall treatment information, will be made to determine whether or not a client shall remain in the program for the remainder of that day’s services.

10. The client’s parent/legal guardian should be informed of the use of the safety hold. If the client is not de-escalating, the staff may attempt to reach the parent/guardian during the hold to have the child removed from the program. This decision will be based on staff judgment.

11. NWJ will report the use of a safety hold to the county if the county authorized the community placement.

12. NWJ will report the use of a safety hold to the Division of Quality Assurance within 24 hours of the hold.

13. Once the child is settled and no longer appears to be a danger to self or others, the hold should be terminated.

14. NWJ will limit holds to one minute for each year of age, to a maximum of 15 minutes.

15. NWJ staff will consistently evaluate the client’s danger to self or others.

16. NWJ will send an annual report of safety hold usage to the Division of Quality Assurance.
Emergency Intervention (continued)

Processing Strategies:
1. Following a safety hold, the client and staff will conduct a processing/debriefing session to help the client to process and understand what has happened.
2. Following each safety hold and prior to the M-Team meeting, NWJ will conduct a Treatment Plan Review/Clinical Staffing and develop an interim plan of care. This review will examine the events that triggered the hold; discuss alternative strategies to avoid future holds. The day treatment staff will implement the interim plan of care along with alternative strategies until the formal M-Team meeting.
3. Following each safety hold and within five business days of the hold, staff will facilitate an M-Team review. This review will examine the events that triggered the hold; review the interim plan of care; discuss alternative strategies to avoid future holds and arrange for the client to make amends or do restitution to those who have been injured. The day treatment staff will implement the discussed strategies.
4. Every safety hold must be documented in the client’s clinical record. The safety hold report shall serve this purpose.
5. If a safety hold is completed, the child and/or guardian shall receive a copy of the safety hold report.
6. Staff participating in the safety hold should review each incident with the internal team and document the discussion on the Clinical Staffing Summary. The Safety Hold Report is then forwarded to the NWCGC established committee for review and feedback.

Administrative Oversight:
1. NWCGC has established a committee to provide oversight regarding the practice of safety holds.
2. This committee will receive regular updates from the middle management structure regarding numbers of holds, de-escalation techniques, training issues, updated information on safety holds, and parental/guardian concerns about safety holds.
3. The committee shall hold monthly meetings and review all safety hold reports that indicate physical interventions.
4. The committee shall be comprised of 6-8 members including the following: one NWJ Psychologist, one NWJ Clinical Mental Health Coordinator, one NWJ Director or Deputy Director, one NWJ direct care staff, and one outside agency staff.

Content of this policy is principally derived from The Joint Commission of Accreditation of Healthcare Organizations standards.

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First Aid

POLICY:
At minimum, one designated staff member from each day treatment program shall be trained in basic First Aid practice and Emergency CPR. Training will be provided by the agency and assigned attendance is mandatory.

PROCEDURE:
1. Inform your supervisor as to whether or not you have received First Aid and CPR training prior to employment with NWCGC. Provide documentation of training to the supervisor.
2. If an employee has received training, then that documentation should be placed in the personnel file.
3. If an employee has not received training, the supervisor shall schedule a time for the employee to attend the necessary training.
4. Upon completion of the training, employee shall receive documentation of completion and provide it to the supervisor. The documentation should then be placed in the personnel file.
5. Ongoing review of procedures shall be conducted as determined by the First Aid and CPR Instructor. Ask supervisor to schedule.

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Food and Sanitation

POLICY:
Northwest Journey Programs shall adhere to the requirements stated in DHS 190.09 regarding food service to provide a sanitary environment for food service to clients.

PROCEDURE:
All employees of Northwest Journey shall receive a copy of DHS 190.09 during their orientation period.
1. Each employee shall read, understand and adhere to the procedures indicated in the statute.
2. The employee is required to sign off on a form acknowledging those expectations.
3. Employees not adhering to the procedures may be subject to disciplinary action.

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Intake Process

POLICY:
NWJ requires that each client complete an intake process and initial assessment to determine appropriateness for Level I day treatment services and the individual treatment needs of the potential client.

PROCEDURE:
1. Upon receipt of a potentially viable referral from a parent, social worker, school, or other provider, NWJ will obtain releases and request records from all previous service providers.
2. Prior to moving forward with the assessment of a referral, NWJ will make every effort to obtain all client behavioral and/or mental health/substance abuse treatment records for the most recent year of services. This includes, but is not limited to:
   - Out of home placements
   - Day treatment services
   - Psychiatric services
   - Psychological services
   - Mental health counseling services
   - Educational services

   NOTE: When a potential client is on psychotropic medication(s), a Medication Verification Form or another form of documentation or communication will be completed and obtained from the prescribing physician prior to admission in to the program.

   NOTE: If there is a barrier to obtaining records from a previous provider, NWJ site staff should contact their Director or Deputy Director to problem solve the situation.
3. The clinician will review records from previous providers before completing an intake assessment meeting. If, upon review of the records, the client is not deemed appropriate for Level I day treatment services, the referral will be rejected and appropriate recommendations for alternative services will be made.
4. Following review of the records and upon a preliminary determination that the client presents as appropriate for Level I day treatment services, NWCGC clinician will conduct an initial interview/intake assessment meeting with the client and parent/guardian. If desired and/or appropriate, other parties may be present for/participate in this interview/assessment. This interview may be used to collect information to be included in the Initial Assessment report and/or to verify clinical information from an assessment conducted within the last 6 months for the client. The clinician should then determine whether to write an addendum to the previous assessment report or to generate and entirely new report. It is the clinician’s responsibility to verify the accuracy of the previous assessment report, if he/she chooses to utilize that information with his/her report addendum.
5. If possible a meeting with members of the multidisciplinary team may be scheduled to immediately follow or coincide with this interview/assessment.
6. In addition, the Program Coordinator or their staff designee (such as a case manager) will continue with secondary paperwork (beyond the original releases already obtained) to include all consents, etc.
Intake Process (continued)

7. If, following this interview/assessment, the client is not deemed appropriate for Level I day treatment services, the referral will be rejected and appropriate recommendations for alternative services will be made.

8. If a meeting with members of the multidisciplinary team was not able to be scheduled to immediately follow or coincide with the initial interview, and if after that interview the client remains an appropriate candidate for day treatment services, a separate meeting with the multidisciplinary team will be scheduled prior to making any further admission decisions. All identified members of the multidisciplinary team will be invited to participate in this meeting.

9. The meeting with the multidisciplinary team (whether that coincides with the initial interview/assessment or is scheduled separately), will address the following specific issues in assessing a client’s appropriateness for admission to Level I day treatment services:
   - Behavioral issues and client needs
   - Assessing whether behavior is principally derived from oppositional and/or conduct disorders
   - Not intransigent/severe mental health disorders
   - Assessing whether the child’s needs are best met by this NWJ Level I program and whether the NWJ program/treatment is a good match for the client
   - Specific attention to whether the client would be safe in the program and whether the NWJ program/treatment is a good match for the client

10. If, based upon the issues discussed in the multidisciplinary team meeting, the client is determined not to be appropriate for day treatment services, then the referral will be rejected and appropriate recommendations for alternative services will be made.

11. If, at any point in the referral process, a referral is rejected, the referring party/parties will be notified in writing. Such notification will include information detailing the reasons the client is not appropriate for this day treatment setting or program. The notification letter will be retained by the day treatment site for the determined certification period.

12. If, based upon the issues discussed in the multidisciplinary team meeting, the client is determined to be appropriate for Level I day treatment services, then an Initial Assessment report and Initial Treatment Plan will be completed and an intake date will be determined.

13. As deemed necessary and appropriate, the provider will refer the client to other providers such as: AODA, other Mental Health Counselors, Psychiatrists, Psychologists, etc.

14. As deemed necessary and appropriate, family involvement in treatment will be recommended.

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Interagency Treatment Plan

**POLICY:**
Within 5 working days of admission, Northwest Journey Programs will develop a multidisciplinary and multi-agency treatment plan utilizing the treatment and multidisciplinary team. The multidisciplinary team will be utilized to assess the strengths and needs of a newly admitted client and his or her family, to prepare a written treatment plan for the client under DHS 40.10, and to collaborate review of the treatment plan in an ongoing and consistent manner throughout treatment. The treatment plan shall be based on the needs of the child.

**PROCEDURE:**
1. The Northwest Journey Case Manager, supervised by the Clinical Mental Health Coordinator will develop the treatment plan and consult with multidisciplinary team members in doing so.
2. The team shall include:
   - The client to the degree that s/he is willing and able to participate, to the extent appropriate to his/her age, maturity and clinical condition
   - The client’s parent or guardian, if available and willing to participate
   - The case manager
   - The program clinical coordinator
   - An educational professional from the client’s school
   - The representative of any other profession or agency necessary in order to adequately and appropriately respond to the treatment needs of the client and family which were identified in the referral materials or the intake screening process
   - The social worker who has been assigned to the case if the client has been placed under the supervision of a county department or the department by a juvenile court order, a social worker who has been assigned to the case
   - The client’s other involved treatment providers if applicable
3. Members of the team may attend in person or by phone.
4. Members of the team shall sign the treatment plan. If a member of the team refuses to sign the plan, then the refusal and reason for refusal must be indicated on the treatment plan.

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Medical Complaint

POLICY:
Northwest Counseling and Guidance Clinic staff and site RN will document and follow up on any medical complaints made by clients while on site. The Nurse Supervisor will be available for consultation regarding medical complaints during the day treatment hours of operation as a backup to the site RN to ensure that each client receives adequate and appropriate medical response to concerns.

PROCEDURE:
1. Upon receiving any non-emergent medical complaint from a client, Northwest Journey staff will utilize the skills and training obtained during his/her certified CPR and First Aid training.
2. If need is beyond basic first aid, as indicated by certified CPR and First Aid training, staff will notify parent/guardian and will arrange for or assist the parent/guardian in arranging for care by a licensed physician. (See Medical Incident Policy).
3. Whether emergency or non-emergency, the parent, guardian or custodian will be notified of the complaint.
4. If basic first aid is needed or if no specific medical aid is needed, then staff will document the complaint on the Medical Complaint Form.
5. If the RN is on site, staff will immediately involve the RN.
6. If the RN is not present, staff will contact the site RN, another NWCGC RN, or the Nurse Supervisor by phone for consultation.
7. If staff is unable to reach the RN or other parties indicated in point seven, then they will consult with the client’s primary care physician.
8. For psychiatric issues, the client’s prescribing physician or psychiatrist will be contacted.
9. Staff will log contacts with RN, primary care provider and/or EMS on the Medical Complaint Form. The Medical Complaint Form will be filed in the medical section of the client’s file.
10. Upon each site visit, the nurse will review any Medical Complaint Forms since his/her last visit. The nurse will review specific incidents with staff involved as indicated by the form whenever necessary and will follow up as appropriate.
11. If the complaint involves medications the RN will contact the prescribing physician and log the response.

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Medical Information and Consent

POLICY:
Each client of Northwest Journey Programs and his/her legal guardian shall request from any current medical care provider, information regarding the medical needs of the client. The RN will review the medical records and care of clients as part of the intake process and develop ongoing plans as necessary and appropriate. In order to facilitate this process, the Medication Verification Form or another form of documentation or communication must be received and reviewed prior to Initial Assessment. A prescription must be received for all over the counter medications.

PROCEDURE:
1. Prior to admission into the program, the following must occur:
   - Health Check Physical (for MA clients). The Health Check Physical must have been completed within one year of date of admission and must be updated if a year passes during the time the child is in day treatment.
   - General Physical (non-MA clients)
   - Completed Medication Verification Form for any client on psychotropic medications.
   - Obtained prescriptions for all over the counter medications.
   - Written authorization for emergency surgical and medical care
2. The site RN functions as the liaison between the day treatment site and medical service professionals and clinics. Activities include: scheduling appointments as appropriate; overseeing the medication administration system and ensuring compliance with legal guidelines and internal policies as these relate to communication with outside agencies, completing requested medication monitoring procedures, fielding questions regarding medical issues, and coordinating with other medical professionals as appropriate.
3. The site RN will coordinate follow-up day treatment monitoring as requested by medical provider and as indicated on the Medication Verification Form.
4. The site RN will address emerging medical issues with the medical provider as necessary and appropriate.
5. The site RN will communicate with and educate day treatment staff regarding medical and medication information and issues.
6. The site RN is responsible for the communication process and follow through with the medical clinician.

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Medication Distribution

POLICY:
Northwest Journey programs shall distribute medications only as prescribed by the client’s medical provider. A prescription is required for all over the counter medications. Staff will follow the procedures noted below in the distribution of medications to maintain a safe and healthy environment for clientele.

PROCEDURE:
The following procedures must be followed when dispensing medications to a client:
1. The site RN and/or case manager will be responsible for obtaining a prescription for all over the counter medications.
2. All prescription medications shall be dispensed as per the medical provider’s order.
3. All medications must be stored in original containers. Medications will be stored in a locked drawer or cabinet, individually separated by client name. Inhalers and topical medications will be stored separately from oral medications. Medications that require refrigeration will be stored in a separate container in a refrigerator only accessible to staff.
4. The medication coordinators will be responsible for the organization and distribution of medications.
5. The site RN and/or case manager will be responsible for contacting the prescribing physician in case of questions regarding clients’ medications. Medication concerns should also be discussed with the client’s case manager and/or the site nurse consulting on medication management issues.
6. Only the medication coordinators or trained staff will distribute medications. Periodic guidance and training regarding proper medication passing, documentation, and storage procedures will be provided to Northwest Journey staff by the site nurse.
7. Each client’s case manager will be responsible for informing the medication coordinators and site nurse of any new medications or change in medications for their individual cases. A prescription is required for any new over the counter medications.
8. Medication coordinators and/or site nurse will be responsible for double-checking each medication distribution sheet on a monthly basis against the current list kept in the client’s record.
9. All medications distributed will be charted on individual medication sheets. Sheets will include: name of client, month and year, the name and strength of the medication, dosage and times to be given, initials of the staff that distributes each dose, and notations of any allergies. The medication sheets will be kept in a binder labeled “Medication Log”, while the client is enrolled in the program. Upon discharge the medication distribution sheets will be filed in the medical section of the client’s file.
10. Separate documentation will also be kept in the client file for any over-the-counter medications that are given to a client. The medication coordinators will need to get permission from the client’s parents before distributing these additional medications.
11. Information regarding medications will be available to Northwest Journey staff in the form of medication consent forms, the nurse’s medication handbook, and/or the medication confirmation form from the prescribing medical clinician.
12. The site nurse will audit medication-passing routines at least quarterly. The site RN will consult with the Day Treatment & Clinical Services Director or Deputy Director regarding any distribution irregularities.

13. The distributor must follow company procedures when distributing medications.
Medication Distribution (continued)

14. The medication coordinator is responsible for contacting parent/guardian when a client is running low on any medication. The medication coordinator may refer this to the site nurse or case manager if mutually agreed upon. Each medication delivered must be individually counted and verified by two staff members plus a parent or guardian if present.

15. A client’s parent or guardian is responsible for providing any over-the-counter medications.

16. Upon discharge, parents are responsible for picking up any remaining medication. If the parents do not pick up the medications within two weeks of discharge, Northwest Journey will dispose of medications appropriately. The site RN and one other staff member will complete the disposal procedures and must sign off using the “Medication Destruction Record”.

17. If a client refuses to take a medication, the refusal must be documented in the daily log. Parent/Guardian, site nurse, Clinical Mental Health Coordinator, and prescribing physician are to be notified as soon as possible if a client refuses to take his or her medication. The RN will determine if such notification is urgent.

18. In the event of an error in medication distribution, the parent/guardian of the client, the Program Coordinator, and the site nurse will be contacted immediately. The prescribing medical clinician will also be notified in a timely manner if so directed by the site RN.

19. A medication error is when medications are distributed in one or more of the following ways:
   - Wrong client
   - Wrong dose
   - Wrong time (outside of the two-hour window)
   - Wrong medication
   - Wrong route

20. A medical incident report must be completed. The Program Coordinator and site RN must be informed of any medication incidents that occur.

21. The medical incident report should be filed in the client file following appropriate review by noted parties.

22. The site nurse will review this policy on a yearly basis.

23. The RN will get direct instruction from the prescribing physician for any and all prescribed PRN medications. This instruction will include specific indications as to when to use these medications.

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Medication Diversion Prevention

POLICY:
Northwest Journey Programs shall carefully monitor counts on all prescription medications brought into programs. Staff will follow the procedures noted below in the handling of medications.

PROCEDURE:
The following procedures must be followed when handling any prescription medications brought into any Northwest Journey Program:

1. All prescription medications shall be obtained based upon a written prescription from a licensed physician or prescribing clinician, and distributed to clients as per the Medication Distribution Forms.

2. All prescription medications will be stored in a locked cabinet, which is in turn in a locked room. Possession of keys to the medication room and cabinet will be limited to the Program Coordinator and the Medication Coordinator, except as specifically directed by the PC when other staff must be involved in medication distribution. In any case, no more than two keys to the medication cabinet may exist, with the Program Coordinator having ultimate responsibility for maintaining security. The Program Coordinator will keep a log of key possession. The key possessed by the Medication Coordinator shall be stamped “Do Not Duplicate”.

3. All medications delivered to the site will be appropriately logged using the Medication Delivery Log. This log will include the client’s name, date of admission, prescribing physician/clinician, name of medication(s), date and time of delivery, number of pills delivered, number of pills already on-hand, number of pills that had been sent home since the last delivery, number of pills destroyed, total number of pills on-hand, name of person delivering pills, the signatures of two staff members witnessing the delivery, and the signature of a parent or guardian when such is present. In the case of liquid medications “ounces of medication” will be substituted for “number of pills”.

4. Counts of prescription medications will be reviewed and confirmed by the site RN on a monthly basis, and documented on the Monthly Medication Count Flow Sheet.

5. Any discrepancies in counts must immediately be reported to the Day Treatment & Clinical Services Director or Deputy Director. The prescribing physician or clinician must also be notified in a timely manner. The site RN will determine the plan of action, further consultation with medical personnel will be used as needed.

6. Outdated or discontinued medications will be returned to the parent or guardian of the client. In the event that the parent or guardian does not pick up the medications within two weeks of notification, or if the site RN concludes that returning the medications is not safe, the medications will be destroyed. Destruction of medications will be documented on the Medication Destruction Record, and will include the signatures of two staff members involved in the destruction. The site RN must be physically present to supervise the destruction of medications.

It is the intent and policy of Northwest Counseling and Guidance Clinics to fully support the prosecution of anyone illegally diverting prescription medications, and toward this end local police will be contacted in any circumstance in which purposeful diversion of prescription medications is suspected.

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Modified Schedule

POLICY:
Any modified schedule must be approved by the Program Coordinator and Day Treatment & Clinical Services Director or Deputy Director. It is to be reviewed at a timeline determined by the supervisor. In the case of senior management staff, modified schedule requests must be presented to and approved by the Board of Directors. A modified schedule is defined as any set schedule that is different than what was agreed upon at the time of the employee’s hire. For full-time employees, a modified schedule is defined as working something other than 5, 8-hour days Monday-Friday, which are between 7:45a.m. -4:15p.m. For part-time employees, a modified schedule is defined as working outside of the hours of 8:00a.m. -4:00p.m. Monday through Friday.

PROCEDURE:
1. An employee requesting a modified schedule must do so in writing by completing the Modified Schedule Request Form, with guidance from his/her direct supervisor.
2. The Modified Schedule Request Form must be submitted to the Program Coordinator, and/or Director/Deputy Director, (or in the case of senior management staff to the Board of Directors) at least 2 weeks prior to the requested start date of the modified schedule.
3. The employee must specify the time period for the modification and the reason.
4. The employee must return to his/her normal work schedule on the originally scheduled end date or take proper steps to request an extension of the modified schedule.
5. Extensions of modified schedules may be considered, in writing, on a case-by-case basis. A written request for extension must be received 2 weeks prior to the originally scheduled end date.
6. All written information relative to a modified schedule will be provided to the Payroll Specialist and retained for employee records.
7. The supervisor of the employee utilizing an approved modified schedule must coordinate the modification with administration.

NOTE: If a full time employee seeks a modified schedule but continues to work full time hours, he or she does not forfeit the right to full time employee benefits. However, if a full time employee seeks to work fewer hours within the workweek, this is NOT considered a modified schedule. Rather, this constitutes a change in employee status from full time to part time hours resulting in a forfeiture of employee benefits that are offered only to full time employees.

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Nurse Scheduling

POLICY:
Northwest Journey Programs shall schedule the RN services at each site as indicated by DHS 40.07 (a) (2).

“One hour per week of services by a physician or registered nurse for every 4 full-time clients in the program. In addition, the program shall arrange for emergency and other necessary medical and nursing services to be readily available at all times clients are present in the program.” DHS 40.07 (a) (2)

PROCEDURE:
1. Each RN is assigned and agrees to provide services at specific Northwest Journey Program(s). They Day Treatment & Clinical Services Director or Deputy Director will approve of site assignments.
2. It is expected that the RN will report to the assigned site(s) on the agreed upon day of the week. The RN will contact the Program Coordinator regarding any schedule changes.
3. Each RN providing services at more than one Northwest Journey location and the Nurse Supervisor will be assigned a cell phone. It is expected that the RN and Nurse Supervisor carry this cell phone during Northwest Journey Programs hours of operation. The Nurse Supervisor will function as “backup” medical services provider during day treatment hours of operation. Nurses must answer calls or respond to messages from any NW day treatment site immediately.
4. The site RN is expected to respond to any and all phone calls from his/her assigned sites during day treatment hours of operation. She/he will provide phone consultation and/or direct service as is necessary and appropriate.
5. On days when a RN is not on-site at a program, any and all medical concerns will be noted on a medical complaint form and shared with the site RN via fax and/or phone. The RN will provide phone consultation and/or direct services as is necessary and appropriate. The Nurse Supervisor shall be available for consultation as necessary and appropriate.

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Petty Cash

POLICY:
Each program will be allowed a petty cash fund of up to $150. This fund will be used in situations where it is not feasible or not practical to use a credit card to purchase small ticket items or services

PROCEDURE:
1. The site administrator will be responsible for managing the petty cash fund (i.e., finding a locked location for the cash and limiting access) and reporting expenditures to the Accounting/Payroll Specialist.
2. As necessary to replenish funds, the site administrator will send the Accounting/Payroll Specialist an accounting of the petty cash fund. The petty cash accounting should label expenditures with the appropriate expense category (e.g., client reward, client meals, etc.). Receipts should be included whenever possible.
3. The disbursement of petty cash to program sites will be done through checks that will be made out to the site administrators.
4. Checks to replenish the petty cash fund will be sent out following receipt of the monthly petty cash reports from the site administrators.
5. The petty cash monies are part of the budget allocations for each site. For example, if petty cash money is spent on client rewards, then it is accounted for under client rewards and should be tracked by the site administrator as such an expense.

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Police Visitation

POLICY:
Northwest Journey will allow police visitation with clients, during treatment hours, only if parent/legal guardian has given verbal and/or written consent to such contact. This does not apply to child abuse investigations with Child Protective Services and the police department working together.

PROCEDURE:
1. When police request visitation with a client, inform the police of our policy.
2. Check the file to determine whether or not a consent form for police has been signed.
3. If the legal guardian has completed consent, then allow visitation.
4. If the legal guardian has not completed consent, then attempt to reach the guardian to receive a verbal authorization. However, it should be noted that we cannot identify a person as a client to the police unless an authorization to do so has been provided.
5. Upon verbal authorization, document call in case management notes with complete date, time, and name of person authorizing contact with police.
6. If authorization is not granted, then inform police of policy.
7. This policy does not apply in situations of immediate safety issues.
8. Police have the authority to demand access in the following situations:
   a. Pursuant to valid warrant, capias or court order;
   b. When there is an immediate harm to a staff member, the client, or other clients;
   c. When the client is committing or has committed an act which is a violation of a state or federal law;
   d. When the client has run away from his/her parents, guardian, or legal or physical custodian;
   e. When the client has violated the terms of a court-ordered supervision or aftercare supervision administered by the Department of Corrections or other county department;
   f. When the client is absent from school without an acceptable excuse;
   g. When the client is suffering from an illness or injury or is in immediate danger from his or her surroundings and removal from those surrounding is necessary.

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Safety Alarm Use

**POLICY:**
Northwest Journey Programs will implement the use of Two-Way Radios as a communication device between staff for safety reasons.

**PROCEDURE:**
1. Each site will be provided with communication devices.
2. The devices must be stored in a location that is accessible to staff and not accessible to clients.
3. The Program Coordinator, or his/her appointed staff member, must check the batteries in the devices at two-week intervals to ensure that the device is in working order.
4. The device should be used when staff is not within sight or voice of other staff and they are providing direct care to clients. Of particular concern are situations where one staff is present with more than one client.
5. The Program Coordinator, along with his/her staff, shall develop a protocol regarding detailed use of the safety devices.

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Search and Safety

POLICY:
In order to ensure the safety and security of clients and staff, Northwest Journey Programs will request that clients entering the facility empty pockets, remove shoes, and have their bags inspected by staff. If staff has reason to believe that contraband may be present at any point throughout the day, then the inspection can be completed at that time as well. Examples of contraband can include, but are not limited to the following: matches, lighters, cigarettes, weapons, drugs, or paraphernalia.

PROCEDURE:
1. Upon meeting with the Program Coordinator for the intake evaluation, the client and his/her parent, will sign a form indicating their approval of and agreement to adhere to the policy regarding search and contraband.
2. A request for search will be made in any situation where there are concerns about safety or there is cause to believe that contraband is present. Client must be present for the search of his/her belongings. Contraband will be taken away.
3. If illegal contraband is found, then the appropriate authority, (police, parents, social worker, etc.) will be contacted by staff.
4. If there are ongoing problems, an evaluation of safety will be completed in order to determine whether or not a client will be allowed to continue within the facility.
5. Additional precautions may need to be administered if contraband is an issue for a particular client.
6. Cooperation by the legal guardian is encouraged and appreciated. A check for contraband before leaving the home environment is strongly recommended.

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Staff Development and Clinical Supervision

POLICY:
To ensure competency and ongoing education of staff each staff member will receive clinical supervision as indicated by statute.

PROCEDURE:
1. Northwest Journey Programs will provide two hours of clinical supervision per month to all staff (this includes all full-time and part-time staff) who provide treatment in the program. Supervision will be provided by either the Clinical Mental Health Coordinator or the Psychologist. This supervision shall be both individual and side-by-side.
2. Individual, weekly clinical supervision for Clinical Mental Health Coordinators will be provided at each site by the Psychologist.
3. Additional clinical consultation and skill development is available and provided on an as needed basis for group counseling, individual counseling and treatment approaches.
4. Clinical supervision of staff will be documented on the appropriate form and will include documentation of feedback given, type of supervision offered, and amount of time spent in supervision. Clinical feedback will include clinical review and assessment of each staff person’s performance in providing treatment services and will indicate competency as well as areas for improvement.
5. Documentation will be kept in the Clinical Supervision Log for one calendar year. At the end of each calendar year, documentation will be transferred to each employee personnel file.

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Termination of Services

POLICY:
NWCGC will provide services as indicated in the individual treatment plan unless specific criteria for termination are met and the client is given proper notice.

PROCEDURE:
Services provided to a client under an individual treatment plan may be terminated before client goals for discharge are attained under the following circumstances:
1. By agreement of the client, the provider and by the court if participation in the program has been required by a court order under ch. 48, 51, or 55, Stats.
2. By the direction of the administrator and clinical coordinator acting upon recommendation of the treatment planning team, if the team determines that: (a) further participation of the client in the program is unlikely to provide any reasonable benefit to the client; (b) the client’s condition requires a greater or more restrictive level of care than can be provided by the program; or (c) the client’s behavior or condition is such that it creates a serious risk of harm to other clients in the program or to program staff members and no modifications of the program procedures or services are possible which will ensure the safety of other clients or staff.
3. In situations where the client fails to attend treatment as requested by treatment plan.

NOTE: Unless the client poses an immediate risk of harm to other clients or staff, the program shall provide the client, his or her parent or guardian, and other agencies providing services to the client pursuant to the treatment plan with at least ten (10) days prior notice of the intent to end services.

NOTE: In situations where placement is by court order, the program shall provide the court and applicable social worker fourteen (14) days prior notice of the intent to terminate services, unless the client poses an immediate risk of harm to other clients or staff.

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Treatment Plan Review

POLICY:
Northwest Journey will review individual treatment plans as stipulated by statute (DHS 40.10 (5) (a) 1 and 4) to provide individualized, high quality client treatment.

PROCEDURE:
1. Each treatment plan will be reviewed under the following circumstances:
   - 30-day intervals
   - Change in client’s condition (including behavioral changes and/or physical intervention)
   - Change in family’s condition
   - Upon request of the client, the client’s guardian, the client’s attorney or guardian ad litem, program staff, a county department, the party providing court supervision to the client or any M-Team member

   NOTE: A request for more frequent review shall be in writing and shall be documented in the client’s treatment record.

2. Treatment plan review will include both an internal review meeting and a meeting with the multidisciplinary team. Each of these meetings will be documented on the appropriate form.

3. If a review of the treatment plan is prompted by the use of a safety hold, a treatment plan review and a multidisciplinary team meeting will be scheduled within 1 business day of the control hold. Both the treatment plan review meeting and the multidisciplinary team meeting will take place within one week of the safety hold.

4. The review of the treatment plan will include: identification of a client’s current status under each objective stated in the original treatment plan and assessment of the client’s progress, lack of progress, or regression under each, review of the continued appropriateness of the original treatment plan, review of the participation or assistance of any additional community programs or agencies, discussion of therapeutic behavioral interventions that may be used for the client under review, and discussion of the client’s continued appropriateness for day treatment services.

5. Following any review of the treatment plan, changes to the treatment plan will be made as necessary and appropriate.

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Video Monitor Use

POLICY:
Northwest Journey Programs may utilize an audio-visual monitor to allow an administrative person the opportunity to observe and provide feedback regarding therapeutic techniques.

PROCEDURE:
1. Each client and his/her guardian will be informed of the use of the video monitor at the day treatment program.
2. If the program chooses to use video monitoring, as an adjunct to their safety protocols, audio-visual monitors may be installed within the primary intervention room setting.

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Visitation

POLICY:
Clients of Northwest Journey will be allowed visitors during day treatment hours if the visitor is an immediate family member, social worker, or approved school personnel and an appointment has been made with the case manager. This will allow the client to focus on treatment issues during treatment hours and have visitation when appropriate and monitored.

PROCEDURE:
1. Clients will be informed of this policy upon intake and reminded of the policy on a regular basis.
2. Family members are encouraged to schedule appointments with the case manager as needed.
3. A need for staffing or visitation should be expressed to the case manager.

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Policies & Procedures Applicable to NWC Only
Client Contact Communication

POLICY:
Northwest Connections (NWC) staff and County staff will communicate with each other regarding Emergency Services clients.

PROCEDURE:
1. Documentation for telephone and mobile services will be completed on NWC approved forms.
2. Documentation on all crisis phone calls during contracted hours are provided to the respective County Department and saved in the Call Center Public Folders-Documentation Folder by 8:00am the following business day.
3. Documentation on all mobile services is provided to the respective County Department and NWC via the portal or fax by 8:00 am the following business day.
4. Each county has an internal process regarding the retrieval of NWC documentation.
5. Each county has an internal process regarding criteria used to determine the need for and type of linkage and follow up services to clients who had contact with the emergency services system.

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Client Notification of Rights and Informed Consent

POLICY:
NWC will notify or give direction to clients of their rights as a client receiving mental health services and their informed consent to treatment. This notification is in accordance with Chapter 51.61 and DHS 94 as requested by the contracted county.

PROCEDURE:

TELEPHONE SERVICES: Prior to the conclusion of the phone call, the crisis worker will notify the consumer that they have rights and the county may provide them with detailed information regarding those rights and informed consent. Upon receiving the documentation of the phone call, the assigned county staff person will follow their internal process regarding the disbursement of the Client Bill of Rights and Informed Consent documents to the client. If it is determined that mobile services are necessary, the mobile worker will complete the notification of client rights and informed consent.

MOBILE SERVICES: After the crisis situation has been de-escalated, the mobile worker will provide the client with a brochure outlining the Client Bill of Rights and Informed Consent, and obtain their signature documenting that he/she has received and reviewed the information. If the client’s condition prohibits him/her from signing or the client refuses to sign, the mobile worker will document that on the sign-off form.

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Collaboration Roles / Responsibilities (County & NWC)

POLICY:
Because emergency services programming is very collaborative and integrated in its approach, clear roles and responsibilities will be designated for each county and the contracted provider.

PROCEDURE:
Northwest Counseling & Guidance Clinic – Northwest Connections will do the following:
1. Supply, recruit, train and supervise all crisis staff in accordance with crisis intervention best practice and DHS 34.
2. Assist each county in maintaining crisis intervention best practice and DHS 34.
3. Review any program issues in a timely manner with each contracted county.
4. Refer callers of non-emergencies to the general business number for each county as appropriate and necessary.
5. Bill each contracted county as identified in its specific contract with NWC.

Each Contracted County will do the following:
1. Review any program issues in a timely manner with Northwest Counseling & Guidance Clinic – Northwest Connections Emergency Services Director.
2. When the contract is not for NWCGC – Northwest Connections to provide around-the-clock services, the county will provide the necessary walk-in, mobile and/or phone services as outlined within the contract or per certification requirements.
3. Provide supervision, unless contracted with NWCGC for supervision services, according to DHS 34, to NWCGC mobile crisis staff.
5. Be the exclusive biller of DHS 34 services. NWCGC will not bill for these services unless indicated in county contract.
6. Provide back up, after hours consultation for mobile crisis staff via telephone, unless contracted with NWCGC for these services.
7. Reimburse Northwest Counseling & Guidance Clinic as defined in the county contract.

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Crisis Alert

POLICY:
A crisis alert form should be completed if there is a concern about a current client who may be in crisis, or if there is a belief that someone is likely to call the crisis line. The information provided in the alert should include a timeline within which the alert is in effect. A Crisis Alert is valid for a maximum of 30 days. After expiration of the Crisis Alert and if there continues to be concern about a client being a crisis, then a Crisis Prevention Plan would need to be developed.

PROCEDURE:
1. A Crisis Alert form should be completed (by County, NWCGC program, or other agency) whenever there is a concern about a potential crisis call/situation and there is not already a Crisis Prevention Plan in place or the current Crisis Prevention Plan does not identify the current situation. The purpose of the form is to communicate relevant information to the crisis staff concerning:
   - The nature of the problem that may be the focus of the call.
   - Specific intervention strategies that can/should be used with the client.
   - Information on arrangement for contacting the clinician, case manager, or other collateral informants as indicated.
2. Upon completion of the form, the county should follow its internal process to ensure NWC receives the form.
3. The person initiating the alert or the county supervisor or his/her designee shall make direct contact with the call center staff (1-888-552-6642) to notify of the alert.
4. The crisis telephone staff will place the Crisis Alert on the Alerts bulletin board located in the call center, and utilize information if a call comes in for the identified person. The Call Center does not allow access to this information for persons other than trained crisis staff.

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Crisis Assessment

POLICY:
Crisis Services staff (telephone and mobile) will conduct a crisis assessment in collaboration with the consumer, natural supports, law enforcement, and other providers. It is imperative that crisis services staff receive needed, accurate information from the other parties involved in the assessment process. The crisis assessment will be conducted with the information provided and a plan will be developed with that same information. It is important to note that an assessment is only as good as the information provided to complete it. For this reason, it is expected that all parties involved in a crisis assessment will provide necessary information and details to assist in the assessment process. It is impossible to predict and/or control future risk factors or events.

Crisis Services will not provide crisis or response plan recommendations unless the crisis worker is comfortable that she/he has received the information necessary to complete the assessment and provide such recommendations. An assessment is based upon the information received, including observations.

The documentation of the crisis assessment will serve as the demonstration of the completed assessment.

PROCEDURE:
1. Each person providing crisis services receives training in regards to crisis assessment.
2. The following shall be considered during the crisis assessment:
   - Current situation information
   - Historical information
   - Consumer strengths
   - Current mental state/status
   - Risk Factors
   - Protective Factors present and/or available
   - Immanency
   - Staff will ask all of these questions during the risk assessment (if client is being interviewed):
     a - Are you thinking of killing yourself?
     b - Have you thought about killing yourself in the last two months?
     c - Have you ever attempted to kill yourself?
     d - Are you currently under the influence of alcohol or drugs?
     e - While drinking or using drugs have you ever had thoughts of suicide, harming yourself or others, or engaging in risky behaviors?
3. The crisis worker will utilize the data provided, assess the situation, and complete a response plan.
4. If the consumer is unable to be interviewed, due to medical status, then the telephone worker will recommend an assessment when the person is able to be interviewed.
5. When conducting a crisis assessment, the crisis worker will engage with all available parties (physicians, nurses, law enforcement, family members, social workers, etc.) to complete the assessment and determine a response plan.
Crisis Assessment (continued)

- An entrance and exit interview should be conducted with involved parties to ensure proper collaboration.
- All face-to-face contacts require that a response plan is developed and copies are distributed to all collateral parties involved.

6. If during a crisis contact (telephone or mobile) the crisis worker develops a response plan that includes follow up during non-business hours, then that crisis worker or designee is responsible for the implementation of that plan including the follow up.

7. All contact (current and follow up) must be documented.

8. Mandated reporting and duty to warn procedures shall be followed as appropriate.

9. Documentation of crisis contact shall be completed on Crisis Services - approved forms. Billable documentation time shall not exceed 45 minutes in time unless clinically appropriate.

10. Documentation shall be sent to the county by 8 a.m. on the next business day. Please note documentation should be submitted to both county of incident and county of residence, if the county of residence is also a NWC contracted county.

11. Crisis workers and providers will stay within their scope of practice. Immediate medical attention supersedes the crisis assessment.

12. Crisis assessment in a jail setting:
   - If the crisis worker determines that no precautions are needed, the jail may request additional assessment if something with the consumer changes that may indicate the need for possible emergency detention.
   - If crisis determines that suicide watch is needed, then the inmate/consumer will remain on suicide watch until a follow up assessment can be determined by the county, during usual business hours. The crisis system will not remove individuals from suicide watch.
   - If, upon release into the community, a jailer is concerned that an inmate is in crisis, then the jailer should contact the crisis system for assessment prior to release.
   - Additional services may be provided in the jail setting dependent on the terms of the contract.

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Crisis Plan

POLICY:
A Crisis Prevention Plan should be completed for any person who is believed to be at high risk for a recurrent mental health crisis, who may be at risk of imminent crisis due to psychosocial circumstances or changes in mental status and for clients who have multiple contacts with Emergency Services.

PROCEDURE:
1. The purpose of the Crisis Prevention Plan is to communicate relevant information to the Emergency Service staff concerning:
   a. The nature of the problem that may be the focus of the call.
   b. Specific intervention strategies that can/should be used with the client.
   c. Information for contacting the medical or mental health professional for the client.
   d. Information regarding the client’s support systems.
2. The Crisis Prevention Plan should be completed in cooperation with the client and when necessary, his/her parent or guardian where their consent is required for treatment, and when involved, the case manager and/or the people and agencies providing treatment and support for the person.
3. County Completion: county should follow its internal process to ensure NWC receives the Crisis Prevention Plan.
4. Northwest System programs should submit the Crisis Prevention Plan to the Call Center Supervisor.
5. Other agencies: submit Crisis Prevention Plan to the client’s county of residence and the county will then follow its internal process to ensure NWC receives the Crisis Prevention Plan.
6. The Crisis Prevention Plan must be reviewed and modified as necessary at minimum every 6 months. It is the expectation of the county to review, update/modify their respective Crisis Prevention Plans.
7. NWC will keep Crisis Prevention Plans on file (electronically and hard copy). Designated staff will coordinate this process with the county.

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Crisis Stabilization Services

POLICY:
It is the policy of Northwest Connections to work cooperatively with agencies that provide crisis stabilization to access stabilization services in the most clinically appropriate and cost effective manner possible. Services offered will comply with the certification requirements of the Wisconsin Department of Health and Family Services and relevant Wisconsin Administrative Code, (specifically DHS 34 Emergency Mental Health Service Programs - Subchapter III).

PROCEDURE:
1. Stabilization services will be provided in order to achieve one of the following outcomes:
   • Reducing or eliminating an individual’s symptoms of mental illness so that the person does not need inpatient hospitalization
   • Assisting in the transition to a less restrictive placement or living arrangement when the crisis has passed
2. A prospective admission for stabilization services must meet one of the following criteria:
   • Dangerousness secondary to mental disturbance
   • Impaired performance of daily activities secondary to mental disturbance including family, social, vocational, or educational functioning
3. County worker or crisis worker completes crisis assessment and determines need for safety plan and stabilization.
4. Stabilization may include:
   • As needed contact with NWC crisis line from client
   • Scheduled telephone contact from/to NWC call center
   • Scheduled face-to-face contact
   • Physical placement at a crisis stabilization approved facility (outpatient clinic, school, detention center, jail, adult family home, community based residential facility (CBRF) or a foster home or group home or child caring institution)
5. Client must be made aware of the stabilization plan.
6. Client must be made aware of what happens if he/she does not answer door or telephone when scheduled time occurs if this type of contact is part of the plan. If client does not call/answer at the designated time, NWC call center staff will try to call him/her back at the designated number. NWC call center staff will then wait 5 minutes and call again. If still no answer, a welfare check will be initiated, unless it is specifically outlined in the stabilization plan that the risk identified does not reach the level needed for law enforcement contact. A specifically identified reason for not contacting law enforcement needs to be clear in the plan and may be disregarded if the crisis worker believes there is imminent risk.
7. NWC staff will document any contact with or related to clients.

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Disaster / Inclement Weather Plan

POLICY:
A disaster is defined as a natural or man-made hazard, resulting in an event of substantial extent causing significant physical damage or destruction, loss of life, or drastic change to the environment. A disaster can be defined as any tragic event with great loss stemming from events such as earthquakes, floods, catastrophic accidents, fires, or explosions.

There are times when natural or man-made disasters may affect NWC ability to complete the primary crisis services we provide. These natural or man-made disasters may include: ice storm, snowstorm, flood, tornado, mass shooting, bridge collapse, terrorist threat etc.

PROCEDURE:
1. Regardless of what kind of disaster presents, NWC will continue to provide emergency services.
2. Emergency Services Director or designee should be contacted whenever there are concerns related to telephone or mobile crisis ability to complete services.
3. If there are issues with telephone service - please see NWC Call Center Power Outage Plan.
4. If there are issues with ability for mobile crisis to travel to a destination, telephone will assess and plan via telephone. Law Enforcement and weather updates will provide information related to travel conditions and safety of travel.
5. In the event that a disaster occurs NWC will assist with directing consumers and professionals to assistance centers and where to find support. County personnel will identify the designated place(s) for the public to go when the disaster occurs.

Notes:
- It is important to remember scope of practice when these events occur. There may be some overlap, i.e. NWC may assist with directing clients and helping through the crisis, although when able will direct to appropriate available resources.
- It is important to maintain professional and personal boundaries at all times and ask for assistance / breaks if needed.
- Compassion fatigue is natural during crisis and if disaster presents. It is important to take care of and pay attention to your personal needs during these times.

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Document Review

POLICY:
Documentation is a critical component of crisis services provision and risk management. NWC will conduct annual and as needed reviews of telephone and mobile crisis worker documentation. The purpose of the reviews is to evaluate the quality of documentation and how it reflects on the actual crisis services provision. The NWC staff person reviewing documents will provide feedback to the employee completing the documentation.

PROCEDURE:
1. NWC administrative designee will have access to documents completed by NWC staff.
2. Documentation review will be part of the supervision and feedback process.
3. NWC administrative staff will review documents yearly for all employees and more regularly within the first six months of an individual’s employment with NWC. Additional documentation review may occur as needed (i.e. quality assurance, work performance concerns, judgment concerns, client grievance, etc.).
4. NWC administrative staff will provide feedback to the employee in a variety of formats: individually, group, written, etc.
5. It is expected that the employee will be receptive to the feedback and implement the feedback into their future work.

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Emergency Services for Children and Adolescents

POLICY:
It is the policy of Northwest Connections to provide emergency services (including telephone and mobile) to the children and adolescents that are residents of the counties served and to any child or adolescent physically present in a county served and believed to be in need of emergency help for an issue related to mental health, alcohol and other drug addictions (AODA) or developmental disability. Services offered will comply with the certification requirements of the Wisconsin Department of Health Services and relevant Wisconsin Administrative Code, (specifically, DHS 34 Emergency Mental Health Service Programs - Subchapter III).

PROCEDURE:
1. Children and adolescents and their families will have the same access to all of the available emergency services as adults.
2. The children and adolescent services will be provided for the purpose of achieving one or more of the following outcomes:
   - Resolution or management of family conflicts when a child has a mental health crisis and prevention of out-of-home placement of the child
   - Improvement in the child or adolescent’s coping skills and reduction in the risk of harm to self or others
   - Assistance given the child and family in using or obtaining ongoing mental health and other supportive services in the community

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File Storage

POLICY:
All original paperwork will be stored with the contracted county department. This provides accessibility to the designated county worker to provide follow up services.

PROCEDURE:
1. NWC documentation of all contacts (assessment, releases, financial, safety plan, sign-offs, etc.) will be sent to the county by 8:00a.m. on the business day following the contact. All documents that are scanned, electronically signed, or hand delivered are considered to be “originals”.
2. The county will follow its internal process to ensure statutory requirements regarding file storage are met.

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Holiday Scheduling

POLICY:
NWC has seven designated holidays and wants to ensure staff coverage for those dates.

CALL CENTER PROCEDURE:
2. Double pay is compensated per 8-hour shift if two people are working a designated NWC holiday. Time and half is compensated per 8-hour shift if three people are working a designated NWC holiday.
3. Prior to the beginning of a new year NWC will take the number of holidays x 3 shifts divided by the current number of staff. This will determine the number of holiday shifts each staff is required to work that year.
4. Full time staff will have first pick of holiday shift(s), then picks will be made in order of employment start date.
5. Shifts can be exchanged between staff.
6. If a staff’s employment ends prior to their scheduled holiday(s) then the shift will be first offered to all staff. If no one takes it then it will be assigned to the least senior staff member.
7. Each staff is required to work a minimum of two holidays per year - determined by number of available staff.

MOBILE PROCEDURE:
2. On call pay is double on NWC designated holidays.
3. Pay remains the same when mobile worker response is required.
4. Shifts can be exchanged between staff.

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Imminent Risk - Telephone

POLICY:
This policy has been created to ensure core elements related to NWC staff.

PROCEDURE:
Active Engagement: Staff should not only adopt an “active listening” approach but actively engage the individual at risk in discussion of their thoughts of suicide; supporting the individuals experience, exploring strengths and resources, build hope for recovery and empower the caller to work towards securing their own safety. The caller should be involved in this process/intervention.
Least Invasive Intervention: Involuntary action (Chapter 51.15) should only be utilized as a last resort and initiated in circumstances where the individual at risk is unable to participate in a plan to keep safe. It is important to explore the tiers of intervention/restriction from least invasive before implementing a Chapter 51.15.
- Basic tiers/levels of restrictions include (least to most restrictive) that must be explored prior to involuntary inpatient psychiatric hospitalization:
  o Home individually
  o Home individually with crisis stabilization calls to/from call center or mobile staff
  o With family/friends at home or alternative residence
  o Voluntary admission to a crisis stabilization bed (i.e. county group home, CSCN etc.) in counties where this available.
  o Detox admission- voluntary (Note: NWC does not authorize payment for any voluntary admission), in counties where this available
  o Detox admission- involuntary to locked facility (51.45)
  o Voluntary admission to hospital: Crisis staff determines if hospitalization is necessary for client and client’s safety. This determination should include reliability, transportation, recent admissions to the hospital and hospital willingness to admit the client. (Note: NWC does not authorize payment for any voluntary admission).
  o Emergency detention/ involuntary admission (51.15) to inpatient psychiatric hospital: Emergency detention should only be utilized if hospitalization is necessary and client is unable/unwilling to have needs met in a less restrictive environment or through voluntary hospitalization.
Life-Saving Services: If there are concerns that a caller is in the process of engaging in a suicidal act it is essential that NWC staff implement life-saving services. Life-Saving Services must be initiated when the caller has already taken action or there is belief that the caller will immediately take action with the intent and potential to cause lethal self harm or harm to other.
- Life-Saving Services should include attempting to keep client on the phone line while you call for assistance (911). This may include:
  o Keep client on the line and have a coworker call for welfare check
  o Call 911 from cordless phone/emergency cell phone in call center with client’s line muted when you talk
  o Attempt to stay on the line with caller until responders arrive
  o Talk with responder once they arrive
**Imminent Risk – Telephone (continued)**

**Active Rescue:** Staff must initiate rescue with or without the caller’s consent during circumstances in which, despite all efforts of engagement, the call center staff believe that the individual is at imminent risk and is unable to participate in securing their own safety.

**Caller ID:** NWC call center telephone lines all have active caller ID. Staff can use telephone number obtained from caller ID if needed to contact caller to reengage or reconnect with them. At times caller ID can be utilized to determine client’s address if active rescue is deemed necessary. The Internet can be utilized to engage in a reverse telephone number search or ping a client. At times law enforcement is helpful in this process as well.

**Confirming Emergency Service Contact:** in cases where rescue was initiated without the caller’s consent the confirmation of contact may not always be straightforward. NWC will try to confirm that emergency contact has occurred. This may be completed by calling law enforcement entity or calling the caller back. NWC will provide written documentation of efforts made to confirm the outcome of the emergency service contact (i.e. welfare check).

**If Emergency Services contact is unsuccessful:** for example law enforcement goes to a caller’s residence and they are in the shower or have stepped out. In these instances it is important to be proactive and reach out again to see what happened and try to figure out the next step/ need of the client.

**Establish collaborative relationships with emergency services providers:** NWC is contracted with different counties throughout Wisconsin to provide emergency service telephone and mobile crisis services in said counties.

- **Internal Relationships:** NWC has internal relationships with contracted counties. NWC is a vendor for the county and so engages in consistent communication with county personnel. Telephone and mobile workers have this communication by turning in their documentation and supervision meetings. Complaints and concerns from county are routed through NWC administration.

- **External Relationships:** Within the counties NWC contracts with, there are a number of external relationships, as emergency services takes place within the community. Therefore NWC and the county may create a Memorandum of Understanding (MOU) with providers in each particular county regarding NWC role in emergency services as a vendor for that county. Complaints and concerns from county providers are routed through NWC administration process.

**Third-Party Callers:** NWC receives calls from a variety of third party entities, including law enforcement, family member, friends or hospital staff. It is important to remember that when a third party entity calls it remains important for NWC staff to actively engage with this person in determining client’s risk and work collaboratively on how to best engage person who is at risk. If risk is noted it is essential that NWC staff attempt to make contact with the client the third party is calling about. It is acceptable to work with the third party and guide them in providing an intervention that is least restrictive, although the focus needs to be on the safety of the identified client at risk.

- **Reminders:**
  - Treat third party caller as you would a direct client.
  - Listen, explore, collect information / data and person’s relation to client.
  - Determine if third party caller is in a position in which they can offer support.
  - Conduct an assessment as much as possible with the third party.
Imminent Risk – Telephone (continued)

- Engage law enforcement if necessary for a welfare check.
- Try to talk/contact client directly if we believe our contact will not perpetuate the crisis further.
- If third party caller wants to be anonymous and won’t provide their or client’s information, work to actively engage caller and their concerns. It is important to remind them that information is confidential related to who called to check on the client (although reports are shared with county and names should be omitted if a third party caller requests this).

Supervisory Consultation: during all hours of NWC operation (24/7) NWC has supervisors and clinicians available and accessible for consultation. Crisis work is an independent position and it is important to reach out whenever needed (i.e. want to run a plan by someone, conflicts related to your assessment/findings, or to process).

NWC Consultation contact information:
- Clinical consultation: (715) 309-4247.

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Linkage and Coordination Services

**POLICY:**
Northwest Connections will provide the contracted county with the documentation to provide linkage and coordination services for clients utilizing the emergency services programming. Services offered will comply with the certification requirements of the Wisconsin Department of Health and Family Services and relevant Wisconsin Administrative Code, (specifically DHS34 Emergency Mental Health Service Programs - Subchapter III).

**PROCEDURE:**
1. Each county will develop criteria used to determine the need for and type of follow up and linkage to be provided to consumers.
2. After each crisis contact (telephone or mobile) the designated county contact will receive documentation of the crisis contact.
3. If during a crisis contact (telephone or mobile), the crisis worker develops a response plan that includes follow up during non-business hours (as defined by county contract), then that crisis worker is responsible for the implementation of that plan until the county can do its business day follow up and linkage.
4. All follow up must be documented.

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Mobile Crisis Services

POLICY:
Mobile crisis will meet the needs of individuals in the most clinically appropriate and cost effective manner possible. The mobile crisis service shall provide clients with face-to-face assessment, information, support, intervention, emergency service coordination and referral for additional, alternative or ongoing services. Services offered will comply with the certification requirements of the Wisconsin Department of Health Services and relevant Wisconsin Administrative Code, (specifically, DHS 34 Emergency Mental Health Service Programs - Subchapter III).

PROCEDURE:
1. Face to face mobile crisis services will be provided per county specific contract.
2. Mobile workers will be contacted by telephone crisis worker as part of the response plan from the initial crisis phone contact.
3. The mobile crisis service shall be directed at achieving one or more of the following outcomes:
   - Immediate relief of distress in pre-crisis and crisis situations
   - Assessment of the risk present in the situation
   - Assistance provided to law enforcement officers who may be involved in the situation by offering services such as evaluation criteria for emergency detention under 51.15, Stats.
   - Coordination of the involvement of other mental health resources which may respond to the situation
   - Referral to or arrangement for any additional mental health services that may be needed
   - Providing assurance through follow up contacts that safety plans developed during the crisis are being carried out
   - WI Chapter 51.15 authorization
4. The emergency services staff person shall decide on the type and necessity of emergency intervention based on the information received from the crisis assessment and upon his/her professional judgment.
5. The emergency service staff person may refer clients to other programs in the community based on the client's preference and any requirements established by one's insurance.
6. Emergency services staff will exercise sound judgment and expertise when determining the least restrictive setting for the provision of crisis services.
7. Emergency services staff will inform other persons of the potential harm either with signed consent of the client or where state law allows specific exemptions to this rule, primarily the duty to warn.
8. If consultation or backup is needed the emergency staff person shall contact the clinical line.
Mobile Crisis Services (continued)

9. The emergency services program shall share information within necessary programs, and with county departments and agencies as per county contract and state statute. The emergency services program may share information without written consent as provided in WI Stats. 51.30(4)(b)8. Disclosure must be limited to the part of the records necessary to meet the medical emergency.

10. A mobile crisis worker shall not dispense psychotropic medications.

11. Specific county programs/contracts may require additional components not identified above that may include follow up calls, face-to-face check-ins, and other items related to community-based stabilization.

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Obtaining Billing Information

POLICY:
Medical Assistance and other third party payers may fund crisis services, so it is necessary to obtain billing information whenever possible. Billing information should be obtained when the crisis situation has stabilized and the crisis worker is able to gather the information without escalating the situation. The consumer has a right to be informed of whether or not there will be a cost for the provision of the service received. The safety of the consumer is the first priority. Under no circumstances should safety be compromised in order to obtain billing information.

PROCEDURE:
1. The crisis worker shall determine if and/or when to obtain billing information.
2. The gathering of billing information will be a judgment call when the crisis worker is providing services by telephone only.
3. The crisis telephone worker will document the reason for not obtaining billing information, if it was not obtained.
4. If billing information was not obtained, then attempts to gather that information will be made during follow up and linkage services by the county.
5. It is expected that the mobile crisis worker will provide informed consent, client rights, HIPAA acknowledgement, and obtain billing information while meeting with the consumer, following the de-escalation of the crisis.
6. The mobile crisis worker will provide a brochure as well as contact information to the consumer when informing them about the billing process.
7. If a county is billing for the crisis service, and the billing authorization needed is beyond what is noted in steps 1-6 above, then the county will develop a plan to obtain billing authorization that meets its specific county needs.

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Response Planning

POLICY:
Creating a response plan is essential when working with clients in crisis. This plan may involve various tiers / levels of restriction. Wisconsin statute 51.15 indicates that if community services are available to meet the person’s needs, then those options need to be utilized. Least restrictive is the law. Crisis Services will help to make the determination as to the least restrictive intervention needed. Response planning maximizes safety and reduces risk and liability. Every mobile crisis contact with NWC requires a response plan to be developed by the NWC crisis worker post assessment.

PROCEDURE:
1. Crisis staff completes crisis assessment.
2. Basic tiers / levels of restrictions include (least to most restrictive) that must be explored prior to involuntary inpatient psychiatric hospitalization:
   a. Home individually
   b. Home individually with crisis stabilization calls to / from call center or mobile staff
   c. With family / friends at home or alternative residence
   d. Voluntary admission to a crisis stabilization bed (i.e. county group home, CSCN etc.) in counties where this available
   e. Detox admission - voluntary (Note: NWC does not authorize payment for any voluntary admission), in counties where this is available
   f. Detox admission - involuntary to locked facility (51.45)
   g. Voluntary admission to hospital: Crisis staff determines if hospitalization is necessary for client and client’s safety. This determination should include reliability, transportation, recent admissions to the hospital and hospital willingness to admit the client. (Note: NWC does not authorize payment for any voluntary admission).
   h. Emergency detention / involuntary admission (51.15) to inpatient psychiatric hospital: Emergency detention should only be utilized if hospitalization is necessary and client is unable / unwilling to have needs met in a less restrictive environment or through voluntary hospitalization.
3. All response plans should be documented.
   a. NWC crisis staff will document via their crisis assessment form
   b. Mobile staff will also fill out a carbon response plan form for every assessment. Whenever possible, the client and any support / supervising persons should sign the plan. Signatures increase the validity of the plan. Copies of this plan should be distributed to the client and all collateral parties (LE, hospital staff etc.). The mobile staff can make copies of the response plan and should save a copy to submit with their assessment.
   c. Telephone staff will provide a faxed copy of the response plan upon request.

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Staff Development and Clinical Supervision

POLICY:
Each staff member will receive clinical supervision as indicated by statute to ensure competency and ongoing education of staff and to document the necessary and appropriate clinical supervision to staff members as outlined by statute.

PROCEDURE:
1. NWC–Emergency services staff shall receive supervision according to DHS 34. Emergency Services staff without 3000 hours of supervised experience or who do not qualify under DHS 34.21(3)(b) 1-8 will receive a minimum of one hour of supervision per week for every 30-clock hour of face-to-face mental health services they provide. All other Emergency Services staff will receive one hour of peer clinical consultation per month or for every 120-clock hours of face-to-face mental health services they provide.
2. Clinical Supervision logs for Emergency Services will be maintained by the Emergency Services Program Assistant and reviewed by the ES Clinical Coordinators and ES director, as needed.
3. Additional clinical consultation and skill development is available and provided on an as needed basis. This may be assigned by an employee’s supervisor or other program administrator.
4. Clinical supervision of staff will be documented on the appropriate forms and will include documentation of feedback given, type of supervision offered, and amount of time spent in supervision.
5. Documentation will be kept in the Clinical Supervision Log for one calendar year. At the end of each calendar year, documentation will be transferred to each employee personnel file.
6. Documentation of services provided will be reviewed on an annual and as needed basis for staff development, supervision purposes and overall quality assurance.
7. Additional training needed, as identified in supervision, will be provided to meet best practice standards in emergency mental health and AODA services at the minimum of 8 hours per year.

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Telephone Services

POLICY:
NWC will also provide crisis phone services for Northwest Journey and NWCGC outpatient clients during non-business hours for those programs. The telephone service shall provide callers with information, support, intervention, emergency service coordination and referral for additional, alternative or ongoing services. Services offered will comply with the certification requirements of the Wisconsin Department of Health and Family Services and relevant Wisconsin Administrative Code, (specifically, DHS 75.05 AODA Outpatient Emergency Care and DHS 34 Emergency Mental Health Service Programs - Subchapter III).

PROCEDURE:
1. NWC will provide telephone crisis coverage during hours designated by the respective county per their respective contract. All contracts include 24-hour weekend and holiday coverage.
2. The telephone service shall be directed at achieving one or more of the following outcomes:
   - Immediate relief of distress in pre-crisis and crisis situations
   - Assessment of the risk present in the situation
   - Stabilization
   - Coordination of other resources/services when other or additional intervention is required
   - Follow up on response plans
   - Assistance provided to law enforcement officers in assessment of client need
   - WI Chapter 51.15 authorization
3. The emergency services staff person shall decide on the type and necessity of emergency intervention based on the information received, his/her assessment, and his/her professional judgment.
4. The emergency service staff person may refer clients to other programs in the community based on the client's preference and any requirements established by one's insurance.
5. Emergency services staff will exercise sound judgment and expertise when determining the least restrictive setting for the provision of crisis services.
6. Emergency services staff will inform other persons of the potential harm either with signed consent of the client or where state law allows specific exemptions to this rule, primarily the duty to warn.
7. If consultation or backup is needed, the emergency staff person shall contact the clinical line. Other peer staff may also be contacted for general consultation.
8. The emergency services program shall share information within necessary programs, and with county departments and agencies as necessary to the specific crisis.
9. During crisis situations, telephone crisis staff will attempt to gain billing information and provide verbal notification of client rights and informed consent.
Telephone Services (continued)

10. If the caller identifies him/herself as a NWJ client, and if during the course of the contact, the NWC staff believes that the NWJ staff may have information helpful to the crisis worker, then she/he may contact one of the appropriate day treatment administrators in the following order: Day Treatment & Clinical Services Director or Deputy Director, Program Coordinator, other day treatment staff member. The goal of this contact is to obtain additional collaborative information that may be helpful to resolving the crisis situation.

11. NWC staff will provide the usual documentation of the call to the NWJ program coordinator.

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Transporting Consumers (Mobile Crisis Staff)

POLICY:
Access and transportation to services can be a challenge to service provision, especially after hours. NWC does not require that mobile workers provide transportation for consumers. However, many crisis workers may feel comfortable providing transportation services and when that is the case, NWC supports the worker’s decision to transport unless specifically restricted by the county program.

PROCEDURE:
1. If a mobile worker will provide transportation for consumers, he/she must provide vehicle insurance verification to his/her supervisor.
2. Following an assessment, the crisis staff will develop a response plan and determine whether or not a transport to additional services is needed.
3. The crisis worker will explore transportation options available to the consumer including, but not limited to the following: self transport, natural supports such as family or friend, taxi, law enforcement, other provider, or mobile worker.
4. As part of the process to determine whether or not the mobile worker will transport, he/she may ask law enforcement for their opinion regarding the safety of such a transport.
5. A mobile worker providing transportation should be the last option. The goal is to maximize use of natural supports.
6. If a mobile worker decides not to transport, yet a transport is needed, then the mobile worker needs to be a part of the plan to assist in the coordination of transportation.
Updating of On-Call Manuals

POLICY:
Each crisis staff is given a crisis manual upon hire. Each crisis staff is responsible for completing the ongoing and periodic updating of his/her designated manuals.

PROCEDURE:
1. The Emergency Services Director, designee, and/or respective county supervisor will make copies and distribute any updated information to the designated staff and county representatives.
2. The staff members shall place the updated information in his/her on-call manuals and shred appropriate old information.
3. The on-call manual will be reviewed annually at staff meetings to ensure that the contents are accurate.
4. Each designated staff member is responsible for the updating of his/her manuals during the meetings and throughout the duration of the calendar year.

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Policies & Procedures Applicable to Outpatient Only
Assessment and Intake

POLICY:
NWCGC requires that each client complete an intake process and initial assessment to determine the treatment needs. NWCGC will assess a potential client’s needs and appropriateness for services, inform a client of his/her rights, and develop a treatment plan that specifically addresses the needs of the individual client.

PROCEDURE:
1. A client or someone on behalf of the client will either call or come in to the office to schedule an appointment.
2. The administrative staff will request records from other agencies that have provided services to the client. The client/parent/guardian will have completed a release form in order to obtain the appropriate records.
3. The provider will review available documentation prior to the assessment.
4. The client will complete intake paperwork at or prior to the first appointment and be given the opportunity to ask any questions at the assessment.
5. The assessment will be completed. This appointment may be used to collect information to be included in the Initial Assessment report and/or to verify clinical information from an assessment conducted within the last 6 months for the client. The clinician should then determine whether to write an addendum to the previous assessment report or to generate an entirely new report. It is the clinician’s responsibility to verify the accuracy of the previous assessment report, if he/she chooses to utilize that information with his/her report addendum.
6. The assessment will include the client’s perspective and own words about how he/she views his/her recovery, experience, challenges, strengths, needs, recovery goals, priorities, preferences, values, and lifestyle, areas of functional impairment, and family and community support.
7. The clinician will document in the assessment report the recommendation for psychotherapy, including the diagnosis, date of the recommendation, and the length of time and type of services that are expected to be needed. The clinician will sign the assessment report upon completion.
8. If deemed necessary and appropriate, the provider will refer the client to other providers such as: AODA, other Mental Health Counselors, Psychiatrists, Psychologists, etc.
9. If deemed necessary and appropriate, family involvement in treatment will be recommended. If the individual is an adolescent, then family treatment will be a component, unless specific reasons for lack of involvement are noted in the treatment plan.
Client Group Size

POLICY:
Northwest Counseling and Guidance Clinic shall provide group therapy to clients when it has been determined to be an appropriate part of treatment.

PROCEDURE:
Client groups shall have no more than eight clients with one staff member with a maximum of sixteen clients with two staff members.

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Client No-Show

POLICY:
To assure that every individual has an equal opportunity to meet with his/her provider and to improve the likelihood of successful treatment, Northwest Counseling and Guidance Clinic- Outpatient Programs expect a client to arrive for his/her appointment on time or to cancel the appointment at least 24 hours in advance. When a client fails to attend an appointment without providing proper notice, other clients do not have an opportunity to meet with the provider at that time.

PROCEDURE:
1. When a client misses one appointment without proper notice, the clinician will discuss the importance of attending appointments with the client.
2. Unless otherwise indicated by clinician, if a client has a third no show he/she will receive a letter indicating that NWCGC will no longer serve him/her. If a client has additional appointments scheduled, then the letter will indicate a cancellation of remaining appointments, as well as the option to speak with the Administrator to reschedule. This letter will also include the names and numbers of other agencies in the area that may meet the client’s needs.
3. The client will be given the option of speaking with an NWCGC administrator in order to reschedule. If the client is able to demonstrate that she/he understands the importance of attending treatment appointments consistently, then the Administrator may allow for another appointment to be scheduled. If, following the discussion with the administrator, the client reschedules and fails to meet the appointment expectations of the provider, and then she/he may no longer be offered services within the agency.
4. For clients receiving a termination of services letter, a certified letter should be sent. A return signature card should also be sent. The signature card should be returned to NWCGC by the U S Postal Service and placed in the client file with a copy of the letter.

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Client Scheduling Protocol and Cancel Status Explanation

POLICY:
Northwest Counseling and Guidance Clinic-Outpatient Services shall have written scheduling protocol for each provider. In addition, individuals completing client scheduling will follow the protocol as well as the cancel status codes.

PROCEDURE:
1. Each provider shall have a scheduling protocol.
2. Each provider’s scheduling protocol must be administratively approved.
3. The scheduling protocol will be utilized to schedule appointments on a daily basis.
4. The individual completing scheduling will refer to the master file of appointment types to enter the correct codes when scheduling clients.

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Clinical Collaboration

POLICY:
Each qualified staff member will participate in clinical collaboration as per statute to ensure competency and ongoing education of staff and to document the necessary and appropriate clinical collaboration among staff members as outlined by statute.

PROCEDURE:
1. Clinical Collaboration will take place in the following formats:
   a. Individual sessions, with staff case review, to assess performance and provide feedback.
   b. Group meetings to review and assess quality of services and to provide staff members advice or direction regarding specific situations or strategies.
2. Additional clinical consultation and skill development is available and provided on an as needed basis for group counseling and individual counseling.
3. Clinical collaboration will be documented on the appropriate form and will include documentation of feedback given, type of collaboration, and amount of time spent in collaboration.
4. Documentation will be kept in the Clinical Collaboration Log for one calendar year. At the end of each calendar year, documentation will be transferred to each employee personnel file.
5. If clinical collaboration results in a recommendation for a change to a consumer’s treatment plan, the recommendation will be documented in the consumer file.

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Clinical Supervision

POLICY:
Each qualified treatment trainee will receive clinical supervision as indicated by statute to ensure competency and ongoing education of staff and to document the necessary and appropriate clinical supervision to staff members as outlined by statute.

PROCEDURE:
1. Each qualified treatment trainee will receive supervision according to the following guidelines as per the credential he/she is working toward:
   - One hour of face-to-face supervision for each 10 client contact hours (Marriage and Family Therapy Licensure)
   - One hour per week (Social Work certification or licensure and Professional Counselor)
   - 2 hours per week face-to-face individual supervision and 2 hours per week in learning activities for the first 1500 hours and one hour per week of face-to-face individual supervision for the second 1500 hours (Psychologist)
2. If supervision is provided in group sessions, the group shall consist of no more than 6 persons receiving supervision for every one person providing supervision.
3. Additional clinical consultation and skill development is available and provided on an as needed basis for group counseling and individual counseling.
4. Clinical supervision of staff will be documented on the appropriate form and will include documentation of feedback given, type of supervision offered, and amount of time spent in supervision. Clinical feedback will include clinical review and assessment of each staff person’s performance in providing treatment services and will indicate competency as well as areas for improvement.
5. Documentation will be kept in the Clinical Supervision Log for one calendar year. At the end of each calendar year, documentation will be transferred to each employee personnel file.
6. If clinical supervision results in a recommendation for a change to a consumer’s treatment plan, the recommendation will be documented in the consumer file.

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Crisis Response Services

POLICY:
Northwest Counseling and Guidance Clinic shall be available to meet the acute needs of a client during periods of time when they are not physically present in the program.

PROCEDURE:
5. To receive assistance in time of crisis, the parent or legal guardian should call 1-888-552-6642. NWCGC – Northwest Connections staff person will respond to the call.
1. The person responding to the crisis call will provide crisis services per protocol.
2. If the caller identifies him/herself as a NWJ or NWD client, and if during the course of the contact, the NWC staff believes that the NWJ or NWD staff may have information helpful to the crisis worker, then she/he may contact one of the appropriate day treatment administrators in the following order: Day Treatment & Clinical Services Director or Deputy Director, Program Coordinator, other day treatment staff member. The goal of this contact is to obtain additional collaborative information that may be helpful to resolving the crisis situation.
3. NWC staff will provide the usual documentation of the call, and if appropriate will provide the documentation to the NWJ or NWD program.

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Discharge Planning and Aftercare

POLICY:
NWCGC provides an aftercare plan that offers practical applications for continuing treatment progress and positive development of the client and family through the community, school, and social service resources. NWCGC works to prepare clientele to transition back to the community and families with an increased sense of self and improved skills and resources for dealing with difficulties.

PROCEDURE:
1. The staff member who was primarily responsible for providing outpatient mental health services for the consumer shall prepare a discharge summary for the client which shall include the following:
   - A description of the reasons for discharge
   - A summary of the services provided including any medications prescribed
   - A final evaluation of the consumer’s progress toward the goals of the treatment plan
   - Any remaining consumer needs at the time of discharge and the recommendations for meeting those needs which may include the names and addresses of any facilities, persons or programs, to which the consumer was referred for additional services following discharge
2. The discharge summary will be signed and dated by the licensed treatment professional, mental health practitioner, or recognized psychotherapy practitioner who was primarily responsible for providing services to the consumer.
3. NWCGC will work cooperatively with other agencies to establish necessary steps to follow through with the plan.
4. In cases where a client discharge is certain, a discharge summary will be completed within 30 days of the last client visit, and the file will be considered closed.

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Medical Clinician Contact

POLICY:  
Northwest Counseling and Guidance Clinic will contact the NWCGC Psychiatrist and/or other prescribing medical clinicians as needed regarding client care and/or medications to provide necessary and appropriate ongoing psychiatric care.

PROCEDURE:  
If client is receiving service from an NWCGC Psychiatrist:  
1. Whenever possible, clients will be seen by the Psychiatrist or RN in a timely manner after hospitalization and if necessary by the RN between psychiatric appointments.  
2. Triage calls that require action/intervention will be handled in a timely fashion to ensure continuity of care and appropriate client services. Triage calls will be routed to the RN as appropriate. The RN will follow up with physician orders regarding necessary cases.  
3. Any order to dispense samples or refills will be reviewed by the physician on a timely basis. The physician will initial in order to demonstrate completion of the review.  
4. NWCGC staff will be updated on the medication needs or symptomatic problems of the client.  
5. NWCGC staff or RN will contact the psychiatrist as directed by the psychiatrist for PRN calls.  
6. Psychiatrist’s phone numbers will be available to the RN.  
7. Whenever possible, the site RN would be the contact person with the psychiatrist.  
8. If psychiatrist is not available, the client will be directed to contact his/her primary or local physician.  
9. Upon intake, each client is asked to provide the name of his/her primary physician and sign a release with the indicated provider. If the client complies, the psychiatrist will forward a copy of the psychiatry note to the client’s physician.

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Medication Informed Consent

POLICY:
Northwest Counseling and Guidance Clinic will offer and provide each client, or individual acting on the client’s behalf as defined by Chapter 51, 55, 880 and CFR 42, with a medication category-specific Informed Consent for Medication prior to the initiation of any new prescription for medications for treatment of mental illness, developmental disability or chemical dependency and the same will be done for any patient taking the above-stated types of medications at the start of treatment with an NWCGC psychiatrist.

Prescriptions will be provided to the individual following obtaining “written consent voluntarily signed by a patient who is competent and who understands the terms of the consent, or by the patient’s legal guardian or the parent of a minor, as permitted under 51.61 (6) & (8) statutes without any form of coercion, or temporary oral consent obtained by telephone in accordance with S. HFS 94.03 (2m).”

Informed consent is not required, but may be attempted, for committed individuals and those deemed incompetent to refuse as defined by 51.61 (1) (g) (1-4).

Individuals receiving treatment through Northwest Counseling and Guidance Clinic are informed and give consent as defined by Chapters 51, 55, and 880, DHS94 and CFR – 42 prior to the initiation of treatment with medications to treat mental illness, developmental disability or chemical dependency, except as permitted by S. DHS 94.03 (2m).

PROCEDURE:
1. Psychiatrists writing prescriptions for medications to treat mental illness, developmental disabilities or chemical dependency will review the appropriate Informed Consent for Medication with the individual or responsible party and obtain written consent prior to providing the prescription. The Psychiatrist may designate and train a staff member to review the informed consent and obtain written consent prior to providing the prescription. Temporary oral consent may be provided via phone, but must be documented in the client chart and a written authorization must follow within 10 days of verbal consent.
2. New consents will be reviewed and signed only for a change of medication or if a medication is ordered over the usual total daily dose range and shall remain effective for a maximum of 15 months.
3. Signed consents will be filed in the client’s clinical record.
4. Clients or the responsible party will be offered an unsigned copy of the consent form.
5. Oral consent may be obtained and is valid as defined by HFS 94.03 (2m), for up to 10 days.
6. An informed consent may be withdrawn at any time, requiring the discontinuation of the medication. The withdrawal of consent will be documented by the staff member receiving the notification of the withdrawal on the consent form and in the medication section of the clinical record. Withdrawal may be verbal or written.

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Request for Sliding Fee Rate

POLICY:
Northwest Counseling and Guidance Clinic out-patient clinic requires that an application be completed by all clients requesting a reduced rate for services based on financial hardship. Northwest Counseling and Guidance Clinic does not receive grants or Federal funding to assist in absorbing the cost involved in this reduction; therefore, clients approved for a reduced rate are required to pay at the time of their service. Failure to pay for service at that time will result in the service being billed to the client at the full cost.

Since Northwest Counseling and Guidance Clinic does not receive grants or Federal funding to assist with the cost reduction for approved applications, Northwest Counseling and Guidance Clinic cannot provide the service to the community on a monthly co-pay basis, but rather on a fee per service. Northwest Counseling and Guidance Clinic would also like clients to know that they have an option of applying to their local county social services economic support departments which could be at an even lesser rate.

Northwest Counseling and Guidance Clinic has had to set a reduced minimum limit on services with a reduced rate no lower than the current MA reimbursement rate for the same service.

Self-pay clients are given a 10% discount on service charges paid by cash or check at the time of service. Written receipts are given to clients and NWCGC retains a copy of these receipts.

PROCEDURE:
1. Scheduler to advise client of funding options (county or NWCGC).
2. Client or scheduler to contact the business office supervisor to request an application to apply for a reduced rate if the client chooses not to go through the county assistance program (this is not the same as Medical Assistance).
3. Once notification has been received the application will be mailed out to the client.
4. Once the application has been reviewed and processed, notification will be sent out to the client.
5. Incomplete applications will not be processed, but will be returned to the applicant requesting whatever information is lacking to adjudicate the request.
6. The client will determine whether or not they choose to continue with their scheduled appointments and advise the processor of the application if they wish to continue with their scheduled appointments.
7. Client will pay at the time of their service
8. Delinquent accounts will be referred to our outside collection agency for collection.

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School Branches

POLICY:
When schools request that we provide Mental Health services to their students within their school buildings, School Branch Offices will be established and certified according to State of Wisconsin DQA Memo 13-020 and DQA Form F-00191a.

PROCEDURE:
1. School Branch offices will be considered extensions of our home clinic. Co-location within a school building does not in any way waive client confidentiality or treatment of mental health records.
2. Client Records will be available at schools electronically via the Remote Desktop on our server or paper copies of the clients’ files can be transported by the clinician to the schools in a locked briefcase.
3. Client Records will not be stored at any school location.
4. Clients will be informed before services begin that NWCGC and the schools are separate entities.
5. Release of Information forms between NWCGC staff and schools must give at a minimum the ability to do a benefits check for clients and to communicate with the school to coordinate clients’ appointments. Any other information to be released will be at the discretion of the parents/guardians.
6. The school must be able to provide a private space in which clinicians can conduct therapy sessions.
7. Clients with a primary diagnosis, which falls outside the scope of practice of the clinician serving that school, will be referred elsewhere for services.
8. A method of tracking outcomes will be established with each school district in order to provide the State with evidence to support recertification of School Branches.
9. Clinicians must provide a copy of their license to each School Branch they serve which shall be displayed in the school’s office.
10. Client Rights information shall be available at each School Branch.
11. NWCGC staff shall comply with all school building rules including but not limited to: access to buildings, hours of operation, and participation in emergency drills.
12. Disagreements between school staff and School Branch staff shall be referred to their respective supervisors.
13. Crisis situations with clients will be handled in the same manner as they would at any other Branch site with school staff providing assistance as needed.
Treatment Approaches

POLICY:
NWCGC will utilize treatment approaches that are therapeutic, evidence-based, trauma informed and individualized for each client.

PROCEDURE:
1. Each therapist will use his/her clinical knowledge and experience to examine the client’s history and current status to determine a comprehensive, individualized, clinical, evidence-based approach that addresses the needs of the client.
2. The therapist will draw on the strengths and coping skills that clients and their families bring to the treatment process to help facilitate change and develop healthy skills and relationships, which may result in a more productive and satisfying life experience.
3. For children and adolescents, the clinical analysis will look at a child’s chronological age and development, intellectual age and development, and emotional age and development. A child’s individual experiences, personal characteristics, learning styles, intellectual abilities, maturity, etc. all influence the child and his/her needs and development.
4. Therapists are prohibited from using any non-traditional treatment modalities such as, but not limited to, massage, crystal therapy, soul retrieval, rebirthing, primal scream, etc. Since it is impossible to provide an exhaustive list of every type of prohibited therapy the following general rules should guide therapists:
   • The clinic does not condone practices that involve techniques that a reasonable person would consider overtly punitive or harsh,
   • The clinic does not condone practices which involve shaming a client,
   • The clinic does not condone practices that would scare or frighten a client,
   • The clinic does not condone continuing to provide a therapeutic intervention after a client has indicated, verbally or in writing, a desire to stop that intervention.
5. If questions arise regarding the permissibility of a given therapeutic intervention, therapists are encouraged to discuss their interventions with their supervisor.

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Treatment Planning

POLICY:
Upon completion of the initial assessment, NWCGC will develop an initial treatment plan for each outpatient client.

PROCEDURE:
1. The treatment plan will be based upon the diagnosis and symptoms of the client and will include all of the following:
   - The client’s strengths and how they will be used to achieve treatment goals
   - The method to reduce or eliminate the symptoms causing the client’s problems or inability to function in day to day living, and to increase the client’s ability to function as independently as possible
   - For a child or adolescent, a consideration of the child’s or adolescent’s development needs as well as the demands of the illness
   - The schedule, frequency and nature of services recommended to support the achievement of the client’s recovery goals
2. The treatment plan shall reflect the current needs and goals of the client as indicated by progress notes and by reviewing and updating of the assessment as necessary.
3. Treatment plan goals shall include objective, measurable behaviors that can be compared to baseline behaviors in order to quantitatively measure progress toward treatment goals
4. The client or the client’s legal representative shall review and approve the treatment plan and will sign the treatment plan to indicate his/her approval. If the client is not in agreement with the treatment plan and refuses to sign, this should be documented on the treatment plan.
5. The primary counselor for the client will sign the treatment plan.

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Treatment Plan Review

POLICY:
Northwest Counseling and Guidance Clinic will review an individual’s treatment plan.

PROCEDURE:
1. A treatment plan review shall be completed, with the client’s participation at minimum every 90 days or 6 treatment sessions, whichever covers a longer period of time.
2. The review of the treatment plan will address all of the following:
   a. The degree to which the goals of treatment have been met
   b. Any significant changes suggested or required in the treatment plan
   c. Whether any additional assessment or evaluation is recommended as a result of information received or observations made during the course of treatment
   d. The consumer’s assessment of functional improvement toward meeting treatment goals and suggestions for modification
3. The results of each clinical review will be clearly documented in the client file. Following any review of the treatment plan, changes to the treatment plan will be made as necessary and appropriate.
4. If service needs are identified for the client, and NWCGC does not provide that service, the client will be referred to other community service providers to meet those needs.

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Policies & Procedures Applicable to Telehealth Services Only
Conducting a Telehealth Service

**POLICY:**
NWCGC will complete the following procedure to promote a positive TeleHealth experience.

**PROCEDURE:**
Upon arriving in the TeleHealth room, the presenter will focus the camera on the client from the waist up and facing the provider unless the provider requests otherwise. The presenter will position the camera so that all participants can be clearly seen and images are not blocked or obscured. The presenter and provider will introduce everyone present at both sending and receiving sites, including non-clinical personnel. The camera shall pan the room at the remote site to assure the client that all introductions have taken place. Entry into the TeleHealth room at each site will be monitored and any persons entering once the event has begun shall be introduced.

The presenter will re-confirm adequate audio and video by asking the client and provider if they are satisfied with the connection. Volume should not be turned up so loud that conversation can be heard outside the room at either location.

If the provider desires, the presenter will advise the provider of the client’s vital signs and relay other relevant information to the provider. The presenter will ask the participant if he or she objects to the presenter remaining in the TeleHealth room during the session. If the client indicates that the presenter should leave, the presenter will wait outside the TeleHealth room during the session, remaining available during and after the session.

Assuming that the client will not object to the presenter’s presence, the presenter will verify readiness of client to begin and verify client consent verbally for the provider. It is anticipated that the provider will then engage the client and fulfill the provider responsibilities.

If present during the TeleHealth session, the presenter will operate the camera to enable the provider to have an optimum view of the client’s behavior, including fidgeting, hand movements, tics, changes in posture, tremors, etc. During the TeleHealth session, the presenter will attempt to minimize sources of extraneous noise, i.e. pen tapping, coughing, paper shuffling, side conversations, etc., since background noise can be picked up by microphones and distort the sound quality of the broadcast. If technical transmission problems arise during a TeleHealth session, or if any equipment malfunction occurs, the presenter will seek to remedy the problem pursuant to the NWCGC policy, “Maintaining Technical Integrity During TeleHealth Sessions.”

**Medication Prescriptions**
If medications are prescribed during the appointment, then the following process should be followed:

- Provider will talk with the parents about the medication being prescribed.
- RN and/or CM will have the informed consents available for parent signature at the appointment.
Conducting a Telehealth Service (continued)

- Provider or RN (if present) will communicate the prescription to the family’s pharmacy of choice. (A list of pharmacies in the area will be provided to the provider.)
- Provider will provide follow up instructions; when to schedule next appointment, etc. Typically a new medication will be followed up on within one month of initiating the medication.

Concluding a TeleHealth Session
At the conclusion of each TeleHealth session, the presenter will schedule the next TeleHealth appointment, if appropriate, coordinating the date and time with the schedules of the provider and client and the NWCGC TeleHealth master calendar. The presenter will then ascertain whether the client has any further questions or clinical concerns. The presenter will then exchange information with the provider site, as necessary, and disconnect the TeleHealth videoconference transmission.

The presenter will ensure that any forms requiring the signature of the client or the client’s parent or guardian are completed, and ask the client to complete a Consumer Satisfaction Survey. The presenter will document notes, provider recommendations, and necessary billing and clinical information in the client file.

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Consumer Information Security

POLICY:
NWCGC will protect the privacy of the protected health information that it creates, maintains and/or transmits, regardless of the medium of the information, i.e. paper, electronic or verbal.

PROCEDURE:
NWCGC will utilize appropriate technical and physical safeguards during every aspect of the TeleHealth process, and NWCGC workforce members and Business Associates involved in TeleHealth activities will comply with all applicable provisions of the HIPAA Privacy and Security Rules while utilizing TeleHealth technologies and engaging in TeleHealth activities.

NWCGC workforce members involved in TeleHealth activities will receive timely and appropriate training in HIPAA policies and procedures, which will be documented in their personnel files.

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Documentation During a Telehealth Visit

POLICY:
It is the policy of NWCGC to maintain a current, accurate and comprehensive mental health treatment record for each client who receives TeleHealth services, to ensure effective and continuous client care through precise documentation of the status of each client’s mental health condition, as well as the TeleHealth care needs and services provided to each client.

PROCEDURE:
The clinical record generated during a TeleHealth session and all relevant client records related to receipt of TeleHealth services are the property of NWCGC. They will be maintained in the client’s comprehensive file, and be kept in a secure location within the NWCGC facility. Providers and consulting practitioners will send their progress notes from TeleHealth sessions and consultations to NWCGC to be placed in the client’s permanent healthcare record. The progress note for an interview by TeleHealth videoconference should include the following information:

- The name and location of the client receiving services.
- The name and location of the clinician providing the service.
- The identities and roles of the individuals present during the TeleHealth session.
- Documentation of the type of service provided, including a description of what occurred during the provision of the service in relation to the client’s treatment plan. Each entry must contain a description of what was attempted and/or accomplished during the contact toward the attainment of a treatment goal.
- The date and time the service was delivered.
- The client’s response to service.
- Periodic summary of the client’s progress toward treatment goals.
- Applicable diagnostic or evaluation documentation.
- Signature/initials of the provider for each service.

The clinical services provided through videoconferencing are identified as “TeleHealth,” in the client’s record. All TeleHealth services must be documented in the client’s TeleHealth record within 24 hours or by the close of the next business day following the delivery of service and prior to submission of claims for reimbursement. All other documents related to a client’s receipt of TeleHealth services must be filed in his/her TeleHealth record within five (5) working days.

The presenter will document their notes during the appointment on the appropriate form (i.e. Case Management Notes, Nurse Notes, Progress Notes). If the provider prescribes medication, document that relevant “Medication Verification Form” information.

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Maintaining Technical Integrity During the Interactive Telehealth Consult

POLICY:
It is anticipated that the preventive maintenance plan implemented by NWCGC will significantly minimize the likelihood of equipment failure during TeleHealth sessions and ensure safe, effective and efficient delivery of TeleHealth services. Moreover, pursuant to policy and procedures, well in advance of a TeleHealth session, the TeleHealth Coordinator or her designee will ensure that all videoconferencing equipment is in place and that all the power cords and telecommunication cords and cables are properly attached and connected. The TeleHealth Coordinator will also connect to the provider site to ensure that the equipment is operational and the connection information is correct.

PROCEDURE:
The set-up guides, user information pamphlets, and important information leaflets for each equipment component of the TeleHealth system will be maintained in a file cabinet in the TeleHealth Room, where it will be accessible to any person providing presenter services. In the event of technical difficulties or equipment problems during a TeleHealth session, the presenter will endeavor to resolve the situation via troubleshooting, in accordance with the checklist displayed in the TeleHealth Room, entitled, Troubleshooting: Common Problems and Solutions. If the presenter is unable to resolve the technical difficulties or equipment problem, he or she will contact technical support (NWCGC IT Department, 715-327-4402) for immediate assistance.

The TeleHealth Coordinator will notify technical staff if there are concerns or questions regarding the equipment or performance of the equipment during a TeleHealth visit, prior to the next scheduled session. In addition, NWCGC staff will track TeleHealth equipment and systems reliability by use of a logbook in which, for each TeleHealth session, the presenter will note the following:

- Start time
- End time
- Technical problems
- Equipment problems
- How problems were resolved
- Other relevant information regarding the TeleHealth session

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Minimum Transmission Standards

POLICY:
NWCGC TeleHealth sessions will be conducted over proprietary network connections, using IP connectivity of 3 MB through CenturyTel Internet service delivery. An uploading transmission speed of 512 Kbps will be established with a two-way contact.

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Preparation of Video Conference System and Cameras

**POLICY:**
NWCGC shall deliver mental health services via TeleHealth modality using videoconferencing equipment that is designed to provide high quality audio and video performance in an easy-to-use system. Specifically, NWCGC has selected a Polycom V500 from CDW. The hardware components of the Polycom system include:
- A V500 Set-Top Codec, essentially the heart of the system, which contains a built-in pan/tilt/zoom camera and a built-in speaker.
- A Polycom Remote Control with buttons color-coded and arranged by function. The device is used to operate the V500 and navigate on-screen menus.

Peripheral hardware components of the TeleHealth system include video monitor, conversion equipment and cables. NWCGC will utilize and comply with manufacturer and distributor recommendations and guidelines for the Polycom V500 Video Conferencing System to assure the consumer, provider and TeleHealth presenter a high-quality, efficient and secure TeleHealth encounter.

The TeleHealth Presenter will follow the steps listed below to ensure that all videoconferencing equipment is in working order.

**PROCEDURE:**
1. Check to see that all the power cords and telecommunication cords and cables are properly attached and connected.
2. Activate power on all videoconferencing equipment after all connections are in place, and ensure that equipment is operational.
3. Initiate a test connection with the provider’s site, check video and audio quality and volume and adjust as needed, and confirm that the camera contact is in the proper mode, consistent with the preference of the provider.
4. Upon successful completion of the transmission test, the TeleHealth Coordinator or her designee will maintain the connection for the ensuing TeleHealth session(s).

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Telehealth Operations-Preparing for a Telehealth Consult

POLICY:
The TeleHealth Coordinator or his designee will ensure that the TeleHealth Room is configured and prepared properly for a TeleHealth session.

PROCEDURE:
Prior to the client entering the TeleHealth Room the TeleHealth Coordinator or her designee will do the following:
1. Configure table and chairs.
2. Confirm presence of needed clinical tools and materials, e.g., tools for measuring vital signs, health care records, age appropriate assessment and diagnostic tools, play equipment for child encounter, client handouts, necessary forms, etc.
3. Verify fax and phones are operational.
4. Verify adequate lighting. Minimize glare in the room by ensuring that overhead lights are not visible on the videoconferencing monitor.
5. Ensure client privacy by closing curtains and/or lowering blinds on windows, including windows on door.
6. Place a sign on the door indicating that a TeleHealth session is being conducted, so others do not inadvertently interrupt the session.
7. Connect to receiving site at least 15 minutes prior to appointment.
8. Ensure that technical staff is standing by, in the event of equipment or transmission difficulties.

Provider Preparation
Prior to a TeleHealth session, the presenter shall review the client documentation regarding the client’s mental health history that has been transmitted to the provider as outlined above.

Client Preparation
1. Ensure that all necessary forms have been completed and placed in the client file, including a signed Informed Consent Form, Authorization to Release Information.
2. Describe the people who will be participating at the site (so client is aware of all potential observers).
3. Outline the interactive experience the client can expect.
4. Reassure that the client will not be “on television.”
5. Reassure that quality of care received through TeleHealth will be appropriate and safe.
6. Reassure that most participants are very satisfied with care provided via TeleHealth.
7. Reassure about privacy/confidentiality.
8. Address any questions or concerns the client may have regarding TeleHealth.
9. Measure and record the client’s vital signs: blood pressure, temperature, and pulse.
10. Escort the client to the TeleHealth room; while en route, observe client for gait, posture, affect, care of clothing, smell (alcohol, body odor), hand tremor, etc. Relate any observations to the mental health provider after TeleHealth session, outside the presence of the client.

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Policies & Procedures Applicable to NWTS Only
Company-Provided Devices

POLICY:
This policy is intended to address the role of company-provided devices and responsibilities of employees provided said devices. NWCGC may issue mobile devices and tablets to Northwest Transportation Specialists (NWTS) employees who have a frequent need for mobile access. Company-provided devices solely approved role is facilitating daily trips for NWTS. This may include communicating with your supervisor, navigating daily trips, and obtaining updates regarding daily trips. Activities not approved by NWCGC include:

- Sending or receiving personal text messages.
- Sending or receiving personal phone calls (in case of emergency, dial 911).
- Browsing the Internet.
- Accessing private accounts for email or social media sites.
- Downloading content unnecessary for completion of duties within NWTS: applications, games, widgets, etc.

NWTS employees will use their device(s) for business purposes in accordance with all state and county regulations regarding cell phone use while driving. Please note that texting while driving is illegal in the state of Wisconsin.

NWCGC is responsible for providing support for company-owned devices and ensuring access to necessary programs or services. Each NWTS employee is responsible for ensuring the devices are used primarily for company business, responding to work related communications promptly, protecting devices from avoidable damage or theft, and notifying your supervisor immediately if a device is damaged or missing.

NWTS employees found in violation of this policy are required to reimburse NWCGC for additional charges incurred and will be subject to disciplinary action up to and including termination of employment.

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Health Insurance Coverage (NWTS Only)

POLICY:
Hourly Field employees of Northwest Transportation Services that meet the appropriate hour requirements are eligible for health insurance coverage and will be asked to make contributions toward their health insurance coverage.

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Time Off Policy (NWTS Only)

POLICY:
NWCGC provides structure allowing paid time off to part-time drives with more than 3 years of experience.

PROCEDURE:
1. Paid time off is granted to employees and is meant to allow employees a benefit of paid time off for absences from work.
2. Part-time employees will earn 10 hours of paid time off following their 3rd anniversary with the agency.
3. Part-time employee’s paid time off will increase as years of service increase. For each additional year of service, an additional 5 hours of paid time off will be granted upon the employee’s anniversary date, up to a maximum of 40 hours.
4. Use paid time off is subject to approval of the employee’s supervisor or other administrator.
5. Paid time off will not be granted if the time off requested is above a 40-hour workweek (i.e. paid time off cannot be used to be paid over-time hours).
6. Employees will document the use of any paid time off using a Time Off Request form.
7. Paid time off will not be granted if the request is not made at least 48 hours in advance of the time off needed.
8. Paid time off must be used by the end of the calendar year or the time will be forfeited. Hours will be pro-rated based on your anniversary date.
   Example: If your anniversary with the company is July 1st, you would have 5 hours to use before December 31st of that year and another 10 hours to use starting January 1st.
9. Upon termination of employment, remaining paid time off will be paid out at 100%, if the employee provides a minimum of three weeks’ notice. If the termination notice is less than three weeks, or the employee is discharged for disciplinary reasons or misconduct, there will be no compensation for paid time.
10. Employees who are absent without sufficient paid time off and who absences are not covered by an otherwise approved leave will not be paid for the time off that was not sufficiently covered by paid time off, and may be subject to disciplinary action including termination of employment. Employees are accountable for planning their absences carefully and managing their paid time off wisely, allowing for adequate reserves should an unplanned absence or emergency arise.

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Consumer Complaint

POLICY:
Northwest Transportation Specialists shall address any and all complaints in an appropriate, respectful, and systematic manner. Any individual filing a complaint shall not be threatened or penalized in any way for filing such complaint.

PROCEDURE:
1. NWTS will post a complaint phone number for both Northwest (715-566-3223) and MTM (866-436-0457) in each vehicle.
2. Any consumer may contact either phone number to file a complaint.
3. One cannot be threatened, discriminated against, or penalized in any way for filing a complaint or assisting someone with filing a complaint.
4. A consumer may, at any time prior to or following the complaint process, or at any time during it, choose to use other resources to resolve the matter.
5. If a complaint goes through MTM, NWTS must respond to MTM within 24 hours of receiving the complaint from MTM.

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Transportation and Vehicle *(NWTS only)*

**PURPOSE:**
The primary purpose of this policy is to ensure the safety of NWCGC clients, MTM members and employees.

**GENERAL GUIDELINES:**
- Any NWCGC employee providing transportation services or utilizing a NWCGC vehicle must have a completed driving record check. NWCGC reserves the right to complete subsequent driving record checks.
- An NWCGC employee providing transportation services must report any moving violation (received either on or off duty) to his/her supervisor immediately. Failure to do so may result in disciplinary action. Please note: certain moving violations may immediately disqualify an employee from providing transportation services to clients.
- NWCGC may conduct an administrative review for any moving violation of any NWCGC employee during his/her employment. The review may result in disciplinary action and/or termination, depending upon the violation.
- NWCGC has the authority to deny driving privileges to any employee providing transportation services utilizing his/her personal vehicle or a company vehicle based on results of a driving record check.
- Any employee driving a NWCGC vehicle or providing transportation services must meet agency insurance and/or MTM standards.
- Any tickets or traffic violations issued to a driver while in operation of a company vehicle or personal vehicle will be the personal responsibility of the driver, not the company.
- Seatbelts must be worn at all times that the vehicle is in motion.
- The driver must be carrying a current valid driver’s license when operating the vehicle.
- The vehicle may only carry as many passengers as the manufacturer rates for the vehicle.
- When transporting clients, NWCGC vehicles must have the following:
  - Cellular telephone
  - First aid kit
  - Fire extinguisher
  - Ice scraper in the winter
  - Portable triangle reflectors
  - Extra electrical fuses
  - Flashlight
  - Biohazard spill kit
  - Stepstool for 12 passenger vehicles
  - Current vehicle registration
  - Current insurance card
  - MTM accident forms
  - Seatbelt cutter
- Follow all state and county regulations regarding cell phone use while driving. Please note that texting while driving is illegal in the state of Wisconsin.
- The vehicle should be clean, uncluttered and free of obstructions on the floors, aisles and seats.
Transportation and Vehicle (continued)

- Passenger doors should be locked at all times when a vehicle transporting passengers is moving.
- A current insurance and registration card for the vehicle must be kept in the vehicle at all times.
- There is no smoking in a company vehicle.
- No animals may be in company vehicles used for transporting clients except for certified service animals for identified clients/members.

MAINTENANCE FOR VEHICLES OWNED BY NWCGC OR NWP

As a general rule, the recommended maintenance schedule provided by the vehicle’s manufacturer should be followed. Adherence to the factory maintenance schedule is important for ensuring the safe and long run economical use of the vehicle. In addition, compliance with the factory’s maintenance schedule may be required to cover certain repairs under the factory’s standard warranty.

- In addition, a professional should inspect any unusual sound or feel to the vehicle as soon as possible.
- Vehicles must comply with MTM’s inspection schedule.
- The Transportation Director shall approve all repairs over $100 for vehicles.
- New vehicles often have special driving requirements during the “break-in” period. An employee driving a new vehicle must follow the manufacturer’s “break-in” requirements.
- All maintenance services must be documented. For each service, the documentation should reflect the date of service, the name of the service provider, the odometer reading, and the service(s) provided.

PERSONAL USE OF NWCGC VEHICLES

Company vehicles may not be used for personal use at any time, however, if the employee disregards this policy and uses the vehicle for any purpose other than work-related purposes, the time will be unpaid. Any miles put on the vehicle during this time would be considered personal miles and would need to be submitted to the Payroll Specialist for tax purposes. Should the personal miles exceed 5 miles per workday, the employee faces disciplinary measures. During any personal use of the vehicle, the driver is considered to be off the clock. Any damage sustained to the vehicle would be the responsibility of the driver not the agency.

Driver shall indemnify, defend and hold harmless employer, its parent, subsidiaries and affiliates, and their respective directors, officers agents and employees against and from any and all claims including, without limitation, claims for personal injury, and/or death and damage to property, arising out of any personal use of the vehicle, violation of any company policy, or due to any act or omission on the part of the driver, including negligence. The employee further agrees to reimburse employer for any costs associated with any defense against the employee or other party. The provisions of this paragraph shall survive cancellation, termination, or expiration of employment.
Transportation and Vehicle (continued)

The employee assigned a NWCGC vehicle should be the person driving the vehicle. If someone other than the employee drives the vehicle, any accident/damage incurred during that time is the sole responsibility of the employee.

VEHICLE CLAIMS/ACCIDENTS

Report all accidents to the Transportation Director as soon as possible. Obtain the following information from other driver(s) involved in the accident (suggestion: use cell phone to photograph driver’s license, license plate, etc.):

- Name and address of each driver, passenger and witness.
- Name of Insurance Company and policy number for each vehicle involved.
- Complete the following forms and submit to Transportation Director: Automobile Loss Notice, Incident Report Form, and Vehicle Claim Form. These must be completed within 2 business days of the accident. These forms can be found under the Company Vehicles folder in the Administrative DT Public Folders.

According to Wisconsin law, any accident must be reported to the Police when it results in:

- Injury or death of a person
- $1,000 or more total damage to property owned by any one person
- Damages of $200 or more to government property (except motor vehicles)

CHANGING VEHICLE NEEDS

If there is a need for a change in vehicles, this should be reported to the Transportation Supervisor. Possible future changes in the number and types of vehicles needed should be reported as early as possible.

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Policies & Procedures Applicable to DLS & Mentoring Only
Daily Living Skills and Mentoring Program Activities

**POLICY:**
Clients enrolled in the DLS & Mentoring Program are prohibited from participating in recreational activities with their DLS Educators or Mentors that are deemed dangerous or high risk.

**PROCEDURE:**
1. The following activities are prohibited:
   - Fishing from any location other than a bridge or from shore.
   - Swimming in rivers or other moving water or in lakes.
     - Exception: Swimming in pools, water parks, or lake beaches when a lifeguard is on duty is permitted.
   - Horseback riding.
   - Riding or driving 4-wheelers, dirt bikes, or other motor vehicles.
   - Allowing a client with a learner’s permit to drive a vehicle during a session.

   This list is not all-inclusive. They are examples of high-risk activities. If there are questions regarding appropriate activities, please consult your supervisor.

2. The following activity is allowed but requires a signed permission slip from the client’s parent or guardian before participation:
   - Any sort of water activity that involves riding in motorized or non-motorized watercraft (boats, canoes, kayaks, etc.).
   - Participating in WI-DNR Hunter Safety Education Classes.
     - Mentors or DLS Educators must have proof that they have completed a Hunter Safety class before bringing a client to a class.
     - Under no circumstances shall a client of the program bring a weapon to the Hunter’s Safety class.
     - All weapons must be provided and transported by the Mentor or DLS Educator.
       - The Mentor or DLS Educator is responsible for making sure the gun is unloaded and the action is open.
       - Live ammunition is not allowed at Hunter Safety classes.

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