

Ark has policies and procedures that serve as guidelines for the admission of clients into specific treatment programs. This policy and procedure deals specifically with programs that are designed for people who have chemical use problems. Ark generally does not admit people into programs designed for people who have chemical use problems, unless they meet specific admission criteria.

When a person phones or comes to Ark Counseling and requests assistance or information, they are directed to a team member who has been trained in triage (by the clinical director) and who is also knowledgeable of Ark's programs, services, and admission policies. The following questions are part of standard triage protocol:

- a. the person's substance of choice, and
- b. time/date and method of last use, and
- c. whether there are signs and symptoms of overdose and, if so, instructions to immediately contact 911, and
- d. whether there are signs and symptoms of withdrawal that may require supervised detoxification and, if so, the: name of a facility, the address of the facility, and the facility phone number where detoxification services may be obtained.

Other information that is routinely obtained includes, but is not limited to:

- e. the person's age, and
- f. the level of care the person is potentially seeking, and
- g. the reason the service is being requested, and
- h. whether the person is seeking CCDTF (Rule 25) funding.

People who are requesting assistance for programs or services Ark Counseling does not provide are given the name and telephone number of a facility that is licensed to provide these services. People may also be directed to websites.

Mandated Treatment

Some clients are legally required to have treatment at a specific level of care and/or for a specific number of hours (e.g., court order, condition of probation/parole, child protective services, and civil commitment). Such legal requirements, orders, or referrals may not be based on clinical considerations and may not meet clinically relevant placement criteria. In such cases, insurance will not pay for treatment (i.e., insurance pays only for medically necessary care). However, the person may be admitted or continue in treatment providing they pay the cost of treatment.

Admission Criteria for Programs and Services

In general, the following paragraphs (in this section) apply to people who are requesting private insurance or the CCDTF to pay for their treatment. People who are seeking to obtain their driver's license (after revocation) may have a legal problem—not a medical problem—and be admitted to a program as “self-pay”.

Criteria for admission into any program or service is based upon the presence or absence of a catalog of symptomatology expressed in the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders-5th Edition (DSM-5)*.

For admission into a program a client must meet the DSM diagnostic criteria for substance abuse or dependence. Admission into either an intensive outpatient (IOP) program or an outpatient (OP) program requires a client have a current diagnosis— i.e, not be in remission. Admission into a 48 hour/Relapse Prevention program requires that the



Programs and Services Admission and Termination Policy and Procedure *Reviewed and Revised 07.19.17*

Page | 2 of 9

client be in “early remission”— be without any symptoms (except cravings) for a minimum of 12 consecutive weeks.

In addition to the above, a client must demonstrate sufficient stability and constancy as determined by the American Society of Addiction Medicine’s (ASAM) Severity Dimensions and Placement Guidelines to benefit from group therapy— and not pose a substantial or significant risk to himself/herself or to other clients or peers in group.

For admission, it is mandatory that the client have a diagnostic assessment that meets standards established in MN law, that is recent, and that is signed by a licensed alcohol and drug counselor. What is deemed recent is determined by either: the client’s insurance company, CCDTF, or clinical judgement. Generally, an assessment is deemed current if it is less than 30 days old and a material change in the client’s condition has not occurred. The assessment must be updated by a licensed alcohol and drug counselor if it does not meet these standards.

Who May Admit or Terminate Programs and Services

The names and titles of all staff members who are authorized to initiate admission into programs and services, and who are permitted to terminate a person’s participation in either, is listed below. If a person is denied entry into a program or service, or if their participation in either is denied or terminated (for reasons of health, behavior, or criminal activity) Ark has specific responsibilities to refer them to an appropriate level of care and in certain instances to notify specific entire or agencies that a referral has been made. Conditions under which a client **must be** terminated included in this policy and procedure.

Team members who are authorized to initiate and terminate clinical programs or services include:

Name	Position Title (<i>licensed in MN</i>)	Initiate Services	Terminate Services
Jerry Lee Holt <i>or</i>	any Licensed Alcohol and Drug Counselor (LADC)	Yes	Yes
Jerry Lee Holt <i>or</i>	any Licensed Professional Clinical Counselor (LPCC)	Yes	Yes

Inclusion Criteria

In Minnesota, inclusion criteria for admission into treatment programming is determined using guidelines published by the American Society of Addiction Medicine’s (ASAM) i.e., Severity Dimensions and Placement Guidelines. These detailed guidelines are available for public review upon request in Ark’s Policy and Procedure entitled: *Placement Guidelines*.

Special Consideration for Clients with Extraordinary Needs

Ark Counseling gives preferential queuing privilege to clients who are identified by federal and state law as having extraordinary need. Preferential queuing privileges span: assessment, treatment, and referral. Federal regulation stipulates preference be given according to the following needs and in the following order:

Queuing Privilege Order

- 1st pregnant injecting drug users;
- 2nd pregnant substance users;
- 3rd injecting drug users; and
- 4th all others

In the event Ark does not have the physical capacity to accommodate a pregnant woman it is required by law to immediately refer the woman to the MN Department of Human Services. If the client is admitted into one of Ark’s programs, it is required to monitor the client’s pregnancy and if certain chemicals are being used, she **must be referred to Project CHILD (612.879.3609) or referred to Child Protective Services** in accordance with the Policy and Procedure entitled: *Maltreatment and Mandated Reporters*.

In general, any person who injects drugs is granted a preferential queuing privilege for admission into treatment programs, providing their entrance into a specific program meets the program’s general admission standards and is not otherwise prohibited by law.

Exclusion from Admission Criteria

Professional counselors have an ethical duty to facilitate client growth and development in ways that foster the interest and welfare of each client and in a manner that promotes the formation of healthy relationships. The American Counseling Association's (ACA) Code of Ethics specifically addresses group therapy.

Screening

Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

Protecting Clients

Counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

Sex Offenders

All group therapy, at Ark Counseling, is mixed gender and clients (both male and female) are frequently the victim of sexual misconduct. Therefore, prior to admission, any client who has had a legal case that involves sexual misconduct conduct and/or any conviction related to sexual misconduct conduct is carefully screened by Ark's Clinical Director. The screening will involve a review of the case, the client's legal history, consultation with P.O.s and/or case workers and/or prosecuting attorney. Among other factors, consideration is given to: the "degree" of the sexual misconduct, the age of the victim, and the Risk Level the court has assigned to the prospective client.

Any person who has been convicted of 1st or 2nd Degree criminal sexual conduct **or** has a Risk Level of III is not eligible for admission to Ark Counseling. Lesser degrees of offense and/or lower Risk Levels (alone or in combination) may also result in a client being ineligible for admission to Ark Counseling. Any offender that is required by law to give a healthcare facility a "Fact Sheet" regarding the offender, for the purpose of distributing it to clients of the facility, may not be admitted to Ark Counseling.

Ark Counseling is not licensed by the MN Department of Human Services to provide Programs or services that require the physical plant (e.g. "locked"), equipment (e.g. IV pumps), staff (e.g. nurses), and structure (e.g. lodging) for clients who require care that is beyond its level of licensure— nor to Special Populations (e.g. developmentally disabled).

Factors that may necessitate a level of care beyond Ark Counseling's level of licensure also include, but are not limited to, a client's:

1. lack of adequate constancy and stability,
2. serious issue with impulse regulation or control,
3. excessive volatility,
4. repeated failure or inability to benefit from group therapy,
5. posing an unacceptable level of risk to self or others.

Other examples requiring exclusion are described in the Policy and Procedure entitled: *Placement Guidelines*. These detailed guidelines are available for public review upon request.

In the event a person is excluded from Programs or services at Ark Counseling, the licensed clinician directly assigned to the client shall seek supervision, perform case management with relevant stakeholders, and then make a prompt referral to a facility that is appropriately licensed and capable of admitting the client. This may require immediately phoning 911.

Unfortunately, in some instances there are very few providers in MN that are capable of accepting certain clients. These clients may have to wait an indefinite period of time for admission. One such example is a registered sex offender who has a co-occurring mental health diagnosis.

Civil Commitment or Stay of Civil Commitment— Denial of Admission or Discharge

A person may be “Civily Committed” when a court determines them to be (a) incapable of self-management or managing their personal affairs by reason of the habitual and excessive use of alcohol, drugs, or other mood-altering substances; and (b) when their recent conduct (as a result of habitual and excessive use of alcohol, drugs, or other mood-altering substances) pose a substantial likelihood of physical harm to self or others as demonstrated by:

1. a recent attempt or threat to physically harm self or others,
2. evidence of recent serious physical problems, or
3. a failure to obtain necessary food, clothing, shelter, or medical care.

In non-residential programs, Minnesota does not automatically classify these people as Vulnerable Adults.

A woman who is pregnant may be Civily Committed when she has engaged, during her pregnancy, in habitual **or** excessive use of any of the following substances or their derivatives: opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol, or alcohol.

Prior to adjudication, a court may “Stay” the Civil Commitment process if a person chooses to voluntarily engage in treatment and remain under the supervision of a court appointed case manager.

Prior to the denial of admission, provisional discharge, or discharge of any committed person or person on stay of civil commitment, the Clinical Director is required by law to notify the designated agency **and** the client’s spouse or health care agent or if there is no spouse or health care agent then an adult child, or if there is none, the client’s next of kin, of the proposed discharge. By law, the Clinical Director does not need the client’s permission to perform this legal duty.

The Clinical Director shall give notice orally and in writing to the last known address of the person to be notified via certified mail with return receipt. The notice shall include the following: (1) the proposed date of discharge or provisional discharge; (2) the date, time and place of the meeting of the staff who have been treating the client to discuss discharge and discharge planning; (3) the fact that the client will be present at the meeting; and (4) the fact that the next of kin or health care agent may attend that staff meeting and present any information relevant to the discharge of the patient. The notice shall be sent at least one week prior to the date set for the meeting.

Completion/Discharge Criteria

Decisions about continuance of treatment, transfer, and completion are made by a licensed therapist and based upon both objective and subjective factors. During this process, each therapist consults with other licensed clinicians during case management each week or seeks clinical supervision.

During a client’s assessment, specific problems were identified that justified the client’s admission into a specific level of care. **The resolution of these problems determine when a client may be transferred to a different level of care, discharged from a specific program, or discharged from treatment altogether.** In addition, the emergence of a new problem may require a level or intensity of programming or service that can be provided effectively at the same level of care, or may require the client to be transferred to a facility that provides greater or less care. Thus, **program completion is directly linked to the assessment process**— and the determination to transfer or discharge is solely based upon the original and **continual** re-assessment of the client to determine if they: 1) continue to meet or 2) do not meet the admission criteria for a specific level of care.

The continuation of Programming and service, the transfer, and discharge always involves a review of the client’s Treatment Plan and a review of the client’s global progress and current chemical and mental health stability. That

is, it involves the same type of multidimensional assessment process that initially led to the client's admission into a specific level of care.

Several benchmarks are key to making these decisions.

The Diagnostic and Statistical Manual (DSM-5) establishes criteria that define the concepts of chemical abuse and chemical dependence. It also establishes standards that are used, around the world, for when a diagnosed problem is in remission. The DSM-5 clearly states that for a person to be in "early remission" they must be without any symptoms (except cravings) for a minimum of three consecutive months (i.e., 12 consecutive weeks). At the barest minimum, **a person is not discharged with staff approval from Ark until they are in "early remission"**. In part, this is determined by means of urine drug screens.

In addition to the above, each of Ark's Programs requires a client to routinely attend and to fully engage in individual and group therapy, and to complete Treatment Plans to which they participated in creating. Treatment Plan assignments generally include tasks that must be completed outside of the treatment facility. Discussions of assignments are a routine part of group sessions.

Because the foundation of recovery is honesty, it is essential that each client learn to identify their thoughts and feelings and to verbally, honestly, and respectfully share them with their counselor and peers. Program completion is not dependent upon a client agreeing with their counselor's personal beliefs or suggestions. However, each client is required to make measurable changes in his/her attitudes, beliefs, and conduct (A, B, Cs).

Over the duration of a client's treatment their counselor continuously monitors each client's **movement** and consistency in the following areas:

Cognitive/Behavioral Focus	Activity
Consciousness-raising Experiences	<ol style="list-style-type: none"> 1) Attentive listening and reflection upon the life stories of peers and guests. 2) Keeping an open-mind to the perspectives, <u>attitudes</u>, <u>beliefs</u>, and <u>conduct</u> that are shared in group sessions and educational materials. 3) Thoroughly and honestly completing all homework assignments. 4) Thoughtfully and frequently participating in conversations and activities during group. 5) Experimenting with new <u>attitudes</u>, <u>beliefs</u>, and <u>conduct</u> while in group and between group sessions.
Skills Acquisition	<ol style="list-style-type: none"> 6) Learning and practicing better cause and effect thinking. 7) Anticipating and avoiding situations and environments that may trigger a desire or craving for alcohol and/or drugs. 8) Identifying, creating, and maintaining healthy personal boundaries that are compatible with a sober/clean lifestyle. 9) Identifying, developing, and practicing coping skills that will create and preserve a healthy and sober/clean lifestyle.
Social Support	<ol style="list-style-type: none"> 10) Developing and maintaining emotionally healthy relationships with your therapist and treatment peers. 11) Identifying and participating in AA/NA-type meetings. 12) Identifying and obtaining a temporary sponsor. 13) Building a healthy social support network with sober-friendly family and friends who are genuinely interested in your sobriety.
Relapse Prevention	<ol style="list-style-type: none"> 14) Identifying and developing a daily relationship with a power that is greater than yourself and from whom (or from which) you can draw strength. 15) Discovering and developing healthy and sober-friendly leisure and recreational activities.

Types of Discharges

The discharge types and codes, noted in the chart below, are specific to Ark Counseling's intensive outpatient program (IOP). The criterion is also applicable to discharge from outpatient (OP) programs. In the continuum of care, IOP and OP are two distinct programs. *Discharge from IOP to OP requires a minimum of 12 weeks of problem free urine drugs and discharge from OP also requires a minimum for 12 weeks of problem free urine drug screens.*

Discharge Codes, Types, and Descriptions

Code	Type	Description
WSA	Completed Program: With Staff Approval	<ol style="list-style-type: none"> 1) <u>Subclinical U/A values 12 weeks prior to completion and on last day of Tx.</u> 2) <i>Demonstrates significant and measurable progress in achieving Tx goals.</i> 3) <i>Exhibits significant and noticeable positive improvement in <u>attitudes</u>, <u>beliefs</u>, and <u>conduct</u>.</i> 4) <u>Substantially</u> completes Treatment Plan. 5) <i>Chemically and emotionally stable.</i> 6) <i>No longer meets Admission criteria for a Level II.1 facility</i> 7) <i>Committed to acting upon <u>all</u> aftercare recommendations.</i>
PWSA	Completed Program: Premature with Staff Approval	<ol style="list-style-type: none"> 1) <u>Subclinical U/A values 12 weeks prior to completion and on last day of Tx.</u> 2) <i>Demonstrates significant and measurable progress in achieving Tx goals.</i> 3) <i>Exhibits significant and noticeable positive improvement in <u>attitudes</u>, <u>beliefs</u>, and <u>conduct</u>.</i> 4) <u>Largely</u> completes Treatment Plan. 5) <i>Chemically and emotionally stable.</i> 6) <i>No longer meets Admission criteria for a Level II.1 facility</i> 7) <i>Committed to acting upon <u>most</u> aftercare recommendations.</i> <p><i>Note: This type of discharge is generally reserved for clients who have legitimate and significant circumstance beyond their control.</i></p>
ASA	Against Staff Advice	<i>Staff recommends that the client remain in the Program and/or services.</i>
ASR	At Staff Request	<ol style="list-style-type: none"> 1) <i>Unable to improve length of sobriety and refusal to transfer to a higher level of care, and/or</i> 2) <i>Poor therapeutic alliance after repeated efforts to repair and/or;</i> 3) <i>Poor peer integration and identification after repeated efforts to repair and/or;</i> 4) <i>Unable/unwilling to consistently conform to pharmacological treatment, and/or</i> 5) <i>Possesses an unacceptable risk to the safety and/or stability of the therapeutic environment, and/or</i> 6) <i>Unable/unwilling to honor Attendance Contract, and/or</i> 7) <i>Unwilling to fulfill financial obligations/commitments.</i>
AWOL	Absent without Leave	<i>Stops coming to treatment and does not establish contact with his/her therapist after repeated attempts have been made.</i>
Ø	Other	<i>Inappropriate placement, incarceration, major illness, death, etc.</i>

Leaving Against Staff Advice (ASA)

When a client chooses to discontinue treatment Against Staff Advice (ASA), it is the responsibility of the client's primary therapist to inform them of the likely negative consequences of their decision. Informed consent must include, but is not limited to, information about the client's:

- A. potential harm to their health and well-being;
- B. violating conditions of parole/probation/child protective services;
- C. potential inability to obtain future funding for treatment; and
- D. failure to meet the necessary requirements to obtain a MN Driver's License.

In the event the therapist has reason to believe the client poses a dangerous risk to self or others, the therapist must conform to the requirements of relevant laws, including (but not limited to): notifying police, probation/parole officers, child protection services, phoning 911, and any other actions that are required under the concept “Duty to Warn”.

All of the actions a clinician takes, with respect to a client terminating treatment ASA, are documented in the client’s written record and included in the Discharge Summary.

People Deemed Dangerous to the Public

When a court has adjudicated a person is “Dangerous to the Public”, Ark Counseling is required by law to follow certain legal protocols, including coordinating care with the client’s designated case manager and/or P.O.

A client who is mentally ill and dangerous shall not be discharged unless it appears to the satisfaction of the Commissioner of the MN DHS, after a hearing and a favorable recommendation by a majority of the special review board, that the client is capable of making an acceptable adjustment to open society, is no longer dangerous to the public, and is no longer in need of treatment and supervision.

In determining whether a discharge shall be recommended, the special review board and commissioner shall consider whether specific conditions exist to provide a reasonable degree of protection to the public and to assist the patient in adjusting to the community. If the desired conditions do not exist, the discharge shall not be granted. In the event the client discontinues treatment prior to the above procedure being completed, the Clinical Director must immediately notify:

1. people who are protected from the client by an order of protection
2. probation and/or parole officer and/or case manager
3. child protective services (CPS)
4. guardian ad litem (GAL)

Discharges that are Required by Law

In the event a client meets the criteria for legally required termination the primary counselor will inform the client not to return to programming or to the facility’s property until their counselor confers with Ark’s Clinical Director, or Supervisor, or the case is presented at a clinical staff meeting. In every instance, the client’s P.O. and/or case worker must be immediately notified of the situation that has occurred. Within 72 hours of informing the client not to return to treatment, the client will be informed of the staff recommendation respecting their referral for continued treatment.

Criteria **requiring** Program termination or denial of services include, but are not limited to:

Category 1

1. a medical or behavioral health issue is beyond the training and the scope of practice of team members and/or the facility’s license;
2. a client poses a moderate risk of inflicting serious/grave harm to themselves or others;
3. a client engages in terroristic threatening-type actions (verbal or non-verbal) that are directed towards a team member or peer; and
4. a client engages in a criminal activity or criminal-type activity while on facility property.

All required terminations which:

- i. pose an immediate threat to the health of any person or that requires immediate medical intervention must be referred to a medical facility capable of admitting the client.
- ii. All denials of service admission and required terminations which are reported to a law enforcement agency with proper jurisdiction must comply with the provisions of Code of Federal Regulations, title 42, section 2.12(c)(5), and Code of Federal Regulations, title 45, parts 160 to 164.

Clients that commit a crime against a license holder's staff member or on a license holder's property, as provided under Code of Federal Regulations, title 42, section 2.12 (c)(5), and Code of Federal Regulations, title 45, parts 160 to 164, must be reported to a law enforcement agency with proper jurisdiction.

Category 2

It is the policy of Ark to prohibit certain behavioral practices. With category 2 offenses, a client may be immediately sent home and directed not to return to the facility until the team member seeks supervision from the Clinical Director. Clients who engage in abusive language may be placed on probation rather than be discharged.

Behavior that is explicitly prohibited includes, but is not limited to:

Biting	Ear Pulling	Hair Pulling
Hitting	Kicking	Pinching
Rough Handling	Shaking	Shoving
Slapping	Spanking	Thumping

Language that is explicitly prohibited includes, but is not limited to:

Belittling	Derogatory Remarks	Humiliation
Language Intended to Cause Fear	Name Calling	Ostracism
Ridicule	Shaming	Threats

All of the actions a clinician takes, with respect to a client terminating treatment, are documented in the client's written record and included in the Discharge Summary.

Other Clinician Initiated Terminations or Denial of Services

A client may choose to terminate their relationship with a clinician or facility at any time— with or without cause. However, various codes of professional ethics are relevant to a clinician's decision to terminate a relationship with a client and prescribe a process. Each client, at intake, is informed of this potentiality and process in the Policy and Procedure entitled: *Informed Consent Disclosures*.

As a matter of Policy, a clinician is required to seek supervision anytime they terminate a relationship with a client. The following professional codes provide guidance.

American Counseling Association (ACA)— The Counseling Relationship
Abandonment Prohibited

Counselors may not abandon or neglect clients. Counselors must help a client make appropriate arrangements for the continuation of their treatment, when necessary, during interruptions such as vacations, illness, and following treatment termination.

Inability to Assist Clients

If a counselor concludes they are unable to be of professional assistance to a client, they must avoid entering or continuing a counseling relationship. If a client declines a suggested referral, a counselor may ethically discontinue the relationship.

Appropriate Termination

A counselor may terminate a counseling relationship when it becomes reasonably apparent to them that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. In addition, a counselor may terminate a counseling relationship when they perceive a potential for harm from the client, or another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. When possible, counselors may provide pre-termination counseling and recommend other service providers.

Appropriate Transfer of Services

When a counselor transfers or refers a client to another practitioner, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both the client and practitioner.

The Code of Ethics of the National Board of Certified Counselors (NBCC), Section B.

When certified counselors determine an inability to be of professional assistance to a potential or existing client, they must, respectively, not initiate the counseling relationship or immediately terminate the relationship. In either event, the certified counselor must suggest appropriate alternatives. Certified counselors must be knowledgeable about referral resources so that a satisfactory referral can be initiated.

In the event that the client declines a suggested referral, the certified counselor is not obligated to continue the relationship or to make additional referrals. In some circumstances, it may not be in a client's interest or in a counselor's interest to disclose the reason for terminating a professional relationship.

Discharge Summary

Minnesota law requires an alcohol and drug counselor to write a discharge summary for each client. The summary must be completed within five business days of the client's service termination or within five days from the client's or program's decision to terminate services, whichever is earlier. Law requires that the client's last date of use be noted.