Ark has policies and procedures that serve as guidelines for the admission of clients into specific 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. However, a person who does not meet these program guidelines may be seen in an individual therapy.

The names and titles of all staff members who are authorized to initiate admission into chemical use disorder 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 his or her participation in either is denied or terminated (for reasons of health, behavior, or criminal activity) Ark has specific responsibilities. Other conditions under which clients must be terminated is also noted below.

Who Can Initiate or Terminate Programs and Services
Team members who are authorized to initiate and terminate clinical programs or services include:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title (licensed in MN)</th>
<th>Initiate Services</th>
<th>Terminate Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry Lee Holt</td>
<td>any Licensed Alcohol and Drug Counselor (LADC)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Jerry Lee Holt</td>
<td>any Licensed Professional Clinical Counselor (LPCC)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Initiation Criteria for Programs and Services
Criteria for initiation into programs and services is based upon 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 formal program, a client must meet the DSM diagnostic criteria for a substance use disorder. In addition, a client must demonstrate sufficient stability and constancy in American Society of Addiction Medicine (ASAM) Severity Dimensions 1-6 so he/she may benefit from group therapy — and not pose a substantial or significant risk to himself/herself or to other clients or peers in group.

Preferential Treatment of Services (Pregnant Women)
Pregnant women who may benefit from programs and services, provided by Ark Counseling, are always given preferential admission treatment. The highest admission priority is given to: 1) pregnant injecting drug users, 2) pregnant substance users. In the event Ark does not have the physical capacity to accept these priority admissions it is required to immediately refer the woman to the MN Department of Human Services.

The client’s pregnancy must be monitored and in if certain chemicals are being used, she must be referred to Project CHILD or referred to Child Protective Services in accordance with the Policy and Procedure entitled: Maltreatment and Mandated Reporters.

Inclusion Criteria for Programs and Services
Inclusion criteria for initiation into Ark’s formal Substance Use Disorder Programs is described in the Policy and Procedure entitled: Placement Guidelines.

Exclusion Criteria for Programs and Services
Professional counselors have an ethical duty to facilitate client growth and development in ways that foster the interest and welfare of each client and promote the formation of healthy relationships. The American Counseling Association’s (ACA) code specifically addresses group work.

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.

Ark Counseling is not licensed by the MN Department of Human Services to provide Programs or services that require the physical plant, equipment, staff, and structure for clients who require care beyond its level of licensure—nor to Special Populations. The factors that may necessitate levels of care beyond Ark’s level of licensure involve a client’s lack of adequate constancy and stability, serious issues with impulse regulation or control, and excessive volatility. Other factors include a client’s failure or inability to benefit from group therapy, and posing an unacceptable level of risk to self or others.

Exclusion criteria for admission into Ark’s formal Substance Use Disorder Programs is described in the Policy and Procedure entitled: Placement Guidelines. Clients that have a total ASAM score of 15 are generally referred to a higher level of care.

Program Completion Criteria
Decisions about continuance, transfer, completion, and discharge are left to the clinical judgment of each licensed clinician. They often consult with other licensed clinicians who are on staff.

During client assessment, specific problem sets are identified that justify the client’s initiation into a specific and formal program or to the receipt of services—at a specific level of care. The resolution of these problem sets determine when a client may be transferred to a different level of care, discharged from a specific and formal program, or discharged from treatment altogether. In addition, the emergence of new problems 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 transfer of the client to a facility that provides greater or less care.

Thus, transfers and discharges are directly linked to the assessment process—and the determination to transfer or discharge is solely based upon the original and continual reassessment of the client to determine whether he/she meets or does not meet the initiation criteria for a specific level of care. In addition, the continuation of programming and service, the transfer, and discharge always involves the review of the client’s Treatment Plan and an assessment of the client’s total progress and current stability. That is, it involves the same type of multidimensional assessment process that led to the client’s admission to the current level of care.

Each program and service provided at Ark Counseling has a unique set of completion criteria—that is linked to the client’s Treatment Plan.

Each of Ark’s formal programs requires a client to routinely attend and fully participate in individual and group therapy, and to complete the Treatment Plans to which he/she has 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 most group sessions.

Individual therapy is designed to help clients develop more harmonious relationships by means of helping them more effectively cope with or resolve their internal tensions. Whereas, group therapy helps clients reduce their internal tensions by helping them acquire and practice more effective coping mechanism within the context of a “therapeutic” community—but the therapeutic community must first be established. The goal of both individual and group therapy is for the client to apply new or improved attitudes, beliefs, and conduct to relationships that are outside of the therapeutic setting.

Because the foundation of recovery is honesty, it is essential that each client learn to identify his/her thoughts and feelings and to verbally, honestly, and respectfully share them with his/her counselor and peers. Program completion is not dependent upon a client agreeing with his/her counselor’s clinical judgment, beliefs, or suggestions. Nor is it dependent upon a client agreeing to or accepting the diagnosis and prognosis his/her counselor believes is clinically appropriate.
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 his/her counselor continuously monitors each client’s movement and consistency in the following areas:

<table>
<thead>
<tr>
<th>Cognitive/Behavioral Focus</th>
<th>Activity</th>
</tr>
</thead>
</table>
| Consciousness-raising Experiences | 1) Attentive listening and reflection upon the life stories of peers and guests.  
2) Keeping an open-mind to the perspectives, attitudes, beliefs, and conduct 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 attitudes, beliefs, and conduct while in group and between group sessions.  |
| Skills Acquisition | 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 | 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 | 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.  |

### Program Completion Codes, Types, and Descriptions

<table>
<thead>
<tr>
<th>Code</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
</table>
| WSA  | Completed Program: With Staff Approval | 1) Demonstrates significant and measurable progress in achieving Tx goals.  
2) Exhibits significant and noticeable positive improvement in attitudes, beliefs, and conduct.  
3) Substantially completes Treatment Plan.  
4) Chemically and emotionally stable.  
5) No longer meets Admission criteria for a Level II.1 facility  
6) Subclinical U/A values 7 weeks prior to completion and on last day of Tx.  
7) Committed to acting upon aftercare recommendations.  |
| PWSA | Completed Program: Prematurely with Staff Approval | 1) Demonstrates significant and measurable progress in achieving Tx goals.  
2) Exhibits significant and noticeable positive improvement in attitudes, beliefs, and conduct.  
3) Largely completes Treatment Plan.  
4) Chemically and emotionally stable.  
5) Subclinical U/A values 7 weeks prior to completion and on last day of Tx.  
6) Legitimate and significant circumstance beyond the client’s control.  
7) Committed to acting upon aftercare recommendations.  |
| CWSA | Conditional with Staff Approval | 1) Demonstrates adequate and measurable progress in achieving Tx goals.  
2) Exhibits adequate and noticeable positive improvement in attitudes, beliefs, and conduct.  
3) Largely completes Treatment Plan.  
4) Chemically and emotionally stable.  
5) Subclinical U/A values 7 weeks prior to completion and on last day of Tx.  |
<table>
<thead>
<tr>
<th>ASA</th>
<th>Against Staff Advice</th>
<th>6) Marginal commitment to acting upon aftercare recommendations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASR</td>
<td>At Staff Request</td>
<td>1) Poor therapeutic alliance after repeated efforts to repair and/or;</td>
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<tr>
<td></td>
<td></td>
<td>2) Poor peer integration and identification after repeated efforts to repair and/or;</td>
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<tr>
<td></td>
<td></td>
<td>3) Unable to improve length of sobriety and refuses to transfer to a higher level of care, and/or</td>
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<td></td>
<td>4) Unable/unwilling to consistently conform to pharmacological treatment, and/or</td>
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<tr>
<td></td>
<td></td>
<td>5) Possesses an unacceptable risk to the safety and/or stability of the therapeutic environment, and/or</td>
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<tr>
<td></td>
<td></td>
<td>6) Unable/unwilling to honor Attendance Contract, and/or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7) Unwilling to fulfill financial obligations/commitments.</td>
</tr>
<tr>
<td>AWOL</td>
<td>Absent without Leave</td>
<td>1) Stops coming to treatment and does not establish contact after repeated attempts.</td>
</tr>
<tr>
<td>NS</td>
<td>No Show</td>
<td>1) After the completion of intake does not begin treatment.</td>
</tr>
<tr>
<td>Ø</td>
<td>Other</td>
<td>1) Inappropriate placement, incarceration, major illness, death, etc.</td>
</tr>
</tbody>
</table>

Discharges— (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 the client sufficiently of the likely negative consequences of his/her decision. Informed consent must include, but is not limited to, information about the client’s:

A. potential harm to his/her 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.

Part of the Informed Consent process requires the client’s primary therapist to ask the client if any releases of information are to be revoked. Thereafter, relevant parties must be informed, to the extent that is permitted by the client’s written authorization to release confidential information, of the client’s decision.

In the event the clinician 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 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.

Discharges— Committed Persons
Prior to the discharge or provisional discharge of any committed person, the head of the treatment facility 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.

The notice shall be sent 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 patient to discuss discharge and discharge planning; (3) the fact that the patient 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.

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Discharges— People Deemed Dangerous to the Public

Staff are required by law to follow certain legal protocols when clients who are under MN 253B.18 are terminated. These legal protocols include notifying the following people or entities that the client is being discharged from treatment.

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

Discharges— that are Required by Law

In the event a client meets the criteria for a required termination, a counselor will inform the client not to return to Programming or to the facility’s property until his/her counselor confers with Ark’s Program Director, or Supervisor, or the case is presented at a clinical staff meeting. Within 72 hours of this notice, the client will be informed of the staff recommendation respecting his/her referral for continued treatment.

Criteria requiring Program termination 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 are referred to a medical facility capable of admitting the individual.

ii. All denials of service initiation 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. 

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
- Language Intended to Cause Fear
- Ridicule
- Derogatory Remarks
- Name Calling
- Shaming
- Humiliation
- Ostracism
- 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 from Programs and Services
A client may choose to terminate his/her 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 he/she terminates 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 his/her treatment, when necessary, during interruptions such as vacations, illness, and following termination.

**Inability to Assist Clients**
If a counselor concludes he/she is unable to be of professional assistance to a client, he/she 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 him/her 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, he/she 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.

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.

Mandated Treatment
Some clients are referred to 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 mandates, orders, or referrals may not be based on clinical considerations and may not meet clinically relevant placement criteria. In such cases, Ark Counseling will make reasonable attempts to have the order amended to be congruent with a clinically appropriate level of care and/or length of service.

However, if Ark Counseling is unable to obtain an amendment the client will be permitted to continue treatment at Ark and for a period of time that is longer than is clinically necessary. The client’s readiness for Program transfer or discharge, and the licensed clinician’s attempts to conform to admission criteria, will be noted in the client’s record. The client’s Treatment Plan will be updated with assignments that may be beneficial to his/her long-term recovery. Insurance companies may elect not to provide reimbursement in these situations.