

# Program Abuse Prevention Plan

## Policy and Procedure

*Reviewed and Revised 07.02.17*

To reduce the likelihood of a client being abused, Ark has a formal abuse prevention plan. In addition to this written plan, Ark has documents that help it determine which clients are eligible and not eligible for admission into its services and Programs. Various codes of professional ethics also address issues related to client abuse and these are part of our Employee Handbook.

### Population Description

Ark Counseling is licensed to provide treatment to adults (age 18 yrs. and older) who have co-occurring chemical use and mental health problems. Some of our therapists are licensed to provide treatment for both chemical health and mental health problems.

In general, adults who come to treatment at Ark have multiple physical and mental health issues that have not yet been diagnosed or have not been well documented during their assessment. Once at Ark, these conditions may be more fully identified and understood—and comprehensive treatment may begin. This often results in ASAM Severity Scores actually increasing once a person begins treatment at Ark, especially in the areas of physical and mental health.

Ark is somewhat unique in that we understand some people have physical and emotional conditions that require the careful use of prescription medications. We work closely with prescribers and clients so that these medications may be safely and responsibly used during treatment. Not infrequently, medications are changed or dosages adjusted. Rarely is a client required to choose between terminating their medication or terminating treatment at Ark Counseling.

Sixty-seven percent of Ark's clients are employed. The vast majority of clients are involved with the court or child protective services.

The demographics of our clients are as follows (taken, in part, from 2015 MN Department of Human Services DAANES Data):

<u>Gender</u>		<u>Race/Ethnicity</u>	
Male	72%	White	79%
Female	28%	African American	14%
		Other	7%
<u>Age of Clients</u>		<u>Education</u>	
18 to 25 y/o	25%	Did not Complete H.S.	13%
26 to 34 y/o	29%	Completed H.S. or GED	26%
35 and older	46%	Post-secondary Education	61%
<u>Under Jurisdiction of the Court</u>		<u>Average Length (in hours) of Treatment</u>	
Yes	61%	126 hrs. (42 3 hr. sessions)	
No	39%		

### All Clients are Pre-screened

Professional counselors have an ethical duty to facilitate client growth and development in ways that foster the client's interest and welfare, and that promotes the formation of healthy relationships. The American Counseling Association's (ACA) code specifically addresses group counseling, and requires the following:

#### Screening

Counselors must screen each prospective member of a therapy group. To the extent possible, counselors must only admit clients whose needs and goals are compatible with goals of the group, who will not hamper the group process, and whose well-being will not be jeopardized by the group experience.

#### Protect Clients

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In a group setting, counselors must take reasonable precautions to protect each client from physical, emotional, or psychological trauma.

### Limited Range of Services/Programs

Ark Counseling is licensed by the MN DHS as a Level II.1 alcohol and drug treatment program. As such, it is not licensed to provide services/programs that require the physical plant, equipment, staff, and structure for clients who require higher levels of care or to provide care to Special Populations as defined in MN law.

### Clients who are Excluded

Some people have needs that require a level of care that is higher than Level II.1. Generally, these clients lack adequate stability, may have serious issues with impulse regulation or control, or may be excessively volatile. Other factors relevant to exclusion include an historic failure or inability to benefit from group therapy, or an unacceptable level of risk to the client or to peers who are in group therapy.

### The **BIG THREE** issues that are considered in **all** placements are:

1. **Safety** of client and/or Tx peers.
2. **Discomfort** in Tx of client and/or Tx peers.
3. **Distraction/Interference** from Tx of client and/or peers.

Specific **exclusion** criteria for Level II.1 programs include, but are not limited to:

- A. **cognitive** conditions or problems that are severe, unstable, and/or untreated;
  - i. intellectual functioning  $\leq -0.5$  SD from the norm (*as measured by the Wechsler Adult Intelligence Scale*);
  - ii. gross evidence of cognitive impairment; and
  - iii. pervasive developmental disorders;
- B. **behavioral** conditions or problems that are unstable and/or untreated;
  - i. severe and/or poorly regulated disorders; and
  - ii. potential of significant physical harm to him/herself or others.

### Efforts to Minimize Risk of Harm

All clients are screened by means of an assessment before they are admitted into group therapy. The results of the assessment is placed in the client's file and changes are noted, each week, in each client's Weekly Progress Note.

#### Presence of Staff

An Ark Counseling employee or team member must always be present in the facility when any client is inside its physical facility.

#### Case Management

The clinical treatment of each client is based upon their individual needs. At a minimum, each week a client's needs are reviewed by clinical staff and based upon information reviewed in these reviews, which are multi-disciplinary team meetings, client treatment plans are reviewed and modified.

#### Staff Training

Each year, and during interim periods, employees and team members receive training on issues and topics

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that are designed to improve clinical outcomes, to minimize risks to clients, and to promote health and safety.

### History of Self-Harm or Harm to Others

During the Initial Comprehensive Assessment and at Intake, each client is questioned about their history of self-harm and/or harm to others. As a matter of routine, each client's criminal background is checked through the publicly accessible websites such as <https://cch.state.mn.us> and <http://pa.courts.state.mn.us>.

Clients with a history of self-harm and/or harming people or animals, that meet one of the criteria that follow, are required to sign a *Self-harm Reduction Contract*:

- A. Any history of suicide attempt and/ or self-mutilation, cutting, burning, branding, etc.; or
- B. A history of any arrest for assault and/or domestic violence; or
- C. A history of harm to self/others that should have reasonably required a hospitalization; or
- D. A history  $\leq$  15 yrs. ago of harm to self/others that met the criteria for medical attention— or some current risk without plan or means— including, but not limited to, suicidal or homicidal ideation.

All *Self-harm Reduction Contracts* and positive background checks are placed in the client's file— in the designated location. In addition, the presence or absence of the *Self-harm Reduction Contract s* is required to be noted, each week, in each client's Weekly Progress Note.

### Information Shared with Team Members

Any team member who has a suspicion or reason to believe a client is at risk of being abused and/or poses a risk of perpetrating self-abuse or abuse to others is required to inform orally all team members of the risk at the earliest practicable time— and to thereafter provide weekly updates on the client's situation during formal and informal staff meetings.

It is the professional and legal obligation of all team members to be conversant with and to conform to the *Mandated Reporters Policy and Procedure* that is readily available, in a publicly accessible location, in the facility's property.

### Documentation and Treatment Planning

It is the responsibility of the client's primary counselor to document the findings of the abuse assessment in the client's chart and in each Weekly Progress Note. In addition, the client's primary counselor is required to provide specific treatment programming, noted in the client's individual Treatment Plan, which addresses any abuse related concern. Each Weekly Progress Note must include a notation that the issue is being addressed and that the client is being monitored.

### **Environmental Assessment**

Ark Counseling is located in a business/warehouse area in an outer-ring suburb of the seven county Minneapolis-St. Paul MSA. It is within 100 yards of I-494 and is between County Roads 6 and State Highway 55. A state-maintained chain-linked fence blocks access to the interstate. In addition, a parking lot, a grass knoll and a two-lane access road serve as a barrier to the interstate.

Ark may be accessed by public transportation. Plymouth *Metrolink* offers three types of service: *Express*— to downtown; *Reverse*— from downtown; and *Dial-a-Ride*— to local destinations. The nearest hub is at the Ridgedale Mall. The service operates from 6 am to 6 pm Monday – Friday. Dial-a-Ride costs \$3.00 for a one-way fare.

The history of violent crime (as defined in Federal Law) in the zip code of this program is significantly below national and state norms— and is falling. During 2012 (most recent available at this date), there was 909 cases of

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larceny/theft; 258 cases of burglary; 31 cases of motor vehicle theft; 19 cases of aggravated assault. There have been no murders since 2001.

The historic data for tornado activity is significant. The zip code is higher than the state average and 80% higher than the overall average for the US.

### Physical Plant Assessment

Ark operates in an office building that has multiple tenants. The entire building has approximately 35,000 square feet and Ark leases approximately 4,500. The building's exterior construction is masonry and interior walls are sheetrock over metal studs. The physical structure of the building is in good repair. The building is a one-story structure and it meets all current zoning regulations for commercial property including, but not limited to: exterior lighting, fire safety, sprinkler system, and emergency exit lights. There are no publicly accessible stairways or sets of steps.

The main entrance of the building is on level ground, has a cement walk, and a 4-foot roof overhang. A private entrance/exit is on the north side of the building and an emergency exit to the outside is on west side. All areas of the building interior are well lit. There is one unisex toilet located within Ark's facility. In addition, there are multiple men and women's toilets that are available to all tenants and guests down a shared and common hallway. Because all toilet areas are inherently private, this is the interior area that poses the highest area of risk to clients. All doors in Ark's facility, except the toilet area, have opaque windows which permit limited visualization when closed.

The commercial real estate management company maintains exterior lighting. All exterior areas are well lit with many different lights. The areas that are most clearly visible are on the north and east side of the building. No particular exterior area poses a greater safety risk. After dark, clients are discouraged from parking or taking smoking breaks at the southern side of the building because it is not as clearly visible. The west side of the building is nearly 100 yds. from Ark and because it is remote it is very unlikely clients would park or take smoking breaks at that location. However, it is well lit and the area has no obstructions to visibility.

The sidewalk and parking lot is maintained in the winter by the property owner. In addition, throughout operating hours, team members provide interim salting and snow removal.

### Orientation of Clients and Team Members

At Intake, each client is required to sign various documents and these documents are placed in their chart. Each client is provided a copy of all documents s/he is required to sign. These documents include, but are not limited to, facility Policies and Procedures such as: *Informed Consent*; *Program Abuse Prevention Plan*; *Privacy Practices*.

Within 24 hours of starting employment, each new team member is oriented to the facility and receives training that is relevant to the team member's position description and duties. The *Orientation of Team Members* Policy and Procedure defines the contents of this orientation and provides an Orientation Check List that covers general, job specific, and facility items.

The checklist includes an affidavit that requires a team member to attest s/he has had the opportunity to ask questions and to clarify, to his/her satisfaction, the various Codes of Ethics, federal and state laws and regulations, policies and procedures, and employment handbook s/he has been provided and given time to read.

### Annual Review of Program Review and Prevention Plan

Near the beginning of each calendar year, all team members are required to review certain relevant Policies and Procedures. These include, but are not limited to: *Codes of Ethics*; *Mandated Reporting*; *Privacy Practices*; *Program Abuse Prevention Plan*; *Release of Information*. During a staff meeting an overview of any relevant occurrence or problem that occurred during the previous year (that was related to the Policies and Procedures), an assessment of the strengths and weaknesses of each Policy and Procedure, and recommendations for modifications will be discussed.

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The license holder documents this process, in the team member's permanent file, and makes changes to the Policies and Procedures based upon his/her best clinical judgment and in conformity with MN Statutes and Rules. The license holder is responsible for the implementation and oversight of this procedure.

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Reviewed and edited by the Governing Board:

electronic signature JLH  
Jerry Lee Holt, MA MPH LPCC LADC

07.02.17  
Date