



APPLICATION FOR RESIDENTIAL LEVEL III-TREATMENT SERVICE

Each **FOCUS POINT, INC.**, consumer shall have in his or her file a copy of the application submitted during the referral process. The application will include but not be limited to the following information:

1. A listing of the full name, birth date, sex, social security number, birth certificate
2. Names of family members responsible for consumer
3. Family background information – history
4. Referral information
5. Related contacts (i.e. Care Coordinator, Court Counselor, etc.)
6. Medical checklist
7. Substance abuse history
8. School information
9. Reason for placement
10. Medicaid verification
11. Value Options approval
12. Diagnostic Report
13. Court Order
14. Social History
15. Physical Exam
16. History of Court Involvement



Assessment

The admission assessment for every consumer placed in the **FOCUS POINT, INC.** Residential Level III Treatment Service will be as follows:

This assessment will include:

1. An Admission/Assessment note completed within twenty four (24) hours of placement addressing the following:
 - a. The present condition of the consumer reported in objected behavioral terms; emotional terms, and families history
 - b. The reason for admission
 - c. The consumer's presenting problems
 - d. The consumer's needs and strengths
 - e. A provisional or admitting diagnosis with an established diagnosis determined prior to placement or on the day of admission
 - f. A pertinent social, family and medical history; and
 - g. Evaluations or assessments, such as a psychiatric, substance abuse, medical and vocational, as appropriate to the consumer's needs.
 - h. Psychologist order for placement.
 - i. Medication orders/ standing orders
 - j. Crisis Plan
2. A treatment/goal plan for the consumer will be completed prior to admission, addressing the treatment to occur within the therapeutic placement.

The assessment will be placed in the consumer's permanent record file at the residential placement site.



The purpose of Focus Point, Incorporated's Policy and Procedures is to clarify program expectations for the consumer; to outline those services which will be provided to the consumer by **FOCUS POINT, INC.**; to delineate consequences for violations of the program; to establish in clear, written form a mutual understating between consumer and program..

POLICY

FOCUS POINT, INC. shall ensure that consumers understand the contents of the Consumer Orientation Packet; that each consumer receives a copy of the packet; and that the terms of the packet are consistently and reasonably implemented.

PROCEDURE

- A. During the consumers initial 72 hours in the program and /or within 3 periodic service visits, the Director/QP will review with him/her the Residential Level III program, explaining/clarifying and all areas to insure that he/she fully understands them; what is expected of the consumer; understanding of the "Level System" and understanding consumer rights.
- B. The consumer is given a copy of the signed orientation packet.
- C. Parent/ or legal guardian and consumers are invited to an orientation or introductory meeting which explains **FOCUS POINT, INC.** and its programs.
- D. Agreement shall be signed annually by consumer or authorized representative.



Name of Consumer: _____ Record No. _____

Date of Birth: _____ Date of Admission: _____ Date of Discharge: _____

1. I (we) have received the Intake Packet for **FOCUS POINT, INC.** and understand the terms and conditions contained therein.

Yes _____ NO _____

2. I (we) give consent for the above-named consumer to receive FOCUS POINT, INC Residential Level III service and in doing so agree to abide by the terms as outlined in the Intake Packet.

AGREE _____ DISAGREE _____ N/A _____

3. I (we) acknowledge that this service is voluntary and that I (we) may at anytime discontinue this service.

AGREE _____ DISAGREE _____ N/A _____

4. I (we) agree to allow FOCUS POINT, INC. staff to implement accepted methods of therapeutic intervention, to include non-restrictive and restrictive intervention, as indicated by the consumer's mutually agreed upon treatment goals/plan.

AGREE _____ DISAGREE _____ N/A _____

5. I (we) have received a full explanation of FOCUS POINT, INC's. "Search and Seizure" procedure. I (we) agree to the use of this procedure in accordance with the manner prescribe.

AGREE _____ DISAGREE _____ N/A _____

6. I (we) grant permission for this consumer to participate in FOCUS POINT, INC. outings with the knowledge that such outings will require being transported by motor vehicle. It is my (our) understand that I (we) will be notified in advance of any overnight or out-of-state outing. I (we) agree not to hold FOCUS POINT, INC., its staff, contractors or associates liable in the event of an accident or injury.

Name: _____ Date: _____

AGREE _____ DISAGREE _____ N/A _____



EXPLANATION:

7. Stated religious preference for this consumer is _____. I (we) understand **FOCUS POINT, INC.** will respect this religious preference, and that this consumer will be permitted to attend services of this preference whenever feasible.
8. I (we) consent to information exchange between **FOCUS POINT, INC.** and the agencies for which we have a signed release, but only to extent necessary for the planning and implementation of individualized services for this consumer. I (we) understand that this information will include historical, psychological, medical, social, vocational, educational and behavioral data. The Confidentiality/Exchange/Release of Information policy has been explained to me (us) and I (we) understand that my (our) consent is voluntary and may be revoked by me (us) at any time. I (we) understand that **FOCUS POINT, INC.** has policies protecting the confidentiality of this consumer.
9. We understand that under the following conditions that confidential information may be disclosed without consent:
- **FOCUS POINT, INC.** may disclose the fact of admission or discharge of a consumer to the consumer's next of kin whenever the responsible professional determines that the disclosure is in the best interest of the consumer, and
 - A consumer may have access to confidential information in his consumer record, except for information that would be injurious to the consumer's physical or mental well-being as determined by director.
 - To certain consumer advocates
 - To attorneys and in certain court proceedings
 - When requested by the Department of Correction for an inmate
 - A responsible professional may disclose confidential information when, in his opinion there is imminent danger to the health or safety of the consumer or another individual or there is a likelihood of the commission of a felony or violent misdemeanor and
 - A responsible professional may exchange confidential information with a physician or health care provider who is providing emergency services to a consumer to the extent necessary to meet the emergency needs, and



- For certain statistical reporting and research.

10. I (we) authorize **FOCUS POINT, INC.** to provide first aid assistance in the facility or during an outing.

11. I (we) authorize **FOCUS POINT, INC.** to transport this consumer to medical, dental, and mental health appointments at the services listed below, and to obtain treatment there for this consumer. I (we) agree to be responsible for charges that may incurred from this service if otherwise not funded.

Treatment may include medication, special diets, and special medical procedures.

12. I (we) understand that I (we) will be notified of any serious illness, any change in medical treatment or any medication administration to the consumer as a result of medical care obtained

13. I (we) understand that prescription medication will be dispensed to this consumer only if the designated physician, _____ has ordered the said medication, provided staff with full instructions for administering the medication, and presented the medication to staff in a properly labeled prescription bottle.

14. I (we) agree to be responsible for purchasing and supplying medication for this consumer while in the care of Focus Point, Incorporated. I (we) agree to provide **FOCUS POINT, INC.** with a written medication order signed by the prescribing physician for each medication supplied to the program prior to placement.

15. I (we) agree to allow this consumer to be photographed and audio taped or videotaped, but only for treatment or training/supervision purposes and only for use by **FOCUS POINT, INC.** staff and members of the consumer's Treatment Team. I (we) understand that photographing and audio taping or videotaping of this consumer for any purpose or audience other than those defined above shall require my (our) additional written consent. Finally, I (we) understand that confidentiality will be guaranteed in the use of the material.



16. I (we) agree to allow this consumer to receive visits and telephone calls at the Program from relatives and friends. Exceptions to people allowed to visit or call this consumer are listed below: (if no exception, please write "none")

17. I (we) authorize **FOCUS POINT, INC.** to obtain emergency care for this consumer, if needed until such time I (we) can be reached to authorize further care.

18. I (we) authorize **FOCUS POINT, INC.** to provide accurate educational information to this consumer regarding human sexuality, abstinence, contraception, and prevention of sexually transmitted diseases.

19. I (we) have been provided with a copy of the **FOCUS POINT, INC.** "Consumer Grievance Procedure", and I understand that the consumer and I may use the procedure to file a grievance if we are dissatisfied with the program services or feel that the consumer's rights have been violated.

Exceptions and additions to the consents:

20. I (we) understand that the responsibility for conducting treatment with the consumer's parent will be specified in the service plan. These responsibilities will include specifications for the responsible agency, the responsible professional, and frequency of interventions, location and documentation.

21. The projected length of stay, discharge date and after-care plan will be developed during the Service Plan meetings. Service plan meeting and conferences will be held at least quarterly or as needed.



22. The consumer's service plan will specifically document any special conditions or restrictions for family time.
23. I (we) agree that this document may be amended on an as-needed-basis, and that any such amendment will require the signature of the consumer's parent and/or guardian.
24. I (we) understand that on this date a copy of the Admission Agree
25. ment, the Consumer Rights, and the Consumer Grievance Procedure will be made available to the consumer.
26. We understand that consents will be reviewed and signed annually.

Individual/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____



NON – ADMISSION

FOCUS POINT, INC., will provide a highly supervised therapeutic treatment service to address each individual consumer's needs; however, any consumer screened/assessed and not admitted to **FOCUS POINT, INC.** will be referred to DSS, Area Mental Health, or other related agency, as applicable. In other words, once a consumer is assessed and it is determined by clinical staff that placement is not suitable, **FOCUS POINT, INC.** will refer the case to other treatment-specific gender specific facilities.



TRANSFER - DISCHARGE

Prior to placement within the **FOCUS POINT, INC** Residential Treatment program, the treatment team will determine the specific criteria and goals which will allow for the consumer's discharge, transfer, or step down to a less restrictive setting. The criteria will be documented on the consumer's High Risk Intervention Treatment Plan. (PCP).

NOTE: In accordance with 10 NCAC 27G .1708 a child or adolescent shall not be discharged or transferred from our facility, except in case of an emergency, without the advance written notification of the treatment team, including the client's parents, legal responsible person. For the purpose of this rule, treatment team means the same as the existing child and family team or other involved personas as set forth in 10A NCAC.1708. Persons involved with the children/adolescent in care/treatment, including local DSS, LEA and justice agency will meet to make services planning decisions prior to children/adolescent's transfer or discharge from facility.

Discharge will occur as follows:

- A. If consumer goals and expectations at **FOCUS POINT, INC.** are met, a team meeting will be held (with consumer present) to determine the step-down placement and to develop an appropriate transition/discharge plan to the new setting. A discharge date will be set and responsibilities regarding the discharge shall be assigned and documented in the formal Treatment Plan (PCP).
- B. If a consumer exhibits behavior which indicates the treatment needs cannot be met within the assigned level of residential care, an emergency treatment team shall convene to determine a plan of action regarding moving or discharging the consumer. If the consumer exhibits behavior which endangers him or others, the consumer may be removed from the setting immediately. Within five (5) days the Treatment Team will convene.
- C. If a consumer ages out of the program at 18 years old, **FOCUS POINT, INC.** Residential Treatment will work with the consumer prior to the discharge to determine individual needs such as other placement into community, being placed back into home, and/or working into independent living program. Consumers may remain in the facility for up to six (6) months after reaching the age of 18.
- D. If a consumer meets all treatment plan goals; has completed the program at our Residential Treatment Facility and is able to transition back home with assistance from parents and/or legal guardian; and has followed the Person Centered Plan (PCP)
- E. If a consumer or the parent and/or legal guardian feels the **FOCUS POINT, INC** Residential Treatment Program is not meeting their needs and no resolution can be arrived at, then the parent/legal guardian may remove the consumer from the facility.



FOCUS POINT, INC Residential Treatment will need 24 hrs notice for the removal and all steps for discharge will be followed pursuant to 10A 27G .1708.

- Treatment Team will be notified within 24 hrs. Prior to discharge, the parent and /or legal guardian must participate in the Treatment Team, complete a discharge form and other necessary paperwork as needed.

FOCUS POINT, INC Residential Treatment Program will provide the families, parent and/or legal guardian other recommendations for services if family is not satisfied with the current services being provided.

Within fifteen (15) days of discharge, an individual written discharge summary will be completed which includes:

1. Reason for admission
2. Consumer progress in relation to the individual (PCP) goals and strategies
3. Condition of the consumer at discharge
4. Recommendations and referrals for services the consumer may access within the receiving community' and
5. Documentation that the responsible case professional has been notified of the discharge.

The Care Coordinator and QP shall be responsible for gathering information prior to formulating the recommendations from the various agencies offering appropriate services. A copy of the discharge summary shall be furnished to the consumer or legal guardian.



EMERGENCY DISCHARGE (PROCEDURE)

Certain situations may warrant discharge from a **FOCUS POINT, INC.** facility without suspension. Should emergency discharge be necessary, a hierarchy of suspension would not be relevant. **A written step down plan will be in the Person Centered Plan (PCP) that includes discharge and transition plan, emergency discharge, and transfers per 10A NCAC 27G .1708.**

PROCEDURE: Documentation

- A. Need for suspension/expulsion
- B. Specific date(s) and time services will terminate
- C. Condition for resuming services
- D. When discharge is recommended, identification of alternative services available from other agencies to meet consumer needs.

PROCEDURE: Notification of Consumer/Guardian/Other Support Agencies:

1. The treatment team designee will notify the consumer/guardian of the decision to suspend/expel. The consumer/guardian will be informed that emergency services will remain available to the consumer.
2. Notification shall include:
 - a. Justification of the need for suspension/expulsion as determined by the treatment team;
 - b. Specific date and time services will terminate and resume (as appropriate);
 - c. Condition for resuming services;
 - d. For discharge, notification of alternative services.
3. The Executive Director or Director shall receive a copy of the "Notification of Suspension/Expulsion" when unable to participate in the treatment team decision.

PROCEDURE: Discharge Plan:

If a consumer is expelled from a program, a written discharge plan is necessary - the exception being emergency discharge from the program. This plan shall include documentation of alternative services identified by the LME or DSS staff to meet the consumer's needs.****

(FORM: Notification of Suspension/Expulsion)



CONSENT TO RELEASE OR EXCHANGE OR INFORMATION AUTHORIZATION

Consumer Name: _____ Record No. _____

DOB: _____

I, _____ authorize _____

Consumer or legal representative

Agency or person authorized to use/disclose the information

Use/disclose the information to use or disclose to:

Agency or Person to whom the requested use or disclosure will be made

The following protected information:

Provide specific meaningful description of the information to be used/disclosed.

I understand information disclosed regarding my treatment may include information pertaining to psychiatric or psychological treatment, drug abuse and/or alcohol abuse, or Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV).

The purpose of the disclosure is: _____

RE-DISCLOSURE: Once information is disclosed pursuant to this signed authorization, I understand that the Federal Health Privacy Law (45 CFR Part 164) therefore, may not prohibit the consumer from re-disclosing it. Other laws, however, may prohibit re-disclosures. When this agency discloses mental health and developmental disabilities information protected by state law (NCS 1 22C) or substance abuse treatment information protected by federal law (42 CFR Part 2), we must inform that consumer of the information that re-disclosure is prohibited except as permitted or required by these two laws. Our Notice of Privacy Practices describes the circumstances where disclosure is permitted or required by law.



REVOCATION AND EXPIRATION: I understand that, with certain exceptions, I have the right to revoke this authorization at any time. If I revoke this authorization, I must do so in writing. The procedure on how I may revoke this authorization, as well as the exceptions to my right to revoke, are explained in the Notice of Privacy Practices, a copy of which has been provided.

If not revoked earlier, this authorization expires upon: _____

Not to exceed one year from date of signature



EMERGENCY FORM

Client Name: _____ Date: _____

Medical Record #: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

DOB: _____ SS # _____

Race: _____

GENDER: Single _____ Married _____ Widowed _____ Divorced _____

Physicians:

Medical physician's Name: _____ Number: _____

Psychiatric or Psychologist: _____ Number: _____

Dentist: _____ Number: _____

Guardian Status (If applies please fill out) Emergency Information and who to contact in case of emergency).

Address: _____

City: _____ State: _____ Zip Code: _____

Phone# _____ Cell: _____

Work: _____

Form Completed

By: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact #: _____

Agency Signature: _____ Date: _____



FACE SHEET

First Name: _____ /Last: _____ /Middle: _____

Admission Date: _____ / Discharge Date: _____

Medical Record No.: _____ DOB: ____/____/____

SS#: ____/____/____

Race: **(Please check the following as they apply)**

- White
- Black
- Hispanic
- Other

Gender: **(Please check the following as they apply)**

- Male
- Female

(Please complete the following questions)

Single _____ Married _____ Divorced _____ Other _____

Current Address: _____

City: _____ State _____ Zip Code: _____

Guardian Name: _____

Relationship: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone #: _____ Cell: _____ Work: _____



Agency use only

Form Completed by: _____

Company

Address: _____

City: _____ State: _____ Zip

Code: _____

Contact #: _____

Medical record signature, date when information was received

Signature: _____

Date: _____/_____/_____



CLIENT CHOICE OF SERVICES AND PROVIDERS

FOCUS POINT, INC. is committed to ensuring that clients have the right to choose to apply for the service they qualify for; to select the provider of the service they qualify for and to select, if they desire, a change in service and/or providers.

By signing this form you are stating you understand that you as the client have the right to choose relevant services and which providers delivers those services; that **FOCUS POINT INC.** has provided you that choice. Further, you acknowledge that no **FOCUS POINT, INC.** staff employee has in any way, advertently or inadvertently, influenced your choice service providers.

Service Qualified For:

Chosen Providers:

I understand that FOCUS POINT, INC. has not influenced my decision in anyway.

Client Signature: _____ Date: _____

Client Record No.: _____

Client Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____



CONSENT FOR SERVICES

FOCUS POINT, INC. provides services to individuals who have emotional, developmental and substance abuse problems. The staff members are trained to provide appropriate services as needed to help the individual.

I agree to participate in the treatment services and supports that are provided by **FOCUS POINT, INC.** as outlined in the client's service plan. I have been informed of their services in terms that I can understand. I have also been informed of the alleged benefits, potential risks and possible alternative methods of treatment.

SERVICE RECIPIENT (check as applicable)

Myself

My Child

The person for whom I am legal guardian/custodian

I have received the Client Confidentiality handout which has been explained to me; I understand the types of releases; the need for information sharing and that there are statutes and regulations protecting the confidentiality of information.

I further acknowledge that I have received the Notice of Privacy statement and understand the information contained in the document. I am aware of this agency's methods for protecting the privacy of my health information that is used in providing health care services to me.

I have received the Client Handbook that has been explained to me and I understand the consents and contents of the document.

I have received the Client Rights handout that explains my rights as a client and I understand the contents.

REQUIRED REPORTING

FOCUS POINT, INC. is required by state and federal regulations to report non-identifying client information for the purpose of evaluation and funding purposes. It will also be necessary for **FOCUS POINT, INC.** to use and disclose certain information about myself in order to carry out treatment, payment and health care operations.



REPORTING OF SUSPECTED ABUSE/NEGLECT:

FOCUS POINT, INC. professionals are required by state laws to report suspected abuse or neglect to the appropriate authorizes. If you have any questions about this please feel free to ask for a better understanding before you sign this document. Your signature below acknowledges receipt of this information.

PERMISSION FOR TRANSPORTING AND OFF SITE ACTIVITIES:

During the course of treatment, the client may require transporting to community activities school and other outside events in and out of the State of North Carolina. During these times the clients/parent/guardian agrees to release **FOCUS POINT, INC.** from all liability and responsibility . The parent/guardian given permission for **FOCUS POINT, INC.** staff to transport the clients during program hours for treatment purposes by use of personal or agency vehicles. This consent is valid until separation from the program or by written termination of permission by parent/guardian.

EMERGENCY TREATMENT/RESTRICTIVE INTERVENTION/EMERGENCY INFORMATION:

In case of sudden illness/accident/emergency, I herby giver permission to the staff of **FOCUS POINT INC.** to seek emergency treatment on behalf of the below named client shall the need arise. It is understood that this treatment will be provided by a qualified medical professional, physician, and/or hospital emergency room personnel. In addition, a copy of current medications and know medical conditions and allergies may be released. Efforts will be made to contact person named below prior to treatment, should this be possible. I also will hold harmless **FOCUS POINT, INC.** against any liability cause by their taking of any emergency procedures and/or contacts.

I agree to the emergency procedures as outlined above.

I will assume the full responsibility of all incurred emergency treatment expenses.

Emergency Contact	Address	
Home Telephone No.	Work #	Cell#
Emergency Physician/Hospital	Address	Telephone #



Emergency restrictive intervention will only be utilized when a client presents an imminent danger to him/herself or others or when substantial property damage is occurring and per 10A NCAC 27D .0101 and NCGS 122C 59-60. Whenever possible, less restrictive intervention will be used prior to the use of restrictive intervention.

The above consents have been read by me and/or explained to me by an employee of **FOCUS POINT INC.** in simple non-technical language, all questions have been answered to my satisfaction and I understand my rights.

I agree with the above consents as evidenced by my initials.

_____/_____
Client or Guardian Signature **Date**

_____/_____
Witness Signature **Date**

Client Record No.



SCREENING/ASSESSMENT

Date of Birth: _____ / _____ / _____ Client ID #: _____

Screening/Assessment Date: _____ / _____ / _____ Discharge Date: _____

Duration of Contact: _____

Service Code: (if applies) _____

Time Notified: _____

Time of Face to Face Contact: _____

Attending/Primary Physician: _____

Hospital Consultation: _____

Presenting Problem: _____

Medical Problems/Current and Past Treatment Services: _____

Past/Present Medication/Prescriptions, including psychotropic: _____

Are you pregnant? (YES) _____ (NO) _____

Allergies? (YES) _____ What kind _____ (NO) _____

Airborne Allergies? (YES) _____ What kind _____ (NO) _____

Food Allergies? (YES) _____ What kind _____ (NO) _____

Medication Allergies? (YES) _____ What kind _____ (NO) _____



Substance Abuse Diagnosis: Yes _____ What Type _____
No _____

Substance Abuse History/Experimentation? Yes, What Kind _____

SA Only – Infections Disease Screening Completed? (YES) _____ (No) _____

Relevant Legal History: _____

Other Legal History: _____

DWI Date: _____

BAC: _____

Drivers License: _____

Education: _____

Describe
Education: _____

Employment Status: _____

Racial/Ethnic/Religious Background: _____

Birth Order: _____

Family Relations: _____

History of Head Injury: _____

Seizure Activity: _____

Need For Health Related Services: _____

General History: _____

Family Health, Social and Substance Abuse History: _____



Strengths: _____

Needs: _____

Provisional
Diagnosis: _____

Willingness/FTreatment: _____

Referred to: _____

Referral Involuntary/Voluntary: _____

Crisis Care Unit: _____ Residential Detox: _____

PH/Day Treatment: _____ Crisis Intervention: _____

Treatment: _____

Next Appointment: _____

Community Provider: _____

Other: _____

Addendum
Text: _____

Services
Indicated: _____

Comment: _____

Disposition/Intervention/Other Assessments Needed: _____

Provider Meet Consumer Needs? _____

Consumer? _____



Older Adult Assessment Applicable? _____

Child Assessment Applicable? _____

Opening Client Agency? _____

Signature of person completing assessment:

_____ / _____

Signature of Focus Point, Inc. Staff

Date



PERSON-CENTERED PLANNING

FOCUS POINT INC. will utilize the principles and values of Motivational Interviewing, Cognitive Behavioral Therapy and System of Care/Recovery Model as its model to incorporate Person-Centered Planning that meets the needs and are clinically therapeutically appropriate to each individual being supported by our agency.

FOCUS POINT INC. recognizes that person-centered planning is an ongoing learning and development process for the consumer, his or her family, friends and the professionals involved in the person's life. In this framework, much of the information about the person should be known ahead of the planning meetings so that Child and Family/Plan of Care meetings can be more focused. **FOCUS POINT INC.** will complete, at minimum, a yearly assessment that addresses the Essential Lifestyle Plan's domains. **FOCUS POINT INC.'s** assessment will look at what is needed to enable the consumer to attain an optimal level of independence and self-sufficiency. The assessment will address the well-being of the consumer, including the consumer's health and safety. The assessment process completed by **FOCUS POINT INC.** will be the vehicle used to assist the Consumer, Case Coordinator and other team members in Person-Centered Planning process and to help with the basis of the consumer's Plan of Care. **FOCUS POINT, INC.'s** assessment will address the following Essential Lifestyle Planning domains:

- What has happened in the consumer's life in the past year?/What goals have been met?
- What does the consumers want his/her life to be like? What is important? What are his/her goals?
- Based on their personal developmental, functional, physical and psychiatric status, what in his/her treatment or intervention routine makes sense/doesn't make sense?
- What does **FOCUS POINT INC.** need to know or do to support the consumer?

FOCUS POINT INC.'s qualified professionals will be responsible for completing the assessment. The assessment will be made available to the Case Coordinators within 10 days prior to the Plan of Care meeting date. This assessment should help develop the Action Plan, which includes applicable outcomes and strategies.

In addition to this assessment, the consumer's plan will be reviewed at least quarterly. The qualified professional will monitor the progress monthly. CS notes in narrative form will be reviewed weekly by the qualified professional in order that revisions may be made in a timely

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fashion if needed and issues can be addressed quickly. The Case Coordinator will be kept up-to-date on the consumer's person-centered care via assessment , phone call, and progress notes reviews.



Action Plan: The Actions Plan meets the person's goals through addressing what needs to change and what needs to be maintained.

What? How? Who's Responsible? By When? Service/Frequency



AWOL Policy:

All AWOL episodes from Focus Point, Incorporated are considered extremely serious. It shall be the policy of the Focus Point, Inc. to have uniform prevention, reporting, investigation, and review of each episode with appropriate corrective action plan response. Focus Point, Inc. will and can make restrictive accommodations in accordance with 10A NCAC 27D .0101 and NCGS 122C 60 when a consumer either contemplates attempts or commits an AWOL offense to prevent future AWOL incidents.

Purpose: The purpose of this policy is to provide a uniform basis for the prevention, reporting, investigation, and review of all AWOL episodes occurring with the goal to reduce and eliminate AWOL occurrences.

Reporting of Serious Incidents

Definition:

An AWOL episode is when a consumer leaves the Focus Point, Inc. 24 hour facility without authorization of a physician or the Child and Family Team irrespective of apprehension by staff or police and without regard to the length of time the consumer was outside the confinement of the facility without authorization.

AWOL episodes may originate in the following fashion:

- During confinement at a Focus Point, Inc. Level III Treatment facility
- During transportation between facilities;
- During transportation for treatment within the facility;
- During transportation to, or while receiving services from a community provider;
- During leave or pass status; and
- When absent from a Group home (community residential living program) without following appropriate sign out procedures.



Procedures:

A. Prevention of AWOL Episodes:

1. All residential consumers treated within a 24 hour facility will receive an assessment for AWOL risk upon admission. Level of AWOL risk will be clearly identified in consumer record and shared with agency staff.
2. The consumer will be re-assessed and record will be updated when there is a change or other significant event. This assessment will be reflected in progress notes and shared with agency staff.
3. Assessments will be performed prior to sending consumers for services outside the facility except in true emergencies requiring immediate transport. The number and type of staff accompanying consumers is to be determined by the assessment. This assessment will be reflected in progress notes and shared with agency staff.
4. Assessments will be performed prior to sending consumers on an accompanied or unaccompanied pass. This assessment will be reflected in progress notes and shared with agency staff.
5. All divisions in consumer/residential agencies will develop a system of regularly monitoring buildings, units, and security locking systems for adequacy of AWOL prevention.
6. All staff will receive annual training on AWOL policies and procedures.
7. A debriefing conference on all AWOL episodes will be conducted by the House Manager to include facility administration and appropriate clinical staff - including participation by CEO to include a discussion of environmental risk factors.

B. Reporting of AWOL Episodes:

1. All facilities will follow policies regarding the reporting of AWOL incidents, which will include:
 - a. Reporting of AWOL incidents using the IRIS format and reporting time frames as given by the State and LME and pursuant to 10A NCAC 27G .0603.
 - b. Notifying the agency appointing authority, agency medical director, and clinical director immediately;
 - c. Notifying the local law enforcement agency immediately; and



- d. Notifying any person in the community toward whom the consumer had been known to make a threat verbal or otherwise
- e. Notifying parents, court counselors and legal guardians of consumers

C. Investigation of AWOL Episodes:

1. All staff immediately involved in the AWOL incident will provide statements regarding the AWOL prior to the end of their work shift.
2. Safety checks and searches of consumers' property will be completed immediately and in no case more than one (1) day following an AWOL episode.
3. All staff involved in an AWOL episode will undergo debriefing within one (1) working day which will be documented.
4. All AWOL episodes from a community group home may be subject to a Clinical Investigation

D. Prevention of AWOL Episodes:

1. Residential Counselors will make and record environmental rounds on an every-fifteen-minutes basis.
2. When AWOL risk is considered to be present or when there is a history of AWOL, CFT will be notified and it will be listed as part of the consumers treatment plan as a problem and addressed as such.
3. Higher level of care for consumer could be a recommended to CFT for consumer protection of high-risk behaviors.
4. Staff will be aware of strategies for the prevention of AWOL episodes to include de-escalation techniques, restrictive and non-restrictive interventions

1. All AWOL episodes will be reported to the agency director's office and QP within thirty minutes (30) minutes.
2. AWOL will be reported immediately to law enforcement as missing persons.
3. In compliance with the State, LME (IRIS) all level 2 and level 3 incidents of AWOLs will be reported.



E. Monthly QI/QA Reports:

1. House Managers will compile monthly reports on all incidents, including but not limited to, AWOL episodes for review and recommendations from the Client Rights Committee.

I have read, agree with and understand the above AWOL policy.

_____/_____
Client or Guardian Signature **Date**

_____/_____
Witness Signature **Date**

Client Record No.



All consumers within **FOCUS POINT, INC.'s Residential Level III Program** shall be ensured of the following rights:

1. The right to a reasonable expectation of privacy.
2. The right to participate in the development of the planning of the services to be offered them by **FOCUS POINT, INC** and to be informed of the expectation of all parties involved in the implementation of any plans. To have a copy of the individual written treatment plan and to be informed of the potential risks and alleged benefits.
3. The right to the least restrictive or least intrusive treatment alternative available that is appropriate to the consumer's care.
4. The right to access age – appropriate treatment.
5. The right to receive age – appropriate treatment
6. The right to proper adult supervision, guidance, and structure.
7. The right to be free from unnecessary or excessive medication. All medications will be administered in accordance with accepted medical standards and only upon order of a physician.
8. The right to be free of corporal punishment.
9. The right to not be subjected to sexual advances, sexual harassment, or sexual offenses of any nature.
10. The right not to participate in public performances/appearances on behalf of **FOCUS POINT, INC** against the wishes of the consumer, or if applicable of his/her guardian.
11. The right to be free from the exploitation of solicitation of funds on behalf of **FOCUS POINT, INC**.
12. The right to have his or her identity protected in the content of **FOCUS POINT, INC** reports, statistical analyses or case summaries published as a result of participation in the routine plan of services.
13. The right not to be filmed or taped without the informed consent of the consumer and/or the parent/legal guardian of the consumer.
14. The right to refuse any services, treatment or medication, unless such rights have been limited by law or court order or parent/legal guardian authorization. The consumer will be informed of the potential consequences of such refusal. Once consent is given for treatment it may be withdrawn at any time by the person who gave the consent.
15. The right to contact consumer advocates outside of **FOCUS POINT, INC.** including the Governor's Advocacy Council for Persons with Disabilities.
16. The consumer has the right to be free from exploitation in employment related training or gainful employment.
17. The consumer has the right to be free from coercion with regard to religious activities.,
18. The consumer has the right to be permitted and encouraged to express opinions on issues concerning their care and/or treatment.



19. The consumer has the right to receive care in a manner that recognizes differences in cultural values and traditions.
20. The consumer has the right to be able to use the telephone. The consumer may at any reasonable time make and/or receive telephone calls involving their parent/legal guardian and/or the contracting agency, a guardianship agency, legal court counsel, private physician and either the Local Management Entity, Area Program, MH/DD/SA professional, or a consumer advocate. Calls may be made to friends and/or family members as approved by the legal guardian. All long distance calls shall be paid for by the consumer, or made collect to the receiving party.
21. The consumer has the right not to be discriminated against on the basis of race, color, sex, creed, or national origin.
22. The consumer has the right to an opportunity to participate in appropriate and generally acceptable social interactions with others.
23. The consumer has the right to access, spend, and manage their personal funds with assistance as needed.
24. The consumer has the right to contact and consult with a lawyers, medical, and mental health care providers at his or her own cost.
25. The consumer has the right to receive necessary treatment for and prevention of physical ailments based on their condition.
26. The consumer is entitled to retain a previously acquired driver's licensed, except as limited by law.
27. The consumer will not be required to be directly involved in activities which solicit funds for **FOCUS POINT, INC.**
28. Personal property of the consumer shall not be subject to unauthorized use by staff of **FOCUS POINT, INC.**
29. **FOCUS POINT, INC.** will at all times recognize and respect the religious preferences of the consumer and their parent or legal guardian. The program shall make every effort possible to support the consumer in their religious preferences. At no time shall it be acceptable for a consumer to be mocked, criticized or otherwise "singled out" on their basis of his/her religious preference.
30. A service or treatment plan will be developed for the consumer on or prior to the day of admission. The parent and/or legal guardian, the consumer, Case Coordinator of the consumer, the service provider and any other persons involved in the care of the consumer shall be involved in the development of the consumer's treatment plan. All signatures of those who participated in the service plan are required. A copy of the plan will be given to consumer, parent or legal guardian of the consumer on or before admission and in addition, copies can be obtained for the consumer's Case Manager or from **FOCUS POINT, INC.** upon request.



31. The consumer and the parent or legal guardian have the right and responsibility to participate in the review or revision of the service plan.
32. **FOCUS POINT, INC** shall at all times recognize and respect ethnic and cultural differences among the consumer. YOU shall make every effort possible to support consumers in their preservation of their ethnic and cultural identities. At no time shall it be acceptable for consumers to be mocked, criticized, or otherwise “singled out” on their basis of their ethnic or cultural heritage.
33. **FOCUS POINT, INC.** provides opportunities for consumer to have conversations with family members, services providers and friends.
34. Community activities, when not contraindicated in the service plan, shall be allowed and should be a part of the program. Consumers will be allowed the opportunity to practice their social skills and help-skills to normalize them in the community.
35. Regular and emergency medical care will be attended to by staff, with permission from the consumer or the consumer’s legal guardian. Costs for any services will be the responsibility of the consumer or the consumer’s legal guardian.
36. A grievance may be filed if the consumer or the consumer’s legal guardian are dissatisfied with the program services or feel that the consumer’s rights have been violated. All concerns and questions should be directed to the Owner of **FOCUS POINT, INC.** who will assist with the resolution of the grievance according to the policy. A form is available for grievances with **FOCUS POINT, INC** and is located at the corporate office. The consumer and/or parents and legal guardians shall have access to this form when requested.
37. Certain rights can be limited or restricted by the Qualified Professional who will follow 10A NCAC 27D .0101 and NCGS 122C 62 in doing so. The consumers parents are notified of the restriction, record of the restriction shall be maintained in the consumer’s record and the restriction will be reviewed every seven (7) days for either removal or renewal. For each renewal, the parent and/or legal guardian shall be notified and the procedures for an initial restriction shall be followed. The restriction shall not last more than 30 days.



FOCUS POINT, INC practices RESTRICTIVE INTERVENTION AS NECESSARY, APPROPRIATE AND INDICATED. If the clinical staff at Focus Point, Incorporated feels that restriction needs to be a part of a consumer's treatment plan, a treatment team meeting will be held with the consumer, legal guardian, Case Managers, and other members as necessary to make that determination official.

My signature below indicates that I have read and/or have had explained to me all consumer rights. I have been offered a copy of these rights.

Print Name

Signature

Date: _____/_____/_____

Date: _____/_____/_____

Qualified Professional Signature