

YWCA IS ON A MISSION

DHSR - Mental Health

AUG 15 2018

Lic. & Cert. Section

August 13, 2018

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Winston-Salem, NC 27101

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eliminating racism
empowering women

ywca



Laura Rodriguez
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
N.C. Division of Health Service Regulation
2718 Mail Service Center
Raleigh, N.C. 27699-2718

Dear Ms. Rodriguez,

Thank you for your guidance and the highly professional manner in which you have assisted the YWCA of Winston-Salem Forsyth County while investigating deficiencies identified in our Hawley House program. Please find enclosed the signed Statement of Deficiencies, the YWCA's plans for corrective action, and all pertinent attachments.

As you will see, we have many actions already underway that are designed to correct the deficiencies identified and ensure prevention of these type incidents in the future. We are certain that our program is back on track to continue the successes we have experienced in more than twenty years of service to women recovering from addiction.

As I mentioned in an earlier phone call, we now have our informal hearing in Raleigh scheduled for October 10 from 1:30-2:30 PM. We will file a formal appeal as a matter of course given the timing of the informal hearing related to the 30-day appeal deadline, but our sincere hope is that the informal process will be sufficient.

Please let me know of anything else I can do to continue proper follow up, and again our thanks for your assistance.

Sincerely,

Tim Browder
Consultant to the YWCA

CC Christy Respass CEO
Denita Mitchell Hawley House Program Director

Best Choice Center
1031 Highland Avenue
Winston-Salem, NC 27101
Phone: (336) 722-0597

Gateway Fitness Center
1300 South Main Street
Winston-Salem, NC 27127
Phone: (336) 354-1589

Hawley House
941 West Street
Winston-Salem, NC 27101
Phone: (336) 721-0733

YWCA of Winston-Salem Forsyth County

Hawley House

Corrective Action Plans for Statement of Deficiencies

- **10A NCAC 27G.0024 Competencies and Supervision of Paraprofessionals**
- **10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Services**
- **10A NCAC 27G.0604 Incident Reporting Requirements for Category A and B Providers**

August 13, 2018

YWCA of Winston-Salem Forsyth County

Hawley House

Corrective Action Plans

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4	Attachments for Rule 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service
5	Attachments for Rule 10A NCAC 27G.0604 Incident Reporting Requirements for Category A and B Providers

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/24/2018
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NAME OF PROVIDER OR SUPPLIER YWCA-HAWLEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 941 WEST STREET WINSTON SALEM, NC 27101
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on July 24, 2018. The complaints were unsubstantiated (intake #NC00140589 and Intake NC#00140601). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories 10A NCAC 27G .5600E Supervised Living for Adults with a Substance Abuse Dependency and 10A NCAC 27G .4300 Supervised Therapeutic Community.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall</p>	V 110		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Quenta Mitchell

Hawley House Program Director

8/13/18

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V 110	<p>Continued From page 1</p> <p>develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Former Program Director (FPD) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>CROSS REFERENCE 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plans (V112). Based on record reviews and interviews, the facility staff failed to develop and implement strategies in the treatment/habilitation plan to address the client's needs affecting 2 of 4 current clients (#1 and #2) and 1 of 3 Former Clients (FC #5).</p> <p>Review on 7/5/18 of the Former Program Director (FPD)'s record revealed: -A hire date of 9/17/07 -A job description of FPD -A separation date of 6/26/18 -A training certificate on Personal Boundaries completed on 3/30/18</p> <p>Review on 7/5/18 of client #1's record revealed: -An admission date of 8/10/17 -Diagnoses of Alcohol Use Disorder, Severe; Anxiety Disorder, Major Depressive Affective Disorder, Arthritis and Severe Headaches -An assessment dated 8/10/17 noting "had substance abuse detox in 2017, is homeless and</p>	V 110	<p>SEE ATTACHED ACTION PLANS. SECTIONS 2 and 3</p>	

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V 110	Continued From page 2 unemployed, long history of depression and anxiety, boyfriend attempted to kill her (ran over with car), prior thoughts of suicide without plan, used alcohol at age 18, past history of smoking crack cocaine, needs a safe place to live and needs relapse prevention skills." -A treatment plan dated 6/17/18, noting "will stay sober and continue treatment and recovery, will work to obtain disability, Medicaid and food stamps, will work towards obtaining her license, attend all scheduled individual and group sessions, abstain from alcohol and drugs, will develop a relapse prevention and recovery plan, and will identify new behaviors and skills to maintain sobriety." Review on 7/5/18 of client #2's record revealed: -An admission date of 3/5/18 -Diagnoses of Alcohol Use Disorder, Severe; Persistent Depressive Disorder and Unspecified Anxiety Disorder -An assessment dated 3/5/18 noting "lost house and job, drinking has caused more and more problems, family is supportive of her recovery, feels depressed and it is a big trigger for her, no prior substance abuse treatment, lacks the tools necessary to recovery, has ineffective coping mechanisms to manager her triggers and cravings, needs assistance with low self-esteem, one prior suicide attempt and has had black outs." -A treatment plan dated 3/5/18 noting "needs substance abuse counseling, will attend NA (Narcotics Anonymous) and AA (Alcoholics Anonymous) meetings daily, will seek employment, will apply for an Identification Card and food stamps, will provide negative urine screens, will complete an intake with Vocational Rehabilitation, will get a sponsor and meet with the Certified Substance Abuse Counselor."	V 110		

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V 110	<p>Continued From page 3</p> <p>Review on 7/5/18 of FC #5's record revealed: -An admission date of 4/14/18 -Diagnoses of Unspecified Bipolar and Related Disorder, Post-Traumatic Stress Disorder, Hepatitis C, History of Depression, Anxiety Disorder and Substance Abuse. -A discharge date of 6/28/18 -An assessment dated 4/14/18 noting "is currently homeless, was physically and sexually assaulted by her boyfriend, was a prostitute, one prior treatment for substance abuse issues, history of alcohol use at the age of 8, history of crack cocaine and marijuana use, is currently on probation, has a desire to maintain sobriety and three prior overdoses at age 12, 19 and 40." -A treatment plan dated 4/14/18 noting "will meet with CSAC (Certified Substance Abuse Counselor) for individual and group sessions, attend Alcoholic and Narcotics Anonymous, will obtain a sponsor, will keep appointment with Federal Probation Officer, will complete an intake for food stamps and volunteer work, obtain an Identification Card and will provide negative urine screens."</p> <p>Review on 7/19/18 of the facility's Resident In/Out Log Form revealed: -On 4/29/18 at 11:30am, client #1 wrote she left the facility with the FPD and returned at 4:42pm -On 4/29/18 at 11:27am, client #2 wrote she left the facility with the FPD and returned at 4:43pm -On 4/29/18 at 11:26am, FC #5 wrote she left the facility with the FPD and returned at 4:45pm.</p> <p>Interview on 7/5/18 with client #1 revealed: -Was in recovery for substance abuse issues. -On 4/29/18, the FPD picked up client #2, FC #5 and herself and was transported to the FPD's private residence.</p>	V 110		

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V 110	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Agreed to clean the FPD's private residence for \$30 -"[The FPD] paid us each \$30 to clean her home. We divided up and I cleaned part of the kitchen." -Stated client #2 cleaned the living room and FC #5 cleaned the FPD's son's bedroom -She did not smell any marijuana or see an assault rifle or drug paraphernalia while in the private residence. <p>Interview on 7/6/18 with client #2 revealed:</p> <ul style="list-style-type: none"> -Was in recovery for substance abuse issues -Signed out of the facility on 4/29/18 at 11:30am -Was transported by the FPD along with client #1 and FC #5, to the FPD's private residence -Agreed to clean the FPD's private residence for \$30 -Cleaned the living room, while client #1 cleaned the kitchen and FC #5 cleaned a bedroom -Smelled an odor of marijuana in the private residence -Did not feel comfortable around the marijuana as she was in recovery -Did not see any weapons in the FPD's private residence, but later heard there was an assault rifle in one of the bedrooms along with drug paraphernalia. <p>Interview on 7/19/18 with FC #5 revealed:</p> <ul style="list-style-type: none"> -Was in recovery for substance abuse issues -Served 15 years in Federal Prison for Felony possession of a fire arm -Part of the conditions of her probation was not to be around illegal substances or weapons -The FPD was aware of the conditions of her probation -Had been discharged from the facility on 6/26/18 -While at the facility, she and clients #1 and #2 went to the FPD's private residence. -"We were there for about 5 hours. This was on 	V 110		

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V 110	<p>Continued From page 5</p> <p>4/29/18."</p> <p>-Was paid \$30 to clean the FPD's private residence as were client #1 and client #2</p> <p>-Cleaned the FPD's son's bedroom where she observed "an AK 47 assault rifle on the bed and two bongos on the dresser."</p> <p>-"[The FPD] came into her son's room. I told her there was a strong odor of marijuana and I pointed to the two bongos and the AK 47 loaded with a clip. She told me 'what happens in Vegas, stays in Vegas.' I took that to mean not to mention the rifle, the bongos and the marijuana to anyone. I felt really uncomfortable ..."</p> <p>-"I am a recovering addict that is also on Federal Probation. I am not to be around any illegal substances or any weapons, as this would violate my probation...when I got back to the facility, I called my Probation Officer and told her what had occurred ..."</p> <p>Interview on 7/17/18 with staff #1 revealed:</p> <p>-Had worked on 4/29/18 at the facility</p> <p>-The FPD came by the facility and picked up client #1, #2 and FC #5</p> <p>-None of the clients stated where they were going</p> <p>-"When the clients returned, they told me they were at [the FPD]'s private residence. I never learned why and no one ever told me the clients received money"</p> <p>Interview on 7/19/18 with the FPD revealed:</p> <p>-Was trained on "Personal Boundaries" by the Certified Substance Abuse Counselor (CSAC) on 3/30/18</p> <p>-Was aware FC #5 was released from prison, was on Federal Probation and was not to be around any illegal substances or weapons.</p> <p>-Took clients #1, #2 and FC #5 to her private residence on 4/29/18</p> <p>-Paid each client \$30 to clean her home</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>-"They did not have any money, so I thought I could pay them to clean my house"</p> <p>-Denied any illegal substances or drug paraphernalia in her home</p> <p>-Denied any weapons in her home</p> <p>-Denied making the statement 'what happens in Vegas, stays in Vegas'</p> <p>-Was not sure why the clients stated they were exposed to illegal substances or to weapons while in her private residence</p> <p>-Her son resided in her house</p> <p>-Would not allow him to use substances in his home</p> <p>-She, herself, was a convicted felon and was not to be around any weapons</p> <p>Interview on 7/19/18 with FC #5's Federal Probation Officer revealed:</p> <p>-Was made aware of FC #5's exposure to marijuana, drug paraphernalia and an assault rifle on 5/1/18</p> <p>-FC #5 was cleaning the private residence of the FPD and was paid \$30 along with two other clients.</p> <p>-FC #5 could have had her probation revoked and been given an active sentence of 12 to 48 months back in prison.</p> <p>Interview on 7/19/18 with the CSAC revealed:</p> <p>-On 3/30/18, all facility staff, including the FPD were retrained on personal boundaries</p> <p>-Part of the Personal Boundaries training also talked about Ex-offenders and how staff could assist them with abiding by the terms and conditions of their probation.</p> <p>Interview on 7/5/18 with the new Program Director revealed:</p> <p>-Was informed on 6/10/18 of the incident on 4/29/18 by FC #5's Federal Probation Officer</p>	V 110		

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V 110	<p>Continued From page 7</p> <p>-Immediately contacted the COO (Chief Operations Officer) with the information</p> <p>Interview on 7/24/18 with the COO revealed: -Would ensure current and future staff were trained and understood clients were not to clean any personal residences and completed Abuse, Neglect, Harm and Exploitation training -The FPD was terminated on 6/28/18</p> <p>Review on 7/24/18 of the facility's Plan of Protection, dated 7/24/18 and written by the new PD, revealed: -"What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? YWCA Hawley House Administration Team immediately secured the clients' well-being in the program. The Program Director (former) was put on administrative leave from the facility. The Program Director was not to contact staff or clients and not allowed on YWCA's premises. The Program Director (former), if found to be out of compliance, legal consultation would be contacted. To ensure that the facility was secured, her keys were obtained, locks changed, code to alarm system and emails were discontinued. An outside Agency was contacted to begin the internal investigation process. -Describe your plans to make sure the above happens. As of 7/24/18, schedule re-trainings on Personal Boundaries for all staff members. All staff will be trained on treatment plans for clients. Based on initial assessments, strategies and goals will be developed to meet the client's needs. Any client on probation, goals will be set according to their Officer. Boundaries training will be scheduled for all present staff as well as future. YWCA Hawley House will revisit competence core skills and training with staff that</p>	V 110		

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V 110	Continued From page 8 they can demonstrate all core skills." Client #1 had diagnoses of Cannabis Use Disorder, Severe and Opioid Use Disorder, Severe and Alcohol Use Disorder, Severe and long history of depression and anxiety. Client #2's had a diagnosis of Alcohol Use Disorder, Severe Anxiety, depression and low self-esteem. FC #5 had a diagnosis of Substance Abuse Disorder and was on Federal Probation. The FPD was responsible for the clients' treatment plans and failed to develop and implement goals and strategies to meet their needs. The FPD was aware FC #5 was on federal probation and was not to be around any illegal substances or weapons. On 3/30/18, the FPD completed training on Personal Boundaries. On 4/29/18, the FPD transported client #1, #2 and FC #5 to her private residence where she paid them \$30 each to clean her house. Client #1 and FC #5 smelled a strong odor of marijuana in the home. FC #5 also observed two bongos and an assault rifle in plain sight in the bedroom she cleaned. After this was brought to the attention of the FPD, she told FC #5 'What happens in Vegas, stays in Vegas'. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 110		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE	V 112		

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V 112	<p>Continued From page 9</p> <p>PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to develop and implement strategies in the treatment/habilitation plan to address the client's needs affecting 2 of 4 current clients (#1 and #2) and 1 of 3 Former Clients (FC #5). The findings are:</p> <p>Review on 7/5/18 of client #1's record revealed: -An admission date of 8/10/17 -Diagnoses of Alcohol Use Disorder, Severe; Anxiety Disorder, Major Depressive Affective</p>	V 112	<p><i>SEE ATTACHED ACTION PLANS - SECTIONS 2 and 4</i></p>	

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V 112	<p>Continued From page 10</p> <p>Disorder, Arthritis and Severe Headaches -An assessment dated 8/10/17 noting "had substance abuse detox in 2017, is homeless and unemployed, long history of depression and anxiety, boyfriend attempted to kill her (ran over with car), prior thoughts of suicide without plan, used alcohol at age 18, past history of smoking crack cocaine, needs a safe place to live and needs relapse prevention skills." -A treatment plan dated 6/17/18, noting "will stay sober and continue treatment and recovery, will work to obtain disability, Medicaid and food stamps, will work towards obtaining her license, attend all scheduled individual and group sessions, abstain from alcohol and drugs, will develop a relapse prevention and recovery plan, and will identify new behaviors and skills to maintain sobriety." -No residential specific strategies for facility staff to utilize regarding client #1's depression and anxiety</p> <p>Review on 7/5/18 of client #2's record revealed: -An admission date of 3/5/18 -Diagnoses of Alcohol Use Disorder, Severe; Persistent Depressive Disorder and Unspecified Anxiety Disorder -An assessment dated 3/5/18 noting "lost house and job, drinking has caused more and more problems, family is supportive of her recovery, feels depressed and it is a big trigger for her, no prior substance abuse treatment, lacks the tools necessary to recovery, has ineffective coping mechanisms to manager her triggers and cravings, needs assistance with low self-esteem, one prior suicide attempt and has had black outs." -A treatment plan dated 3/5/18 noting "needs substance abuse counseling, will attend NA (Narcotics Anonymous) and AA (Alcoholics</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2018
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NAME OF PROVIDER OR SUPPLIER YWCA-HAWLEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 941 WEST STREET WINSTON SALEM, NC 27101
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112	<p>Continued From page 11</p> <p>Anonymous) meetings daily, will seek employment, will apply for an Identification Card and food stamps, will provide negative urine screens, will complete an intake with Vocational Rehabilitation, will get a sponsor and meet with the Certified Substance Abuse Counselor." -No residential specific strategies for facility staff to utilize regarding client #2's anxiety, depression or low self-esteem</p> <p>Review on 7/5/18 of FC #5's record revealed: -An admission date of 4/14/18 -Diagnoses of Unspecified Bipolar and Related Disorder, Post-Traumatic Stress Disorder, Hepatitis C, History of Depression, Anxiety Disorder and Substance Abuse. -A discharge date of 6/28/18 -An assessment dated 4/14/18 noting "is currently homeless, was physically and sexually assaulted by her boyfriend, was a prostitute, one prior treatment for substance abuse issues, history of alcohol use at the age of 8, history of crack cocaine and marijuana use, is currently on probation, has a desire to maintain sobriety and three prior overdoses at age 12, 19 and 40." -A treatment plan dated 4/14/18 noting "will meet with CSAC (Certified Substance Abuse Counselor) for individual and group sessions, attend Alcoholic and Narcotics Anonymous, will obtain a sponsor, will keep appointment with Federal Probation Officer, will complete an intake for food stamps and volunteer work, obtain an Identification Card and will provide negative urine screens." -No goals or strategies to address FC #5's Federal Probation terms</p> <p>Interview on 7/5/18 with client #1 revealed: -Was in recovery for substance abuse issues -Had mental health issues and was a victim of</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2018
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V 112	<p>Continued From page 12</p> <p>abuse</p> <p>-Met with a therapist at a local mental health program to address these issues</p> <p>Interview on 7/5/18 with client #2 revealed:</p> <p>-Was in recovery for substance abuse issues</p> <p>-Had mental health issues</p> <p>-Met with a therapist at a local mental health program to address these issues</p> <p>Interview on 7/19/18 with FC #5 revealed:</p> <p>-Was a recovering addict that is also on Federal Probation.</p> <p>-Was on Federal Probation and was to abide by the conditions of her probation</p> <p>"I meet with my probation officer and have to abide by the conditions of my probation. I cannot be around illegal substances or weapons..."</p> <p>Interview on 7/5/18 with the new Program Director revealed:</p> <p>-The Former Program Director (FPD) was responsible for developing and implementing goals and strategies on the clients' treatment plans.</p> <p>Interview on 7/19/18 with the FPD revealed:</p> <p>-Was responsible for the development of goals and strategies in the clients' treatment plans</p> <p>-When asked why there were no goals or strategies to address mental health concerns, the FPD stated "well they go to a counselor."</p> <p>-When asked why there were no goals or strategies to address the conditions of FC #5's federal probation requirements, the FPD stated "I took her (FC #5) to her appointments with her probation officer."</p> <p>-When asked why there were no specific goals or strategies to address substance use disorders, the FPD stated "I have always done it (treatment</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2018
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V 112	<p>Continued From page 13</p> <p>plans) that way ..."</p> <p>Interview on 7/19/18 with FC #5's Federal Probation Officer revealed: -Part of FC #5's federal probation was to not be around illicit substances or weapons</p> <p>Interview on 7/24/18 with the Chief Operations Officer (COO) revealed: -Would ensure any issues identified in the clients' assessments were used to develop goals and strategies in the clients' treatment plans</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) for a Type A1 and must be corrected within 23 days.</p>	V 112		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 14</p> <p>identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2018
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V 367	<p>Continued From page 15</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report a Level III incident to the Local Management Entity (LME) within 24 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7/5/18 of the facility's III incident reports revealed: -No documentation a level III incident report was submitted to IRIS regarding the Former Program Director (FPD)'s neglect of client #1, #2 and Former Client #5 (FC #5) by subjecting them to drugs, drug paraphernalia and weapons and paying the clients to clean her private residence.</p>	V 367	<p>SEE ATTACHED ACTION PLANS - SECTIONS 2 and 5</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/24/2018
NAME OF PROVIDER OR SUPPLIER YWCA-HAWLEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 941 WEST STREET WINSTON SALEM, NC 27101		
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V 367	Continued From page 16 Interview on 7/5/18 with the new Program Director (PD) revealed: -When she was made aware of the allegations by FC #5's Federal Probation Officer, on 6/10/18, she contacted the Chief Operations Officer (COO). -She was no longer involved with the allegations after she reported it to the COO Interview on 7/19 /18 with the Chief Operations Officer (COO) revealed: -Was notified on 6/10/18 by the new PD regarding the allegations client #1, client #2 and FC #5 were exposed to marijuana, drug paraphernalia and AK 47 assault rifle and paid by the FPD to clean her private residence. -Hired an outside agency to conduct the investigation -Those results were pending. -Would ensure all future incident reports were entered into IRIS as per the requirements.	V 367		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL034-066	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/24/2018	Y3
NAME OF FACILITY YWCA-HAWLEY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 941 WEST STREET WINSTON SALEM, NC 27101		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0107	Correction	ID Prefix V0256	Correction	ID Prefix V0536	Correction
Reg. # 27G .0202 (A-E)	Completed	Reg. # 27G .4303	Completed	Reg. # 27E .0107	Completed
LSC	07/24/2018	LSC	07/24/2018	LSC	07/24/2018
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Laura Rodriguez	DATE 7/24/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/13/2018	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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YWCA of Winston-Salem Hawley House

Corrective Action Plans- Violations of Rules

• 10A NCAC 27G.0024 Competencies and Supervision of Paraprofessionals

<u>Activity</u>	<u>Responsibility</u>	<u>Est. Date Complete</u>	<u>Actual</u>	<u>Status</u>
1. Implement professional boundaries policy (see attached)	[REDACTED]	Aug.3, 2018	Aug.3, 2018	Complete
2. Train entire staff on policy and get signoff	[REDACTED]	Aug.7, 2018	Aug.7, 2018	Complete
3. Develop whistleblower policy (see attached)	[REDACTED]	Aug.8, 2018	Aug.8, 2018	Complete
4. Orient staff on whistleblower policy and get signoff	[REDACTED]	Aug.10, 2018	Aug.10,2018	Complete
5. Train staff on core competencies(1 st Session)	[REDACTED]	Aug.10, 2018	Aug.10, 2018	Complete
6. Create professional development plan(each staff)	[REDACTED]	Sept.30,2018		
7. Review individual plans quarterly	[REDACTED]	Sept.30, 2018		

• 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service

1. Use person-centered treatment plan(state form)	[REDACTED]	Aug. 13, 2018		
2. Train on new treatment plan format (all staff)	[REDACTED]	Aug. 10,2018	Aug.10, 2018	Complete
3. Cover all client reviews in staff meetings	[REDACTED]	(30,60,120,180days)		

Note: It is the opinion of management that clients were being treated on some aspects of anxiety and depression that were not well-documented in the treatment plans reviewed during the investigation. (See attached notes)

• 10A NCAC 27G.0604 Incident Reporting Requirements for Category A and B Providers

1. Review and retrain all staff on incident definitions	[REDACTED]	Aug.10, 2018	Aug.10,2018	Complete
2. Review time requirement deadlines for reporting	[REDACTED]	Aug.10, 2018	Aug.10, 2018	Complete
3. Establish reporting requirement on level 3 to CEO	[REDACTED]	Aug.13, 2018		

YWCA Hawley House

Professional Boundaries Policy

Purpose: The purpose of this policy is to define the relationship between client and employee, and therefore guide consistent approaches to the client's care, provide protection and safety to clients and staff, and maintain ethical behavior and professional boundaries.

Definitions: For the purpose of this policy, key definitions are as follows:

- Therapeutic Relationship- A professional relationship between the client and staff in which the latter has a responsibility for ensuring that objectivity and professionalism is maintained at all times. The emphasis is that while maintaining professional boundaries the relationship in itself is part of a therapeutic experience for the client. In this document the terms "therapeutic relationship" and "professional relationship" are used interchangeably.
- Boundary- The line that differentiates a personal relationship from a professional relationship. When the "line" between the professional and personal relationship is crossed and the relationship between the client and staff member moves from being objective to subjective.
- Client-A person who is, has been, or will be receiving services from a YWCA residential service and who an employee is directly or indirectly involved with in providing care.
- Staff, Staff Member, Employee- Anyone who is employed by the YWCA.

Statement of Policy: Staff has an ethical responsibility to provide professional, safe, effective, and caring services to clients within the care of the YWCA. While it is recognized that staff must establish a rapport with clients and provide friendly and accessible services, they are responsible for establishing and maintaining appropriate boundaries between themselves and clients. The rights and needs of clients should be respected at all times. At no time should the staff act in such a way that the professionalism of their interactions can be questioned.

Staff must recognize and understand that they are in a position of power. This power must not be abused at any time. It is essential, therefore, that all interactions between clients and staff must be seen in terms of a professional relationship. Staff must have a clear framework within which to carry out therapeutic interactions. Because there is a potential for positions of power to be abused and professional boundaries broken, the responsibility to maintain such boundaries rests with the employees of the YWCA.

Staff must ensure that working relationships are not misread or confused with friendship or other personal relationships that venture outside the professional relationship. This is essential in order to protect clients at a time when they may be vulnerable. It is also to protect staff from any risk of potential false allegations.

The YWCA will not tolerate any kind of harassment, abusive behavior, assault, threats, sexual advances or other unprofessional or improper behavior. Any such action may result in disciplinary action up to and including termination, potential criminal proceedings, and any penalties under applicable law.

This policy is written for all staff in relation to all clients who are either currently receiving services or who have been provided services in the past.

Procedures:

- If any staff member has any doubt regarding professional boundaries, they should seek clarification from their supervisor or HR immediately.
- It is the responsibility of all supervisors to ensure that their staff has a full understanding of this policy and that the policy requirements are adhered to by them and their staff at all times.
- If an employee thinks there is a risk of potential breakdown of his or her professional boundaries, he or she must immediately bring it to the attention of their immediate supervisor.
- If a staff member feels a colleague has crossed a boundary or is at risk of potential breakdown of professional boundaries, they have a duty to protect both client and employee, and should bring the matter to their immediate supervisor. Failure to report a risk of potential breakdown of

professional boundaries may lead to disciplinary action up to and including termination.

- Staff members must alert their immediate supervisor if they have personal knowledge or relationship past or present of a client who comes under their care. Failure to report personal knowledge of a client may lead to disciplinary action up to and including termination of employment.
- Staff members must alert their immediate supervisor if they are aware or become aware that they are related to a client. Failure to report personal relation to a client may lead to disciplinary action up to and including termination of employment.
- Unacceptable practices are those behaviors and interactions which jeopardize the professional relationship and appropriate boundary between staff and client.
- **In any case where a supervisor is unavailable, staff must move up the chain of command to the next supervisor.**

The following list of unacceptable practices is not exhaustive, and if a staff member has any doubt they should consult with their immediate supervisor.

- **Sexual Contact:**

- Sexual acts
- Requests for or suggestion of sexual acts
- Physical contact which could be construed as sexually suggestive or sexual innuendo or insinuation
- Some examples of subtler inappropriate behavior may include the following:
 - Inappropriate dress
 - Inappropriate use of body or verbal language not having therapeutic benefit
 - Asking the client inappropriate questions regarding their sexual habits
 - Touch that commonly represents acts of affection i.e. kissing, hand holding, etc.
- Appropriate contact includes a short hug that is given with permission and seems appropriate to the moment.

- **Acceptance of Gifts and Hospitality**
 - Staff must not accept personal gifts or hospitality from clients. Clients may show appreciation by giving a gift to the entire program when they graduate.
 - When it is difficult to refuse a gift, then staff must discuss this with their supervisor immediately.
- **Personal disclosure**
 - Staff must not divulge any personal information about themselves or other staff members. (This excludes self-disclosure within the scope of treatment, as in the case of substance abuse recovery.)
 - Self- disclosure must always serve a purpose of helping the client and not serve a purpose of the staff.
 - Staff should share moments of self- disclosure with a client when they meet with their supervisor for supervision.
- **Concealing Information from Colleagues about Clients**

This might include as follows:

 - Historic personal information that is relevant to care or safety.
 - The intention of the client to self-harm or harm others
 - Not reporting violent or critical incidents or issues
 - Not completing full records of client's interactions
- **Providing Substances to Clients which are not Prescribed**
 - All medications must be administered in accordance with policy
- **Misuse Money/ Property**
 - Staff members should never exchange money or accept personal property from clients unless any financial transaction is part of their business with the YWCA.
 - Staff must not loan or give their property to a client.

- **Discrimination:**

Clients are not to be discriminated against either in verbal or written comments on the basis of

- Culture or race
 - Color
 - Gender or Gender Identity
 - Sexual Orientation
 - Disability
 - Religion
 - National Origin
 - Physical Characteristics
-
- **Treatment and Other Forms of Care**

It is not acceptable for the staff to carry out treatment or give other care when it is not part of the client's Treatment Plan or the employee is not qualified to provide a particular element of treatment or it has not been discussed with the team.
 - **Misuse of Power/ Creating Dependence**

Staff has responsibility to discourage over reliance of the clients toward one staff member and to encourage and enable the clients toward independence. Some examples of abuse of power and the potential for creating dependence are as follows:

 - Inviting clients to the staff's home.
 - Socializing outside a professional relationship
 - Encouraging the client to rely on one particular staff member to the exclusion of other staff members
 - Using the clients for the staff's emotional needs
-
- **Social Interactions outside work environment**

Staff members should not socialize with clients outside of YWCA-sponsored functions. Some examples of inappropriate social interactions include but are not limited to the following:

- Staff members should not attend social functions or interact with clients or their family members in a social manner that is outside of work duties (i.e. having dinner together, going to a movie, email/texting/phone, etc.)
- Staff members should not knowingly engage or allow access to their own personal site, etc. (including “friending”) with clients or their family members in social network activities including but not limited to the following:

Facebook

Twitter

On-line chat rooms

On-line games

On-line networking through X-Box, Wii, etc.

Posting pictures or information about clients on social media without written permission from the client and administrative approval.

- **Additional procedures to be followed in order to present a professional relationship between clients and staff are as follows:**

- Staff members who have existing or previous relationships with a client or with a client’s significant other, wife, husband, or family member should inform their supervisor and discuss the appropriateness of working with that person.
- Staff members should not invite clients to their home, nor share their personal addresses or phone numbers with clients.
- Staff members should not hold money for clients, hold medications for clients, or hold clients’ belongings.
- Staff members should not acknowledge a client or client’s family member in a public setting unless the client has given staff permission to do so or the client initiates discussion first
- Staff members should not engage in business ventures with clients.
- Staff members should not hire clients for personal business or accept labor or services from clients.

- Clients should not visit homes of staff, unless it involves a company-sponsored event where others will be present.



YWCA Supportive Services/Hawley House
941 West Street, Winston-Salem, NC 27101
Phone: 336-721-0733 Fax: 336-723-3304

Professional Boundaries Policy Signature Page

I (Staff) [REDACTED] have attended the Professional Boundaries Training Workshop. I understand and will adhere to the Boundaries Policy, to better serve the population of the YWCA Hawley House.

Staff: [REDACTED]

Date: 08/03/18

Supervisor: [Signature]

Date: August 3, 2018



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Staff:

[REDACTED]

Date:

8-3-2018

Supervisor:

Genita Mitchell

Date:

8/3/2018



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Staff: [Redacted]

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Staff: [REDACTED]

Date: 8.3.2018

Supervisor: Qemita Mitchell

Date: 8/3/2018



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Phone: 336-721-0733 Fax: 336-723-3304

Professional Boundaries Policy Signature Page

I (Staff) [REDACTED] have attended the Professional Boundaries Training Workshop. I understand and will adhere to the Boundaries Policy, to better serve the population of the YWCA Hawley House.

Staff: [REDACTED]

Date: 8.3.2018


Supervisor: Denita Mitchell

Date: 8/3/2018



YWCA Supportive Services/Hawley House
941 West Street, Winston-Salem, NC 27101
Phone: 336-721-0733 Fax: 336-723-3304

Professional Boundaries Policy Signature Page

I (Staff)  have attended the Professional Boundaries Training Workshop. I understand and will adhere to the Boundaries Policy, to better serve the population of the YWCA Hawley House.

Staff: 

Date: 8/3/18

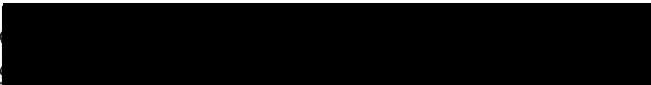
Supervisor: Quanita Mitchell

Date: 8/3/18



YWCA Supportive Services/Hawley House
941 West Street, Winston-Salem, NC 27101
Phone: 336-721-0733 Fax: 336-723-3304

Professional Boundaries Policy Signature Page

I (Staff)  have read and understand the Professional Boundaries Policy. I will follow this policy to better serve the population of the YWCA Hawley House.

Staff:



Date:

8/7/2018

Supervisor:

Date:

8/8/2018

YWCA Hawley House Whistleblower Policy

Introduction

The YWCA Hawley House requires directors and employees and any other people hired to work within our programs to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of the YWCA Hawley House, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws, regulations, and YWCA policies.

Reporting Responsibility

This policy is intended to encourage and enable employees and others to raise serious concerns internally so that the YWCA can address and correct inappropriate conduct and actions. It is the responsibility of all employees to report concerns about violations or suspected violations of laws or regulations or YWCA policies that govern YWCA Hawley House operations.

No Retaliation

It is contrary to the values of the YWCA for anyone to retaliate against any employee who in good faith reports an ethics violation, or a suspected violation of law, such as a complaint of discrimination, or suspected fraud, or suspected violation of any regulation governing the operations of YWCA Hawley House. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

Reporting Procedure and Handling of Reported Violations

The YWCA suggests that employees share their questions, concerns, suggestions, or complaints with their supervisor. If you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak with a YWCA Vice-President. If still not satisfied, you may request a meeting with the YWCA CEO. You may also submit concerns in writing to any of these people, preferably in the same order. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

CEO Involvement

The CEO of the YWCA is responsible for ensuring that all complaints about unethical or illegal conduct or other violations of policies are investigated and resolved. The CEO will advise the Board of Directors of all complaints of serious unethical or illegal conduct and their resolution.

Acting in Good Faith

Anyone filing a written complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant. Reporting will be kept confidential to the extent possible consistent with the need to conduct an adequate investigation.

YWCA Supportive Services/Hawley House

941 West Street

Winston-Salem NC, 27101

August 10, 2018

AGENDA

5:30 pm – [REDACTED]

- **Whistle Blower Policy**

5:45 pm – [REDACTED]

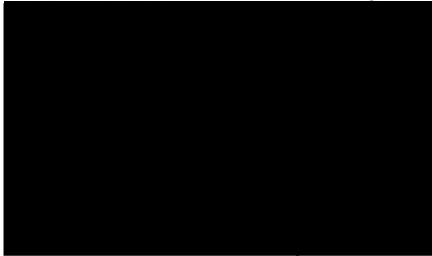
- **Incident Reporting**

6:00 pm – [REDACTED]

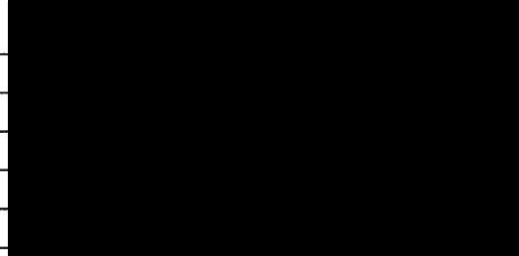
- **Treatment/Habilitation Plan Training**
- **Seven Core Competency Skills Training**

Staff Training Signature on August 10, 2018

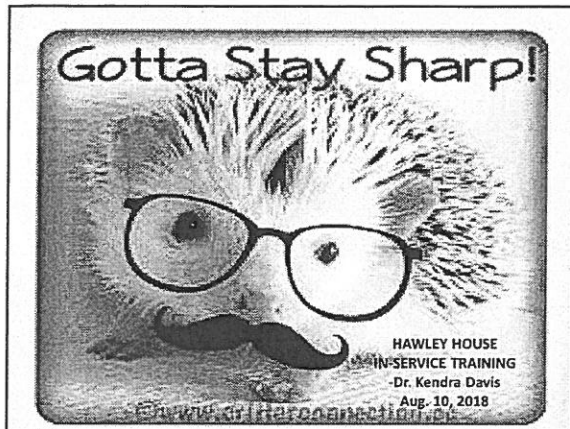
Name Print



Name Signature



Four sets of horizontal lines for writing, each set consisting of a top line and a bottom line. The first two sets are partially obscured by the redaction boxes.



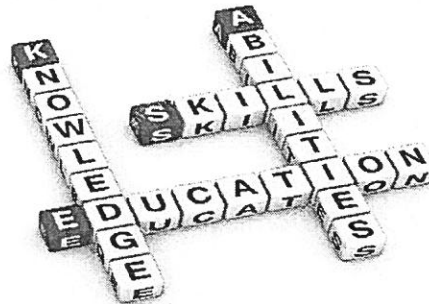
COMPETENCY BASE EMPLOYEE

One who can demonstrate knowledge, skills and abilities required by the population served.

YWCA HAWLEY HOUSE
POPULATION

- FEMALE
- 18 years and older
- Mother
- Single, Married, Divorce
- Substance Abuser
- Offender /Criminal History
- Mentally Ill
- Dual Diagnosis
- Gay, bisexual, transgender

KNOWLEDGE, SKILLS & ABILITIES

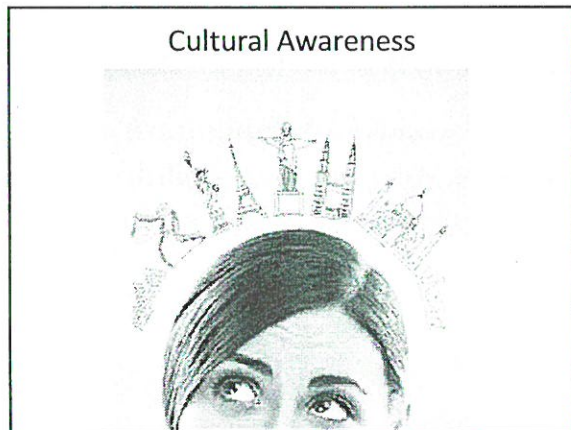


COMPETENCY BASE EMPLOYEE

- Technical Knowledge
- Cultural Awareness
- Analytical Skills
- Decision Making
- Interpersonal skills
- Communication Skills
- Clinical Skills

Technical Knowledge

- Content to help you define job roles and associated responsibility.
 - Job Description
 - Operate Alarm, Computer, Van, Credit Card etc.
- Policies and Procedures of Program
- Client Rights, HIPPA, etc.
- Identify leadership so you can readily address identified professional weakness, and/or areas of improvement within the program.
- WHO, WHAT, WHEN, WHERE, HOW to file a compliant?



What is CULTURE?

According to Chamberlain (2005), culture represents "the values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their world" (p. 197)

Taylor (1996) defined culture as, "an integrated pattern of human behavior including thought, communication, ways of interacting, roles and relationships, and expected behaviors, beliefs, values, practices and customs."

Neane-Curt (1984) qualified culture as, "The bearer of human wisdom that includes a wealth of human behaviors, beliefs, attitudes, values and experiences of immense worth. It also carries things that are offensive to a person's dignity and well being, and certainly to others whose cultural framework is different."

- ### HOW DO YOU DEFINE IT?
- RACE
 - ETHNICITY
 - GENDER
 - SOCIO-ECONOMIC STATUS
 - AGE
 - SEXUAL ORIENTATION

WHY, WE NEED CULTURAL COMPETENCY?

CULTURAL COMPETENCY IS A ONGOING, FOREVER EVOLVING PROCESS OF OPENNING THE EYES TO SELF AND WHATS GOING ON IN US, AND AROUND US.

❖ If we truly want to succeed in a globalized society, we have to look at culture and how it affects our lives.
 ❖ We start by gaining a basic awareness of our own cultural orientations and assumptions.
 ❖ Then open up to the culture in which we are living and working and try to gain some insight into the basic worldview of the people we interact with every day.
 ❖ <http://www.youtube.com/watch?v=MTh3pe8N3DQ>

❖ "True wisdom comes to each of us, when we realize how little we understand about life, ourselves, and the world around us." -Socrates


ANALYTICAL SKILLS

- The ability to **collect, gather, visualize and analyze** information in details.
- They include also the ability to see a problem or situation from different points of view.
- **Analytical skills** allow you to solve complex problems by making decisions in the most effective way.

DECISION MAKING

- the cognitive process resulting in the selection of a belief or a course of action among several alternative possibilities.
- Every *decision-making* process produces a final choice, which may or may not prompt action.
- In its simplest sense, *decision-making* is the act of choosing between two or more courses of action.
- In the wider process of problem-solving, *decision-making* involves choosing between possible solutions to a problem.
- *Decisions* can be made through either an intuitive or reasoned process, or a combination of the two.

PERCEPTION



Role of Perception

"The faculty through which we become aware of and understand our world, ourselves, and others."

18



Problems in Perception

1. What seems to be true, may not be true.
2. There are differences in the way people view reality.
3. Perception can cause a person to be healthy or unhealthy.
4. Drugs change perception and give the illusion of change when REALLY nothing has changed.

Interpersonal skills

- The cluster of personality traits, social graces, communication, language, personal habits, friendliness, and optimism that characterize our relationships with other people.
- the *skills* we use every day when we communicate and interact with other people, both individually and in groups. People with strong *interpersonal skills* are often more successful in both their professional and personal lives.

EXAMPLES

OF INTERPERSONAL SKILLS

- Confidence
- Attitude
- Time Management
- Team Player
- Flexibility
- Trust
- Honest
- Respect
- Accept Feedback
- Ethical

COMMUNICATION

WHAT DOES IT MEAN TO YOU?

The process of communication is what allows us to interact with other people; without it, we would be unable to share knowledge or experiences with anything outside of ourselves. Common forms of communication include speaking, writing, gestures, touch and broadcasting.

Wikipedia definition



Definition of Communication

Communication is "an interaction between 2 or more persons that involves the exchange of information between a sender and a receiver" (p. 23).

It involves the expression of emotions, ideas, and thoughts through verbal and non-verbal signals.

Learning Objectives

After completing this workshop presentation, you will be able to:

1. Discuss the power of effective communication and documentation in the workplace.
2. Develop an awareness of your personality and communication tendencies
2. Learn how to listen more effectively to others
3. Express yourself in a clear and specific way
4. Practice appropriate tools for verbal interventions of de-escalation.

Introduction

- The ability to effectively communicate with others is one of the most powerful tools for personal and/or professional success.
- Most people are challenged by the many day-to-day interactions with co-workers, family, and friends.
- Emotion, communication and conflict are present in all human interactions and affects each of us in different ways.
- Everyone manages emotion, communication and conflict from habit – patterns and styles developed early in life and over time.
- 80% of problems in the workplace are communication related**

INTRO

- One of the quickest ways to alienate yourself from other people is to communicate unsuccessfully.
- Effective communication empowers you to influence others.
- Your capacity to communicate is often seen as an indicator of your ability and intelligence.

In this presentation, you will learn a variety of strategies to improve your communication skills, and break the cycle of destructive habits of personal interaction.

Communication is a series of experience of


Hearing Smell Seeing Taste Touch

Therapeutic Communication

- An application of the process of communication to promote the well-being of the client


Establishing Therapeutic Communication

- Goal is to encourage wellness and personal growth in the client
- **DO NOT SHARE INTIMATE DETAILS ABOUT YOU!!!**
- Self-disclosure may be used in some settings to assist in education, building trust, and increasing self-sufficiency not in correction **“UNDUE FAMILIARITY”**




Verbal Communication

- Includes spoken and written word
- Tone
- Volume
- Cadence
- Cultural differences
- Jargon
- Slang




Continued...

- Cognitive impairments
- Visual impairments
- Developmental stage




Nonverbal Communication

- All behaviors that express messages without the use of words
- Body movement
- Physical appearance
- Personal space
- Touch
- Body language
- Should be consistent with spoken word
- Cultural considerations




Key Terms

• Active listening	• Paraphrasing
• Cadence	• Reflecting
• Clarifying	• Restating
• Comforting	• Summarizing
• De-escalation	• Termination phase
• Empathy	• Therapeutic silence
• Interviewing	• Working phase
• Orientation phase	



Key Components of Effective Communication

- Self-awareness
- Empathy
- Genuineness
- Respect for the client

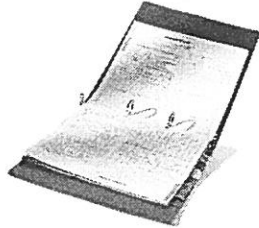


Barriers to Effective Communication

- Offering your opinion
- Giving false reassurance
- Defensiveness
- Showing approval or disapproval
- Stereotyping
- "Why"

Documentation

"If it's not documented, it did not happen!"

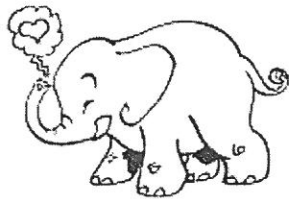


A short pencil,
is better than a long memory!



Which animal is most commonly associated with having a good memory?

- ELEPHANT



DOCUMENTATION IS A MUST



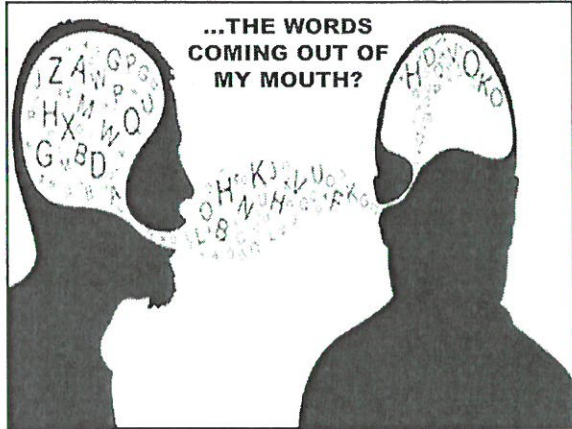
Documentation Matters

Why is Clinical Documentation Important?



Why is clinical documentation important?

- Documentation is critical for client care
- Validates the client care provided
- Serves as a legal document
- Quality Reviews / Audits
- Good records reduce the stress and anxiety associated with mal-practice law suits
- Compliance with DHHS, NCDPS, and NCSAPPB regulations and guidelines



Verbal vs Non Verbal

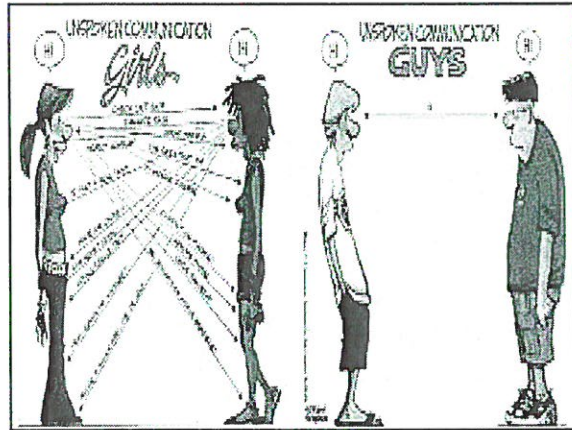
Can we communicate without words?

Voice attributes
What are they and how do they affect communication?

Physical attributes
What could be considered here and how do they affect communication?

The power of touch
What and when is OK?

Which is better, verbal or non verbal?



Personal Presentation




Does personal presentation make a difference to the way we are perceived?

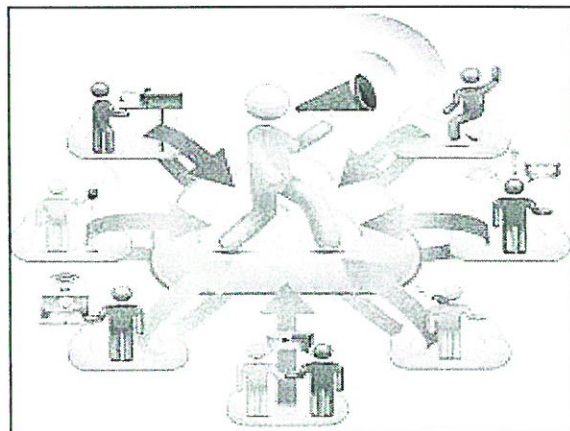
Does it matter?

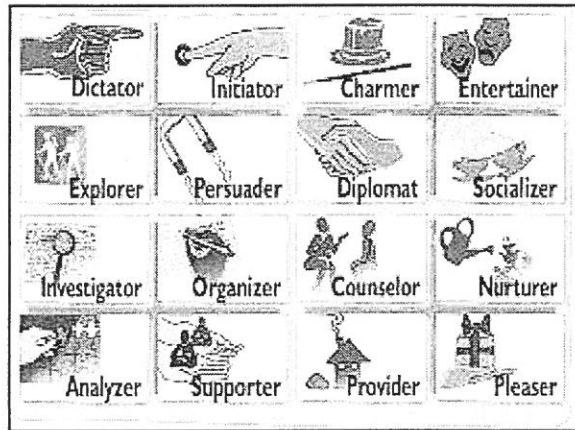
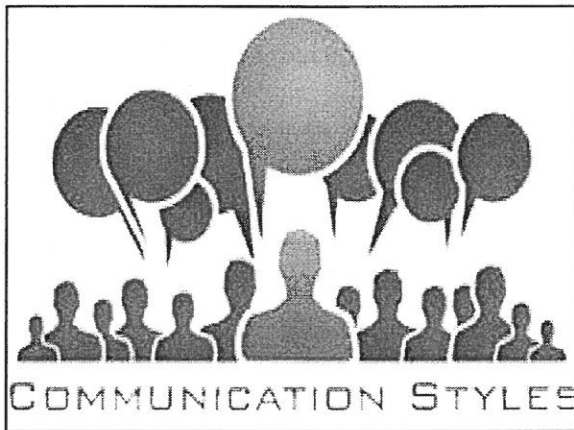
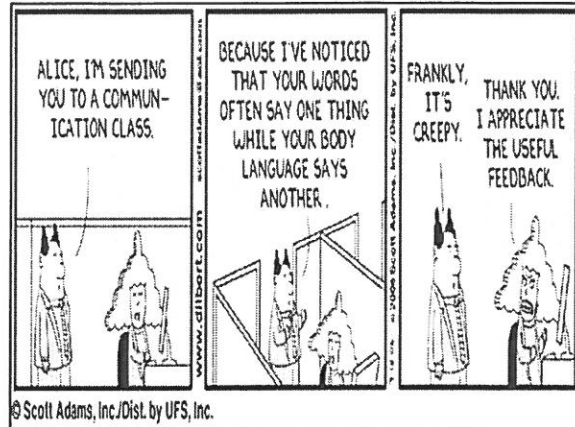
What can we do about it - do we have to look bland and boring?

What if our organisation has a dress code?

The Communication Equation

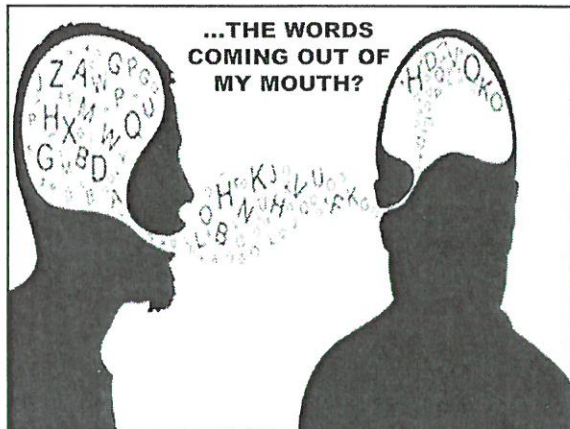
<p>What you hear</p> <ul style="list-style-type: none"> Tone of voice Vocal clarity Verbal expressiveness 		<p>40% of the message</p>
<p>What you see or feel</p> <ul style="list-style-type: none"> Facial expression Dress and grooming Posture Eye contact Touch Gesture 		<p>50% of the message</p>
<p>WORDS ...</p>		<p>10% of the message!</p>





PASSIVE	ASSERTIVE	AGGRESSIVE
Can't speak up	Firm	Loud
Don't know my rights	Direct	Bossy
Get stepped on	Honest	Pushy
Meek	Respect rights of others	Dominating
Too accommodating	Realize I have choices	Intimidating
Talks softly	Effective communicator	Must get my way
Don't stand up for my rights	Can express my needs	React instantly
Avoid conflicts	Make good eye contact	
People take advantage of me		

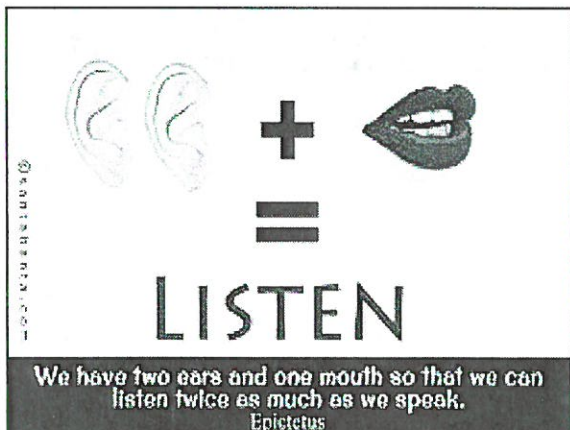
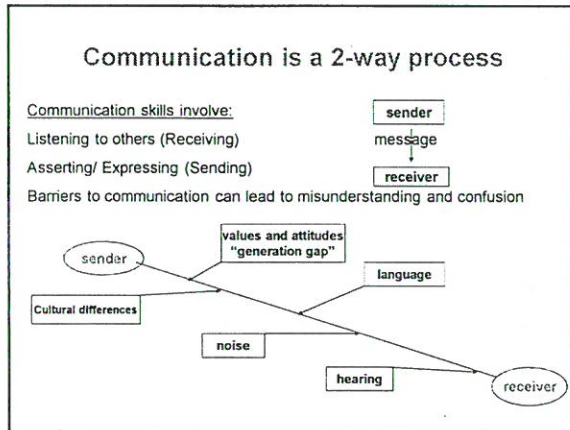





Understanding Communication

We are going to consider:

- The 2-Way communication process
- Effective communication skills
- Barriers to effective communication





Awareness of Your Personal Style

Past Experiences Shape Communication Style


- Communication doesn't just happen; your style is based on your experiences that over time have developed into a pattern of attitudes and actions.
- It is a continuous cycle. Your experiences influence your thoughts. Your thoughts, over time, become your attitudes. These attitudes become the blueprint for new experiences, which develop into patterns of behavior.
- An awareness of your personal style is critical to begin to transform negative attitudes and behaviors into positive ones.
- It is key to empowering you to establish personal responsibility and accountability in the midst of changing your behavior. *Remember, the only person you can ever really control or change is yourself.*

Individual Difference & Cultural Diversity

What individual factors could affect the way a person "sends" or "receives" a message?

Is gender/ age a factor?



How can we adapt if :-
we have a problem ourselves or
the other person seems to have a problem?



Expressing Yourself

Communicating Long or Emotional Messages

- Briefly explain the intention of your conversation.
- The other person(s) will attend better if they have a basic understanding of the time and effort they will be bringing to the conversation.
- Use "I" statements to communicate your feelings, and what you have personally seen, heard, need, or expect.
- Do not engage in verbal attacks on the other person. if you need to criticize, describe the behavior or actions of the other person that bother you.
- State what you need or expect in positive terms.





UTILIZING "I" STATEMENTS

- Accept responsibility for your emotions
- Use "I" statements. Say "I feel angry when..." rather than "You make me mad..."

Activity:
Consider the following statements you might make. How would you change them into "I" statements?

1. You make me so mad when you don't complete your work on time.
2. My supervisor frustrates me when he doesn't communicate the expectations.
3. My offenders aggravates me when they don't follow the rules.
4. My boss made me happy when he complimented my hardwork.
5. Those guys make me sad when they leave here and go back to drinking and drugging and end up back in prison or jail.




Unit Three Expressing Yourself


Five Components of Your Message

Your communication should include these five important components:

1. What you are seeing – have seen
2. What you are hearing – have heard
3. What you are feeling – have felt about the issue
4. What you need or want
5. What the positive result will be from receiving/acting on your request



Effective Communication in the Workplace



Unit Three Expressing Yourself

Five Components of Your Message

Activity: For the three situations listed below, think how you would communicate:

- What you are seeing – have seen
- What you are hearing – have heard
- What you are feeling – have felt about the issue
- What you need or want
- What the positive result will be from receiving/acting on your request

1. Your boss marked you low on your performance review. This was the first indication you had of how you were performing in your job.
2. An employee you supervise has been frequently absent causing lost production and a hardship for the rest of the employees in your unit.
3. Your coworker has been opening your mail and going through your desk drawers, as well as saying negative things to others behind your back.

Effective Communication in the Workplace

Impact of Emotions

Emotional Obstacles


Emotional obstacles to effective communication include:

Vulnerability – people may not express their true feelings because they do not want to expose themselves to others

Protecting – people may not want to express their true thoughts because they don't want to hurt or upset the other person

Expectations - social, professional, or cultural "rules" may inhibit expression of some feelings


Fear – people seek approval and acceptance so they are often reluctant to say what they really mean for fear of rejection



Impact of Emotions

Manage your emotions

- Recognize what you are feeling. Are you angry, embarrassed, or hurt?
- Simplify your feelings. Select one or two words to describe how you feel. Be specific.
- Do not act on your feelings right away. Don't make a decision, enter into a discussion, or send an email in anger or frustration.
- Choose an appropriate time and place to communicate.
- Accept that you are responsible for your emotions; Use "I" statements. Say "I feel angry when..." rather than "You make me mad..."



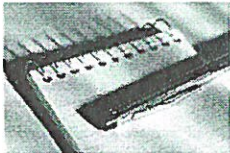
Impact of Emotions

Managing a conflict

- Keep yourself calm by breathing slowly and deeply. Remember that this is only one temporary moment in your life.
- Concentrate on what you need to move forward rather than dwell on the other person's mistakes.
- Summarize the other person's feelings to make sure that you understand what they are communicating.
- Give affirmation to the other person about what they may be feeling.
- Acknowledge and apologize for any mistakes you may have made.
- Focus on positive results and make specific requests that will enable the achievement of those goals.

Check Your Knowledge

Following are a series of questions for you to complete. These questions are designed to check your understanding of the information you just reviewed.



Question 1

1. Past experiences

- A. have little or no effect on your communication
- B. influence your thoughts which in turn become your attitudes over time
- C. are key to empowering you to establish personal responsibility
- D. All of the above

(Click the answer you think is correct)

You have answered

B. "Influence your thoughts which in turn become your attitudes over time"

This answer is correct.


Communication doesn't just happen; your style is based on your experiences that, over time, develop into a pattern of attitudes and actions.

It is a continuous cycle. Your experiences influence your thoughts. Your thoughts, over time, become your attitudes. These attitudes become the blueprint for new experiences, which develop into patterns of behavior.

An awareness of your personal style is critical to begin to transform negative attitudes and behaviors into positive ones.

It is key to empowering you to establish personal responsibility and accountability in the midst of changing your behavior. Remember, the only person you can ever really control or change is yourself.

Continue




Question 2

2. Acknowledging what the speaker is saying is valuable because

- A. It does not mean that you approve or agree with the speaker
- B. It allows the speaker to feel understood
- C. It is a defensive posture
- D. All of the above
- E. Only A and B

(Click the answer you think is correct.)



You have answered
E. "Only A and B"

This answer is correct.

Briefly explain the intention of your conversation.

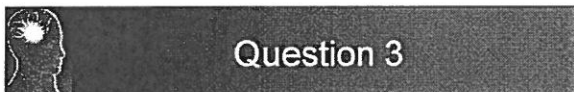
The other person(s) will attend better if they have a basic understanding of the time and effort they will be bringing to the conversation.

Use "I" statements to communicate your feelings, and what you have personally seen, heard, need, or expect.

Do not engage in verbal attacks on the other person; if you need to criticize, describe the behavior or actions of the other person that bother you.

State what you need or expect in positive terms

Continue




Question 3

3. Consider the following scenario

You and your office coworkers have worked well together for approximately one year. Another person has joined the work team and trouble has started. This person appears very sensitive and frequently complains about being ignored. You and the staff have tried to include this person in conversation and activities, but the employee went to the supervisor after two weeks on the job and reported on a long list of office infractions. Several of the complaints were exaggerated or totally false. The supervisor held a meeting and firmly stated that department rules must be followed, that the office was too busy for pettiness, and that future complaints or issues should be settled between the staff. A preferred way to handle the situation would be which of the following?

- A. Tell the coworker how mad they make you.
- B. Demand to "have it out" with the coworker while it's all fresh in your mind.
- C. Listen not as a critic, and desire to understand your coworker rather than to achieve either agreement from or change in them.
- D. Concentrate on what you need to move forward rather than dwell on the other person's mistakes.
- E. B and C
- F. C and D

(Click the answer you think is correct.)



You have answered
F. "C and D"

This answer is correct.

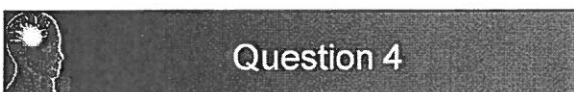
In managing a conflict you should:

1. Concentrate on what you need to move forward rather than dwell on the other person's mistakes. Focus on positive results.
2. Summarize the other person's feelings to make sure that you understand what they are communicating. Give affirmation to the other person about what they may be feeling.
3. Acknowledge and apologize for any mistakes you may have made.
4. Focus on positive results and make specific requests that will enable the achievement of those goals.

To manage your emotions:

1. Recognize what you are feeling. Are you angry, embarrassed, or hurt?
2. Do not act on your feelings right away. Don't make a decision, enter into a discussion, or send an email in anger or frustration.
3. Choose an appropriate time and place to communicate.
4. Accept that you are responsible for your emotions; Use "I" statements. Say "I feel angry when..." rather than "You make me mad..."

Continue




Question 4

4. When you want to communicate a long or complex message, you should

- A. Let the other person know this may be a long conversation
- B. Briefly explain the intent of the conversation
- C. Use "I" statements to specifically state your feelings
- D. Not engage in blame or verbal attacks
- E. All of the above

(Click the answer you think is correct.)



You have answered
E. "All of the above"

This answer is correct.

When communicating long or emotional messages, you should

Briefly explain the intention of your conversation.

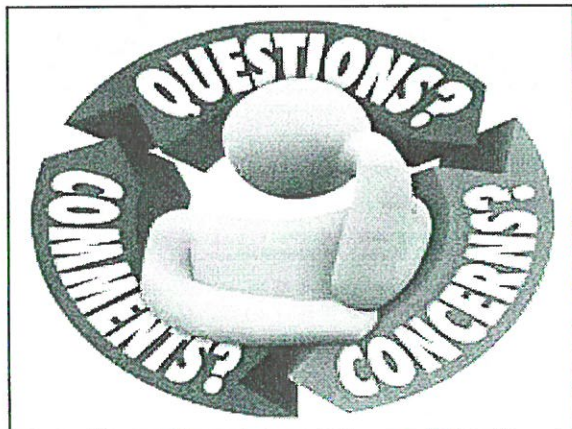
The other person(s) will attend better if they have a basic understanding of the time and effort they will be bringing to the conversation

Use "I" statements to communicate your feelings, and what you have personally seen, heard, need, or expect.

Do not engage in verbal attacks on the other person; if you need to criticize, describe the behavior or actions of the other person that bother you.

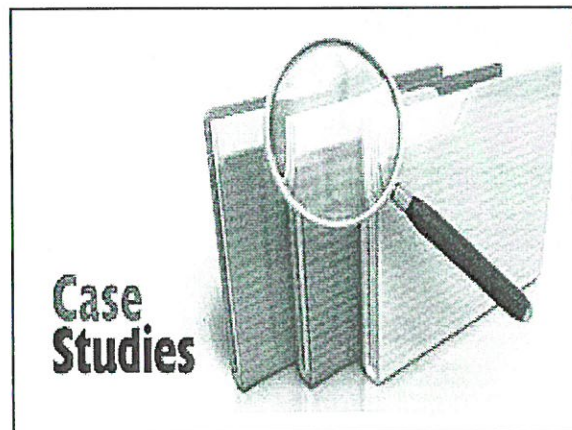
State what you need or expect in positive terms

Continue



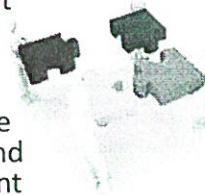
CLINICAL SKILLS

- A observable act within the overall process of client care.
- A practical performance or the ability to demonstrate knowledge and skills when working with a client.



TREATMENT PLANNING

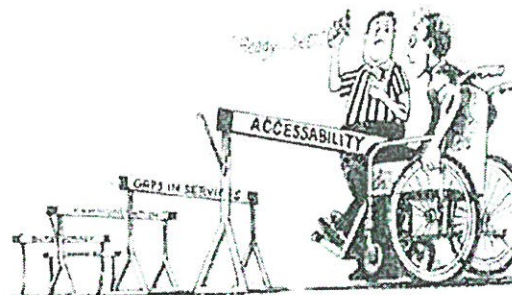
Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.



TREATMENT PLANNING

- **Global Criteria**
 1. Explain assessment results to client in an understandable manner.
 2. Identify and rank problems based on individual client needs in the written treatment plan.
 3. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
 4. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

PERSON CENTERED GOALS....
"SEE THE BIG PICTURE"



**REPORT AND RECORD
KEEPING**

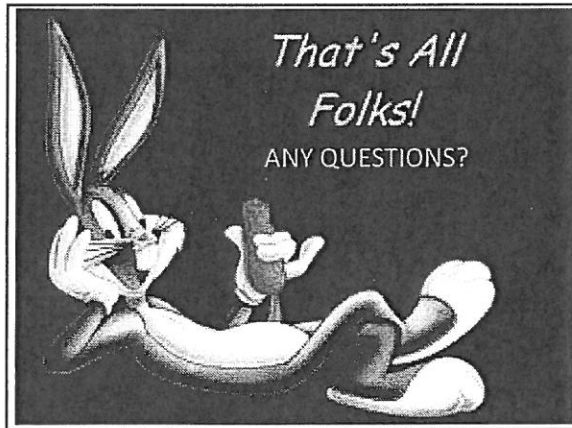
Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.



REPORT AND RECORD KEEPING

• **Global Criteria**

1. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
2. Chart pertinent ongoing information pertaining to the client.
3. Utilize relevant information from written documents for client care.



Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

YWCA SUPPORTIVE SERVICES / HAWLEY HOUSE

_____ 's PERSON-CENTERED PLAN

Person's Preferred Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Work Phone: _____

TYPE OF PLAN: (check all that apply)

- Initial Person-Centered Plan
- Update/Revision Date:
- Update/Revision including annual review of Medical Necessity Date:

Local Management Entity: _____
Primary Care Physician: _____
Medicaid County (If applicable): _____
Medicare/Insurance: _____

CONTACT PERSON(S)

Emergency Contact or Next of Kin: _____
Relationship to Person: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Work Phone: _____
Legally Responsible Person's Name: _____
Telephone Number: _____
If Appointed: (Attach copy of supporting documents) _____
Date of Legal Document: _____

Date of Initial Plan: _____

PARTICIPANTS INVOLVED IN INITIAL PLAN DEVELOPMENT

<p>Name: _____</p> <p>Relation/Agency: _____</p> <p>Role:</p> <p><input type="checkbox"/> Facilitator of PCP meetings</p> <p><input type="checkbox"/> Participated in @ least 1 planning meeting</p> <p><input type="checkbox"/> Provided written input</p> <p><input type="checkbox"/> Telephone participation</p> <p><input type="checkbox"/> Invited, but no participation</p> <p><input type="checkbox"/> Other: _____</p>	<p>Name: _____</p> <p>Relation/Agency: _____</p> <p>Role:</p> <p><input type="checkbox"/> Facilitator of PCP meetings</p> <p><input type="checkbox"/> Participated in @ least 1 planning meeting</p> <p><input type="checkbox"/> Provided written input</p> <p><input type="checkbox"/> Telephone participation</p> <p><input type="checkbox"/> Invited, but no participation</p> <p><input type="checkbox"/> Other: _____</p>
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Other individuals that I or my family would like to be part of this planning process now or in the future.

Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

Personal Interview

Date(s) of Interview(s): _____

(This section must include what is important TO the person to whom this plan belongs. Also include issues related to the person's environment, culture, ethnicity and race as appropriate.) *ADD/REVISE INFORMATION WHENEVER NEW THINGS ARE LEARNED ABOUT THIS PERSON. SIGN NAME (NO INITIALS) AND DATE (NEXT TO THE CHANGE), EACH TIME THIS SECTION IS ADDED TO OR REVISED.*

What has happened in my life this past year? (Include exciting, fun things as well as challenges and concerns):

Long Term Goals: (What are the things I want to accomplish in the next year? What are my hopes/dreams for the future?)

Strengths: (What am I good at doing? What do people admire about me? What are my talents/gifts?)

Preferences: What is important TO me: (What are the people/activities/things/places that matter to me in everyday life? What I do NOT want in my life?)

Needs: (What would I change about my life? What is not working in my life? What do I need in order to be an active part of my community? What do I need to be healthy and safe?)

Supports: What is important TO me? (What do others need to know or do to support me best in relationships, in things I like to do, in work or school and ways to stay healthy and safe?)

Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

Family/Legally Responsible Person/Informal Supports Interview

(This section must include what is important **TO** the person and what is important **FOR** the person from the interviewee's perspective. Also include issues related to the person's environment, culture, ethnicity and race as appropriate.) *ADD/REVISE INFORMATION WHENEVER NEW THINGS ARE LEARNED ABOUT THIS PERSON. SIGN NAME (NO INITIALS) AND DATE (NEXT TO THE CHANGE), EACH TIME THIS SECTION IS ADDED TO OR REVISED.*

What has happened in this person's life this past year? (Include exciting, fun things as well as challenges and concerns)

Long Term Goals: (What are the things the person wants to accomplish in the next year? What are this person's hopes/dreams for the future?)

Strengths: (What is this person good at doing? What do people admire about this person? What are this person's talents/gifts?)

Preferences: What is important **TO** this person: (What are the people/activities/things/places that matter to this person in everyday life? What does the person not want in his/her life?)

Needs: (What would this person change about his/her life? What is not working in this person's life? What does this person need in order to be an active part of the community? What does he/she need to be healthy and safe?)

Supports: What is important **FOR** this person? (What do others need to know or do to support this person best in relationships, in things he/she likes to do, in work or school and ways to stay healthy and safe?)

Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

Service/Support Providers Interview

(This section must include what is important **TO** the person and what is important **FOR** the person from the interviewee's perspective. Also include issues related to the person's environment, culture, ethnicity and race as appropriate.) *ADD/REVISE INFORMATION WHENEVER NEW THINGS ARE LEARNED ABOUT THIS PERSON. SIGN NAME (NO INITIALS) AND DATE (NEXT TO THE CHANGE), EACH TIME THIS SECTION IS ADDED TO OR REVISED.*

What has happened in this person's life this past year? (Include exciting, fun things as well as challenges and concerns):

Long Term Goals: (What are the things the person wants to accomplish in the next year? What are this person's hopes/dreams for the future?)

Strengths: (What is this person good at doing? What do people admire about this person? What are this person's talents/gifts?)

Preferences: What is important **TO** this person: (What are the people/activities/things/places that matter to this person in everyday life? What does the person not want in this person's life?)

Needs: (What would this person change about his/her life? What is not working in this person's life? What does this person need in order to be an active part of the community? What does he/she need to be healthy and safe?)

Supports: What is important **FOR** this person? (What do others need to know or do to support this person best in relationships, in things he/she likes to do, in work or school and ways to stay healthy and safe?)

Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

SUMMARY OF ASSESSMENTS/OBSERVATIONS

ASSESSMENTS COMPLETED (Include medical/dental if applicable)	ISSUES TO ADDRESS	LAST DATE COMPLETED	APPROXIMATE DUE DATE
Diagnostic Assessment &/or Evaluation (90801)			
Eye Exam / Physical			
Psychological Evaluation			
Psychiatric Evaluation			

ADDITIONAL ASSESSMENTS RECOMMENDED	ISSUES TO ADDRESS	APPROXIMATE DUE DATE	DATE COMPLETED

(DSM* Code)	(Diagnosis)	(Diagnosis Date)

Recommendations for Services/Support/Treatment From Assessments	Frequency:	Duration:	Target Date:	State/Medicaid/Health Choice

Symptoms/Observations of this Person:

Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

ACTION PLAN

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others.)

Where am I now in relation to this outcome?

SYMPTOM/OBSERVATION #:

Short Range Goal (Taken from Preferences & Supports Sections ("What's important TO & FOR me"))		Support/Intervention to Reach Goal (Taken from Supports Sections)	Who will Provide Support/Intervention/Service?	Support/Service & frequency
Target Date (Not to exceed 12 months.)	Reviewed Date	Status Code	Justification for Continuation/Discontinuation of Goal	
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued				

SYMPTOM/OBSERVATION #:

Short Range Goal (Taken from Preferences & Supports Sections ("What's important TO & FOR me"))		Support/Intervention to Reach Goal (Taken from Supports Sections)	Who will Provide Support/Intervention/Service?	Support/Service & frequency
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Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

ACTION PLAN

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others.)

Where am I now in relation to this outcome?

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Short Range Goal (Taken from Preferences & Supports Sections ("What's important TO & FOR me"))		Support/Intervention to Reach Goal (Taken from Supports Sections)	Who will Provide Support/Intervention/Service?	Support/Service & frequency
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Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

ACTION PLAN

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others.)

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Name: _____ DOB: / / SSN# _____ Record #: _____

Date of Initial Plan: _____

ACTION PLAN

Long Range Outcome: (Ensure that this is an outcome desired by the individual, and not a goal belonging to others.)

Where am I now in relation to this outcome?

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Short Range Goal (Taken from Preferences & Supports Sections ("What's important TO & FOR me"))		Support/Intervention to Reach Goal (Taken from Supports Sections)	Who will Provide Support/Intervention/Service?	Support/Service & frequency
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Target Date (Not to exceed 12 months.)	Reviewed Date	Status Code	Justification for Continuation/Discontinuation of Goal	
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued				

Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

CRISIS PREVENTION/CRISIS RESPONSE

(Use this form or attach your crisis plan.)

Symptoms/behaviors that may trigger the onset of a crisis (include lessons learned from previous crisis events):

Crisis prevention and early intervention strategies (List everything that can be done to help this person avoid a crisis):

Strategies for crisis response and stabilization (Focus first on natural and community supports. Begin with least restrictive steps. Include process for obtaining back-up in case of emergency and planning for use of respite, if an option. List everything you know that has worked to help this person to become stable):

Specific recommendations if person arrives at the Crisis and Assessment Service:

All Current Medications (* Update and revise list of medications anytime there is a change)	Dose:	Frequency:	Reason for Change:	Date

Medication/OTHER Allergies	Reaction:

After the crisis, identify strategies for determining what worked and what did not work, and make changes to the plan:

Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

CRISIS PREVENTION/CRISIS RESPONSE (CONTINUATION)

Contact List (Include names as applicable, relationship and direct phone numbers or extension.)

First Responder: _____ Telephone #: _____ Consent/Release of Information: Yes No

Legally Responsible Person: _____ Telephone #: _____ Consent/Release of Information: Yes No
(If applicable)

Natural/Community Supports:

Name: _____ Telephone #: _____ Consent/Release of Information: Yes No

Name: _____ Telephone #: _____ Consent/Release of Information: Yes No

Professional Supports:

Name: _____ Telephone #: _____ Consent/Release of Information: Yes No

Primary Care Physician: _____ Telephone #: _____ Consent/Release of Information: Yes No

Preferred Psychiatric Inpatient /
Respite Provider: _____ Telephone #: _____ Consent/Release of Information: Yes No

Other Professional Supports:

Name: _____ Telephone #: _____ Consent/Release of Information: Yes No

Name: _____ Telephone #: _____ Consent/Release of Information: Yes No

Advanced Directives: (Advance Directives allow you to plan ahead for care in the event that there are times that you are unable to speak for yourself).

Yes No I have a Living Will.

Yes No I would like one.

Yes No I have a Health Care Power of Attorney.

Yes No I would like one.

Yes No I have an Advanced Instruction for Mental Health Treatment.

Yes No I would like one.

Crisis Plan Distribution List (List contact information):

Name: _____ DOB: ____ / ____ / ____ SSN# _____ Record #: _____

Date of Initial Plan: _____

Comments or Concerns on Plan by the person whose plan this is and/or the legally responsible person:

Steps to address concerns:

Signatures

Person Receiving Services:

- I confirm and agree with my involvement in the development of this person-centered plan. My signature means that I agree with the services/supports to be provided.
- I understand that I have the choice of service providers and may change service providers at any time, by contacting the person responsible for my plan.

Signature: _____

Date: ____ / ____ / ____

(Required when person is his/her own legally responsible person)

The following signatures confirm the involvement of individuals in the development of this person-centered plan. All signatures indicate agreement with the services/supports to be provided.

- For state-funded services, if the first signature box on this page is not completed, the signature of the Person Responsible for the Plan in this box constitutes the Service Order. Complete the Annual Review date if this is the Service Order.

Legally Responsible Person Signature: _____

Date: ____ / ____ / ____

(Required, if other than the individual)

Person Responsible for the Plan Signature: _____

Date: ____ / ____ / ____

(Required)

Annual Review of medical necessity and re-ordering of State-funded services is due on or before:

Other Team Member Signature: _____

Date: ____ / ____ / ____

Other Team Member Signature: _____

Date: ____ / ____ / ____

██████████ was seen at Monarch for individual therapy services. She was treated for her diagnoses through the modalities of CBT and mindfulness based therapy.

Thanks,

Rachel Siegel LCSW

Rachel Siegel, LCSW, LCAS-A

Outpatient Clinician
4140 North Cherry St
Winston Salem 27105

336-306-9620 EXT. 2437

What Is Cognitive Behavioral Therapy?

Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications.

It is important to emphasize that advances in CBT have been made on the basis of both research and clinical practice. Indeed, CBT is an approach for which there is ample scientific evidence that the methods that have been developed actually produce change. In this manner, CBT differs from many other forms of psychological treatment.

CBT is based on several core principles, including:

1. Psychological problems are based, in part, on faulty or unhelpful ways of thinking.
2. Psychological problems are based, in part, on learned patterns of unhelpful behavior.
3. People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.

CBT treatment usually involves efforts to change thinking patterns. These strategies might include:

Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality.

Gaining a better understanding of the behavior and motivation of others.

Using problem-solving skills to cope with difficult situations.

Learning to develop a greater sense of confidence in one's own abilities.

CBT treatment also usually involves efforts to change behavioral patterns. These strategies might include:

Facing one's fears instead of avoiding them.

Using role playing to prepare for potentially problematic interactions with others.

Learning to calm one's mind and relax one's body.

Not all CBT will use all of these strategies. Rather, the psychologist and patient/client work together, in a collaborative fashion, to develop an understanding of the problem and to develop a treatment strategy.

CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as "homework" exercises outside of sessions, patients/clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions and behavior.

CBT therapists emphasize what is going on in the person's current life, rather than what has led up to their difficulties. A certain amount of information about one's history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life.

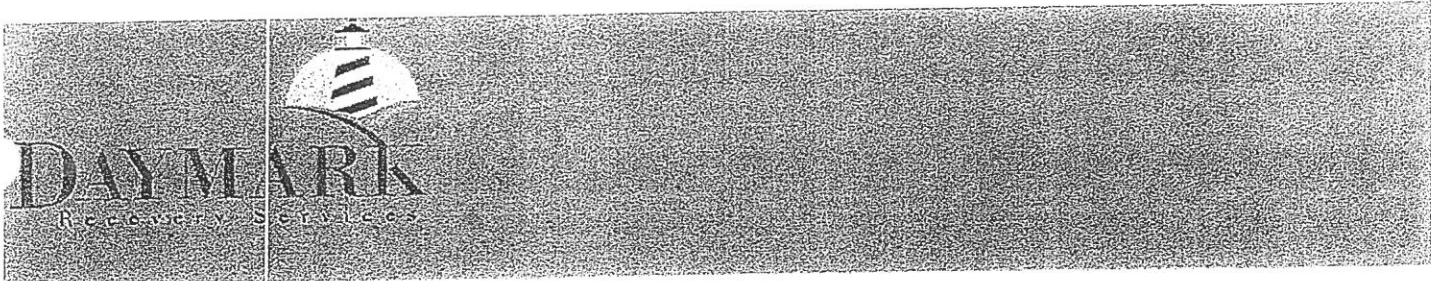
Source: APA Div. 12 (Society of Clinical Psychology)

Download



What is Cognitive Behavioral Therapy? (PDF, 244KB)

Advancing psychology to benefit society and improve people's lives



North Carolina Division of Mental
Health, Developmental Disabilities
and Substance Abuse Services

DAYMARK Recovery Services

Client Name: [REDACTED]

Record Number: [REDACTED]

This referral form is required to start group. If this is a substance abuse treatment group, the NCTOPPS form is also required

GROUP REFERRAL FORM

Date: 2/19/18

Room 211

Group Name Moments Life Coping Skills

The Group meets each Monday at 10:00-11:00
Day of the week Time

Start Date 2/26/18

Group Leader [REDACTED]

Marcia Soper, MS, LPC

2/19/18
Date

Referring Clinician Signature

Clinician: IF THIS GROUP IS A SUBSTANCE ABUSE SERVICE (INCLUDING ANY DUAL DIAGNOSIS GROUP), GIVE CLIENT THE INITIAL NCTOPPS FORM WITH INSTRUCTIONS TO COMPLETE AS MUCH OF THE FORM AS POSSIBLE AND BRING BOTH THE REFERRAL FORM AND NCTOPPS TO THE FIRST GROUP SESSION

Daymark Recovery Services, Inc.

MEDICAID NUMBER:

Date of Birth:

Client:

Record Number:

Crisis Plan: 02/19/2018

Significant event(s) that may create increased stress and trigger the onset of a crisis:

Being bored Being put under pressure

Crisis prevention and early intervention strategies that were effective:

"I like to be by myself" "Talking it out with someone" "I might breakdown and cry if it is too much" "My family keeping in touch with me"

Strategies for crisis response and stabilization:

Call my father - John Hawkins - 252-432-3954 Walking Listening to music Going to the church of my choice Getting plenty of sleep Eating right Relaxing

Describe the systems prevention and intervention back-up protocols to support the individual:

Contact D. Mitchell at Hawley House - 336-721-0733 Call National Suicide Hotline 1-800-273-TALK (8255) AS AN ALTERNATIVE TO GOING TO THE EMERGENCY ROOM, THE FOLLOWING RESOURCES ARE AVAILABLE: 1. Go to Emergency Services at Daymark from 8:00 to 4:00pm. 2. If you have a non-emergency situation and need to speak to a therapist, call Mobile Engagement Team: (1-866-275-9552) 3. Call Old Vineyard after hours if you need to be hospitalized for thoughts of suicide/homicide 336-794-3550. 4. Go to the nearest emergency room or call 911 if immediate emergency medical attention is required.

Specific recommendations for interacting with the person receiving a Crisis Service:

Don't touch me I will hug if I need, let me go first Talk to me calmly, explain what is about to happen Let me talk to Danita or my counselor at Hawley house

CONSUMER:

I confirm and agree with my involvement in the development of this Crisis Plan. My signature means that I agree with the plan.

Signature:

Date:

(Required when person is his/her own legally responsible person)

NATURAL/COMMUNITY SUPPORT:

Name: Relationship to consumer:

Program Manager

Signature:

Date:

NATURAL/COMMUNITY SUPPORT:

Name: Relationship to consumer:

Signature:

Date:

CLINICIAN RESPONSIBLE FOR PLAN:

Signature:

Date:

Daymark Recovery Services, Inc.

MEDICAID NUMBER:

Date of Birth: [REDACTED]

Client: [REDACTED]

Record Number: [REDACTED]

Subject: **Incidents and Injuries**

Policy: Community Alternatives – North Carolina believes all employees are responsible for
Being able to identify, report, review and record information on incidents and injuries
By providing a consistent method of review and analysis of information, we are better
Equipped to prevent further occurrence on incidents of injuries.

Procedure: **Identification of Incident:**
**(from 10A NCAC 27G .0103): “Incident” means any happening which is not consistent
With the routine operation of a facility or service or the routine care of a client and
That is likely to lead to adverse effect upon a client.**

These may include, but not limited to:

- Death
- Abuse
- Neglect
- Exploitation
- Injury
- Communicable disease
- Violence or aggressive acts
- Criminal activity allegedly perpetrated by someone receiving services from Community Alternatives – North Carolina including use of illicit substances
- Person missing more than one hour or as otherwise identified as a threat to safety
- Suicidal behavior
- Fire
- Unauthorized use or possession of licit or illicit substances
- Suspension or Expulsion from services
- Emergency relocation for any reason

Reporting Incidents

- In the event staff observes an incident on Level 1, 2 & 3: the first staff member aware of the incident should notify supervisor or other member of management as necessary
- In the event staff observes an incident on Level 3 involving improper behavior of the Program Director, the first staff member aware of the incident should notify CEO – Christy Respass

Recording Incidents

- Incident Reports are to be completed as soon after the incident occurs as possible, preferably by the person who first witnessed the incident.
- Incident Forms are located in the Incident Report Booklet

Criteria for Determining Level of Response to Incidents

Page 20 – Incident Response and Reporting Manual

- Level 1
- Level 2
- Level 3