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DHSR - Mental Health

JAN 28 2020

Lic. & Cert. Section

January 24, 2020

Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
c/o: Robin Sulfridge & Sonia Eldridge
1800 Umstead Dr., Williams Building
2718 Mail Service Center
Raleigh, NC 27699-2718
Robin.sulfridge@dhhs.nc.gov

Cc: Elizabeth P. Forrest
Assistant Attorney General
N.C. Department of Justice
eforrest@ncdoj.gov

Re: Adventure House's Plan of Correction

Dear Ms. Sulfridge, Eldridge, and Forrest,

Please allow this letter to serve as our Plan of Correction, written in response to the Dec. 13, 2019 letter to Mr. Tommy Gunn, Executive Director of our client, Cleveland Psychosocial Services, Inc. ("Adventure House"). As Ms. Eldridge will recall, we had agreed via phone and email to a deadline of Jan. 24, 2020 to submit Adventure House's Plan of Correction.

General Objections

Adventure House objects to the findings and conclusions in the Division of Health Service Regulation ("DHSR") report generated in connection with the survey completed on Nov. 14, 2019 by Rebecca Hensley ("Report"). All responses below are offered without waiving this objection. Adventure House points the State to years of past surveys completed by the DHSR, including Ms. Hensley's survey completed as recently as August 2019, to support its contention that Adventure House is not violating the DHSR regulations at issue in this matter. *See, e.g.*, N.C. Department of Health and Human Services ("DHHS") letter to Tommy Gunn, dated Aug. 19, 2019 (**Exhibit A**).

Adventure House has appealed the DHSR administrative penalties and suspension of admissions levied against Adventure House. Nothing in this Plan of Correction is an admission of the findings and conclusion in the Report. Adventure House reserves all rights to contest the findings and conclusions in the Report at the administrative hearings on this matter.

1. Type of Deficiency: 10A NCAC 27G .1201 Scope Psychosocial Rehabilitation Facilities for Individuals with Severe and persistent mental Illness (V174)

Correction: See corrections for each of the below cross-referenced sections.

1(a). Type of Deficiency: Competencies of Qualified Professionals and Associate Professionals (V109)

Correction: Adventure House objects to the findings and conclusions in this section of the Report that the unrelated incidents here indicate any failings that are “systemic”—as the Report states. In response to the allegation that four of six employees at Adventure House do not meet competency requirements, the resumes of the four employees are attached as **Exhibit B**. The four employees at issue have over 50 years of experience working with individuals who have persistent mental illnesses. In particular, Mr. Gunn has served as Executive Director for 33 years, is on the Advisory Council for Clubhouse International, which advises on best practices for the Clubhouse Model of psychosocial rehabilitation, a model used in nearly 300 locations across 30 countries.

Adventure House has taken corrective measures to remediate three primary concerns in this section of the Report. In regards to the incident in this section concerning Client 9, a legally incompetent individual who walked off the premises, Adventure House has implemented two corrective measures. First, a new form has been implemented, to be given to all guardians of persons who are legally incompetent. **Exhibit C**. Second, every employee at Adventure House has a list of all legally incompetent individuals who cannot leave the premises, and been notified to call guardians who have requested phone calls in such instances. This policy is attached as **Exhibit D**.

With respect to the October 18, 2019 voicemail and the events concerning Members bringing beer to the clubhouse without it being reported to those Members’ guardians, the Associate Director allegedly responsible in both incidents has since offered her resignation due to health concerns. She is leaving Adventure House in March. Further, Adventure House in fact called the Guardian of the Member who brought beer onto the premises several times, and the Guardian eventually was notified of the incident. Adventure House does not allow illegal drugs on-site, nor does it allow alcohol during normal business hours. Intoxicated persons are asked to leave the premises. The Clubhouse Model requires sobriety in order to collaborate with Members and staff during the “work-ordered day” at Adventure House. *See International Standards for Clubhouse Programs (Exhibit E); see Section 1(d), infra.*

To address general concerns of Member-staff interactions expressed in this section of the Report, Tommy Gunn will retrain all staff on a yearly basis in appropriate interactions and

treatment practices in the Clubhouse Model, which are set forth in **Exhibit E**. The training policy for many years includes a two-week training in Greenville, South Carolina at a Clubhouse training base called Gateway House. There, new hires are immersed in the Clubhouse Model of treatment.¹ The Clubhouse Model has been proven through studies to increase self-reported quality of life by Clubhouse Members.² Thus, all corrections set forth in this plan are tailored to maintain the unique benefits of psychosocial rehabilitation within the Clubhouse Model.

1(b). Type of Deficiency: Assessment and Treatment/Habilitation or Service Plan (V112)

Correction: Subject to and without waiving the General Objections, Adventure House has a new policy that the attached intake form (**Exhibit F**) is completed by staff within 30 days of a new Member entering Adventure House. Staff ensure appropriate referrals where needed based off the intake form, and invite the Member to tailor their individual needs to working within the Clubhouse.

1(c). Type of Deficiency: Client Services (V115)

Correction: Subject to and without waiving the General Objections, The Report refers to the incident of the legally incompetent Member walking off the premises, which is addressed and corrected above in Section 1(a). The Report also refers to an incident where staff allegedly saw a Member stuffing a bag of marijuana down his pants and did not report this to anyone. Adventure House will correct the danger of the alleged non-reporting by requiring Members and staff report suspicions of drugs and alcohol onsite directly to Executive Director, Tommy Gunn. The proposed policy will be reviewed for board approval at the next meeting, currently scheduled for Jan. 27, 2020. See Proposed Policy (**Exhibit G**). Mr. Gunn will meet with the suspected person, and in appropriate circumstances, refer that individual to the appropriate service provider, e.g. substance abuse services. When the safety and welfare of Members are implicated by such a Member, Mr. Gunn will require proof that the person completed the service before coming back to Adventure House. Only in circumstances where the person is imposing a threat to the safety of Members, including the distribution of drugs at Adventure House, will expulsion occur. Current suspension and expulsion policies are further explained below in Section 4.

1(d). Type of Deficiency: Operations (V176)

Correction: Subject to and without waiving the General Objections, Adventure House has updated its policies to reflect current reality that onsite classes are no longer funded. This policy is attached as **Exhibit H**. Adventure House educational services include some of the following: coordination services to ensure Members may take placement tests for ABE/High School Diploma/GED courses offered at Cleveland Community College (“CCC”); coordination of

¹ For more information on Gateway House training, visit <https://gateway-sc.org/training/>.

² “A Systematic Review of Evidence for the Clubhouse Model of Psychosocial Rehabilitation,” Colleen McKay, et al., *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 45, Issue 1, available at : <https://link.springer.com/article/10.1007%2Fs10488-016-0760-3>

transportation to CCC; assistance in financial aid applications; and tutoring subject matter as able.

Under the Clubhouse Model, Adventure House is centered upon core requirements of the “operations” regulation: community living and prevocational services. *See* 10A N.C.A.C. 27G .1203. Members choose to engage in a work-ordered day that involves teamwork, planning, preparation, meal preparation, cleaning, yardwork, and administrative tasks. *See Exhibit E*. Days begin with a house-wide meeting, then work “units” meet to delegate tasks needed to complete the unit’s goal, and finally units meet after the day’s work (e.g. making lunch for forty people, taking attendance) to debrief. In addition, Adventure House offers a Supported Employment Program, and there are currently six Members in the Transitional Employment Program, who are trained by Adventure House staff and work at various businesses throughout Shelby through Adventure House’s partners in the business community. *See Exhibit E* (describing the Supported Employment and Transitional Employment Programs).

2. Type of Deficiency: Scope Medication Requirements (V118 and all cross-references)

Correction: Subject to and without waiving the General Objections, Adventure House has discontinued all medication management services, but at the request of DHHS, has trained and continues to train members on “med minders,” and proper referrals were issued to members who needed further assistance. The memo distributed to all staff reflecting this policy change is attached as **Exhibit I**.

3. Type of Deficiency: Protection from Harm, Abuse, Neglect, Exploitation (V512)

Correction: Subject to and without waiving the General Objections, Adventure House has stricken this never enforced rule that tenants must remain Adventure House Members in good standing to maintain their housing. Indeed, Adventure House has never before attempted to evict any tenant in the apartments at issue, and has no authority to do so. In addition, the management fee referred to in this section is pursuant to a contract between Adventure House (which provides both property services and community-support services to tenants) and Home Living Opportunity (the entity that owns the apartments). These apartments are provided to people with mental illness who can maintain independent living. Thus, Adventure House’s services regarding the apartments at issue are pursuant to the mission of Adventure House as a community support for persons with mental illnesses in Shelby and Cleveland County.

4. Type of Deficiency: Suspension & Expulsion Policy (V502)

Correction: Subject to and without waiving the General Objections, Adventure House has reconvened the Clients’ Rights Committee, which meets quarterly, and has already met twice since the Report. *See* Minutes of Clients’ Rights Committee (**Exhibit J**). Suspension and expulsion are subjects discussed in the Committee, which is made of two staff and three Members. A majority vote is required to uphold or overturn a suspension or expulsion. The considerations for this vote include fundamental fairness and Clubhouse safety.

Please do not hesitate with further questions, concerns, or requests concerning this Plan of Correction.

Very truly yours,

/s/ Elizabeth A. Martineau

/s/ Stephen D. Fuller



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

August 19, 2019

Tommy Gunn, Executive Director
Cleveland Psychological Services, Inc.
924 N. Lafayette Street
Shelby, NC 28150

Re: Annual and Complaint Survey Completed August 13, 2019
Adventure House, 924 N. Lafayette Street, Shelby, NC 28150
MHL#: 023-004
E-mail Address: adventureh@aol.com
Complaint Intake #: NC00154180

Dear Mr. Gunn:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed August 13, 2019.

The complaint was unsubstantiated and did not result in any cited deficiencies.

The annual survey did not result in any cited deficiencies. Enclosed for your review is the State Form, which reflects no cited deficiencies.

If we can be of further assistance, please call Sonia Eldridge, Mountains Team Leader, at (828) 665-9911.

Sincerely,

Rebecca Hensley

Rebecca Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
File

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

EXHIBIT

tabbles®

A

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/13/2019
NAME OF PROVIDER OR SUPPLIER ADVENTURE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 924 N. LAFAYETTE STREET SHELBY, NC 28150			
(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>An annual and complaint survey was completed on August 13, 2019. The complaint was unsubstantiated (intake #NC00154180). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.</p>	V 000	<p>DHSR - Mental Health</p> <p>JAN 28 2020</p> <p>Lic. & Cert. Section</p>		

Division of Health Service Regulation

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

TITLE

(X6) DATE

**TOMMY GUNN, M.S.
EXECUTIVE DIRECTOR**

**ADVENTURE HOUSE
924 NORTH LAFAYETTE STREET
SHELBY, N.C. 28150
(704) 482-3370**

Social Security No.: [REDACTED]
Date of Birth: December 14, 1952

EDUCATION:

- 1977** M.S. degree in Clinical Psychology, Augusta College, Augusta, Georgia.
Emphasis: Clinical Psychology and Community Mental Health.
- 1975** B.S., North Georgia College, Dahlonega, Georgia.
Major: Psychology Minor: Chemistry

LICENSE: Licensed as a Psychological Associate by
The North Carolina State Board of Practicing Psychologist in 1985
License number 1065

Certified as a Health Services Provider by the North Carolina Psychology
Board in December 1994.

EXPERIENCE:

Dec. 1986 - **Executive Director,** Adventure House, Shelby, N.C.
to Present

Planned, developed and implemented a Fountain House Model Clubhouse program in a rural county of North Carolina. Expanded the program to include a wide variety of opportunities for the membership, including the pre-vocational day program, educational services, employment opportunities and residential services. The program was designated as the State Training Center for similar programs in North Carolina by the Division of Mental Health and has been recognized by representatives of Fountain House, New York as being at the very top of the quality programs in the country. Served on the National Faculty for the Clubhouse Expansion Project sponsored by Fountain House, providing consultations to other clubhouses across the country. Selected to serve on the International Center for Clubhouse Development Faculty in 1992, providing Certification Reviews of Clubhouse Model Programs worldwide.



Adventure House is now the largest Clubhouse per population in the world and the largest Clubhouse in North Carolina, with an average daily attendance of 70. The Supported Housing Program of Adventure House includes 33 apartment units. Adventure House employs 13 staff and has an annual budget of one million dollars. Adventure House has received visitors wanting to know more about the Clubhouse Model in a rural setting from 26 states and 7 foreign countries, including Australia, Japan, and Sweden. Adventure House has received the highest certification status from the ICCD for the past 7 years.

Sept. 1984 - Nov. 1986 **Staff Psychologist II**, Cleveland County Mental Health Center,
Adult Outpatient Services, Shelby, N.C.

Provided individual, group and family counseling services; crisis intervention and diagnostic assessments, and "on call" emergency services. Served as Quality Assurance Chairperson. Advocated for the development of a Clubhouse Model program.

Oct. 1982 - Jan. 1984 **Emergency Services/Crisis Intervention Program Coordinator**,
Augusta Area Mental Health/Mental Retardation Center
Augusta, Georgia (A comprehensive center serving a seven county area).

Planned, developed and implemented a 24-hour Emergency and Crisis Intervention Program for the Augusta area. This program was designed to provide: (a) 24-hour emergency and crisis intervention services; (b) Diagnostic assessment services for the Adult Mental Health, Alcohol and Drug, and Child and Adolescent programs; (c) Screening services for all disabilities (an evaluation to explore alternatives to psychiatric hospitalization); (d) Case management services. Provided clinical and administrative supervision to professional, paraprofessional and support staff (physicians, psychiatric nurses, psychologists, social workers). Developed and implemented clinical/administrative policies and procedures. Provided direct clinical services.

Sept. 1980 - Oct. 1982 **Senior Behavior Specialist - Adult Outpatient Program**
Augusta Area Mental Health/Mental Retardation Center,
Augusta, Georgia

Provided individual, group and family counseling services; crisis intervention and diagnostic assessments; clinical and administrative supervision of Intake Diagnostic Teams; served as Acting Adult Mental Health Coordinator for a six month period. Designed, implemented and conducted a secondary prevention program (Pre-therapy Class) for clients, families, and the community.

April 1977 - Behavior Specialist - Adult Outpatient Program

Sept. 1980

August Area Mental Health/Mental Retardation Center,
Augusta, Georgia

Provided individual, group, and family counseling services; crisis intervention and diagnostic assessments; clinical supervision of professional and paraprofessional staff; provided consultation to several area nursing homes; assisted in the implementation of state Quality Assurance Standards.

Clubhouse Model Training and Experience

- | | |
|-----------------|--|
| 1987 | Clubhouse Model Training three weeks training at Gateway House, Greenville, SC. |
| September 1987 | Attended 4 th International Seminar on the Clubhouse Model
Seattle, Washington |
| 1988 | Training in Clubhouse Based Transitional Employment
Gateway House, Greenville, SC |
| 1988 | Clubhouse Training, Fountain House, NY |
| 1989 | Training in Clubhouse Based Supported Housing
Gateway House, Greenville, SC |
| 1989 | Was selected for and attended the first meeting of the
Clubhouse Faculty for the National Clubhouse Expansion
Project |
| September, 1989 | Attended and conducted workshops at 5 th International Seminar
on the Clubhouse Model St. Louis, MO. |
| 1990 | Guest speaker for state Clubhouse Model training, Honolulu,
Hawaii |
| 1990 – Present | Adventure House was selected as the Training site for North
Carolina PSR programs interested in the Clubhouse Model,
Providing Training to 55 Programs across the state. |
| 1989 to 1991 | Provided Clubhouse Consultations to Clubhouses in Virginia, |

	Nebraska, Massachusetts, Hawaii, and Utah.
September 1991	Attended and conducted workshops at 6 th International Seminar on the Clubhouse Model, Greenville, SC
1992-Present	Helped developed and served on the International Standards Review Committee
1991- 2007	Selected for and served on the International Faculty for Clubhouse Development, providing numerous Consultations/Certifications to Clubhouses in the US, Australia, England, Canada and Australia. Provide Certifications to five of the International Training Bases, including the Original Clubhouse, Fountain House, NY
1993- 2017	Attended all but one of the International Seminars, held every two years and conducted workshops on various aspects of the Clubhouse Model at most of them.
2008- Present	Selected to serve on the Advisory Council for Clubhouse International

HOLLI WILSON

914 Old Boiling Springs Road, Shelby, NC 28152 ♦ C: 704-300-1111 ♦ holliw10@yahoo.com

Dear Mr. Gunn,

I am writing to apply for the position of Rehabilitation Specialist with Adventure House. I have been looking for an opportunity to join an organization that is making a real difference, and I feel that this job is the perfect fit for me. I also believe that my educational and professional background, combined with my skill and passion for working with individuals in need, would make me a great asset to your team and your mission.

I have long been passionate about social issues and civil rights, and my background involves working in areas related to advocating for the needs of others that are challenged by mental and physical illness. I have a range of experiences and skills that would help me make a difference at Adventure House, including but not limited to:

- **Communication Skills:** I have a positive, patient/client demeanor that allows me to communicate calmly and effectively with people from all walks of life.
- **Passion For Helping Others:** I am driven to care about the well-being of those I work with to make the community a better place.
- **Organizational Skills:** I am responsible, organized and have extensive experience managing files and paperwork.

These skill sets have been key in the success of the various programs I have worked with.

My drive to contribute to positive social change through the work that I do makes me well-suited to serve as part of the Adventure House team. I would welcome the opportunity to speak with you further about this position, and how my education and work experience will positively impact the functions of the Club House model of Adventure House. Thank you so much for your time. I look forward to hearing from you soon.

Sincerely,



Holli Wilson

HOLLI WILSON

914 Old Boiling Springs Road, Shelby, NC 28152 ♦ C: 704-300-1111 ♦ holliw10@yahoo.com

PROFESSIONAL SUMMARY

Quality-focused qualified professional committed to approaching administrative tasks with tenacity and attention to detail. Seeking a role utilizing my compassion, understanding of medical terminology, scheduling, and community-based resources in order to assist clubhouse members and staff in fulfilling their goals.

SKILLS

- Person-Centered Planning and Person-Centered Thinking
- Excellent communication skills
- Compassionate and Empathetic
- Proficient Multi-tasker
- HIPAA compliant

WORK HISTORY

Legal Assistant, 10/2010 to 11/2014

Teddy, Meekins & Talbert, P.L.L.C. / Cerwin Law Firm – Shelby, NC

- Legal Assistant, 06/2003 to 04/2006 Cerwin Law Firm - Shelby
- Acted as first point of contact for all clients.
- Scheduled appointments and linked clients to community-based resources.
- Managed accounts and records of clients with the highest levels of confidentiality and discretion.
- Produced legal documents such as briefs, pleadings and appeals.

Qualified Professional, 04/2006 to 10/2010

Phoenix Counseling – Shelby, NC

- Supervised outpatient community support team.
- Linked clients with community-based resources.
- Directed family-centered, strengths-based, culturally competent and individualized intakes and assessments.
- Maintained safety requirements for facility, and after hours calls.

EDUCATION

Bachelor of Science: Sports Medicine, 1993

Wingate University - Wingate, NC

Caroline E. Hanley
810 Cleveland Ave.
Grover, NC 28073
(704) 488-5043 or caroline_hanley@yahoo.com

Objective: Seeking a position with Adventure House where I can return to my chosen career field of rehabilitation, working with mental health consumers.

EMPLOYMENT

3/4/13 – Present: Lowe's Home Improvement, Shelby. Working in a seasonal, temporary, part-time position, 20 hours per week. Customer Service in paint, appliances and throughout store.

5/4/09 - 12/17/10: Kings Mountain Hospital, Behavioral Health Unit as an admissions screener. I interviewed and assessed mental health and substance abuse patients in the Emergency Department. Worked 12 hour shifts on weekends plus on-call through the week. Positions were eliminated as of 12/17/10 and I stayed home for two years working on home and yard.

2/1/98 - 11/1/09: State of NC, Vocational Rehabilitation, Gastonia as a senior rehabilitation counselor. I interviewed and evaluated medical records of clients with medical and mental disabilities for the purpose of preparing them to enter the workforce. I determined and purchased services that would facilitate their rehabilitation so that they could become employable. In this capacity I partnered with Piedmont Pioneer House, Gaston Skills and Pathways for supported employment. I took early retirement 11/1/2009 to work with Kings Mountain Hospital.

1999 - 2002: Compleat Rehab and Sports Plus, Gastonia, independent contractor auditing records to ensure coverage by physician's orders and insurance coverage on a part-time basis while working with VR.

7/10/87 to 2/1/98: State of Florida, New Port Richey, various departments. During this time I held positions as a secretary, paralegal, employment counselor and finally as a VR counselor before returning to NC in 1998.

EDUCATION

Bachelor of Arts, University of the State of New York 1991, Triple Majors in Sociology, English and Education.

Master of Science, San Diego State University 2001, Rehabilitation Counseling

Certified Rehabilitation Counselor #00053596, allowed to lapse upon leaving VR

DONNA LYNN W. MILLER

CELL (704)692-6157

Email: dmiller@carolina.rr.com

OBJECTIVE

Service-focused licensed counselor and skilled program manager with a strong commitment to serving the needs of adults within a team environment.

Excel in program and organizational development and planning, with success overcoming challenges of limited resources and financial constraints to design high-quality, cost effective services.

Skilled in building community support and interagency collaborations. Backed by solid credentials (LPC, CCM) and equal strengths in program, personnel, counseling and case management.

PROFESSIONAL EXPERIENCE

Associate Director, Adventure House Community Support Services Cleveland Psychosocial Services, Inc., Shelby, NC

11/03 to present

Developed, implemented and maintained Community Support Services for adults with severe and persistent mental illness using relationships as a path to their recovery and community involvement. Direct daily supervision of 9-12 professional, paraprofessional and support staff to include hiring, training and development. Indirect supervision of PSR staff. Developed and maintained strong community alliances with county/state agencies and psychiatric providers.

Program Contributions:

- Accreditation liaison between AHCSS and Pathways Mental Health
- Budget development and maintenance, developed a billing system for case management & assisted in development of billing system for entire agency, identification of appropriate funding streams to maximize Medicaid and State funding
- Report development & maintenance for Executive Director, Board of Directors and additional reporting bodies
- As a Certified Case Manager and LPC, provide direct case management and counseling services for 35-40 adult clients. Overall responsibility for more than 125 clients.
- Ensure adherence to Federal and State Medicaid requirements, CARF, Medical Records documentation, State endorsement
- Participate in interdisciplinary treatment planning and coordination meeting with variety of professionals, including psychiatrists, primary care physicians, DSS and other service providers, with bottom line responsibility for development and implementation of Person-Centered Plan
- Responsible for the establishment of a 24-hour Emergency Services response team for 125 clients
- Supervision of CSS staff including case managers and support staff to maintain medical records, clinical tracking

Rehabilitation Counselor II, N.C. Division of Vocational Rehabilitation Gastonia Unit Office, Gastonia, NC

2/01 to 11/03

- Counseling for Mental Health, Substance Abuse and prison release populations

Adjunct Faculty, GOAL Program, Gardner-Webb University	8/2000-
-Personality Theories, Intro to Counseling, Personal Assessment & Adjustment, Therapeutic Relationship & Treatment Modalities, Group Dynamics, Ethics, Psychology of Aging	
Mental Health Counselor I, Pathways Mental Health	1/00 to 1/01
-Case Management with adult SPMI population	
St. Marks, Inc/Lifespan	4/98 to 5/99
-Administrative Assistant for Gaston & Mecklenburg CAP Programs	
-Team Facilitator & Trainer; Billing & Billing rectification	
- Medical Records set-up and maintenance	
Gaston-Lincoln Mental Health	3/97 to 4/98
-CAP Trainer for DD adult population	
DLW Tutoring Services	9/95 to 4/97
-Tutoring in reading & math, Learning Disabled population, ages 6-18	
-PSAT/SAT/GRE preparation, ages 16-21	
Director of Respiratory Therapy Dept., Lincoln County Hospital	4//87 to 95
-Budget development & maintenance, Policy & Procedure development,	
- QA/QI Committee & development; Team facilitation	
- Staff & patient education	

EDUCATION

Master of Arts, Agency Counseling, May, 2000, Gardner-Webb University
 21 semester hours undergraduate courses, Gardner-Webb University: Professional Writing & Psychology
 BA Natural Science & Mathematics, Thomas Edison State College, May 1985
 Associates Degree, Applied Science, CPCC, May 1979
 3-week Training in Clubhouse Model @ Fountain House, New York, NY 2006
 1 week Administrative Training at Gateway House, Greenville, NC
 Maintain 40-CEU's for Licensed Professional Counselors, every 2 years from 2001 forward
 On a variety of counseling issues including ethics and supervision

PROFESSIONAL AFFILIATIONS, LICENSES & CERTIFICATIONS

Licensed Professional Counselor, North Carolina, License # 4080, awarded 1/2001
 Certified Case Manager, awarded 12/03
 Registered Respiratory Therapist, 1981

Licensed Professional Counseling Association of North Carolina
 Case Management Society of America

SKILLS

Case Planning and Management

Client Advocacy

Community Relations

Comprehensive Clinical Assessments, Person Centered Planning and Crisis Planning

Program Administration & Policy Development

Licensing, Endorsement, Accreditation & Regulatory Compliance

Staff Development & Supervision

Interagency Partnerships and Service Coordination

Life-skills, Cognitive Behavioral and Supportive Counseling

GOAL Program Instruction & Student Motivation, GWU

Name:

Medicaid #

Record #

DOB

Adventure House
Consent for Services
For Individuals Adjudicated Incompetent

MEMBER NAME: _____

DATE: _____

I hereby request and consent to the above-named individual becoming a Member of Adventure House and to be eligible for all services and supports under the scope of Psychosocial Rehabilitation. I understand that this is a day program for Adults with mental illness and that participation in all activities is voluntary. Members of this program may choose how they utilize the Clubhouse and the activities for which they wish to become involved. Staff will encourage participation, but never attempt to require or force participation. I may withdraw this consent at any time by simply telling any Adventure House staff member, who will document my withdrawal of consent and terminate the Member from the program.

Adventure House is a voluntary program. As such, I understand that the above-named individual may walk away from the facility at any time and that staff may not be aware that the Member has left the premises. If staff does notice the individual leaving, they will encourage him/her to remain in the program, but will make no attempt to physically stop any Member from leaving. If at any time I believe this Consumer (Member) requires more supervision or structure than is available from Adventure House, I will notify you so that this Member can be terminated from the program. Likewise, Adventure House staff will notify me if they believe this Member requires more supervision than they can provide or if this Member's participation is disruptive to the Program or poses a threat to other Members.

I have indicated below if I want to be immediately notified when staff first become aware that this Member has left the Program. By your Consent, you acknowledge that staff may not always be aware that this Member has left the facility.

_____ Yes, please contact me as soon as you become aware that this Member has left the premises.

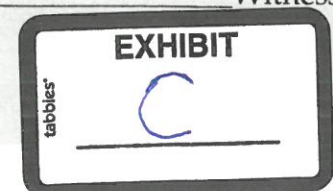
Please call _____ **at phone number** _____.

_____ No, This Member has my permission to leave Adventure House at any time.

_____ Signature of Guardian Date: _____

_____ Print Guardian Name

_____ Signature of Member _____ Witness



Social Security #

Record #

DOB

Adventure House
EMERGENCY MEDICAL RELEASE FORM

In the event of a medical emergency, Adventure House is hereby authorized to obtain emergency medical treatment for:

MEMBER'S NAME
ADDRESS

DATE OF BIRTH
PHONE #

Record #

SOCIAL SECURITY #

In case of an emergency, please contact the following individual(s) on my behalf.

EMERGENCY CONTACT
CONTACT'S ADDRESS

CONTACT'S PHONE

In the event that I require or request medical assistance, treatment may be obtained from any licensed physician and/or the emergency room of any local hospital. The most necessary and expedient care available is authorized. I also authorize all medical personnel to exchange information with any Cleveland Psychosocial Services, Inc. (Adventure House) staff regarding my physical and mental status.

Allergies

Medical Conditions

Guardian/Member's Signature

Friday, December 20, 2019

Date

Cleveland Psychosocial Services, Inc.
Policy and Procedure Manual

Policy Name: Members Declared Incompetent
Section: 1 Business Practices
Sub-Section: D Rights of Persons Served
Policy Number: 1.D.06

Policy:

Adventure House is a voluntary program for adults with mental illness. Members may choose their level of involvement and are free to come and go as they please. Only because the Program is located in a rural community without many choices of Programs and Services, Adventure House will accept individuals who have been adjudicated incompetent provided that the Guardian consents to the limited supervision offered.

Policy Interpretation:

The Executive Director or designee shall be responsible for the interpretation of this policy.

Procedure Authority:

The Executive Director or designee shall establish procedures to fully implement compliance with this policy.

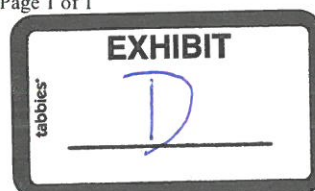
History and Reference: In place by practice since 1987

Procedure:

Guardians of Consumers adjudicated incompetent must sign a Consent for Services, indicating if they wish to be notified if their ward leaves the property. Adventure House is not a locked facility and Members may come and go as they please. Staff may not always be aware if a Member has left the property and no such close supervision is offered. Staff are made aware of Members adjudicated incompetent on admission and provided a list of all such Members.

If a Consumer adjudicated incompetent is observed leaving the Program/Property, staff will encourage him/her to remain in the Program. They will not make any attempt to stop the Member from leaving. If the Guardian has requested, in writing (see Consent Form for Individuals Adjudicated Incompetent), that Adventure House notifies them if their Ward leaves the Property, Staff will notify (call) the Guardian as soon as they become aware that this has occurred and document the incident in a Special Entry Progress Note.

If the Consumer adjudicated incompetent is determined by the Guardian to need more supervision or structure than is available from Adventure House, the Member will be terminated from the Program. Likewise, Adventure House staff will notify the Guardian if they believe the Member requires more supervision than they can provide or if the Member's participation is disruptive to the Program or poses a threat to other Members. It is the Guardian's responsibility to find a more suitable Program or Service for their Ward. Adventure House will



Cleveland Psychosocial Services, Inc.
Policy and Procedure Manual

Policy Name: Members Declared Incompetent

Section: 1 Business Practices

Sub-Section: D Rights of Persons Served

Policy Number: 1.D.06

provide whatever assistance they can to assist the Guardian and provide referral information to the other Program/Service.



Clubhouse International

Creating Community: Changing the World of Mental Health

International Standards for Clubhouse Programs TM

The International Standards for Clubhouse Programs, consensually agreed upon by the worldwide Clubhouse community, define the Clubhouse Model of rehabilitation. The principles expressed in these Standards are at the heart of the Clubhouse community's success in helping people with mental illness to achieve social, financial, educational and vocational goals. The Standards also serve as a "bill of rights" for members and a code of ethics for staff, board and administrators. The Standards insist that a Clubhouse is a place that offers respect and opportunity to its members.

The Standards provide the basis for assessing Clubhouse quality, through the Clubhouse International Accreditation process.

Every two years the worldwide Clubhouse community reviews these Standards, and amends them as deemed necessary. The process is coordinated by the Clubhouse International Standards Review Committee, made up of members and staff of Accredited Clubhouses from around the world.

MEMBERSHIP

1. Membership is voluntary and without time limits.
2. The Clubhouse has control over its acceptance of new members. Membership is open to anyone with a history of mental illness, unless that person poses a significant and current threat to the general safety of the Clubhouse community.
3. Members choose the way they utilize the Clubhouse, and the staff with whom they work. There are no agreements, contracts, schedules, or rules intended to enforce participation of members.
4. All members have equal access to every Clubhouse opportunity with no differentiation based on diagnosis or level of functioning.
5. Members at their choice are involved in the writing of all records reflecting their participation in the Clubhouse. All such records are to be signed by both member and staff.
6. Members have a right to immediate re-entry into the Clubhouse community after any length of absence, unless their return poses a significant and current threat to the Clubhouse community.
7. The Clubhouse provides an effective reach out system to members who are not attending, becoming isolated in the community or hospitalized.

RELATIONSHIPS

8. All Clubhouse meetings are open to both members and staff. There are no formal member only meetings or formal staff only meetings where program decisions and member issues are discussed.
9. Clubhouse staff are sufficient to engage the membership, yet few enough to make carrying out their responsibilities impossible without member involvement.



10. Clubhouse staff have generalist roles. All staff share employment, housing, evening and weekend, holiday and unit responsibilities. Clubhouse staff do not divide their time between Clubhouse and other major work responsibilities that conflict with the unique nature of member/staff relationships.
11. Responsibility for the operation of the Clubhouse lies with the members and staff and ultimately with the Clubhouse director. Central to this responsibility is the engagement of members and staff in all aspects of Clubhouse operation.

SPACE

12. The Clubhouse has its own identity, including its own name, mailing address and telephone number.
13. The Clubhouse is located in its own physical space. It is separate from any mental health center or institutional settings, and is impermeable to other programs. The Clubhouse is designed to facilitate the work-ordered day and at the same time be attractive, adequate in size, and convey a sense of respect and dignity.
14. All Clubhouse space is member and staff accessible. There are no staff only or member only spaces.

WORK-ORDERED DAY

15. The work-ordered day engages members and staff together, side-by-side, in the running of the Clubhouse. The Clubhouse focuses on strengths, talents and abilities; therefore, the work-ordered day must not include medication clinics, day treatment or therapy programs within the Clubhouse.
16. The work done in the Clubhouse is exclusively the work generated by the Clubhouse in the operation and enhancement of the Clubhouse community. No work for outside individuals or agencies, whether for pay or not, is acceptable work in the Clubhouse. Members are not paid for any Clubhouse work, nor are there any artificial reward systems.
17. The Clubhouse is open at least five days a week. The work-ordered day parallels typical working hours.
18. The Clubhouse is organized into one or more work units, each of which has sufficient staff, members and meaningful work to sustain a full and engaging work-ordered day. Unit meetings are held to foster relationships as well as to organize and plan the work of the day.
19. All work in the Clubhouse is designed to help members regain self worth, purpose and confidence; it is not intended to be job specific training.
20. Members have the opportunity to participate in all the work of the Clubhouse, including administration, research, enrollment and orientation, reach out, hiring, training and evaluation of staff, public relations, advocacy and evaluation of Clubhouse effectiveness.

EMPLOYMENT

21. The Clubhouse enables its members to return to paid work through Transitional Employment, Supported Employment and Independent Employment; therefore, the Clubhouse does not provide employment to members through in-house businesses, segregated Clubhouse enterprises or sheltered workshops.

Transitional Employment

22. The Clubhouse offers its own Transitional Employment program, which provides as a right of membership opportunities for members to work on job placements in the labor market. As a defining characteristic of a Clubhouse Transitional Employment program, the Clubhouse guarantees coverage on all placements during member absences. In addition the Transitional Employment program meets the following basic criteria.

- a. The desire to work is the single most important factor determining placement opportunity.
- b. Placement opportunities will continue to be available regardless of the level of success in previous placements.
- c. Members work at the employer's place of business.
- d. Members are paid the prevailing wage rate, but at least minimum wage, directly by the employer.
- e. Transitional Employment placements are drawn from a wide variety of job opportunities.
- f. Transitional Employment placements are part-time and time-limited, generally 15 to 20 hours per week and from six to nine months in duration.
- g. Selection and training of members on Transitional Employment is the responsibility of the Clubhouse, not the employer.
- h. Clubhouse members and staff prepare reports on TE placements for all appropriate agencies dealing with members' benefits.
- i. Transitional Employment placements are managed by Clubhouse staff and members and not by TE specialists.
- j. There are no TE placements within the Clubhouse. Transitional Employment placements at an auspice agency must be off site from the Clubhouse and meet all of the above criteria.

Supported and Independent Employment

- 23. The Clubhouse offers its own Supported and Independent Employment Programs to assist members to secure, sustain, and better their employment. As a defining characteristic of Clubhouse Supported Employment, the Clubhouse maintains a relationship with the working member and the employer. Members and staff in partnership determine the type, frequency and location of desired supports.
- 24. Members who are working independently continue to have available all Clubhouse supports and opportunities as well as participation in evening and weekend programs.

EDUCATION

- 25. The Clubhouse assists members to reach their vocational and educational goals by helping them take advantage of educational opportunities in the community. When the Clubhouse also provides an in-house education program, it significantly utilizes the teaching and tutoring skills of members.

FUNCTIONS OF THE HOUSE

- 26. The Clubhouse is located in an area where access to local transportation can be assured, both in terms of getting to and from the program and accessing TE opportunities. The Clubhouse provides or arranges for effective alternatives whenever access to public transportation is limited.
- 27. Community support services are provided by members and staff of the Clubhouse. Community support activities are centered in the work unit structure of the Clubhouse. They include helping with entitlements, housing and advocacy, promoting healthy lifestyles, as well as assistance in accessing quality medical, psychological, pharmacological and substance abuse services in the community.
- 28. The Clubhouse provides assistance, activities and opportunities designed to help members develop and maintain healthy lifestyles.

29. The Clubhouse is committed to securing a range of choices of safe, decent and affordable housing including independent living opportunities for all members. The Clubhouse has access to opportunities that meet these criteria, or if unavailable, the Clubhouse develops its own housing program. Clubhouse housing programs meet the following basic criteria.
- a. Members and staff manage the program together.
 - b. Members who live there do so by choice.
 - c. Members choose the location of their housing and their roommates.
 - d. Policies and procedures are developed in a manner consistent with the rest of the Clubhouse culture.
 - e. The level of support increases or decreases in response to the changing needs of the member.
 - f. Members and staff actively reach out to help members keep their housing, especially during periods of hospitalization.
30. On a regular basis the Clubhouse conducts an objective evaluation of its effectiveness, including Clubhouse International Accreditation.
31. The Clubhouse director, members, staff and other appropriate persons participate in a comprehensive two or three week training program in the Clubhouse Model at a certified training base.
32. The Clubhouse has recreational and social programs during evenings and on weekends. Holidays are celebrated on the actual day they are observed.

FUNDING, GOVERNANCE AND ADMINISTRATION

33. The Clubhouse has an independent board of directors, or if it is affiliated with a sponsoring agency, has a separate advisory board comprised of individuals uniquely positioned to provide financial, legal, legislative, employment development, consumer and community support and advocacy for the Clubhouse.
34. The Clubhouse develops and maintains its own budget, approved by the board or supported by an advisory board, which provides input and recommendations prior to the beginning of the fiscal year and routinely monitors it during the year.
35. Staff salaries are competitive with comparable positions in the mental health field.
36. The Clubhouse has the support of appropriate mental health authorities and all necessary licenses and accreditations. The Clubhouse collaborates with people and organizations that can increase its effectiveness in the broader community.
37. The Clubhouse holds open forums and has procedures which enable members and staff to actively participate in decision making, generally by consensus, regarding governance, policy making, and the future direction and development of the Clubhouse.

Clubhouse International

747 Third Avenue – 2nd Floor
New York, New York 10017
USA
Telephone: 212 582 0343
Web: www.clubhouse-intl.org

October 1989 ©
Revised as of December 2018

Client's Name: _____

Record Number: _____

Address _____ Social Sec. # _____ Date of Birth _____
Phone # _____ Race _____ Sex _____
Medicaid# _____ Education _____ Guardian Yes No

Emergency Contact/Gaurdian Name, Address and Ph. # _____

Medical Dr Name _____ Ph _____

Psych Dr Name _____ Ph _____

Therapist Name _____ Ph _____

Current Diagnosis

	Diagnostic Code	DSM Description
PRIMARY		
SECONDARY		
MEDICAL		
PSYCHOSOCIAL		

Present condition of client reported in objective behavioral terms:

Reason for referral:

Statement of need:

Psychosocial Rehabilitation is medically necessary for the above-named client. Screening, case consultation and evaluation are to be delivered under standing orders in accordance with Adventure House Program Policy.

Date Service Ordered

Doctor's Signature

*****Attention Referral Source:**

This form serves as a referral form and service order. When submitting this referral/service order, please include a copy of the treatment plan. It should reflect psychosocial program as a client goal. Forms may be submitted in person, by mail @ 924 N. Lafayette St. Shelby NC 28150 or fax @ 704-482-3383.

Date of Referral

Referral Source Signature

Referral Source Agency Name _____

Address _____

Phone # _____

Adventure House Use Only

☐ Approved Date of Approval _____ Comment _____

☐ Denied Reason for denial _____

Adventure House
924 N. Lafayette St.
Shelby, NC 28150

Social Security #

Record #

DOB
North Carolina Division of MH,DD,SAS

Client's Name:

Record Number:

Date: 12/18/2019

Referral Source:

I. Present Condition of Client Reported in Objective, Behavioral Terms

Additional Comments

II. Reason for Referral

Additional Comments

DSM Code DSM Description

PRIMARY

SECONDARY

MEDICAL

PSYCHSOCIAL

Guardian Y N

Education

Income

Current Housing

Current Employment

Interest in Employment ? ☐

Transportation

Signature

QMHP Signature

Social Security #

Record #

DOB

Adventure House
924 N Lafayette St
Shelby NC 28150

NC DIVISION OF MH,DD SA SERVICES

Client's Name:	Record Number:	Date: 12/18/2019
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Supports/Strengths

Date			Date		
12/18/201	Cooperative	Y N	12/18/2019	Alert and Oriented	Y N
12/18/201	Appears to be interested in the day program	Y N	12/18/2019	Family Supports	Y N
12/18/201	Connected with MH Service Provider	Y N	12/18/2019	Other...	

Preferences

Date			Date		
12/18/201	Increase social opportunities	Y N	12/18/2019	Employment	Y N
12/18/201	More money	Y N	12/18/2019	Continue Education	Y N
12/18/201	Have things to do	Y N	12/18/2019	Transportation	Y N

Problem(s)/Need(s)

Date			Date		
12/18/201	Poor self confidence	Y N	12/18/201	Needs meaningful activities	Y N
12/18/201	Poor concentration	Y N	12/18/201	Needs social support	Y N

GOAL	Daily Living	SERVICE(S) INTERVENTION(S) (Including frequency)	RESPONSIBLE PERSON
	<p>Begin to attend regularly and participate in unit activities in order to develop/sustain confidence, stamina and work related skills.</p> <p>Participate in unit activities 3-5 times per week.</p>	<p>Psychosocial Rehab. Day Program 5 times per week.</p> <p>Encourage attendance and participation in unit activities. Assist with finding activities where there may be interest. Provide one-on-one assistance. Supervise and provide direction in order to complete tasks. Provide feedback regarding interactions with peers. Break tasks down in order to remove confidence barriers. Help keep goals in sight and assist with plans of how to begin to meet those goals.</p>	Psychosocial Rehab. Staff
GOAL	Social	SERVICE(S) INTERVENTION(S) (Including frequency)	RESPONSIBLE PERSON
	<p>Begin to attend social program activities and participate in group activities in order to develop social skills and a social support network.</p>	<p>Psychosocial Rehab. Day Program 5 times per week.</p> <p>Encourage attendance and participation in social program activities. Arrange for participation in group activities in order to practice and develop social skills. Provide feedback regarding interactions with others. Provide guidance and suggestions on how to better get along or interact with others more appropriately.</p>	Psychosocial Rehab. Staff

Adventure House
924 N Lafayette St
Shelby NC 28150

NC DIVISION OF MH,DD SA SERVICES

Client's Name:		Record Number:	Date: 12/18/2019
GOAL Interpersonal	SERVICE(S) INTERVENTION(S) (Including frequency)		RESPONSIBLE PERSON
Initiate conversations with staff and peers in a mutually respectful manner. Begin to develop relationships with staff and peers to determine individualized goals	Psychosocial Rehab. Day Program 5 times per week. Initiate conversations. Encourage group participation. Provide feedback regarding conversations. Prompt mutually respectful interactions with others. Provide several opportunities daily to practice and develop effective		Psychosocial Rehab. Staff
GOAL Personal Care	SERVICE(S) INTERVENTION(S) (Including frequency)		RESPONSIBLE PERSON
Maintain personal appearance as evidenced by looking clean and neat each day. Maintain at least the current level of independence demonstrating a desire to depend on others less	Psychosocial Rehab. Day Program 5 times per week. Provide an opportunity for personal care goals to be evaluated, with some feedback from staff. Assist with developing new/additional goals if desired or needed.		Psychosocial Rehab. Staff
GOAL Educational	SERVICE(S) INTERVENTION(S) (Including frequency)		RESPONSIBLE PERSON
Evaluate educational status and determine need.	Psychosocial Rehab. Day Program 5 times per week. Provide an opportunity for educational goals to be evaluated, with some feedback from staff. Assist with developing new/additional goals if desired or needed and examine options.		Psychosocial Rehab. Staff
GOAL Supervised Living	SERVICE(S) INTERVENTION(S) (Including frequency)		RESPONSIBLE PERSON
Evaluate current residential status and determine need.	Psychosocial Rehab. Day Program 5 times per week. Provide an opportunity for educational goals to be evaluated, with some feedback from staff. Assist with developing new/additional goals if desired or needed and examine options.		Psychosocial Rehab. Staff

DOB

Adventure House 1-20-05
Adventure House
924 N Lafayette St
Shelby NC 28150

60 Day Admission ISP

NC DIVISION OF MH,DD SA SERVICES

Client's Name:

Record Number:

Date: 12/18/2019

Staff and Client/Legally Responsible Person sign below when ever the plan is implemented/reviewed/revised.

[illegible]

Cleveland Psychosocial Services, Inc.
Policy and Procedure Manual

Proposed Policy

Policy:

This policy addresses the issues of alcohol and illegal drugs at Adventure House.

Policy Interpretation:

The Executive Director or designee shall be responsible for the interpretation of this policy.

Procedure Authority:

The Executive Director or designee shall establish procedures to fully implement compliance with this policy.

Procedure:

1. Any illegal drugs brought onto the property of Adventure House shall be reported to the Executive Director.
2. Any alcohol brought onto the Adventure House property during normal business hours shall be reported to the Executive Director.
3. The Executive Director will take appropriate corrective action to reports of any violation of the rules prohibiting alcohol and illegal drugs. The corrective action shall address the immediate need to remove the prohibited substance from the property, and also address the long-term measures needed concerning the responsible parties.
 - a. First, the Executive Director shall act as necessary to ensure the drug or alcohol is removed from the property. These actions include demanding the responsible parties leave the property at that time.
 - b. Second, the Executive Director shall determine if further corrective action is required concerning the responsible parties. Such corrective actions include a suspension of Admissions to the responsible parties until they complete an appropriate substance use service.
 - c. All remedial actions are subject to considerations such as reliability of the allegations, psychiatric and social history of the responsible parties (e.g., a diagnosed substance use disorder), whether there are repeat offenses by the responsible parties, and the safety and welfare of all Members.
4. Any suspensions or expulsions under this Policy shall be subsequently reviewed by the Clients' Rights Committee, and can be overturned under the rules of the Clients' Rights Committee.



Cleveland Psychosocial Services, Inc.
Policy and Procedure Manual

Policy Name: Clubhouse Educational Supports
Section: 3: Programs
Sub-Section: A: Clubhouse
Policy Number: 3.A.10

Policy:

Adult Basic Education and High School Diploma classes will be provided to Members of Adventure House through the Continuing Education Department of Cleveland Community College.

Other supports for Members wishing to further their education will be provided on an individual basis as resources permit.

Policy Interpretation:

The Executive Director or designee shall be responsible for the interpretation of this policy.

Procedure Authority:

The Executive Director or designee shall establish procedures to fully implement compliance with this policy.

History and Reference:

Existing policy established in 1986 regarding Adult Basic Education and High School Diploma classes offered by Cleveland Community College. Reformatted and assigned a new number. Reference: ICCD Standards

Procedure:

1. The Member Services Unit staff are responsible for arranging for Members interested in ABE/High School Diploma/GED classes offered at Cleveland Community College to take the required Placement Test at the College. Adventure House will arrange for those Members to attend the classes, providing transportation to the classes and accompanying Members if needed to get them started. Member Services Unit will then teach the Members how to utilize the REACH van, a free transportation service that runs a van from one block of the Clubhouse to the Community College. Carpooling will also be coordinated when appropriate.
2. Members and Staff of the Member Services Unit shall keep up to date materials on Educational offering in the community, including access to the website of places like Cleveland Community College, who no longer publishes materials.
3. Member Services Unit will assist Members with financial aid applications, and tutoring, utilizing the teaching and tutoring skills of other Members.





Effective December 1, 2019 Adventure House Community Support Services will cease any form of medication management for its Members to include the following:

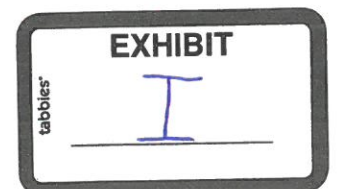
No medications will be housed in the office location at 809 N Lafayette St, Suite D, Shelby, NC

Medications will neither be called in for refills for consumers nor picked up for consumers.

Members previously being assisted with med management have been trained to complete their own med minders and have been observed doing the same since November 18.

Medical Practitioners have been advised of this change in policy.

Medication Management Policies and extensive procedures have been removed from the CPSI Policy and Procedure Manual.



CLEVELAND PSYCHOSOCIAL SERVICES, INC.

924 N. Lafayette Street, Shelby, North Carolina 28150 Telephone 704-482-3370

"a clubhouse model rehabilitation program"

Client Rights Committee

December 13, 2019

The Client Rights Committee of Adventure House met on Dec. 13, 2019. The Client Rights Committee meets at least four times or once every quarter. If a member of the clubhouse gets expelled from the clubhouse the committee will review the incident reports to and make sure their rights aren't violated. The only way to get dismissed from the program is by suspension and expunge. Members and staff discussed some of the concerns of the member who recently filed a compliant with DHSR.

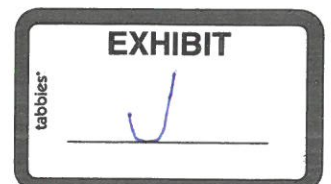
1. The first count was the member was constantly threatening staff that he would call Raleigh about his compliant.
2. He went off on a member who was cooking hamburger with no glove- he went around the clubhouse telling others not to purchase the hamburgers
3. He stated two staff were having inappropriate interactions with each other. And then he goes to face book and makes inappropriate post about staff and the clubhouse.
4. Member was confronted by staff when he came back and stated he was ok. He stated he should not have said all the things he said it was just his "Bipolar disorder".
5. Another incident happened weeks later when a car came in the wrong way of the drive way and 3 guys and a lady member went outside to car. One guy had stuffed a bag of something in his pants. He complaints that they illegally search him but other members have guardian.
6. Stated he did not want to be here and it was his choice to stop
7. Another Member gets threatening text from him that he would put him in the hospital.
8. On Wed. He came back to clubhouse and staff were concerned about how angry he gets. He called Raleigh and Donna Miller complaining.
9. He has disrupted the program at least 3 times and has been expelled.

The incident was reviewed and the committee determined that the member's rights were not violated by releasing him from the program since he was a threat to others and interfered with their rehabilitation. As a result after he filed compliant DHSR ladies came and spent 7 or 8 days here reviewing records and interviewing members and staff. Members and staff were so upset with all the questioning from the ladies that the director closed the program for the day.

Since they interviewed several members and staff, Were their rights violated? We interviewed one staff person and we will interview others member and staff that were interviewed by the ladies from DHSR. It was determined that the policies and procedures were followed.

The meeting was adjourned.

Beverly Dawkins 12/13/2019



Client Rights Committee

December 19, 2019

The purpose of the called meeting is to interview members and staff who were interviewed with DHSR to determine if any client rights were violated. Each member and staff will be told the purpose of the interview with the committee and will be asked the following questions. Each person will interviewed individually and their responses will be recorded.

1. Did they introduce themselves and tell you what agency they were from? Did they show you an ID?
2. What the reason they gave for wanting to talk to you/
3. Did they explain to you that you did not have to talk with them?
4. Did they tell you how your answers were going to be used?
5. Did they offer any confidentiality for your meeting with them?
6. Did you feel free not to answer their questions?
7. Are you comfortable telling us what were some of their questions were?
8. Did they repeat the same questions more than twice?
9. How do you feel about your meeting with the Reviewers?
10. How did you feel when the meeting was over?
11. Do you believe they were trying to be helpful or harmful to Adventure House?

The Committee will began interviewing members and staff who were interviewed by DHSR when this meeting is adjourned.

The meeting is adjourned.

The next meeting is scheduled for Jan.2, 2020.

Beverly Hawkins

January 2, 2020

Client Rights Committee Meeting

The Client Rights Committee reviewed the results of the staff and members interviewed conducted over the last few weeks and believes that the client rights were violated by DHSR personnel. A total of nine members were interviewed and ten staff were interviewed. The results are as follows:

Seven out of nine members were not given a reason for having to be interviewed by the DHSR Personnel. The DHSR personnel did not offer any confidentiality for meeting with them. Six out of nine members felt they had to answer all questions. Six out of nine members felt the questions were repeated more than once. One member became really agitated when asked several times if she gets enough to eat here at the Clubhouse. Five out of nine members reports being confused and felt their time was wasted with answering unnecessary questions. More than half of the members interviewed felt the DHSR personnel were intentionally trying to be harmful to Adventure House.

Ten of Ten Staff reports the DHSR personnel showed no Identification. Ten of Ten staff reports they did not offer any confidentiality. Eight out of ten staff felt they were very aggressive and pushy. Seven out of ten staff felt the same questions were repeated more than twice. All staff felt confused and were upset and felt the DHSR personnel were trying to intentionally harm Adventure House.

After discussion the Committee will forward this information on to our Director Tommy Gunn to assist us with this matter.

The meeting was adjourned. Our next meeting is scheduled for January 27, 2020.

A handwritten signature in cursive script, reading "Beverly Dawkins". The signature is written in dark ink and is positioned at the bottom left of the page.