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**Welcome to Housley and Associates! We are pleased you chose our agency to provide your substance abuse and mental health needs. This handbook serves as your guide to our basic philosophies about mental health treatment and information to assist you during your time in services at our agency. If ever there are questions, we are here to answer them.**

**Mission Statement, Vision, Philosophy and Core Value**

The **MISSION** of Housley and Associates is to:

- Provide substance abuse and mental health services to clients via therapy, education and collateral support;
- Provide a safe and humane treatment environment for staff and clients;
- Provide information on community programming and resources to strengthen the family and/or support structures;
- Provide information to reinforce individuals/family work ethics;
- Provide support, continuity of care and access to professionals and support staff;
- and
- Assist clients to transition maladaptive behaviors and unhealthy coping mechanisms/skills to normative conduct.

The **VISION** of The Housley and Associates is to be an honorable and professional organization through ethical and innovative leadership at all levels. The focus of treatment is on the substance abuse, mental health and behavioral issues, service provision in varied settings and the stability of the home life. Our aim is through the delivery of superior services. We will assist in the transition and return of productive people to the community.

Housley and Associates has a person-centered **PHILOSOPHY** manifested by the leadership personnel and administrative staff in the development and delivery of services, approaches and interventions. The philosophy of Housley and Associates acknowledges the persons served as being the authority of their life. Mental health staff acts in the role of facilitator/advocate/support.

**Core Value:** We believe that services shall be sensitive and applicable to the needs of the population served. We uphold ethical standards and integrity. We believe that services should protect the rights of the individual and advocate for the client's needs. We believe in strengthening support and family structures.

**Location:** Housley and Associates is located at 4210 Frontage Road, Fayetteville, Arkansas. It is located on the Ozark Transit bus route, situated close to a number of community resources enabling the client population easy access to neighboring venues. Housley and Associates prides itself on coordinating care with other community agencies necessary to maximize treatment benefit. Referrals for clients to participate in the program are often made by the individual, parents/legal guardians (if applicable), Department of Human Services, local schools, courts, and other agencies.

**Hours of Operation:** Housley and Associates hours of operation are from 8:00 am to 5:00 pm on Monday through Friday.

**After-Hour Services/Crises:** Housley and Associates provides the 24-hour emergency telephone number to all clients within the Client Rights and Contact Information Form. Your counselor will provide you with a 24-hour emergency phone number. There is direct access to a counselor within fifteen (15) minutes of an emergency/crisis call and face-to-face crisis assessment within two (2) hours.

### **General Overview of Orientation**

Each client and parent/legal guardian (if applicable) receives orientation at intake. The orientation is via verbal (intake process). Orientation information should be easily understandable to you and parent/legal guardian (if applicable). Information can be read, translated, provided in writing to the client and parent/legal guardian (if applicable) at your request.

## Client Rights and Responsibilities

**Client Rights:** All clients are entitled to the rights granted to them by State and Federal law. All minor clients are afforded the rights given a minor in the State of Arkansas as outlined in the Arkansas Juvenile Code, unless otherwise specified by a court order. It is Housley and Associates policy to support and protect fundamental human, civil, constitutional, and statutory rights of each client by means of advocacy, education, representation, weekly and quarterly case reviews. Housley and Associates will maintain client rights as noted in the Client Rights form signed by the client and/or by the client's parent/legal guardian (if applicable). Client rights include, but are not limited to the following:

Each client has impartial access to treatment, regardless of race, religion, sex, ethnicity, age, sexual orientation, or handicap, in compliance with the 1964 Civil Rights Act and its addendum.

Each client's personal dignity is recognized and respected in the provision of all care and treatment.

Each client receives individualized treatment, which includes at least the following provision of:

- A. The provision of adequate and humane services, regardless of the source(s) of financial support;
- B. The provision of services within the least restrictive environment possible;
- C. The provision of an individualized treatment plan;
- D. The periodic review of the client's treatment plan;
- E. The active participation of client's and their responsible parents, relatives, or custodians in planning for treatment;
- F. The provision of an adequate number of competent, qualified, and experienced professional clinical staff to supervise and implement the treatment plan as defined by the governing standards of the organization;
- G. The provision for an interpreter or translation for those clients and/or family members who primary language is other than English is available. The personnel are available on a needed basis. A list of resources identifying language interpreters is maintained in the office; and
- H. The provision of educational materials and aids for the visually impaired as needed.

Each client is informed of his/her rights in a language the client understands and is meaningful; when a client is oriented, the rights and responsibilities of the client

and client's parent/legal guardian are explained to them prior to the beginning of services.

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Each client receives a written statement of client rights, and a copy is posted in various areas of the facility or service areas so that rights can be reviewed at all times. Informed consent is obtained from each client and his or her parent/legal guardian whenever necessary.

In accordance with the requirement of any applicable laws, regulations, or other standards, the client and their parent/legal guardian are provided with written consent(s) or authorization (s). The client and parent/legal guardian sign the required documents. The staff member who described the program and its expectations also signs each document .

The rights of clients are protected and respected during research, experimentation or clinical trials.

Before requesting their consent for participation, all clients, and if applicable, their parent/legal guardian asked to participate in a research project are given full explanation of the following: the benefits to be expected the potential discomforts and risks alternative services that might benefit them the procedures to be followed; and

their right to refuse to participate in any research project without compromising their access to the agency's services.

Authorization forms address all the information specified above and address the participant's right to privacy, confidentiality, right to revoke the authorization in writing and reference to agency privacy policy and safety. In addition, the form indicates name of the person who supplied the prospective participant with the information, who is authorized to disclose the information, who is authorized to receive the information, and the date the form was signed by the individual or their representative. The authorization will expire at the end of the research study.

Upon completion of the research procedures, the principal investigator attempts to alleviate, to the extent possible, any confusion, misinformation, stress, physical discomfort, or other harmful consequences that may be arisen with respect to the participants of the procedures.

The maintenance of confidentiality of communications between clients and staff and of all information in client records is the responsibility of all staff. The agency provides continuing in-service training for all staff and specific orientation for all new personnel in the principles of confidentiality and privacy (e.g., HIPAA).

The client and parent/legal guardian are informed and have access to other human service agency contacts, self-help groups, advocacy groups, and legal representation as appropriate.

The client shall not be denied due process of law.

Clients have the right to have treatment free from abuse (physical, sexual, emotional, etc.), financial or other exploitation, retaliation, humiliation, and neglect. Clients will have access to information pertinent to their case served in sufficient time to facilitate his or her decision-making.

The Client Rights and Contact Information Form is reviewed annually for clients that have received services for longer than one year.

Clients have the right to investigation and resolution of alleged infringement of rights.

Clients have the right to terminate services at any time during treatment. Client must be aware that if services are court ordered, then appropriate court personnel will be notified.

Clients have other legal rights as outlined by state, federal, and local laws

## **Client Confidentiality**

Housley and Associates has written policies and procedures for the protection of your privacy.

### **HIPAA Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully. This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that is related to your past, present or future physical or mental health or condition and related health care services.

### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your therapist and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the therapist's practice as necessary, and any other use required by law.

Treatment: We will use and disclose your protected health information as necessary to provide, coordinate, or manage your health care and related services. This includes the coordination of management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you; or your protected health information may be provided to a physician to whom you have referred to insure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay or a higher level of treatment may require that your relevant protected health information be disclosed to the health plan to obtain approval for admission.

Healthcare Operations: We may use and disclose, as needed, your protected health information to support the business activities of your therapist's practice. These activities include,

To protect your privacy, visitors will not be allowed.

Housley and Associates has written procedures for responding to requests for confidential client information when presented with telephone inquiries; written inquiries; subpoenas; court orders; search warrants; arrest warrants and for reporting child abuse.

In a life threatening situation or where an individual's condition or situation precludes the possibility of obtaining written consent, the program does allow for the release of pertinent medical information to the medical personnel responsible for the individual's care without a client or applications authorization and with the authorization of the Chief Executive Officer or his or her designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual

In the event information has been released with the individuals authorization, this will be entered into the individual records with details pertaining to the transaction including the date, information released, reason the information was released and the nature and details of the information given. And client will be informed of this as soon as possible after the incident.



## **Services and Programs**

### **Services:**

A variety of services will be provided by the agency to meet the needs of the community and our clients. We work to be flexible in our accommodations and service provision.

### **Individual Counseling**

Licensed Master's level therapist will provide individual counseling to address individual substance abuse issues. We also address dual diagnoses to include but limited to depression, anxiety and bipolar disorders that can exist along with substance abuse.

### **Group Counseling**

We will provide education and therapy groups for individuals who have issues with addictions. We will work to also provide groups for family members as well to assist them in their interactions with the one struggling with addiction.

### **Family Counseling**

Our Licensed Master level therapists will provide family counseling to address issues that exist in families involved with addiction. We will use a systems approach to provide support and insight to meet the needs of the whole family.

### **DWI/DUI/MIP Offender Group**

We will provide educational groups for those who have alcohol/drug related charges and are court involved. . Level 1 classes and underage classes are typically a minimum of 12 hours in length with 3 four hour sessions. Level 2 classes are typically 16 hours in length with a total of 4 sessions.

**Intensive Outpatient Program (IOP)**

An intensive outpatient program will be provided for those needing more intensive treatment to support their sobriety. This will include individual, group and family counseling as well as educational groups.

## **ENTRY/DISCHARGE/TRANSITION PLANNING**

**Program Entry:** Prior to providing treatment, an intake evaluation must be performed for each individual being considered for entry into programs. The evaluation is a written assessment of the individual's mental condition and diagnosis, which determines whether treatment what services are necessary and/or need and if higher levels of intervention should ensue. All intake evaluations are completed by a Licensed Master's level therapist qualified in the diagnosis and treatment of substance abuse and mental illness. For each individual served, the treatment team must certify that the program is appropriate to meet the individual's needs. Certification of services is in the record within 14 calendar days of entering treatment.

**Discharge:** At the time of discharge/transition, the Master Treatment Plan and a discharge summary is generated. Referral, social history, and diagnostic review of the Master Treatment Plan's problems list; goals; objectives and methods; and outcomes are reviewed through the course of treatment and documented in the Discharge/Transition Summary.

If appropriate, this information may be forwarded to the next treatment provider. The primary MHP will include the follow information in the written discharge/transition plan:

- A. Date of admission

- B. Description of services

- C. Presenting problems requiring treatment

- D. Progress on goals and objectives

- E. Reasons for discharge

- F. Recommendations for termination/continuation of services

- G. Identification of last contact

- H. Date of discharge from program

**Transition:** Transition services plans are part of the client's aftercare planning. The primary therapist with the client and/or parent/legal guardian's, family (if applicable) consent, arranges an initial appointment, and/or executes a referral letter/form. Within 30 days, follow-up by identified personnel will occur to make sure services are being continued. Referral source will be listed in discharge plan with contact name, telephone number, days of operation, and business hours.

## **Program Rules**

Clients are required to follow all directions given by clinical staff.

Client will need to stay in designated areas that are specific to the situation at all times.

Clients may not leave an area without a staff member's permission.

Fighting or horseplay (hitting, biting, pushing, shoving, or striking down another child) will not be allowed.

Inappropriate language is unacceptable.

Client will not mistreat staff or others.

Clients will show respect to others and other's belongings.

Vandalism will not be tolerated.

Littering will not be allowed.

The use of tobacco or tobacco products is prohibited.

Weapons of any kind are prohibited.

Electronic devices are discouraged.

All forms for registration, services, and appointments require completion and signature(s) by the client and/or parent or legal guardian (if applicable).

Clients and/or parent/legal guardians (if applicable) must make every effort to be involved in treatment and keep all appointments with clinical staff.

Clients and/or parent/legal guardians will inform staff of any update information as necessary.

Clients and/or parent/legal guardians will be aware that the following actions may result in immediate termination from Housley and Associates services: repeated drinking or non-prescribed drug use, violence or threats of violence, destruction of property, and continued failure to attend scheduled appointments

Clients and/or parent/legal guardians will be aware that the following actions will result in immediate intervention: drinking/other drug use with special circumstances, noncompliance with home-work assignments, repeated tardiness, inappropriate attire, romantic/sexual involvement with another client, repeated noncompliance with appointments.

**Violation of Program Rules:** Violation of Housley and Associates program rules may result in termination from the program. Below, is a description of events, category of offense and processes used to determine if termination, recommendation to higher levels of care, or acute services are needed. Categories of behavioral issues are delineated below with corresponding actions and responsibilities:

A. Behaviors which may result in termination from the program include, but are not limited to:

1. Repeated drinking or other non-prescribed drug use
2. Violence or threats of violence
3. Destruction of property
4. Continued failure to attend scheduled appointments

B. A decision to terminate services is via the treatment team, CEO, and Clinical Director. All efforts to locate an appropriate treatment environment and a referral made if possible. There is documentation of all relevant information in the client record.

C. Offenses: Offenses requiring immediate intervention, but generally not resulting in termination include:

Drinking or other drug use with special circumstances present (new in treatment, self-reported, etc.).

Non-compliance with homework assignments.

Repeated tardiness.

Inappropriate attire

Romantic/sexual involvement with another client.

Repeated non-compliance with appointments.

D. Decisions regarding behavioral intervention will consider the following and similar factors:

1. Nature of the offense
2. Length of time in treatment
3. Previous offenses
4. Attitude toward treatment
5. Toxicity/mental status
6. Clinical relevance of the behavior in question
7. Effect on other clients
8. Staff attitude and involvement (or lack thereof)
9. Organizational factors

**Fees:**

Individual Sessions per hour	\$175.00
Group Counseling per hour	60.00
Family Counseling per hour	175.00

Clients who are qualified may be seen on a sliding scale fee. There will be no medical costs incurred.

**Appointments:** Appointments with staff are very important. Clients must make every effort to attend scheduled appointments. If you cannot come to a scheduled appointment, please call the office 24 hours before time of the appointment to reschedule. There is documentation of all missed appointments in the client record. If there are missed appointments, the following process will be followed for discharge.

A. If the client misses a professional appointment without notifying the office to reschedule within 7 days, your counselor will attempt to make telephone contact after the missed appointment. If no response is received after the telephone contact, then a letter will be sent to the client within 14 calendar days of the missed appointment. This process will be repeated twice in the 90 day period prior to discharge.

B. No later than the 90th day, if there is no response to the follow up contact attempts then a letter will be sent explaining the reason for discharge and referral to other mental health providers in the area. The letter will also advise that mental health services are available anytime in the future upon request based on continuing need. The Primary Care Physician (if applicable) will be forwarded a copy of the discharge letter.

C. If a client is high risk clinically and discharge cannot be agreed upon, then this case will be referred to the Quality Assurance Committee for review. The committee's decision must be documented in the client's medical records and in the minutes.

D. If a client returns following a discharge for dropping out of services, but prior to the expiration of the Psychiatric Diagnostic Assessment, then the client may resume treatment and be readmitted with a Mental Health Professional Intervention and/or Pharmacologic Management and a Period Review of the Treatment Plan occurring within 14 days of reentering care. All treatment planning timelines will resume.

**Transportation:** Housley and Associates does not provide transportation to and from appointments. We are located on the Ozark Regional Transit bus route. We will assist you with assessing this bus route by providing you with detailed maps and times of pick up.

## **Health and Safety**

**Emergency Preparedness:** In the event that a disaster takes place at Housley and Associates, it is important that clients and personnel evacuate from the threat area according to an orderly prearranged process. Calmness and deliberate adherence to prearranged procedures can help avoid a panic situation. Clients should follow the procedures as outline in the Crisis Plan (e.g., fire, tornado, medical emergency, bomb threat, work place violence) which is located in each office. All clients receive orientation upon program admission to crisis plans, emergency exits, shelter, fire suppression equipment, and first aid kits.

**Weapons:** Weapons are prohibited. The following procedures for handling weapons brought onto Housley and Associates premises:

The appropriate authorities (i.e., law enforcement) will receive notification. Request that law enforcement dispose of weapon.

In the event, a weapon is found on Housley and Associates property the law enforcement will be notified and if authorities do not come onsite, a confiscation form is completed and the weapon transported to law enforcement agency.

**Tobacco and Tobacco Products:** Housley and Associates is a tobacco free environment.

Employees, visitors, and clients are prohibited from smoking or using tobacco products inside any building facility.

Tobacco products are not allowed in client areas.

This policy applies equally to all employees, visitors, and clients - all smoking or use of tobacco products provisions are subject to federal and state law.



**Illegal/Legal Substances:** The use, possession, manufacture, distribution, dispensation, concealment, transportation, promotion, sale, or being under the influence is strictly prohibited on all Housley and Associates premises by clients/visitors. This list includes but is not limited to the following substances: **alcohol, illegal drugs, prescription drugs brought to the facility, controlled substances, look-alikes, designer and synthetic drugs heroin, marijuana, cocaine, POP and "crack", methamphetamines, ecstasy, and over the counter medication.**

Confiscation of any type of ETHOL/drug while on Housley and Associates property will result in the following actions:

In the event an illegal substance is confiscated, immediate contact (within 1 hour) with law enforcement is indicated and the substance is turned over to the officiating agent.

## **Grievance/Complaint Procedures**

Housley and Associates strives to provide care in a manner that satisfies its clients. It is the policy of the program to respond in a timely and proactive manner to client complaints/grievances. Housley and Associates will use the following definitions and procedures in dealing with client grievances. At the time of admission to the program, the client is informed of the grievance process and client rights pertaining to treatment. The client is encouraged to pursue the following chain of command, counselor, Clinical Director, if they have a complaint and wish to resolve it at an informal level. The client is also informed that they may express complaints at any time and to anyone regardless of placement on the chain. If grievance is not resolved at this informal level then a formal grievance will be filed. Client will follow the procedure outlined below for a formal grievance. A. Level I: All grievances shall:

1. Be signed by the Grievant;
2. Be specific;
3. Contain a synopsis of the facts giving rise to the grievance;
4. Identify the Respondent;
5. Contain the date of any alleged violation; and
6. Specify the relief requested.

The Grievance Complaint Form (please see last attachment) must be submitted to the Grievance Officer within 5 days from the date of the incident giving rise to the grievance. Within 48 hours of the Grievance Officer's receipt of the Grievance Complaint Form, the Grievance Officer shall schedule a meeting to be attended by the Grievant, immediate supervisor of Respondent, and the Grievance Officer. If the Respondent is someone other than the immediate supervisor, that person should attend as well. The purpose of this meeting is to attempt resolution of the grievance.

If the grievance is satisfactorily resolved at Level I, the terms of the resolution shall be written and signed by the Grievant and the Respondent/supervisor. A copy of this document shall be kept on file with the Grievance Officer.

If the grievance cannot be resolved at Level One, the Grievant can immediately proceed to Level II.

B. Level II: If the Grievant is not satisfied with the disposition of the grievance at Level I, he/she may submit the grievance to the Grievance Committee.

The Grievant must submit the original written Grievance Complaint Form, a written request to proceed to Level II, and all supporting documentation to the Grievance Committee within 5 days of the supervisor's response in Level I.

Within 5 days after receipt of the grievance documents, the Grievance Committee and the Grievance Officer will meet with the Grievant and the **Grievance Complaint Form** ( Client)

Date of alleged violation: \_\_\_\_\_

Identify the Respondent (person(s) that committed violation):

\_\_\_\_\_

Synopsis of the facts (please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify the relief requested (what action(s) would you like to see occur):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date:

\_\_\_\_\_  
Signature of Grievant

**Office Use Only:**

Grievance Officer Ruling:

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\_\_\_\_\_ Date:

\_\_\_\_\_  
Grievance Officer

## **Client Satisfaction Questionnaire**

**Client Satisfaction Questionnaire:** Housley and Associates looks for continuous feedback from our clients to improve services. Clients at any time can provide input regarding any aspect of treatment. During the time you receive services we ask that you complete a questionnaire during medication management appointments and annual reviews. However, attached is a copy of our Client Satisfaction survey that you can print off and submit at your leisure on the next page. If you need assistance completing this form you can get with office staff or your identified mental health professional and/or mental health paraprofessional. You can also call in and complete this form over the phone.

## Client Satisfaction Survey

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree  
NA

1. I am treated with respect by Housley and Associates staff.
2. Staff members are culturally sensitive.
3. Staff members are respectful.
4. I felt the therapist was concerned about my problem.
5. The counselor seemed able to help me with my concerns.
6. The counselor helped me to be comfortable to what I was thinking.
7. There were not too many forms to fill out at my first appointment.
8. The amount of time I had to wait for the first appointment was not too long.
9. The amount of time I had to wait between appointment was not too long.
10. I felt the fees for services were affordable.
11. The hours for appointments were convenient.
12. The location of the office was convenient.
13. I received the kind of service I wanted when I came for therapy.
14. I received helpful information about resources in the community.
15. I believe that any information I shared will be treated confidentially.
16. I would return to The Housley and Associates if I need to speak to someone again.

17. I would recommend Housley and Associates to others.
18. I felt that the visit(s) were useful.
19. There was improvement in the condition or problems for which I sought services.
20. Overall, I was very satisfied with the services I received.
21. I am satisfied with the services I received by my counselor.

AR Program COVID 19 Plan  
March 16, 2020

This plan is meant to serve as a guide for how the AR team will continue to serve families through the outbreak of COVID-19. Family safety will continue to be our top priority through this process. Progress notes, family plans, all other required documentation, and DCFS updates will also continue to be a top priority. We will continue to follow state/federal and the CDC guidelines and recommendations. Please plan and prepare accordingly so we can continue service delivery as needed to children and families with very little gaps in service. The steps one can take to ensure a healthy environment are listed below. If you have questions or are not sure about the process - please ask, do not assume anything, and do not ignore required obligations.

## **FACE to FACE CONTACT**

### **Family Meetings**

**It will be important to call ahead so that we can ensure the safety of children and address any needs of the family.**

- FIS will contact the caretakers in the home to determine if anybody is sick or has been diagnosed with COVID-19
- FIS will also ask about possible exposure to COVID-19 with additional consideration given to children/families that are at the greatest risk including weakened immune systems, elderly, and pregnant.
  - If so the visit can take place via SKYPE or WEBEX or CALL. Please make sure there is a way to observe and talk to children and youth as well as the caretaker.
  - If there is no sign of sickness the visit can be face to face
- All visits will occur in the family home and not in school or a social setting. Use your best judgment around safety
- If the family is seen via telecommunication, documentation WILL include the reason why. The DCFS In-Home Program Manager and the assigned DCFS worker and supervisor, will be notified.
- If the child is an infant or cannot use the phone, please follow up with DCFS regarding the safety and well-being of the child in the home and schedule a face to face contact as soon as possible.
- Do not assume face to face contact cannot be made, documentation must be clear as to why the visit was not face to face and prior contact to make the decision to complete the visit via telecommunication.
  - If there are concerns or barriers talk with your supervisor or director
  - DCFS staff meetings may be scheduled by telephone/teleconference

Screening Questions:

- 1. Have you or anyone in your home or friends and/or family had a fever, cough, shortness of breath or symptoms of a common cold or flu?**

For those families who we know have had the flu or other illnesses, please be sure that you are verifying that they have completed the full medication regimen and follow-up as ordered by the doctor. For those who are experiencing symptoms or may be ill, please encourage your families to go to the doctor and receive the appropriate treatment.

- 2. Has anyone in your home or friends and/or family traveled in the last 30 days? If so, where?**



3. Have you had contact with someone suspected or confirmed to have novel coronavirus (COVID-19)?

## COVID-19 compared to other common conditions

SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Shortness of breath	Common	No	No	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches and pains	Sometimes	Common	Common	No
Sore throat	Sometimes	Common	Common	No
Fatigue	Sometimes	Sometimes	Common	Sometimes
Diarrhea	Rare	No	Sometimes*	No
Runny nose	Rare	Common	Sometimes	Common
Sneezing	No	Common	No	Common

\*Sometimes for children

Sources: CDC, WHO, American College of Allergy, Asthma and Immunology

BUSINESS INSIDER

### FOR STAFF:

#### IF YOU HAVE A CONFIRMED DIAGNOSIS OF COVID-19

If a worker has been diagnosed with COVID-19 or has reasonable cause to suspect they have COVID-19, please contact the DCFS In-Home Program Manager along with the established protocols of your agency. At that time, the provider and the DCFS In-Home Program Manager will establish the scope of other potentially exposed clients and DCFS workers. DCFS will notify the local health department of the potentially exposed and DCFS workers. The Provider shall be responsible for notifying the local health department of the potentially exposed provider workers and clients. Infected employees will follow the protocol from their physician, which will likely include treatment and isolation.

### **EXPOSURE TO A CONFIRMED CASE OF COVID-19**

If a worker notifies that they have a family member or a person with whom they've come into close contact has been diagnosed with COVID-19, please notify the DCFS In-Home Program Manager and follow any infection control reporting procedures of your agency immediately. Any worker who has been exposed to a person with diagnosed COVID-19, will be required to socially distance themselves from the office for a period of no less than 14 days and will follow their department's work from home procedures, if applicable. If the exposure culminates into a confirmed case, Saint Francis Ministries will address as stated above.

### **Expectations of Continued Services**

#### **PROGRAM OPERATIONAL PROCEDURES**

- Every effort should be made to ensure required, face-to-face contacts with children/youth are made by the assigned case manager. If the assigned case manager is sick, a coverage worker will make the required, face-to-face contact.
- Use of secure technology to conduct virtual meetings will be allowed when necessary. Should secure technology not be readily available, phone contact will be required.
- Efforts should be made to help our families prepare for COVID-19 as much as possible.
  - **UAMS HealthNow** is also offering a free online tool available 24 hours a day at <https://uamshealth.com/healthnow/>. This service is for patients of all ages.
  - Reinforcing cleaning and hygiene routines.
  - Help families plan for what they should do if they do get sick –
    - Call before going to the ER, what signs do they need to look for.
    - Do they have Tylenol, ibuprofen, Mucinex, Robitussin or DayQuil/NyQuil (whatever cough medicine of choice is), Tissues, a humidifier (or know how to use a shower as one)
    - Does anyone in the home have asthma? If so do they have good inhaler?
    - Does anyone in the home have a pre-existing lung condition (COPD, emphysema, lung cancer) or are on immunosuppressants, or are in other high-risk categories? Help them understand the safety precautions and get with their doctor to have a plan.
    - Does the family have enough food, know where to get food, have a support system, etc. should more serious quarantine measures become necessary?

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**. Emergency warning signs include\*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

\*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

## Receipt of Handbook and Initial Appointment

This document shall confirm that I have received and personnel reviewed Housley and Associates Client Handbook with me. I have received a client handbook and been oriented to mission, etc., location/hours/after hours, client rights, services/programs, entry/discharge/transition planning, program rules, fees/appointment policy, health/safety, grievance policy, HIV policy, client input and initial appointments. In addition, I received information on key Leadership names, my mental health professional and paraprofessional, and next appointment date.

Client Signature

\_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Signature (if applicable)

\_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date: \_\_\_\_\_

### Leadership:

Kathleen Housley, LPC, LADAC

Shelly Reaves, LPC, LADAC

Theresa Driver, LPC, LADAC

My **therapist** is:

\_\_\_\_\_

My **paraprofessional** is:

\_\_\_\_\_

My **first appointment** is:

\_\_\_\_\_

Office Phone: 479 444-9363 After Hours Phone: 479 444-9363

Cell Phones Cell phones should be turned off or set to "vibrate" in all patient care areas in order to not disturb our patients. Please step into the public areas like the lobby and waiting areas to take or make calls. We appreciate your consideration of our patients. Please note: Washington Regional Medical Center prohibits the use of recording devices within the hospital, including the use of cell phone to record