



CITY OF MERCER ISLAND
YOUTH & FAMILY SERVICES

Clinical Programs: Policies and Procedures

City of Mercer Island
Youth and Family Services Department

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PREAMBLE MIYFS CLINICAL PROGRAMS

A. MIYFS Mission and Vision Statement

Vision Statement: A community where every Islander is reaching their full human potential.

Mission Statement: To foster well-being across the lifespan.

B. MIYFS Clinical Team Overview and Statement of Purpose

The MIYFS Clinical Team is a team of human services professionals organized to provide selected and indicated interventions to the residents of the City of Mercer Island. The Clinical Team is comprised of mental health, substance use disorder, social work, case management, and geriatric professionals who work both independently and collectively as a team to support the social, emotional, and functional wellbeing of Mercer Island residents. The team values the principles of professionalism, customer service, ethical practice, lowering barriers to service, racial equity, continual learning, collegial support, and collaboration. MIYFS complies with Washington State RCW/WAC requirements regarding confidentiality and privacy, as well as HIPAA standards (note: MIYFS is not a HIPAA entity but meets or exceeds HIPAA standards whenever possible and appropriate). MIYFS staff are employees of the City of Mercer Island and follow its municipal regulations, policies, and procedures in addition to those herein.

C. Principles of Clinical Practice

Clinical practice and many direct client services at MIYFS recognize the following principles as benefits to the professional-client relationship:

1. MIYFS uses evidence-based and research-based interventions whenever possible while recognizing that the type of therapeutic intervention typically matters less to efficacious outcomes than does the nature of the clinical relationship and interactions between helping professional and client.
2. MIYFS Clinical Team members adhere to professional standards of clinical mental health, social work, and human service practice and ethics informed by the Washington Administrative Code (WAC) and the various professional associations affiliated with the licensure of staff members (Ex: AAMFT, AMHCA, NASW). Standards include legal and administrative rules and regulations that govern the professional-client relationship, the counseling process, professional responsibility and integrity, assessments and diagnostics, record keeping and fee arrangements, and other roles (consultant, supervisor, advocate, etc.)
3. MIYFS recognizes the benefits of person-centered care and strives to provide services that meet the unique needs of the individual or family/couple clients. Staff utilize fully considered ethical decision-making processes when faced with ethical issues or dilemmas.

**SECTION 1
BUILDING OPERATIONS/CLINICAL**

1.1 Department/Facility Closure for Holidays

POLICY

MIYFS will have internal procedures that address minimum requirements for client service coverage and care in the event of either a planned or an emergency office closure.

PROCEDURE

- A. MIYFS is closed on holidays as listed in [MICC 2.08.020](#). During these days and any unforeseen closures, clients will be directed to contact 9-1-1 or Crisis Connections (2-1-1)/988 for emergencies.
- B. Clients are informed of planned closures via individual scheduling with their provider at minimum one week prior to the planned closure.
- C. The MIYFS voice mail is updated during any planned or unplanned closure. The voice mail messages include an announcement of the closure, the date MIYFS will next be open and the Crisis Connections contact information. Individual clinicians may arrange alternative coverage as clinically indicated and in consultation with their supervisor.

SECTION 1 BUILDING OPERATIONS

1.2 Department/Facility Emergency Closure

POLICY

MIYFS will respond to client or building visitor threats of harm to self, harm to others, or other crises in the Luther Burbank office building that present a threat or potential threat to the safety or wellbeing of staff, volunteers, members of the public, and/or other City departments.

PROCEDURES

- A. In the case of an emergency or disruption to MIYFS services, the contingency plans in the Staff Security Policies Manual will be followed.
- B. MIYFS staff will familiarize themselves with the plans as part of orientation. Luther Burbank is a closed building, not open to the public.

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

**SECTION 2
PAPERWORK, LEGAL INFORMATION, AND INFORMATION
FOR PROVIDING AND RECEIVING THERAPY**

2.1 Access to Records

POLICY

MIYFS will provide access to clinical records for clients, their designated representative, and/or the person legally responsible for the client, consistent with RCW 70.02, 70.02.080, and WAC 246-341-0650.

Upon receipt of a written request from a client to examine or copy all or part of the client's recorded health care information MIYFS will:

- A. Make the record available within fifteen days pursuant to RCW 70.02.080.
- B. Review the clinical record to identify and remove any material confidential to another person, department, provider or reports not originated by the community support service provider.
- C. Allow the client appropriate time and privacy to review the clinical record.
- D. Provide a YFS Administrator, Clinical Supervisor, Security Officer, or their designee to answer questions at the request of the client.
- E. Charge for copying at a rate not higher than that defined in RCW 70.02.010: "Reasonable fee" means the charges for duplicating or searching the record but shall not exceed sixty-five cents per page for the first thirty pages and fifty cents per page for all other pages. In addition, a clerical fee for searching and handling may be charged not to exceed fifteen dollars. However, where editing of records by a health care provider is required by statute and is done by the provider personally, the fee may be the usual and customary charge for a basic office visit.
- F. Upon request of a client or a client's personal representative (ex: court appointed advocate), MIYFS will provide one copy, free of charge, if the client is appealing the denial of federal supplemental security income or social security disability benefits.

PROCEDURES

Every effort will be made to comply with a request for records from a duly authorized customer.

For a third-party request, including subpoenas for confidential records, the Mercer Island City Attorney will be notified within 2 business days of any request for clinical records or other confidential or privileged information. The City Attorney will counsel the department's response and intervene as indicated. The City Attorney is legal counsel for clinical staff and MIYFS as a City of Mercer Island department.

The YFS Administrator or Security Officer will be notified within 24 hours.

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

2.2 Access to Services

POLICY

MIYFS is committed to decreasing barriers and increasing access to services. Increasing access to care and MIYFS services includes the following:

- A. Identification and reduction of barriers to people getting the services where and when they need them.
- B. Compliance with the Americans with Disabilities Act and the Washington State Antidiscrimination Act, chapter 49.60 RCW.
- C. Assurance that services are timely, appropriate, and sensitive to the age, culture, language, gender, trauma background, and physical condition of the client.
- D. Interpreter services for clients depending on access/availability.
- E. Provision of access to telecommunication devices or services and certified interpreters for deaf or hearing-impaired clients and limited English proficient clients when funding is available.
- F. Compliance with all City, state and federal nondiscrimination laws, rules, and plans.

PROCEDURES

Most outpatient (Community-based) facilities (Luther Burbank Administrative Offices/Telemental Health Operations) are accessible by physically disabled persons, to the extent possible.

There shall be no discrimination against any individual or group based on race, color, national origin, creed, religion, sex, age, marital status, physical or mental disability, sexual orientation, or status as a veteran.

Every effort is made to offer a client an initial intake appointment within 14 days following request for services. For services that occur in the office, clients will be kept waiting a minimal time. Clients should not have to wait more than 15 minutes except in cases of unscheduled visits.

MIYFS/City of Mercer Island provides TDD access for the hearing impaired. The number is the Washington State Relay, 800-833-6384.

MIYFS is close to public transportation; bus route stops at the Mercer Island Park and Ride, three blocks from MIYFS offices. MIYFS coordinates with transportation services and may provide transportation assistance when clinically appropriate.

MIYFS will make available telehealth services as indicated in efforts to reduce barriers to service.

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2.3 Billing for Services

POLICY

Clients receiving services or the parent(s) of a person under the age of eighteen, the legal guardian, or the estate of the individual are responsible for payment for services received. Clients aged 13-17 may be responsible for their own payment.

The Department shall establish a single unified fee schedule in alignment with the Department's mission to provide affordable services to Mercer Island residents and considering a market average of commensurate service rates among similar outpatient providers in the greater Seattle/Eastside metro region.

Fee structures will be approved by the City of Mercer Island City Manager's office. Fees for services will be calculated based on a single sliding fee scale scaled using factors of household income and size. Top fee for service is \$125 for a standard 45–50-minute therapy session. Clients may be eligible for reduced fees, based on the resources they have available to pay for services and extenuating circumstances/barriers discussed with their counselor/service provider or Intake Coordinator or Clinical Supervisor.

PROCEDURE

- A. MIYFS requires payment at the time of service and does not bill Medicaid, Medicare, or private insurance. MIYFS does not provide clinical diagnoses, including DSM-V or ICD-10 codes.
- B. The fee schedule for MIYFS follows in the appendices (I). The schedule considers the client's available income, household size, and exceptional circumstances. The fee schedule will be posted in the Department and available to provider staff and clients.
- C. The MIYFS fee schedule is established and reviewed biennially by the YFS Administrator and the Clinical Supervisor(s); approval by the Chief of Administration/City Manager's Office.
- D. Clients may qualify for a sliding fee scale. Fees will be determined in accordance with the MIYFS sliding fee scale adopted by the Department. Fees are based upon adjusted monthly income and family size and established using the Outpatient Services Fee Schedule by the Intake Therapist prior to, or at, the first appointment (by the therapist providing services). The client will sign a Fee Agreement stipulating their fee and this agreement will be part of the client's record. Copies of the fee schedule are available upon request.
- E. Collection. Full payment is due at the time of service. Statements are provided as a courtesy only. Clients can ask their therapist for invoices that contain additional information, such as CPT billing codes that may assist clients requesting reimbursement from their private insurance providers. Non-payment for three consecutive sessions results in suspension of appointments/meetings until payment is received and may result in termination of services. Clients will be instructed to discuss or renegotiate fees with their service provider. Decisions to change client fees will be done in consultation between the YFS Administrator or Clinical Supervisor and the MIYFS service provider/staff.
- F. Reviewing/modifying fees. Clinical providers (therapists, clinical interns via consultation, supervisors, and YFS Administrator) have the ability to modify fee agreements with clients at any

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

time. All fees are to be reviewed and a new fee agreement completed every 360 days of continual service, typically as part of the 180-day treatment plan review process. Reasons for modifying fees are related to treatment needs, will support the Department support for low barrier services, and reflect a client's ability to pay. Fees may be adjusted up or down as indicated, but never to exceed the current maximum hourly fee except with supervisory or administrative permission to provide and bill for a session that is over one hour, in which case the base hourly rate will be applied to approved extended session time.

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

2.4 Client Records

POLICY

MIYFS will maintain a clinical record for each client and safeguard the record against loss, defacement, tampering, or use by unauthorized persons.

PROCEDURE

A. The outpatient clinical record will contain all the following:

1. Service Request form
2. Intake Evaluation
3. Demographic Information
4. Client Rights
5. MIYFS Privacy Practices
6. Fee Agreement
7. Good Faith Estimate
8. Professional Disclosure
9. Informed Consent to treatment by the client or legally responsible other
10. Telemental Health Informed Consent (if applicable).
11. A copy of any power of attorney or letters of guardianship when provided by the client.
12. A Treatment Plan and changes in that plan when appropriate.
13. Documentation that services are provided by, or under, the clinical supervision of a licensed mental health professional. (Indicated on the Disclosure Statement using name and license number.)
14. Periodic documentation of the course of treatment and objective progress toward established goals, including evidence of updates to treatment goals and file review by Clinical Supervisor.
15. A notation of critical incidents affecting the client.
16. Documentation of mandatory reporting of abuse, neglect, or exploitation of clients consistent with RCW 26.44 and 74.34.
17. Authorization for Mutual Disclosure of Protected Health (if applicable).
18. Documentation of confidential information that has been released without the consent of the client.
19. Request for Transmission of PHI by Non-Secure Means
20. Progress notes
21. Termination Summary
22. Other information that is part of the clinical record

B. The school-based clinical record will contain all the following (and files will indicate “school” in front of the first name in the clinical record):

1. File Order Form
2. An intake evaluation
3. Demographic Information
4. Client rights
5. MIYFS Privacy Practices

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

6. Professional Disclosure
 7. Informed Consent to treatment by the client or legally responsible other
 8. A copy of any power of attorney or letters of guardianship when provided by the client
 9. A Treatment Plan and changes in that plan when appropriate.
 10. Documentation that services are provided by or under the clinical supervision of a licensed mental health professional. (Indicated on the Disclosure Statement)
 11. Periodic documentation of the course of treatment and objective progress toward established goals, including evidence of updates to treatment goals and file review by Clinical Supervisor.
 12. A notation of critical incidents affecting the client.
 13. Documentation of mandatory reporting of abuse, neglect, or exploitation of clients consistent with RCW 26.44 and 74.34
 14. Authorization for Mutual Disclosure of Protected Health (if applicable).
 15. Documentation of confidential information that has been released without the consent of the client.
 16. Request for Transmission of PHI by Non-Secure Means
 17. Progress notes
 18. Termination Summary
 19. Other information that is part of the clinical record
- C. The school based non-clinical contact record will contain all the following:
1. Parent Permission Form
 2. Communication by Email Consent
 3. Contact Log by occurrence
 4. Other information pertinent to the relationship

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

2.5 Client Responsibilities

POLICY

Clients will be notified of their responsibilities regarding the clinical relationship. Non-compliance may result in termination of services or referral to commensurate services.

PROCEDURE

Clients will be informed of their responsibilities through the MIYFS Disclosure Statement form at intake. This notice will include the following language:

- A. Following the rules involving client care and conduct. Being considerate of the rights of other clients and their property and MIYFS personnel and property.
- B. Providing information about unexpected difficulties or changes you have involved in your health care.
- C. Making appointments and arriving on time. When you cannot keep a scheduled appointment, you are responsible for informing MIYFS in advance (24 hours) or full fee for service will be billed/charged.
- D. Providing MIYFS with correct information about your financial information for us to set your fee appropriately.
- E. Understanding your rights and responsibilities or asking questions to gain understanding.

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

2.6 Complaints & Grievances

POLICY

MIYFS will employ a client clinical complaint and grievance process.

PROCEDURE

- A. Informing staff. All staff will be informed of the policies and procedures involving client rights and clinical grievance procedures during orientation. When a complaint or grievance arises, staff should review this policy and procedure and the Rights, Grievances section on the Disclosure/Consent form and notify their immediate supervisor.
- B. Informing clients
 - 1. Clients will be informed of their rights and procedures for resolving grievances during intake via the Disclosure/Consent form. Staff will make use of an interpreter as possible if the form is not available in a needed language. Referrals will be considered if unable to comply with translation needs.
 - 2. Clients are informed via Professional Disclosure statement that the Department of Health (DOH) Complaint Line can be contacted for complaints regarding unprofessional conduct by licensed and credentialed staff.
- C. General
 - 1. Confidentiality. All complaints and grievances will be kept confidential. Documentation will be filed separately from the client's clinical record and will be retained after the completion of the grievance process in confidential files and per City file retention protocols (whichever longer).
 - 2. Assistance in filing a complaint or grievance. A client may request assistance in making a complaint, filing a grievance, or submitting an appeal from the Department, or any other person of their choice.
 - 3. Receiving Information. Upon written request, clients shall receive written client information that they and/or their representatives may require for fact finding/ filing/ resolving complaints and grievances purposes. MIYFS does not charge for copying this information.
 - 4. Complaints will be tracked, and the Clinical Supervisor will be notified when received. The Clinical Supervisor will notify the YFS Administrator.
 - 5. Retaliation. There shall be no retaliation against a person who files a complaint or grievance. Steps taken to prevent retaliation will include training staff in non-retaliation at orientation; supervisory staff reminding staff of the requirement whenever a complaint or grievance is received; tracking by the Department Administrator during a grievance process.

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

6. Existing Relationship. Mental health services and the existing clinician/client relationship should be supported and continued during the grievance process. If this is not possible, an alternate clinician will be made available to provide services pending resolution of the grievance.

D. Complaints

1. Definition: Involves a concern that can be resolved informally and within the Department.
2. Complaints may be communicated orally or in writing. A confidential “suggestion box” will be made available as determined feasible by the Department Administrator considering the policies governing public space and other operational considerations (including in the school buildings).
3. A client may submit a complaint to any staff member. The staff member must complete the MIYFS Complaint/Grievance form and forward it to the Clinical Supervisor or Programs Coordinator who will forward it to the Department Administrator, when applicable.
4. Every attempt should be made to resolve complaints internally, quickly, and at the lowest possible administrative level whenever possible. Staff should make every effort to resolve complaints face to face with the client.

E. Grievances

1. If the complaint cannot be resolved informally, the client may decide to use the more formal grievance process by putting their concern in writing. This may occur via a format of the client’s choosing.
2. A copy of the grievance should be sent to the Clinical Supervisor and Department Administrator as soon as it is received who will track the grievance to assure resolution.
 - a. When the resolution is documented, the original documents should be sent to the YFS Administrator.
 - b. The YFS Administrator, Clinical Supervisor, or a designee will coordinate with staff to resolve the grievance within thirty (30) days.
3. Care should be taken when documenting complaints and grievances in the client's chart. Examples of what to write, what not to write:
 - a. The words “grievance” or “complaint” should not be used in the progress note.
 - b. Reference may be made to the client’s concern about a matter and that the issue was referred to the supervisor.
 - c. If the issue is resolved, it may be noted that it was resolved; details should be omitted.
4. Complaints/Grievances regarding Privacy.

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

- a. The MIYFS Notice of Privacy Practices will inform clients that they have the right to complain about the Department's privacy practices. The Privacy Notice in addition to informing clients about their rights will also list the name of the person(s) to whom complaints should be directed.
 - b. Complaints about privacy should be responded to as are all other client complaints. If the complaint cannot be resolved informally, the client may follow the grievance procedure.
 - c. A person who believes MIYFS is not complying with Privacy Standards may file a complaint with the Secretary of Health and Human Services. MIYFS will cooperate with any investigation or review.
 - d. If a client needs help putting the concern in writing, they should be directed to the Privacy Officer who will assist them in developing the written document. Unless otherwise noted, the Privacy Officer will be the YFS Administrator. If the concern involves the YFS Administrator, the client will be provided access to the YFS Programs Coordinator or CMI Chief of Administration.
 - e. If the client does not want to put the complaint in writing, the Privacy Officer should be notified of the client's concern immediately, although it will not be considered a formal grievance.
5. Discrimination Complaints.
- a. Information on where to file discrimination complaints is posted in the client waiting and/or reception area(s).
 - b. Retaliation for filing a discrimination complaint is against the law and will not be tolerated. (Reference Employee Handbook)

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2.7 Competency Requirements for Staff

POLICY

MIYFS will ensure that staff are qualified for the position they hold and have the education, experience, or skills to perform the job requirements. (Reference Employee Handbook)

PROCEDURE

- A. MIYFS (or City of Mercer Island Human Resourced Department) will maintain documentation that:
1. All staff have a current Washington State Department of Health credential or registration as may be required for their position. Note that clinical interns will have in their contract the stipulation that they practice under the credentials of their supervisor or other designated, qualified staff.
 2. Background checks are conducted for all employees, clinical interns, clinical externs, and volunteers including all those in contact with clients consistent with RCW 43.43.830 and in compliance with City of Mercer Island policies.
 3. Mental health services are provided by clinical staff, under the clinical supervision of a licensed mental health professional.
 4. Staff receive regular supervision and an annual performance evaluation. Evaluations shall be completed by the appropriate supervisor in accordance with the Employee Handbook and meet all requirements therein.
 5. Interns receive regular supervision from a licensed and qualified MIYFS therapist designated by MIYFS as the supervisor for their practicum. Intern evaluations are completed by supervising staff in accordance with that intern's contract. Clinical interns are members of the clinical team and are included in group supervision and consultations.
 6. MIYFS will provide CEU training funds for staff as available. CEU certificates of completion will be submitted for all MIYFS funded trainings.

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2.8 Consent for Treatment

POLICY

Consent to treatment is a voluntary agreement to receive therapy services. MIYFS will provide treatment information and options, so the client can make an educated decision regarding care.

PROCEDURE

- A. Clients are informed about the scope of treatment services available at MIYFS during initial contact with the MIYFS Phone Screener (MIYFS staff), as well as about referrals to comparable or other treatment providers as possible and as requested.
- B. Clients are informed about specific treatment offered by MIYFS/their assigned therapist via documents (Client Rights, Client Responsibilities, Disclosure/Consent to Treatment). Documentation of client consent to treatment is through the signed form at intake.
- C. Clients are further informed about treatment options and their risks, benefits, and consequences through the treatment planning process with their therapist. This is documented on the Treatment Plan (Telehealth: or Treatment Goals/Outcomes Document) and/or in the clinical record.

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

2.9 Client Rights

POLICY

- A. (Ref: WAC 246-341-0600) MIYFS will document that clients, prospective clients, or legally responsible others are informed of client rights at admission to services in a manner that is understandable to the individual. Client rights will be written in alternative format for clients who are blind or deaf and will be translated to the most used languages in the service area.
- B. MIYFS will ensure that clients and staff are informed of procedures for lodging a complaint or entering a grievance. There will be no retaliation, either formal or informal, against a client for making a complaint or grievance, or for having one made on his or her behalf. No records of complaints or grievances will be kept in client charts.

PROCEDURE

- A. Informing staff. All staff will be informed of the policies and procedures involving client rights and procedures during orientation.
- B. Informing clients.
 - 1. Clients will be informed of their rights and procedures for resolving grievances during intake via the Disclosure/Consent form.
 - 2. The rights and grievances procedure will be posted in English and other languages in the reception/waiting areas. The form is also available in large print and will be provided to clients as appropriate.
 - 3. Clients will be reminded of the complaint, grievance, and fair hearing options whenever:
 - a. A decision is made by MIYFS not to provide a requested service or to suspend, reduce, or terminate a service and the client objects to the decision.
 - b. The client is being informed about matters which the client expresses dissatisfaction or may reasonably be expected to express dissatisfaction.
- C. The MIYFS statement of client rights is: "You have the right to:
 - 1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
 - 2. Practice your religion of choice, as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
 - 3. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
 - 4. Be treated with respect, dignity, and privacy;

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5. Be free of any sexual harassment;
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8. Participate in the development of your individual service plan and receive a copy of the plan if desired;
9. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
10. Receive the Client Rights in writing on or before enrollment in services;
11. Have the Client Rights available in alternative formats for individuals who are visually impaired; and
12. Have the Client Rights translated to the most commonly used languages in the agency's service area
 - a. Posted in public areas; and
 - b. Available to any participant upon request.

Additional language on form:

“If you have a concern with your services or believe your rights were violated you can: Contact the YFS Administrator, (name/number) and/or contact the Department of Health Complaint Intake Unit (360)236-2620, for complaints regarding your mental health therapist.”

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

2.10 Clinician Disclosure Information

POLICY

Disclosure information concerning the practice of MIYFS clinicians shall be provided to clients at the commencement of services or whenever a client is transferred to a new clinician or case manager in accordance with WAC 246-809-710.

PROCEDURE

- A. The MIYFS Disclosure Statement should be completed when a therapist is assigned a case, whether it is at the beginning of services or when a case is transferred.
- B. The client, legal guardian, or durable power of attorney (if client is incapacitated) signs the form.
- C. The staff member helps the client understand the form as necessary.
- D. The clinician provides their unique MIYFS Disclosure Statement, and it is placed in the clinical record.

SECTION 2. PAPERWORK, LEGAL INFORMATION, AND INFORMATION FOR PROVIDING AND RECEIVING THERAPY

2.11 Disclosing Information Pursuant to an Authorization

POLICY

Information shall be released with the client's written authorization in keeping with Washington State laws. Only the minimum amount of information shall be disclosed and only to the extent the receiving party needs to know the information.

PROCEDURE

- A. MIYFS will obtain a signed authorization from clients prior to using or disclosing client information in those situations in which authorizations are required. The authorization form will meet approved standards. (RCW 70.02.030). See Procedure H.
- B. Confidential information cannot be released unless required or allowed by law, under court order or when a client or legal guardian has signed a written consent. The release of any individual's identifiable information for any purpose other than treatment, payment, or operations, or for other purposes mandated by law **MUST** be authorized.
- C. MIYFS authorization forms contain specific areas for release of STD and chemical dependency information where indicated (drug and alcohol intervention services). These sections must be initialed by the client or staff will not respond to the request for information.
- D. Disclosure of information with an authorization is allowed if there is no suggestion the authorization was not given freely and voluntarily, and the disclosure will not cause substantial harm to the relationship between the Department and the client or the Department's ability to provide services in general.
- E. If a person is considered a minor for the sake of providing mental health care, parental consent is required (under 13 years of age in Washington State). Either parent/guardian may give consent regardless of whether: the parents are married, unmarried, or separated; the consenting parent is or is not the custodial parent (RCW 70.02.130). However, if medical decision making and custody are both removed by courts or other legal means, that individual cannot provide consent.
- F. Right to Refuse. Individuals have the right to refuse to provide authorizations for use and disclosure of their confidential information. MIYFS will not refuse to treat individuals who withhold their authorization. Staff should make sure that the individual understands that their treatment is not conditioned on whether they sign an authorization. This assurance is included in writing on the authorization form.
- G. Revocation. An authorization may be revoked at any time.
 - 1. The revocation must be in writing. Documentation must be made in the chart regarding the request for revocation.
 - 2. Any substantial actions taken relying on a client's consent will not be affected by the revocation.

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3. If a staff member is informed verbally about a revocation of an authorization, the staff member should inform the client that the revocation must be in writing. (RCW 70.02.040)
- H. Authorization Form (Release of Information form—ROI). The ROI will include the following:
1. Client name.
 2. Date form is completed.
 3. MIYFS name and address (Name or specific identification of the organization or other person or entity, or class of persons, authorized to make or use the disclosure).
 4. Name, address, and institutional affiliation of the recipient of the information being disclosed.
- I. Reason or purpose for disclosure. The statement “at the request of the individual” or “at the request of the patient” is a sufficient description of the purpose when the patient’ does not provide a statement of purpose
1. Specific and meaningful description of the information to be used or disclosed. Alcohol or drug abuse, or STD information can only be released if the consent includes a specific request for this information or a handwritten request that has been initialed and dated by the client.
 2. The authorization will expire 90 days from the date signed OR on the date or event indicated. (RCW 70.20.030(3f)).
 3. Client signature or signature of responsible other.
 4. A statement regarding the client’s right to revoke the authorization in writing.
 5. Statement regarding the exceptions to the right to revoke an authorization and a description of how to revoke the authorization, or a reference to the MIYFS Notice of Privacy Practices that includes this information.
 6. Statement that the Department may not condition treatment, payment, or eligibility for benefits on whether the client signs the authorization.
 7. Whether the information disclosed might be re-disclosed by the recipient and no longer protected by the privacy rule.
 8. If the authorization is signed by the client’s personal representative, a description of the representative’s authority to act for the client.
 9. Signature:
 - a. If the client is an adult, age 18 or older, the client or legal guardian signs the consent form. The guardian must note the relationship to the client.

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- b. If the client is a minor, 13 years or older, the consent form is signed by the client.
 - c. If the client is a minor, under 13 years, the client's parent or legal guardian signs the consent form.
 - d. If the child is in foster placement, the DSHS caseworker is the legal guardian.
 - e. An emancipated minor is determined by age, intelligence, maturity and economic independence and freedom from adult control. Proof of emancipated status is necessary prior to acting on this status and must be kept in case file. A minor married to a person 18 years of age or older or in the military is considered to be of legal age.
- J. Need for Authorization. Protected health information may be disclosed only with a valid written signed Authorization by the client or guardian, or parent in the case of a minor (RCW 70.02.020) except as noted in the policy on releasing confidential information without authorization. Additional authorization is required in the following circumstances:
- 1. Persons involved in a client's care. With regard to clients who are present and have the capacity to make decisions, client information may only be disclosed to people involved in their care (meaning relatives, friends, or community support people), if the client is notified in advance of the anticipated disclosure and obtain their agreement to disclose; or can, in the exercise of MIYFS clinical staff's professional judgment, infer from the circumstances that the client does not object to the disclosure of information (e.g., the person is in the room with the client).
 - 2. Inquiries about a client. No staff person or volunteer should confirm orally, in writing or through any other means that a client is either on-site or is a current or former client of MIYFS, unless a valid authorization exists to disclose that information, or as allowed above for persons involved in a client's care, or as allowed under Releasing Confidential Information Without Authorization.
 - 3. Attorneys. Except in case of involuntary commitment, attorneys have no more rights to information without a signed consent or subpoena than any other individual.
 - a. Discovery request or compulsory process. (RCW 70.02.060). Before service of a discovery request or compulsory process on a health care provider for health care information, an attorney shall provide advance notice to the health care provider and the patient or the patient's attorney involved through service of process or first-class mail, indicating the health care provider from whom the information is sought, what health care information is sought, and the date by which a protective order must be obtained to prevent the health care provider from complying. Such date shall give the patient and the health care provider adequate time to seek a protective order, but in no event be less than fourteen days since the date of service or delivery to the patient and the health care provider of the foregoing. Thereafter the request for discovery or compulsory process shall be served on the health care provider.
 - b. Without the written consent of the patient, the health care provider may not disclose the health care information sought under subsection (1) of this section if the requestor has not complied with the requirements of subsection (1) of this section. In the absence of a protective order issued by a court of competent

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jurisdiction forbidding compliance, the health care provider shall disclose the information in accordance with this chapter. In the case of compliance, the request for discovery or compulsory process shall be made a part of the patient record.

- c. If an attorney is working with the client, they should be able to get a consent from the client. MIYFS must have a signed authorization by the client in order to release information to the client's attorney.
4. Treatment Team Member. The PHI is for treatment purposes, but the treatment member is not part of MIYFS staff or not a healthcare provider, for example, coordinating care with the school attended by a minor client.
5. Audio and Video Recording of Client Sessions.
 - a. The client must demonstrate the intellectual and emotional capacity/ judgment to give consent to taping/recording.
 - b. The client, or the client's parent or guardian, must give permission and sign a Media Audio/Video Consent Form prior to taping.
 - c. Any taping, audio or video, intended for use outside the Department must have the prior approval of the Clinical Supervisor or YFS Administrator.
 - d. Recorded sessions/materials are to be erased when the specific purpose for which they were intended has been served, for example clinical supervision.
6. Employers. Employers need a signed consent from the client to obtain information.
7. Alcohol and drug dependency. Disclosure of alcohol or drug treatment without the client's express authorization is prohibited (42 CFR 2.3.2; RCW 71.05.630(3)). This applies to current clients, former clients, and deceased clients. Generally, this means that we may not disclose information unless a specific authorization is acquired from the client that permits the disclosure of information related to substance abuse. The consent form must contain information that the information cannot be re-disclosed.
8. For Judicial Proceedings. Unless signed by a judge or otherwise allowed by law, a signed Authorization is required before releasing information for judicial proceedings. (Chapter 70.02 RCW).
9. Sexually Transmitted Diseases. Whenever disclosure of records includes information related to sexually transmitted diseases (RCW 70.02.300) it will be accompanied by the following statement within ten (10) days: "This information has been disclosed from records whose confidentiality is protected under WA State law which prohibits you from making any further disclosure of it without the specific written authorization of the person to whom it pertains, or as otherwise permitted by WA State law. A general authorization for the release of medical or other information is not sufficient for this purpose."
- K. Unauthorized Release. A client may bring a civil suit against a person who willfully releases confidential information/records concerning that client. See the Information, Safety and Security policy manual.

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2.12 Disclosure of Information Without Authorization

POLICY

Disclosure of information without authorization at MIYFS will be made only in accordance with RCW 70.02.050, 71.05.445, 74.09.295, 70.02.210, 70.02.240, 70.02.250, 70.02.260, and 70.02.265, or pursuant to a valid authorization under RCW 70.02.030.

PROCEDURE

- A. Authorization for disclosure is not required in the following circumstances
 - 1. Abuse or Neglect (RCW 26.44.030)
 - 2. Incapacity or emergency
 - 3. Duty to warn or protect
 - 4. Court orders, signed by a judge
- B. Other circumstances where authorization for disclosure is not required
 - 1. Disclosure of Information Without Authorization - Department of Corrections. Under certain circumstances information can be release to the DOC, upon request, by a mental health service agency to department of corrections personnel for whom the information is necessary to carry out the responsibilities of their office.
 - 2. Disclosure of Information Without Authorization – Minors (See Section 14a)
 - 3. Disclosure without authorization – Need-to-know basis (RCW 70.02.050). The health care provider or health care facility may disclose health care information, about a patient without the patient's authorization to the extent a recipient needs to know the information.

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2.13 Disclosure of Information Without Authorization - Minors

POLICY

All information and records related to mental health services obtained through outpatient treatment of a minor under chapter 71.34 RCW must be kept confidential, except as authorized by this section or under RCW 70.02.050, 70.02.210, 70.02.230, 70.02.250, 70.02.260, and 70.02.265

Note: RCW [70.02.320](#) - When disclosure of information and records related to mental services pertaining to a minor, as defined in RCW [71.34.020](#), is made, the date and circumstances under which the disclosure was made, the name or names of the persons or agencies to whom such disclosure was made and their relationship if any, to the minor, and the information disclosed must be entered promptly in the minor's clinical record.

PROCEDURE

A. Confidential information under this section may be disclosed only:

1. In communications between mental health professionals to meet the requirements of chapter 71.34 RCW (BEHAVIORAL HEALTH SERVICES FOR MINORS), in the provision of services to the minor, or in making appropriate referrals;
2. In the course of guardianship or dependency proceedings;
3. To the minor, the minor's parent, including those acting as a parent as defined in RCW 71.34.020 for purposes of family-initiated treatment, and the minor's attorney, subject to RCW 13.50.100; (Note: MIYFS is not a licensed treatment or evaluation facility under Chs. 70.41, 71.12, or 72.23 RCW)
4. To the courts as necessary to administer chapter 71.34 RCW;
5. By a care coordinator under RCW 71.34.755 or 10.77.175 assigned to a person ordered to receive less restrictive alternative treatment for the purpose of sharing information to parties necessary for the implementation of proceedings under chapters 71.34 or 10.77 RCW;
6. By a care coordinator under RCW 71.34.755 assigned to a person ordered to receive less restrictive alternative treatment for the purpose of sharing information to parties necessary for the implementation of proceedings under chapter 71.34 RCW;
7. To law enforcement officers or public health officers as necessary to carry out the responsibilities of their office. However, only the fact and date of admission, and the date of discharge, the name and address of the treatment provider, if any, and the last known address must be disclosed upon request;
8. To law enforcement officers, public health officers, relatives, and other governmental law enforcement agencies, if a minor has escaped from custody, disappeared from an evaluation and treatment facility, violated conditions of a less restrictive treatment order,

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or failed to return from an authorized leave, and then only such information as may be necessary to provide for public safety or to assist in the apprehension of the minor. The officers are obligated to keep the information confidential in accordance with this chapter;

9. To appropriate law enforcement agencies, upon request, all necessary and relevant information in the event of a crisis or emergent situation that poses a significant and imminent risk to the public. The mental health service agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;
10. To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure must be made by the professional person in charge of the public or private agency or his or her designee and must include the dates of admission, discharge, authorized or unauthorized absence from the agency's facility, and only any other information that is pertinent to the threat or harassment. The agency or its employees are not civilly liable for the decision to disclose or not, so long as the decision was reached in good faith and without gross negligence;
11. To a minor's next of kin, attorney, guardian, or conservator, if any, the information that the minor is presently in the facility or that the minor is seriously physically ill and a statement evaluating the mental and physical condition of the minor as well as a statement of the probable duration of the minor's confinement;
12. Upon the death of a minor, to the minor's next of kin;
13. To a facility in which the minor resides or will reside;
14. To law enforcement officers and to prosecuting attorneys as are necessary to enforce RCW 9.41.040(2)(a)(iv). The extent of information that may be released is limited as follows:
 - a. Only the fact, place, and date of involuntary commitment, an official copy of any order or orders of commitment, and an official copy of any written or oral notice of ineligibility to possess a firearm that was provided to the person pursuant to RCW 9.41.047(1), must be disclosed upon request
 - b. The law enforcement and prosecuting attorneys may only release the information obtained to the person's attorney as required by court rule and to a jury or judge, if a jury is waived, that presides over any trial at which the person is charged with violating RCW 9.41.040(2)(a)(iv);
 - c. Disclosure under this subsection is mandatory for the purposes of the federal health insurance portability and accountability act;
15. This section may not be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the Department Administrator of the health care authority or the secretary of the department of social and health services, where applicable. The fact of admission and all information obtained pursuant to chapter 71.34

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RCW are not admissible as evidence in any legal proceeding outside chapter 71.34 RCW, except guardianship or dependency, without the written consent of the minor or the minor's parent;

16. Pursuant to a lawful order of a court, signed by a judge.

B. Mental health services—Minors—Permitted disclosures (RCW 70.02.240) (See C. Disclosure to parents/guardians)

The fact of admission and all information and records related to mental health services obtained through inpatient or outpatient treatment of a minor under chapter [71.34](#) RCW must be kept confidential, except as authorized by this section or under RCW [70.02.050](#), [70.02.210](#), [70.02.230](#), [70.02.250](#), [70.02.260](#), and [70.02.265](#). Confidential information under this section may be disclosed only:

1. In communications between mental health professionals to meet the requirements of chapter [71.34](#) RCW, in the provision of services to the minor, or in making appropriate referrals;
2. In the course of guardianship or dependency proceedings;
3. To the minor, the minor's parent, including those acting as a parent as defined in RCW [71.34.020](#) for purposes of family-initiated treatment, and the minor's attorney, subject to RCW [13.50.100](#);
4. To the courts as necessary to administer chapter [71.34](#) RCW;
5. By a care coordinator under RCW [71.34.755](#) or [10.77.175](#) assigned to a person ordered to receive less restrictive alternative treatment for the purpose of sharing information to parties necessary for the implementation of proceedings under chapter [71.34](#) or [10.77](#) RCW;
6. By a care coordinator under RCW [71.34.755](#) assigned to a person ordered to receive less restrictive alternative treatment for the purpose of sharing information to parties necessary for the implementation of proceedings under chapter [71.34](#) RCW;
7. To law enforcement officers or public health officers as necessary to carry out the responsibilities of their office. However, only the fact and date of admission, and the date of discharge, the name and address of the treatment provider, if any, and the last known address must be disclosed upon request;
8. To law enforcement officers, public health officers, relatives, and other governmental law enforcement agencies, if a minor has escaped from custody, disappeared from an evaluation and treatment facility, violated conditions of a less restrictive treatment order, or failed to return from an authorized leave, and then only such information as may be necessary to provide for public safety or to assist in the apprehension of the minor. The officers are obligated to keep the information confidential.

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C. Permitted Disclosure to parents/guardians

Mental health providers can share some adolescent (13-17 years of age) treatment information with the parent/guardians. The clinician must believe that sharing this information benefits the treatment process. (RCW Ch 70.02 & RCW Ch 71.34)

1. Process to follow with or without consent from the adolescent
 - a. Talk to the adolescent about the information you wish to disclose
 - b. Discuss any concerns
 - c. If the provider proceeds with sharing the information, you must inform the adolescent of your reasons for doing so and document their concerns in the client record.
2. Information that can be shared
 - a. Diagnosis and recommendations for treatment
 - b. Treatment progress
 - c. Recommended medications, their benefits and risks, side effects, and dosage
 - d. Crisis prevention and safety planning
 - e. Referrals for other services in the community that may help the adolescent and family
 - f. Training or coaching for the parents/guardians that could benefit the adolescent and family.

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2.14 Good Faith Estimates (GFE)

POLICY

MIYFS will provide a Good Faith Estimate (GFE) of expected charges to all self-pay clients. The GFE provides cost transparency and protects clients from surprise billing. The information provided in the GFE is only an estimate.

The GFE will be written in clear and understandable language. Clients will receive the GFE in a manner which allows them to both save and print the information.

PROCEDURE

- A. The GFE is provided to the client at the time of a Request for Services or when a client request a copy.
- B. Clients have the right to dispute resolution process if the actual costs of services significantly exceed those listed in the GFE.
- C. Clients are not required to receive any of the services listed in the GFE.
- D. MIYFS GFE's will include the following information:
 - 1. Client name.
 - 2. Client date of birth.
 - 3. Description of the services that will be provided, in understandable language.
 - 4. Itemized list of services reasonably expected to be provided.
 - 5. An estimate of the number of appointments. Many issues can be addressed in 8-12 sessions. Some require more sessions depending on clinical presentation, treatment goals (agreed upon by client), and frequency/consistency of appointments.
 - 6. MIYFS does not provide formal DSM or ICD diagnoses as part of clinical services, a description of the nature and rationale for service delivery will be made in coordination with the client and documented in the clinical intake summary, treatment goals and/or progress notes.
 - 7. Expected charges associated with each of those goods or services.
 - 8. Provider name, NPI, and tax ID number.
 - 9. Office location where services will be provided.
- E. A GFE will be completed every 12 months for longer term clients.

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2.15 Legal Request for Client Information and Legal Proceedings

POLICY

Requests for client information will be processed in a manner that complies with the protection of confidential client information. All legal requests are presented to the City Attorney, City of Mercer Island.

PROCEDURE

When legally required a written release will be obtained from the client before responding to any court orders. (The Mercer Island City Attorney and YFS Administrator will be made aware of all subpoenas, court orders and legal matters and be involved in providing guidance regarding a response. The Clinical Supervisor will be involved as well in all matters related to the response including the clinical review and handling PHI, unless otherwise directed by the YFS Administrator or City Attorney. The Mercer Island City Attorney will be consulted in all cases.)

A. Subpoenas and Court Orders.

1. A subpoena is a legal order requiring someone to provide information. There must be a response to a subpoena, but it is not always the response requested by the subpoena.
2. A subpoena requires the delivery of information, records, or the presence of a person, but disclosure of the information may be made only with the client's consent or a judge's court order and in consultation with the Mercer Island City Attorney. We must respond to all subpoenas, but we only release information after these conditions have been fulfilled.
3. Written notification must be received 14 days prior to receiving the subpoena. Forward the notification to the YFS Administrator and they will consult the City Attorney's Office as indicated.
4. Upon receipt of a subpoena or a court order, the clinician should inform their supervisor and route a copy to their Clinical Supervisor who informs the YFS Administrator re: a "need to know" approach respecting PHI as possible. The YFS Administrator, Clinical Supervisor or designee:
 - a. Notifies appropriate staff and Clinical Supervisor.
 - b. Reviews the subpoenas and chart.
 - c. Follows the steps below in Chart Action.
 - d. Consults with the City Attorney on any action MIYFS will take on the case.
 - e. Does not send records without a signed consent or a court order.
 - f. Keeps a log of all subpoenas and all responses to the subpoena as part of the clinical record.
5. The City Attorney or YFS Administrator provides staff with direction on the appropriate verbal, written and appearance responses to the subpoena, and their involvement in these responses.

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6. The clinician should not discuss the case with any attorney (other than the City Attorney or their designee) without a signed release or court order. The existence of the subpoena is not sufficient to allow for discussion. Do not disclose any information other than to advise the requesting party that the matter is being handled.
 7. Mental health records cannot be released without an authorization to release confidential information even with a subpoena. If an authorization cannot be obtained, the requesting party must show a legal reason why the records are necessary to a judge and obtain a court order. It is the responsibility of the issuing attorney to get a signed release or a court order.
 8. When the Department has direct involvement in a lawsuit, the City Attorney will be contacted immediately for directions on how to respond by the YFS Administrator.
 9. A subpoena *duces tecum* requires someone to produce documents.
 - a. Generally, the documents can be mailed, and a court appearance is not necessary.
 - b. When the clinical chart is being prepared in response to a subpoena, it should be reviewed by the YFS Administrator or their designee (Clinical Supervisor), and the pages numbered.
 - c. All releases must be done in consultation with the City Attorney.
 10. The YFS Administrator will check the subpoena to ensure it is legal and if there is a signed consent to release information, in consultation with the City Attorney. The City Attorney, or designated staff, will respond to the subpoena and keep staff informed of the results of the discussions and if there is follow-up that is needed.
 11. Information will be communicated to the clinician on the appropriate response to the subpoena.
- B. Legal Suits. Notification of any staff of a suit or potential suit should immediately be communicated to the Clinical Supervisor, YFS Administrator, and City Attorney.
- C. Court Appearances.
1. If the clinical chart is taken to court without a signed release, do not let anyone view the records until you have reached the bench.
 2. Do not answer questions or give the attorney a copy when asked to do so.
 3. When requested to release the information, respond that the information is confidential, there is no signed release, and a court order is needed.
 4. The judge may then order/direct you to release the information. Do not give up the records or answer questions until the judge directs you to do so.
 5. In cases where staff go to Court, the YFS Administrator or City Attorney provides guidance on the court experience.

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D. Chart Action. When a chart is involved in a legal proceeding:

1. The chart is pulled from the active files or produced from electronic medical records.
2. A cover page is added to the chart, signed by the YFS Administrator, noting the dates when the chart was pulled.
3. The pages of the chart are numbered.
4. If the client continues in treatment, the numbered clinical pages are copied and uploaded to the client's electronic medical records file as a pdf/attachment.
 - a. A cover sheet is added to the copied chart, which indicates the original is kept elsewhere.
 - b. The copied chart is kept in the active files.
5. The original chart is filed in a locked cabinet or electronic medical records platform.
6. Documentation that is received after the chart is pulled from the shelf is dated, initialed by the Clinical Supervisor or YFS Administrator and filed in the chart.
7. Access to the chart can be gained only through the YFS Administrator, YFS Programs Coordinator, or City Attorney.
 - a. Review of the original chart can only be done in a designated Records area (assigned by the YFS Administrator) or as indicated by the City Attorney.
 - b. The chart cannot be removed from the Records area unless under the direction of the YFS Administrator or City Attorney.

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2.16 Notice of Privacy Practices

POLICY

- A. As a MIYFS staff with a direct clinical treatment relationship with clients, MIYFS must provide all clients with the MIYFS Notice of Privacy Practices that explains to the client how MIYFS might use and/or disclose their PHI, and that describes their legal rights and MIYFS legal duties in relation to their PHI.
- B. Should there be a material change to the uses or disclosures of a client's PHI, the client's individual rights, MIYFS legal duties, or other privacy practices stated in the Notice, MIYFS must promptly revise and make an updated Notice available upon request on or after the effective date of the revision.

PROCEDURE

- A. MIYFS must provide this notice to clients at intake. MIYFS must also make copies of this notice available at its office for clients to request to take with them. MIYFS must post the notice in a clear and prominent location where it is reasonable to expect clients to be able to read it. MIYFS must also make this Notice available upon request to any member of the public who requests a copy.
- B. Acknowledgment of Notice. Except in emergency situations, MIYFS must make a good faith effort to obtain written acknowledgment from the client that they received the notice. If MIYFS cannot obtain such written acknowledgment, MIYFS must document its efforts to do so in the clinical record and the reason why its efforts were unsuccessful. Client signature acknowledging receipt of notice will be on disclosure statement.

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2.17 Processing Authorizations and Requests for Information

POLICY

MIYFS will obtain a signed authorization from clients prior to using or disclosing client information in those situations in which authorizations are required. The Authorization (Release of Information/ "ROI") form will meet the standards of the Federal Privacy Rules and Washington State law.

PROCEDURE

- A. Determining which disclosures require an authorization. Staff must first determine if an authorization is required before disclosing protected health information or before requesting the disclosure of PHI from another entity or provider. If the staff person is unsure whether an authorization is needed, they should contact the Department Security Officer or YFS Administrator.
- B. Processing an Authorization. Requests for Information may or may not be in the form of a signed Authorization since some information may be disclosed without Authorization per State and Federal law.
 1. Requesting PHI from outside sources pursuant to an authorization.
 - a. The most current MIYFS authorization form should be used by staff members to request PHI disclosures. The need for the PHI being requested should be explained to the individual.
 - b. The form should be reviewed and completed fully when the individual requesting the authorization is present. In cases where the client or other authorized individual is not present and has requested that a form be sent to them for signature, the staff person receiving the request should, if possible, review the form with the requestor and complete as much of it as possible before sending it out for completion and signature. The following issues should be discussed, if possible:
 - i. To whom the request should be directed. This information should be completed as specifically as possible.
 - ii. A description of the purpose of each disclosure is needed. Be specific about whether the disclosure is needed for treatment, payment, operations, or a combination of two or more of these reasons. A statement "at the request of an individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not, to provide a statement of their purpose.
 - (1) If the request is for treatment you do not need to be more specific unless the treatment involves substance abuse and the provider is a federally assisted substance abuse program or unless the PHI requested contains HIV status information.

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- (2) If the request is for operations, you should describe the type of operations, e.g. utilization management.
 - (3) If the request is for payment purposes, you should be specific about dates and times of treatment.
 - (4) If the PHI is needed for a reason other than treatment, payment, or operations, specify the actual use.
 - iii. The PHI that you would like to be disclosed. After determining the minimum amount of information needed for the disclosure, you should be specific in your request, e.g. the parts of the medical record you wish to be disclosed, the dates of treatment you are interested in, etc.
 - iv. Make one copy of the completed form (or electronic copy in the EMR system).
 - (1) The form should be made available to the client in the EMR dashboard.
 - (2) A copy should be kept in the medical record. A note should be made on this copy that the client was given a copy of the authorization.
 - v. The original should be mailed or faxed to the person(s) or entity specified on the authorization.
- 2. Responding to Requests for Information received from third parties; Disclosing PHI Pursuant To An Authorization Received From A Third Party.
 - a. Requests for Information are received and processed by the clinical staff who consult with their supervisor and determine if request is complete and specifically review the following:
 - i. Is the form signed by the individual who is the subject of the disclosure?
 - ii. Is there a date or specific event listed that defines the period during which the authorization is in effect? Is the authorization, based on this information, still in effect?
 - iii. Is the information being requested specific enough so that it can be acted on? Is it clear what PHI is being requested?
 - iv. Is the purpose of the disclosure explained? This is necessary only when the PHI being requested is related to the substance abuse treatment of the client, the client's HIV status or the requestor is a covered entity and is requesting the PHI for their own use or for disclosures by others.
 - v. Is the amount and type of PHI requested reasonable and necessary given the purpose of the request?

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- vi. If yes to all the above, the disclosure can be approved. If no, the Clinical Supervisor, YFS Programs Coordinator or YFS Administrator should be consulted and will determine whether or not they will refuse to make the disclosure at all or whether they will make a partial disclosure. Consultation with the City Attorney will take place upon approval by the YFS Administrator. If there is agreement that the Authorization is not warranted or may be excessive the staff person should make a good faith effort to contact the client to explain their concerns and to determine if the client still wishes the authorization to stand as written or will modify and resubmit it.
- vii. If the disclosure is to be in writing, a copy of the correspondence should be attached to the authorization form and placed in the clinical record.
- viii. If the disclosure requires copies of documents from the designated record set, the clinical staff, Clinical Supervisor or YFS Administrator will gather information, copy it, and send it.
 - (1) Once the information has been sent, the person completing this task should write "sent", specify how it was sent (mail, email, fax), date and initial the bottom of the form.
 - (2) The form should then be filed in the administrative section of the medical record. Authorizations should be maintained in the current record for six years from their last effective date, or according to City of Mercer Island file destruction protocols, whichever is longer.
- ix. No HIV/AIDS or Chemical Dependency information may be released without a specific signed release from the client, which CLEARLY allows for the release of STD and/or chemical dependency information. A general authorization to release information is not sufficient for release. See P&P for specific information on HIV/AIDS or Chemical Dependency information.
- b. If it is determined that a disclosure should not be made at all or believes that the authorization is not valid, the YFS Administrator or Security Officer writes a note on the bottom of the authorization as to why it will not be complied with, initial, and date the form.
 - i. A letter should be mailed to the entity or person requesting the disclosure explaining why the disclosure was not complied with.
 - ii. A copy of the letter should be attached to the original authorization and kept in the chart. (Or titled appropriately and uploaded to electronic medical record.)
 - iii. If it is determined that it can be partially complied with, it should be specified on the bottom of the authorization the exact information to be released, date and initial the note. They should then follow one or more of the options listed above for disclosing the PHI requested.

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- C. Verbal Request for Information. To ensure information requested via telephone is being disclosed only to entities allowed to receive such information, certain precautions must be followed. When a verbal request for information is received, the staff member should:
1. Tell the person: "We are forbidden, by law, to disclose that information. I can take your name and telephone number and have someone return your call if we can." No information should be disclosed to either confirm or deny the person is a client of MIYFS.
 2. Ask for the following information: Name; Relationship to client; Purpose of information request; What specifically is being requested; Requester affiliation and telephone number.
 3. After checking for a valid Authorization or confirming that a signed Authorization is not needed call the person back to verify the caller's authenticity. (The Clinical Supervisor, Program Coordinator or YFS Administrator will involve clinician of record or take steps themselves in the case of the file being closed.)
 4. Document the disclosure in the chart. Documentation should include the date of disclosure, person/entity receiving the information, the information disclosed and the reasons for the disclosure if consent was not given.
- D. Sending Clinical Information by Fax. Consult Security Manual as indicated.
1. Sufficient information to start or continue treatment may be sent by fax if the situation requires immediate attention.
 2. The same confidentiality rules apply to any fax situation as apply to releasing information verbally or by mail.
 3. Information should be sent over a secure machine compliant with MIYFS Department (see Security Policy).
 4. The sender should stay with the material at all times and not leave the information unattended.

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2.18 Quality Management

POLICY

MIYFS will ensure continued progress toward more effective and competent services and improved client satisfaction and outcomes. This process may include the following:

- A. Review (clinical and administrative) the services offered and provided to improve the treatment of clients.
- B. Collaborative clinical meetings to reduce barriers to services, coordinate care, and provide collegial technical assistance, professional development, and support.
- C. Minimum every other week clinical supervision by mental health professionals for clinical team members (weekly for interns/externs).
- D. Review the work of people providing mental health services at least annually (per City of Mercer Island Human Resources policy). Include specific review of clinical skill and efficacy of treatment.
- E. Review all clinical files yearly and at termination for completeness and administrative compliance.
- F. 180-day treatment reviews between therapist and client.
- G. Provide opportunities for confidential customer feedback and use the feedback to inform Quality Improvement efforts.
- H. Collect monthly output and outcome measures. Department Administrator will coordinate with YFS Programs Coordinator to determine which data and reports to collect that highlight outcomes, outputs, and customer input/ feedback.
- I. All clinical intern and extern chart notes, assessments, and terminations are reviewed and signed by the Clinical Supervisor or clinical staff under whose license those services are being delivered.
- J. Quarterly security and privacy review by administration per Privacy and Security Policy practices.

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2.19 Retention of Records

POLICY

MIYFS will retain information from the client record according to timelines established by Washington state law (WAC 246-341-0425) or City of Mercer Island file retention/destruction protocols, whichever is longer. Records retention is designed to allow for continuity of the clinical record over time both inside and outside the Department.

PROCEDURE

- A. Length of Retention (Adult). Client records, records that relate directly to the care of treatment of the client, will be retained for a minimum of six (6) years after the date of the client's most recent termination from services (discharge or transfer). Except in the case of grievance and appeals. Documentation regarding grievances and appeals will be filed separately from the client's clinical record and will be kept no less than 10 years after the completion of the grievance process.
- B. Length of Retention (Minor). Minor client records, that relate directly to the care of treatment of the client, will be retained for a minimum of six (6) years after the date of the client's most recent termination from services (discharge or transfer) or following the youth's or child's 21st birthday, whichever is longer. Except in the case of grievance and appeals. Documentation regarding grievances and appeals will be filed separately from the client's clinical record and will be kept no less than 10 years after the completion of the grievance process.
- C. Retention of Requests for Information. In the event of an authorization to disclose that information, request an examination and copying, or a request for a correction or amendment of the record, the record shall be kept for at least one year from the date of the request.
- D. Where Stored. The clinical records (EMR) will be retained in the Simple Practice system. Paper files will be stored in locked cabinets in the locked file room in the Luther Burbank Administrative Building, City of Mercer Island.
- E. Transfer to Another Facility.
 - 1. If MIYFS is no longer operating as a City department or business entity, MIYFS must arrange for continued management of all client records in accordance with MIYFS security policies.
 - 2. MIYFS may (actions must be approved by City Attorney, City Manager, or their designee):
 - a. Continue to manage the records and give assurance of a response to authorized requests for copies of records within a reasonable period.
 - b. Transfer records of clients who have given written consent to another certified provider. If the client's consent is not obtainable the records shall be sealed and labeled as follows: "Records of MIYFS, retain until (insert minimum destruction date)". They may not be transferred to the new provider; the record must be closed. All destruction protocols first adhere to City records retention policies.

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3. Approval for the transfer arrangements must be given by the YFS Administrator in consultation with the City Attorney as indicated.

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2.20 Staff Verification, Correction, Amendment of Records

POLICY

Clinical record content must be accurate, contain sufficient information to support continuing treatment, and apply to the client and client's treatment goals. If an error in charting is made it must be corrected in an appropriate and confidential manner. Original chart notes and PHI typically should not be altered unless the substance of the correction is necessary to accurately describe any aspect of the treatment or occurrence.

PROCEDURE

Electronic medical records in Simple Practice tracks all entries. The Clinical Supervisor is notified when staff want to make a change to the records. All record changes require prior approval from the Clinical Supervisor, YFS Programs Coordinator, YFS Administrator, or their designee.

Correction or Amendment

- A. Incorrect Entry (paper files). If an incorrect entry has been made into a client chart, the clinician should:
 - 1. Line through the entry,
 - 2. Initial and date by the entry,
 - 3. Ensure that the line does not obscure the incorrect entry.
 - 4. The use of "white out" or alteration of the page size are strictly prohibited.
- B. Incorrect entry (electronic records/Simple Practice). If an incorrect entry has been made into a client chart, the clinician should:
 - 1. Consult with supervisor and correct the entry if document is unlocked.
 - 2. Request the document be unlocked by supervisor and provide rationale.
 - 3. Supervisor unlocks if approved and enters reason for unlocking document when prompted in Simple Practice EMR.
- C. New Entry: If a new entry needs to be made, the entry should be placed as close as possible to the original date of the entry. If this is not possible, a note should be made by the original incorrect entry that tells where to find the correct entry.

SECTION 3 CLINICAL INTERVENTIONS AND PROCESSES

3.1 Assessment and Intake

POLICY

- A. MIYFS will complete an intake evaluation at the first appointment with the assigned therapist. All efforts will be made to complete the assessment within 14 days. If seeking this information presents a barrier to service, any item may be left incomplete provided that the reasons are documented in the clinical record.
- B. If a therapist is not assigned, due to lack of availability, the intake coordinator will reach out via phone. The intake coordinator will provide the option to wait on the waitlist or give three referrals for equivalent services.

PROCEDURE

- A. Elements of the assessment process are:
 - 1. Administrative forms:
 - a. Therapist Professional Disclosure Information
 - b. Client Rights and Grievances
 - c. Consent for Treatment
 - d. Notice of MIYFS Privacy Practices
 - e. Electronic Records Disclosure
 - f. Telemental Health Informed Consent
 - g. E-mail and Text Message Consent
 - h. Copies of Power of Attorney, Letters of Guardianship, and Advance Directives for Psychiatric Care (if requested by client).
 - i. Fee Agreement
 - j. Good Faith Estimate
 - 2. Data Forms:
 - a. Request for Services
 - b. Demographic & Financial Data Form
 - 3. Clinical Forms:
 - a. Intake Form that includes family history, medical history, social-emotional history, current risk profile, self to harm, trauma history, harm to others and additional information used to create a client-centered treatment plan (and safety plan as indicated).
 - b. Crisis plan to address any known high-risk behaviors or situations (as indicated).
 - c. Safety plan to aid in making safety-based decisions in a crisis that support emotional and physical safety and wellbeing (as indicated).

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B. Completing the Intake Form

1. If seeking information presents a barrier to service, sections may be left blank or incomplete, but the reason for doing so must be documented on the form. The intake should be completed within fourteen (14) days of admission to services; twenty-one (21) days with documented consultation with Clinical Supervisor.
2. Intake information should be completed in collaboration with the client. Information from family members and significant others should be included where appropriate. The client's own words should be used whenever possible and clearly identified as such, such as with quotation marks.
3. At a minimum, the following must be included in the intake:
 - a. The chief, presenting concern and history of the concern; psychiatric history including suicidal, homicidal, or violent ideation or history; psychosocial history including education, legal, military, marital, occupational, substance use and abuse; mental status examination (if indicated).
 - b. The client's age, culture/cultural history, and disability. Documentation of cultural history should utilize information from the Intake Form regarding the client's self-identification with a specific culture;
 - c. Client strengths, needs and desired outcomes in their own words. At the client's request also include the input of people who provide active support to the client.
 - d. Medical and mental health services history, including a list of medications used and current prescriber.
 - e. Intake includes consideration of trauma history and the connections to the present experience of the client. (e.g., physical, emotional, or sexual abuse, neglect, loss, domestic/community violence, combat, past homelessness, global pandemic, previous head injury).
 - f. Current level of danger from other people (e.g., restraining orders, history of domestic violence, threats from others)
 - g. Quality of relationship with child or children (i.e., caregiver/child attachment)
 - h. For children (13 and under):
 - i. Developmental history, which should include developmental milestones.
 - ii. Parent/guardian's goals and desired outcomes using the following general procedure:
 - (1) Whenever possible, ask to meet with the parent/guardians before meeting with the child for a detailed developmental history (see above);
 - (2) Include aspects of the parent/guardian's wishes and desires for outcome in developmental history taking;
 - (3) When possible, continue to meet at least periodically with the parent/guardians to obtain ongoing feedback on the child and parent/guardian's wishes and relationship to treatment;

SECTION 3. CLINICAL INTERVENTIONS CRISIS RELATED

- (4) Include input from other relevant individuals such as foster parents, grandparents, primary caregivers, teachers, etc. as indicated and possible;
- i. Referrals, as needed, both internally (i.e., to Emergency Assistance or school-based mental health supports) and externally, to professionals for further evaluation, including for example: psychiatric evaluations, psychological evaluations, physical/ medical examinations, or other functional evaluations of language, visual-motor, or cognitive functioning. Referrals may include culturally relevant services or consultation, if applicable.
- j. Completing the Medical History (for Adults, Older Adults, or Children) including a list of medications used.
 - i. Review contents for completeness and for any information that may impact or be relevant for treatment planning and formulation.
 - ii. The client should be encouraged to maintain a relationship with a primary medical care provider whenever clinically appropriate,
 - iii. The client should be encouraged to seek appropriate general and specialized medical services whenever clinically appropriate.

SECTION 3. CLINICAL INTERVENTIONS CRISIS RELATED

3.2 Clinical Records

POLICY

- A. Client records are confidential documents kept for the mutual benefit of the client, health care professionals and the provider. The client has the right to the information contained in the records. It is the responsibility of MIYFS to safeguard both the record and the information contained in the records from loss, defacement, tampering, or use by unauthorized individuals. Clinical records constitute Personal Health Information (PHI).
- B. Clinical records of any person receiving health care services from MIYFS will be kept in accordance with State and City regulations and the MIYFS) Security Manual. The record will be safeguarded against loss, defacement, tampering, or use by unauthorized persons.

PROCEDURE

- A. The clinician or case manager/MIYFS staff is responsible for ensuring that all clinical records for their case load are maintained in accordance with the guidelines of regulatory bodies and MIYFS policy and procedures.
- B. The YFS Administrator or their designee has overall responsibility for effective treatment delivery and completeness of clinical records of clients within each specific program. The Clinical Supervisor, YFS Administrator, or a designated staff serving in this capacity, has overall responsibility for effective treatment delivery and completeness of clinical records of clients within each specific program staffed with clinical interns. Final responsibility for ensuring the content of the clinical records rests with the Clinical Supervisor. (In organizational structures at MIYFS with more than one Clinical Supervisor, each supervisor has responsibility for the effective treatment delivery and completeness of clinical records of clients within the caseload of their supervisees.)
- C. At a minimum, clinical records shall contain:
 - 1. Pre-intake/Services Request (phone) session information:
 - a. Sufficient information to identify each individual client.
 - 2. Intake Information: (* see also Telemental Health addendum for additional information)
 - a. Service Request form, completed by phone screener
 - b. Completed and signed financial (fee) agreement
 - c. Signed authorizations for release of information and documentation of disclosures (as indicated)
 - d. Evidence that the Client Rights statement was provided to the client
 - e. Documentation of informed consent for treatment
 - f. Intake demographic form
 - g. Screening information and an intake evaluation that supports the treatment plan.
 - h. Electronic Records Disclosure

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- i. Telemental Health Informed Consent (if indicated)
 - j. E-mail and Text Message Consent
 - k. Signed evidence of receipt of the Notice of Privacy Practices
 - l. The crisis treatment plan (when appropriate).
 - m. Intake Assessment.
 - n. Documentation of any screening tools administered (ex: suicide assessment, depression screening)
 - o. Note: school-based staff add Parent Permission Form (students under 13 years of age or as indicated); subtract (above): a, b. (service request form and fee agreement)
 - 3. Treatment Planning/Goals
 - a. Individualized treatment plan and all changes in the plan.
 - b. Periodic documentation of the course of treatment and objective progress toward established goals.
 - 4. Treatment Progress Information.
 - a. Documentation that services are provided by or under the clinical supervision of a mental health professional (MIYFS Clinical Supervisor, YFS Administrator or credentialed designee; signed intake form for outpatient and in progress notes for school-based staff).
 - b. Documentation of mandatory reporting of abuse, neglect, or exploitation of clients consistent with (RCW 26.244.030 and 74.34)
 - d. Documentation of confidential information that has been released without the consent of the client (RCW 70.02.050). Also noted per MIYFS Security and Privacy Policy.
 - e. Progress notes that include session contents, date, type and duration of service, clinician's signature, and credentials.
 - f. Documentation of collateral contacts.
 - g. Transfer and termination summaries.
 - 5. Other data as indicated related to the case.
- D. The chart should not include personal notes, psychotherapy notes, or similar.
- E. Records Control (also reference MIYFS Security Policy).
- 1. All client physical records are maintained in locked cabinets or within a locked room. (*or in Telemental Health platform.)
 - 2. Only authorized personnel will have a key to the Records storage. (Authorized staff only have access to Telemental Health platform.)
 - 3. All records are required to be returned to the appropriate record room daily, unless otherwise approved by a direct supervisor. (Telemental Health progress notes required to be locked daily. See Telemental Health addendum.)

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4. Medical records since 2021 include the Department's cloud-based Medical Records platform.
- F. Authentication of Records. Individuals authorized to chart in the client record will authenticate each entry with signature, date, and title of the author. (Automatic in EMR platform.)

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3.3 School-Based Contacts vs. Formal Clinical Clients

POLICY

Duly qualified mental health clinicians in the schools can meet with students and parents and either enroll them in formal psychotherapy services or engage them informally and not enroll them in formal psychotherapy services. MIYFS school-based clinical staff will differentiate between enrolled clients in formal MIYFS clinical services and those who receive informal support services (not PHI generating).

PROCEDURE

MIYFS school-based staff will differentiate between student and parent contacts that are served as clinical mental clients and those that are not, and are instead served as “drop ins,” consultations, group participants, and other informal contacts.

The determination to enroll a student or parent in formal clinical services versus provide informal supports includes the following:

- A. A clinician can enroll a student in formal psychotherapy services at any time, given the appropriate student and parent permissions. (Will be entered in Simple Practice electronic medical records system.)
- B. If a clinician meets with a student or parent focused on content that is social, emotional, behavioral, or work generally considered to be in the domain of professional mental health counselors, and that work happens within a concurrent 6-week period, then after the third meeting, those involved (student/parent) will be informed that subsequent meetings will be done as formal psychotherapy and include the policies and procedures indicated. If they opt out of such services, then judicious referrals will be made for equivalent services with MIYFS outpatient services (first choice unless counter-indicated) or to other community services. Clients who opt out of enrollment will be provided with three referrals for similar services.
- C. If a school-based clinician meets with a student/parent about a topic deemed to be in the clinical domain at a frequency outside the six-week window identified herein, then is it not required that those individuals be transitioned to be a formal psychotherapy client.
- D. If a student/parent meets informally with a MIYFS staff about content deemed to be in the domain of professional mental health counseling, does not meet the threshold for enrollment into formal psychotherapy services or opts out of these services, then after the six-week window, subsequent six-week windows will begin at the point that individual(s) re-engages for formal work. (Ex: if a student meets twice with a counselor in the beginning of the year about content deemed to be within the domain of professional counselors, does not become a formal psychotherapy client, then returns more than six weeks later in the school year, the counselor will consider that meeting to be the first of three in a new six-week window as related to the determination as enrollment in formal psychotherapy services.
- E. School counselors will consult with their Clinical Supervisor or YFS Administrator on a case-by-case basis if clinical matters dictate any exception to this policy. If an exception is agreed upon, the clinician will note the meeting with supervisor and agreed-upon determination in their

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contact log or chart notes for that student/parent. The clinical needs of the client will be prioritized when possible and compliant.

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3.4 Treatment Review

POLICY

Treatment plans must be reviewed and updated at least every 180 days or when significant changes occur, or more often at the request of the client. Review shall include periodic documentation of the course of treatment and objective progress toward established goals for rehabilitation, recovery, and reintegration into the mainstream of social, employment and educational choices.

PROCEDURE

- A. Reviewing the treatment plan with the client.
 - 1. Review the Treatment Plan with the client as required for the review period. Date Completed should be the date you complete the Review with the client.
 - 2. If you are unable to complete the Review with the client, then complete the Review without the client. Date Completed should be the date you complete the Review. Note in the progress note that client was unavailable and unable to sign and document the reason in a progress note.
- B. Review Includes (noted in progress notes):
 - 1. Summary/rating of progress to date on interventions made to achieve individual outcomes. Each open target issue must be addressed.
 - 2. Participation by the client, family, and significant others where appropriate.
 - 3. Consultation with an MHP (Interns).
 - 4. Review and update of the Treatment Goals, Safety Plan, Authorization to Release Confidential Information (if indicated).

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3.5 Chart Reviews

POLICY

The Clinical Chart (Record) will be periodically reviewed by the attending clinician and supervisor to ensure the chart is complete, up to date, and meets administrative and clinical needs.

PROCEDURE

- A. MIYFS clinical charts (records) will be reviewed every 180 days. (A partial review for completeness will take place within 30 days of intake or after the third counseling appointment.) The chart review will include both efforts by the therapist/counselor of record and their clinical supervisor or designee. The clinical review process includes the following:
1. Within 30 days of intake/enrollment in formal counseling services, the clinical record will be reviewed for completeness, appropriate dates/ signatures, and appropriate treatment plan by the therapist's supervisor. Record of this review will be entered in the clinical record as a chart note including the type of review and supervisor completing the review.
 2. 180 days after initial intake/enrollment informal counseling services, the clinical record will be reviewed for completeness, appropriate dates/ signatures, and appropriate treatment plan by the therapist's supervisor. Record of this review will be entered in the clinical record as a chart note including the type of review and supervisor completing the review. The clinical record will be reviewed every 180 days thereafter as above.
 3. In both initial file review and 180-day review(s), the following documents will be reviewed and updated as indicated: Release of Confidential Information, Fee Agreement, and Treatment Plan. Updates to documents will typically require the creation of a new document with a new signature and date.
 4. In both the file review and the 180-day review(s) the following documents will be checked for updates and updated as needed: Release (Disclosure) of Information, Demographic Form and information, Good Faith Estimate, Notice of Privacy Practices, Consent for Treatment.

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3.6 Culturally Relevant Services

POLICY

MIYFS will ensure that all clients receive services that are provided by, under the clinical supervision of, or with the clinical consultation of a mental health specialist. MIYFS clinicians identify cultural, racial, and ethnic issues during intake as they pertain the comprehensive mental health care.

PROCEDURE

MIYFS clinical staff assess the impact of race, culture, ethnicity, and membership in protected classes as part of the clinical intake and ongoing assessment. Staff will be aware of broader racial, cultural, and ethnic variables as they pertain to professional mental health care of clients and incorporate that into client treatment as clinically indicated.

Cultural clinical consultations are provided as needed and available for case conceptualization and treatment in coordination with Clinical Supervisor(s).

Cultural competence/humility training and awareness is part of the ethical, ongoing professional development of licensed and certified professional counselors and clinical interns. MIYFS provides training budgets to staff that cover the costs of training in this domain.

MIYFS prioritizes Trauma Informed clinical and organizational practices which focuses on cultural and racial experiences.

At hire/onboarding, clinical staff are informed of the role of culture, race, and ethnicity play in providing comprehensive clinical care and that such considerations align with the treatment philosophy of MIYFS.

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3.7 Diagnosis

POLICY

MIYFS does not formally diagnose clients during the regular course of treatment (including the provision of DSM or ICD diagnostic protocols). MIYFS professional counselors will have knowledge of DSM diagnostics and this knowledge will be applied to their clinical work in case conceptualization, treatment planning, treatment, and referrals.

PROCEDURE

Clients will not be provided with a formal diagnosis as part of their care. MIYFS does not bill Medicaid, Medicare or private insurance which typically require a diagnosis. Referrals for appropriate services that can provide a mental health diagnosis will be provided upon request and will not influence the therapeutic contract between the client and MIYFS.

MIYFS will provide CPT treatment codes for clients, when requested in writing and available.

MIYFS staff, during intake and treatment, will develop DSM diagnostic impressions as indicated and use these impressions in work with clients, clinical supervision, group consultation, and as otherwise indicated in providing comprehensive care.

SECTION 3. CLINICAL INTERVENTIONS CRISIS RELATED

3.8 Individual Treatment Plan/Goals/Discharge Planning

POLICY

An individualized treatment/goals plan will be developed with the client to meet his or her unique needs. The planning process will rely on individualized and tailored care to develop a client-driven, strength-based, individual service plan for psychotherapy.

PROCEDURE

A. The Treatment/Goals Plan will:

1. Be developed in collaboration with the client and other people identified by the client (for children, this includes the family unless clinically counter-indicated); the plan should be client driven rather than clinician driven.
2. Have at least one goal identified by the client, client's parents, or legal representative at the time of intake.
3. Be in language, terminology, and format that is understandable to clients and their family.
4. Be developed to address ways to provide information and education about the client's presenting concerns so the client, family and natural supports are engaged to help clients manage the client's symptoms.
5. Incorporate client, family, formal/informal, natural supports, and community strengths into the plan
6. Documents review by the staff developing the plan and the client. If the staff developing the plan is not a mental health professional (i.e. clinical intern), the plan must also document review by a mental health professional, typically the Clinical Supervisor.
 - a. Document review and update when a significant change occurs or every 180 days or at the request of the client.
 - i. In the case of children (under 13 years of age): Therapist will work with the parent/guardian to establish treatment goals related to goals as appropriate.
 - ii. Is comprehensive and flexible, reflects needs as identified at intake/assessment.
 - iii. Treatment plan/goals are recorded on the Assessment Form which includes space for 180-day revision/updates and Clinical Supervisor review.

B. Treatment Planning: treatment Plans will be developed using the S.M.A.R.T. goal formula. Plans will reflect client-driven goals and expressed in a manner that is:

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1. Specific
 2. Measurable
 3. Attainable
 4. Relevant
 5. Time-bound
- C. Discharge planning: Discharge planning is a process that occurs throughout the client's course of treatment and is based on the client's evolving needs. Education of the client about their mental health and interventions are an essential part of planning for recovery and discharge. Such goals should be discussed with the client and incorporated into the treatment plan/goals and noted in the discharge/termination summary.
- D. Termination of services will take place:
1. At the request of the client; or
 2. In mutual agreement between the client and the therapist; or
 3. When treatment is completed; or
 4. At the end of the school year (school-based counselors) unless referred internally to another MIYFS counselor; or
 5. If a client has stopped receiving services for longer than four weeks with no defined plan to continue; or
 6. As determined through the clinical consultation with a MIYFS supervisor; or
 7. If the client does not return for services; or
 8. If client behavior is determined to be threatening in a way that impacts client or therapist safety; or
 9. If a client is treatment resistant in a manner that impacts client or therapist safety.

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3.9 Interpreter Services

POLICY

MIYFS provides interpreters for short-term needs when funding is available. If a client needs ongoing interpreter services an appropriate referral will be made.

DEFINITIONS

- A. Interpretation. The oral transfer of a message from one language to another.
- B. Translation. The written transfer of a message from one language to another.
- C. Qualified Interpreter. An individual certified or accredited by a professional association, federal or certified court interpreter program.

GUIDELINES

- A. An interpreter is required if the person who, in the opinion of either the clinician or the client, is functionally monolingual and needs the assistance of an interpreter to request or receive appropriate mental health services. This does not include persons who are English speakers but who require assistance in reading.
- B. For children, if the child is fluent in English but a family member who is in treatment with the child requires the assistance of an interpreter, an interpreter is required.
- C. Family, relatives, or friends may not be utilized as interpreters, except at pre-intake, service request when they may communicate the service request.
- D. If the clinician is fluent in the language of the client, then no interpreter is required (this should be documented in the progress note).
- E. Documentation in the chart must indicate that interpretive services were provided to the client or to the client's family member who is also in service.
- F. Role/Responsibilities of the Interpreter: Interpreter shall limit themselves to interpreting. While performing duties, the interpreter shall not give advice, express personal opinions or engage in any activity that may be construed to constitute a service other than interpreting. All information gained by the interpreter shall remain strictly confidential.

PROCEDURE

- A. All programs: The Intake Screener indicates on the Services Request form if an interpreter is required, then contacts the Clinical Supervisor for approval.
 - 1. If interpreter services become necessary to support clinical care during treatment, clinicians will consult with their Clinical Supervisor to arrange as indicated/possible.

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2. Billing procedures.
 - a. Interpreter will bill MIYFS for the interpreter service.
 - b. Staff responsible for processing invoices will be notified.

SECTION 3. CLINICAL INTERVENTIONS CRISIS RELATED

3.10 Progress Notes

POLICY

Progress (or “case”/ “chart”) notes at MIYFS will reflect current Washington State standards of clinical documentation and will reference the client’s current clinical status and response to the individual service plan.

GUIDELINES

A. General.

1. Progress notes for individual services must be written according to contact. Document all contact including telephone calls and ancillary or collateral contact. This includes messages sent/received, texts sent/received, and faxed or other communications in print.
2. No Shows and Cancellations should be documented.
3. Timing:
 - a. Notes should be written immediately after the service is given to provide the best continuity of care. Notes must be in the chart within five (5) working days or will be considered delinquent.
 - b. Significant events must be entered in the chart immediately (by the next business day).

B. Content Guidelines: When writing notes, use the following guidelines:

1. Reference the client’s current clinical status, including specific behaviors and/or conditions.
2. Document any “extraordinary events” such as divorce, job loss, family deaths, moves, out-of-home placements, hospitalizations, or injury.
3. Interventions should be aimed at decreasing or preventing increased client symptomatology related to treatment plan goals. Include education offered or provided.
4. Reference the client’s progress on, and response to, the Treatment Plan/Goals.
5. Accurately reflect the client’s condition. Documentation must support the intensity of treatment.
6. Notes should be relevant to client care and treatment goals.
7. Include information on the client's progress and results of interventions. Document all client contact, not just the abnormal or clinically pertinent.

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8. Individualize the note for each client. Do not use a standard note for all clients. Do not reproduce previously written notes and re-use them.
9. Staff will write about only those services they performed. If a therapist must write a note for someone else, indicate clearly who performed the service, i.e., "So and So reported that the intervention was given." The Clinical Supervisor or YFS Programs Coordinator must be notified if any staff except the clinician of record enters information in a chart not associated with that clinician (process automatic in Simple Practice).
10. Include whether the client is taking medications prescribed by another provider if not previously noted; note any changes to prescription.
11. Do not include extraneous material, family anecdotes, editorials, or critical remarks toward the client or other providers. Do not record hearsay as fact. If the hearsay should be documented, label it clearly as such.
12. Use objective language. Describe what is seen, touched, smelled, or heard instead of using terms that can be interpreted in many different ways. Don't put anything in a record that could not be defended if it appeared on the front page of the local newspaper.
13. Include concrete examples. Do not use words like "threatening", "combative", "agitated" without explaining what the client was doing. Tangible descriptions are essential and important. Example: "Combative as evidenced by shaking fist in air and rapidly approaching clinician."
14. Document all services to the client including telephone calls and collateral contact. Include contact with other health care professionals.
15. Document noncompliance. This includes no shows, cancellations, or failure to comply with recommendations. Documenting noncompliance is one of the best measures one can take to prevent potential litigation.
16. Document clinical or group supervision that took place.

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3.11 Reopen Closed Case

POLICY

MIYFS will have a procedure for re-opening closed cases, such as when a previously terminated client returns for services.

PROCEDURE

- A. Clinical staff or Intake Line receives call from client request to return to services.
- B. Discusses client's need to return to services with Clinical Supervisor or YFS Administrator. Complete Services Request form and place client on waitlist as indicated and in coordination with Intake Screener (staff).
- C. Discusses with Clinical Supervisor or YFS Administrator who will be assigned the case. Plan to gather additional information from client will be discussed, including but not limited to reason for requesting services, significant events that have taken place since previous enrollment in services and any current risk behaviors or symptoms including suicidality. (Typically, will take place over Intake Line/Screening).
- D. Supervisor or their designee assigns case in accordance with screening protocols.

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3.12 Screening & Eligibility

POLICY

All clients entering the MIYFS for purposes of receiving clinical services in Adult, Older Adult, and Child & Family, programs must be screened for eligibility. MIYFS services are offered to residents of Mercer Island, WA 98040, with limited exceptions related to continuity of care and ethical standards of practice. Services offered align with the professional expertise of staff. Needs beyond the expertise of MIYFS staff will be referred to the appropriate services.

PROCEDURE

- A. MIYFS seeks to offer services to all inquiring persons that are residents of the City of Mercer Island, have a student confirmed to be enrolled in the Mercer Island schools, or are experiencing homelessness and reside physically, even if temporarily, on Mercer Island.
- B. Enrolled customers who move off Island will be eligible to continue services to support continuity of care; however, such customers are not eligible for future services unless they again reside within the limits of the City of Mercer Island. (Note: if previous Mercer Island residents move off island and their services are continued under this allowance and there is an interruption of services, they cannot restart services with MIYFS unless they again have residence status when requesting to restart or change services.)
- C. All inquiries for services will be screened by the appropriate Clinical Supervisor or their designee during phone screening/ initial contact. The Phone Screener will collect information to determine eligibility and fee based on the following factors: clinical presentation, financial status, availability of appropriate services, and consent for care.
- D. MIYFS is not a full-service mental health facility and will sometimes make referrals to services that best align with the needs of the individual requesting services or to services not offered by MIYFS, for example when psychiatric care, medication management, inpatient or partial inpatient treatment, or complex case management is indicated.
- E. Every effort will be made to provide referrals for alternate and suitable community services if MIYFS is unable to accommodate the service request.
- F. MIYFS does not discriminate based on any protected class regarding access to services.

SECTION 3. CLINICAL INTERVENTIONS CRISIS RELATED

3.13 Services for Children & Youth

POLICY

Services for children and youth will be family centered and will emphasize child and family centered principles of care.

PROCEDURE

- A. Outpatient service planning shall include both the child and family whenever possible.
- B. Intake evaluations shall include the identification of the child and family strengths, including identification of racial/ethnic/cultural background, assets, strengths, and the client and family's natural support community. Also, the quality of the relationship between child and caregiver, children's exposure to trauma and history of trauma (e.g., neglect, abuse, exposure to violence or racism), children's achievement of developmental tasks, children's history of mental health issues and children's history of physical health issues.
- C. MIYFS shall strive to be family-friendly and provide evening appointments, educational and resource materials, and child and family-friendly offices.
- D. Professionals trained in child and family treatment and a family-centered approach shall provide clinical care and receive clinical supervision by duly credentialed staff.
- E. Staff collaborates with children and their families in setting their goals, reviewing their goals, and planning for future needs, including with youth 13-17 years of age as indicated.
- F. Staff are trained and aware of LGBTQIA issues, issues relating to gender and sexual identity, issues related to exposure to racism and discrimination, diagnostic issues specific to childhood, child development, trauma, and other issues related to the treatment of children's mental health.

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3.14 Termination/Cancellation

POLICY

- A. Cases should be closed only after making good faith efforts to engage clients in treatment. Cases will be clinically closed in a timely manner. Cases may be closed for the following reasons that are documented in the medical record:
1. At the request of the client; or
 2. In mutual agreement between the client and the therapist; or
 3. When treatment is completed; or
 4. At the end of the school year (school-based counselors) unless referred internally to another MIYFS counselor; or
 5. If a client has stopped receiving services for longer than four weeks with no defined plan to continue; or
 6. As determined through the clinical consultation with a MIYFS supervisor; or
 7. If the client does not return for services; or
 8. If client behavior is determined to be threatening in a way that impacts client or therapist safety; or
 9. If a client is treatment resistant in a manner that impacts client or therapist safety; or
 10. If the client changes providers.
- B. Hospitalization – Cases must be closed when a client has been or will be in the hospital for more than 90 days.

PROCEDURE

- A. Clinical closure:
1. Clients may be discharged when there is agreement with the client and therapist that the client has substantially met the goals of treatment as specified in the treatment plan.
 2. Cases may be clinically closed by Clinicians when there has been no contact for 30 days in consultation with supervisor.
 3. While it is the client's ultimate decision to remain in treatment, the clinician should take particular care when deciding to close cases of difficult to engage clients. Before closure, the case should be discussed with the Clinical Supervisor.
 4. Transferring care. Care may be transferred to another provider at the client's request.
Therapist:
 - a. Discusses the transfer with the client.
 - b. Confirms engagement with the other provider and provides records and summary of care to assure continuity.
 - c. If a new provider is not available, the client is placed on the clinical waitlist.

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5. Before closing a case, the Therapist:
 - a. Attempts to contact and re-engage the client via telephone, correspondence, or other outreach.
 - b. Documents the attempt(s) successful and/or unsuccessful. A minimum of three (3) attempts must be made and documented. Outreach is recommended for difficult to engage clients. Outreach is required for clients with recent hospitalizations, suicide ideation or attempts, and/or exacerbated symptomatology.
 - c. Educates the client about accessing emergency care via community resources and for accessing future care should the need arise.
 - d. Provides guidance and education regarding discharge planning issues unique for each client.
 - e. Provides (3) referrals and linkage to resources as requested or indicated.
- B. After deciding to close the case, the Therapist:
 1. Communicates with the client:
 - a. Notifies the client that the case will be clinically closed.
 2. Paperwork to close a case:
 - a. Termination Form. For all terminations – complete termination form and route to client file. This form summarizes clinical treatment and should be filled out completely at the time any case is closed in the Department and signed by the Therapist and reviewed by the Clinical Supervisor.

SECTION 3. CLINICAL INTERVENTIONS CRISIS RELATED

3.15 Timelines

PROCEDURE

Timelines For Intakes and Beginning of Routine Services

- A. Clients will be offered an Intake appointment as soon as possible. If the client declines or is unable to meet, the reason will be documented on the Services Request Form. The form will be securely filed. A waitlist for outpatient services (or individual school-based services) is appropriate when necessary.
- B. The Phone Screener or Clinical Supervisor will screen all calls for service, complete the Request for Services Form, and refer a client to an individual MIYFS provider/clinician based upon information gathered. All efforts will be made to create a “good match” between therapist and client and consideration will be made regarding the clinician’s expertise in trauma and other special needs and populations as indicated. If necessary, an extended screening may be provided by a credentialed clinical staff person or the Phone Screener prior to assignment to clinical staff, to determine the level of care indicated or assess for safety/referral.
- C. Clients who do not meet clinical criteria for MIYFS services will be offered at minimum three (3) referrals for comparable professional services; referrals to Crisis Connections will be made when indicated.
- D. Clients that request a specific provider will be informed that they will need to wait until that provider has availability.
- E. When a client calls and they are experiencing a crisis the Phone Screener triages the call to support immediate safety and makes linkages to supportive or emergency services (including linking the caller to the Clinical Supervisor or their designee).

**SECTION 4
CLINICAL INTERVENTIONS CRISIS RELATED**

4.1 Assault on Premises/Physical Safety

POLICY

MIYFS will exercise diligence to prevent situations where clients are likely to be at risk of harassment or assault on Department grounds. In the event of assault, immediate action shall be taken to secure the health and safety of the victim.

PROCEDURE

- A. MIYFS will strive to provide a safe environment for clients while they are at MIYFS or in offsite offices of MIYFS clinicians (i.e., in the schools).
- B. Upon discovery of an assault:
 - 1. Staff shall immediately inform the Clinical Supervisor or YFS Administrator. The YFS Administrator instructs on immediate safety decisions, including calling 9-1-1. If staff are physically threatened or the situation is unsafe, 9-1-1 will be called immediately or panic buttons pressed, before clinical consultation.
 - 2. The Clinical Supervisor shall inform the YFS Administrator and, if not available, the City's Human Resources Department Administrator or a City of Mercer Island Department Administrator-level staff or City Manager.
 - 3. The Clinical Supervisor, YFS Administrator, and staff member will formulate and carry out a plan based on:
 - a. Continuing Risk: Assess the risk of being re-exploited. Determine the level of structure needed to protect the victim.
 - b. Medical Needs: When appropriate, immediate referral should be made for medical treatment. Refusal of the referral should be documented.
 - c. Ability to handle trauma: A clinical and environmental plan should be made with the client. Increase the support network as needed.
 - d. The clinician and other staff present will attend to the client's emotional needs as it pertains to the current trauma or triggering of past trauma as able within their scope of practice.
- C. Documentation and Reporting:
 - 1. Complete an Incident Report Form; route as indicated.
 - 2. Documentation of the event, interventions, and plan should be made on a Progress Note in the clinical chart if indicated.

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4.2 Crisis Debriefing for Staff

POLICY

MIYFS and Clinical staff will have the opportunity to debrief on premises and other crises during group and individual supervision in addition to debrief protocols pursuant to submission of a City Incident Form. Current and future staff safety will be prioritized.

PROCEDURE

MIYFS leadership will create an opportunity for staff to debrief crises and determine the scale, scope, timing, and extent of debriefing based upon nature of crisis, people involved, and consultation with City of Mercer Island Human Resources and H.R. Policy as indicated. Additional debriefing is possible based upon City Policy.

SECTION 4. CLINICAL INTERVENTIONS CRISIS RELATED

4.3 Client Crisis/Safety Plan

POLICY

An individualized crisis/safety plan shall be developed in collaboration with the client for all clients for whom a crisis plan is clinically indicated. The crisis plan will be available for coordinated care as indicated and allowable.

PROCEDURE

A. The Crisis/Safety Plan.

1. Crisis plans will be developed with the clients who fall into one or more of the following categories:
 - a. Clients with current suicide or significant violent ideation, or have a history of suicide attempts or violence toward others, or have other clinical indicators that a risk of suicide or harm to others exists;
 - b. All other clients identified as being at risk or likely to access crisis services.
2. Family members and significant others will be included in the development of the plan as appropriate.
3. The plan must be reviewed and modified whenever clinically and indicated when change occurs or following every crisis episode.
4. The plan shall be available to the client and to families within confidentiality guidelines.
5. Effective Interventions: This is the specific plan for the client when in crisis. (Including completing the "ASQ-9" screening and "My Safety Plan" forms).
 - a. Ask the client what would be helpful and use the client's words whenever possible.
 - b. Imagine what information you would like to know if you were to outreach this client.
 - c. Include recommendations of mental health specialists, use of professional and natural supports, client strengths.
 - d. Include any background information that may be helpful in dealing with the client directly or information that may be helpful should we have to elicit additional help or services.
 - e. Include any protocols that you would like to have implemented and any helpful hints in dealing with the client.
 - g. Include actual dates of significant events. Do not state that it happened "6 months ago" or "currently".
 - h. Include if the client has a trauma history, history of self-harm or previous suicidal/homicidal threats or behaviors and the details that would be helpful in assisting the client through the crisis.

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- 6. Cultural issues.
 - a. If the client has racial, cultural, language, or other specific needs, the plan shall include information about the client that would be useful to another clinician.
 - b. In addition, recommendations from consultation must be incorporated into the plan.
- B. All copies of client Crisis/Safety Plans will be kept in the client clinical record which is accessible by Clinical Supervisor(s) and YFS Programs Coordinator if needed when attending staff are not available.

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4.4 Crisis Response

POLICY

- A. MIYFS will respond to existing clients in crisis during business hours. For crises that occur during non-business hours, clients shall be informed of the referral system. The referral information shall be available for all clients. If staff capacity limits the ability to respond to crisis, clients in crisis will be referred to Crisis Connections, 988, or 911.
- B. Description of Crisis System: After hours, the caller will be referred to Crisis Connections (206) 461-3222, 988 or 911. All clinical staff will have on their telephone voice messages the Crisis Connections and 911 information.
- C. MIYFS is not a provider of emergency services as described in HB 1688/SB 5618.

PROCEDURE

- A. Informing clients of Crisis Services (for all clients):
 - 1. For all clients, the Therapist instructs clients to contact Crisis Connections Number at (206) 461-3222/988, or 9-1-1 in emergencies involving threat of harm to self or other.
- B. Communicating emergency information:
 - 1. Responding to a Crisis
 - a. Staff shall make every effort to resolve crises in the least restrictive manner possible.
 - b. Response to client emergency (those that, if not provided, would likely result in the need for hospitalization due to imminent concerns about danger to self, others, or grave disability) shall occur when possible, within 2 hours of initial contact during regular business hours; urgent services (those that, if not provided, would result in decompensation to the point that emergency care is necessary) shall occur within 24 hours of initial contact.
 - c. Staff shall have access to the crisis plan.
 - d. Interventions may include:
 - i. Coping strategies identified on safety plan (in client file/record)
 - ii. De-escalation strategies
 - iii. Screen for safety and/or need for crisis systems involvement
 - iv. Refer to Crisis Connections for crisis support and voluntary or involuntary hospitalization
 - v. Contact 911 or press panic button
 - vi. Refer to Emergency Room
 - vii. Assistance with transportation needs
 - viii. Contact parents/guardians/appropriate school personnel
 - ix. Modify safety plan
 - x. Contact Clinical Supervisor or Clinical Lead for guidance

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2. Documentation. All telephone and face-to-face crisis response contacts will be documented, including:
 - a. Source of the referral.
 - b. Nature of the crisis.
 - c. Date and time request for a crisis response was received and date and time a face-to-face response was provided.
 - d. Outcomes, including basis for decision not to respond in person, follow-up contacts made, and referrals made.
3. On-Call.
 - a. MIYFS does not offer on-call crisis services or crisis services to non-clients. All staff that have contact with clinical clients will have a referral to Crisis Connections (988) 206.461.3222/211/988 and 911 on their voicemail as will the primary voice message for the department. Example of message, "If this is an emergency, please hang up and call Crisis Connections at 206.461.3222/2-1-1/988 or call 9-1-1 if you are in danger or at risk of harm."
 - b. Members of the public contacting MIYFS in crisis will be referred to the Intake Line/Coordinator or Clinical Supervisor for referral to appropriate crisis services as indicated.

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4.5 Duty to Warn – Disclosure of Information

POLICY

MIYFS will conform to the requirement to initiate disclosure of information as permitted under Washington State law. “Health care information about a patient without the patient’s authorization, to the extent the recipient needs to know the information, if the disclosure will avoid or minimize an imminent danger to the health or safety of the patient or any other individual, however there is no obligation on the part of the provider to disclose.” (RCW 70.02.050)

DEFINITIONS

Duty to Warn (RCW 71.05.120): “duty to warn or to take reasonable precautions to provide protection from violent behavior where the patient has communicated an actual threat of physical violence against a reasonably identifiable victim or victims. The duty to warn....is discharged if reasonable efforts are made to communicate the threat to the victim or victims and to law enforcement personnel.”

PROCEDURE

- A. A clear and serious threat of harm to another person must be a specifically articulated, credible threat to an identifiable victim. Thinking someone is in danger is not sufficient reason to break confidentiality.
- B. When a client presents a clear and serious threat to another person, the clinician immediately consults with his/her supervisor or the YFS Administrator.
- C. The following elements maybe present for a clear and serious threat to another person to exist:
 - 1. There is a clear imminent danger to an identified person.
 - 2. It can be established that there is reason to believe the client has access to a weapon or method which may assist in carrying out the threat.
- D. If a clear and serious threat of harm to another is revealed, there is an obligation to use reasonable care to protect the intended victim against such danger. A plan is developed that may include:
 - 1. Given the client’s mental status, decide whether to inform the client prior to starting the reporting process.
 - 2. Attempting to keep the client on the premises while law enforcement officers are called and the report is made, if indicated (or in a safe location via telemental health).
 - 3. Immediately calling 911, providing all relevant known information: name, address, telephone number of the client and the intended victim and a full description of the client’s physical appearance, car(s), client’s diagnosis, relationship to the intended victim, names, addresses of client’s significant others, daily routine(s) and so forth. Obtain the name and title of the person(s) to whom the report is made. (Note: use of

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concealed emergency “buttons” in offices complies with MIYFS administrative safety precautions and protocols.)

4. Immediately inform the intended victim of the client’s threat by telephone or other medium known to function for contact with individual client.
 5. Develop a plan for staff safety and follow-up with the client and intended victim, and others, as appropriate. Notify City Threat Assessment Team (see Employee Handbook) via a Clinical Supervisor or YFS Administrator for any credible threat to staff or anyone personally known to staff.
- E. All disclosures, interventions and reporting must be clearly documented in the client’s record.

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4.6 Hospitalization – All Clients

POLICY

MIYFS will provide hospital evaluation referrals and limited crisis response for enrolled clients. Hospital referrals occur when clinically indicated and clients present with acute suicidality, threat to self/others, or present with mental health emergency that threatens their safety or that of another.

PROCEDURE

- A. Deciding to hospitalize a client: Prior to making the decision to refer a client for a hospitalization evaluation, the client is made aware of the Therapist's obligation to intervene on behalf of keeping the client safe. All attempts to give the client "choice and voice" in this matter will be made when a crisis and/or emergency plan is developed at intake or soon thereafter.
 - 1. When a client is willing the clinical staff will refer the client and parents/guardians to an ER for further evaluation. Referrals are typically made to Overlake Hospital or Children's Hospital.
 - 2. Referral to Crisis Connections (206-461-3222)/988 for crisis support (CCORS).
 - 3. Referral to Crisis Connections (206-461-3222)/988 for voluntary or involuntary inpatient evaluation and treatment facilities. Provide information about the client (including location, phone number, names and phone numbers of concerned others who are presently involved),
- B. Responding to hospital emergency departments for clients. Upon receiving a request from the hospital, MIYFS clinical staff will respond by telephone as soon as possible. During the business day the response will usually be within 2 hours. The response may include:
 - 1. Assisting ED staff with information (crisis plans, next day appointments, etc.)
 - 2. Communicate directly with client via phone, if needed
 - 3. Collaborate with Hospital ED on options.
- C. Documentation.
 - 1. All crisis and hospitalization referrals and contact with the client should be documented in the chart notes.
 - 2. Consultation with the Clinical Supervisor must be completed while the client is in the hospital and documented in case notes.

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4.7 Reporting Abuse

POLICY

In accordance with Washington State Law (RCW 26.44.030 and RCW 74.34.035), when any clinician has reasonable cause to believe that a child, adult dependent, vulnerable adult, or developmentally disabled person has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made to the proper law enforcement Department or to the state Department of Social and Health Services. The report must be made at the first opportunity, but in no case longer than forty-eight hours.

DEFINITIONS

- A. Child: Any person under the age of 18 years of age. (RCW 26.44.020)
1. Child Abuse or Neglect: The injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child, adult dependent, developmentally disabled person, by any person under circumstances which indicate that the child's or adult's health, welfare, or safety is harmed, excluding conduct permitted under RCW 9A.16.100. An abused child is a child who has been subjected to child abuse or neglect as defined in this section.
 2. Neglect includes but is not limited to, lack of medical care, lack of adequate food or clothing, as well as lack of supervision appropriate to the age and needs of the child(ren). There is no federal or Washington state law regarding the age which children may stay home alone. In general, children under the age of 10 should not be left on their own, and babies and younger children should not be left alone even for a few minutes. Treatment providers should be alert to children being left alone or with unsuitable caretakers. While abuse can be viewed as acts of commission, neglect tends to be acts of omission.
 3. Negligent treatment or maltreatment: An act or omission which evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the child's or adult's health, welfare, and safety. The fact that siblings share a bedroom is not, in and of itself, "negligent treatment or maltreatment."
 4. Sexual exploitation includes: (a) Allowing, permitting, or encouraging a child to engage in prostitution by any person; or (b) allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person.
- B. Vulnerable Adult (RCW 74.34.020): A person:
1. 60 years of age or older with a functional, mental, or physical inability to care for him or herself, or
 2. Found incapacitated under chapter 11.88 RCW; or
 3. Who has a developmental disability as defined under RCW 71A.10.020; or
 4. Admitted to any facility; or

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5. Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or
 6. Receiving services from an individual provider; or
 7. Who self-directs his or her own care and receives services from a personal aide under chapter 74.39 RCW.
- C. Vulnerable Adult Abuse: The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a vulnerable adult.
- D. Sexual Abuse: any form of nonconsensual sexual contact, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not it is consensual. (RCW 74.34.020)
- E. Physical Abuse: the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or the use of chemical restraints or physical restraints unless the restraints are consistent with licensing requirements, and includes restraints that are otherwise being used inappropriately. (RCW 74.34.020)
- F. Mental Abuse: any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a vulnerable adult from family, friends, or regular activity, and verbal assault that includes ridiculing, intimidating, yelling, or swearing. (RCW 74.34.020)
- G. Exploitation: an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior or causing the vulnerable adult to perform services for the benefit of another. (RCW 74.34.020)
- H. Financial Exploitation: the illegal or improper use of the property, income, resources, or trust funds of the vulnerable adult by any person for any person's profit or advantage. (RCW 74.34.020)
- I. Neglect: A pattern of conduct or inaction by a person or entity with a duty of care to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that avoids or prevents physical or mental harm or pain to a vulnerable adult; or an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, and safety. (RCW 74.34.020)
- J. Individual provider: a person under contract with the department to provide services in the home under RCW Ch. 74.09 (medical care) or Ch. 74.39A (long-term care). (RCW 74.34.020)

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- K. Self-neglect: the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care Department, or an individual provider when the neglect is not a result of inaction by that Department or individual provider. (RCW 74.34.020)
- L. Developmental disability: a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. (RCW 71.A.10.020)

PROCEDURE

- A. Consultation. When any practitioner is uncertain whether a child, adult dependent, vulnerable adult, or developmentally disabled person has suffered abuse or neglect, the clinician should:
 - 1. Consult with the Clinical Supervisor to discuss the disclosure or concern. The YFS Administrator should be notified verbally within 24 hours of the report being made.
 - 2. Make a report to Child Protective Services (CPS) or Adult Protective Services (APS) intake and screening for a consultation. Tell the screener that consultation is needed (note: APS reports taken online). The report must be made at the first opportunity, but in no case longer than forty-eight hours.
 - a. Since CPS and APS are mandated to investigate, if you name the victim or perpetrator, CPS will make a report in all circumstances.
 - b. Be prepared to problem-solve and consult with CPS or APS.
- B. Children.
 - 1. When any practitioner has reasonable cause to believe that a child has suffered abuse or neglect, the clinician should report such incident directly to law enforcement and to the Department of Social and Health Services (CPS) as indicated.
 - 2. The report must be made at the first opportunity, but in no case longer than forty-eight hours. The report must include the identity of the accused if known.
 - 4. The reporting requirement above does not apply to the discovery of abuse or neglect that occurred during childhood if it is discovered after the child has become an adult. However, if there is reasonable cause to believe other children are or may be at risk of abuse or neglect by the accused, the reporting requirement does apply.
 - 4. For reports to CPS, consider including a parent/guardian in the reporting procedure, if possible, by having the parent/guardian make the report or informing the parent/guardian that a report will be made. Note: Involving the parent/guardian in

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reporting does not relieve the clinician of reporting requirements. Consult with a Clinical Supervisor before involving parent/guardian.

5. Telephone Reports: 1-800-609-8764. CPS provides 24-hour emergency response to reports of child abuse or neglect that indicate a child is at imminent risk of serious harm. All reports are accepted by CPS and screened for sufficiency of information. Those reports meeting the legal definition of child abuse, or which indicate a child is at imminent risk of abuse or neglect are prioritized for investigation.
6. DSHS may conduct ongoing case planning and consultation with persons and agencies required to report. Information considered privileged by statute and not directly related to reports required by RCW Ch. 26.44 must not be divulged without a valid written waiver of the privilege (RCW 26.44.030(7)).
7. School-based counselors: consider informing a school administrator as indicated. The administrator will participate in following the school district protocol for mandated reporting.
8. A written report is required, and the CPS/APS Reporting Form will be used and due within 48 hours of a report. The report should contain:
 - a. Name, address, and age of the victim;
 - b. Name, phone number and address of the parents, stepparents, guardians, or other persons having custody of the child;
 - c. The nature and extent of the alleged injury or injuries;
 - d. The nature and extent of the alleged sexual abuse;
 - e. Any evidence of previous injuries, including their nature and extent; and
 - f. Any other information which may be helpful in establishing the cause of the child's death, injury, injuries and the identity of the perpetrator or perpetrators.

C. Vulnerable Adults.

1. When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, an immediate report must be made to APS.
2. When there is reason to suspect that sexual assault has occurred, a report must be made immediately to the appropriate law enforcement Department and to APS.
3. When there is reason to suspect that physical assault has occurred or there is reasonable cause to believe that an act has caused fear of imminent harm, a report must be made immediately to APS and to law enforcement.
4. A report is not required if an incident of physical assault between vulnerable adults causes minor bodily injury and does not require more than basic first aid unless one of the following is true:

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- a. Requested by the injured vulnerable adult (or legal representative or family member)
 - b. The injury is on the back, face, head, neck chest, breasts, groin, inner thigh, buttock, genital, or anal area;
 - c. There is a fracture;
 - d. There is a pattern of physical assault involving the same vulnerable adults;
 - e. There is an attempt to choke a vulnerable adult.
5. A report may be made when there is reasonable cause to believe that a vulnerable adult is being/has been abandoned, abused, financially exploited, or neglected.
6. The report should contain the following:
 - a. Name, phone # and address of the person making the report;
 - b. Name, phone # and address of the vulnerable adult and facility or department providing care for the adult;
 - c. Name, phone # and address of the legal guardian;
 - d. Nature and extent of the abandonment, abuse, financial exploitation, neglect, or self-neglect;
 - e. History of previous abandonment, abuse, financial exploitation, neglect, or self-neglect;
 - f. Identify of the alleged perpetrator, if known;
 - g. Other information that may be helpful in establishing the extent of abandonment, abuse, financial exploitation, neglect, or cause of the death of the deceased vulnerable adult.
7. The identity of the person making the report is confidential, unless there is judicial proceeding or the person consents.
8. Oral reports should be made to: APS: 1-866-221-4909, 8:00 a.m. - 5:00 p.m. After hours leave a voice mail message. For emergencies, call 911. On-line reporting is available: <https://www.dshs.wa.gov/altsa/adult-protective-services>
9. Written reports (CPS/APS Reporting Form) are sent to the Clinical Supervisor for review. Phone notification must be given to the YFS Administrator within 48 hours of a report being made.

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4.8 Risk Occurrence

POLICY

Risk occurrences shall be reported and addressed in accordance with City policy.

PROCEDURE

- A. Comply with City reporting policy for all risk occurrences related to clients/staff including death, assault, injury, property damage, exposure to blood-borne pathogens, security, theft, and other occurrences that place clients or staff at risk.
- B. Clinical Review. Reviews of Incident Reports involving clients must be scheduled within 30 days of learning of the event.
 1. The YFS Administrator is responsible for scheduling a review meeting to include all required participants for investigation and follow-up of the incident.
 2. Participants. The following individuals shall be present for Review Meetings:
 - a. Service Provider
 - b. Supervisor
 3. For clinical incidents, the case should be reviewed for:
 - a. The identification of all factors that might have contributed to the event.
 - b. The identification of any factors that might be altered in the future to prevent similar events occurring.
 - c. A strategy to alter these factors. Such factors may include:
 - i. A change in the client's treatment plan,
 - ii. A new policy and procedure addressing the needs of similar clients,
 - iii. Staff training,
 - iv. Other interventions.
 4. In addition, the case should be reviewed for:
 - a. Intensity of services,
 - b. Outreach and engagement,
 - c. Range of interventions,
 - d. Appropriate referrals
 - e. Whether the Crisis Plan had been updated,
 - f. What crisis interventions were followed,
 - g. Ways to minimize future occurrences,
 5. Follow-up may occur by any of the above individual to include issues related to client care and client behavior. Follow up may include:

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- a. Contacting the City Attorney about possible litigation or claims.
- b. Participating in department, unit, committee, or administrative reviews of the occurrence.
- c. The YFS Administrator and Clinical Supervisor shall summarize all follow-up activities for the incident and ensure all plans for corrective action following a review or investigation are implemented, and that findings are incorporated into all administrative areas as necessary for quality assurance and improvement.

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4.9 Suicidal Clients

POLICY

In cases where there appears to be substantial potential for self-injurious or suicidal behavior, every effort will be made to intervene in a way to avoid harm to the client. There shall be consultation before determining disposition.

PROCEDURE

- A. Consultation. On identification of a client with substantial potential for suicide, the clinician should consult with the Clinical Supervisor.
- B. Intervention/Documentation:
 - 1. All recommendations, concerns, and plans should be documented in Progress Notes:
 - a. Risk factors to consider:
 - i. Presence of a suicide plan.
 - ii. Ability to contract for safety.
 - iii. Historical risk factors (Psychiatric disorder, medical illness, previous suicide attempt, etc. -see Suicide risk assessment form)
 - iv. Situational risk factors (family or marital conflict, unemployment, social withdrawal, medical problems, loss, recent discharge from inpatient unit)
 - v. Current suicide-specific risk factors: Suicidal desire and ideation vs. resolved plans and preparation
 - vi. Current symptomatic and psychological risk factors: response to life circumstances (suicidal ideation, suicidal intent, current suicide plan, access to lethal means, suicide preparation, research or assembling means, suicide rehearsal or recent attempts, giving away possessions, writing suicide note.)
 - vii. ASQ9 is available to rate lethality.
 - b. Possible Interventions:
 - i. Interventions for suicide taken from the suicide risk assessment form (see form)
 - ii. Connectedness
 - iii. Depression treatment
 - iv. Means restriction
 - v. Safety planning
 - vi. Intensity of treatment.
 - vii. Increased frequency of visits.
 - viii. Increased level of outreach and engagement.
 - ix. Coordinated substance abuse treatment, if indicated.
 - x. Attempts to remove access to lethal instruments.

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- xi. Attempts to increase the level of community support systems.
 - xii. Psychotherapy, if indicated.
 - xiii. Medication evaluation.
 - xiv. Inform client of community crisis system: Give clients the Crisis Connection phone number (206-461-2222) or 988.
 - c. Review intensity of treatment:
 - i. Consider referral for hospitalization.
 - ii. Consider referral for crisis services.
 - d. Ongoing monitoring.
 - i. Level of suicidality as needed (consider at every visit or weekly until client has denied suicidal ideation for at least one month). Consult with supervisor if client not compliant with treatment regime/scheduled appointments.
 - ii. Monitor risk factors for clients who are at risk.
- 2. The Crisis Plan must be updated for those clients with such plans.
- 3. The Treatment Plan should be updated to include suicide intervention strategies.
- C. Communication: The Therapist is responsible for notifying the treating psychiatrist (if indicated), Clinical Supervisor, and all treatment team members of the client's status, and documenting this notification in a Progress Note.

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4.10 Violent Clients

POLICY

MIYFS staff will be aware of how to best respond to violent clients to maximize their safety and that of the others and the client.

PROCEDURE

City of Mercer Island protocol will be followed when dealing with a violent client as outlined in the Employee Handbook.

Every precaution shall be taken to secure the safety of clients and staff. In cases of violence (i.e., harming oneself, others, or property), the least intrusive interventions possible shall be used to provide for the safety of clients, staff, and visitors. It is the policy of MIYFS to use verbal de-escalation as the primary means of averting violence in all situations. In the case of violent adults or teens, when verbal de-escalation is ineffective, evasion and law enforcement/emergency response intervention may be utilized. See MIYFS In-Person Office and Safety Procedures.

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5.1 Clinical Internships

POLICY

MIYFS will enter into an agreement(s) with local academic training institutions and host mental health clinical interns who will receive clinical supervision and oversight by a duly credentialed and/or assigned staff person. The number of internships offered will be determined in consultation with the YFS Administrator and YFS Programs Coordinator.

PROCEDURE

MIYFS Clinical Supervisor or YFS Administrator will engage in clinical training programs and offer internship placements/volunteer opportunities with MIYFS as available.

- A. Interview perspective volunteer interns for appropriateness.
- B. Determine that internship requirements and MIYFS capacities align.
- C. Complete internship agreement between City and training institution.
- D. Clinical Supervisor or YFS Administrator will onboard interns as City Volunteers and provide orientation, training, ongoing supervision, technical equipment, space as indicated and other tools for interns to provide supervised care.
- E. Interns are part of the MIYFS clinical team and receive weekly individual supervision, weekly team/group supervision, and informed supervision/consultation as indicated.
- F. Interns are expected to follow duties of the MIYFS Individual and Family Therapist or School-based Counselor depending on their placement and agreement.
- G. MIYFS internships typically last 1-1.5 years and are not typically eligible for financial compensation.
- H. Interns are expected to follow all City and MIYFS Policies and Procedures.

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5.2 New Hire Trainings

POLICY

Training on internal policies and procedures for all clinical staff and interns (those that create PHI or are deemed in need of training due to their status/permissions regarding PHI) shall occur at the time of hire and occur over the next 30 days. Training may occur through supervision, staff consultation, online trainings and outside trainings and workshops. (WAC 246-809-632, 246-809-610 & 246-809-630). Outside trainings will be an option when indicated and when funding is available.

All clinical staff, including clinical externs and interns, will receive a Youth & Family Services orientation at hire, that will include an overview of the administrative, personnel, and clinical policies and procedures. This training is in addition to hiring/training procedures required by the City of Mercer Island.

PROCEDURE

- A. Within 30 days of hire or start of internship, staff in the Youth & Family Services program will complete the following trainings (in addition to required City trainings):
 1. Clinical Program Policies and Procedures
 2. Client Rights
 3. Complaints and Grievances
 4. Confidentiality
 5. Cultural Competency/Humility (HHS.gov Improving Cultural Competency for Behavioral Health Professionals) Mandatory Reporting, APS (Mandatory Reporter Training website <https://www.dshs.wa.gov/altsa/home-and-community-services/mandatory-reporter-training-topics>) or Alliance for Child Welfare - <https://allianceforchildwelfare.org/> Mandatory Reporting, CPS (CPS video)
 6. Staff ethical standards and conduct (WAC 246-809-632)
 7. Simple Practice Electronic Medical Records and Telemental Health system
 8. Suicide assessment, treatment, and management (WAC 246-809-615)
 9. Supervision, if applicable
 10. Telehealth (Washington State Healthcare Professional Telemedicine Training)
 11. Security & Privacy Standards and Practices (City and MIYFS)
 12. Security Policies and Procedures (MIYFS)
 13. Informed Workplace practices
- B. The New Hire Training Check List will note the required above trainings and signed by the new employee or volunteer (intern/extern) and their direct supervisor. The direct supervisor is responsible for monitoring the completion of all required trainings.
- C. Annually MIYFS staff will meet with their supervisor to determine their individualized training/professional development plan in conjunction with their annual performance review for the City of Mercer Island. The plan may include trainings in areas specific to their job and/or for completion of continuing education requirements (WAC 246-809-632, 246-809-610 & 246-809-630).

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- D. CEU requirements: MIYFS will confirm staff up to date and/or plan to ensure compliance with CEU requirements for licensure and certification in Washington State, including training on suicide prevention, ethics, health equity (2023, WAC 246-12-730) and as indicated or assigned.

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5.3 Professional Boundaries/Ethics

POLICY

Counselors advance the welfare of families and individuals. They respect the rights of those people seeking their assistance and make reasonable efforts to ensure that their services are used appropriately.

MIYFS clinical staff will maintain professional boundaries in accordance with WA State professional standards of practice and in accordance with the standards established by professional organizations associated with their individual licensure or certification. Interns, externs, and those working under the license of another MIYFS staff or supervisor will maintain professional boundaries in alignment with standards associated with the licensure of that person's credential. Professional boundaries will be a regular part of clinical supervision, team consultation and addressed in performance evaluations.

PROCEDURE

As a condition of employment, MIYFS clinical staff must be aware of and follow the professional boundaries that guide their credentialed practice, practice within these guidelines, and bring all potential boundary violations and potential violations to their Clinical Supervisor for consultation. Consultation is required in part because MIYFS recognizes that maintaining professional boundaries requires consideration of the unique therapy-client relationship as well as other principles and laws of clinical practice that impact the determination of professional boundaries.

The following considerations and practices will be followed by MIYFS clinical staff and those required to do so by MIYFS, the City of Mercer Island, or the YFS Administrator. General professional boundary requirements are part of job descriptions and can be modified with those having due authority in the City to help establish appropriate clinical boundaries in support of supervised clinical practice. The following principles are core professional boundaries that shall be maintained while still complying with all policies and procedures applicable to employees of the City of Mercer Island, Department of Youth and Family Services, including those from Human Resources and the MIYFS Security and Privacy Policy and Procedures:

- A. **Non-Discrimination.** Counselors provide professional assistance to persons without discrimination based on race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.
- B. **Informed Consent.** Counselors obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented. When persons, due to age or mental status, are legally incapable of giving informed consent, Counselors obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

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- C. **Multiple Relationships.** Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, clinicians document the appropriate precautions taken.
- D. **Sexual Intimacy with Current Clients and Others.** Sexual intimacy with current clients, or their spouses or partners is prohibited. Engaging in sexual intimacy with individuals who are known to be close relatives, guardians or significant others of current clients is prohibited.
- E. **Sexual Intimacy with Former Clients and Others.** Sexual intimacy with former clients, their spouses or partners, or individuals who are known to be close relatives, guardians or significant others of clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. After the two years following the last professional contact or termination, to avoid exploiting the trust and dependency of clients, Counselors should not engage in sexual intimacy with former clients, or their spouses or partners. If clinicians engage in sexual intimacy with former clients, or their spouses or partners, more than two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client, or their spouse or partner.
- F. **Reports of Unethical Conduct.** Counselors comply with applicable laws regarding the reporting of alleged unethical conduct.
- G. **No Furthering of Own Interests.** Counselors do not use their professional relationships with clients to further their own interests.
- H. **Client Autonomy in Decision Making.** Counselors respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Clinicians clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.
- I. **Relationship Beneficial to Client.** Counselors continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.
- J. **Referrals.** Counselors assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.
- K. **Non-Abandonment.** Counselors do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.
- L. **Written Consent to Record.** Counselors obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.

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- M. **Relationships with Third Parties.** Counselors, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.
- N. **Telemental Health.** Prior to commencing telemental health therapy services through electronic means (including but not limited to phone and Internet), Counselors ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, Counselors must: (a) determine that electronic therapy is appropriate for clients, considering the clients' intellectual, emotional, and physical needs; (b) inform clients of the potential risks and benefits associated with electronic therapy; (c) ensure the security of their communication medium; and (d) only commence electronic therapy after appropriate education, training, or supervised experience using the relevant technology.
- O. **Confidentiality.** Counselors have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Clinicians respect and guard the confidences of each individual client.
1. **Disclosing Limits of Confidentiality.** Counselors disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients' right to confidentiality. Clinicians review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.
 2. **Written Authorization to Release Client Information.** Counselors do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.
 3. **Confidentiality in Non-Clinical Activities.** Counselors use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with principles herein, or when appropriate steps have been taken to protect client identity and confidentiality.
 4. **Protection of Records.** Counselors store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.
 5. **Preparation for Practice Changes.** In preparation for moving from the area, closing a practice, or death, Counselors arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

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6. **Confidentiality in Consultations.** Counselors, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.
7. **Protection of Electronic Information.** When using electronic methods for communication, billing, recordkeeping, or other elements of client care, Counselors ensure that their electronic data storage and communications are privacy protected consistent with all applicable law. (Reference MIYFS Security and Privacy Policy and Procedures).

P. Professional Competence and Integrity

Maintenance of Competency. Counselors pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, or supervised experience.

Knowledge of Regulatory Standards. Counselors maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

Seek Assistance. Counselors seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

Conflicts of Interest. Counselors do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

Veracity of Scholarship. Counselors, as presenters, teachers, supervisors, consultants, and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

Maintenance of Records. Counselors maintain accurate and adequate clinical and financial records in accordance with applicable law.

Development of New Skills. While developing new skills in specialty areas, Counselors take steps to ensure the competence of their work and to protect clients from possible harm. Counselors practice in specialty areas new to them only after appropriate education, training, or supervised experience.

Harassment. Counselors do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

Exploitation. Counselors do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

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Gifts. Counselors do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship. (See also City of Mercer Island policy and procedures.)

Scope of Competence. Counselors do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

Accurate Presentation of Findings. Counselors make efforts to prevent the distortion or misuse of their clinical and research findings.

Public Statements. Counselors, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

Separation of Custody Evaluation from Therapy. To avoid a conflict of interest, Counselors who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. Counselors who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.

Clinicians that leave the agency are not bound by a non-compete expectation.

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5.4 Staff Consultation

POLICY

MIYFS will provide clinical staff adequate supervision and consultation to meet standards of practice, provide oversight of clinical cases, provide support for staff, and provide personal/ professional development as possible where indicated. MIYFS encourages personal and professional growth, clinical excellence, and a culture of learning from each other's experience and support.

PROCEDURE

- A. MIYFS Clinical Team/ Clinical Consultation Breakouts: The MIYFS Clinical Team, membership including mental health staff and others who create PHI as well as case managers/social workers engaged in direct client services, meet weekly for "Clinical Team" group supervision and case consultation. Optionally, the Clinical Team will meet in two consultation groups on regular meeting days when external consultants are not present. These groups will consist of school-based staff in one meeting and community-based staff in another.
- B. The intent of this breakout is to enhance the benefit of consultation meetings for staff by allowing each subgroup to better focus on their unique populations served and to increase the opportunity for enhanced depth/authenticity and number of consultations within the smaller group size.
- C. Meeting structure: 5 minutes for grounding/ centering and check ins. 10-15 minutes for small breakout rooms. Remainder of time for clinical case consultation. (Meetings attended by outside consultants will focus entirely on case consultations aligned with the specialty of the consultant.)
- D. Ground Rules: Effective meetings have ground rules for its members: Respect the views of others. One person speaks at a time/do not interrupt. Keep the discussion relevant. Be punctual and prepared. OK to disagree respectfully. Be attentive and listen. Confidentiality is maintained.
- E. Staff considerations and practices for effective clinical consultations:
 1. Start with the end in mind.
 2. Consider what you want to accomplish in the meetings: Do you want feedback from your peers? Do you want to learn about a particular theory or methodology? Do you want to formally staff cases? Are you looking for resources for a particular client? All of these are possible, so frame your needs up front and use the "I am asking for..." board for cues.
 3. It is about you and your performance: Clinical consultation is an opportunity for you to seek and receive feedback about your performance from other professionals that you respect. Give some thought to how you (and the others in your group) want to receive that feedback. Do you need to be invited to provide difficult feedback before you do so?

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4. Present clinical cases professionally: If staff are going to focus on formally staffing cases (and even if you are not), they may find it helpful to agree upon a structure for presenting your cases to your group. There is no one “right” way but agreeing ahead of time will make sure everyone is covering the basics. The use of MIYFS presentation forms may be helpful.
5. Share the time: One of the decisions to be made is how you will share the time you have allotted for your consultation group (typically 15 minutes per case).
6. Staff are expected to contribute to group clinical consultations and present cases periodically to benefit team learning.

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5.5 Staff Supervision/Clinical Team

POLICY

MIYFS provides clinical supervision to staff that provide direct mental health/psychotherapy services to clients to enhance efficacy of treatment, provide support to staff, help ensure professional/ ethical/ informed practice, and to support the efficacy of service provision in alignment with best clinical practices.

PROCEDURE

- A. Individual Supervision is provided with the therapist (or Clinical Supervisor) for one (1) hour/week by the Clinical Supervisor (or YFS Administrator). On an individual basis, it will be determined if an every-other-week supervisory schedule is indicated.
- B. Supervision will include discussion of necessary and pertinent information related to each clinician's unique case load, professional development, job description and other clinical needs at that time.
- C. Issues addressed in supervision include transference/countertransference, support for therapist, treatment modality, treatment progress, treatment planning, phases of treatment, termination planning, ethics, impact of race/ culture/ ethnicity, referrals and other matters related to the providing professional psychotherapy.
 1. Clients with Trauma History. When the clinician indicates that they are working with a client or clients who present with a trauma history, consider:
 - a. The impact of trauma the client and children in the family system
 - b. Multigenerational trauma
 - c. Development and monitoring of a safety/crisis plan
 - d. Personal and professional boundaries
 - e. De-escalation strategies
 - f. Self-care
 - g. Secondary and vicarious trauma (client and provider)
 - h. Cultural differences in responding to trauma
 2. Clients from special or minority populations, consider:
 - a. Client understanding of issue and treatment through a cultural lens
 - b. Support clinician learning about culture (avoid client being responsible for doing do)
 - c. Seek outside consultation when indicated
- D. Group Supervision: group clinical supervision in the "Clinical Team Meeting" takes place on a weekly basis. Group supervision allows clinicians to present cases in a protected and confidential space among professional peers and receive feedback on support for treatment questions and issues.

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1. Once per month, the group is joined by a consultant in child/family psychotherapy.
 2. Once per quarter, as available, the group is joined by a practicing child psychiatrist consultant.
- E. Clinical Team: The MIYFS “Clinical Team” is comprised of mental health outpatient and school-based staff, as well as direct service case management providers and Clinical Supervisors (and YFS Administrator) and clinical interns (and staff assigned).
1. Clinical Team Mission Statement: Our clinical team provides comprehensive counseling and support services across lifespans
 2. Clinical Team Vision Statement: We are a team of multidisciplinary clinicians providing high-quality, affordable human services to all ages in a creative and efficient manner. We collaboratively respond to the needs of our community (Mercer Island). We value maximizing strengths, respecting confidentiality, and celebrating differences.
- F. Principles and Practices of Clinical Team
1. Client Centered: we continue to make our client our primary mission. Serving this outcome includes supporting a positive work environment with good communication among staff and balanced other care/ self-care work practices.
 2. Health Focused: We provide support, teach skills, and help clients process feelings, experiences, and thinking to strengthen emotional, cognitive, relational, and physical health.
 3. Commitment to Learning: We better serve clients through our ongoing growth and competence as clinicians by sharing information, attending trainings, and following literature and publications on new research and findings. We invite speakers and provide training at Clinical Team meetings.

SECTION 6 CASE MANAGEMENT/NON-CLINICAL SERVICES

6.1 Case Management Services (youth, adults, seniors)

POLICY

Case management services at MIYFS will meet all general minimum professional standards of the National Association of Social Workers (NASW) for community support services, plus the following additional minimum requirements:

PROCEDURE

- A. Assist clients to achieve the goals as co-developed in their individualized service plan.
- B. Support client employment, education, or participation in other daily activities appropriate to their age and culture.
- C. Make referrals to other needed services and supports, including regional case management supports, treatment for substance use and co-occurring disorders and health care.
- D. Assist clients to resolve crises in least-restrictive settings.
- E. Include, as necessary, referral to Emergency Assistance program for flexible application of funds, such as rent subsidies, rent deposits, and in-home care to enable stable community living.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

6.2 Emergency and Family Assistance Services

POLICY:

MIYFS provides case management and limited financial support, resources, and referrals for Mercer Island residents facing financial, housing, or other crises through enrollment in the YFS Emergency Assistance (EA) program. Enrollment in the EA program is based on income eligibility and affirmation of residency status in 98040. Some services such as financial support are based upon availability of resources in the EA budget or as otherwise authorized by the Mercer Island City Manager or their designee. Services include financial support, food assistance, and employment support. Services are available to youth and adults via the EA Coordinator.

PROCEDURE:

- A. Eligibility Determination: MIYFS offers income-qualified Mercer Island residents EA assistance services via the program's coordinator. EA clients must meet with the EA Coordinator to be eligible.
 - 1. EA customers must be Mercer Island residents (98040), including individuals and families experiencing homelessness on Mercer Island in certain circumstances (proof of temporary residency or its equivalent required).
 - a. Clients of the service must be Island residents based upon provision of government issued documents for personal identification and a rental/ lease/ mortgage documentation provided by a landlord to establish residency and a current bill emailed from Puget Sound Energy to MIYFS.
 - b. Individuals and families experiencing homelessness are afforded one-time food pantry use. The EA Coordinator will make individual determinations of overall service eligibility based on the ability to establish residency or its equivalency.
 - 2. Household earnings of under 80% of the King County HUD median income (provision of formal financial statements required) within the past six months from time of application.
 - a. Bank statements, tax forms and other PFI/proof of income retained only for eligibility purposes.
 - b. Eligibility is noted in the file then PFI documents can be returned or destroyed.
 - c. MI residents are "pre-qualified" for EA and do not need any additional income verification if they are a part of the following programs:
 - i. A resident of Grace Place (signed HUD Certificate)
 - ii. SSI
 - iii. TANF
 - iv. ABD Cash Assistance
 - v. SNAP if document documented within 30 days prior to application.
 - 3. Willingness to engage in case management services to a level mutually agreed upon in the confidential relationship between EA Coordinator and customer.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

B. Services:

1. EA Coordinator provides confidential, individualized case management, financial and employment support aligned with NASW guidelines and ethics (or pertinent professional affiliation).
2. EA Coordinator maintains community relationships with providers and funders as determined in consultation with Clinical Supervisor and/or YFS Administrator to promote the good will and relationships that help support the service.
3. Case management services include systems navigation, employment support, referral to external resources, accessing other support systems, and access to MIYFS Food Pantry
4. Financial support includes a maximum level per 12-month period determined as part biennial budget process.
 - a. Allowable use includes rent, utilities (gas, electric, water), health insurance premiums, medical bills not in collections, medical prescriptions, medically necessary equipment (glasses, A/C), dental, gas for transport to interviews, school or medical appointments, bus pass, food cards during period awaiting food assistance.
 - b. Additional needs as approved by the EA Coordinator to meet individualized goals for financial stability.
 - c. Additional \$600 allowable/available annually toward emergency childcare to support parent employment stability (as funding allows).
 - d. Case management support from EA Coordinator where efforts will support a comprehensive financial support plan for all enrolled customers combining MIYFS EA funds with other available local, regional, and federal supports to promote financial stability.
5. MIYFS Food Pantry provides weekly food support to Island residents (see MIYFS Food Pantry Policy). The EA Coordinator sets EA eligibility policy in consultation with MIYFS leadership who collaborates with and takes direction from City Leadership. Eligibility includes Mercer Island proof of residency and willingness to meet with EA Coordinator to confirm. Proof of residency includes original or official copy of documentation from an official government entity showing identity and current bill emailed from Puget Sound Energy to MIYFS.
6. Back to school backpack and supplies program coordinated for EA enrolled/ eligible families.
7. Holiday meal and gift program coordinated for EA enrolled/eligible families.
8. Additional support programs implemented as indicated and in consultation with MIYFS leadership who collaborates with and takes direction from City Leadership.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

Funding exceptions: individual needs can be supported if outside policy on a case-by-case basis if align with EA objectives and with approval by MIYFS Clinical Supervisor or Department Administrator.

- a. EA Coordinator completes "EA Exception Form;" authorized signature approves eligibility or use of funds and confirms alignment with mission of program. (Note: income documentation always required.)
- b. EA Coordinator files "EA Exceptions Form" in customer file.

Types of exceptions. Residency requirement can be waived due to:

- a. Current enrollment in MIYFS clinical services (outpatient mental health, school-based, senior services)
- b. If MISD has granted exception for family's children to attend district schools
- c. MI resident that has become homeless within past year
 - i. Financial assistance can occur for purchases of unique items that support case management and program goals while aligning with individual needs of customer.
 - ii. Financial eligibility exceptions re: length of income history, household number and emergent conditions (medical, domestic violence, etc.) may be considered, however income documentation is always required.

C. Intake Process:

1. The EA Coordinator conducts individual intake assessments and qualification screenings (income and residency) and offers social work and case management services according to National Association of Social Workers (NASW) standards. Efforts to reduce barriers to services include:
 - a. Residents can contact the EA Coordinator and request services, or;
 - b. Call the MIYFS intake line and request services, or;
- B. The EA Coordinator receives supervision from the Clinical Supervisor and consults as indicated (weekly supervisor offered; minimum of supervision every-other-week).

D. Funding: EA Coordinator tracks budget expenditures with support from MIYFS Programs Assistant to the degree necessary to keep within budget parameters.

E. Documentation:

1. Records will be considered confidential and stored securely in alignment with MIYFS Safety and Security Policies and Procedures. EA files are not considered to contain PHI, but may contain PFI
2. Files will be created and maintained by the EA Coordinator and contain only those records and notes related to programmatic work and needs.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

3. PFI and other confidential eligibility documentation will be retained only as long as needed for procedural purposes.
 - a. PFI, including income documents, can be observed by MIYFS staff and the EA Income Verification Form can be signed and filed in a client chart instead of retaining original documents.
 - b. The Income Summary form must be signed by the EA Coordinator. The Clinical Program Manager then reviews and signs the form to confirm income documents met policy.
 4. Files will be closed and noted as such on the Emergency Assistance Record form when the EA Coordinator decides the relationship is ended, the client decides to end the relationship, or (with no other relationship in place), financial assistance funds are exhausted for that calendar year.
- F. File Retention. Case management files are retained and destroyed following the City of Mercer Island file retention protocols. In addition, economic assistance applications, retained under "Client Case Files (Support Services) (SS50-25-08)" reference: municipal file retention category of "Social Services Records Retention Schedule Version 1.2 (December 2018)," a case file will be closed when funding has been exhausted.
- G. Definitions and Considerations:
1. Eviction or utility shut-off notice not required to qualify for rent assistance.
 2. Income eligibility to include all sources able to show how rent has been covered for the last six months.
 3. (2018) EA funds can be used toward move-in costs for MI residents moving from one location on Island to another location on Island. (Not for move-in costs for people moving onto the Island.)
 4. No limit to frequency of application; all qualification standards apply (funding maximum per 12-month period remains unchanged).
 5. City funds may be used to pay to individual landlords if they submit a W-9 form to identify the entity as a vendor.
 6. Divorce legal fees paid during the last six months will be subtracted from the average monthly income total.
 7. Child support paid to children living outside of the client's household to be subtracted from the average monthly income total.
 8. Unexpected expenses paid toward medical bills in last six months will be subtracted from average monthly income total.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

9. Alternatives to Puget Sound Energy bill can be governmental or medical official documents received within the past 30 days postmarked for Mercer Island address.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

6.3 Address Confidentiality Program (ACP)

POLICY

WAC 434-840-017 requires the City to “accept the substitute address issued by the secretary of state as the only address for all program participants when the participant provides the address and authorization card(s) and authorization number.” Verified ACP participants will have their substitute address as the address of record for case management case files. The City of Mercer Island does not accept the substitute address as evidence of Mercer Island residency. ACP program verification does not replace any required documentation related to eligibility determination for emergency assistance as outlined in [section 5.2](#).

PROCEDURE

- A. Program Verification. Address Confidentiality Program (ACP) participants must verify ACP participation by providing the authorization card and authorization number issued by the Secretary of State (SOS). Authorized YFS staff will contact SOS to verify that the card is valid, and participation is current. The client will sign a YFS Release of Information form authorizing this confidential contact. The Release of Information will be retained in client file. Address on income verification documents will be redacted before processing for program eligibility.
- B. Documentation:
 - 1. See [Section 5.2](#), Emergency Assistance Program: Documentation for overall policy related to Emergency Assistance files.
 - 2. For verified ACP program participants, files related to Mercer Island residency will be retained only as long as needed for procedural purposes.
 - a. **Residency Verification:**
 - i. Puget Sound Energy (PSE) bill will be received directly from PSE via fax and will be reviewed by authorized YFS staff. This document will be returned to the client once reviewed and not retained in the client file.
 - ii. If Mercer Island School District enrollment and current attendance verification is used to confirm residency and/or to confirm multi-person household, a YFS Release of Information form authorizing this confidential contact will be signed. This Release of Information form will be retained in the file.
 - iii. A copy of the government issued photo identification will be retained in the client file. Copy of ACP authorization card(s) and authorization number will be retained in client file. Any individuals with the same ACP PO Box will be considered part of the same household.
 - b. **Rental Assistance:**
 - i. Lease will be provided directly by Landlord or Property Manager via US mail. A current PSE bill will be faxed directly to MIYFS corroborating

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

residential address on lease. This document will be returned to the client once reviewed and not maintained in the client file.

- ii. Client will sign a YFS Release of Information form allowing authorized YFS staff to communicate with the Landlord or Property manager to facilitate payment. This document will be retained in the client file.
- iii. For any rental payment remittance, the City of Mercer Island requires a lease to create a vendor within the payment management system. For clients with an ACP verification, YFS staff will redact the name of the client on lease documentation prior to remitting information to the City's Finance Department. This lease, with redacted client name, will be retained in the Finance vendor file.

c. **Utility Assistance Documentation:**

- i. Utility bill will be faxed to MIYFS from PSE. Following payment, the residential address will be redacted, and the bill will be retained in client file with redacted address.
- ii. Account numbers will only be used for transmitting payment.
- iii. Client will sign a YFS Release of Information form allowing authorized YFS staff to communicate with the utility company to facilitate payment. This document will be retained in the client file.

- C. ACP address will be the only address used on EA application. Any mailed communication with client from YFS will only utilize the substitute address.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

6.4 Mobile Integrated Health Case Management

POLICY

MIYFS provides support, resources, referrals, and case management for the Mercer Island community referred through referrals from the Mercer Island Fire Department (MIFD) into the Mobile Integrated Healthcare (MIH) program. MIH connects low-acuity and vulnerable EMS clients to appropriate resources and provides care coordination for individuals with complex needs. MIYFS MIH will be responsible for contacting and supporting community members with mental health, medical, behavioral health, substance use, housing, and other human service needs. MIH case management services will function in coordination with MIFD, and service goals will include reduction of 911 recidivism.

PROCEDURE

A. Eligibility

1. MIYFS will register the MIH program with the regional EMS Division and assist with regional MIH assessment, reporting key indicators to the EMS Division, King County EMS Advisory Committee (EMSAC), and other entities as requested or indicated.
2. MIH will function as a “referral” model. Contact will be made with clients referred to the MIH program by MIFD. Referrals to the MIH program will come from direct responder contact and will appear as a referral in the technology infrastructure, Julota, that allows coordination of electronic records between various community care organizations. Health records and requests for MIH intervention will be coordinated through Julota.
3. Upon receiving a referral, the MIH Intervention Specialist will contact the client via phone or in-person visit and begin services. Method of contact will be in consultation with MIFD and consider the disposition of case. MIFD personnel will attend at minimum the first outreach appointment with MIH staff.
4. Individuals referred to the MIH program will need to voluntarily consent to services. The MIH client can choose to engage, disengage, or re-engage with MIH services at any time.
5. Information provided to the MIYFS program by first responder entities, as well as all information and documentation of ongoing care or case management, will be stored in Julota within the client’s file. Julota is a secure, confidential platform that only allows authorized access to records.
6. If appropriate and allowed under confidentiality, the MIH Specialist will provide feedback to the referring MIFD crews on the disposition of the referral, including case status and outcome. Appropriate consent for communications will be obtained as indicated.
7. The MIYFS MIH Provider will be part of the YFS Clinical Team, receiving supervision from a Clinical Supervisor, and technical human services support as indicated from professional colleagues in the YFS Department.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

B. Services

1. MIH Intervention Specialist provides confidential, individualized case management, referral, and linkages to local resources aligned with NASW guidelines and ethics (or pertinent professional affiliation).
2. MIH intervention specialist case management includes making referrals and linkages to indicated services and supports, including regional case management services, employment support, treatment for substance use and co-occurring disorders, mental health care, preventative care, life-planning, social connections, and health care. These services are designed to reduce frequent use of emergency services and support overall health and wellbeing of the community member.
3. Assist clients to resolve crises in least restrictive settings and decrease 911 and first responder usage for non-emergency issues.
4. Coordination of support with the client's family and/or other natural support networks, emergency first responders, city and/or regional resources.
5. Include, as necessary, referral to local CMI services offered through the YFS Department. These include, but are not limited to, Emergency Assistance Geriatric case management, Food Pantry, and mental health treatment and referral.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

6.5 Home Visits

POLICY

Home or community-based client/customer contact is sometimes authorized for or stipulated in job duties of specific staff. MIYFS staff with given authority or stipulated job duties to conduct direct services in the home or community setting will follow specific operational and safety protocols.

PROCEDURE

- A. Staff will determine eligibility to provide home- or community-based client/customer contacts that fall within the scope of their job duties in consultation with their supervisor who receives permissions from the MIYFS Administrator or City of Mercer Island Chief of Administration.
- B. Scope of work performed during home- or community-based contacts will align with formal job duties. Supervisors or MIYFS Administrator will be consulted before any contact for reasons outside of typical job duties is performed.
- C. Home- or community-based contacts can have unique safety concerns. The following safety measures will be followed by staff conducting such contacts at all times:
 1. Only conduct home- or community-based contacts when there is no clear and present threat of harm to self. If in question, consult with a supervisor to address concerns and get authorization to proceed.
 2. Staff will text their supervisor (or radio/other contact; MIH designated Fire personnel) prior to entering and when leaving the engagement. (No home- or community-based contacts are to be made without a supervisor or their designee (or programmatic equivalent) on duty and aware of the contact.
 3. Upon initiating the contact as well as throughout the encounter, staff will scan the physical environment and assess for any other potential threats to personal safety and immediately disengage the contact should a threat be identified.
 4. If it is unsafe for a staff to exit an encounter, City-issued cell phones will be used to “emergency contact” 911 or other emergency response system as indicated.
 5. All encounters that include any threat will be debriefed with staff’s immediate supervisor, a safety plan identified, and said plan approved by the YFS Administrator or Chief of Administration prior to further in-person contact with the indicated client/customer/ situation.
 6. Should staff question or be unsure of a threat or safety assessment, the home- or community-based encounter will not take place and consultation with a supervisor or other identified threat assessment professional will be initiated prior to such encounter taking place.

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

6.6 Concierge Rides

POLICY

MIYFS offers eligible clients transportation services to support clinical or case management objectives; typically to meet short term or emergent needs. Courtesy Rides are available if eligibility criteria met and dependent upon available budget.

PROCEDURE

A. Eligibility

1. Residency in Mercer Island, WA.
2. Enrollment in a YFS program.
3. Participants must sign the YFS Courtesy Rides Program Participant Assumption of Risk, Waiver and Release form and comply with Lyft Concierge terms of service.

B. Determinations

1. Participants having requested services through YFS can be approved for Courtesy Rides support with approval of YFS Programs Coordinator or YFS Administrator to assist with program enrollment or related emergent need.
2. Budget for Courtesy Rides is part of the Emergency Assistance program budget and approved as part of the regular City budget process.

C. Service

1. YFS staff in any direct service program can request a Courtesy Ride for a client meeting eligibility criterion by referring them to a YFS Courtesy Rides Coordinator.
2. Designated YFS Courtesy Rides Coordinator(s) are the EA Coordinator, YFS Programs Coordinator, and YFS Administrator.
3. Participation in the Courtesy Rides program is not a clinical or PHI function and information generated by the program is not considered PHI.
4. YFS Courtesy Rides Coordinators will adhere to the principles of maximizing client confidentiality whenever possible in the process of securing (scheduling or sending) rides.
5. The YFS Programs Coordinator will maintain enrollment and fiscal processes in the Lyft Business Concierge program. Changes by Lyft to this program, should changes impact any policy or procedure herein, will be brought to the attention of the YFS Administrator

SECTION 6. CASE MANAGEMENT/NON-CLINICAL SERVICES

and a determination jointly made regarding the need to modify/update policy and/or consult with the City Manager's or City Attorney's office for guidance.

6. The YFS Courtesy Rides Coordinator will ensure expenses incurred stay within budget parameters and Lyft Business Terms of Service are adhered to. (Budget part of YFS Emergency Assistance support funds.)

SECTION 7 TELEMENTAL HEALTH

POLICY

Telehealth services will be available to clients. These services may only be used in the following situations and should not replace in person outpatient services:

- A. As directed by the Department Administrator of Youth and Family services (i.e., inclement weather, pandemic flu, etc.)
- B. Clients who are unable to be seen in the outpatient office due to their own health concerns.
- C. Clients who lack transportation seek services that fit their needs.

DEFINITIONS

- A. Telehealth/Telemedicine: The use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.
- B. Originating Site: The e-location of the person(s) other than where the provider is located (WAC 284-170-433). Ex:
 - Clinics
 - Community mental health/chemical dependency settings
 - Federally qualified health centers
 - Home or any location determined appropriate by the individual receiving the service
 - Hospitals - Inpatient and outpatient
 - Physician or other health professional's office
 - Rural health clinics
 - Schools
- C. Distant Site: The physical location of the health care professional providing the health care service.
- D. Synchronous vs. Asynchronous:
 - 1. Synchronous communications: Two-way real-time communications, such as traditional video teleconferences and telephone.
 - 2. Asynchronous communications: One-way at a time communication, such as fax, email, SMS texting, or the electronic transfer of digital image.
 - 3. Store and Forward: refers to the asynchronous transmission (one-way at a time) of clinical information from one site (e.g., a patient's home) to another site (e.g., a clinic). Examples of store-and-forward technologies include fax and email.

SECTION 7. TELEMENTAL HEALTH

PROCEDURE

Setting. When conducting telehealth sessions, the following requirements must be met:

- A. When using videoconferencing equipment to provide services, the spaces at both the originating and distant sites should be adequately lit.
- B. The space should also provide adequate acoustic isolation to assure privacy and to limit distracting noise from the outside. A white noise sound generator placed on the outside of the room may also be helpful to mask voices inside of the space.
- C. The space must be rid of any personal items that could be identifiable to the client (i.e., family photos).
- D. Video cameras at both the originating and distant sites should be of sufficient resolution to capture detailed images.
- E. Microphones should be placed close enough to the person(s) speaking during the telehealth encounter to accurately capture voice sounds.
- F. Law, Policy, and Ethic Requirements
 - 1. Clinicians who use telehealth must adhere to the requirements and restrictions of their applicable licensure. This requires consideration of scope of practice specific to their license, as well as training and experience.
 - 2. Just as with in-person services, clinicians of telehealth must be knowledgeable of duty-to-report and duty-to-warn/protect (both statutory and applicable case law requirements. Clinicians who provide services via telehealth also have responsibilities as mandated reporters and must be aware of their jurisdiction's requirements regarding vulnerable populations (e.g., children, elderly).
- G. MIYFS security and privacy policies will be followed.
- H. Informed Consent for Telemental Health Services. Informed consent is the process by which a health care service provider discloses appropriate information (i.e., procedures, risks, benefits, etc.) to a client/patient so that the client/patient may make a voluntary choice to accept or refuse participation in the treatment or service. All the standard components of informed consent that are used in traditional care services should be included when conducting telehealth-based services.
 - 1. Potential risks and limits to confidentiality and encryption methods to secure communication
 - 2. Possibility of interruption caused by technology failure
 - 3. Methods of alternative communication if technology fails

SECTION 7. TELEMENTAL HEALTH

4. Methods, expectations, and frequency of contact and protocol for contact between sessions
 5. Emergency contact information and plan
- I. Technology/Hardware Requirements. General hardware requirements include a desktop computer (or lap-top or tablet computer), high-definition video camera, and audio system (headphones and/or external speakers). Existing laptops or desktops can serve as the foundation of a simple system suitable for most videoconferencing sessions by simply adding a USB webcam and a USB desktop microphone to the computer.
- J. Mobile devices (i.e., smart phones and tablets) provide capabilities for telehealth and can be used if security requirements are met in compliance with City Technology Policy.

Bandwidth is the rate of data transfer (typically measured in bits per second) that can occur during a connection. A minimum bandwidth of 384 Kbps or higher is suggested when conducting telehealth services, however, modern videoconferencing software may use advanced data compression technologies that allow connections to be maintained at reduced bit rates.

If microphones fail, the clinician may consider muting sound that comes from the videoconferencing equipment and instead call the client/patient by telephone.

- K. Safety and Emergency Protocols - Safety Risk. These risks may include client/patient harm to self or others, worsening of symptoms that may contribute to heightened risk (e.g., suicidal ideation), access to firearms (especially a concern for home-based telehealth), and medical emergencies that could occur during a session.

Access to firearms should be considered when assessing the appropriateness of home-based telehealth.

Telehealth professionals should take additional safety precautions when working with victims of domestic violence in the home setting by asking the client/patient if the abuser is on-site and possibly lurking out of the camera view.

- L. Safety Planning. The key things to include and steps to take when developing a safety plan are:
1. Procedures for screening/assessing clients/patients before initiating telehealth:
 2. Talk with referring provider/on-site staff (if applicable)
 3. Assess client/patient history if available (e.g., patient with history of violence towards staff or family members at home may not be a good candidate)
 4. Firearms safety (Discuss presence of firearms in home-based behavioral health care)
 5. Establish back-up communication (landline/cell phone) in case connection is lost.
 6. Review Safety Plans and expectations with clients.

SECTION 7. TELEMENTAL HEALTH

7. Identify and document local resources. These should include collateral support, such as family members and contact information for local emergency responses.
 8. Ask for client/patient's physical location (if home-based). This information will be required if emergency services or referrals are needed.
- M. Billing for telemedicine/telehealth services follows the same sliding fee scale policy as in-person outpatient services. (Includes offering CPT Codes upon client request and reminder that private insurance companies may not reimburse for telehealth. MIYFS clinicians can negotiate fees with supervisor approval.)

**APPENDIX A
CLIENT FEE SCHEDULE**

Family Income		Family Size				
Monthly	Annual	1	2	3	4	5+
<\$1,667	< \$20,000	20	15	10	10	10
\$1,668-\$2,500	\$20,001-\$30,000	30	25	20	15	10
\$2,500-\$3,333	\$30,001-\$40,000	45	40	35	30	20
\$3,334-\$4,167	\$40,001-\$50,000	55	50	45	40	30
\$4,168-\$5,000	\$50,001-\$60,000	65	60	55	50	40
\$5,001-\$5,833	\$60,001-\$70,000	75	70	65	60	50
\$5,834-\$6,667	\$70,001-\$80,000	85	80	75	70	60
\$6,668-\$7,500	\$80,001-\$90,000	100	95	90	85	75
\$7,501-\$8333	\$90,001-\$100,000	110	105	100	95	85
\$8,334+	\$100,000+	125	125	125	125	125

Rev: Jan, 2019 Median M.I. Family Income ~\$128,000

*Note: clients with <\$1667/month or \$20K annual can slide below \$20/clinical hour per clinical discretion.