

**GREEN LAKE COUNTY  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**HEALTH & HUMAN  
SERVICES**

**571 County Road A**

**Green Lake WI 54941**

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**FOX RIVER INDUSTRIES**

**222 Leffert St.**

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**Post Date**

**09/08/2022**

**The following documents are included in the packet for the Health and Human Service Committee Meeting held on Monday September 12, 2022**

- September 12, 2022, Health and Human Services Committee Amended Agenda
- August 8 2022, Health and Human Services Committee Meeting draft minutes
- CCS Satisfaction Survey Introduction and Statistics.
- Crisis Services Updates
- SUDS Funding Agreement
- DHS 75 Certification and Policy Update
- Children and Families Unit Report
- Ordinance Amending CH 74 Records, Section 74-20 Aging and Long-Term Care/Clinical Services Unit
- Copies Fee Schedule
- Children and Families Unit Manager Credit Card Approval form



# GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Office: 920-294-4070 FAX: 920-294-4139 Email: [glcdhhs@greenlakecountywi.gov](mailto:glcdhhs@greenlakecountywi.gov)

## Health & Human Services Committee Meeting Notice

**Date: September 12, 2022 Time 5:00 PM**  
**Green Lake County Government Center**  
**571 County Rd A, COUNTY BOARD Room #0902 Green Lake WI**

### **\*\*AMENDED AGENDA**

#### **Committee Members**

*Joe Gonyo,  
Harley Reabe,  
Brian Floeter  
Joanne Guden  
Christine Schapfel  
Richard Trochinski  
Vacant  
Nancy Hoffmann  
Katie Helsel-Thiem*

*Kayla Yonke,  
Secretary*

Kindly arrange to be present, if unable to do so, please notify our office. Sincerely,  
Kayla Yonke  
Financial/Business Manager

Virtual attendance at meetings is optional. If technical difficulties arise, there may be instances when remote access may be compromised. If there is a quorum attending in person, the meeting will proceed as scheduled.

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Minutes (8/8/22)
5. Director's Report
6. VSO Report
7. Appearances
  - \*Kate Meyer – CCS Satisfaction Survey
  - Ryan Bamberg – ADRC/Aging Unit Manager
  - Lisa Schiessl – Children and Families Unit Manager
  - \*Nichol Wienkes – Crisis Services Update
8. Advisory Committee Reports
9. Unit Reports
  - Behavioral Health
    - SUDS Funding Agreement
    - \*\*DHS 75 Certification and Policy Updates
    - ~~CCS Satisfaction Surveys~~
10. Personnel Updates
11. Ordinance Amending Ch 74 Records, Section 74-20 Aging and Long-Term Care/Clinical Services Unit
12. Copies Fee Schedule
13. Credit Card Approval – Children and Families Manager
14. Committee Discussion
  - Future DHHS Meeting Date (October 10, 2022 at 5:00 p.m.)
  - Future Agenda items for action & discussion
15. Adjourn

#### **Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

Meeting ID: 248 288 673 951

Passcode: DXo4Vy

[Download Teams](#) | [Join on the web](#)

#### **Or call in (audio only)**

[+1 920-659-4195](tel:+19206594195),208349572# United States, Green Bay

Phone Conference ID: 208 349 572#

**Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.**

THE FOLLOWING ARE THE OPEN MINUTES OF THE HUMAN SERVICES BOARD HELD AT GREEN LAKE COUNTY GOVERNMENT CENTER, 571 COUNTY ROAD A, GREEN LAKE, WI 54941 ON Monday, August 8, 2022 AT 5:00 P.M.

PRESENT: Joe Gonyo, Chairman  
 Harley Reabe, Vice Chairman  
 Joy Waterbury, Member  
 Richard Trochinski, Member  
 Nancy Hoffmann, Member  
 Joanne Guden, Member  
 Christine Schapfel, Member  
 Katie Heilsell-Thiem  
 Gene Thom, Vice Chair

OTHERS PRESENT: Jason Jerome, HHS Director (Via Zoom)  
 Kayla Yonke, Financial/Business Manager  
 Jon Vandeyacht, VSO  
 Dawn Klockow, Corp Council (via Zoom)  
 Tony Daley, Newspaper (via Zoom)  
 Cathy Schmit, County Administrator  
 Nichol Grathen, HHS Behavioral Health Manager

EXCUSED: Brian Floeter, Member

Certification of Open Meeting Law: The requirements of the Open Meeting Law have been met.

Call to Order: The meeting was called to order at 5:00p.m. by Gonyo.

Pledge of Allegiance: The Pledge of Allegiance was recited.

Action on Minutes: Motion/second (Guden/Trochinski) to approve the minutes of the meeting held on July 11, 2022 of the Health & Human Services Board with corrections. All ayes. Motion carried.

Director's Report:

Jerome reported 2023 budget will be presented tonight. 1 New position in the Behavioral health unit and one upgrade in Children and Families Department.

Finance Approved Electronic Health Record Upgrade was approved to use ARPA

ADRC Consortia will continue through 2023. This discussion will continue to

happen in future years.

Recruiting and Retention is becoming more difficult for Health and Human Services. Discussion Followed.

Child Welfare and Youth Services Policy will be reviewed in the later in the agenda.

Truancy referral policy is also being reviewed for change from the state level. This is a new Policy Green Lake County Children and Families Unit is looking to adopt.

VSO Report: Vandeyacht stated the fair turnout was very successful. Most outreach other than the fair is happening at the Berlin VFW. Vandeyacht reported 2023 Budget is almost complete. Discussion Followed.

#### Advisory Committee Reports:

Health Advisory Committee: Hoffmann reported the Nitrates update was given and further action will be taken. Minutes were reviewed and placed on file.

Aging Advisory Committee: Reabe reported the Senior Picnic will take place in September. Minutes were reviewed and placed on file.

#### PUBLIC HEARING:

2023 DHHS Budget: Jerome presented the 2023 budget as proposed. Discussion followed.

Gonyo ended the public hearing and returned to the agenda items as follows.

#### Unit Reports:

Public Health/Environmental Health Unit - report was reviewed and placed on file. Discussion Followed.

Children and Families Unit (CFU) - report was reviewed and placed on file.

Behavioral Health Unit (BHU) - report was reviewed and placed on file.

Fox River Industries- report was reviewed and placed on file.

#### Personnel Updates:

Jerome reported Children and families unit Lisa Schiessl will fill the role of Children and Families unit manager, this leaves the lead social worker position open. We are currently recruiting for this position

Jerome reported Jason Fairweather took the lead position for Behavioral Health, this leaves a therapist position open. We are currently recruiting

for this position.

Jerome reported Julia McCarroll the Deputy Health Officer has resigned, we are currently recruiting for this position.

Jerome reported we have hired Katlyn Grohal as an Economic Support worker in the ESU department.

Resolution to Create a Crisis Therapist Position in the Health and Human Services Behavioral Health Unit: Motion/Second (Hoffmann/Guden) to approve the resolution to create a crisis therapist position in the health and Human Services Behavioral Health Unit and forward on to Finance, Personnel, and County Board for approval. Discussion Followed All Ayes, Motion Carried.

Resolution Eliminating the Children and Families Services Case Manager Position and Creating and Additional Intensive In-Home Clinical Therapist Position in the Health and Human Services Children and Families Unit: Motion/Second (Waterbury/Schapfel) to approve the Resolution Eliminating the Children and Families Services Case Manager Position and Creating and Additional Intensive In-Home Clinical Therapist Position in the Health and Human Services Children and Families Unit and forward on to Finance, Personnel, and County Board for approval. Discussion Followed All Ayes, Motion Carried.

Policy and procedure Truancy Referrals to Juvenile Court Intake: motion/second (Schapfel/Trochinski) to accept the policy and procedure Truancy Referrals to Juvenile Court Intake. Discussion Followed. All Ayes, Motion Carried.

Child Welfare and Youth Services Grievance Policy: motion/second (Schapfel/Guden) to accept the Child Welfare and Youth Services Grievance Policy Discussion Followed. All Ayes, Motion Carried.

Committee Discussion:

Future Meeting Date: The next Health & Human Services Board meeting will be **Monday, September 12, 2022 at 5:00 p.m. at the Green Lake County Government Center.**

Adjournment: Gonyo adjourned meeting at 5:55p.m.

## Introduction

Consumer satisfaction is an essential component of effective and quality Comprehensive Community Services (CCS) programs. Chapter DHS 36 which establishes standards for CCS programs in Wisconsin, requires CCS programs to assess consumer satisfaction, and to utilize the results to modify the program as needed. The Mental Health Statistics Improvement (MHSIP) survey tool is used statewide to assess consumer satisfaction with publicly funded mental health programs, including CCS.

The MHSIP survey used in Wisconsin is a variation of the standardized MHSIP survey used by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) for cross-state comparisons. The survey is designed for consumers with serious mental health conditions or substance abuse concerns who have had at least six months of service history. Three versions of the MHSIP are used:

- The Adult Survey is to be completed by adults 18 years of age and older.
- The Family Survey is designed for caregivers of children ages 12 and younger to complete on behalf of their child.
- The Youth Survey is designed for youth ages 13-17 to complete him or herself.

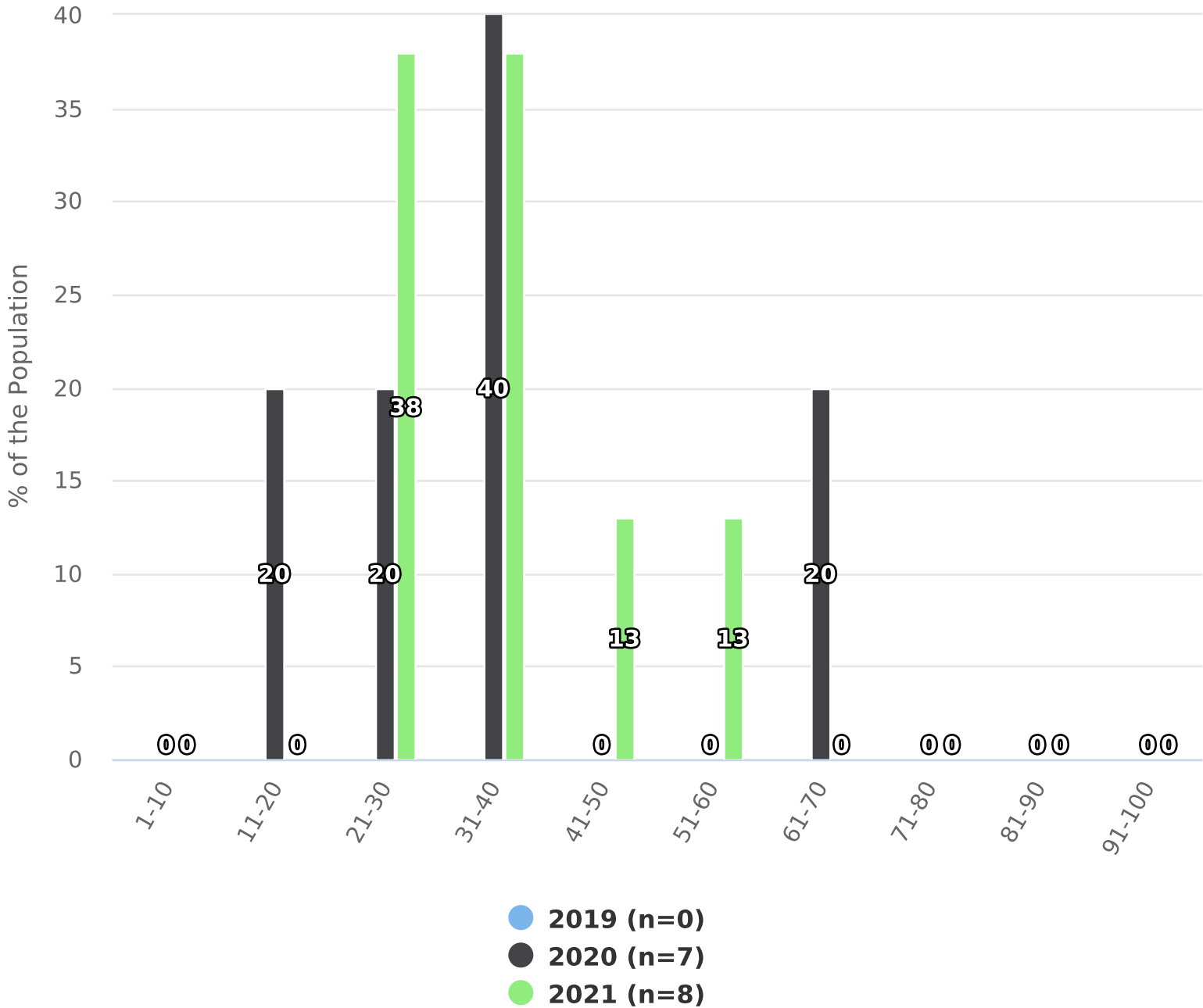
This report highlights the results of surveys offered to 30 eligible consumers at the end of the 2021 calendar year. Eligible consumers include individuals who have received CCS services for at least 6 months and are still active, or who were discharged from CCS no more than 3 months ago.

Survey administration was the responsibility of each facilitator with the needs of the consumer in mind. Survey data was entered into the Wisconsin eINSIGHT Survey System.

# What is your age? (in years) - Adult

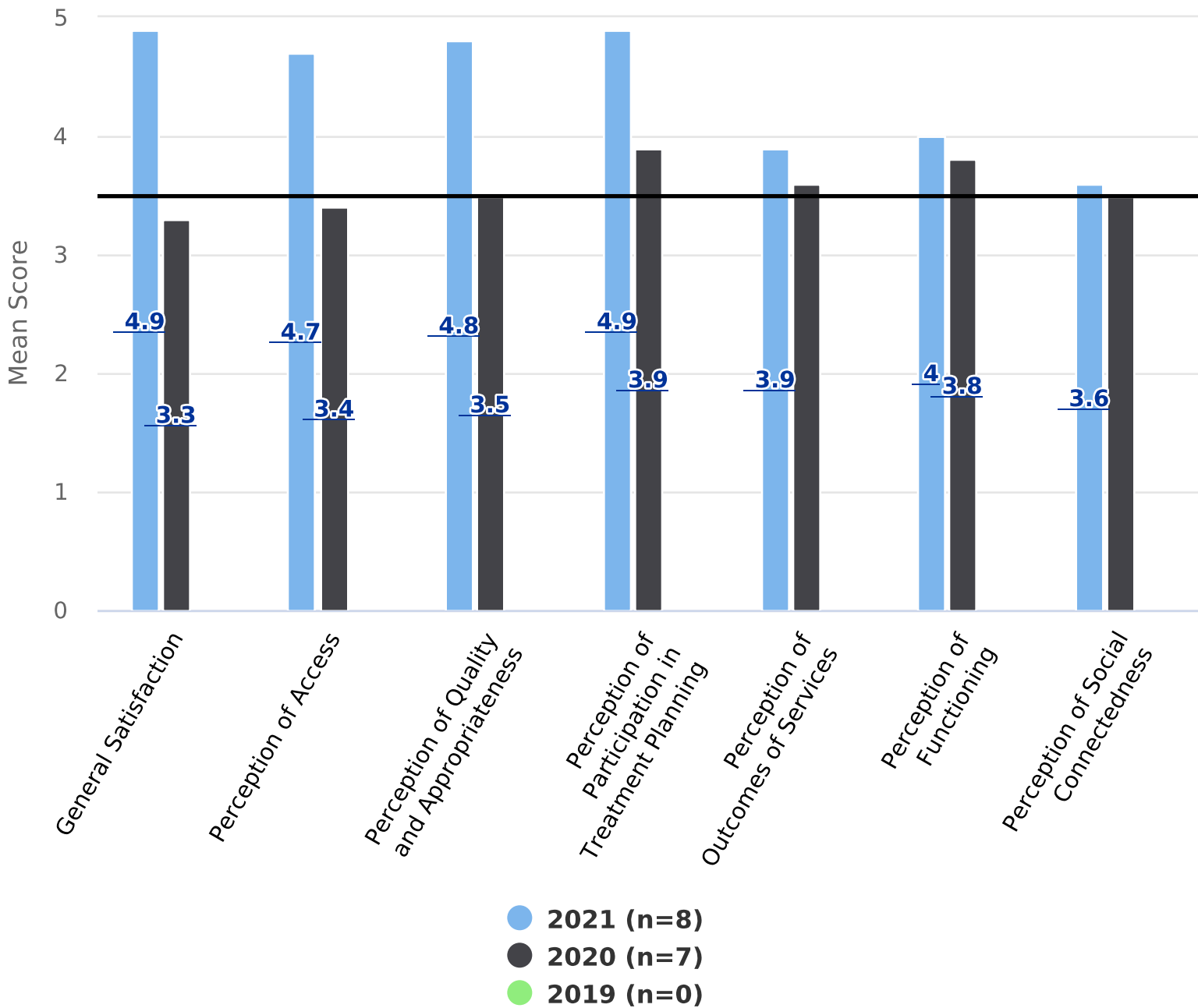
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ProgramsCCS, CST



# Adult Domain Scores

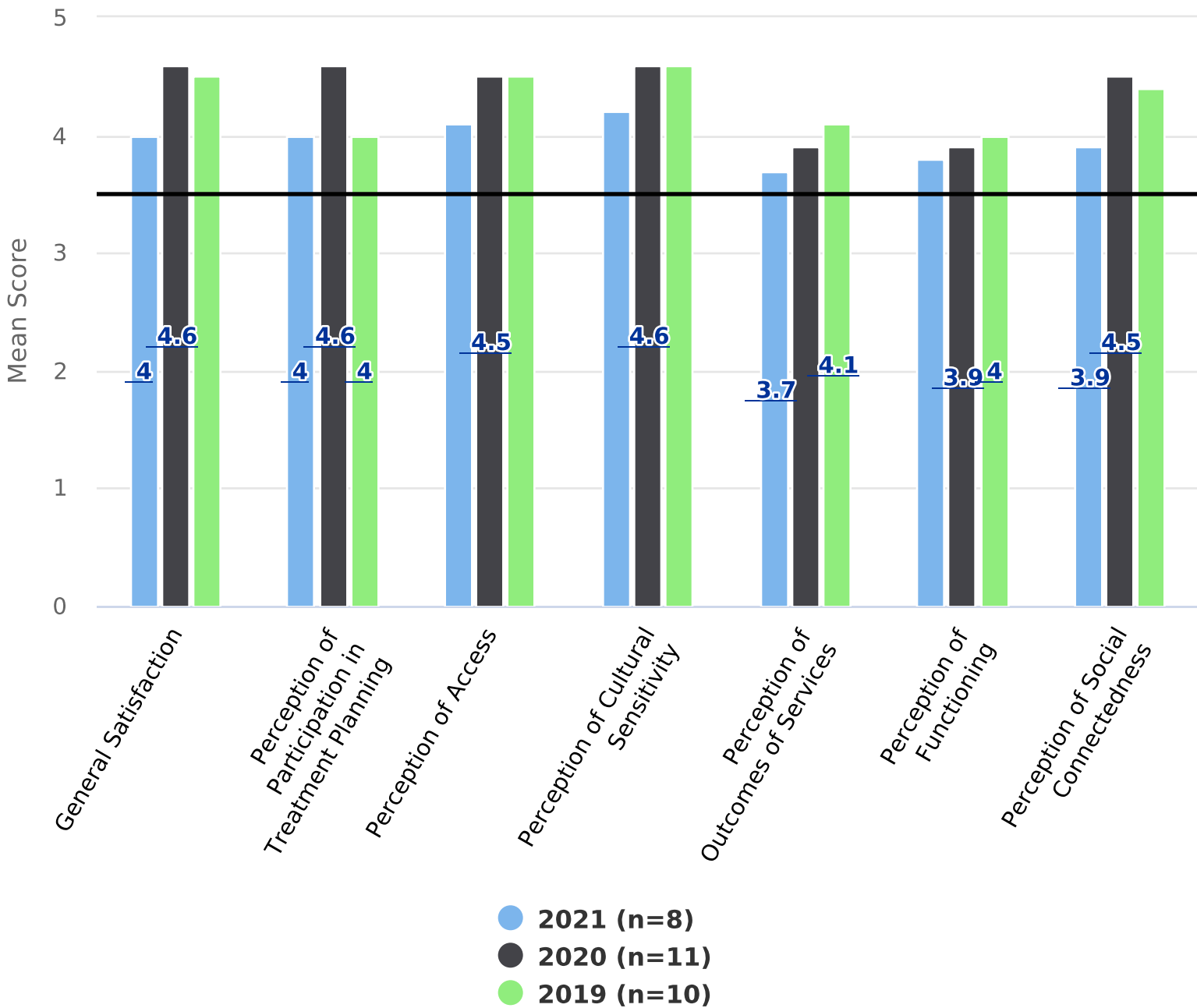
ProgramsCCS, CSTSurvey Years2021, 2020, 2019





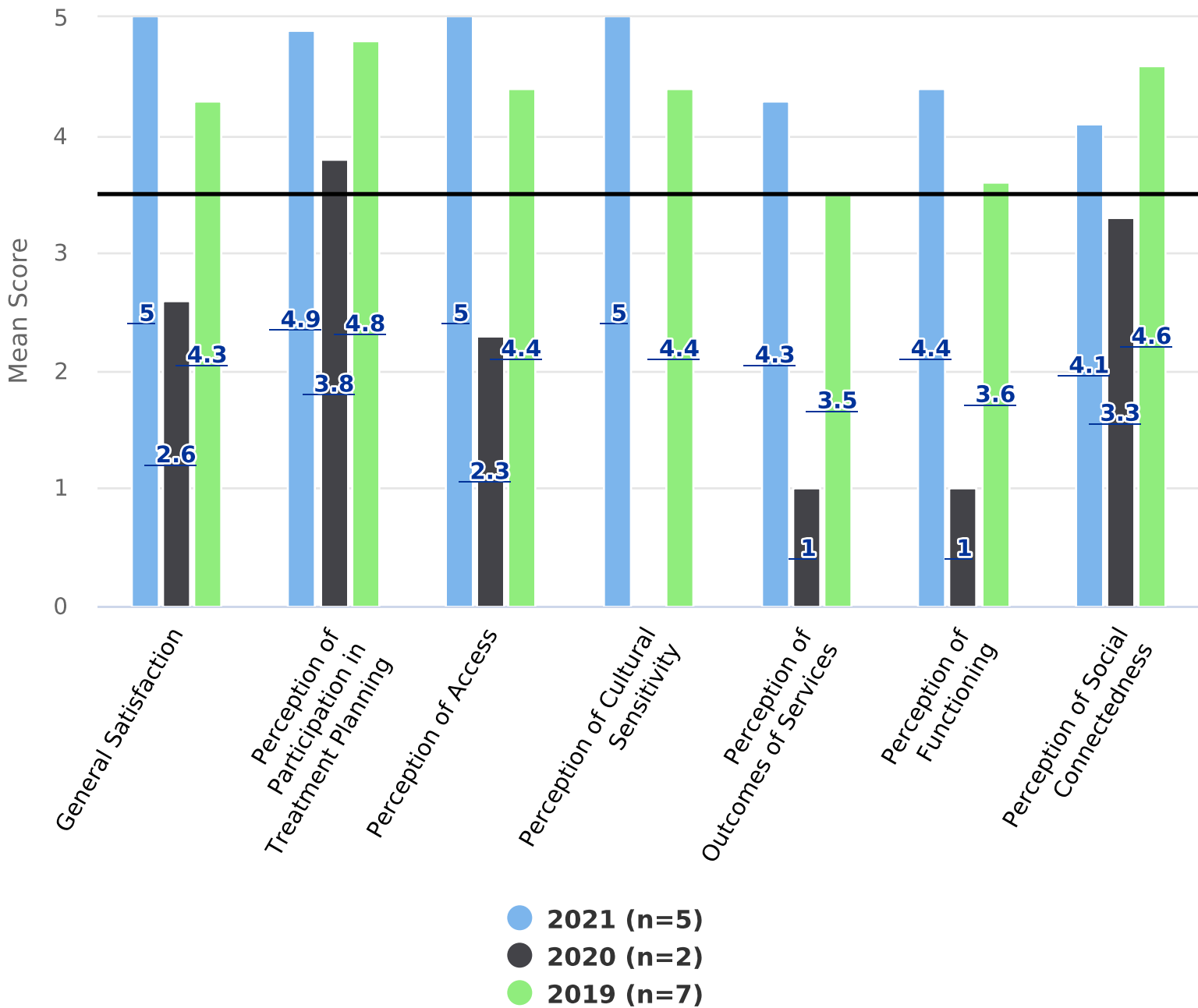
# Youth Domain Scores

ProgramsCCS, CSTSurvey Years2021, 2020, 2019



# Family Domain Scores

ProgramsCCS, CSTSurvey Years2021, 2020, 2019



# Adult Client Satisfaction

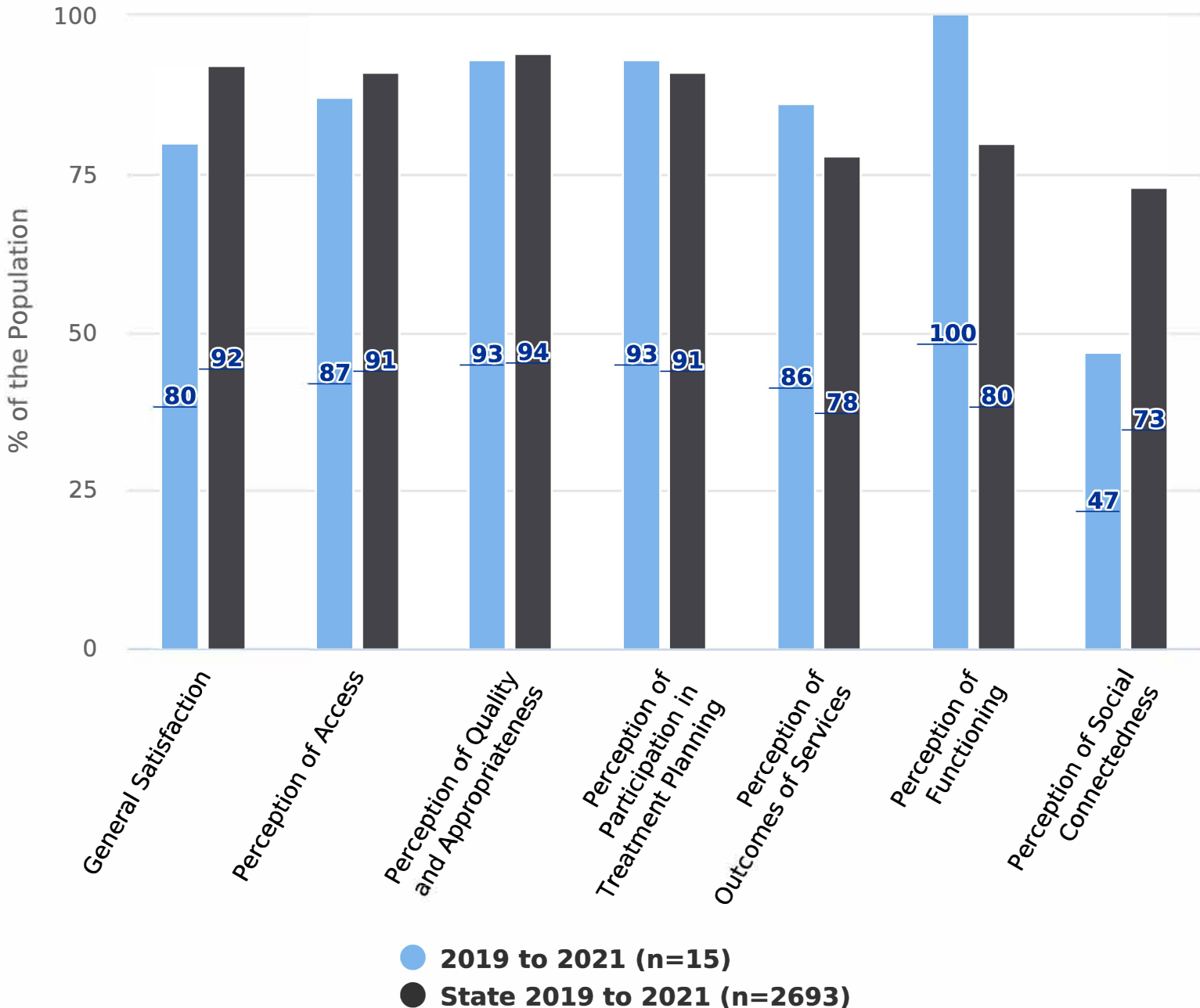
## Percentage of clients with domain average greater than 3.5 Programs CCS, CST

The adult survey includes a series of 36 questions about consumer satisfaction with the mental health and/or substance abuse services received in the past six months, each with a range of response options from 1=Strongly Disagree to 5=Strongly Agree. Responses can be summarized across the following seven Satisfaction Scales:

- 1. Satisfaction: overall level of satisfaction with services
- 2. Participation: how well an adult was integrated into treatment planning
- 3. Access: perceived ease with which an adult obtained their services
- 4. Outcomes: describe the treatment-related improvements in an adult's life
- 5. Functioning: overlaps with outcomes, but is sufficiently distinct to functional outcomes
- 6. Connectedness: the consumer's level of social connectedness
- 7. Quality: perceived cultural sensitivity of providers

15 adult surveys were completed regionally. Satisfaction scores can range from a low of 1.0 to a high of 5.0.  
A score above 3.5 indicates a positive average response.

Chart below compares Green Lake average scores for each of the 7 Satisfaction Scales (blue bars), with statewide average scores (black bars).



# Youth Client Satisfaction

Percentage of clients with domain average greater than 3.5 Programs CCS, CST

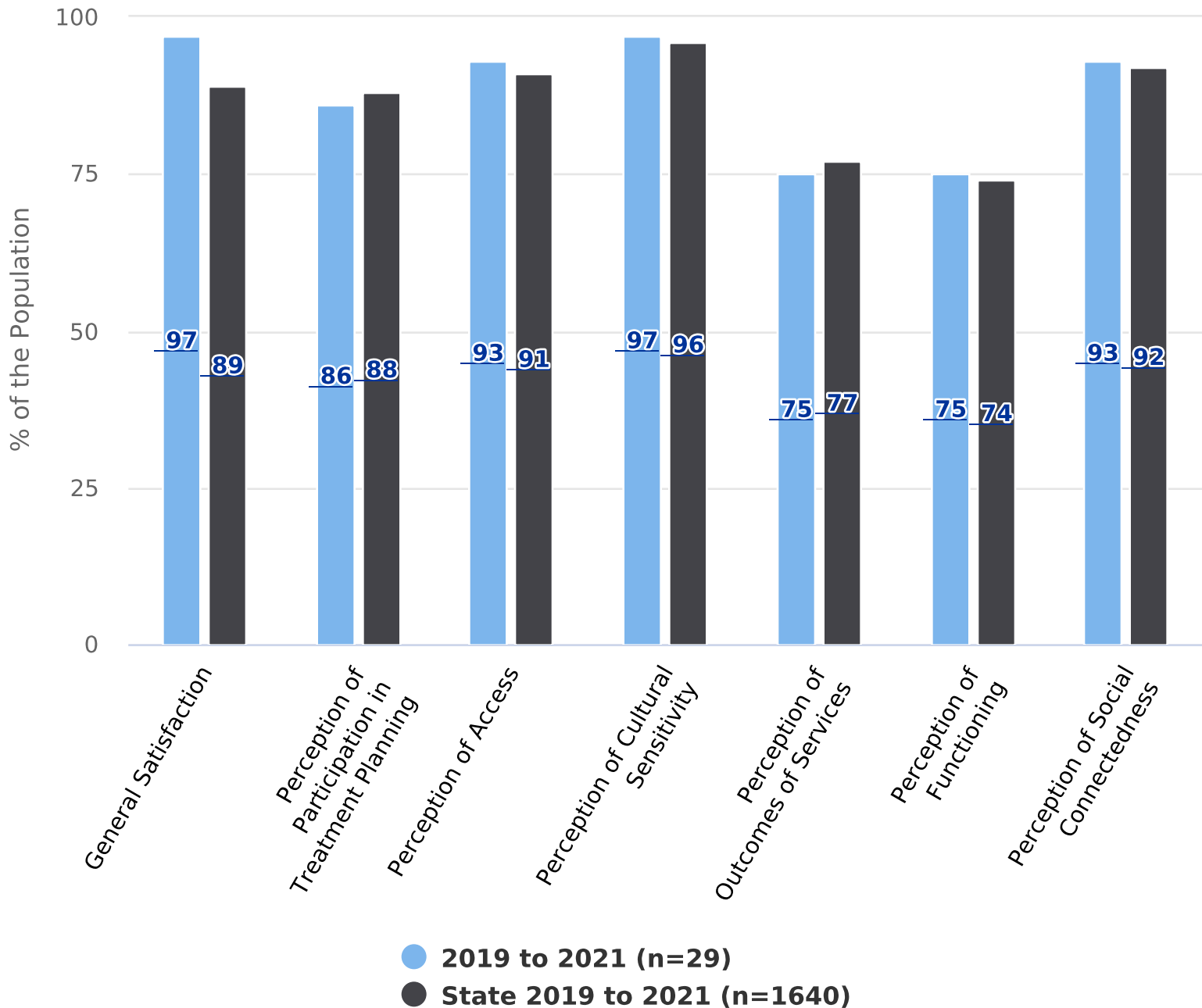
Youth ages 13 - 17 were asked to fill out the Youth Survey. The survey included a series of 26 questions about satisfaction with the mental health and/or substance abuse services received in the past six months, each with a range of response options from 1=Strongly Agree to 5=Strongly Disagree. Responses can be summarized across the following seven Satisfaction Scales:

- 1. Satisfaction: general satisfaction with services
- 2. Participation: satisfaction with participation in treatment planning
- 3. Access: satisfaction with access to services
- 4. Culture: satisfaction with the cultural sensitivity of providers
- 5. Outcomes: satisfaction with treatment outcomes
- 6. Functioning: overlaps with outcomes, but is sufficiently distinct to functional outcomes
- 7. Connectedness: the consumer's level of social connectedness

15 Youth Surveys were completed. Satisfaction scores can range from a low of 1.0 to a high of 5.0.

A score above 3.5 indicates a positive average response.

Chart below compares Green Lake average scores for each of the 7 Satisfaction Scales (blue bars), with statewide average scores (black bars).



## 2022 Survey Comments

### What was, or is, best about Green Lake County Comprehensive Community Services (CCS)?

- The people who work in the program seem to care about their work
- I really appreciate my facilitator and his level of care
- You guys are really good
- People to talk too
- They helped me learn new recipes, got me hooked up with county programs
- My facilitator has been the most helpful and patient person I have ever met. I credit her with my progress 100%.
- The people are caring nice respectful
- My facilitator
- How much my team truly cares about me and my kids and wants the best for us.
- My team know what I need sometimes when I don't know. There is always someone I can call or text when I need.
- I felt like I had support when I needed it most after my mother passed last spring.
- Any question that I've asked has been answered as best as possible.
- The skill of the people, personal attention, home visits.
- Nobody talks down to me
- The support from workers
- They are so helpful with the kids and for me and my wife. They should be paid more for what they do.
- The people are very caring and nice and respectful.
- Very helpful, very nice, understanding.
- Not sure

Program Requirements/ Overview	Initial Response	Follow Up
<ul style="list-style-type: none"> <li>•HS34 Certification</li> <li>•Available 24/7/365</li> <li>•Walk-in availability</li> <li>•Mechanism for mobile response</li> <li>•Supervision &amp; training requirements by HS34</li> <li>•Respond to any person who is physically in Green Lake County</li> </ul>	<ul style="list-style-type: none"> <li>•Calls come from anywhere:               <ul style="list-style-type: none"> <li>•Law enforcement</li> <li>•Self-referrals</li> <li>•ER</li> <li>•Schools</li> <li>•Loved ones</li> </ul> </li> <li>•On-call rotation of staff. Shared by 12 positions. 11 of these have full time positions that are not directly in the crisis program</li> </ul>	<ul style="list-style-type: none"> <li>•Stability, following up on safety plans</li> <li>•Contact with hospitals, discharge planning</li> <li>•Court process, monitoring commitment orders</li> <li>•1 full time position</li> <li>•First 30 days post-discharge are a very high-risk time for suicide</li> <li>•Important to get individuals connected to services quickly</li> </ul>

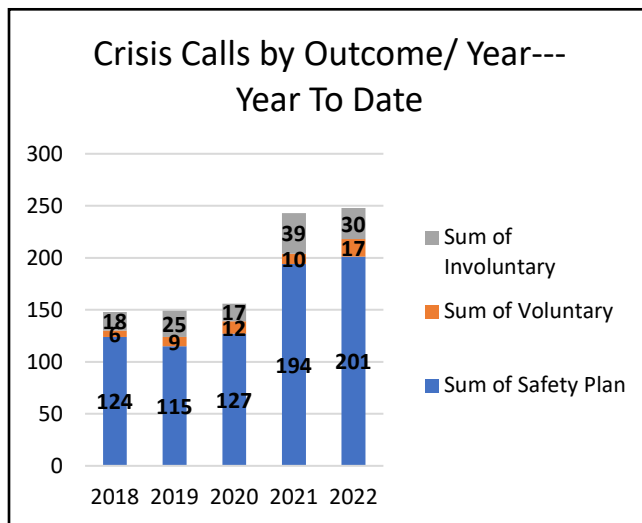
Crisis services provide essential emergency mental health response to individuals in the community experiencing a range of behavioral health-related emergencies. Waitlists for mental health services continue to grow, and the behavioral health field faces significant workforce shortage issues that are exacerbated in rural communities such as ours. In this current landscape, it is increasingly difficult for individuals to access care that they need. Crisis services provide an essential safety resource to help the community manage this need.

In Green Lake County crisis services is comprised of other full time workers within the behavioral health unit (the manager, all full time therapists and case managers, and 1 crisis coordinator) sharing a rotation of shifts to provide 24/7/365 coverage. Given the difficulties outlined above, as well as the increasing call volume the crisis line is experiencing, it is timely to review this structure.

### Issues Impacting Crisis Services and Staff Retention

- Staff-Retention:
  - Increased difficulty recruiting qualified mental health professionals. Many jobs available in the field that are competitive wage-wise and do not require on-call including many other counties in our area.
  - Most staff accrue flex time. Only 4 positions in the Behavioral Health Unit are non-exempt and able to earn comp time. Flex time is earned as straight time. Comp time is earned at time and a half if not able to be used within the same week. Flex time can only be used as time off and cannot be paid out.
  - Staff find it difficult to use flex or comp time, especially within the same period due to their other full-time responsibilities.
  - Crisis workers are prone to burnout. Crisis is mentally and emotionally taxing. When a person is doing this work with little sleep in addition to a regular full-time job it can also be physically taxing.
- Systems-Related Issues:
  - Staff wear many hats. Difficult to keep up with training across areas.
  - Staff who work overnight must make the decision to either call in the next day (potential negative ramifications for services/ clients) or come to work exhausted (potential for staff burn out and impaired practice)

- Decreases productive time in other programs. In 2021, therapists and case managers lost 43 work days worth of time due to their work in crisis. Assuming 6 hours of direct case work/ 8 hour workday, that's 612 hours of client appointments.
- Most calls involve community partners. We believe the best quality service happens when we have positive relationships with these community partners. This can be missing from contracted services.
- State and nationwide movement towards "Crisis Now" standards.
  - Decrease law enforcement as first response to MH
  - Increase presence of co-responder models and CIT trained officers
  - Increase availability of mobile response mental health workers
  - Increase use of peer support workers
  - Decrease response time for mobile response
  - Increase community-based safety planning and diversion options
  - Increase multidisciplinary capacity of crisis teams to respond to dementia, addiction, specialized needs of various populations
- Medical clearance and limited Emergency Department capacity can cause some calls to take many hours



*Chart shows initial crisis calls, not follow up responses. Call volume has increased steadily over past three years.*

#### What Has Been Tried in Green Lake:

- New positions to BHU have also been added to the rotation decreasing the number of shifts
- Current BH manager elected to remain in the rotation despite prior managers not doing this. Again decreased number of shifts for other staff, believe this also improves staff morale.
- Flexible scheduling. Staff have input into the schedule and submit availability rather than simply being assigned shifts.
- Stipend. Added a stipend for carrying the phone.
- Increase training. Have used block grant funds to seek opportunities to enhance training for crisis staff to build confidence, reduce burnout, and meet range of community needs.

- NHSC (National Health Service Corps): applied for designation as a rural healthcare shortage area. If awarded will be another platform to recruit staff and may allow staff an additional pathway to student loan forgiveness.
- Crisis stakeholder meetings: Administrative meeting with supervisors. Focus on partnerships and build understanding of system-wide issues.
- Flex/ comp time
- Internal work culture promotes clinician self-care
- Have explored use of contracted services for limited hours

# **GREEN LAKE COUNTY**

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### **Agreement for Funding**

I \_\_\_\_\_ understand that Green Lake County Dept. of Health & Human Services (GLC DHHS) has agreed to authorize funding for all/ some of my treatment at \_\_\_\_\_ at a rate of \_\_\_\_\_ for up to \_\_\_\_\_ service conditional upon the agreement below:

Green Lake County will:

- Review requests for additional units of service for medical necessity
- Assist with coordination of placement and facilitate billing.
- Inform me of my rights as a client
- Utilize only treatment facilities that hold current certifications in good standing
- Maintain confidentiality of my Protected Health Information (PHI) in accordance with all state and federal laws.
- Provide case management during my stay and as a part of aftercare.
- Apply sliding fee scale based on my financial information to determine my ability to repay all or some of the costs

I agree to:

- Sign relevant releases of information
- Communicate with GLC DHHS and be an active collaborator with treatment providers
- Follow all policies of the providers where I am receiving treatment
- Provide information necessary for Client Registration and Financial Information
- Agree to participate in case management and recommended aftercare upon completion of residential care
- Establish a payment plan with GLC DHHS based on the sliding fee scale.
- Update GLC DHHS of any changes to my contact information or financial status until such time as my balance is paid off or waived

(over)



**Repayment of Funds:**

My ability to repay all or some of this funding will be based on the information provided on the financial information form. Responsibility for repayment may be waived if I meet the below conditions:

- I have paid off ½ of the original balance determined to be my responsibility.
- I have completed an application for waiver of repayment.
- I understand that my application will be reviewed by GLC DHHS and I will be notified if the remainder of my balance will be waived. I am responsible for the balance until I receive notification that waiver was awarded.

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Client Signature

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Date

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Parent/ Guardian (if applicable)

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Date

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Case Manager Signature

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Date

GREEN LAKE COUNTY DHHS  
 BEHAVIORAL HEALTH UNIT / AODA Intervention Services

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IDP-Intoxicated Driver Program ASSESSMENT

POLICY AND PROCEDURE

STATEMENT OF NEED: The assessment facility shall complete and submit the intoxicated driver assessment and driver safety plan to the Wisconsin Department of Transportation, the designated coordinator, the driver safety plan provider, and the client within 14 calendar days of an order by the court or by the Wisconsin Department of Transportation for an assessment and driver safety plan, or by the voluntary submission of the individual.

1. The assessment facility shall obtain the client's informed written consent to release information before the assessment and driver safety plan are submitted to the parties specified and ensure that the assessment findings and driver safety plan are restricted for use only by these parties.
2. The assessment facility and client may make a written request to the designated coordinator for an extension of up to 20 additional working days of the time for completing and submitting an assessment and driver safety plan. The designated coordinator shall notify the Department of Transportation upon granting an extension.
3. Driver safety plan recommendations shall be supported by assessment findings and documented on form MV3633 (Driver Safety Plan Order) and made in accordance with policies established by the assessment facility.
4. Unless amended, Driver Safety plans shall have a termination date that is no longer than one year from the date of the client's signature on the driver safety plan.
5. Each client shall be permitted and encouraged to participate in the development of the client's driver safety plan and selection of plan providers.
6. Driver safety plan shall be signed and dated by the client stating that the client has reviewed and is aware of the plan.
7. Each driver safety plan shall designate one or more driver safety plan providers.
8. A driver safety plan recommending treatment shall recommend the least restrictive treatment. The screen procedures will be in accordance with DHS75.03
  
9. Driver safety plans may include assessor's recommendation for driver licensing action only as it relates to a client's use of alcohol or drugs. Driver safety plans may include a recommendation for license denial until plan completion if there is documented reason to believe the client will not participate in the driver safety plan to completion or that the client will drive while intoxicated.

TARGET GROUP: Intoxicated Driver Program clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA program~~ Behavioral Health, will comply with the above requirements for intake and assessment of all clients referred to Intoxicated Driver Program.

STAFF: AODA STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, ~~AODA program~~ Behavioral Health, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

METHODS: Staff will utilize appropriate Department of Transportation forms to document assessment findings and driver safety plan recommendations. Staff will utilize appropriate assessment tools to support findings. Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will be provided supervision to ensure requirements are being met. Staff will obtain written releases of information from clients prior to submission of all driver safety plans. Staff will notify IDP coordinator in writing of any assessment scheduled more than 2 weeks after the referral date. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

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GREEN LAKE COUNTY DHHS  
 BEHAVIORIAL HEALTH UNIT/~~AODA~~Intervention Services

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DRIVER SAFETY PLAN (DSP) RECOMMENDATIONS

POLICY AND PROCEDURE

STATEMENT OF NEED: Assessment facilities designated under DHS62.04 shall maintain policies and procedures for assessment and driver safety plans. Policies implemented for assessments and driver safety plans shall include a process for referring residents to appropriate plan providers and non-residents to an appropriate comparable intoxicated driver program in the person's state of residence.

1. Traffic safety recommendations
  - a. If a finding of "Irresponsible use" is made, driver safety plan recommendation shall be any one of the following:
    - i. Group dynamic traffic safety course if the assessment is a first offense
    - ii. Multiple offender traffic safety course if the assessment is for a second offense
    - iii. Alternative education if approved by the local traffic safety school coordinator and the IDP program coordinator. If alternative education is approved for a client who does not have a language barrier, literacy barrier, developmental delay, mental illness, or cognitive deficit, the alternative education program shall be comparable to the appropriate traffic safety program pertinent to purpose, content, instructor qualifications, and hours. If the traffic safety school coordinator and the IDP coordinator disagree, the IDP coordinator shall make a written request to the department for mediation.
  - b. If a finding of "Irresponsible use- borderline" is made, the recommendation may be any of the following
    - i. Group dynamic traffic safety course if the assessment is a first offense
    - ii. Multiple offender traffic safety course if the assessment is for a second offense
    - iii. Alternative education if approved by the local traffic safety school coordinator and the IDP program coordinator. If alternative education is approved for a client who does not have a language barrier, literacy barrier, developmental delay, mental illness, or cognitive deficit, the alternative education program shall be comparable to the appropriate traffic safety program pertinent to purpose, content, instructor qualifications, and hours. If the traffic safety school coordinator and the IDP coordinator disagree, the IDP coordinator shall make a written request to the department for mediation.
2. Treatment and other service recommendations
  - a. If a finding of "Irresponsible use- borderline" is made, the recommendation may be made for short-term outpatient substance abuse treatment under DHS ~~75.49, or 75.50,43~~. Treatment duration shall be indicated as a minimum of 8 sessions occurring between a minimum of 6 and a maximum of 12 months.
  - b. If the finding is for "suspected dependency", the driver safety plan shall recommend substance abuse treatment that does not include residential or inpatient services under DHS ~~75.40, DHS 75.11, or DHS 75.1449-52~~.

- Outpatient treatment shall be indicated as a minimum of 8 sessions occurring between a minimum of 6 and a maximum of 12 months.
- c. If the finding is for "dependency", the driver safety plan shall recommend substance abuse treatment under DHS 75.40 to 75.1549-56. If residential or inpatient are recommended, the services may not exceed 30 days.
  - d. If the finding is for "dependency in remission" the driver safety plan shall recommend substance abuse treatment.
3. A driver safety plan may recommend a combination of traffic safety school and treatment for assessment findings "dependency", "suspected dependency" or "dependency in remission"
  4. In addition to the recommendations above, driver safety plans shall include agency follow up for clients who may need to be re-evaluated because of the validity of the client's responses during initial assessment, the adequacy of driver safety plan, or a driver safety plan recommendation for reassessment as well as an exit interview all driver safety plans with a finding of "irresponsible use- borderline", "suspected dependency", "dependency", or "dependency in remission"
  5. Driver Safety plans may also recommend any of the following:
    - a. Victim Impact Panel involvement meaning a component of the driver safety plan that is designed to create awareness in the client of the effects of his or her offense on a victim and the victim's family
    - b. Case management if a treatment service is recommended.
    - ~~c. Intensive supervision as described in DHS75.16 if a treatment service is also recommended.~~
    - d.c. Mental health or psychiatric evaluation or services with the prior authorization of a licensed psychologist, clinical social worker, marriage and family therapist, professional counselor, or master's level psychiatric advanced practice nurse

TARGET GROUP: Intoxicated Driver Program clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA program~~ Behavioral Health, will comply with the above requirements for intake and assessment of all clients referred to Intoxicated Driver Program.

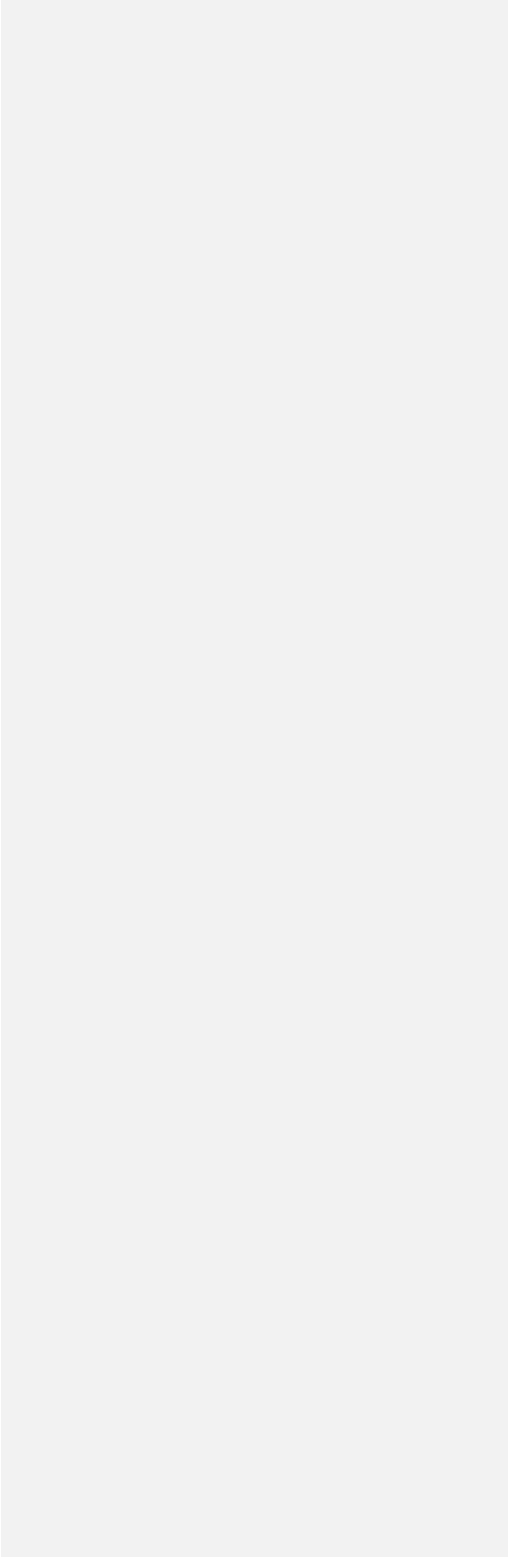
STAFF: ~~Behavioral Health AODA~~ STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, ~~AODA program~~ Behavioral Health, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

METHODS: Staff will utilize appropriate Department of Transportation forms to document driver safety plan recommendations. Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.



GREEN LAKE COUNTY DHHS  
BEHAVIORIAL HEALTH UNIT/AODA Intervention Services

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DRIVER SAFETY PLAN (DSP) COMPLIANCE AND NON-COMPLIANCE REPORTING  
POLICY AND PROCEDURE

STATEMENT OF NEED:

Noncompliance with assessment The assessment facility shall report the client's compliance or noncompliance with the assessment to the Wisconsin Department of Transportation and the client using form MV3631 Driver Safety Plan Report.

1. The assessment facility shall notify the client of their status of noncompliance with an assessment at least 5 working days before submission of the final report to the Wisconsin Department of Transportation. The notice shall specify how the client did not comply.
2. Noncompliance shall be reported if any of the following circumstances occur:
  - a. The client does not register with the assessment facility within 72 hours after the date of an order by a court or by the Wisconsin Department of Transportation.
  - b. The client does not appear for a scheduled assessment.
  - c. The client does not give informed consent to release information.
  - d. The client does not provide sufficient information to complete the WAID or allow any collateral contacts to verify unclear areas, thus preventing completion of a competent assessment.
  - e. The client does not pay for the assessment.
  - f. The client does not complete the assessment within 14 days after the court order or Wisconsin Department of Transportation order or within an approved request for an extension made under DHS62.07.
3. Submission of a noncompliance report shall be approved by the IDP coordinator, Behavioral Health Unit Manager, designated AODA-SUD supervisor, DHHS Service Director, or Medical Director during an appeal process only if there is documented evidence that the client's use of alcohol, controlled substances, or any combination of alcohol and drugs is an impediment to the client's safe driving capability.

Noncompliance with driver safety plan The assessment facility shall report a client's compliance or noncompliance with a driver safety plan to the Wisconsin Department of Transportation, the driver safety plan provider, and the client using form MV3631 (Driver Safety Plan Report). A report of the client's compliance or noncompliance with a driver safety plan may not be further distributed.

- a. The assessment facility shall notify the client of their status of noncompliance with a driver safety plan at least 5 working days before submission of the final report to the Wisconsin Department of Transportation. The notice shall specify how the client did not comply.
- b. Lack of attendance at self-help groups may not be the basis of a report of noncompliance.

- c. Except for participation in self-help groups, the report submitted shall be a report of noncompliance if any of the following circumstances occur:
  - i. The client does not give written consent to the driver safety plan.
  - ii. The client does not register with the driver safety plan provider within 3 working days after the assessment or does not participate within a reasonable period of time.
  - iii. The client does not accept driver safety plan programs by not attending or not cooperating.
  - iv. The client does not show reasonable progress in completion the driver safety plan according to the goals set out in the individual treatment plan or the criteria for successful completion of an alternative education program.
  - v. The client does not complete the driver safety plan within the documented driver safety plan period and no later than one year after the original assessment, reassessment, or extension.
  - vi. The client does not pay the driver safety plan fee required.
- 4. Submission of a noncompliance report shall be approved by the IDP coordinator, Behavioral Health Unit Manager, designated SUD AODA supervisor, DHHS Service Director, or Medical Director during an appeal process only if there is documented evidence that the client's use of alcohol, controlled substances, or any combination of alcohol and drugs is an impediment to the client's safe driving capability.

- 5. A progress form shall be provided to driver safety plan providers at an interval not less than once per month to track client progress. Plan providers outside of this agency shall be notified of driver safety plan requirements.

Compliance with a Driver Safety Plan: A person shall be found to be in compliance with their Driver Safety Plan treatment requirements under the following circumstances:

- a. The client is actively attending treatment sessions and the provider's reports indicate active participation towards treatment plan goals.
- b. The client maintains communication with their provider about issues affecting treatment attendance and progress as well as any needed changes to their treatment schedule.
- c. For the first instance of noncompliance, the client may be placed back into compliance by scheduling an appointment with their provider and providing proof of the scheduled session.
- d. For all subsequent instances of noncompliance, the client shall be placed back into compliance only after they have scheduled and attended a meeting with their provider *and* developed a plan to complete their treatment within the term of the plan *unless* exigent circumstances and the assessor seeks prior approval from the IDP Coordinator, BHU Manager, designated SUD supervisor, DHHS Service Director, or Medical Director.

TARGET GROUP: Intoxicated Driver Program clients



PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, [AODA-BHU](#) program, will comply with the above requirements for reporting for all Intoxicated Driver Program clients.

STAFF: [AODA-Behavioral Health](#) STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, AODA program, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

METHODS: Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc...Staff will attend approved assessor training for Intoxicated Driver Program prior to independently providing assessments. Staff will use appropriate forms to obtain follow up from driver safety plan providers. Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/AODA

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SUICIDE ASSESSMENT AND MANAGEMENT  
TRAINING

POLICY AND PROCEDURE

STATEMENT OF NEED: All staff must have training in assessment and management of suicidal individuals. This training must be completed before staff are allowed to perform on-call crisis intervention.

TARGET GROUP: All staff in Behavioral Health Unit, AODA staff.

PROGRAM DESCRIPTION: It is the policy of Green Lake County Department of Health & Human Services to provide suicide assessment and management training to all new employees of the clinical services unit, including AODA-Substance Use Disorders staff. This training will be completed within two months of hire date and documented in the staff training record. Staff with previous training will be allowed to provide appropriate documentation as an alternative to training. In addition, periodic refresher courses will be offered to all clinical/AODA staff.

STAFF: CLINICAL/AODA-Substance Use Disorders STAFFstaff

OUTCOMES/GOALS: All staff will have suicide assessment and management training.

METHODS: All staff will be provided with suicide assessment and management training within with in two months of hire date and before performing crisis/on-call work. Staff with prior training will provide appropriate documentation for their file. Trainings will be on evidence-based risk assessment and management models.

INDICATORS: Training records.

MEASUREMENT: All staff will have evidence of suicide risk and management training documented in their training files within two months of employment.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/~~AODA/~~ Intervention Services

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DRIVER SAFETY PLAN (DSP) REFERRALS

POLICY AND PROCEDURE

STATEMENT OF NEED: Before a client is referred to a plan provider, the assessment facility shall do all of the following:

1. Give the client a list of approved driver safety plan providers that are located within the geographic area served by the board to assist the client in choosing a plan provider. The client shall be asked to acknowledge in writing that the client has been given information about approved driver safety plan providers.
2. Give the client information about the client's responsibilities under DHS62.10 and the fee information for assessment and driver safety plan recommendations.
3. Ensure that the assessment findings and the driver safety plan information that will be distributed to the plan provider is the same as the information distributed to the client.
4. Refer clients who are non-residents of Wisconsin to comparable intoxicated driver assessment and driver safety plan program in the person's state of residence. The client shall request the assessment agency in their state of residence furnish verification of compliance with the assessment to the Wisconsin Dept. of Transportation within 60 days after the date of conviction. The client shall have up to one year after the date of their original assessment to comply with the driver safety plan unless an extension is requested.
5. Notify the plan provider of the driver safety plan including all the following:
  - a. A copy of the assessment findings and driver safety plan to each plan provider.
  - b. If the driver safety plan provider provides a treatment service under DHS75.40 to ~~DHS75.1549-56~~, the plan provider shall be notified of:
    - i. That the client is to be evaluated so that the client's treatment plan may be individualized as directed
    - ii. That the use of self-help groups are permitted to supplement the treatment plan but may not be a require element nor may lack of participation in such be used as a basis for filing noncompliance.
    - iii. That the plan may be updated or amended via the assessment facility procedure.
6. In the event that the client selects an internal referral to outpatient AODA services within DHHS, the client may be referred either to the assessing provider or to another certified Substance Use Disorders (SUD)AODA counselor.
  - a. At the first follow up following an internal treatment referral from an Substance Use DisordersAODA assessment, the AODA-SUD counselor shall complete a thorough diagnostic evaluation, amend the diagnosis, and develop an individualized treatment plan with the client.
  - b. If the assessor is different than the assigned internal AODA-SUD provider, the provider shall be responsible for communicating treatment compliance and treatment plan with the assessor.

- c. The assessor retains final decision-making responsibility regarding non-compliance status and completion reports to the DOT, however they may make this decision in collaboration with the internal provider.

TARGET GROUP: Intoxicated Driver Program clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA Behavioral Health~~ program, will comply with the above requirements for intake and assessment of all clients referred to Intoxicated Driver Program.

STAFF: AODA STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, ~~AODA program Behavioral Health~~, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

METHODS: Staff will maintain knowledge of and keep a written list of all area providers that are approved as driver safety plan providers. Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will be provided supervision to ensure requirements are being met. Staff will send a letter to all treatment providers that adheres to the above requirements. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH/AODA SERVICES UNIT

CONFIDENTIALITY

POLICY AND PROCEDURE

STATEMENT OF NEED: All staff shall have training to ensure compliance with provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, and s. 51.30, Stats., and ch. HFS 92, confidentiality of records.

TARGET GROUP: All ~~AODA~~behavioral health staff

PROGRAM DESCRIPTION: All staff shall have training to ensure compliance with provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, and s. 51.30, Stats., and ch. HFS 92, confidentiality of records. Training shall be completed within 30 days of employment with periodic reviews.

STAFF: ~~AODA STAFF~~all behavioral health staff members

OUTCOMES/GOALS: All staff will have training to ensure compliance with provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, and s. 51.30, Stats., and ch. HFS 92, confidentiality of records. Training will include information about protecting health information in the context of electronic health records and workplace technology.

METHODS: Training on provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, and s. 51.30, Stats., and ch. HFS 92, confidentiality of records.

INDICATORS: Documentation of training signed by all behavioral health~~AODA~~ staff.

MEASUREMENT: All staff will have signed documentation of said training.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/AODA Intervention Services

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DRIVER SAFETY PLAN (DSP) AMENDMENTS

POLICY AND PROCEDURE

STATEMENT OF NEED: A driver's safety plan may be amended within the one year driver safety plan time during the following circumstances and in adherence to the below procedure:

1. The assessment facility, a plan provider, or an ignition interlock device report identifies additional information that may warrant a reassessment or additional driver safety plan services.
2. An individualized treatment plan becomes substantially different than the driver safety plan.
3. The driver safety plan is not completed within the one-year driver safety plan time period and an extension is granted by the Wisconsin Dept. of Transportation.
4. Amended driver safety plans require informed written client consent to release information. A client may appeal if they disagree with an amended plan.
5. Amended plans must stay within the one year driver safety plan time period from the original assessment unless an extension is granted by Wisconsin Department of Transportation.
6. An extension of the one-year plan period must be requested by the assessment facility before expiration of the client's one year driver safety plan period.
7. If one year has lapsed since the original assessment and the driver safety plan is not completed, a reassessment of the client shall be conducted and a new driver safety plan period, not to exceed one year, begins with the reassessment.
8. Amended assessment and driver safety plan reports shall be submitted to the Wisconsin Department of Transportation, the IDP coordinator, the designated driver safety plan providers, and the client.

TARGET GROUP: Intoxicated Driver Program clients~~ss~~

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, AODA-Behavioral Health program, will comply with the above requirements for all amendments to driver safety plans for all Intoxicated Driver Program clients.

STAFF: AODA-Behavioral Health STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, [AODA Behavioral Health](#) program, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

METHODS: Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will obtain release of information prior to amending driver safety plans. Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/AODA

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CLIENT RECORDS

POLICY AND PROCEDURE

STATEMENT OF NEED: There shall be a case record for each client. A staff person shall be responsible for the maintenance and security of client records per 42 CFR Part 2. The case records shall be in a format that provides for consistency and facilitates information retrieval. In addition, all client records shall include the following:

1. Consent for treatment signed by client and guardian where appropriate.
2. Signed acknowledgement that service policy and procedures were explained.
3. Signed and dated notification of client's rights, confidentiality, and grievance procedure.
4. Results of all screenings, examinations, tests and other assessments.
5. Completed copy of the most current placement criteria summary.
6. Treatment plans.
7. Medication records including consents and drug precautions.
8. All medication orders.
9. Reports from referring sources, including name of source, date of report and date client was referred to service.
10. Records of referral by the service including follow-up activities.
11. Multi-disciplinary case conference and consultation notes signed by the primary counselor.
12. Correspondence relevant to the client's treatment, including all letters and dated notations of telephone conversations.
13. Consent forms authorizing disclosure of specific information about the client.
14. Progress notes.
15. A record of services that includes documentation of all case management, education services, and referrals.
16. Staffing notes signed by the primary counselor and the clinical supervisor, and by the mental health professional if the client is dually diagnosed.
17. Documentation of transfer from one level of care to another.
18. Discharge documentation.

TARGET GROUP: All ~~AODA-substance use services~~ clients.

PROGRAM DESCRIPTION: All client records shall meet the standards outlined above.

STAFF: ~~AODA-Outpatient treatment~~ STAFF

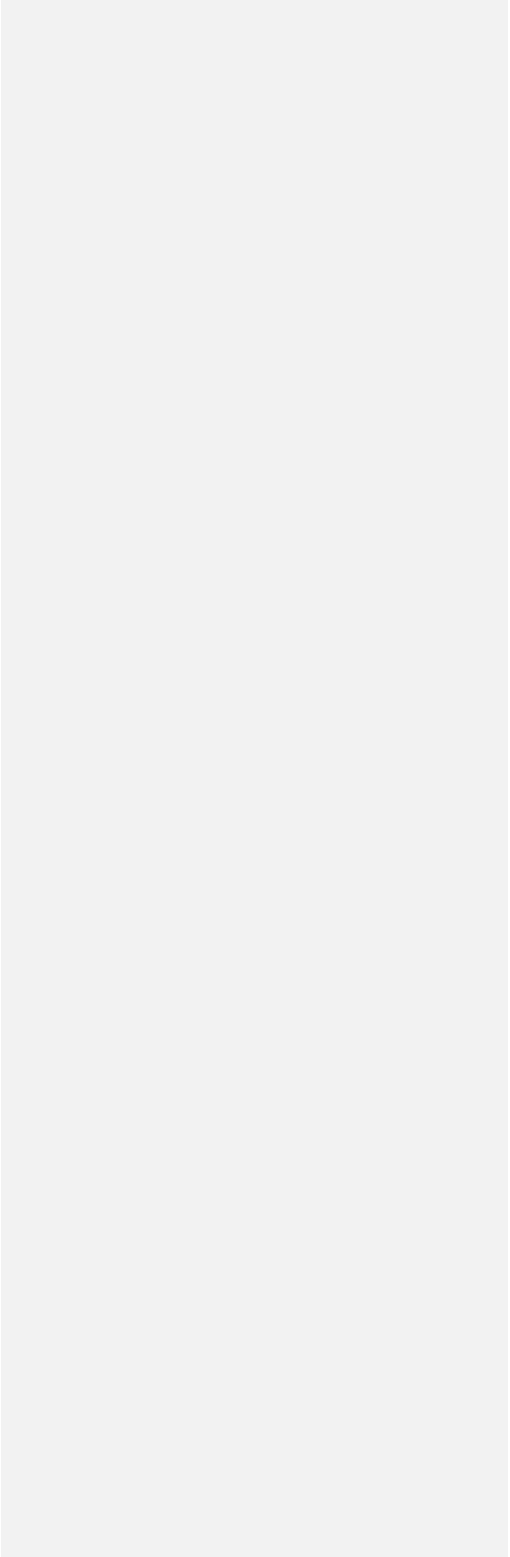
OUTCOMES/GOALS: Meet all standards outlined above.

METHODS: Staff shall trained in record organization and maintenance. Staff shall periodically audit charts for compliance with the above standards.



INDICATORS: Compliance with standards outlined above.

MEASUREMENT: Compliance with standards outlined above.



GREEN LAKE COUNTY DHHS  
 BEHAVIORAL HEALTH UNIT/AODA Intervention Services

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DRIVER SAFETY PLAN (DSP) APPEALS

POLICY AND PROCEDURE

**STATEMENT OF NEED:** Any client may file a grievance if the client believes that client rights have been violated. A client who does not agree with an assessment finding or with a driver safety plan recommendation is encouraged to discuss the assessment finding and recommendations with the assessor at anytime during the assessment process. If disagreement still exists, the client may appeal the assessment findings or driver safety plan to the IDP coordinator or, if the assessor is the IDP coordinator, to the Behavioral Health Unit Manager.

Grievance: If a client files a grievance under DHS94 or 51.61, the grievance review and resolution process does not change the timelines or reports of compliance and noncompliance to complete the assessment and driver safety plan or the Department of Transportation notification of such.

Appeal:

1. Appeals must be made in writing to the IDP Coordinator or Behavioral Health Unit Manager within 5 working days of receipt of the assessment findings and driver safety plan.
2. If the IDP coordinator or Behavioral Health Unit Manager determine that the assessment findings and driver safety plan are substantially correct, the client shall be given written notification that the client may appeal the determination to the board within 5 working days of the notification.
3. The client shall be informed of the client's right to undergo another assessment at another assessment facility at his or her own expense. The client shall be informed that the IDP coordinator or designee will review the results of the alternate assessment and determine the assessment finding and driver safety plan recommendation within 5 working days after receiving the information. If the client chooses to undergo another assessment, the IDP coordinator shall obtain releases and forward the assessment findings and driver safety plan recommendation and other relevant clinical information to the alternate facility with instructions that the facility not submit a noncompliance report.
4. Appeals shall be processed within 5 working days of their receipt in writing.
5. Clients will be notified in writing of the appeal procedure at the time of their initial assessment.

Appeals during treatment:

1. A client may request the client's counselor or case manager to review the treatment plan and consider an amendment. If a conflict still exists the client may appeal to the DHHS director or Behavioral Health Unit Manager.

2. If the DHHS Director or Behavioral Health Unit Manager determines that the individualized treatment plan is appropriate, the client shall be given written notice of their right to appeal to the board of the client's county within 5 working days of receipt of written notice.
3. For clients who utilize an external driver safety plan provider, grievances shall first be submitted through that agency's grievance process and then an appeal may be made to the county board. These shall be reviewed by the DHHS Director or designee within 5 working days.
4. After all appeal procedures have been completed, the assessment facility shall submit a report of noncompliance to the department of transportation.
5. Appeals shall be proceeded according to agency procedure for review of client treatment plan objectives, activities, and progress by the director or designee and that shall result in a timely, complete, and impartial review and decision.
6. The client shall be notified in writing that they may request Wisconsin Department of Transportation review of noncompliance report within 10 days of license suspension or revocation.

TARGET GROUP: Intoxicated Driver Program clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, [AODA Behavioral Health](#) program, will comply with the above requirements for reporting for all Intoxicated Driver Program clients.

STAFF: [AODA Behavioral Health](#) STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, [AODA Behavioral Health](#) program, will comply with the above requirements for the grievances related to Intoxicated Driver Program.

METHODS: Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will attend approved assessor training for Intoxicated Driver Program prior to independently providing assessments. Staff will routinely provide clients with written information related to the appeal process during assessments. Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

EMERGENCY SERVICES CLIENT RECORDS

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall keep a case record for every person requesting or receiving emergency services under s. HFS 76.06, 76.07, or 75.15, except where the only contact made is by telephone.

The case record shall include all of the following:

1. The individual's name and address
2. The individual's date of birth, sex, and race or ethnic origin
3. Time of first contact with individual
4. Time of arrival, means of arrival, and method of transportation
5. Presenting problem
6. Time emergency services began
7. History of recent substance use, if determinable
8. Pertinent history of the problem, including details of first aid or emergency care given to the individual before being seen by the emergency service.
9. Description of clinical and laboratory findings
10. Results of emergency screening, diagnosis, or other assessments completed.
11. Detailed description of services provided.
12. Progress notes
13. Condition of the individual on transfer or discharge
14. Final disposition, including instructions given to the individual regarding necessary follow-up care.
15. Record of service provided which shall be signed by the physician in attendance when medical diagnosis or treatment has been provided.
16. Name, address and phone number o a person to be notified in case of an emergency provided that there is a release of information signed by the patient that enables the agency to contact that person, unless the person is incapacitated and is unable to sign a release of information.

TARGET GROUP: All emergency AODA clients.

**Commented [WN1]:** Intervention Services

**Commented [WN2]:** Update references

**Commented [WN3]:** Code requires: name, address, phone info, dob, relevant demographics, admission date, substance use information and reason for referral, results of screening, sufficient assessment of dimensional risk to determine preliminary level of care, service recommendations, referrals, and follow up activities, documentation of each contact with collateral

**Commented [WN4]:** Intervention services clients, including Intoxicated Driver Program assessments

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services AODA program will follow the above details in charting information regarding emergency AODA services.

**STAFF:** AODA ON-CALL AND EMERGENCY STAFF

**OUTCOMES/GOALS:** Green Lake County Department of Health & Human Services AODA program will follow the above details in charting information regarding emergency AODA services.

**METHODS:** Staff will be trained in appropriate information gathering, paperwork, etc... Appropriate forms will be utilized to include the above information. Audits of charts will be completed to check for compliance.

**INDICATORS:** Above information in charts.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
 BEHAVIORAL HEALTH UNIT/ ~~AODA~~Integrated Behavioral Health Services

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SCREENING

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall complete withdrawal screening for a patient who is currently experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms. Acceptance of a patient for substance abuse services shall be based on written screening procedures and the application of approved patient placement criteria. The written screening procedure shall clearly state the criteria for determining eligibility for admission. All substance abuse screening procedures shall include the collection of data relating to impairment due to substance use consistent with the ~~WI-UPC-~~American Society of Addiction Medicine ASAM, patient placement criteria or other similar patient placement criteria approved by the department.

Commented [WN1]: May meet criteria of intoxicated client policy but needs updates

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TARGET GROUP: All ~~AODA-outpatient~~ clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA-Substance Use Disorders~~ services, shall complete withdrawal screening for any patient who is currently experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms. Acceptance of this patient for substance abuse services shall be based on written screening procedures and the application of approved patient placement criteria. Green Lake County Department of Health & Human Services ~~AODA substance use disorders~~ services shall utilize the ~~WI-UPC~~ASAM.

STAFF: ~~AODA-Integrated Behavioral Health Staff~~ STAFF

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OUTCOMES/GOALS: Use of withdrawal screening and ~~UPC-ASAM~~ for all clients who are currently experiencing withdrawal symptoms or who present the potential to develop withdrawal symptoms

METHODS: Use of withdrawal screening and ~~UPC-ASAM~~ for currently experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms

INDICATORS: Completed screenings and assessments in the charts.

MEASUREMENT: Compliance with above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

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INTAKE

POLICY AND PROCEDURE

STATEMENT OF NEED: Admission of an individual to a service for treatment shall be based upon an intake procedure that includes screening, placement, initial assessment and required administrative tasks. A service shall have written policies and procedures to govern the intake process including all of the following:

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1. Description of the types of information to be obtained from an applicant before admission.
2. A written consent to treatment statement attached to the initial service plan, which shall be signed by the prospective patient before admission is complete.
3. A method of informing the patient about and ensuring that the patient understands all of the following, and for obtaining the patient's signed acknowledgement of having been informed and understanding all of the following:
  - a. The general nature and purpose of the service.
  - b. Patient rights and the protection of privacy provided by the confidentiality laws.
  - c. Service regulations governing patient conduct, the types of infractions that result in corrective action or discharge from the service and the process for review or appeal.
  - d. The hours during which services are available.
  - e. Procedure for follow-up after discharge.
  - f. Information about the cost of treatment, who will be billed and the accepted methods of payment if the patient will be billed.
4. The initial assessment shall include the following:
  - a. An alcohol or drug history that identifies the substance used, duration for each substance, pattern of use in terms of frequency and amount, method of administration, and status of use immediately prior to entering into treatment.
  - b. Available information regarding the patient's family, significant relationships, legal, social and financial status, treatment history and other factors that appear to have a relationship to the patient's substance abuse, and physical and mental health.
  - c. Documentation of how the information identified above relates to the patient's presenting problem.
  - d. Documentation about the current mental and physical health status of the patient.
5. A preliminary service plan shall be developed, based upon the initial assessment.
6. The initial assessment and preliminary service plan shall be clearly explained to the patient and, when appropriate, to the patient's family members during the intake process.
7. The service shall provide patients with information concerning communicable diseases, such as sexually transmitted diseases (STDs), hepatitis B, tuberculosis (TB), and human immunodeficiency virus (HIV), and shall refer patients with communicable disease for treatment when appropriate.
8. Admission of a person under court order shall be in accordance with ss. 51.15 and 51.45 (12), Stats.

TARGET GROUP: Integrated Outpatient clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, AODA Integrated Outpatient program, will meet the above requirements through procedure and forms.

1. At time of new client registration, administrative staff shall gather pertinent information to include:
  - a. Client name, contact information, and county residency status.

- b. Legal information including whether or not the individual has a legal guardian and/or whether they are court-ordered in anyway to participate in the treatment process.
- c. Demographic information as the client is willing to provide. This shall be optional and clients shall be informed of their rights including the right to be free from discrimination in the treatment process.
- d. Information related to the presenting issue, referring party, etc. that may assist with case assignment.
- e. Screening for suicide and homicide ideation as well as experience of domestic violence
- f. Information related to insurance, financial status, determining eligibility for sliding fee scale.
- 2. ~~(attached)~~. A written consent to treatment statement attached to the initial service plan, which shall be signed by the prospective patient before admission is complete.
- 3. Clients shall be informed of the general nature and purpose of the service for which they are being scheduled.
- 4. Clients shall receive a copy of patient rights and privacy practices as protected by confidentiality laws.
  - g. Clients shall receive a copy of clinic policies including fees, cancellation policy, hours of operation, contact information for after-hours emergency, and information related to clinical supervision practices. This shall include Service regulations governing patient conduct, the types of infractions that result in corrective action or discharge from the service and the process for review or appeal.
- 5. Practices related to billing and authorization to bill insurance.
- 6. The service shall provide patients with information concerning communicable diseases, such as sexually transmitted diseases (STDs), hepatitis B, tuberculosis (TB), and human immunodeficiency virus (HIV), and shall refer patients with communicable disease for treatment when appropriate.
- 7. Information will be provided to clients verbally and in written format. These written forms will be reviewed with the client and signed by the client via either hard copy or accepted electronic signature.

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STAFF: AODA-Outpatient and ADMINISTRATIVE STAFF

OUTCOMES/GOALS: Compliance with all the above standards.

METHODS: Utilization of forms specific to the above information, including intake assessment, consents, etc...

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with above standards as evidenced by the completed documentation.



GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/AODA/ Integrated Outpatient Services

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ASSESSMENT

POLICY AND PROCEDURE

STATEMENT OF NEED: Staff of a service shall assess each patient through screening interviews, data obtained during intake, counselor observation and talking with people who know the patient, review of collateral records where available and appropriate, and application of evidence-based assessment tools. Information for the assessment shall include all of the following:

1. The ~~substance abuse~~ counselor's evaluation of the patient and documentation of psychological, social, and physiological signs and symptoms of substance abuse and dependence, mental health disorders and trauma based on criteria in DSM-5 and the ASAM placement criteria.
2. The summarized results of all psychometric, cognitive, vocational and physical examinations taken for, or as a result of, the patient's enrollment into treatment.
3. Substance abuse assessments will include a history of substance used including tobacco use, duration of use for each substance, frequency and amount of use, method of administration, status of use immediately prior to entering treatment, consequences and effects of use, withdrawal and overdose history
4. All assessments will include documentation of the mental and physical status of the patient.
- 2-5. Psychosocial history will include all of the following domains that relate to the patient's presenting problem: family, significant relationships, legal, social, financial, educational, employment, treatment history, and other factors that appear to have relationship to presenting issue.
- 3-6. The counselor's recommendations for treatment shall be included in a written case history that includes a summary of the assessment information leading to the conclusions and outcomes determined from the counselor's evaluation of the patient's problems and needs.
- 4-7. If a substance use disorders counselor that is not dually certified identifies symptoms of a mental health disorder and trauma in assessment process, the service shall refer the individual for a mental health assessment conducted by a mental health professional.
8. If a counselor identifies symptoms of physical health problems in the assessment process, the services shall refer the individual for a physical health assessment conducted by medical personnel.
9. If the counselor identifies that that an individual is pregnant at the time of the assessment, the service shall make a referral for prenatal care or ensure that the patient is already receiving prenatal care, and document efforts to coordinate care with prenatal care providers.
10. Clinical assessment shall include any collatal information gathered including one or more of the following:
  - Review of Wisconsin Prescription Drug Monitoring Program database
  - Records of patient's legal history
  - Information from referral sources

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- Consultation with the patient's physician or other medical/ behavioral providers
- Consultation with department of corrections or child protective services
- Information from family or significant others

5- Toxicology testing results

11. Initial assessment shall be conducted for treatment planning. The services shall implement an ongoing process of assessment to ensure that the patient's treatment plan is modified if the need arises as determined through a staffing at least every 30 days.

12. In the event that the recommended level of care is not available, a service shall document accurately the level of care indicated by the clinical assessment, indicate on the treatment plan what alternative level of care is available or agreed upon, and identify on the treatment plan what efforts will be made to access the appropriate level of care, additional services/ supports that will be offered to bridge the gap in level of care, and ongoing assessment for clinical needs.

13. For assessments completed by a substance abuse counselor in-training or a graduate student QTT the assessment and recommendations shall be reviewed and signed by the clinical supervisor within 7 days of the assessment date.

6-14. For a patient receiving mental health services under DHS 75.50 who does not have a co-occurring substance use disorder, the requirement for ASAM criteria is not required.

TARGET GROUP: All AODA-outpatient behavioral health clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, AODA-integrated outpatient behavioral health program, will comply with the above requirements for the assessment and initial treatment planning of all AODA-clients.

STAFF: AODA STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, AODA integrated outpatient behavioral health program, will comply with the above requirements for the assessment and initial treatment planning of all AODA-client/all outpatient behavioral health clients.

METHODS: Staff will utilize appropriate forms to document the above information on all AODA-outpatient behavioral health clients. Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/~~AODA~~Integrated Outpatient

TREATMENT PLAN

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall develop a treatment plan for each patient. ~~A patient's~~The treatment plan shall be based on the assessment and a discussion with the patient to ensure that the plan is tailored to the individual patient's needs. The treatment plan shall be developed in collaboration with other professional staff, the patient and, when feasible, the patient's family or another person who is important to the patient, and shall address culture, gender, disability, if any, and age-responsive treatment needs related to substance use disorders, mental disorders and trauma. The patient's participation in the development of the treatment plan shall be documented. The treatment plan shall be reviewed and signed ~~first by the clinical supervisor and~~by the counselor, ~~and secondly reviewed and signed by~~ the patient, their family (if applicable), other involved Behavioral Health staff described in the plan, and the consulting physician. When the provider holds a substance abuse counselor- in training (SAC-IT) license or is a graduate student QTT, the plan (and updates to the plan) shall be reviewed and signed by the clinical supervisor as well within 14 days of the development of the plan.

1. The treatment plan shall describe the patient's individual or distinct problems and specify short and long-term individualized treatment goals that are expressed in behavioral and measurable terms, and are explained as necessary in a manner that is understandable to the patient.
2. The goals shall be expressed as realistic expected outcomes.
3. The treatment plan shall specify the treatment, rehabilitation, and other therapeutic interventions and services to reach the patient's treatment goals.
4. The treatment plan shall describe the criteria for discharge from services.
5. The treatment plan shall provide specific goals for treatment of dual diagnosis for those who are identified as being dually diagnosed, with input from a mental health professional.
6. Tasks performed in meeting the goals shall be reflected in progress notes and in the staffing reports.

A patient's treatment plan constitutes a treatment contract between the patient and the service.

A patient's treatment plan shall be reviewed at regular intervals and modified as appropriate with date and results documented in the patient's case record through staffing reports. When substance use treatment is being provided or when co-occurring disorders are identified, the treatment plan review shall include an updated level of care assessment which follows American Society of Addiction Medicine (ASAM) criteria. For patients with co-occurring disorders, the service shall assign a dually-credentialed clinician whenever possible. When this is not possible, mental health needs and substance use needs will both be included in the treatment plan and met by appropriately credentialed personnel.

TARGET GROUP: ~~AODA Clients~~outpatient clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA~~Behavioral Health program will follow the guidelines above in creating and reviewing all ~~AODA~~Behavioral Health treatment plans.

STAFF: outpatient staff ~~AODA~~ **STAFF**

OUTCOMES/GOALS: Compliance with the above standards.

METHODS: Develop appropriate treatment plans bases upon the above standards. Review and modify treatment plans per standards. Train staff on standards for developing and reviewing treatment plans. Periodically audit charts for compliance with standards.

INDICATORS: Evidence of completed treatment plans in client records.

MEASUREMENT: Compliance with the above standards.

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~~STAFFING~~Clinical Consultation & Staffing

POLICY AND PROCEDURE

STATEMENT OF NEED: ~~Staffing-Clinical Consultation~~ shall be completed for each ~~patient-client~~ and shall be documented in the ~~patient's~~ case record as follows:

- 1. Clinical Consultation: Clinical consultation is defined as the review of a client's plan of care or collaborative discussion of specific aspects of a patient's risks, needs, and functioning between a clinical supervisor and other clinical staff of a service, another licensed professional or both.
- 2. Clinical staffing: Clinical staffing is defined as the review of a patient's plan of care or collaborative discussion of specific aspects of a patient's risks, needs, and functioning with other clinical staff at a service.
- 3. Clinical supervision: means a specific and definitive process of oversight of a counselor's professional development in the didactic, experiential and application of the transdisciplinary foundations, and practice dimensions including core functions. Supervision takes place in intermittent in person contact between a clinical supervisor and a counselor provided on or off the site of a service to ensure that each patient has an individualized treatment plan and is receiving quality care. A primary purpose of "clinical supervision" is to ensure quality patient care. Clinical supervision is addressed elsewhere in this policy manual.

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- 4. Clinical consultation is required for any of the following:
  - A. When a client's substance use or mental health poses a significant risk to the individual, their family or the community.
  - B. When a safety plan has been developed
  - C. When an individual's symptoms, pattern of substance use, risk level, or placement criteria indicate transfer to a higher level of care.
  - D. When a safety plan requires ongoing monitoring, clinical consultation shall be completed at a clinically-determined interval until the risk level is reduced or appropriately managed with services or collateral supports.
  - E. When the recommended level of care cannot be determined, or is not available, or the individual has declined the recommended level of care, clinical consultation shall be completed at clinically-determined intervals until the appropriate level of care is determined or obtained, or the client's risk level decreases.

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- 5. Clinical consultation shall be documented in the client's case record.
- 6. Clinical consultation for unlicensed staff shall be completed with a clinical supervisor and shall be documented with the clinical supervisor's signature. Clinical consultation for licensed professionals may occur with a clinical supervisor or with another licensed professional who is a staff of the service.
- 7. Clinical staffing is facilitated at intervals appropriate to the client's needs and as prescribed based on the level of care. For clinical staffing required under DHS 75.50-51 the following shall apply:
  - 1. Clinical staffing shall include the clinical supervisor of the service.
  - 2. Clinical staffing shall include a patient's prescriber or medical personnel; if applicable
  - 3. Clinical staffing may be combined with treatment plan review and level of care review.
  - 4. Clinical staffing shall be documented in the case record.

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~~4. 8. Staffing-Treatment plan review~~ for patients in an outpatient treatment service who attend treatment sessions ~~one day per week or less frequently~~ shall be completed at least every 90 days ~~or 6 sessions, whichever is longer unless there is a clinical reason to review more frequently.~~

~~2.1. Staffing-9. Treatment plan review and clinical staffing~~ for patients who attend ~~treatment sessions more frequently than one day per week shall be completed at least every 30 days-intensive outpatient level of care is required every 14 days unless there is a clinical reason to review more frequently.~~

~~A staffing report shall include information on treatment goals, strategies, objectives, amendments to the treatment plan and the patient's progress or lack of progress, including applicable criteria from the approved placement criteria being used to recommend the appropriate level of care for the patient.~~

~~The counselor and clinical supervisor shall review the patient's progress and the current status of the treatment plan in regularly scheduled case conferences and shall discuss with the patient the patient's progress and status and make an appropriate notation in the patient's progress notes.~~

~~If a patient is dually diagnosed, the patient's treatment plan shall be reviewed by the counselor and a mental health professional and appropriate notation made in the patient's progress notes.~~

~~A staffing report shall be signed by the primary counselor and the clinical supervisor, and by a mental health professional if the patient is dually diagnosed. The consulting physician shall review and sign the staffing report.~~

TARGET GROUP: ~~AODA-Integrated Behavioral Health~~ Clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA Integrated Behavioral Health~~ program staff cases with the doctor and clinical supervisor on a weekly basis. During this staffing intakes and treatment plans are discussed and signed off. Additional notes may be entered into the client's progress notes to indicate staffing outcomes.

STAFF: ~~AODA-Integrated Behavioral Health staff~~ STAFF

OUTCOMES/GOALS: Compliance with the above standards.

METHODS: Weekly staffing of client information, including intakes, progress/status, treatment plans and reviews. Documentation of these staffings in the client's record.

INDICATORS: Documentation of weekly staffing in the master logbook. Documentation of staffing and case review in client records.

MEASUREMENT: Compliance with the above standards.

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PROGRESS NOTES

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall enter progress notes into the patient's case record for each contact the service has with a patient or with a collateral source regarding the patient. Notes shall be entered by the ~~counselor and may be entered by the consulting physician, clinical supervisor, mental health professional and other staff members to document the content of the contact with the patient or with a collateral source for the patient.~~ staff member providing the service to document the content of the contact with the patient or a collateral source. Notes entered by a designee must be specified as such. In this paragraph, "collateral source" means a source from which information may be obtained regarding a patient, ~~which may include~~ including but not limited to a family member, clinical records, a friend, a co-worker, a child welfare worker, a probation and parole agent or a health care provider.

Progress notes shall include, at a minimum, all of the following:

1. Chronological documentation of treatment that is directly related to the patient's treatment plan.
2. Documentation of the patient's response to treatment.

The person making the entry shall sign and date progress notes that are continuous and unbroken. ~~Blank lines or spaces between the narrative statement and the signature of the person making the entry shall be connected with a continuous line to avoid the possibility of additional narrative being added. If a note is entered by a designee it must also indicate who provided the service.~~

Staff shall make efforts to obtain reports and other case records for a patient receiving concurrent services from an outside source. The reports and other case records shall be made part of the patient's case record.

TARGET GROUP: AODA-Outpatient Clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, AODA outpatient program, shall meet the above standards for progress note documentation with the exception of the continuous narrative. Green Lake County Department of Health & Human Services ~~has been increasingly utilizing an electronic database for record storage and retrieval. All notes in the electronic database will be printed and signed by the counselor and filed in the client record.~~ Uses an electronic health record for record storage and retrieval.

STAFF: AODA-Outpatient STAFF

OUTCOMES/GOALS: Compliance with the above standards.

METHODS: Staff will be trained on the standards for progress notes. Staff will complete progress notes as defined above. Period audits of charts to check for compliance.

INDICATORS: Appropriate progress notes in client records.

MEASUREMENT: Compliance with standards.

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TRANSFER

POLICY AND PROCEDURE

STATEMENT OF NEED: If a service transfers a patient to another provider or if a change is made in the patient's level of care, documentation of the transfer or change in the level of care shall be made in the patient's case record. The transfer documentation shall include the date from which the patient is being transferred and the applicable criteria from approved placement criteria that are being used to recommend the appropriate level of care to which the patient is being transferred.

The service shall forward a copy of the transfer documentation to the service to which the patient has been transferred within one week after the transfer date. A clinician transferring care shall document communication and follow-up ensuring continuity of care from one provider/ level of care to another.

TARGET GROUP: ~~AODA-Integrated Outpatient Behavioral Health~~ Clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA program~~, will follow the above standards in all transfers of clients.

STAFF: ~~AODA-STAFF~~Outpatient staff

OUTCOMES/GOALS: Compliance with the above standards.

METHODS: Staff will be trained in the standards for transfer, including appropriate documentation and time limits. Documentation shall be filed in client records.

INDICATORS: Evidence of transfer shall be filed in client records.

MEASUREMENT: Compliance with the above standards.



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DISCHARGE OR TERMINATION

POLICY AND PROCEDURE

~~STATEMENT OF NEED: A patient's discharge date shall be the date the patient no longer meets criteria for any level of care in the substance abuse treatment service system, and is excluded from each of these levels of care as determined by approved placement criteria. A patient may be discharged from the service for any of the following reasons:~~

- ~~1. Successful completion of recommended services and treatment plan goals~~
- ~~2. No longer meeting placement criteria for any level of care in the substance use treatment system~~
- ~~3. Patient discontinuation of services~~
- ~~4. Administrative discharge~~
- ~~5. Death of the patient~~

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A discharge summary shall be entered in the patient's case record within one week after the discharge date.

The discharge summary shall include all of the following:

- ~~1.~~ Recommendations regarding care after discharge.
- ~~1-2.~~ A completed copy of the standardized placement criteria and level of care indicated for substance use clients.
- ~~2-3.~~ A description of the reasons for discharge.
- ~~3-4.~~ The patient's treatment status and condition at discharge.
- ~~5.~~ A final evaluation of the patient's progress toward the goals set forth in the treatment plan.
- ~~4-6.~~ Notation of the reason that any items from 1-5 above are not able to be provided if applicable.
- ~~5.~~ The signature of the patient, the counselor, the clinical supervisor and, if the patient is dually diagnosed, the mental health professional, with the signature of the consulting physician included within 30 days after the discharge date.

~~Discharges that occur due to administrative discharge, patient dissatisfaction or attrition or patient death shall be reviewed by the clinician with the Behavioral Health Unit Manager and this review will be documented in the patient chart.~~

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The patient shall be informed of the circumstances under which return to treatment services may be needed.

Treatment terminated before its completion shall also be documented in a discharge summary. Treatment termination may occur if the patient requests in writing that treatment be terminated or if the service terminates treatment upon determining and documenting that the patient cannot be located, refuses further services or is deceased.

TARGET GROUP: ~~AODA~~ Outpatient Clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Outpatient program~~AODA program~~, will follow the above standards in discharging or terminating AODA clients. ~~See attached policy and discharge form.~~

STAFF: OutpatientAODA STAFF

OUTCOMES/GOALS: Compliance with the above standards.

METHODS: Completion of termination/discharge form on all AODA-outpatient clients upon termination or discharge. Training of staff in the appropriate discharge/termination requirements and standards. Period audits of client records to ensure compliance with these standards.

INDICATORS: Completed termination/discharge forms and related documentation in client records.

MEASUREMENT: Compliance with the above standard.

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REFERRAL

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall have written policies and procedures for referring patients to other community service providers. The service director shall approve all relationships of the service with outside resources. Any written agreement with an outside shall specify the following:

1. The services the outside resource will provide.
2. The unit costs for the services, if applicable.
3. The duration of the agreement.
4. The maximum extent of services available during the period of the agreement.
5. The procedure to be followed in making referrals to the outside resource.
6. The reports that can be expected from the outside resource and how and to whom this information is to be communicated.
7. The agreement of the outside resource to comply with this chapter.
8. The degree to which the service and the outside resource will share responsibility for the patient's care.

There shall be documentation that the service director has annually reviewed and approved the referral policies and procedures.

TARGET GROUP: ~~AODA-Outpatient~~ program director and staff

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA-Outpatient~~ program director will follow the above standards in securing referral resources. Green Lake County Department of Health & Human Services completes annual contracts with outside resources per state guidelines. All referrals will be made based on the referral resource's policy and procedures.

STAFF: ~~AODA program director, AODA staff~~Outpatient manager and staff

OUTCOMES/GOALS: Compliance with above standards.

METHODS: All agreements will be made to the criteria set forth in the above standards. ~~AODA-Outpatient~~ staff will be instructed regarding the appropriate process for referral to include identification of prerequisite standards for referral resources.

INDICATORS: Written agreements or contracts on file.

MEASUREMENT: Compliance with standards.

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~~FOLLOW UP~~Continuing Care

POLICY AND PROCEDURE

STATEMENT OF NEED: ~~Clinicians may provide ongoing recovery monitoring, continuing care, aftercare or behavioral health checkups at the outpatient level to a client who has completed services. All follow-up activities undertaken by the service for a current patient or for a patient after discharge shall be done with the written consent of the patient.~~

POLICY: A patient who has completed services and been discharged may continue contact with the provider at agreed upon intervals without completing a new clinical assessment, intake, or treatment plan. Each contact with a patient in continuing care shall be documented in a progress note.

If during the provision of continuing care services, there is indication that a higher level of care or additional services may be needed due to substance use relapse, behavioral/ mental/ physical health indicators the service shall complete and updated level of care placement criteria screening or updated mental health assessment and make appropriate arrangements for care, referral, or transfer of care.

Continuing care services shall obtain valid and updated releases of information for any referrals or collateral communications regarding patients in continuing care.

Continuing care services shall not provide medical services.

The death of a patient in continuing care services shall be subject to reporting specified in 75.10(1).

A service that refers a patient to an outside resource for additional ancillary or follow-up services shall determine the disposition of the referral within one week from the day the referral is initiated.

A service that refers a patient to an outside resource for additional or ancillary services while still retaining treatment responsibility shall request information on a regular basis as to the status and progress of the patient.

The date, method and results of follow-up attempts shall be entered in the former patient's or current patient's case-record and shall be signed and dated by the individual making the entry. If follow-up information cannot be obtained, the reason shall be entered in the former patient's or current patient's case record.

A service shall follow-up on a patient transfer through contact with the service the patient is being transferred to within 5 days following initiation of the transfer and every 10 days after that until the patient is either engaged in the service or has been identified as refusing to participate.

TARGET GROUP: AODA-Outpatient Clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, AODA-Outpatient program, will follow the above standards in providing follow-up with former and current clients.

STAFF: AODA-Outpatient STAFF

OUTCOMES/GOALS: Compliance with the above standards.

METHODS: Staff will be provided information and education of the standards for follow-up as outlined above.

INDICATORS: Documentation of the follow-up activities where and when appropriate in client records.

MEASUREMENT: Compliance with the above standards.

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SERVICE EVALUATION

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall have an evaluation plan (DHS 75.25). The evaluation plan shall include all of the following:

1. ~~A written statement of the service's goals, objectives, and measurable expected outcomes that relate directly to the service's patients or target population. Measurable goals related to service quality, participant satisfaction, and outcomes & related initiatives for service improvement and key indicators.~~
2. Measurable criteria and a statistical sampling protocol which are to be applied in determining whether or not established goals, objectives and desired patient outcomes are being achieved.
3. A process for measuring and gathering data on progress and outcomes achieved with respect to individual treatment goals on a representative sample of the population served, and evaluations of some or all of the following patient outcome areas but including at least those in this subd. Pars. 3. a,b,c and f:
  - a. Living situation
  - b. Substance use
  - c. Employment
  - d. Interpersonal relationships
  - e. Treatment recidivism
  - f. Criminal justice system involvement
  - g. Support group involvement
  - h. Patient satisfaction
  - i. Retention in treatment
  - j. Self-esteem
  - k. Psychological functioning
4. Methods for evaluating and measuring the effectiveness of services and using the information for service improvement.

A service shall have a process in place for determining the effective utilization of staff and resources toward the attainment of patient treatment outcomes and the service's goals and objectives.

A service shall have a system for regular review of the appropriateness of the components of the treatment service and other factors that may contribute to the effective use of the service's resources.

A service shall obtain a completed patient satisfaction survey from a representative sample of all patients at or following their discharge from the service. The service shall keep all satisfaction surveys on file for 2 years and shall make them available for review by authorized representatives of the department upon request.

A service shall collect data on patient outcomes at patient discharge and may collect data on patient outcomes after discharge.

The service director shall complete an annual report on the service's progress in meeting goals, objectives and patient outcomes, and shall keep the report on file and shall make it available for review to an authorized representative of the department upon request.

The governing authority or legal owner of the service and the service director shall review all evaluation reports and make changes in service operations, as appropriate.

If a service holds current accreditation from a recognized accreditation organization, such as the joint commission on accreditation of health organization, the commission on accreditation of rehabilitation facilities or the national committee for quality assurance, the requirements under this section may be waived by the department.

TARGET GROUP: ~~AODA program~~—~~AODA clients~~—Outpatient staff and clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA program~~Outpatient program staff, will follow the above standards in completing evaluation of the program, compiling the results, and responding to those results. See attached policy, evaluations, and results.

STAFF: ~~AODA outpatient~~ STAFF

OUTCOMES/GOALS: Compliance with the above standards.

METHODS: Completion of appropriate evaluations by a sample of discharged ~~AODA outpatient~~ clients. Analysis of data. Presentation of data. Program modifications as appropriate.

INDICATORS: Completed evaluations on sample of discharged ~~AODA outpatient~~ clients. Monthly and annual reports.

MEASUREMENT: Compliance with the above standards.

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COMMUNICABLE DISEASE SCREENING

POLICY AND PROCEDURE

STATEMENT OF NEED: Service staff shall discuss risk factors for communicable diseases with each client with identified substance use needs ~~patient~~ upon admission and at least annually while the patient continues in the service and shall include in the discussion the patient's prior behaviors that could lead to sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), hepatitis B and C or tuberculosis (TB).

TARGET GROUP: AODA-Substance use counseling clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, AODA-Outpatient program staff shall discuss risk factors for communicable diseases with each patient upon admission and at least annually while the patient continues in the service and shall include in the discussion the patient's prior behaviors that could lead to sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), hepatitis B and C or tuberculosis (TB). Individuals enrolling for services shall receive a written screening related to tuberculosis (TB) to be filed in their chart.

Outpatient staff providing substance use services shall have training related to communicable disease screening and education.

STAFF: AODA-Outpatient STAFF

OUTCOMES/GOALS: Compliance with above standards.

METHODS: Staff will be trained on the above standards. Clients will complete a related questionnaire upon admission which will be filed in their client record.

INDICATORS: Documentation in client record.

MEASUREMENT: Compliance with above standard.



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UNLAWFUL ALCOHOL OR PSYCHOACTIVE SUBSTANCE USE

POLICY AND PROCEDURE

STATEMENT OF NEED: The unlawful, illicit or unauthorized use of alcohol or psychoactive substances at the service location is prohibited.

TARGET GROUP: ~~AODA~~ Behavioral Health Clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services does not allow the use of unlawful, illicit or unauthorized use of alcohol or psychoactive substances on the premises.

STAFF: Behavioral Health ~~AODA~~ STAFF

OUTCOMES/GOALS: Compliance with the above standard.

METHODS: Clients will be informed of the above rules upon admission.

INDICATORS: Policy and procedure and posted rule.

MEASUREMENT: Compliance with the above standard.

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DEATH REPORTING

POLICY AND PROCEDURE

STATEMENT OF NEED: Each service shall adopt written policies and procedures for reporting deaths of patients due to suicide or the effects of psychotropic medicines, as required by s.51.64(2), Stats. A report shall be made on a form furnished by the department.

TARGET GROUP: ~~AODA~~ Behavioral Health staff

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA~~ Behavioral Health program, will follow the procedures outlined in s.51.64(2), Stats. for reporting deaths of patients due to suicide or the effects of psychotropic medicines.

Patient death related to physical restraint, psychotropic medication, or suicide shall be reported to the department within 24 hours after the service becomes aware of the death if there is reasonable cause to believe it was related to one of the above causes.

When a patient dies as a result of an incident or accident at the service location not related to the use of a physical restraint, psychotropic medication, or suicide the service shall send a report to the department within 3 working days of the patient's death.

STAFF: ~~AODA~~ Behavioral Health Staff

OUTCOMES/GOALS: Compliance with the above standard.

METHODS: Staff will be trained on the proper procedure for reporting deaths of patients due to suicide or the effects of psychotropic medicines.

INDICATORS: Completed department forms in charts of any clients who death warrants notification to the department.

MEASUREMENT: Compliance with the above standards.

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CLINICAL SUPERVISION

POLICY AND PROCEDURE

STATEMENT OF NEED: An outpatient treatment service shall provide for ongoing clinical supervision of the counseling staff. Ongoing clinical supervision shall be provided as follows:

1. A clinical supervisor shall provide a certified ~~substance abuse counselor~~counselor, substance abuse counselor, or licensed clinical social worker with not less than one hour of clinical supervision for every 40 hours of counseling rendered.
2. A clinical supervisor shall provide a non-certified counselor or registered substance abuse counselor who has a certification plan on file with the Wisconsin certification board, inc., and any other treatment staff member, except a physician or a licensed clinical psychologist, with not less than two hours of clinical supervision for every 40 hours of counseling rendered.

(b) A clinical supervisor shall provide supervision and performance evaluation of substance abuse counselors in the core functions identified in the certification standards of the Wisconsin certification board, inc., and shall exercise supervisory responsibility over substance abuse counselors in regard to at least the following: counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility.

3. Staff acting in a supervisory role shall provide supervision within their scope of practice and only to supervisees to whom they are qualified by Department of Safety and Professional Services DSPS standards to provide supervision.

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TARGET GROUP: ~~AODA-Outpatient~~ Staff

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, ~~AODA-Outpatient~~ program will follow the above standards in providing supervision to ~~AODA counseling~~ staff. The ~~AODA~~ Clinical Supervisor shall provide a minimum of one hour per week face-to-face supervision through staffing and/or individual meetings with ~~AODA supervisees staff~~. Evidence of supervision and staffing is documented in the agency ~~MIS system supervision log as well as the patient chart as applicable~~.

STAFF: CLINICAL SUPERVISOR

OUTCOMES/GOALS: Compliance with above standards.

METHODS: Weekly supervision meetings. Additional face-to-face contacts for individual supervision as needed.

INDICATORS: Documentation of supervision/staffing.

MEASUREMENT: Compliance with above standards.

## GREEN LAKE COUNTY DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

**SUDSubstance Use Disorders (SUD)  
PREVENTION SERVICES**

## POLICY AND PROCEDURE

**Statement of Need:**

Per HFS 75.14 : Green Lake County Department of Health & Human Services, SUD services, shall provide preventative interventions that are focused on reducing behaviors and actions that increase the risk of abusing substance or being affected by another person's substance use.

**Target Group:**

SUDSUD prevention services shall be provided to any interested individuals. Information will be provided to the public through advertising, media, public speaking, meetings, and activities. In this way information has the potential of reaching the greatest number of people in the county without the necessity of personal inquiry. Special emphasis will be placed on reaching "at risk" individuals such as juvenile offenders and those arrested for driving while under the influence of alcohol.

**Program Description:**

SUDSUD prevention services will implement the following strategies:

1. Information dissemination: This strategy aims at providing awareness and knowledge of the nature and extent of the identified problem and providing knowledge and awareness of available prevention programs and services. Green Lake County SUD prevention services shall provide information via brochures, resource directory, media announcements, public presentations, and participation in health fairs and other health promotion activities.
2. Education: This strategy involves two-way communication and is directed at affecting critical life and social skills, including decision making, refusal skills, and critical analysis. Green Lake County SUDSUD prevention services shall provide classroom and small group sessions, parenting and family management classes, and education programs for youth.
3. Promotion of healthy activities: This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use or promote activities that lend themselves to building of resiliency among youth and families. Green Lake County SUDSUD prevention services shall work with other internal departments and community agencies to promote drug-free dances and parties, after-school activities, and community events that promote health relationships between adult and youth participants and support drug and alcohol free lifestyles.
4. Problem identification and referral: This strategy is to identify individuals who have demonstrated at-risk behavior such as indulging in illegal or age-inappropriate use of tobacco or alcohol or indulging in the first use of illicit drugs, to if their behavior can be reversed through education. Green Lake County SUDSUD prevention services shall

provide educational programs for individuals charged with driving while under the influence or driving while intoxicated.

5. Environmental: This strategy aims at establishing written or unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of at-risk behavior in the general population. Green Lake County SUDSUD prevention services shall promote the establishment and review of policies for schools related to the use of alcohol, tobacco and drugs through coordinated efforts with local school authorities and governing boards. Services will also work with school and law enforcement agencies to support local enforcement procedures to limit violent behavior.
6. Community-based process: This strategy seeks to enhance the ability of the community to more effectively provide prevention, remediation, and treatment services for behaviors that lead to intensive services. Activities under this strategy include organizing, planning, and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building and networking. Green Lake County SUD prevention services shall provide education and training to key stakeholders in this process. Services shall also provide representation in multi-agency collaboration such as Domestic abuse services, CESA-6, School associations, and other community team-building functions.

#### **General Program Requirements:**

1. **The SUD Prevention program shall be governed by Health & Human Services (HHS) Committee.**
2. **The program shall ensure that no person will be denied service or discriminated against on the basis of sex, race, color, creed, sexual orientation, disability, or age, in accordance with 45 CFR part 92 and Title VI of the Civil Rights Act of 1964 as amended, 42 USC. 2000d, Title XI of the Education Amendments of 1974, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973 as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC12101-12213.**
3. **All staff engaged in prevention activities will be trained on and compliant with agency confidentiality policies and in accordance with confidentiality provisions of 42CFR part 2, 45 CFR parts 164-170, s. 51.30, Stats., and ch. DHS 92. Each staff member shall sign a statement acknowledging responsibility to maintain confidentiality of personal information about persons served.**

#### **Personnel:**

1. **The service shall employ a prevention professional, defined as a professional knowledgeable and skilled in areas of substance use prevention including prevention domains, prevention services, and program implementation.**
2. **Staff shall receive ongoing training to improve skills and knowledge in the prevention domains and the implementation of prevention services.**

**Prevention Services Evaluation**

1. **Wherever feasible, recipients of prevention services shall receive a quality assurance survey to measure outcomes and objectives of each service.**
2. **This survey shall include opportunity for consumers to express views about the services that they are provided.**
3. **Surveys and other received feedback about the prevention service, staff, and methods by which individual prevention activities are offered shall be reviewed by the Behavioral Health Manager (& prevention committee).**

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

**SUD PREVENTION SERVICES****Objective Outcomes**

**Outcomes/Goals:**

**1. Information dissemination: Green Lake County SUD prevention services shall provide information regarding alcohol and other drug abuse to the public including brochures in the resource center, at least 2 public presentations per year, and 1 media release per year.**

Methods: Green Lake County SUD prevention services shall provide information via brochures, resource directory, media announcements, public presentations, and participation in health fairs and other health promotion activities.

Indicators: Availability of resource material. Requests for public presentations. Media announcements.

Measurement: Number of inquiries. Number of public presentations. Number of media announcements and articles.

**Outcomes/Goals:**

**2. Education: Green Lake County SUD prevention services shall provide a minimum of 2 each: classroom and small group sessions, parenting and family management classes, and education programs for youth per year.**

Methods: This strategy involves two-way communication and is directed at affecting critical life and social skills, including decision making, refusal skills, and critical analysis. Green Lake County SUD prevention services shall provide classroom and small group sessions, parenting and family management classes, and education programs for youth.

Indicators: Attendance for classroom and small group sessions, parenting and family management classes, and education programs for youth.

Measurement: Actual attendance numbers.

**Outcomes/Goals:**

**3. Promotion of healthy activities: Green Lake County SUD prevention services shall work with other internal departments and community agencies to promote drug-free dances and parties, after-school activities, and community events that promote health relationships between adult and youth participants and support drug and alcohol free lifestyles. Green Lake County SUD services shall sponsor at least 1 activity per year.**

Methods: Green Lake County SUD prevention services shall work with other internal departments and community agencies to promote drug-free dances and parties, after-school activities, and community events that promote health relationships between adult and youth participants and support drug and alcohol free lifestyles.

Indicators: Community events as described above.

Measurement: Number of events sponsored by or facilitated with Green Lake County SUD services.

**Outcomes/Goals:**

**4. Problem identification and referral: Green Lake County SUD prevention services shall provide educational programs for individuals charged with driving while under the influence or driving while intoxicated. Services shall be provided or contracted out on an ongoing basis. At least 2 sessions of the underage drinking program shall be provided annually.**

Methods: This strategy is to identify individuals who have demonstrated at-risk behavior such as indulging in illegal or age-inappropriate use of tobacco or alcohol or indulging in the first use of illicit drugs, to if their behavior can be reversed through education. Green Lake County SUD prevention services shall provide educational programs for individuals charged with driving while under the influence or driving while intoxicated. A special program for underage drinkers is provided and coordinated through the court system.

Indicators: Classes. Attendance.

Measurement: Number of classes/sessions. Actual attendance.

**Outcomes/Goals:**

**5. Environmental: Green Lake County SUD prevention services shall promote the establishment and review of policies for schools related to the use of alcohol, tobacco and drugs through coordinated efforts with local school authorities and governing boards. Services will also work with school and law enforcement agencies to support local enforcement procedures to limit violent behavior. Staff will attend at least 4 meeting per year with local officials.**



Methods: This strategy aims at establishing written or unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of at-risk behavior in the general population. Green Lake County SUD prevention services shall promote the establishment and review of policies for schools related to the use of alcohol, tobacco and drugs through coordinated efforts with local school authorities and governing boards. Services will also work with school and law enforcement agencies to support local enforcement procedures to limit violent behavior.

Indicators: Community coalitions. Work groups. Consultation.

Measurement: Number of meetings to address aforementioned concerns.

**Outcomes/Goals:**

**6. Community-based process: Green Lake County SUD prevention services shall provide education and training to key stakeholders in this process. Services shall also provide representation in multi-agency collaboration such as Domestic abuse services, CESA-6, school associations, and other community team-building functions. Staff will be represented on at least 2 community associations, boards, etc...**

Methods: This strategy seeks to enhance the ability of the community to more effectively provide prevention, remediation, and treatment services for behaviors that lead to intensive services. Activities under this strategy include organizing, planning, and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building and networking. Green Lake County SUD prevention services shall provide education and training to key stakeholders in this process. Services shall also provide representation in multi-agency collaboration such as Domestic abuse services, CESA-6, School associations, and other community team-building functions.

Indicators: Coalitions, groups, and associations with SUD representation.

Measurement: Number of coalitions, groups, and associations with SUD representation.

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

**SUD PREVENTION SERVICES**

**Evaluation**

Green Lake County SUD prevention services shall document and evaluate the outcomes of the program's goals. In addition, evaluations of consumer and stakeholder views will be

solicited and the information utilized to develop or modify the goals and objectives of the prevention services.

Further evaluation will be conducted to determine the effect or any correlation relating to the impact of the SUD prevention services. This will be accomplished through analysis of service utilization, OWI arrests, underage drinking arrests, prevalence and incidence data on SUD in Green Lake County.

# DHS 75

## AODA GENERAL REQUIREMENTS

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) CRITERIA  
POLICY AND PROCEDURE

**STATEMENT OF NEED:** Recommendations regarding client's initial placement, continued stay, level of care, transfer and discharge recommendations must be determined through the application of approved uniform placement criteria.

**TARGET GROUP:** All AODA clients.

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services AODA program will utilize the American Society of Addiction Medicine (ASAM) criteria in determining recommendations for placement, continued stay, level of care, transfer and discharge of AODA Clients. This does not apply to Intoxicated Driver Plan (IDP) clients. Use of the Wisconsin Assessment of Intoxicated Drivers (WAID) will be used for these clients.

**STAFF:** AODA STAFF

**OUTCOMES/GOALS:** Utilize ASAM on all AODA clients except IDP clients.

**METHODS:** Utilize ASAM at time of intake and in determining recommendation to change level of care.

**INDICATORS:** Completed ASAM criteria forms.

**MEASUREMENT:** Completed ASAM forms in all AODA records.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/AODA

SUICIDE ASSESSMENT AND MANAGEMENT  
TRAINING

POLICY AND PROCEDURE

**STATEMENT OF NEED:** All staff must have training in assessment and management of suicidal individuals. This training must be completed before staff are allowed to perform on-call crisis intervention.

**TARGET GROUP:** All staff in Behavioral Health Unit.

**PROGRAM DESCRIPTION:** It is the policy of Green Lake County Department of Health & Human Services to provide suicide assessment and management training to all new employees of the clinical services unit, including Substance Use Disorders staff. This training will be completed within two months of hire date and documented in the staff training record. Staff with previous training will be allowed to provide appropriate documentation as an alternative to training. In addition, periodic refresher courses will be offered to all clinical staff.

**STAFF:** CLINICAL/Substance Use Disorders staff

**OUTCOMES/GOALS:** All staff will have suicide assessment and management training.

**METHODS:** All staff will be provided with suicide assessment and management training within two months of hire date and before performing crisis/on-call work. Staff with prior training will provide appropriate documentation for their file. Trainings will be on evidence-based risk assessment and management models.

**INDICATORS:** Training records.

**MEASUREMENT:** All staff will have evidence of suicide risk and management training documented in their training files within two months of employment.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH/AODA SERVICES UNIT

CONFIDENTIALITY

POLICY AND PROCEDURE

**STATEMENT OF NEED:** All staff shall have training to ensure compliance with provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, and s. 51.30, Wis. Stats., and Wis. Admin. Code Ch. HFS 92, confidentiality of records.

**TARGET GROUP:** All behavioral health staff

**PROGRAM DESCRIPTION:** All staff shall have training to ensure compliance with provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, and s. 51.30, Wis. Stats., and Wis. Admin. Code Ch. HFS 92, confidentiality of records. Training shall be completed within 30 days of employment with periodic reviews.

**STAFF:** all behavioral health staff members

**OUTCOMES/GOALS:** All staff will have training to ensure compliance with provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, and s. 51.30, Wis. Stats., and Wis. Admin. Code Ch. HFS 92, confidentiality of records. Training will include information about protecting health information in the context of electronic health records and workplace technology.

**METHODS:** Training on provisions of 42 CFR Part 2, confidentiality of alcohol and drug abuse patient records, and s. 51.30, Wis. Stats., and Wis. Admin. Code Ch. HFS 92, confidentiality of records.

**INDICATORS:** Documentation of training signed by all behavioral health staff.

**MEASUREMENT:** All staff will have signed documentation of said training.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/AODA

CLIENT RECORDS

POLICY AND PROCEDURE

STATEMENT OF NEED: There shall be a case record for each client. A staff person shall be responsible for the maintenance and security of client records per 42 CFR Part 2. The case records shall be in a format that provides for consistency and facilitates information retrieval. In addition, all client records shall include the following:

1. Consent for treatment signed by client and guardian where appropriate.
2. Signed acknowledgement that service policy and procedures were explained.
3. Signed and dated notification of client's rights, confidentiality, and grievance procedure.
4. Results of all screenings, examinations, tests and other assessments.
5. Completed copy of the most current placement criteria summary.
6. Treatment plans.
7. Medication records including consents and drug precautions.
8. All medication orders.
9. Reports from referring sources, including name of source, date of report and date client was referred to service.
10. Records of referral by the service including follow-up activities.
11. Multi-disciplinary case conference and consultation notes signed by the primary counselor.
12. Correspondence relevant to the client's treatment, including all letters and dated notations of telephone conversations.
13. Consent forms authorizing disclosure of specific information about the client.
14. Progress notes.
15. A record of services that includes documentation of all case management, education services, and referrals.
16. Staffing notes signed by the primary counselor and the clinical supervisor, and by the mental health professional if the client is dually diagnosed.
17. Documentation of transfer from one level of care to another.
18. Discharge documentation.

TARGET GROUP: All substance use services clients.

PROGRAM DESCRIPTION: All client records shall meet the standards outlined above.

STAFF: Outpatient treatment STAFF

OUTCOMES/GOALS: Meet all standards outlined above.

METHODS: Staff shall be trained in record organization and maintenance. Staff shall periodically audit charts for compliance with the above standards.

INDICATORS: Compliance with standards outlined above.

MEASUREMENT: Compliance with standards outlined above.



GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

EMERGENCY SERVICES CLIENT RECORDS

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall keep a case record for every person requesting or receiving emergency services under Wis. Admin. Code § 75.20(1)(b)1-20, except where the only contact made is by telephone.

The case record shall include all of the following:

1. The individual's name, address and phone
2. The individual's date of birth, self-identified gender, self-identified race or ethnic origin
3. Time of first contact with individual
4. Time of arrival, means of arrival, and method of transportation
5. Presenting problem
6. Time emergency services began
7. History of recent substance use, if determinable
8. Pertinent history of the problem, including details of first aid or emergency care given to the individual before being seen by the emergency service.
9. Description of clinical and laboratory findings
10. Results of emergency screening, diagnosis, or other assessments completed.
11. Detailed description of services provided.
12. Progress notes
13. Condition of the individual on transfer or discharge
14. Final disposition, including instructions given to the individual regarding necessary follow-up care.
15. Record of service provided which shall be signed by the physician in attendance when medical diagnosis or treatment has been provided.
16. Name, address and phone number of a person to be notified in case of an emergency provided that there is a release of information signed by the patient that enables the agency to contact that person, unless the person is incapacitated and is unable to sign a release of information.

TARGET GROUP: All emergency AODA clients.

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services AODA program will follow the above details in charting information regarding emergency AODA services.

**STAFF:** AODA ON-CALL AND EMERGENCY STAFF

**OUTCOMES/GOALS:** Green Lake County Department of Health & Human Services AODA program will follow the above details in charting information regarding emergency AODA services.

**METHODS:** Staff will be trained in appropriate information gathering, paperwork, etc. Appropriate forms will be utilized to include the above information. Audits of charts will be completed to check for compliance.

**INDICATORS:** Above information in charts.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/ Integrated Behavioral Health Services

SCREENING

POLICY AND PROCEDURE

**STATEMENT OF NEED:** A service shall complete withdrawal screening for a patient who is currently experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms. Acceptance of a patient for substance abuse services shall be based on written screening procedures and the application of approved patient placement criteria. The written screening procedure shall clearly state the criteria for determining eligibility for admission. All substance abuse screening procedures shall include the collection of data relating to impairment due to substance use consistent with the American Society of Addiction Medicine ASAM, patient placement criteria or other similar patient placement criteria approved by the department.

**TARGET GROUP:** All outpatient clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, Substance Use Disorders services, shall complete withdrawal screening for any patient who is currently experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms. Acceptance of this patient for substance abuse services shall be based on written screening procedures and the application of approved patient placement criteria. Green Lake County Department of Health & Human Services substance use disorders services shall utilize the ASAM.

**STAFF:** Integrated Behavioral Health Staff

**OUTCOMES/GOALS:** Use of withdrawal screening and ASAM for all clients who are currently experiencing withdrawal symptoms or who present the potential to develop withdrawal symptoms

**METHODS:** Use of withdrawal screening and ASAM for currently experiencing withdrawal symptoms or who presents the potential to develop withdrawal symptoms

**INDICATORS:** Completed screenings and assessments in the charts.

**MEASUREMENT:** Compliance with above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

INTAKE

POLICY AND PROCEDURE

STATEMENT OF NEED: Admission of an individual to a service for treatment shall be based upon an intake procedure that includes screening, placement, initial assessment and required administrative tasks. A service shall have written policies and procedures to govern the intake process including all of the following:

1. Description of the types of information to be obtained from an applicant before admission.
2. A written consent to treatment statement attached to the initial service plan, which shall be signed by the prospective patient before admission is complete.
3. A method of informing the patient about and ensuring that the patient understands all of the following, and for obtaining the patient's signed acknowledgement of having been informed and understanding all of the following:
  - a. The general nature and purpose of the service.
  - b. Patient rights and the protection of privacy provided by the confidentiality laws.
  - c. Service regulations governing patient conduct, the types of infractions that result in corrective action or discharge from the service and the process for review or appeal.
  - d. The hours during which services are available.
  - e. Procedure for follow-up after discharge.
  - f. Information about the cost of treatment, who will be billed and the accepted methods of payment if the patient will be billed.
4. The initial assessment shall include the following:
  - a. An alcohol or drug history that identifies the substance used, duration for each substance, pattern of use in terms of frequency and amount, method of administration, and status of use immediately prior to entering into treatment.
  - b. Available information regarding the patient's family, significant relationships, legal, social and financial status, treatment history and other factors that appear to have a relationship to the patient's substance abuse, and physical and mental health.
  - c. Documentation of how the information identified above relates to the patient's presenting problem.
  - d. Documentation about the current mental and physical health status of the patient.
5. A preliminary service plan shall be developed, based upon the initial assessment.
6. The initial assessment and preliminary service plan shall be clearly explained to the patient and, when appropriate, to the patient's family members during the intake process.
7. The service shall provide patients with information concerning communicable diseases, such as sexually transmitted diseases (STDs), hepatitis B, tuberculosis (TB), and human immunodeficiency virus (HIV), and shall refer patients with communicable disease for treatment when appropriate.
8. Admission of a person under court order shall be in accordance with ss. 51.15 and 51.45 (12), Stats.

TARGET GROUP: Integrated Outpatient clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Integrated Outpatient program, will meet the above requirements through procedure and forms.

1. At time of new client registration, administrative staff shall gather pertinent information to include:
  - a. Client name, contact information, and county residency status.

- b. Legal information including whether the individual has a legal guardian or whether they are court-ordered in any way to participate in the treatment process.
  - c. Demographic information as the client is willing to provide. This shall be optional, and clients shall be informed of their rights including the right to be free from discrimination in the treatment process.
  - d. Information related to the presenting issue, referring party, etc. that may assist with case assignment.
  - e. Screening for suicide and homicide ideation as well as experience of domestic violence
  - f. Information related to insurance, financial status, determining eligibility for sliding fee scale.
2. A written consent to treatment statement attached to the initial service plan, which shall be signed by the prospective patient before admission is complete.
  3. Clients shall be informed of the general nature and purpose of the service for which they are being scheduled.
  4. Clients shall receive a copy of patient rights and privacy practices as protected by confidentiality laws.
    - g. Clients shall receive a copy of clinic policies including fees, cancellation policy, hours of operation, contact information for after-hours emergency, and information related to clinical supervision practices. This shall include Service regulations governing patient conduct, the types of infractions that result in corrective action or discharge from the service and the process for review or appeal.
  5. Practices related to billing and authorization to bill insurance.
  6. The service shall provide patients with information concerning communicable diseases, such as sexually transmitted diseases (STDs), hepatitis B, tuberculosis (TB), and human immunodeficiency virus (HIV), and shall refer patients with communicable disease for treatment when appropriate.
  7. Information will be provided to clients verbally and in written format. These written forms will be reviewed with the client and signed by the client via either hard copy or accepted electronic signature.
  - 8.

STAFF: Outpatient and ADMINISTRATIVE STAFF

OUTCOMES/GOALS: Compliance with all the above standards.

METHODS: Utilization of forms specific to the above information, including intake assessment, consents, etc...

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with above standards as evidenced by the completed documentation.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/ Integrated Outpatient Services

ASSESSMENT

POLICY AND PROCEDURE

STATEMENT OF NEED: Staff of a service shall assess each patient through screening interviews, data obtained during intake, counselor observation and talking with people who know the patient, review of collateral records where available and appropriate, and application of evidence-based assessment tools. Information for the assessment shall include all of the following:

1. The counselor's evaluation of the patient and documentation of psychological, social, and physiological signs and symptoms of substance abuse and dependence, mental health disorders and trauma based on criteria in DSM-5 and the ASAM placement criteria.
2. The summarized results of all psychometric, cognitive, vocational and physical examinations taken for, or as a result of, the patient's enrollment into treatment.
3. Substance abuse assessments will include a history of substance used including tobacco use, duration of use for each substance, frequency and amount of use, method of administration, status of use immediately prior to entering treatment, consequences and effects of use, withdrawal, and overdose history
4. All assessments will include documentation of the mental and physical status of the patient.
5. Psychosocial history will include all of the following domains that relate to the patient's presenting problem: family, significant relationships, legal, social, financial, educational, employment, treatment history, and other factors that appear to have relationship to presenting issue.
6. The counselor's recommendations for treatment shall be included in a written case history that includes a summary of the assessment information leading to the conclusions and outcomes determined from the counselor's evaluation of the patient's problems and needs.
7. If a substance use disorders counselor that is not dually certified identifies symptoms of a mental health disorder and trauma in assessment process, the service shall refer the individual for a mental health assessment conducted by a mental health professional.
8. If a counselor identifies symptoms of physical health problems in the assessment process, the services shall refer the individual for a physical health assessment conducted by medical personnel.

9. If the counselor identifies that that an individual is pregnant at the time of the assessment, the service shall make a referral for prenatal care or ensure that the patient is already receiving prenatal care, and document efforts to coordinate care with prenatal care providers.
10. Clinical assessment shall include any collatal information gathered including one or more of the following:
  - Review of Wisconsin Prescription Drug Monitoring Program database
  - Records of patient's legal history
  - Information from referral sources
  - Consultation with the patient's physician or other medical/ behavioral providers
  - Consultation with department of corrections or child protective services
  - Information from family or significant others
  - Toxicology testing results
11. Initial assessment shall be conducted for treatment planning. The services shall implement an ongoing process of assessment to ensure that the patient's treatment plan is modified if the need arises as determined through a staffing at least every 30 days.
12. If the recommended level of care is not available, a service shall document accurately the level of care indicated by the clinical assessment, indicate on the treatment plan what alternative level of care is available or agreed upon, and identify on the treatment plan what efforts will be made to access the appropriate level of care, additional services/ supports that will be offered to bridge the gap in level of care, and ongoing assessment for clinical needs.
13. For assessments completed by a substance abuse counselor in-training or a graduate student QTT the assessment and recommendations shall be reviewed and signed by the clinical supervisor within 7 days of the assessment date.
14. For a patient receiving mental health services under DHS 75.50 who does not have a co-occurring substance use disorder, the requirement for ASAM criteria is not required.

**TARGET GROUP:** All outpatient behavioral health clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, integrated outpatient behavioral health program, will comply with the above requirements for the assessment and initial treatment planning of all clients.

**STAFF:** AODA STAFF

**OUTCOMES/GOALS:** Green Lake County Department of Health & Human Services, integrated outpatient behavioral health program, will comply with the above requirements for the assessment and initial treatment planning of all outpatient behavioral health clients.

**METHODS:** Staff will utilize appropriate forms to document the above information on all outpatient behavioral health clients. Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc. Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

**INDICATORS:** Completed documentation in client records.

**MEASUREMENT:** Compliance with the above standards.



GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Integrated Outpatient

TREATMENT PLAN

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall develop a treatment plan for each patient. The treatment plan shall be based on the assessment and a discussion with the patient to ensure that the plan is tailored to the individual patient's needs. The treatment plan shall be developed in collaboration with other professional staff, the patient and, when feasible, the patient's family or another person who is important to the patient, and shall address culture, gender, disability, if any, and age-responsive treatment needs related to substance use disorders, mental disorders and trauma. The patient's participation in the development of the treatment plan shall be documented. The treatment plan shall be reviewed and signed by the counselor, the patient, the patient's family (if applicable), other involved Behavioral Health staff described in the plan, and the consulting physician. When the provider holds a substance abuse counselor- in training (SAC-IT) license or is a graduate student QTT, the plan (and updates to the plan) shall be reviewed and signed by the clinical supervisor within 14 days of the plan development.

1. The treatment plan shall describe the patient's individual or distinct problems and specify short and long-term individualized treatment goals that are expressed in behavioral and measurable terms, and are explained as necessary in a manner that is understandable to the patient.
2. The goals shall be expressed as realistic expected outcomes.
3. The treatment plan shall specify the treatment, rehabilitation, and other therapeutic interventions and services to reach the patient's treatment goals.
4. The treatment plan shall describe the criteria for discharge from services.
5. The treatment plan shall provide specific goals for treatment of dual diagnosis for those who are identified as being dually diagnosed, with input from a mental health professional.
6. Tasks performed in meeting the goals shall be reflected in progress notes and in the staffing reports.

A patient's treatment plan constitutes a treatment contract between the patient and the service.

A patient's treatment plan shall be reviewed at regular intervals and modified as appropriate with date and results documented in the patient's case record through staffing reports. When substance use treatment is being provided or when co-occurring disorders are identified, the treatment plan review shall include an updated level of care assessment which follows American Society of Addiction Medicine (ASAM) criteria. For patients with co-occurring disorders, the service shall assign a dually-credentialed clinician whenever possible. When this is not possible, mental health needs and substance use needs will both be included in the treatment plan and met by appropriately credentialed personnel.

TARGET GROUP: outpatient clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, Behavioral Health program will follow the guidelines above in creating and reviewing all Behavioral Health treatment plans.

**STAFF:** outpatient staff

**OUTCOMES/GOALS:** Compliance with the above standards.

**METHODS:** Develop appropriate treatment plans bases upon the above standards. Review and modify treatment plans per standards. Train staff on standards for developing and reviewing treatment plans. Periodically audit charts for compliance with standards.

**INDICATORS:** Evidence of completed treatment plans in client records.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Integrated Outpatient

Clinical Consultation & Staffing

POLICY AND PROCEDURE

STATEMENT OF NEED: Clinical Consultation shall be completed for each client and shall be documented in the case record as follows:

1. Clinical Consultation: Clinical consultation is defined as the review of a client's plan of care or collaborative discussion of specific aspects of a patient's risks, needs, and functioning between a clinical supervisor and other clinical staff of a service, another licensed professional or both.
2. Clinical staffing: Clinical staffing is defined as the review of a patient's plan of care or collaborative discussion of specific aspects of a patient's risks, needs, and functioning with other clinical staff at a service.
3. Clinical supervision: means a specific and definitive process of oversight of a counselor's professional development in the didactic, experiential and application of the transdisciplinary foundations, and practice dimensions including core functions. Supervision takes place in intermittent in person contact between a clinical supervisor and a counselor provided on or off the site of a service to ensure that each patient has an individualized treatment plan and is receiving quality care. A primary purpose of "clinical supervision" is to ensure quality patient care. Clinical supervision is addressed elsewhere in this policy manual.
4. Clinical consultation is required for any of the following:
  - A. When a client's substance use or mental health poses a significant risk to the individual, their family or the community.
  - B. When a safety plan has been developed
  - C. When an individual's symptoms, pattern of substance use, risk level, or placement criteria indicate transfer to a higher level of care.
  - D. When a safety plan requires ongoing monitoring, clinical consultation shall be completed at a clinically-determined interval until the risk level is reduced or appropriately managed with services or collateral supports.
  - E. When the recommended level of care cannot be determined, or is not available, or the individual has declined the recommended level of care, clinical consultation shall be completed at clinically-determined intervals until the appropriate level of care is determined or obtained, or the client's risk level decreases.
5. Clinical consultation shall be documented in the client's case record.
6. Clinical consultation for unlicensed staff shall be completed with a clinical supervisor and shall be documented with the clinical supervisor's signature. Clinical consultation for licensed professionals may occur with a clinical supervisor or with another licensed professional who is a staff of the service.
7. Clinical staffing is facilitated at intervals appropriate to the client's needs and as prescribed based on the level of care. For clinical staffing required under DHS 75.50-51 the following shall apply:
  1. Clinical staffing shall include the clinical supervisor of the service.
  2. Clinical staffing shall include a patient's prescriber or medical personnel; if applicable

3. Clinical staffing may be combined with treatment plan review and level of care review.
4. Clinical staffing shall be documented in the case record.

8. Treatment plan review for patients in an outpatient treatment service who attend treatment sessions shall be completed at least every 90 days or 6 sessions, whichever is longer unless there is a clinical reason to review more frequently.

9. Treatment plan review and clinical staffing for patients who attend intensive outpatient level of care is required every 14 days unless there is a clinical reason to review more frequently.

**TARGET GROUP:** Integrated Behavioral Health Clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, Integrated Behavioral Health program staff cases with the doctor and clinical supervisor on a weekly basis. During this staffing intakes and treatment plans are discussed and signed off. Additional notes may be entered into the client's progress notes to indicate staffing outcomes.

**STAFF:** Integrated Behavioral Health staff

**OUTCOMES/GOALS:** Compliance with the above standards.

**METHODS:** Weekly staffing of client information, including intakes, progress/status, treatment plans and reviews. Documentation of these staffings in the client's record.

**INDICATORS:** Documentation of weekly staffing in the master logbook. Documentation of staffing and case review in client records.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

PROGRESS NOTES

POLICY AND PROCEDURE

**STATEMENT OF NEED:** A service shall enter progress notes into the patient's case record for each contact the service has with a patient or with a collateral source regarding the patient. Notes shall be entered by the staff member providing the service to document the content of the contact with the patient or a collateral source. Notes entered by a designee must be specified as such. In this paragraph, "collateral source" means a source from which information may be obtained regarding a patient, including but not limited to a family member, clinical records, a friend, a co-worker, a child welfare worker, a probation and parole agent or a health care provider.

Progress notes shall include, at a minimum, all of the following:

1. Chronological documentation of treatment that is directly related to the patient's treatment plan.
2. Documentation of the patient's response to treatment.

The person making the entry shall sign and date progress notes that are continuous and unbroken. If a note is entered by a designee, it must also indicate who provided the service.

Staff shall make efforts to obtain reports and other case records for a patient receiving concurrent services from an outside source. The reports and other case records shall be made part of the patient's case record.

**TARGET GROUP:** Outpatient Clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, outpatient program, shall meet the above standards for progress note documentation with the exception of the continuous narrative. Green Lake County Department of Health & Human Services Uses an electronic health record for record storage and retrieval.

**STAFF:** Outpatient STAFF

**OUTCOMES/GOALS:** Compliance with the above standards.

**METHODS:** Staff will be trained on the standards for progress notes. Staff will complete progress notes as defined above. Period audits of charts to check for compliance.

**INDICATORS:** Appropriate progress notes in client records.

**MEASUREMENT:** Compliance with standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Integrated Outpatient

TRANSFER

POLICY AND PROCEDURE

**STATEMENT OF NEED:** If a service transfers a patient to another provider or if a change is made in the patient's level of care, documentation of the transfer or change in the level of care shall be made in the patient's case record. The transfer documentation shall include the date from which the patient is being transferred and the applicable criteria from approved placement criteria that are being used to recommend the appropriate level of care to which the patient is being transferred.

The service shall forward a copy of the transfer documentation to the service to which the patient has been transferred within one week after the transfer date. A clinician transferring care shall document communication and follow-up ensuring continuity of care from one provider/ level of care to another.

**TARGET GROUP:** Integrated Outpatient Behavioral Health Clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, , will follow the above standards in all transfers of clients.

**STAFF:** Outpatient staff

**OUTCOMES/GOALS:** Compliance with the above standards.

**METHODS:** Staff will be trained in the standards for transfer, including appropriate documentation and time limits. Documentation shall be filed in client records.

**INDICATORS:** Evidence of transfer shall be filed in client records.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Integrated Outpatient

DISCHARGE OR TERMINATION

POLICY AND PROCEDURE

STATEMENT OF NEED: A patient may be discharged from the service for any of the following reasons:

1. Successful completion of recommended services and treatment plan goals
2. No longer meeting placement criteria for any level of care in the substance use treatment system
3. Patient discontinuation of services
4. Administrative discharge
5. Death of the patient

A discharge summary shall be entered in the patient's case record within one week after the discharge date.

The discharge summary shall include all of the following:

1. Recommendations regarding care after discharge.
2. A completed copy of the standardized placement criteria and level of care indicated for substance use clients.
3. A description of the reasons for discharge.
4. The patient's treatment status and condition at discharge.
5. A final evaluation of the patient's progress toward the goals set forth in the treatment plan.
6. Notation of the reason that any items from 1-5 above are not able to be provided if applicable.

Discharges that occur due to administrative discharge, patient dissatisfaction or attrition or patient death shall be reviewed by the clinician with the Behavioral Health Unit Manager and this review will be documented in the patient chart.

The patient shall be informed of the circumstances under which return to treatment services may be needed.

Treatment terminated before its completion shall also be documented in a discharge summary. Treatment termination may occur if the patient requests in writing that treatment be terminated or if the service terminates treatment upon determining and documenting that the patient cannot be located, refuses further services or is deceased.

TARGET GROUP: Outpatient Clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Outpatient program will follow the above standards in discharging or terminating clients..

STAFF: Outpatient STAFF

OUTCOMES/GOALS: Compliance with the above standards.

METHODS: Completion of termination/discharge form on all outpatient clients upon termination or discharge. Training of staff in the appropriate discharge/termination requirements and standards. Period audits of client records to ensure compliance with these standards.

INDICATORS: Completed termination/discharge forms and related documentation in client records.

MEASUREMENT: Compliance with the above standard.



GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Integrated Outpatient Behavioral Health

REFERRAL

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall have written policies and procedures for referring patients to other community service providers. The service director shall approve all relationships of the service with outside resources. Any written agreement with an outside shall specify the following:

1. The services the outside resource will provide.
2. The unit costs for the services, if applicable.
3. The duration of the agreement.
4. The maximum extent of services available during the period of the agreement.
5. The procedure to be followed in making referrals to the outside resource.
6. The reports that can be expected from the outside resource and how and to whom this information is to be communicated.
7. The agreement of the outside resource to comply with this chapter.
8. The degree to which the service and the outside resource will share responsibility for the patient's care.

There shall be documentation that the service director has annually reviewed and approved the referral policies and procedures.

TARGET GROUP: Outpatient program director and staff

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Outpatient program director will follow the above standards in securing referral resources. Green Lake County Department of Health & Human Services completes annual contracts with outside resources per state guidelines. All referrals will be made based on the referral resource's policy and procedures.

STAFF: Outpatient manager and staff

OUTCOMES/GOALS: Compliance with above standards.

METHODS: All agreements will be made to the criteria set forth in the above standards. Outpatient staff will be instructed regarding the appropriate process for referral to include identification of prerequisite standards for referral resources.

INDICATORS: Written agreements or contracts on file.

MEASUREMENT: Compliance with standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Outpatient Behavioral Health

Continuing Care

POLICY AND PROCEDURE

**STATEMENT OF NEED:** Clinicians may provide ongoing recovery monitoring, continuing care, aftercare or behavioral health checkups at the outpatient level to a client who has completed services.

**POLICY:** A patient who has completed services and been discharged may continue contact with the provider at agreed upon intervals without completing a new clinical assessment, intake, or treatment plan. Each contact with a patient in continuing care shall be documented in a progress note.

If during the provision of continuing care services, there is indication that a higher level of care or additional services may be needed due to substance use relapse, behavioral/ mental/ physical health indicators the service shall complete and updated level of care placement criteria screening or updated mental health assessment and make appropriate arrangements for care, referral, or transfer of care.

Continuing care services shall obtain valid and updated releases of information for any referrals or collateral communications regarding patients in continuing care.

Continuing care services shall not provide medical services.

The death of a patient in continuing care services shall be subject to reporting specified in Wis, Admin. Code DHS §75.10(1).

A service that refers a patient to an outside resource for additional ancillary or follow-up services shall determine the disposition of the referral within one week from the day the referral is initiated.

A service that refers a patient to an outside resource for additional or ancillary services while still retaining treatment responsibility shall request information on a regular basis as to the status and progress of the patient.

The date, method and results of follow-up attempts shall be entered in the former patient's or current patient's case-record and shall be signed and dated by the individual making the entry. If follow-up information cannot be obtained, the reason shall be entered in the former patient's or current patient's case record.

A service shall follow-up on a patient transfer through contact with the service the patient is being transferred to within 5 days following initiation of the transfer and every 10 days after that until the patient is either engaged in the service or has been identified as refusing to participate.

**TARGET GROUP:** Outpatient Clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, Outpatient program, will follow the above standards in providing follow-up with former and current clients.

**STAFF:** Outpatient STAFF

**OUTCOMES/GOALS:** Compliance with the above standards.

**METHODS:** Staff will be provided information and education of the standards for follow-up as outlined above.

**INDICATORS:** Documentation of the follow-up activities where and when appropriate in client records.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Outpatient Behavioral Health

SERVICE EVALUATION

POLICY AND PROCEDURE

STATEMENT OF NEED: A service shall have an evaluation plan for monitoring outcomes and improving service quality (Wis. Admin, Code DHS §75.25). The evaluation plan shall include all of the following:

1. A Measurable goals related to service quality, participant satisfaction, and outcomes & related initiatives for service improvement and key indicators.
2. Related initiatives for service improvement and key indicators of identified goals and outcomes.
3. An annual report the summarizes the services' quality improvement activities and program outcomes, which shall be available to patients and their families, the public, and DHS upon request.
4. Measurable criteria and a statistical sampling protocol which are to be applied in determining whether or not established goals, objectives and desired patient outcomes are being achieved.
5. A process for measuring and gathering data on progress and outcomes achieved with respect to individual treatment goals on a representative sample of the population served, and evaluations of some or all of the following patient outcome areas but including at least those in this subd. a.-d.:
  - a. Living situation
  - b. Substance use
  - c. Employment and education
  - d. Arrests within the past 30 days
  - e. Interpersonal relationships
  - f. Treatment recidivism
  - g. Criminal justice system involvement
  - h. Support group involvement
  - i. Patient satisfaction
  - j. Retention in treatment
  - k. Self-esteem
  - l. Psychological functioning
6. Methods for evaluating and measuring the effectiveness of services and using the information for service improvement.

A service shall have a process in place for determining the effective utilization of staff and resources toward the attainment of patient treatment outcomes and the service's goals and objectives.

A service shall have a system for regular review of the appropriateness of the components of the treatment service and other factors that may contribute to the effective use of the service's resources.

A service shall obtain a completed patient satisfaction survey from a representative sample of all patients at or following their discharge from the service. The service shall keep all satisfaction surveys on file for 2 years and shall make them available for review by authorized representatives of the department upon request.

A service shall collect data on patient outcomes at patient discharge and may collect data on patient outcomes after discharge.

The service director shall complete an annual report on the service's progress in meeting goals, objectives and patient outcomes, and shall keep the report on file and shall make it available for review to an authorized representative of the department upon request.

The governing authority or legal owner of the service and the service director shall review all evaluation reports and make changes in service operations, as appropriate.

If a service holds current accreditation from a recognized accreditation organization, such as the joint commission on accreditation of health organization, the commission on accreditation of rehabilitation facilities or the national committee for quality assurance, the requirements under this section may be waived by the department.

**TARGET GROUP:** Outpatient staff and clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, Outpatient program staff, will follow the above standards in completing evaluation of the program, compiling the results, and responding to those results. See attached policy, evaluations, and results.

**STAFF:** outpatient STAFF

**OUTCOMES/GOALS:** Compliance with the above standards.

**METHODS:** Completion of appropriate evaluations by a sample of discharged outpatient clients. Analysis of data. Presentation of data. Program modifications as appropriate.

**INDICATORS:** Completed evaluations on sample of discharged outpatient clients. Monthly and annual reports.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Integrated Outpatient Behavioral Health

COMMUNICABLE DISEASE SCREENING

POLICY AND PROCEDURE

STATEMENT OF NEED: Service staff shall discuss risk factors for communicable diseases with each client with identified substance use needs upon admission and at least annually while the patient continues in the service and shall include in the discussion the patient's prior behaviors that could lead to sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), hepatitis B and C or tuberculosis (TB).

TARGET GROUP: Substance use counseling clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Outpatient program staff shall discuss risk factors for communicable diseases with each patient upon admission and at least annually while the patient continues in the service and shall include in the discussion the patient's prior behaviors that could lead to sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), hepatitis B and C or tuberculosis (TB). Individuals enrolling for services shall receive a written screening related to tuberculosis (TB) to be filed in their chart.

Outpatient staff providing substance use services shall have training related to communicable disease screening and education.

STAFF: Outpatient STAFF

OUTCOMES/GOALS: Compliance with above standards.

METHODS: Staff will be trained on the above standards. Clients will complete a related questionnaire upon admission which will be filed in their client record.

INDICATORS: Documentation in client record.

MEASUREMENT: Compliance with above standard.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/

UNLAWFUL ALCOHOL OR PSYCHOACTIVE SUBSTANCE USE

POLICY AND PROCEDURE

STATEMENT OF NEED: The unlawful, illicit or unauthorized use of alcohol or psychoactive substances at the service location is prohibited.

TARGET GROUP: Behavioral Health Clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services does not allow the use of unlawful, illicit or unauthorized use of alcohol or psychoactive substances on the premises.

STAFF: Behavioral Health STAFF

OUTCOMES/GOALS: Compliance with the above standard.

METHODS: Clients will be informed of the above rules upon admission.

INDICATORS: Policy and procedure and posted rule.

MEASUREMENT: Compliance with the above standard.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

DEATH REPORTING

POLICY AND PROCEDURE

**STATEMENT OF NEED:** Each service shall adopt written policies and procedures for reporting deaths of patients due to suicide or the effects of psychotropic medicines, as required by Wis. Admin. Code DHS §75.10(1). A report shall be made on a form furnished by the department.

**TARGET GROUP:** Behavioral Health staff

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, Behavioral Health program, will follow the procedures outlined in s.51.64(2), Stats. for reporting deaths of patients due to suicide or the effects of psychotropic medicines.

Patient death related to physical restraint, psychotropic medication, or suicide shall be reported to the department within 24 hours after the service becomes aware of the death if there is reasonable cause to believe it was related to one of the above causes.

When a patient dies as a result of an incident or accident at the service location not related to the use of a physical restraint, psychotropic medication, or suicide the service shall send a report to the department within 3 working days of the patient's death.

**STAFF:** Behavioral Health Staff

**OUTCOMES/GOALS:** Compliance with the above standard.

**METHODS:** Staff will be trained on the proper procedure for reporting deaths of patients due to suicide or the effects of psychotropic medicines.

**INDICATORS:** Completed department forms in charts of any clients who death warrants notification to the department.

**MEASUREMENT:** Compliance with the above standards.



GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Integrated Outpatient Program

CLINICAL SUPERVISION

POLICY AND PROCEDURE

STATEMENT OF NEED: An outpatient treatment service shall provide for ongoing clinical supervision of the counseling staff. Ongoing clinical supervision shall be provided as follows:

1. A clinical supervisor shall provide a certified counselor, substance abuse counselor, or licensed clinical social worker with not less than one hour of clinical supervision for every 40 hours of counseling rendered.
  
2. (a) A clinical supervisor shall provide a non-certified counselor or registered substance abuse counselor who has a certification plan on file with the Wisconsin certification board, inc., and any other treatment staff member, except a physician or a licensed clinical psychologist, with not less than two hours of clinical supervision for every 40 hours of counseling rendered.
 

(b) A clinical supervisor shall provide supervision and performance evaluation of substance abuse counselors in the core functions identified in the certification standards of the Wisconsin certification board, Inc., and shall exercise supervisory responsibility over substance abuse counselors in the following activities: counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility.
  
3. Staff acting in a supervisory role shall provide supervision within their scope of practice and only to counselors they are qualified by Wis. Admin. Code DSPS ch. 162 standards to provide supervision.

TARGET GROUP: Outpatient Staff

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Outpatient program will follow the above standards in providing supervision to counseling staff. The Clinical Supervisor shall provide a minimum of one hour per week face-to-face supervision through staffing and/or individual meetings with supervisees. Evidence of supervision and staffing is documented in the agency supervision log as well as the patient chart as applicable.

STAFF: CLINICAL SUPERVISOR

OUTCOMES/GOALS: Compliance with above standards.

METHODS: Weekly supervision meetings. Additional face-to-face contacts for individual supervision as needed.

INDICATORS: Documentation of supervision/staffing.

MEASUREMENT: Compliance with above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

Assessment & Treatment of Tobacco Use Disorders

POLICY AND PROCEDURE

STATEMENT OF NEED: All staff must have training on assessment and treatment of tobacco use disorders. All staff must comply with Smoke-Free Facility.

TARGET GROUP: All staff in the Behavioral Health Unit.

Wis. Admin. Code DHS §75.24 (7) TOBACCO USE DISORDER TREATMENT AND SMOKE-FREE FACILITY. A service shall have written policies outlining the service's approach to assessment and treatment for concurrent tobacco use disorders, and the facility's policy regarding a smoke-free environment.

OUTCOME/GOALS: All staff will be able to provide education to clients on tobacco use.

METHODS: All Staff shall be responsible for attending and participating in training related to tobacco use disorders. Completion of tobacco use disorders training will be completed within one month of the policy being adopted, or one month from hire date. Staff will provide proof of the completion of the training to their supervisor.

1. Staff shall assess client for tobacco use disorders.
2. Staff shall provide education on tobacco use treatment.
3. Tobacco use interventions will be included in the treatment plan whenever applicable, and clinicians will attempt to re-evaluate needs related to tobacco use interventions during treatment plan reviews.
4. Staff and client shall abide by the Green Lake County policies regarding Tobacco in the. See attached Ordinances and Resolution.
  - a. ORDINANCE NO. 21-2016 - Amending Chapter 228, Article I, Smoking and Tobacco Products
  - b. Resolution No. 22-2008 - Relating to Green Lake County Smoke-Free Policy
5. Staff persons shall abide by the Green Lake County policy regarding smoke free agency. The policy is located in the Personnel Policies and Procedures Manual. The policy is identified below.

SMOKE FREE WORKPLACE

The County shall be a smoke-free workplace. Smoking means to smoke or carry a lighted pipe, cigar, cigarette and also includes the use of any electronic smoking device which is defined as any product containing or delivering nicotine or any other substance intended for human consumption that may be used by a person to simulate smoking through inhalation of vapor or aerosol from the product. The following guidelines shall be observed to provide a healthy work environment:

1. Employees may not smoke in any building or on any grounds owned, leased or otherwise operated by or on behalf of Green Lake County at any time;
2. Smoking is permitted during lunch breaks off-County premises and in County owned parks and County Highway grounds during the duration of the Green Lake County Fair;
3. There shall be no smoking in vehicles that are owned, leased or rented by the County at any time;

Any violations of the no smoking policy will subject the employee to discipline in addition to fines and forfeitures under state law.

Indicators: Training records and adherence to the Smoke-Free Workplace rules and documented in clinical record

MEASUREMENT: Compliance with standards as outlined above.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

POLICY AND PROCEDURE  
EMERGENCY SERVICES

**STATEMENT OF NEED:** Individuals presenting for outpatient or intervention services may require transition to emergency/ crisis response services due to concern for harm to self or others.

**TARGET GROUP:** Persons identified with a need for immediate services related to withdrawal, acute intoxication, overdose, or other reasons.

**PROGRAM DESCRIPTION:** Knowledge of emergency service provisions shall be integrated within all behavioral health programs. 24-Hour crisis on-call will be available. Telephone and/or face-to-face contact for the assessment and intervention of individuals in crisis. Program meets HFS 34 as well as general treatment requirements under HS 75.24 (1-6).

**STAFF:** BEHAVIORAL HEALTH UNIT STAFF

**OUTCOMES/GOALS:**

1. Individuals presenting for services shall receive an initial screening to identify emergency needs.
2. When emergency needs, including imminent risk for suicide, homicide, harm to self/ others, acute intoxication, withdrawal, overdose, etc. are identified, individuals will be referred for emergency services and timely safety planning.
3. Emergency services will include response available after regular office hours.
4. Prevent individuals from injuring themselves including via adequate screening and service response for intoxicated individuals.

## **1. Screening**

- a. Staff shall provide screening for individuals presenting for services. Screening shall include:
  - i. Sufficient assessment of dimension risk and severity to determine preliminary level of care.
  - ii. Determination of the patient's needs for immediate services related to withdrawal risk, acute intoxication, overdose risk, induction of pharmacotherapy or emergency medical needs.
  - iii. Assessment of suicide risk using evidence-based risk evaluation tools including the Columbia scale and an evaluation of lethal means availability.
- b. The screening is preliminary. When a comprehensive assessment is available, it shall be confirmed or modified based on the completion of the full assessment using the American Society of Addiction Medicine (ASAM).
- c. The screening and comprehensive assessment may occur in combination.

## **2. Emergency Response & Referral**

- a. Treatment may be initiated prior to completion of a comprehensive assessment and/or treatment plan when there is an immediate need identified based on imminent risk- suicide risk, withdrawal, acute intoxication, overdose or other reason.
- b. When this occurs, the record shall include:
  - i. A preliminary treatment plan.
  - ii. A consent for services to be received, signed by the patient, or the patient's legal guardian.
  - iii. A progress note for all services delivered.
  - iv. A reason for the initiation of emergency services and a completed initial screening that evaluates biomedical, mental health, and substance use indicators and guides decision-making regarding the initial level of care placement and referral.
- c. The clinic will provide after-hours response for behavioral health crisis, including substance use related emergencies, outside of regular office hours via the 24/7/365 crisis line and mobile response unit. This program shall meet requirements outlined in HS 34.

### **3. Safety Planning**

- a. When the client's pattern of behavior or acute symptoms related to substance use or mental health disorder indicate the likelihood for significant imminent harm to self or others, including affected family members, the services shall develop a safety plan within 24 hours of the contact.
- b. Safety plans shall follow requirements outlined in Behavioral Health Crisis policies and HS 34.

### **4. Opioid Overdose Reversal**

- a. The clinic shall maintain Naloxone on-site at the main office as well as at school-based branch offices whenever a staff person is present at that location.
- b. Naloxone shall be maintained and unexpired and will be stored in an accessible location.
- c. All staff shall receive training, within 90 days of this policy going into effect or within 90 days of hire on recognition of overdose symptoms and administration of Naloxone.
- d. Administration of Naloxone by the services to any individual shall be documented in the clinical record and in a facility incident report.

### **5. Service Delivery for Intoxicated Individuals**

- a. Services providers shall be trained in and provide clinically-appropriate service responses when individuals present with symptoms of acute intoxication, withdrawal, or at risk or withdrawal.
- b. Services providers shall seek medical consultation when appropriate. This may be obtained in any of the following ways:
  - i. Use of on-site medical professionals when immediate needs are within the scope of available professionals (psychiatric nurse or public health nurse).

- ii. Referral to primary care when initial screening indicates medical consultation is appropriate but not immediately necessary.
      - iii. Referral to the emergency room and/or urgent care clinic. Staff will ensure transportation by another individual who is not intoxicated.
      - iv. Referral to Emergency Medical Services (EMS) if severity warrants.
- c. When screening indicates a need for a referral to higher level of care, staff shall:
  - i. Discuss this recommendation with the client, including evaluation of whether the referral is voluntary or whether criteria is present for an emergency hold as dictated by Chapter 51 standards.
  - ii. For withdrawal management referrals, staff shall assist with initiating medical clearance process. This may involve law enforcement transport to an emergency room if no other transportation is available.
  - iii. Staff shall then remain involved to assist with locating a bed at a withdrawal management level of care. Responsibility may transfer to the on-call crisis worker dependent upon staffing needs.
  - iv. For residential referrals, staff shall obtain releases of information and assist with contacting residential facilities to initiate admission and/or waitlist process.
  - v. If a client is placed on a waitlist for a facility, the unit supervisor or designee shall be informed of this. Waitlist data will be documented and maintained in accordance with DHS AODA Block Grant requirements.
  - vi. If a client is placed on a waitlist, the staff person shall develop a safety plan and preliminary treatment for how interim services can be provided.
  - vii. Whenever an individual is intoxicated and is present for in-person services and/or is referred to another level of care, staff shall include in their assessment discussion of imminent safety risks pertaining to intoxication and withdrawal.
    - 1. This shall include an evaluation of risk related to operating while intoxicated. Wherever possible staff shall assist in arranging alternative transportation to reduce the risk related to operating while intoxicated.
    - 2. If an individual declines this assistance and it is suspected that they are operating while intoxicated, this will be considered imminent risk for harm to others and law enforcement shall be notified. Information shared shall be limited to that necessary to mitigate the immediate risk (identity, known information related to intoxication/ impairment, vehicle identification if available, location/ destination if known, etc.)
  - viii. Staff shall provide or arrange for follow-up services after an intervention is provided. If the individual is transferred to an inpatient level of care, follow up shall occur with the individual and the facility (if a release of information exists). Follow up shall ideally occur within 48 hours of the initial contact but not more than 5 business days.

- ix.** All services as included in i-viii above shall be documented in progress notes within the client record.

**METHODS:** Telephone and/or face-to-face contact with individual. Coordination of services with local law enforcement, support network, community resources, and hospitals.

**INDICATORS:** Crisis calls. Crisis assessments. Emergency detentions. Hospital admissions. Suicide. Homicide. Assaults. Community overdose statistics. Admissions for withdrawal management/ residential levels of care.

**MEASUREMENT:** Successful intervention that does not result in suicide, homicide, assault, or danger to self as a result of substance use related medical symptoms or mental health related behaviors. Emergency detention, withdrawal management, residential care, or hospital admission when necessary.



GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT

SERVICES FOR MINORS

POLICY AND PROCEDURE

**STATEMENT OF NEED:** The Green Lake County Behavioral Health Unit shall provide services to residents of Green Lake County including minors. Providers working with minors shall have training in and understanding of the unique needs and issues impacting services for that population.

**TARGET GROUP:** Minors receiving Behavioral Health Services and their families

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services shall meet the following requirements when providing services to minors:

**Family Involvement:** Services for minors shall include the involvement of a parent, guardian, or other family members whenever possible. When involvement is not possible, the reason for this shall be documented in the patient record. Administrative staff shall ensure that the person completing the intake paperwork for the minor client has the legal authority to consent to healthcare services on behalf of that minor.

**Staff Qualification:** Services for minors shall be delivered by staff who have training, experience, or education specific to the treatment of minors clearly documented in their personnel record. Training shall include all of the following:

- A: Adolescent development
- B: Family Systems
- C: Child abuse and neglect
- D: Involuntary treatment laws for minors
- E: Rights of minors within the treatment system

**Separation of Services:** Services for minors shall be separate from adult services with the exception of specialized groups addressing transition-aged youth issues and those services that are identified as family-specific therapy and designed to involve multiple members of a family system.

**Safety of Minors:** Minors under the age of 14 shall not be left unattended during services. If a parent is not involved in a specific meeting, they may leave the minor unattended with the provider but must return by the scheduled end of the session. Clinicians shall not leave a minor unattended in the waiting area. Minors old enough to transport themselves to and from services are an exception. Minors receiving services at school via telehealth services shall have an adult identified by the school who is available to respond if immediate safety concerns are identified by the telehealth provider.

**Service Needs Unique to Minors:** Service delivery to minors shall be reviewed as part of ongoing consumer satisfaction process as well as during annual reporting so that changes to protocols and service delivery can be made based on needs.

**STAFF:** Behavioral Health staff

**OUTCOMES/GOALS:** Compliance with the above standard.

**METHODS:** Information will be provided related to rights of minors in treatment to all minors receiving care. Training on relevant topics provided to staff involved in admission process and care provision.

**INDICATORS:** Training documented. Services documented in clinical records.

**MEASUREMENT:** Compliance with the above standard

## GREEN LAKE COUNTY DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

**Substance Use Disorders (SUD)  
PREVENTION SERVICES**

## POLICY AND PROCEDURE

**Statement of Need:**

Per HFS 75.14 : Green Lake County Department of Health & Human Services, SUD services, shall provide preventative interventions that are focused on reducing behaviors and actions that increase the risk of abusing substance or being affected by another person's substance use.

**Target Group:**

SUDSUD prevention services shall be provided to any interested individuals. Information will be provided to the public through advertising, media, public speaking, meetings, and activities. In this way information has the potential of reaching the greatest number of people in the county without the necessity of personal inquiry. Special emphasis will be placed on reaching "at risk" individuals such as juvenile offenders and those arrested for driving while under the influence of alcohol.

**Program Description:**

SUDSUD prevention services will implement the following strategies:

1. Information dissemination: This strategy aims at providing awareness and knowledge of the nature and extent of the identified problem and providing knowledge and awareness of available prevention programs and services. Green Lake County SUD prevention services shall provide information via brochures, resource directory, media announcements, public presentations, and participation in health fairs and other health promotion activities.
2. Education: This strategy involves two-way communication and is directed at affecting critical life and social skills, including decision making, refusal skills, and critical analysis. Green Lake County SUDSUD prevention services shall provide classroom and small group sessions, parenting and family management classes, and education programs for youth.
3. Promotion of healthy activities: This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use or promote activities that lend themselves to building of resiliency among youth and families. Green Lake County SUDSUD prevention services shall work with other internal departments and community agencies to promote drug-free dances and parties, after-school activities, and community events that promote health relationships between adult and youth participants and support drug and alcohol free lifestyles.
4. Problem identification and referral: This strategy is to identify individuals who have demonstrated at-risk behavior such as indulging in illegal or age-inappropriate use of tobacco or alcohol or indulging in the first use of illicit drugs, to if their behavior can be reversed through education. Green Lake County SUDSUD prevention services shall

provide educational programs for individuals charged with driving while under the influence or driving while intoxicated.

5. Environmental: This strategy aims at establishing written or unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of at-risk behavior in the general population. Green Lake County SUDSUD prevention services shall promote the establishment and review of policies for schools related to the use of alcohol, tobacco and drugs through coordinated efforts with local school authorities and governing boards. Services will also work with school and law enforcement agencies to support local enforcement procedures to limit violent behavior.
6. Community-based process: This strategy seeks to enhance the ability of the community to more effectively provide prevention, remediation, and treatment services for behaviors that lead to intensive services. Activities under this strategy include organizing, planning, and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building and networking. Green Lake County SUD prevention services shall provide education and training to key stakeholders in this process. Services shall also provide representation in multi-agency collaboration such as Domestic abuse services, CESA-6, School associations, and other community team-building functions.

#### **General Program Requirements:**

1. **The SUD Prevention program shall be governed by Health & Human Services (HHS) Committee.**
2. **The program shall ensure that no person will be denied service or discriminated against on the basis of sex, race, color, creed, sexual orientation, disability, or age, in accordance with 45 CFR part 92 and Title VI of the Civil Rights Act of 1964 as amended, 42 USC. 2000d, Title XI of the Education Amendments of 1974, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973 as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC12101-12213.**
3. **All staff engaged in prevention activities will be trained on and compliant with agency confidentiality policies and in accordance with confidentiality provisions of 42CFR part 2, 45 CFR parts 164-170, s. 51.30, Stats., and ch. DHS 92. Each staff member shall sign a statement acknowledging responsibility to maintain confidentiality of personal information about persons served.**

#### **Personnel:**

1. **The service shall employ a prevention professional, defined as a professional knowledgeable and skilled in areas of substance use prevention including prevention domains, prevention services, and program implementation.**
2. **Staff shall receive ongoing training to improve skills and knowledge in the prevention domains and the implementation of prevention services.**

### **Prevention Services Evaluation**

- 1. Wherever feasible, recipients of prevention services shall receive a quality assurance survey to measure outcomes and objectives of each service.**
- 2. This survey shall include opportunity for consumers to express views about the services that they are provided.**
- 3. Surveys and other received feedback about the prevention service, staff, and methods by which individual prevention activities are offered shall be reviewed by the Behavioral Health Manager (& prevention committee).**

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

### **SUD PREVENTION SERVICES**

#### **Objective Outcomes**

**Outcomes/Goals:**

**1. Information dissemination: Green Lake County SUD prevention services shall provide information regarding alcohol and other drug abuse to the public including brochures in the resource center, at least 2 public presentations per year, and 1 media release per year.**

Methods: Green Lake County SUD prevention services shall provide information via brochures, resource directory, media announcements, public presentations, and participation in health fairs and other health promotion activities.

Indicators: Availability of resource material. Requests for public presentations. Media announcements.

Measurement: Number of inquiries. Number of public presentations. Number of media announcements and articles.

**Outcomes/Goals:**

**2. Education: Green Lake County SUD prevention services shall provide a minimum of 2 each: classroom and small group sessions, parenting and family management classes, and education programs for youth per year.**

Methods: This strategy involves two-way communication and is directed at affecting critical life and social skills, including decision making, refusal skills, and critical analysis. Green Lake County SUD prevention services shall provide classroom and small group sessions, parenting and family management classes, and education programs for youth.

Indicators: Attendance for classroom and small group sessions, parenting and family management classes, and education programs for youth.

Measurement: Actual attendance numbers.

**Outcomes/Goals:**

**3. Promotion of healthy activities: Green Lake County SUD prevention services shall work with other internal departments and community agencies to promote drug-free dances and parties, after-school activities, and community events that promote health relationships between adult and youth participants and support drug and alcohol free lifestyles. Green Lake County SUD services shall sponsor at least 1 activity per year.**

Methods: Green Lake County SUD prevention services shall work with other internal departments and community agencies to promote drug-free dances and parties, after-school activities, and community events that promote health relationships between adult and youth participants and support drug and alcohol free lifestyles.

Indicators: Community events as described above.

Measurement: Number of events sponsored by or facilitated with Green Lake County SUD services.

**Outcomes/Goals:**

**4. Problem identification and referral: Green Lake County SUD prevention services shall provide educational programs for individuals charged with driving while under the influence or driving while intoxicated. Services shall be provided or contracted out on an ongoing basis. At least 2 sessions of the underage drinking program shall be provided annually.**

Methods: This strategy is to identify individuals who have demonstrated at-risk behavior such as indulging in illegal or age-inappropriate use of tobacco or alcohol or indulging in the first use of illicit drugs, to if their behavior can be reversed through education. Green Lake County SUD prevention services shall provide educational programs for individuals charged with driving while under the influence or driving while intoxicated. A special program for underage drinkers is provided and coordinated through the court system.

Indicators: Classes. Attendance.

Measurement: Number of classes/sessions. Actual attendance.

**Outcomes/Goals:**

**5. Environmental: Green Lake County SUD prevention services shall promote the establishment and review of policies for schools related to the use of alcohol, tobacco and drugs through coordinated efforts with local school authorities and governing boards. Services will also work with school and law enforcement agencies to support local enforcement procedures to limit violent behavior. Staff will attend at least 4 meeting per year with local officials.**

Methods: This strategy aims at establishing written or unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of at-risk behavior in the general population. Green Lake County SUD prevention services shall promote the establishment and review of policies for schools related to the use of alcohol, tobacco and drugs through coordinated efforts with local school authorities and governing boards. Services will also work with school and law enforcement agencies to support local enforcement procedures to limit violent behavior.

Indicators: Community coalitions. Work groups. Consultation.

Measurement: Number of meetings to address aforementioned concerns.

**Outcomes/Goals:**

- 6. Community-based process: Green Lake County SUD prevention services shall provide education and training to key stakeholders in this process. Services shall also provide representation in multi-agency collaboration such as Domestic abuse services, CESA-6, school associations, and other community team-building functions. Staff will be represented on at least 2 community associations, boards, etc...**

Methods: This strategy seeks to enhance the ability of the community to more effectively provide prevention, remediation, and treatment services for behaviors that lead to intensive services. Activities under this strategy include organizing, planning, and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building and networking. Green Lake County SUD prevention services shall provide education and training to key stakeholders in this process. Services shall also provide representation in multi-agency collaboration such as Domestic abuse services, CESA-6, School associations, and other community team-building functions.

Indicators: Coalitions, groups, and associations with SUD representation.

Measurement: Number of coalitions, groups, and associations with SUD representation.

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

**SUD PREVENTION SERVICES**

**Evaluation**

Green Lake County SUD prevention services shall document and evaluate the outcomes of the program's goals. In addition, evaluations of consumer and stakeholder views will be

solicited and the information utilized to develop or modify the goals and objectives of the prevention services.

Further evaluation will be conducted to determine the effect or any correlation relating to the impact of the SUD prevention services. This will be accomplished through analysis of service utilization, OWI arrests, underage drinking arrests, prevalence and incidence data on SUD in Green Lake County.



GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT Intervention Services

Intoxicated Driver Program Method of Assessment

POLICY AND PROCEDURE

STATEMENT OF NEED: The principal method for assessment shall be a personal interview with the client using the Wisconsin Assessment of the Impaired Driver tool (WAID). The WAID may not be copied or distributed.

1. Assessments may include information provided by other persons; review of relevant records or reports on the client; an interview using substance use disorder diagnostic criteria; an approved mental health screening tool; and additional information-gathering measures instruments and tests including alcohol or drug testing or lab tests deemed to be clinically useful and approved by the designated coordinator.
2. Assessments will be conducted in accordance with Behavioral Health Clinic Assessment policies and procedures.
3. Assessment findings shall be documented on form MV3634 Order for Assessment and Driver Safety Plan Report as well as written assessment report in client file.
4. The assessment findings shall include:
  - a. The applicable assessment finding and description of the information and WAID criteria that support the finding.
  - b. A description of the evaluation instruments applied during the assessment.
  - c. A description of any supplemental information obtained during the assessment.
5. Assessment findings shall be any one of the following:
  - a. Irresponsible use of alcohol, controlled substance, controlled substance analog, or other drug
  - b. Irresponsible use-borderline of alcohol, controlled substance, controlled substance analog, or other drug
  - c. Suspected alcohol, controlled substance, controlled substance analog, or other drug dependency
  - d. alcohol, controlled substance, controlled substance analog, or other drug dependency
  - e. alcohol, controlled substance, controlled substance analog, or other drug dependency in remission
6. WAID tools will be stored in the electronic health record, with restricted access such that it is accessible only to staff trained on the appropriate use of the WAID tool.

TARGET GROUP: Intoxicated Driver Program clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, Behavioral Health program, will comply with the above requirements for intake and assessment of all clients referred to Intoxicated Driver Program.

**STAFF:** AODA STAFF

**OUTCOMES/GOALS:** Green Lake County Department of Health & Human Services, Behavioral Health program, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

**METHODS:** Staff will utilize appropriate Department of Transportation forms to document assessment findings and driver safety plan recommendations. Staff will utilize appropriate assessment tools to support findings. Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

**INDICATORS:** Completed documentation in client records.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT Intervention Services

Intoxicated Driver Program ASSESSMENT

POLICY AND PROCEDURE

STATEMENT OF NEED: The assessment facility shall complete and submit the intoxicated driver assessment and driver safety plan to the Wisconsin Department of Transportation, the designated coordinator, the driver safety plan provider, and the client within 14 calendar days of an order by the court or by the Wisconsin Department of Transportation for an assessment and driver safety plan, or by the voluntary submission of the individual.

1. The assessment facility shall obtain the client's informed written consent to release information before the assessment and driver safety plan are submitted to the parties specified and ensure that the assessment findings and driver safety plan are restricted for use only by these parties.
2. The assessment facility and client may make a written request to the designated coordinator for an extension of up to 20 additional working days of the time for completing and submitting an assessment and driver safety plan. The designated coordinator shall notify the Department of Transportation upon granting an extension.
3. Driver safety plan recommendations shall be supported by assessment findings and documented on form MV3633 (Driver Safety Plan Order) and made in accordance with policies established by the assessment facility.
4. Unless amended, Driver Safety plans shall have a termination date that is no longer than one year from the date of the client's signature on the driver safety plan.
5. Each client shall be permitted and encouraged to participate in the development of the client's driver safety plan and selection of plan providers.
6. Driver safety plan shall be signed and dated by the client stating that the client has reviewed and is aware of the plan.
7. Each driver safety plan shall designate one or more driver safety plan providers.
8. A driver safety plan recommending treatment shall recommend the least restrictive treatment. The screen procedures will be in accordance with DHS75.03
  
9. Driver safety plans may include assessor's recommendation for driver licensing action only as it relates to a client's use of alcohol or drugs. Driver safety plans may include a recommendation for license denial until plan completion if there is documented reason to believe the client will not participate in the driver safety plan to completion or that the client will drive while intoxicated.

TARGET GROUP: Intoxicated Driver Program clients

**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, Behavioral Health, will comply with the above requirements for intake and assessment of all clients referred to Intoxicated Driver Program.

**STAFF:** AODA STAFF

**OUTCOMES/GOALS:** Green Lake County Department of Health & Human Services, Behavioral Health, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

**METHODS:** Staff will utilize appropriate Department of Transportation forms to document assessment findings and driver safety plan recommendations. Staff will utilize appropriate assessment tools to support findings. Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will be provided supervision to ensure requirements are being met. Staff will obtain written releases of information from clients prior to submission of all driver safety plans. Staff will notify IDP coordinator in writing of any assessment scheduled more than 2 weeks after the referral date. Client records will periodically be audited for compliance with the above standards.

**INDICATORS:** Completed documentation in client records.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Intervention Services

DRIVER SAFETY PLAN (DSP) RECOMMENDATIONS

POLICY AND PROCEDURE

STATEMENT OF NEED: Assessment facilities designated under DHS62.04 shall maintain policies and procedures for assessment and driver safety plans. Policies implemented for assessments and driver safety plans shall include a process for referring residents to appropriate plan providers and non-residents to an appropriate comparable intoxicated driver program in the person's state of residence.

1. Traffic safety recommendations

- a. If a finding of "Irresponsible use" is made, driver safety plan recommendation shall be any one of the following:
  - i. Group dynamic traffic safety course if the assessment is a first offense
  - ii. Multiple offender traffic safety course if the assessment is for a second offense
  - iii. Alternative education if approved by the local traffic safety school coordinator and the IDP program coordinator. If alternative education is approved for a client who does not have a language barrier, literacy barrier, developmental delay, mental illness, or cognitive deficit, the alternative education program shall be comparable to the appropriate traffic safety program pertinent to purpose, content, instructor qualifications, and hours. If the traffic safety school coordinator and the IDP coordinator disagree, the IDP coordinator shall make a written request to the department for mediation.
- b. If a finding of "Irresponsible use- borderline" is made, the recommendation may be any of the following
  - i. Group dynamic traffic safety course if the assessment is a first offense
  - ii. Multiple offender traffic safety course if the assessment is for a second offense
  - iii. Alternative education if approved by the local traffic safety school coordinator and the IDP program coordinator. If alternative education is approved for a client who does not have a language barrier, literacy barrier, developmental delay, mental illness, or cognitive deficit, the alternative education program shall be comparable to the appropriate traffic safety program pertinent to purpose, content, instructor qualifications, and hours. If the traffic safety school coordinator and the IDP coordinator disagree, the IDP coordinator shall make a written request to the department for mediation.

2. Treatment and other service recommendations

- a. If a finding of "Irresponsible use- borderline" is made, the recommendation may be made for short-term outpatient substance abuse treatment under DHS 75.49, or 75.50,. Treatment duration shall be indicated as a minimum of 8 sessions occurring between a minimum of 6 and a maximum of 12 months.
- b. If the finding is for "suspected dependency", the driver safety plan shall recommend substance abuse treatment that does not include residential or inpatient services under DHS 75.49-52. Outpatient treatment shall be

- indicated as a minimum of 8 sessions occurring between a minimum of 6 and a maximum of 12 months.
- c. If the finding is for “dependency”, the driver safety plan shall recommend substance abuse treatment under DHS 75.49-56. If residential or inpatient are recommended, the services may not exceed 30 days.
  - d. If the finding is for ‘dependency in remission” the driver safety plan shall recommend substance abuse treatment.
3. A driver safety plan may recommend a combination of traffic safety school and treatment for assessment findings “dependency”, “suspected dependency” or “dependency in remission”
  4. In addition to the recommendations above, driver safety plans shall include agency follow up for clients who may need to be re-evaluated because of the validity of the client’s responses during initial assessment, the adequacy of driver safety plan, or a driver safety plan recommendation for reassessment as well as an exit interview all driver safety plans with a finding of “irresponsible use- borderline”, “suspected dependency”, “dependency”, or “dependency in remission”
  5. Driver Safety plans may also recommend any of the following:
    - a. Victim Impact Panel involvement meaning a component of the driver safety plan that is designed to create awareness in the client of the effects of his or her offense on a victim and the victim’s family
    - b. Case management if a treatment service is recommended.
    - c. Mental health or psychiatric evaluation or services with the prior authorization of a licensed psychologist, clinical social worker, marriage and family therapist, professional counselor, or master’s level psychiatric advanced practice nurse

TARGET GROUP: Intoxicated Driver Program clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Behavioral Health, will comply with the above requirements for intake and assessment of all clients referred to Intoxicated Driver Program.

STAFF: Behavioral Health STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, Behavioral Health, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

METHODS: Staff will utilize appropriate Department of Transportation forms to document driver safety plan recommendations. Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Intervention Services

DRIVER SAFETY PLAN (DSP) COMPLIANCE AND NON-COMPLIANCE REPORTING  
POLICY AND PROCEDURE

STATEMENT OF NEED:

Noncompliance with assessment The assessment facility shall report the client's compliance or noncompliance with the assessment to the Wisconsin Department of Transportation and the client using form MV3631 Driver Safety Plan Report.

1. The assessment facility shall notify the client of their status of noncompliance with an assessment at least 5 working days before submission of the final report to the Wisconsin Department of Transportation. The notice shall specify how the client did not comply.
2. Noncompliance shall be reported if any of the following circumstances occur:
  - a. The client does not register with the assessment facility within 72 hours after the date of an order by a court or by the Wisconsin Department of Transportation.
  - b. The client does not appear for a scheduled assessment.
  - c. The client does not give informed consent to release information.
  - d. The client does not provide sufficient information to complete the WAID or allow any collateral contacts to verify unclear areas, thus preventing completion of a competent assessment.
  - e. The client does not pay for the assessment.
  - f. The client does not complete the assessment within 14 days after the court order or Wisconsin Department of Transportation order or within an approved request for an extension made under DHS62.07.
3. Submission of a noncompliance report shall be approved by the IDP coordinator, Behavioral Health Unit Manager, designated SUD supervisor, DHHS Service Director, or Medical Director during an appeal process only if there is documented evidence that the client's use of alcohol, controlled substances, or any combination of alcohol and drugs is an impediment to the client's safe driving capability.

Noncompliance with driver safety plan The assessment facility shall report a client's compliance or noncompliance with a driver safety plan to the Wisconsin Department of Transportation, the driver safety plan provider, and the client using form MV3631 (Driver Safety Plan Report). A report of the client's compliance or noncompliance with a driver safety plan may not be further distributed.

- a. The assessment facility shall notify the client of their status of noncompliance with a driver safety plan at least 5 working days before submission of the final report to the Wisconsin Department of Transportation. The notice shall specify how the client did not comply.
- b. Lack of attendance at self-help groups may not be the basis of a report of noncompliance.

- c. Except for participation in self-help groups, the report submitted shall be a report of noncompliance if any of the following circumstances occur:
  - i. The client does not give written consent to the driver safety plan.
  - ii. The client does not register with the driver safety plan provider within 3 working days after the assessment or does not participate within a reasonable period of time.
  - iii. The client does not accept driver safety plan programs by not attending or not cooperating.
  - iv. The client does not show reasonable progress in completion the driver safety plan according to the goals set out in the individual treatment plan or the criteria for successful completion of an alternative education program.
  - v. The client does not complete the driver safety plan within the documented driver safety plan period and no later than one year after the original assessment, reassessment, or extension.
  - vi. The client does not pay the driver safety plan fee required.
- 4. Submission of a noncompliance report shall be approved by the IDP coordinator, Behavioral Health Unit Manager, designated SUD supervisor, DHHS Service Director, or Medical Director during an appeal process only if there is documented evidence that the client's use of alcohol, controlled substances, or any combination of alcohol and drugs is an impediment to the client's safe driving capability.
- 5. A progress form shall be provided to driver safety plan providers at an interval not less than once per month to track client progress. Plan providers outside of this agency shall be notified of driver safety plan requirements.

Compliance with a Driver Safety Plan: A person shall be found to be in compliance with their Driver Safety Plan treatment requirements under the following circumstances:

- a. The client is actively attending treatment sessions and the provider's reports indicate active participation towards treatment plan goals.
- b. The client maintains communication with their provider about issues affecting treatment attendance and progress as well as any needed changes to their treatment schedule.
- c. For the first instance of noncompliance, the client may be placed back into compliance by scheduling an appointment with their provider and providing proof of the scheduled session.
- d. For all subsequent instances of noncompliance, the client shall be placed back into compliance only after they have scheduled and attended a meeting with their provider *and* developed a plan to complete their treatment within the term of the plan *unless* exigent circumstances and the assessor seeks prior approval from the IDP Coordinator, BHU Manager, designated SUD supervisor, DHHS Service Director, or Medical Director.

TARGET GROUP: Intoxicated Driver Program clients



**PROGRAM DESCRIPTION:** Green Lake County Department of Health & Human Services, BHU program, will comply with the above requirements for reporting for all Intoxicated Driver Program clients.

**STAFF:** Behavioral Health STAFF

**OUTCOMES/GOALS:** Green Lake County Department of Health & Human Services, AODA program, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

**METHODS:.** Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc...Staff will attend approved assessor training for Intoxicated Driver Program prior to independently providing assessments. Staff will use appropriate forms to obtain follow up from driver safety plan providers. Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

**INDICATORS:** Completed documentation in client records.

**MEASUREMENT:** Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/ Intervention Services

DRIVER SAFETY PLAN (DSP) REFERRALS

POLICY AND PROCEDURE

STATEMENT OF NEED: Before a client is referred to a plan provider, the assessment facility shall do all of the following:

1. Give the client a list of approved driver safety plan providers that are located within the geographic area served by the board to assist the client in choosing a plan provider. The client shall be asked to acknowledge in writing that the client has been given information about approved driver safety plan providers.
2. Give the client information about the client's responsibilities under DHS62.10 and the fee information for assessment and driver safety plan recommendations.
3. Ensure that the assessment findings and the driver safety plan information that will be distributed to the plan provider is the same as the information distributed to the client.
4. Refer clients who are non-residents of Wisconsin to comparable intoxicated driver assessment and driver safety plan program in the person's state of residence. The client shall request the assessment agency in their state of residence furnish verification of compliance with the assessment to the Wisconsin Dept. of Transportation within 60 days after the date of conviction. The client shall have up to one year after the date of their original assessment to comply with the driver safety plan unless an extension is requested.
5. Notify the plan provider of the driver safety plan including all the following:
  - a. A copy of the assessment findings and driver safety plan to each plan provider.
  - b. If the driver safety plan provider provides a treatment service under DHS75.49-56, the plan provider shall be notified of:
    - i. That the client is to be evaluated so that the client's treatment plan may be individualized as directed
    - ii. That the use of self-help groups are permitted to supplement the treatment plan but may not be a require element nor may lack of participation in such be used as a basis for filing noncompliance.
    - iii. That the plan may be updated or amended via the assessment facility procedure.
6. In the event that the client selects an internal referral to outpatient AODA services within DHHS, the client may be referred either to the assessing provider or to another certified Substance Use Disorders (SUD) counselor.
  - a. At the first follow up following an internal treatment referral from an Substance Use Disorders assessment, the SUD counselor shall complete a thorough diagnostic evaluation, amend the diagnosis, and develop an individualized treatment plan with the client.
  - b. If the assessor is different than the assigned internal SUD provider, the provider shall be responsible for communicating treatment compliance and treatment plan with the assessor.

- c. The assessor retains final decision-making responsibility regarding non-compliance status and completion reports to the DOT, however they may make this decision in collaboration with the internal provider.

TARGET GROUP: Intoxicated Driver Program clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Behavioral Health program, will comply with the above requirements for intake and assessment of all clients referred to Intoxicated Driver Program.

STAFF: AODA STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, Behavioral Health, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

METHODS: Staff will maintain knowledge of and keep a written list of all area providers that are approved as driver safety plan providers. Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will be provided supervision to ensure requirements are being met. Staff will send a letter to all treatment providers that adheres to the above requirements. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Intervention Services

DRIVER SAFETY PLAN (DSP) AMENDMENTS

POLICY AND PROCEDURE

STATEMENT OF NEED: A driver's safety plan may be amended within the one year driver safety plan time during the following circumstances and in adherence to the below procedure:

1. The assessment facility, a plan provider, or an ignition interlock device report identifies additional information that may warrant a reassessment or additional driver safety plan services.
2. An individualized treatment plan becomes substantially different than the driver safety plan.
3. The driver safety plan is not completed within the one-year driver safety plan time period and an extension is granted by the Wisconsin Dept. of Transportation.
4. Amended driver safety plans require informed written client consent to release information. A client may appeal if they disagree with an amended plan.
5. Amended plans must stay within the one year driver safety plan time period from the original assessment unless an extension is granted by Wisconsin Department of Transportation.
6. An extension of the one-year plan period must be requested by the assessment facility before expiration of the client's one year driver safety plan period.
7. If one year has lapsed since the original assessment and the driver safety plan is not completed, a reassessment of the client shall be conducted and a new driver safety plan period, not to exceed one year, begins with the reassessment.
8. Amended assessment and driver safety plan reports shall be submitted to the Wisconsin Department of Transportation, the IDP coordinator, the designated driver safety plan providers, and the client.

TARGET GROUP: Intoxicated Driver Program clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Behavioral Health program, will comply with the above requirements for all amendments to driver safety plans for all Intoxicated Driver Program clients.

STAFF: Behavioral Health STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, Behavioral Health program, will comply with the above requirements for the assessment and initial treatment planning of all Intoxicated Driver Program clients.

METHODS: Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc... Staff will obtain release of information prior to amending driver safety plans. Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

GREEN LAKE COUNTY DHHS  
BEHAVIORAL HEALTH UNIT/Intervention Services

DRIVER SAFETY PLAN (DSP) APPEALS

POLICY AND PROCEDURE

**STATEMENT OF NEED:** Any client may file a grievance if the client believes that client rights have been violated. A client who does not agree with an assessment finding or with a driver safety plan recommendation is encouraged to discuss the assessment finding and recommendations with the assessor at anytime during the assessment process. If disagreement still exists, the client may appeal the assessment findings or driver safety plan to the IDP coordinator or, if the assessor is the IDP coordinator, to the Behavioral Health Unit Manager.

**Grievance:** If a client files a grievance under DHS94 or 51.61, the grievance review and resolution process does not change the timelines or reports of compliance and noncompliance to complete the assessment and driver safety plan or the Department of Transportation notification of such.

**Appeal:**

1. Appeals must be made in writing to the IDP Coordinator or Behavioral Health Unit Manager within 5 working days of receipt of the assessment findings and driver safety plan.
2. If the IDP coordinator or Behavioral Health Unit Manager determine that the assessment findings and driver safety plan are substantially correct, the client shall be given written notification that the client may appeal the determination to the board within 5 working days of the notification.
3. The client shall be informed of the client's right to undergo another assessment at another assessment facility at his or her own expense. The client shall be informed that the IDP coordinator or designee will review the results of the alternate assessment and determine the assessment finding and driver safety plan recommendation within 5 working days after receiving the information. If the client chooses to undergo another assessment, the IDP coordinator shall obtain releases and forward the assessment findings and driver safety plan recommendation and other relevant clinical information to the alternate facility with instructions that the facility not submit a noncompliance report.
4. Appeals shall be processed within 5 working days of their receipt in writing.
5. Clients will be notified in writing of the appeal procedure at the time of their initial assessment.

**Appeals during treatment:**

1. A client may request the client's counselor or case manager to review the treatment plan and consider an amendment. If a conflict still exists the client may appeal to the DHHS director or Behavioral Health Unit Manager.

2. If the DHHS Director or Behavioral Health Unit Manager determines that the individualized treatment plan is appropriate, the client shall be given written notice of their right to appeal to the board of the client's county within 5 working days of receipt of written notice.
3. For clients who utilize an external driver safety plan provider, grievances shall first be submitted through that agency's grievance process and then an appeal may be made to the county board. These shall be reviewed by the DHHS Director or designee within 5 working days.
4. After all appeal procedures have been completed, the assessment facility shall submit a report of noncompliance to the department of transportation.
5. Appeals shall be proceeded according to agency procedure for review of client treatment plan objectives, activities, and progress by the director or designee and that shall result in a timely, complete, and impartial review and decision.
6. The client shall be notified in writing that they may request Wisconsin Department of Transportation review of noncompliance report within 10 days of license suspension or revocation.

TARGET GROUP: Intoxicated Driver Program clients

PROGRAM DESCRIPTION: Green Lake County Department of Health & Human Services, Behavioral Health program, will comply with the above requirements for reporting for all Intoxicated Driver Program clients.

STAFF: Behavioral Health STAFF

OUTCOMES/GOALS: Green Lake County Department of Health & Human Services, Behavioral Health program, will comply with the above requirements for the grievances related to Intoxicated Driver Program.

METHODS: Staff will be trained during orientation on the above requirements and applicable forms, procedures, etc...Staff will attend approved assessor training for Intoxicated Driver Program prior to independently providing assessments. Staff will routinely provide clients with written information related to the appeal process during assessments. Staff will be provided supervision to ensure requirements are being met. Client records will periodically be audited for compliance with the above standards.

INDICATORS: Completed documentation in client records.

MEASUREMENT: Compliance with the above standards.

## **CHILDREN & FAMILY SERVICES UNIT –August 31, 2022**

Unit restructuring took place with the retirement of the manager. Lisa Schiessl was hired as the new manager; Melissa Roth was promoted to the lead worker and Kate Thompson was hired as the on-going Child Welfare Worker. A staff started a maternity leave in this same month.

### **Out-of-Home Care** – as of 08/31/2022

Foster Care – Level I & II (Range of costs from \$300.00 to 2000.00). Since the beginning of the year, **six (6)** children have been in local foster care. Four (4) children have been reunified. Total at end of month is **Two (2)**

Treatment Foster Care – **Two (2)** children/youth were in treatment foster care through Pillar & Vine during the month from Green Lake County. Total at end of month is **Two (2)**.

Court-ordered Relative Care (\$300.00 month per child)

To date in 2022 – 16 children have been in court ordered Kinship Care. Total in Court-ordered Kinship Care during the month = **Nine (9)**

Subsidized Guardianship – At the end of June 2022, **two (2)** remained in subsidized guardianship.

Kinship Care – Voluntary (\$300.00 month per child)

At months end **seven (7)** children were in Kinship Care.

Total out of home at month's end = 2 + 2 + 9 + 2 + 7 = **22**

The base rate for relative foster care (level 1) and Kinship Care rates increased in 2022 to \$300.00/month.

Foster Home Licensing – **One (1)** home requested to no longer be licensed.

**One (1)** relative home is still in the process of being licensed. **One (1)** relative home was denied licensure. Staff are working with the relatives to complete a rehabilitation review.



Interstate Compact for the Placement of Children (ICPC) case(s) – Staff have completed the work assigned. Closure of these cases is awaiting State staff.

## **ACCESS REPORTS**

### **Child Protective Services –**

**January – 20; 6 screened in; 14 screened out**  
**February – 19; 5 screened in; 14 screened out**  
**March - 24; 7 screen in; 16 screen out**  
**April – 24; 5 screen in; 19 screen out**  
**May – 19; 4 screen in; 15 screen out**  
**June – 18; 6 screen-in; 12 screen-out**  
**July – 13; 4 screened in; 9 screen-out**  
**August - TBD**  
**YTD: 137**

### **Child Services/Welfare –**

**January – 6; 4 screened in; 2 screened out**  
**February – 6; 2 screened in; 4 screened out**  
**March – 5; 3 screen in; 2 screened out**  
**April – 10; 5 screen in; 5 screen-out**  
**May – 5; 3 screen in; 2 screen out**  
**June – 1; 1 screened in**  
**July – 2; 1 screened in**  
**August - TBD**  
**YTD - 35**

### **Youth Justice –**

**January – 12**  
**February – 9**  
**March – 11**  
**April – 3**  
**May – 6**  
**June – 9**

**July – 3**  
**August - 3**  
**YTD: 56**

### **Foster Care licensing**

One (1) Rehabilitation Review was conducted on a relative placement. The relatives were approved for licensure. The panel consisted of staff from both Green Lake and Marquette County.

### **Youth Justice:**

The summer groups began during the month of June. The Summer Youth Group will meet weekly until August. Six (6) males are presently enrolled. The Equine Therapy Booster Mini Group has six (6) youth that completed the Boys group in 2021. The Girl Boss Group has (6) six to eight (8) females. The Girls Circle has a fluctuating number averaging about twelve (12) girls per week. This group is run in conjunction with the Boys & Girls Club. Boys Street Ball has averaged about six (6) boys per week. All of the groups were completed in the month of August.

### **Birth to Three/C-COP/CLTS**

Birth to Three presently has had five (5) new children referred in the month of August. Two (2) were found eligible and now have Individualized Family Service Plans (IFSP). Fourteen (14) children were open in the program in the month of August. Children's Community Options has two (2) children enrolled. Children's Long Term Support (CLTS) are presently being carried by the Birth to Three staff. Three (3) cases have been assigned.

ORDINANCE NO. -2022

Amending Ch. 74 Records, Section 74-20 Aging and Long-Term Care/Clinical Services Unit

The County Board of Supervisors of Green Lake County, Green Lake Wisconsin, duly assembled at its regular meeting begun on the 20th day of September 2022, does ordain as follows:

- 1 **WHEREAS**, the Behavioral Health Unit of the Health & Human Services Department
- 2 underwent an audit as part of the First Tier Downstream and Regulated Entities audit for
- 3 providing services to Medicare clients; and,

Roll Call on Ordinance No. -2022

Submitted by Health & Human Services Committee:

Ayes , Nays , Absent , Abstain

Passed and Enacted/Rejected this 20th day of September 2022.

\_\_\_\_\_  
Joe Gonyo, Chair

\_\_\_\_\_  
Harley Reabe, Vice-chair

\_\_\_\_\_  
County Board Chairman

\_\_\_\_\_  
Richard Trochinski

\_\_\_\_\_  
ATTEST: County Clerk  
Approve as to Form:

\_\_\_\_\_  
Katie Hesel-Thiem

\_\_\_\_\_  
Corporation Counsel

\_\_\_\_\_  
Brian Floeter

\_\_\_\_\_  
Nancy Hoffman

\_\_\_\_\_  
Christine Schapfel

\_\_\_\_\_  
Joanne Guden

\_\_\_\_\_  
Joy Waterbury

5 **WHEREAS**, the audit revealed that the record retention ordinance must be amended to  
 6 comply with CMS and the Code of Federal Regulations for the length of time Behavioral  
 7 Health client treatment records must be retained by the County.

8 **NOW, THEREFORE, THE COUNTY BOARD OF SUPERVISORS OF THE COUNTY**  
 9 **OF GREEN LAKE DOES ORDAIN AS FOLLOWS:**

10 Section 1. Green Lake County Ordinance, No. 800-04, adopted August 17, 2004 and as  
 11 amended from time to time is hereby amended as follows (additions are in underline,  
 12 deletions are in ~~strikeout~~):

13 Article I, section 74-20 Aging and Long-Term Care/Clinical Services Unit

14

Record	Retention	Authority
<u>Clinical services treatment records</u>	<u>10 years after last date of service</u>	<u>42 CFR 422.504</u>

15 Section 2. This ordinance shall become effective upon passage and publication.

16 Section 3. The repeal and recreation of any section herein shall not have any effect on  
 17 existing litigation and shall not operate as an abatement of any action or proceeding then  
 18 pending or by virtue of the repealed sections.

19 Section 4. All ordinances and parts of ordinances in conflict herewith are hereby  
 20 repealed.

**PUBLIC NOTICE**

**Department of Health Services  
Annual Adjustment to Fees  
That May be Charged by a Health Care Provider for  
Providing Copies of a Patient's Health Care Records**

**Statutory Authority**

Pursuant to Wis. Stat. §146.83 (3f) (c) 2., each July 1, beginning on July 1, 2012, the Department of Health Services is required to adjust, by the percentage difference between the consumer price index for the 12-month period ending on December 31 of the preceding year and the consumer price index for the 12-month period ending on December 31 of the year before the preceding year, the dollar amounts specified under Wis. Stat. §146.83 (3f) (b) that a health care provider may charge for providing copies of a patient's health care records.

Under the methods prescribed in Wis. Stat. §146.83 (3f) (c) 2., the adjusted dollar amounts that a health care provider may charge for providing copies of a patient's health care records are as follows:

**Schedule of Health Care Provider Records Fees  
July 1, 2022 – June 30, 2023**

<b>July 1, 2022 - June 30, 2023</b>				
<b>Schedule of HealthCare Provider Record Fees</b>				
	<b>% difference from Dec 2020 to Dec 2021</b>	<b>Previous charges 2021</b>	<b>Adjustment for CPI % increase</b>	<b>New Charges 2022</b>
	7.00%			
<b>Paper Copies (per page)</b>				
First 25 pages		\$ 1.19	\$ 0.08	\$ 1.27
Pages 26 to 50		\$ 0.89	\$ 0.06	\$ 0.95
Pages 51 to 100		\$ 0.58	\$ 0.04	\$ 0.62
Pages 101 and above		\$ 0.35	\$ 0.02	\$ 0.37
Microfiche or Microfilm (per page)		\$ 1.74	\$ 0.12	\$ 1.86
Print of an X-ray (per image)		\$ 11.70	\$ 0.82	\$ 12.52
<b>If the requestor is not the patient or a person authorized by the patient</b>				
Certification of Copies		\$ 9.38	\$ 0.66	\$ 10.04
Retrieval Fee		\$ 23.45	\$ 1.64	\$ 25.09
Actual Shipping Costs and Any Applicable Taxes				

## GREEN LAKE COUNTY CREDIT CARD POLICY & PROCEDURES

### Purpose

To establish a method for use and define the limits of the use of County issued credit cards. These cards are provided to authorized staff in order to make purchases of goods and/or services on behalf of Green Lake County. All County transactions shall be traceable to an authorized employee.

### Procedure

1. The County Treasurer shall determine the financial institution offering the best credit card service value to the County and shall be responsible for establishing the County credit card account. The County Administrator shall be designated the credit card account administrator for the purposes of online activity including, but not limited to, adding/deleting credit cards, monitoring transactions for fraud and electronic download of transaction statements. Monthly audit, reconciliation and payment of credit card statement(s) shall be performed by the County Clerk's Office.
2. A department head must submit the Credit Card Request Form to the County Clerk's Office to be included on the agenda for review and approval by their committee of jurisdiction. The request must include the person's name, credit limit, and justification for the credit card.
3. Upon approval by the committee of jurisdiction the Credit Card Request Form shall be forwarded to the County Clerk's office to be included on the agenda for review and approval by the Finance Committee.
4. The Finance Committee shall review the Credit Card Request Form and grant or deny approval of the credit card request. Upon approval of the request, the employee will fill out the Employee Agreement Form and forward it to the County Administrator's Office. The County Administrator will apply for the credit card on the on line credit card website.
5. The County Administrator's Office shall maintain all records of credit card requests, approvals/ denials, and lost/stolen/destroyed card information.
6. The Department Head shall monitor the use of the department's credit cards.
7. The following restrictions shall apply to credit cards and their use:
  - a. County credit cards are to be used only for County business. Personal use is not allowed.
  - b. Minimum credit card limit authorization is \$1,000 per individual, unless extenuating circumstances exist.
  - c. Credit card limits are not to exceed \$10,000
  - d. Each credit card can only be used by the employee whose name is on the county credit card.
  - e. Cash advances are not allowed.
  - f. Telephone calls are not allowed.
  - g. Prior to separation from the County or transfer to another department, the cardholder shall surrender the credit card to the County Administrator's Office. The department head is responsible to notify the County Administrator's Office when a credit card holder leaves county employment or transfers. The County Administrator shall cancel the card.

- h. An Employee Agreement shall be signed and filed with County Administrator's Office before the card is assigned to the employee/department.
  - i. All credit card receipts and monthly statements must be presented for review and approval for payment. The Department management staff along with the County Clerk's Office will review and approve all transactions. Any credit card transactions submitted without proper documentation shall be deemed the personal obligation of the employee initiating that transaction.
  - j. The credit cards shall be used only for the approved purchases allowed by the Finance Committee: gas (if not receiving mileage), lodging, registrations and supplies. Use of any County issued credit card shall not be deemed a substitute for not following standard Green Lake County purchasing policies and practices.
  - k. **The credit cards will not be used for cash cards, gift certificates, meals or other reimbursable items.**
8. The departments shall not take out other credit cards other than those under this policy, unless otherwise authorized by the County Administrator and Finance Committee.
9. Reasons for cancellation for credit cards include, but are not limited to:
- a. If late fees are charged to an account the Finance Committee may cancel that department's credit card.
  - b. Failure to turn in credit card receipts may result in the cancellation of the credit card and the employee being held responsible for reimbursement by action of the County Administrator.
  - c. Any individual or department who violates the above procedures may have his/her/its credit card privileges terminated by the Finance Committee.

## EMPLOYEE AGREEMENT

I, (employee name) \_\_\_\_\_, agree to comply with the following terms and conditions regarding my use of the County credit card.

- I understand that I will be making financial commitments on behalf of Green Lake County and will strive to obtain the best value for the County.
- I understand that Green Lake County is liable for all charges made on the card. However I will be responsible for charges lacking proper documentation.
- I agree to use this card for approved purchases only and agree not to charge personal purchases. I understand that the County Clerk's Office will audit the use of this card and report and take appropriate action on any discrepancies.
- I agree to notify my Department Head and the County Administrator's Office immediately should any apparently fraudulent activity or charges related to the credit card arise or otherwise come to my attention.
- I will follow the established procedures for the use of the card. Failure to do so may result in either revocation of my use of County credit cards and/or other disciplinary actions.
- I have been given a copy of the Green Lake County Credit Card Policy and Procedures and understand the requirements for the card use.
- I agree to return the card immediately upon request or upon termination of employment (including retirement), or upon transfer to another department.
- I agree to return any credit card that has been canceled or expired to the County Administrator's Office as soon as possible for audit review.
- If the card is lost or stolen, I agree to notify the County Administrator and Department Head immediately.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Card # Issued: \_\_\_\_\_



## Request for Credit Card Approval

**Department:** DHHS - Children and Families

**Committee:** Health and Human Services

<u>Name of Card Holder</u>	<u>Title of Postion</u>	<u>Credit Card Limit</u>
Lisa Schiessl	Children and Families Unit Manager	\$5,000

**Justification for Credit Card(s):**

The Credit Card will be used to pay for Trainings, Hotel stays, and Supplies for groups or other activities they put on within the Children and Families Unit.

**Department Head Approval:** \_\_\_\_\_

**Date Approved by Committee of Jurisdiction:** \_\_\_\_\_

*Following this acceptance please forward to the County Clerk's Office.*

**Date Approved By Finance Committee:** \_\_\_\_\_