Kids Helping Kids
Policies and Procedures

Personnel Policies & Procedures

RECRUITMENT AND EMPLOYMENT

EXECUTIVE DIRECTOR

The Executive Director shall be employed by the Board of Directors after consultation with the Personnel Committee and shall serve at the pleasure of the Board of Directors.

SELECTION OF PERSONNEL

The Executive Director, within the guidelines of the policies, standards and provisions established by the Board of Directors, shall be responsible for the employment or termination of employment of the staff and for filling all positions authorized by the Board of Directors through the annual budget. When individuals are hired or terminated by the Executive Director, affected supervisory staff will be consulted.

Job descriptions are available for all staff positions and describe the basic function of the position, the qualifications, the responsibilities, and the lines of authority.

Potential employees will provide proof of required credentials, which will be kept in personnel files. Supervisor will verify background and credentials of all personnel for whom licensure or certification by the appropriate organization in the state of Ohio. All certified and licensed personnel will practice only within the scope of their license or certification. All personnel shall be qualified by education, experience and/or credentials to function in their assigned tasks as defined in their job descriptions. Falsifying background and/or credentials will result in dismissal.

The program shall ensure that all service providers are qualified by training or continuing education to serve persons of culturally diverse backgrounds.

Policy prohibits an individual from supervising any person closely related by blood, marriage, or other significant relationship including business associate.

Because of the nature of this organization and the fact that employees are role models for our clients, it is essential that all employees maintain high standards of conduct and moral behavior on the job and in their personal lives. Chemically dependent employees are expected to be abstinent and working a program of recovery. Normally, employees will have a year's sobriety before joining the staff.

A criminal records check will be done by the on all direct care staff by the bureau of criminal identification and investigation (BCII) and, **if the prospective employee does not demonstrate that he/she has been a resident of Ohio for the preceding five years, by the federal bureau of investigation. (FBI)** A pleading of guilty or a conviction of any of the charges listed in rule 5101:2-5-09 of the Administrative Code for Jobs and Family Services or ORC 109.572 within the timeframes specified by the rule or (4)(a) will disqualify one from employment in the direct care of clients. All employees are required to notify their supervisor within twenty-four hours of any charge of any criminal offense that is brought against him or her. Failure to do so shall result in immediate termination. If the charges result in a conviction, the employee shall notify the agency within twenty-four hours of the conviction. Conviction of the crimes listed in 5101:2-5-09 or (4)(a) of ORC 109.572 shall result in immediate dismissal from employment.

All new employees will be screened by urinalysis for illegal drug use. Positive drug screens will result in termination. At any time during employment, employees may be rescreened and WILL be rescreened if there is cause to believe employee may be under the influence.

With regard to employment, there will be no discrimination against a qualified individual because of race, creed, religion, age, sex or national origin, ethnicity, color sexual orientation, veteran status, disability, HIV infection, AIDS related complex or AIDS in the recruitment, selection, promotion, evaluation or retention of employees or volunteers.

Employment applicants will be informed that the program follows the rules and regulations governing fair employment practices, that the applicant's rights to privacy shall be respected and that the results of inquirers shall be treated in confidence to the extent possible.

Procedure for Employment Recruitment

1. **Identify open position .**
2. **With Executive Director, write or review the job description.**
3. **Consult with staff to determine if position can be filled by a qualified candidate from within the organization.**
4. **If not, advertise position in Cincinnati Enquirer and on their internet site.**
5. **Executive Director and Supervisor review resumes and rate according to qualifications.**
6. **Invite qualified applicants to interview with Executive Director and Supervisor.**
7. **Verify credentials, and references.**
8. **Choose a candidate.**
9. **Take fingerprints and do a criminal background check, with (BCII) and, if the prospective employee does not demonstrate that he/she has been a**

resident of Ohio for the preceding five years, by the federal bureau of investigation.

10. **Take a urine sample and send to Redwood Lab for drug screen.**
11. **If drug screen is negative and no disqualifying convictions, Send a letter of acceptance stating salary and start date**
12. **Send letters to other applicants stating the position has been filled.**

Reviewed by: Penny Walker **March, '05**

Kids Helping Kids
Policies and Procedures

ADMISSION CRITERIA

Purpose:

Assure that clients admitted to KHK are appropriate for the structure and intensity of this therapeutic community and will unlikely be successfully treated in a less restrictive environment.

Policy:

Patient must meet the following diagnostic criteria.

1. **A substance related disorder diagnostic based on the current "Diagnostic and Statistical Manual of Mental Disorders (DSM) for youth admitted to I-III.**

2. Adolescent seeking treatment at this level should not manifest overt physiological withdrawal symptomology.

3. Biomedical conditions and complications - one of the following:
   a. Patient's biomedical condition and problems are not severe enough to interfere with treatment.
   b. Patient's biomedical conditions and problems are not severe enough to warrant inpatient treatment, but are sufficient to distract from recovery efforts. Such problems require medical monitoring and/or medical management which can be provided by the intensive out patient program or through a concurrent arrangement with another treatment provider.

4. Emotional/behavior conditions and complications -
   History reflects cognitive development of at least 11 years of age and one of the following:
   a. Concurrent inability to maintain behavioral stability for more than a 72 hour period (e.g. distractibility, negative emotions, or general anxiety); or
   b. Emotional/behavioral disorder which requires monitoring and/or management due to a history indicating it has a high potential of distracting the patient from recovery and/or treatment. Should exhibit at least two of the following symptoms: verbal and/or physical abuse, running away, stealing, failing school, truancy, dealing drugs, withdrawing from family, suicidal threats, self-abuse, failure to respond to no-use contract.

5. Treatment Acceptance/Resistance.
   The patient is having difficulty acknowledging his or her addiction problems and attributes alcohol and/or other drug problems to people or external events. Thus the patient requires

structured therapy and programmatic milieu to receive clinically directed and repeated motivating interventions.

6. Relapse Potential - one of the following:
   a. There is a high likelihood of drinking or drug use without close monitoring and structured support, as indicated by the patient's lack of awareness of relapse triggers, difficulty postponing immediate gratification, and/or ambivalence/resistance to treatment; or
   b. The patient is assessed as being unable to interrupt impulsive and self-defeating behaviors which threaten abstinence without ongoing professional and paraprofessional support.
   c. Despite active participating in treatment, the patient is experiencing an intensification of addiction symptoms (e.g. craving and drug seeking behavior) with associated moderate risk of relapse.

7. Recovery environment - Parents must be willing and have recourses to meet the demands of the program and one of the following:
   a. Continued exposure to the current school or employment environment will make recovery unlikely unless the patient receives treatment to address skills to deal with such an environment, or
   b. Family is supportive of recovery, but family conflicts and related family dysfunction impede the patient's ability to learn the skills necessary to achieve and maintain abstinence.

Kids Helping Kids
Policies and Procedures

TERMINATION POLICY

Purpose:

Make judgments about client's abilities to benefit from the Kids Helping Kids treatment.

Policy:

Each child's movement through the phases is based on his/her individual progress and achievements. It is the hope and expectation of Kids Helping Kids that each child will progress through all phases and graduate. However, there may come a time when the staff have to consider the possibility that this treatment is not working for a particular client. Termination may be considered for the following reasons:

1. Failure to engage in treatment.
   a. Child fails to respond to our treatment method after a reasonable length of time (determined by professional staff), he will be terminated and a referral made to another treatment program, if available..

2. Violence or disruptive behavior.
   a. If a child is physically violent (hurting himself, staff, client or is destructive) he or she may be terminated from treatment.
   b. If a child continuously disrupts group (shouting, using inappropriate language, gesturing, etc.) he or she may be terminated.

3. Inappropriate Treatment
   a. It may be determined by the professional staff that a serious psychiatric disorder precludes a child benefiting from Kids Helping Kids.
   b. It may also be determined that a child's drug use was not serious enough to warrant long term, intensive care.

4. Parents failure to meet commitment. A child may be terminated if parents:
   a. Fail to meet their commitment to attend Friday Meetings.
   b. Fail to provide a safe and secure host home.
   c. Fail to follow program rules.

5. Client becomes of legal age and signs him/herself out of treatment.

Procedure:

With the exception of a person signing out, there is a procedure for termination that is consistent.

1. After collaboration with the entire team including the clinical case manager and peer staff, a decision is made that the client must be terminated.

2. Parents are notified.

3. Clinical staff research possible appropriate referrals.

4. At last one conference is held with parents and may or may not include the client.

5. Possibly a conference is held to work out a contract with client and parents.

6. If appropriate, the case manager will communicate with other treatment centers to secure additional placement.

7. Some clients will be violated and termination will result in incarceration.

Kids Helping Kids attempts to create a situation in which the parents feel prepared to take child either home or another facility. Only under extreme circumstances would the client be terminated without several days notice.

In the case of an 18 year old (or older)

1. When client expresses a desire to leave ,s/he is asked to wait until parents can be notified and a conference scheduled.

2. If client agrees, parents will be scheduled for a conference as soon as possible.

3. If client does not agree, s/he will be given referrals such as Lighthouse Shelter and escorted from property.

4. If parents agree to take client home with them, the case manager will offer to negotiate a contract between parents and client.

5. A follow up phone call will be made within 72 hours.

In the case a client is terminated by the parents against the advice of the program staff:

1. **Parents are asked to meet with clinical staff to discuss reasons for terminating services.**

2. **The clinician will express specific concerns about consequences of client leaving treatment.**

3. **If services are still terminated, clinician will make a referral if appropriate or...**

4. **Offer to negotiate a contract between parents and client.**

5. **Follow-up phone call will be made within 72 hours.**

If a child is terminated for any reason, charges will be prorated so the family pays for only the days the child was enrolled.

Reviewed by: Penny Walker **May, '04.**

Kids Helping Kids
Policies and Procedures

Release of client information

Purpose – to protect the confidentiality of our clients and adhere to the federal rules 42 CFR Part 2 and HIPAA.

Policy and Procedure:

Information about a client, including records, is shared with individuals other than clients and/or staff only with written permission from client, if 18, and client's parent or legal guardian and client if client is underage. The release of information will specify what information is to be released, to whom, the period of time the release is in effect, the amount of information to be released and the purpose of the information.

Each disclosure made in writing with the patient's written consent will be accompanied by the following written statement: **This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information** unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under the state law to appropriate state or local authorities.

Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a client either at the program or against any person who works for the program.

The federal rules allow for sharing of records with qualified persons performing evaluation, audits, and/or research functions. Those persons will be required to sign an agreement to maintain the confidentiality of the clients.

Procedure for Release of Information

1. **Before information is shared, a release must be signed by appropriate parties.**
   a. **Names of the person about whom information is to be released.**
   b. **The amount and type of information to be released.**
   c. **To whom the information is to be released.**
   d. **The purpose for which the information is to be released.**
   e. **The date on which the released is signed.**
   f. **The date on which the authorization expires, not to exceed one year.**
   g. **Information as to how and when the authorization can be revoked.**

h. **The signature of the person who is legally authorized to sign the release.**

2. **Releases are maintained in client's record.**

3. **Staff members check the records for an appropriate release before exchanging any information that identifies client and includes any personal health information.**

4. **It is the policy of Kids Helping Kids that both biological parents receive information about underage clients. If a non-custodial parent calls for information, that parent must have the client's medical record number before information is exchanged. He/she would obtain that information from the custodial parent.**

5. **Or the non-custodial parent must provide identification before information is exchanged and the client must validate that identification.**

Reviewed by Penny Walker March, 2005

Kids Helping Kids
Policies and Procedures

ASSESSMENT

Purpose:

Determine the strengths, treatment needs, abilities and preferences of clients in order to develop a treatment plan.

Policy:

It is the policy of Kids Helping Kids to make an assessment of each client within the first few weeks of admission. An assessment performed by another treatment program certified by ODADAS or an assessment containing comparable elements of assessment performed within 90 days of the admission date of a client may be used to supplement the information obtained by the KHK staff. A copy of the assessment shall be filed in the client's record and updated, signed and dated by a staff member of the admitting program authorized to conduct an assessment pursuant to Agency Level 3793 of the Administrative Code.

Information from the overall assessment forms the foundation of the treatment planning process. A master problem check list is devised and treatment goals and objectives are devised from that. On-going assessments are done during case planning to ensure the appropriateness of continued treatment.

Procedure:

1 The procedure of assessing a client begins with the first telephone call made to the program. The person taking the call asks the parents about the behavioral symptoms of their child. The symptoms are recorded, and, if the child appears appropriate for this level of care, the family is scheduled for a assessment.

2 Client is assessed by a clinician using interview, urinalysis drug screen and the Personal Experience Inventory.

3 The parents are asked to complete an observable behavioral symptoms checklist during the preadmission meeting which is included in the client's Record. *A Degree of Severity for the Seven Dimensions* is completed.

4 This assessment will end in one of three recommendations:

a. Client may be found inappropriate for this level of care. If so, the clinical staff will refer parents to a more appropriate setting.

b. The clinical staff may need closer observation over a longer period of

time. If so, the recommendation is made that parents leave their child for 5 days. The client will be in a safe environment and staff will do a more intensive assessment.

c. If clients is assessed to be appropriate for treatment a recommendation is made for an admission.

5 **Information from previous treatment is obtained. If an assessment was performed within ninety days of the scheduled admission by a program certified by ODADAS that assessment can be accepted by KHK. That assessment will typically be used to supplement the information gathered in KHK assessment procedure.**

6. An initial treatment plan is written the day of admission.

7. An initial assessment is completed within three days of admission

8. Within two weeks of admission, interviews are conducted with the clients, parents and extended family members when appropriate. Information is also gathered from referral sources and previous treatment records. And the client is observed in group.

9. The client may be referred to the KHK psychiatrist for a psychiatric assessment.

10. The Mental Health Inventory (MHI) is administered to the clients and their family members.

11. The K-bit will also be administered by the KHK Education Coordinator.

12. Within a month, a biopsychosocial history addressing the strengths, needs, abilities and preferences is written on every client and retained in the medical records.

Assessment for alcohol and other drug abuse shall include but not be limited to the following:

a.. Name and/or client identification number,
b.. Date of Assessment (Month, day, year).
c. Length of time of session for assessment. (Expressed in minutes and/or hours.)
d. Current living arrangements.
e. Presenting problem(s) and/or precipitating factors leading to the need for an assessment.
f. Past and present history of alcohol and other drug use.
i. History of treatment for alcohol and other drug abuse.
j. Medical history to include allergies.
k. Employment history.
l. Educational history.

m. Legal history.
n. Individual's strengths, weakness, needs, abilities & preferences.
o. Intellectual functioning measured by the K-bit.
p. Recommended course of treatment
q. Signature and credentials of a staff member of the program who meets the requirements for being a provider of assessment services as specified in this rule.

13. The biopsychosocial report is staffed in a meeting with the other clinicians, the KHK consulting psychologist and students from University of Cincinnati. The psychologist in conjunction with the rest of the staff make a diagnosis.

Information from the overall assessment forms the foundation of the treatment planning process. A master problem check list is devised and treatment goals and objectives are devised from that. Progress with goals and objectives of the individualized treatment plan (ITP) is reviewed weekly. The plan is updated within three days of admission, any phase change or setback.

Reviewed by:__Penny Walker **Date: March, 05**

KIDS HELPING KIDS
NUTRITION POLICIES

This facility provides lunch, dinner and a snack to clients. Lunch is provided six days a week, Monday through Saturday between 12:00 and 1:00 p.m., a snack is provided seven days a week at 3:30 p.m. and dinner is provided seven days a week between 5:00 and 6:00 p.m.

1. Other than including a wide variety of healthful food, we are to be mindful of excess fat and refined sugar.

2. Grains, complex carbohydrates, fruits and vegetables will be emphasized.

3. Milk (1%) is to be offered to the clients at both lunch and dinner. Other than 1% milk, beverages offered will include water and other sugar-free drinks.

4. When 100% fruit juice is offered, it will be counted as a a serving of fruit.

5. Margarine, rather than butter, will be offered as a spread for rolls and bread served with meals.

6. Only one mayonaise based meat salad will be served per week. (i.e. chicken salad, ham salad, tuna salad.)

7. A single serving of protein, either meat or cheese, will be offered (i.e. macaroni & cheese will be entree served with a fruit and vegetable, bread and margarine).

8. A source of vitamin C will be offered daily, (i.e. oranges juice, tomatoes, raw green peppers strips, baked potatoes, strawberrries.)

9. A source of vitamin A will be offered every other day, (i.e. broccoli, canteloup, apricots, carrots, peaches.)

10. Options in bread will be offered, such as wheat, rye and whole grains.

12. Food is to be dated when brought into the program and used within a timely manner.

13. Snacks will follow the nutrition policy.

Shelly Kirk MS.RD.LD

Shelly Kirk, Registered Dietician
Adolescent Clinic
Children's Hospital

KIDS HELPING KIDS
MENU January 31 through February 6.

Monday. January 31
Lunch:
Tomato Soup
Bagels & Cream Cheese
Grapes
Milk

Snack: Prezels/Juice

Dinner:
Roast Turkey
Mashed Potatoes
Carrots
Cranberry Relish
Rolls & Margarine
Milk

Tuesday, February 1
Lunch
Hot dogs (Hormel 1 gram fat)
Minestroni Soup
Peaches
Milk

Snack: Raisins/Cereal

Dinner:
Baked Meatloaf
Mashed Potatoes
Broccoli
Apple Sauce
Bread/Marg. Cups
Milk

Wednesday, February 2
Lunch
Peanut Butter & Jelly
Vegetable Soup
Oranges
Milk

Snack:Tortilla Chips/Juice

Dinner:
Chicken Breast
Long Grain Rice
Green Beans
Celery & Carrot Sticks
Rolls & Marg.
Milk

Thurs. Feb. 2
Lunch:
Chicken Noodle Soup
Ham & Cheese Sandwiches
Raw (Carrots & Peppers)
Milk

Snack: Popcorn/Juice

Dinner
Beef Tips
Noodles Parmesan
Broccoli & Caulif.
Pear Halves
Bread & Margarine
Milk

Friday, Feb. 3
Lunch
Turkey Sandwiches
Beef Barley Soup
Bananas
Milk

Snack: Cereal/Raisins

Dinner:
Baked Ham
Scalloped Potatoes
Corn
Cole Slaw
Muffin/Marg.
Milk

Saturday. Feb. 4
Lunch
Bean & Bacon Soup
Bagels & Cream Cheese
Apples
Milk

Snack: Prezels/Juice

Dinner:
Lasagna
w/meat sauce
Mixed Green Salad
Garlic Toast
Fruit Cocktail
Milk

Sunday. Feb. 6
Snack: Raisins/Cereal

Dinner:
Tacos
Lettuce
Tomato
Grated Cheese
Peaches
Milk
+ shells

Shelley Kirk, MS. RD. LD

KIDS HELPING KIDS

Menu for Week February 14 Through February 20,

Monday, 2/14
Lunch:
Turkey Sandwiches
Potato salad
Peaches
Milk

Snack: Raisins/Cereal

Dinner:
Ham & Noodle
Casserol
Lima Beans
Fresh Melon
Bread & Marg.
Milk

Tuesday, 2/15
Lunch:
Beef Barley Soup
Hot Dogs (1 gm fat)
Applesauce
Milk

Snack: Prezels/Juice

Dinner:
Salisbury Steak
with Tomato-Celery
Onions-Carrots
Mashed Potatoes
Diced Pears
Bread & Marg.
Milk

Wednesday 2/16
Lunch:
Tuna Salad
Minestroni Soup
Oranges/tangerines
Milk

Snack: Tortilla Chips & Juice
Dinner:
Baked Chicken Patty
Lyonaised Potatoes
Green Beans & Corn
Tossed Salad
Bread & Marg.
Milk

Thursday, 2/17
Lunch
Peanut Butter & Jelly
Sandwiches
Vegetable Soup
Bananas
Milk

Snack: Cereal/Juice

Dinner:
Corned Brisket of Beef
Cabbage
Potatoes
Stewed Apples
Rye Bread & Marg.
Milk

Friday, 2/18
Lunch:Tomato Soup
Crackers
Ham/Cheese Sandwiches
Peaches
Milk

Snack: Prezels/Juice

Dinner:
Turkey Pot Pie
W/mixed Vegetables
Lettuce Salad
Fruit Cocktail
Rolls & Marg.
Milk

Saturday, 2/19
Lunch:
Bean W/Bacon Soup
Bagels & Cream Cheese
Apples
Milk

Snack: Cereal/Raisins

Dinner:
Meatballs W/Mostaciolli
& Tomato Sauce
Spinach
Fruit Salad
Garlic Rolls
Milk

Sunday, 2/20
Snack:
Apple Juice
& Prezels
Dinner:
Chili
Crackers
Raw Veggies
(Carrots &
Celery)
Jello Salad
Milk

Shelly Kark, MS, RD, LD
Shelly Kark
Registered Dietician

KIDS HELPING KIDS MENU
Week of February 21 through Monday, February 28,

Monday, 2/21
Lunch:
Chili Dogs
Raw Vegetables
Bananas
Milk

Snack: Tortilla Chips & Juice

Dinner:
Mushroom Steak
Steamed Rice
Peas & Corn
Fresh Fruit Salad
Roll & Margarine
Milk

Tuesday, 2/22
Ham Sandwiches
Potato Salad
Dill Pickles
Peaches
Milk

Snack: Cereal/Raisins

Dinner
Beef Stew with
Garden Vegetables
and Potatoes
Baked Apple
Muffins & Marg.
Milk

Wednesday, 2/23
Lunch:
Peanut Butter & Jelly
Sandwiches
Vegetable Soup
Oranges
Milk

Snack: Prezels/Juice

Dinner:
Baked Pork Curlet
Sage Dressing
Cauliflower
Apple Salad
Bread & Margarine
Milk

Thursday, 2/24
Lunch:
Cream of Potato Soup
Tuna Salad
Apples
Milk

Snack: Graham Crackers & Milk

Dinner:
Chicken Fricassee
Stir Fry Vegetables
Cottage Cheese W/fruit
Biscuit W/Margarine
Milk

Friday, 2/25
Lunch:
Beef Barley Soup
Turkey Sandwiches
Peaches
Milk

Snack: Apple Juice & Tortillas

Dinner
Open Faced Beef
On Whole Wheat
Whipped Potatoes
Green Beans
Citrus Slices
Milk

Saturday, 2/26
Tomato Soup
Ham & Cheese Sandwiches
Applesauce
Milk

Snack: Raisins/Cereal

Dinner:
Turkey Tettrazzini
Fresh Broccoli & Cauli.
with Ranch Dip
Jello Salad
Milk

Sunday, 2/27
Snack:
Cereal Snack
& Juice
BBQ Pork
Cole slaw
Beans
Milk

Monday, 2/28
Chicken Noodle
Soup
Turkey Sandwich
Bananas
Milk

Snack: Apple Juc & Prezels

Dinner:
Creamed Ham
over Cornbread
Mixed Green
Salad
Fruit Cocktail
Milk

Shelly Kirk MS, RD, LD
Shelly Kirk
Registered Dietician

Kids Helping Kids
Policies and Procedures

MENTAL HEALTH - MEDICATION MANGEMENT

Purpose:

Assure that services are integrated to address the mental health and addiction needs of our clients.

Policy:

Kids Helping Kids will employ a licensed psychiatrist to integrate mental health services to the client's overall plan of recovery.

Procedure:

1.. A referral must be made to the KHK psychiatrist by the managing clinician or admissions director.

2 . Prescribing Medications
- For treatment of coexisting mental health issues psychiatrist:
    a. may evaluate our clients for mental health issues including a review of past medication use, its effectiveness, side effects, and allergies or adverse reactions.
    b. may prescribe medication.
    c. will be available for consultation available 24 hours/day, seven days/week
    d. will evaluate for co-existing medical conditions.
    e. will regularly address the appropriateness of each medication as determined by the needs and preferences of the client and the efficacy of the medication.
    f. will regularly address the presence of side effects, unusual effects, and contraindications.
    g. will document assessment of abnormal involuntary movements at the initiation of treatment and every three months thereafter for persons receiving anti-psychotic pharmacotherapy.
    h. will address the use of multiple simultaneous medications.
    i. will address drug interactions.
    j. will alert the staff to special dietary needs.
    k. will arrange for necessary laboratory studies, tests or other procedures.

3. KHK psychiatrist will coordinate pharmacotherapy with prescribing physician and/or primary care physician when medication is prescribed before admission.

4. Pharmocotherapy will be integrated into the overall plan of the client.

5. Clients will not be denied admission to Kids Helping Kids because of their use of psychotropic medications.

6 Consent

Clients must consent to the use, initial or continued, of any and all medications. Informed consent must be documented in client's medical records.

7. Self medication.

All medications, those prescribed by the KHK psychiatrist or another doctor are given to clients for self medication. All meds must be unit dosed by Mullaney's Pharmacy before being brought into the KHK facility. That includes medications prescribed before admission. Those medications are accounted for on the medication sheet and sent to Mullaney's, unit dosed, and incorporated into the med `system for self Administration. The pharmacist places each dose in an envelope, labeled For time of day to be administered. Envelopes are also labeled by the pharmacist with Clients name, date, name of medication, prescribing professional and instructions.

Meds given to the client at the same time are placed in one envelope.
Other pharmacies may be used as long as they use the same unit dosing system.
No bottles of medication are to be accepted by staff and no medication is to be given to the client, brought in through luggage, etc. Medications are stored in a locked medication cart kept in the staff office.

A staff member offers the medication envelops to clients to self administer five times a day. The self administration is witnessed by the staff member. Documentation of meds taken is made on client's med card, including: Client's name, name of medication, dosage, frequency, date and time taken, instructions for use, prescribing professional and name of the witness.

In the event clients take medications by injection (such as insulin for diabetics, med for allergies), client is observed by staff and the needle disposed of properly in the locked clinic.

No clients are to have controlled substances in their possession at the program site/while involved in program activities, including those prescribed by a physician. Clients are searched when they enter treatment and their personal items are searched for controlled substances.

At discharge, any unused medication is returned to client's parents or to the client if The client is 18 years or older.

8. Ordering/Receiving

When prescriptions are received, a designated staff member orders the medications which are delivered by the pharmacy or picked up at the pharmacy by a staff person. The designated staff member logs them into the medication log book, records them on a medication card for the client's file, and files the envelopes in the appropriate place so that the client will

receive the medication at the prescribed time.

.9 Storing
Prescribed and over the counter drugs are stored in a locked cabinet in the staff office. Clients are not permitted to have prescribed or over-the-counter medications in their possession.

10. Medication Errors
An incident report will be written in triplicate on medication errors. The circumstances pertaining to the incident will be documented, and as with any incident the parents will be informed as well as the prescribing physician. One copy of the incident report will go to the Executive Director for her review, one to the medication management personnel, and one will be file in the clients medical records. These reports will be reviewed monthly as part of the Safety Management System.

11. Disposal
Unused medications will be given to the parents if the child leaves KHK, or if it is no longer useful, will be flushed by staff with a witness. Biohazardous materials will be disposed of in the same manner as the medical biohazardous materials.

12. Medication Emergencies
The number to the Poison Control Center is posted in the staff office, easily accessible by staff and clients. If a clients suffers from a sudden and serious side effect of medication, the poison control center may be called or 911, whichever is appropriate. The program has an epipen and staff are trained in its use. The client will be transferred to a medical facility if needed. In the event of a medication emergency, an incident report would be written, the prescribing physician informed as well as the parents. The report will be reviewed by the Executive Director and the Quality Management Team.

13. Over-The-Counter Medicines are available and can be used under standing orders of the Medical Director. Those medications are kept locked in the med cart. Clients are not permitted to have these medications in their possession.

14. All physical conditions such as women being of child bearing years or pregnant will be addressed by the physician being prescribing medications.

15. As appropriate, ongoing training and education regarding medications is provided:
    a. to the persons served.
    b. to individual and family members identified by the persons served.
    c. to personnel.

16. This training and education includes:
    a. the biological principles associated with pharmacotherapy.
    b. the risks associates with each medicine.
    c. the intended benefits.
    d. side effects.

e. contraindications.
f. appropriate knowledge of adverse interactions between multiple medications and food.
g. risks associated with pregnancy.
h. the importance of taking medications as prescribed.
i. the need for laboratory monitoring.
j. rationale for each medication.
k. alternatives to the use of medications.
l. alternative medications.
m. early signs of relapse.
n. signs of non adherence to medication prescriptions.
o. potential drug reactions when combining prescription and non-prescription medications including alcohol, tobacco, caffeine, illicit drugs and alternative medications.
p. instructions on self-administration, when applicable.
q. the availability of financial supports and resources to assist the persons served with handling the cost associated with medications.

Reviewed by: Penny Walker **March 05, 2005**

Kids Helping Kids
Policies and Procedures

RECORDS

Purpose:

Document the assessment, course of treatment and other information about persons served by Kids Helping Kids.

Policy:

A permanent Client Case File must be established and maintained for each client/family entering the Kids Helping Kids program. All relevant and required clinical; program, and administrative information must be maintained within the file and files must be kept current and in order. The files must be kept securely locked in accordance with 42 C.F.R., Part 2, Confidentiality of Alcohol and Drug Abuse Client Records, and only staff (including paraprofessional staff) may have access. Clients may review their records in the presence of a staff person. An appointment must be made in advance. Parents of a client may review the records in the presence of a staff person with the written permission of client regardless of client's age.

All files removed from the file cabinet must be returned prior to the day's closing. If file is removed for longer period of time, a dummy file folder with the name of the file removed, the time of the person checking out the file, the date and time, must be inserted in the file's space.

Records will be maintained for at least seven years after client leaves treatment. If records are disposed of after seven years they will be shredded. Any record involved in legal action will be protected from being destroyed. Such record will be held separately by the Executive Director under lock and key.

The following information must be completed, filed, updated, and maintained within the Client Case File.

1. Client/Family Pre-screen data (Before admission)
2. The Treatment Agreement (Day of admission)
3. Court documents and legal records
4. Non-Interference Agreement (if applicable)
5. Intake Summary (Day of admission)
6. Pertinent history, diagnosis, functional limitations, goals and prognosis
7. Notification of:
    a. Program Rules or Client expectations
    b. Client's Rights
    c. Client Grievance procedure.
    d. Written summary of the federal laws that indicate the confidentiality of alcohol and drug abuse client records are protected as required by 42 CFR Part B. Paragraph 2.22, Confidentiality of Alcohol and Drug Abuse patient Records.

8. Medical Examination/lab reports (within one week of admission)
9. Individual Treatment Plans (within ten days) and integrated progress notes (2 days)
10. Biopsychosocial - (one month)
11 Family Conference Summaries (2 days)
12. Incident Reports (same day)
13. School/Employment documents and reports
14. Record of referral to community agencies
15. Release Forms
16. Psychological test information and information that comes in from other agencies
17. Progress notes
18. Termination Summaries (30 days)

All documentation completed by registered candidates or chemical dependency counselor assistants and student interns shall be countersigned by an individual qualified to be an alcohol and drug treatment services supervisor pursuant to rule 3793:2-1-08 of the Administrative Code.

Financial Agreements and requests for scholarship/financial aid are kept by the Admissions Director in a separate file.

Records are shared with individuals other than clients and/or staff only with written permission from client, if 18, and client's parent or legal guardian and client if client is underage. The release of information will specify type and amount of information is to be released, to whom, the period of time the release is in effect, the amount of information to be released and the purpose of the information.

Each disclosure made with the patient's written consent will be accompanied by the following written statement: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information **unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.** Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a client either at the program or against any person who works for the program.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under the state law to appropriate state or local authorities.

The federal rules allow for sharing of records with qualified persons performing evaluation, audits, and/or research functions. Those persons will be required to sign an agreement to maintain the confidentiality of the clients.

A records review committee will review a representative sample of the records of persons served monthly to measure their adequacy and fulfillment of record keeping requirements. That committee

will also review the policies and procedures concerning records of persons served and report at least annually with recommendations which will be considered by the chief executive.

Procedure for the destruction of client records:

On or about March 1st of each year, a decision will be made about the destruction of old records. Only records of clients who have been out of treatment over seven years will be considered.

Name of the client and medical record number of the records to be destroyed will be placed on a list on a permanent record.

The records will be shredded by our contracted shredding company. Kids Helping Kids staff person will supervise process to ensure confidentiality.

If there is any reason to believe that a complaint and/or suit involving a client will be forthcoming, that client's record will be safeguarded. If it has been scheduled for destruction, the record will retrieved from those records to be destroyed and placed in the Executive Director's Office.

Reviewed by: Penny Walker **May, '04**

Kids Helping Kids
Policies and Procedures

TREATMENT PLANNING

Purpose:

Assure that treatment follows a course that is based on the individual's strengths, needs, abilities and preferences.

Policy

All clients will have a treatment plan developed with his/her participation and based on the individual's strengths, needs, abilities and preferences. While primary mode of treatment is group therapy designed to be most effective with the treatment population (adolescents) and each phase of treatment has a specific focus and goals, treatment is tailored to meet the needs of the individual and his/her family. Specific issues are addressed through a mix of group, individual and family therapy. An assessment of the individual client is done using referral information, assessment procedures, information provided by the client's, his/her parents' and KHK staff. An interpretive summary is written by the clinician guiding the client's treatment. A psychiatric assessment may be done by the program psychiatrist if the clinician has made a referral. All this information is used to tailor the individual treatment, within the scope and structure of this treatment model.
Goals and objectives are developed by client and his/her counselor and are revised and supplemented as treatment progresses. Mental health issues are addressed in the treatment plan along with addiction issues.

Adolescents are placed in treatment by their parents and are expected to go through some initial resistance to the structure of this program and may not always cooperate with treatment planning.. However, clients are included in treatment planning as much as possible, and the plan takes into account their individual strengths, needs, abilities and preferences. Promotions from one phase to another through the treatment process is based on the individual progress of that client.

If individual needs cannot be met internally, referrals for additional services will be made. Treatment will be coordinated with outside professionals when possible. Monies will be budgeted to provide assistance to clients, their family members and/or significant others, at no additional cost to the person served, who speak a language other than standard English as a primary means of communication, or who have a communication disorder, such as hearing or vision impairment.

Procedure

1. Initial treatment plan is written the day of admissions.

2. Clinician schedules interview with parents and client within the first 2 weeks of treatment.

3. Master Problem Checklist is devised within two weeks.

4. Goal Sheets are developed by client and counselor based on the MPL and are written in the clients own words..

5. Objectives that are measurable, achievable and time specific are developed.

6. Complete Biopsychosocial history with interpretative summary is staffed in staffing with consulting psychologist within first month. MPL should be updated to reflect this interpretation.

7. **Progress toward treatment plan goals is reviewed weekly. The treatment plan is a dynamic document and is revised as goals and objectives are met and client progresses.**

8. **Each phase has phase goals as well as the individual goals based on the client's strengths, needs, abilities and preferences. The ITP is reviewed and new goals are developed within three days of a phase change, and/or setback. Mental health issues are integrated into the overall treatment process.**

9. Psychotropic medicines may be integrated into the treatment plan.

10. The clinician identifies services to be provided by Kids Helping Kids in the plan.

11. The clinician specifies referrals to be made for additional services in the plan..

12. The treatment plans involves family members, as appropriate.

13. Each individual has a clinician who monitors and guide the progress on his/her treatment plan.

14. Notes are written, signed and dated, to document

    a. completion of portions of the individual plan.
    b. Significant events or changes in the life of the person served.
    c. The delivery of services that support the individual plan.

Reviewed by: Penny Walker May, '04

Kids Helping Kids

Policies and Procedures

GRIEVANCE

Purpose

Respond to complaints.

Policy

It is the policy of Kids Helping Kids to administer its various policies, procedures and practices in a fair manner which will benefit all clients. Disputes will be addressed through an organized, simple grievance procedure which is communicated verbally and in writing to all clients.

Procedure:

The Grievance procedure is described in the client handbook that is given upon admission to the program and is also posted on the wall in the Group Room.

If a client believes s/he has been treated unfairly or rights violated s/he can file a grievance. Grievance forms are readily available in the group room. The grievance must be put in writing, signed and dated. In the grievance the client should describe the upsetting event with the date, time, and names of individuals involved.

If client needs help writing the grievance s/he may ask his/her or her primary counselor. If the primary counselor is part of the problem, s/he may ask another peer counselor for help. After the grievance is written, it is to be handed to a peer counselor who will pass it along to the clinician in charge of the client's care. Written acknowledgement of receipt of the grievance will be provided to each grievant within three working days.

Within five days the clinician will meet with grievant to discuss the problem and arrive at a resolution. If no resolution is reached, a meeting will be held with client, his or her parents and clinician to determine if a resolution can be reached.

If, after that meeting, no resolution is reached, the grievance will be referred to the Executive Director who will make a resolution decision within 21 calendar days of the date of grievance.

There will be no retaliation against a client for filing a grievance.

Clients have the option of filing or pursuing grievance with:

Clermont County
Alcohol, Drug Addiction and Mental Health Board
257 East Main
Batavia, OH 45102
Phone: (513) 732-1911

Ohio Alcohol and Drug Addiction Services Board
Two Nationwide Plaza – 12th Floor
280 North High Street
Columbus, OH 43215
Phone: (614) 644-8318

Ohio Legal Rights Services
42 East Gay Street
Columbus, OH
Phone: (614) 224-8374

Grievances will be kept in a log and evaluated quarterly for trends by the Executive Director.

A record of clients' grievances will be maintained for at least two years from resolution that include, at a minimum, the following:

(1) Copy of the grievance.
(2) Documentation reflecting process used and resolution/remedy of the grievance.
(3) Documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty-one calendar days.

Reviewed by:_Penny Walker

Date: March, 05.

Kids Helping Kids
Policies and Procedures

CLIENT'S RIGHTS

Purpose:

Assure that the individual rights of clients are protected.

Policy:

Clients have the right to treatment free of discrimination on the basis of race, ethnicity, age, color, religion, sex or national origin, sexual orientation, handicap or developmental disability according to Title VII of the Civil Rights Act of 1964, or any person with HIV infection, AIDS-related complex or AIDS.

Clients also have the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to be free of abuse, financial or other exploitation and/or retaliation.
3. The right to receive services in the least restrictive feasible environment.
4. The right to be informed of one's own condition.
5. The right to be informed of proposed services, treatments, therapies, and alternatives.
6 The right to give consent or to refuse to participate in any service, treatment or therapy.
7. The right to receive a copy of one's own individualized treatment plan.
8. The right to participate in the development, review and revision of one's own individualized treatment plan.
9. The right of freedom from unnecessary or excessive medication.
10 The right of freedom from unnecessary physical restraint or seclusion.
11. The right to participate in any appropriate and available service, regardless of refusal of one or more other services, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services.
12. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
13. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies or photographs.
14. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
15. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and Federal laws and regulations.
16. The right to have access to one's own records in the company of case manager after written request.
17. The right to be informed of the reason(s) for denial of a service.

18. **The right to be informed of the reason(s) for terminating participating in the program..**
19. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, handicap, developmental disability or my infection, AIDS related complex or AIDS.
20. The right to know the cost of services.
21. The right to be informed of all client rights.
22. The right to exercise one's own rights without reprisal.
23. The right to file a grievance in accordance with program procedures.
24. The right to have oral and written instructions concerning the procedure for filing a grievance.

Services shall be provided in a manner that is sensitive to each person's age, gender, social preferences, cultural orientation, psychological characteristics, sexual preference, physical situation and spiritual beliefs.

Procedure:

Clients will be given a handbook upon admission to Kids Helping Kids listing their rights, the grievance procedure, rules and expectations, and the way in which they can participate in their treatment planning. Documentation that this has been done will be recorded in the client's treatment file. At this time, clients sign an informed consent. When a client reaches the age of 18, they sign another informed consent specifically for adults.

A copy of the Program's client rights policy shall be posted in the group room.

All staff of the program shall be familiar with the program's client rights policy. There shall be evidence in each staff member's personnel file that she/he has received a copy of the client rights policy and has agreed to abide by it. Clients will also be informed of the procedure for filing a grievance if they feel their rights have been violated. There will be no retaliation against a client for filing a grievance.

A copy of client grievances will be maintained for a minimum of two years including documentation reflecting process used and resolution/remedy of the grievance.

Program setbacks and revocation of privileges are commonly employed as treatment interventions. The reasons for such are clearly explained to the client. Staff meet twice a week and discuss the clients progress toward reinstatement of privileges and status.

Any clients may review his records in the company of his clinician by making a written request. An appointment will be made after receiving the request.

Reviewed by: **Penny Walker** **Date:** **May, 04.**

CLINICAL CASE MANAGEMENT

Clients are assigned a primary counselor (certified paraprofessional) and a case manager (professional) when they enter the program. Each case manager supervises a team of primary counselors, with the staff to client ratio can not to exceed 1:10. The primary counselor, client, and case manager plan client's individual treatment interventions. A certified teacher is also a member of the team and meets with client shortly after admission to begin helping the client develop an education plan. **Client to staff ratio in group sessions is not to exceed 12:1.**

The staff write integrated progress notes on all clients. Incident reports are written anytime an unusual incident takes place, either in a home or in the program. Parents are notified when their child is involved in any incident.

Kids Helping Kids
Policies and Procedures

DRUG SCREENING

Purpose:
Assure a drug free environment for clients.

Policy:
Kids Helping Kids will assure that the milieu is abstinent from all drug use including tobacco by conducting random urinalysis. Each client will have at least one drug screen per phase.

Procedure:

1. Urinalysis drug screening will be done on a select number of clients per month.
2. Chart is kept by KHK personnel recording client's who have been screened to assure that each client is screen at least once per phase.
3. Clients will also be screened if there is reason to believe client has used.
4. Dates and time of collections will be varied so that clients will not be able to anticipate exactly when he/she will be asked for a sample.
5. Standing orders signed by the Nurse Practitioner or Medical Director are written for each client and kept in his/her record.
6. The clinician informs the client he/she has been chosen and goes directly with client to the clinic.
7. The clinician labels the container with the client's name and date of collection, and his/her name.
8. Client urinates behind a screen and the staff member listens.
9. Client initials a security seal and places it over the top of the container. the container is immediately placed by clinician in a sealed envelop/box.
10. The clinician addresses the box to Redwood Toxicology Laboratory and takes to the post office.
11. If custody of sample is changed from clinician, the new custodian initials record.
12. The results of the drug screen are reviewed with the client, who signs acknowledgement that he/she has been made aware of the results.

Reviewed by: Penny Walker **Mar, '05**

Kids Helping Kids
Policies and Procedures

MEDICAL MANAGEMENT

Purpose:

Meet medical needs of our clients.

Policy:

Dr. Richard Heyman will serve as medical director of KHK effective 11/1/93. In this capacity Dr. Heyman will be responsible for medical policies, supervising medical care, assisting with compliance issues, interfacing with insurance companies, representing KHK to medical community, completing insurance forms, assisting with documentation, coordinating after-hours and acute care, consulting with KHKstaff about medical problems when nurse not present and arranging for medical care when nurse not on-site.

A nurse practitioner will be on-site one morning per week and will be responsible for rendering acute and routine medical care, reviewing and documenting lab work, maintaining medical records, assisting in triaging illness, following-up medical problems, identifying clients in need of consultation/outside medical care and assisting in the training of staff and clients on infection control and sexually transmitted diseases.

All newcomer parents are to complete a medical history form on their child upon admission. Information about immunization status will be required to be furnished within a two-week period, and immunizations will be updated at the discretion of the medical director. The medical director is to be notified of any medical problems at the time of admission to the program.

All newcomers are to have a comprehensive admission physical examination and review of medical history within the first two weeks of admission to the program. This will be performed on site under the direction of the medical director, by either the medical director or one of his designees. Appropriate lab work will be performed, including but not limited to, routine urine analysis, testing for sexually transmitted diseases, and PAP smears. Careful documentation of results on an appropriate form will be placed in the client's folder.

Gynecological and Obstetric needs:

All females will have a urine pregnancy test performed upon entry into KHK. All positives will be referred for counseling and care by an appropriate care provider skilled in the area of obstetrics and gynecology. **Prenatal care will be incorporated into treatment planning for pregnant clients. Refusal of prenatal care will be considered a treatment issue and continued refusal may be grounds for termination from the program.** All females will receive a complete pelvic examination, including PAP smear and appropriate gynecological cultures (including gonorrhea and chlamydia) on admission to the program if they fulfill any of the following conditions:

Kids Helping Kids
Employee Receipt & Agreement to Abide

By signing below I acknowledge that I have both received and agree to abide by the following policies:

- ☐ A written summary of the Federal Laws and regulations pertaining to the Confidentiality of clients and client records as required by 42 C.F.R., Part 2
- ☐ The program's Personnel policies and procedures
- ☐ The program's Abuse and Neglect policy
- ☐ The program's client rights policy
- ☐ The program's client grievance procedure
- ☐ The program's Safety Manual
- ☐ The program's Compliance Plan and Code of Conduct

In addition to the above policies, I agree to receive training in and to abide by the program's policies in:

- ☐ Cultural sensitivity training
- ☐ Infection control training
- ☐ CPR and first aid training
- ☐ Crisis intervention and de-escalation

The above trainings will be documented in the employee personnel record as they occur.

_____ _____

Staff's Signature Date

Kids Helping Kids
Policies and Procedures

Personnel Policies & Procedures

RECRUITMENT AND EMPLOYMENT

EXECUTIVE DIRECTOR

The Executive Director shall be employed by the Board of Directors after consultation with the Personnel Committee and shall serve at the pleasure of the Board of Directors.

SELECTION OF PERSONNEL

The Executive Director, within the guidelines of the policies, standards and provisions established by the Board of Directors, shall be responsible for the employment or termination of employment of the staff and for filling all positions authorized by the Board of Directors through the annual budget. When individuals are hired or terminated by the Executive Director, affected supervisory staff will be consulted.

Job descriptions are available for all staff positions and describe the basic function of the position, the qualifications, the responsibilities, and the lines of authority.

Potential employees will provide proof of required credentials, which will be kept in personnel files. Supervisor will verify background and credentials of all personnel for whom licensure or certification by the appropriate organization in the state of Ohio. All certified and licensed personnel will practice only within the scope of their license or certification. All personnel shall be qualified by education, experience and/or credentials to function in their assigned tasks as defined in their job descriptions. Falsifying background and/or credentials will result in dismissal.

The program shall ensure that all service providers are qualified by training or continuing education to serve persons of culturally diverse backgrounds.

Policy prohibits an individual from supervising any person closely related by blood, marriage, or other significant relationship including business associate.

Because of the nature of this organization and the fact that employees are role models for our clients, it is essential that all employees maintain high standards of conduct and moral behavior on the job and in their personal lives. Chemically dependent employees are expected to be abstinent and working a program of recovery. Normally, employees will have a year's sobriety before joining the staff.

A criminal records check will be done by the on all direct care staff by the bureau of criminal identification and investigation (BCII) and, if the prospective employee does not demonstrate that he/she has been a resident of Ohio for the preceding five years, by the federal bureau of investigation. (FBI) A pleading of guilty or a conviction of any of the charges listed in rule 5101:2-5-09 of the Administrative Code for Jobs and Family Services or **ORC 109.572** within the timeframes specified by the rule or (4)(a) will disqualify one from employment in the direct care of clients. All employees are required to notify their supervisor within twenty-four hours of any charge of any criminal offense that is brought against him or her. Failure to do so shall result in immediate termination. If the charges result in a conviction, the employee shall notify the agency within twenty-four hours of the conviction. Conviction of the crimes listed in 5101:2-5-09 or (4)(a) of ORC 109.572 shall result in immediate dismissal from employment.

All new employees will be screened by urinalysis for illegal drug use. Positive drug screens will result in termination. At any time during employment, employees may be rescreened and WILL be rescreened if there is cause to believe employee may be under the influence.

With regard to employment, there will be no discrimination against a qualified individual because of race, creed, religion, age, sex or national origin, ethnicity, color sexual orientation, veteran status, disability, HIV infection, AIDS related complex or AIDS in the recruitment, selection, promotion, evaluation or retention of employees or volunteers.

Employment applicants will be informed that the program follows the rules and regulations governing fair employment practices, that the applicant's rights to privacy shall be respected and that the results of inquirers shall be treated in confidence to the extent possible.

Procedure for Employment Recruitment

1. Identify open position .
2. With Executive Director, write or review the job description.
3. Consult with staff to determine if position can be filled by a qualified candidate from within the organization.
4. If not, advertise position in Cincinnati Enquirer and on their internet site.
5. Executive Director and Supervisor review resumes and rate according to qualifications.
6. Invite qualified applicants to interview with Executive Director and Supervisor.
7. Verify credentials, and references.
8. Choose a candidate.
9. Take fingerprints and do a criminal background check, with (BCII) and, if the prospective employee does not demonstrate that he/she has been a resident of Ohio for the preceding five years, by the federal bureau of investigation.

10. Take a urine sample and send to Redwood Lab for drug screen.
11. If drug screen is negative and no disqualifying convictions, Send a letter of acceptance stating salary and start date
12. Send letters to other applicants stating the position has been filled.

Reviewed by: Penny Walker **June, '04**

Kids Helping Kids
Position Description

Program Director

The Program Director of Kids Helping Kids is employed to provide a quality treatment program, which enables 13-21 year olds to live a productive life free of chemical dependency and to inform the community of the drug abuse problem and its treatment.

Basic Function of the Position

The Program Director has responsibility, under direction of Executive Director, to implement and supervise all clinical aspects of the program.

Minimum Qualifications of the Position

Five years experience working with adolescents in psychiatric or chemical dependency treatment to include at least two years as a supervisor.

Credentials and Academic Requirements

Graduate degree in human services and one of the following credentials; Certified Chemical Dependency Counselor III-E; Licensed Physician; Licensed Psychologist; Licensed Professional Clinical Counselor with a declared scope of practice of alcohol and drug addiction counseling; Licensed Independent Social Worker with a declared scope of practice of alcohol and drug addiction counseling; or Registered Nurse with a declared scope of practice of alcohol and drug addiction counseling.

Responsibilities of the Position

1. To supervise and monitor the day-to-day operation of the treatment program.
2. Case management, including treatment planning, documentation, family conferences, monitoring of program records on assigned clients.
3. To supervise clinical staff and aid in their professional develop and growth through feedback.
4. To develop and supervise in-service training of paraprofessional and clinical staff.
5. To assist Executive Director in development and implementation of therapy program for program parents.
6. With Executive Director, make final determination regarding admissions and terminations.
7. To do or delegate diagnostic measures on each client.
8. To assure program records comply with program standards.
9. To evaluate performance (with Executive Director) and conduct performance appraisals of clinical staff and assure performance appraisals are done on paraprofessional staff.

Program Director, position description continued…

10. To contribute to the overall cooperative functioning and the positive atmosphere of the Kids Helping Kids team and the program progress.
11. To assist with program evaluation and research.
12. To serve as an agent of public relations in promoting Kids Helping Kids within the program and within the community.

Lines of Authority

Reports to: Executive Director

Direct supervision: Clinical Staff

Reviewed: 6/04

AIDS and HIV
Fact Sheet

What are AIDS and HIV?

AIDS stands for Acquired Immune Deficiency Syndrome.
Acquired means you can get infected with it.
Immune Deficiency means a weakness in the body's system that fights diseases.
Syndrome means a group of health problems that make up a disease.

AIDS is caused by a virus called HIV (Human Immunodeficiency Virus)

When a person is infected with HIV, the virus infects and can kill certain cells in the immune system called T-helper cells. This weakens the immune system so that other opportunistic infections can occur. The HIV-infected person is said to have AIDS (Acquired Immunodeficiency Syndrome) when they become sick with other specific infections or when the number of T-helper cells has dropped below 200.

Being HIV-positive, or having HIV disease, is not the same as having AIDS. Many people are HIV-positive but don't get sick for many years. As HIV disease continues, it slowly wears down the immune system. Viruses, parasites, fungi and bacteria that usually don't cause any problems can make you very sick if your immune system is damaged. . If you get infected with HIV, your body will try to fight the infection. It will make "antibodies", special molecules that are supposed to fight HIV.When you get a blood test for HIV, the test looks for these antibodies. If you have them in your blood, it means that you have HIV infection. People who have the HIV antibodies are called "HIV-Positive".

People at highest risk of AIDS and HIV infection are:

People who share needles
Men who have sex with other men
Babies born to mothers who have HIV infection
People who received blood transfusions or blood products before 1985
Anyone who has sex with anyone who has or is at risk for AIDS or HIV infection

HIV is in blood and other body fluids

The virus is in the blood, semen, menstrual blood, vaginal secretions, and breast milk of HIV infected persons. The virus can be there even if the person has no symptoms of HIV-infection or AIDS. People who are infected with HIV will carry (and be able to pass on) the virus for the rest of their lives.

HIV is spread by exposure to HIV infected blood and HIV infected body fluids

HIV can be spread during sex, by sharing needles to inject drugs, or from mother to baby (before or during birth, or by breast feeding). HIV is rarely spread by getting stuck by a used needle, or by getting blood or other infected body fluids onto a mouth, eyes, or broken skin. The virus is not spread by casual contact like living in the same household, or working with a person who carries HIV.

Certain symptoms and conditions may be associated with HIV/AIDS

These symptoms and conditions may include: fever, weight loss, swollen lymph glands in the neck, under arms or groin, white patches in the mouth (thrush), certain cancers (Kaposi's sarcoma, certain lymphomas, certain invasive cervical cancers), and infections (*Pneumocystis* pneumonia, certain types of meningitis, toxoplasmosis, certain blood infections, TB, etc.).

There is treatment for people with HIV infection and AIDS

Many drugs are available to treat the infections and cancers associated with AIDS. There are also drugs available for people with HIV infection that can help prevent them from getting sicker.

AIDS and HIV
Fact Sheet Cont.

HIV and AIDS are preventable

Abstaining from sex, monogamy (having sex with one uninfected partner who only has sex with you), and use of barrier protection (condoms) are the most protective prevention strategies.
People who use injection drugs should try to quit. Otherwise, never share needles.
People with HIV or AIDS should discuss their HIV status with their doctors and dentists, and inform their sex and needle-sharing partners.
Women who are pregnant or planning a pregnancy are encouraged to talk with their doctor about getting tested for HIV. If a mother is known to be infected with HIV, there is treatment to decrease the chance that her baby will become infected.
Practices called Universal Precautions and Standard Precautions, such as the use of gloves, goggles, gowns, etc., are used by health care practitioners for prevention of transmission of any communicable disease including HIV.

HIV/AIDS IN THE UNITED STATES

- The Centers for Disease Control and Prevention (CDC) estimate that 800,000 to 900,000 U.S. residents are living with HIV infection, one-third of whom are unaware of their infection.

- Approximately 40,000 new HIV infections occurred in the United States in 1998, about 70 percent among men and 30 percent among women. Of these newly infected people, half are younger than 25 years of age.

- Of new infections among men in the United States, CDC estimates that approximately 60 percent of men were infected through homosexual sex, 25 percent through injection drug use, and 15 percent through heterosexual sex. Of newly infected men, approximately 50 percent are black, 30 percent are white, 20 percent are Hispanic, and a small percentage are members of other racial/ethnic groups.

- Of new infections among women in the United States, CDC estimates that approximately 75 percent of women were infected through heterosexual sex and 25 percent through injection drug use. Of newly infected women, approximately 64 percent are black, 18 percent are white, 18 percent are Hispanic, and a small percentage are members of other racial/ethnic groups.

- In the United States, 733,374 cases of AIDS had been reported to the CDC as of Dec. 31, 1999.

- As of the end of 1998, an estimated 294,424 people in the United States were living with AIDS.

- As of Dec. 31, 1999, 430,441 deaths among people with AIDS had been reported to the CDC.
-
- AIDS is now the fifth leading cause of death in the United States among people aged 25 to 44, behind unintentional injuries, cancer, heart disease and suicide.

AIDS and HIV
Fact Sheet Cont.

Can adolescents get HIV?

Unfortunately, yes. HIV infection is increasing most rapidly among young people. Half of all new infections in the US occur in people younger than 25. From 1994 to 1997, 44% of all HIV infections among young people aged 13-24 occurred among females, and 63% among African-Americans. While the number of new AIDS cases is declining among all age groups, there has not been a comparable decline in the number of new HIV infections among young people.

Unprotected sexual intercourse puts young people at risk not only for HIV, but for other sexually transmitted diseases (STDs) and unintended pregnancy. Currently, adolescents are experiencing skyrocketing rates of STDs. Every year three million teens, or almost a quarter of all sexually experienced teens, will contract an STD. Chlamydia and gonorrhea are more common among teens than among older adults.

Some sexually-active young African-American and Latina women are at especially high risk for HIV infection, especially those from poorer neighborhoods. A study of disadvantaged out-of-school youth in the US Job Corps found that young African-American women had the highest rate of HIV infection, and that women 16-18 years old had 50% higher rates of infection than young men. Another study of African-American and Latina adolescent females found that young women with older boyfriends (3 years older or more) are at higher risk for HIV.

What puts adolescents at risk?

Adolescence is a developmental period marked by discovery and experimentation that comes with a myriad of physical and emotional changes. Sexual behavior and/or drug use are often a part of this exploration. During this time of growth and change, young people get mixed messages. Teens are urged to remain abstinent while surrounded by images on television, movies and magazines of glamorous people having sex, smoking and drinking. Double standards exist for girls-who are expected to remain virgins-and boys-who are pressured to prove their manhood through sexual activity and aggressiveness. And in the name of culture, religion or morality, young people are often denied access to information about their bodies and health risks that can help keep them safe.

A recent national survey of teens in school showed that from 1991 to 1997, the prevalence of sexually activity decreased 15% for male students, 13% for White students and 11% for African-American students. However, sexual experience among female students and Latino students did not decrease. Condom use increased 23% among sexually active students. However, only about half of sexually active students (57%) used condoms during their last sexual intercourse.

Not all adolescents are equally at risk for HIV infection. Teens are not a homogenous group, and various subgroups of teens participate in higher rates of unprotected sexual activity and substance use, making them especially vulnerable to HIV and other STDs. These include teens who are gay/exploring same-sex relationships, drug users, juvenile offenders, school dropouts, runaways, homeless or migrant youth. These youth are often hard to reach for prevention and education efforts since they may not attend school on a regular basis, and have limited access to health care and service-delivery systems.

Tuberculosis (TB)
Fact Sheet

What is TB
TB, or tuberculosis, is a disease caused by bacteria called Mycobacterium tuberculosis. The bacteria can attack any part of your body, but they usually attack the lungs. TB disease was once the leading cause of death in the United States.

In the 1940s, scientist discovered the first of several drugs now used to treat TB. As a result, TB slowly began to disappear in the United States. But TB has come back. Between 1985 and 1992, the number of TB cases increased. The country became complacent about TB and funding of TB programs was decreased. However, with increased funding and attention to the TB problem, we have had a steady decline in the number of persons with TB, But TB is still a problem; more than 16,000 cases were reported in 2000 in the United States.

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

People who are infected with latent TB do not feel sick, do not have any symptoms, and cannot spread TB. But they may develop TB disease at some time in the future. People with TB disease can be treated and cured if they seek medical help. Even better, people who have latent TB infection but are not yet sick can take medicine so that they will never develop TB disease.

How is TB Spread?
TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, they can move through the blood to other parts of the body, such as the kidney, spine, and brain.

TB in the lungs or throat can be infectious. This means that the bacteria can be spread to other people. TB in other parts of the body, such as the kidney or spine, is usually not infectious.

People with TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends and coworkers.

What is latent TB infection?
In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called latent TB infection. People with latent TB infection

- Have no symptoms
- Do not feel sick
- Can not spread TB to others
- Usually have positive skin test reaction
- Can develop TB disease later in life if they do not receive treatment for latent TB infection

Many people who have latent TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.

Tuberculosis (TB)
Fact Sheet Cont.

What is TB disease?

TB bacteria become active if the immune system can not stop them from growing. The active bacteria begin to multiply in the body and cause TB disease. Some people develop TB disease soon after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick later, when their immune system becomes weak for some reason.

Babies and young children often have weak immune systems. People infected with HIV, the virus that causes AIDS, have very weak immune systems. Other people can have weak immune systems, too, especially people with any of these conditions

- Substance abuse
- Diabetes mellitus
- Silicosis
- Cancer of the head or neck
- Leukemia or Hodgkin's disease
- Severe kidney disease
- Low body weight
- Certain medical treatments (such as corticosteroid treatment or organ transplants)

Symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs. TB in the lungs may cause

- A bad cough that lasts longer than 2 weeks
- Pain in the chest
- Coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are

- Weakness or fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Sweating at night

Differences between Latent TB infection and TB disease

Latent TB Infection	TB Disease
Have no symptoms	Symptoms include
Do not feel sick	• A bad cough that last longer than 2 weeks
Cannot spread TB to others	• Pain in the chest
Usually have a positive skin test	• Coughing up blood or sputum
Chest X-ray and sputum test normal	• Weakness or fatigue
	• Weight loss
	• No appetite
	• Chills
	• Fever
	• Sweating at night
	May spread TB to others
	Usually have a positive skin test
	May have abnormal chest x-ray and/or positive sputum smear or culture

Tuberculosis (TB)
Fact Sheet Cont.

How can I keep from spreading TB?

The most important way to keep from spreading TB is to take all your medicine, exactly as directed by your doctor or nurse. You should also keep all of your clinic appointments! Your doctor or nurse needs to see how you are doing. You may need another chest x-ray or a test of the phlegm you may cough up. These tests will show whether the medicine is working. They will also show whether you can still give TB bacteria to others. Be sure to tell the doctor about anything you think is wrong.

If you are sick enough with TB to go to a hospital, you may be put in a special room. These rooms use air vents that keep TB bacteria from spreading. People who work in these rooms must wear a special facemask to protect themselves from TB bacteria. You must stay in the room so that you will not spread TB bacteria to other people. Ask a nurse if you need anything that is not in your room.

If you are infectious while you are at home, there are certain things you can do to protect yourself and others near you. Your doctor may tell you to follow these guidelines to protect yourself and others:

- The most important thing is to take your medicine.
- Always cover your mouth with a tissue when you cough, sneeze, or laugh. Put the tissue in a closed paper sack and throw it away.
- Do not go to work or school. Separate yourself from others and avoid close contact with anyone. Sleep in a bedroom away from other family members.
- Air out your room often to the outside of the building (if it is not too cold outside). TB spreads in small closed spaces where air does not move. Put a fan in your window to blow out (exhaust) air that may be filled with TB bacteria. If you open other windows in the room, the fan also will pull in fresh air. This will reduce the chances that TB bacteria stay in the room and infect someone who breathes the air.

Remember, TB is spread through the air. People cannot get infected with TB bacteria through handshakes, sitting on toilet seats, or sharing dishes and utensils with someone who has TB.

After you take medicine for about 2 or 3 weeks, you may no longer be able to spread TB bacteria to others. If your doctor or nurse agrees, you will be able to go back to your daily routine. Remember, you will get well only if you take your medicine exactly as your doctor or nurse tells you.

Think about people who may have spent time with you, such as family members, close friends, and coworkers. The local health department may need to test them for latent TB infection. TB is especially dangerous for children and people with HIV infection. If infected with TB bacteria, these people need preventive therapy right away to keep from developing TB disease.

What is multidrug-resistant TB (MDR TB)?

When TB patients do not take their medicine as prescribed, the TB bacteria may become resistant to a certain drug. This means that the drug can no longer kill the bacteria.
Drug resistance is more common in people who:

- Have spent time with someone with drug-resistant TB disease
- Do not take their medicine regularly
- Do not take all of their prescribed medicine
- Develop TB disease again, after having taken TB medicine in the past
- Come from areas where drug-resistant TB is common

Sometimes the bacteria become resistant to more than one drug. This is called multidrug-resistant TB, or MDR TB. This is a very serious problem. People with MDR TB disease must be treated with special

Tuberculosis (TB)
Fact Sheet Cont.

drugs. These drugs are not as good as the usual drugs for TB and they may cause more side effects. Also, some people with MDR TB disease must see a TB expert who can closely observe their treatment to make sure it is working.

People who have spent time with someone sick with MDR TB disease can become infected with TB bacteria that are resistant to several drugs. If they have a positive skin test reaction, they may be given preventive therapy. This is very important for people at high risk of developing MDR TB disease, such as children and HIV-infected people.

Risk Factors for TB:

Living or working in close contact with a large group of people (a hospital ward, homeless shelter or jail) increases TB risk.
History of injecting drugs increases TB risk.
Living or working with someone who has **active** TB increases risk.
HIV infection increases risk for TB.

Testing Positive for TB:

Testing positive for TB does not necessarily mean a person has active TB. A positive TB test does not necessarily mean the person should be treated for TB or that the person can give TB to someone else.

Testing positive for TB means a person has been exposed to the disease and should be watched for symptoms of active TB by medical personnel.

Only active TB is contagious. Active TB requires medical treatment from a doctor/clinic.

Getting a TB Test if You're At Risk:

TB testing tells you if you need to watch for symptoms of active TB. Your doctor can give you a TB test in two visits, two or three days apart. A small amount of fluid is placed under the skin on the left arm and your skin's reaction to that fluid is checked by a nurse or doctor 48 to 72 hours later. If your skin shows a "positive" reaction, your doctor may recommend a chest X-ray to see if you have active TB.
If you are **pregnant** (or think you may be), please talk to your doctor or clinic **before your TB test.**

Viral Hepatitis B (HBV)
Fact Sheet

SIGNS & SYMPTOMS

About 30% of persons have no signs or symptoms.
Signs and symptoms are less common in children than adults

*Jaundice	*loss of appetite	*fatigue
*nausea, vomiting	*abdominal pain	*joint pain

LONG-TERM EFFECTS WITHOUT VACCINATION

Chronic infection occurs in:

- 90% of infants infected at birth
- 30% of children infected at age 1-5 years
- 6% of persons infected after age 5 years

Death from chronic liver disease occurs in: 15-25% of chronically infected persons

TRANSMISSION

Occurs when blood or body fluids from an infected person enters the body of a person who is not immune. HBV is spread through having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmissions), sharing needles or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or from infected mother to her baby during birth.
Persons at risk for HBV infection might also be at risk for infection with hepatitis C virus (HCV) or HIV.

RISK GROUPS

- Persons with multiple sex partners or diagnosis of a sexually transmitted disease
- Men who have sex with men
- Sex contacts of infected persons
- Injection drug users
- Household contacts of chronically infected persons
- Infants born to infected mothers
- Infants/children of immigrants from areas with high rates of HBV infection
- Health care and public safety workers
- Hemodialysis patients

PREVENTION

Hepatitis B vaccine is the best protection.
If you are having sex, but not with one steady partner, use latex condoms correctly and every time you have sex. The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission.
If you are pregnant, you should get a blood test for hepatitis B; infants born to HBV-infected mothers should be given HBIG(hepatitis B immune globulin) and vaccine within 12 hours after birth.
Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can not stop, never share needles, syringes, water, or "works", and get vaccinated against hepatitis A and B.
Do not share personal care items that might have blood on them (razors, toothbrushes).
Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artists or peircer does not follow good health practices.
If you have or had hepatitis B, do not donate blood, organs or tissue.
If you are a health care or public safety worker, get vaccinated against hepatitis B, and always follow routine barrier precautions and safely handle needles and other sharps.

Viral Hepatitis B (HBV)
Fact Sheet Cont.

VACCINE RECOMMENDATIONS

- Hepatitis B vaccine available since 1982
- Routine vaccination of 0-18 year olds
- Vaccination of risk groups of all ages (see section on risk groups)

TREATMENT & MEDICAL MANAGEMENT

HBV infected persons should be evaluated by their doctor for liver disease.
Alpha interferon and Lamivudine are two drugs licensed for the treatment of persons with chronic hepatitis B. These drugs are effective in up to 40% of patients.
These drugs should not be used by pregnant women.
Drinking alcohol can make your liver disease worse.

TRENDS & STATISTICS

Number of new infections per year has declined from an average of 450,000 in the 1980s to about 80,000 in 1999.
Highest rate of disease occurs in 20-49 year olds.
Greatest decline has happened among children and adolescents due to routine hepatitis B vaccination.
Estimated 1.25 million chronically infected Americans, of whom 20-30% acquired their infection childhood.

Viral Hepatitis C (HVC)
Fact Sheet

SIGNS & SYMPTOMS

80% of persons have no signs or symptoms

jaundice	fatigue
dark urine	abdominal pain
loss of appetite	nausea

LONG-TERM EFFECTS

Chronic infection: 75-85% of infected persons
Chronic liver disease: 70% of chronically infected persons
Deaths from chronic liver disease: <3%
Leading indication for liver transplant

TRANSMISSION

Occurs when blood or body fluids from an infected person enters the body of a person who is not infected. HCV is spread through sharing needles or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth.
Persons at risk for HCV infection might also be at risk for infection with hepatitis B virus (HBV) or HIV.

PREVENTION

There is no vaccine to prevent hepatitis C.
Do no shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share needles, syringes, water, or "works", and get vaccinated against hepatitis A & B.
Do not share personal care items that might have blood on them (razors, toothbrushes).
If you are a health care or public safety worker, always follow routine barrier precautions and safely handle needles and other sharps; get vaccinated against hepatitis B.
Consider the risk if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices.
HCV can be spread by sex, but this is rare. If you are having sex with more than one steady sex partner, use latex condoms correctly and every time to prevent the spread of sexually transmitted diseases. You should also get vaccinated against hepatitis B.
If you are HCV positive, do not donate blood, organs, or tissue.

TREATMENT & MEDICAL MANAGEMENT

HCV positive persons should be evaluated by their doctor for liver disease.
Interferon and Ribavirin are two drugs licensed for the treatment of persons with chronic hepatitis C. Interferon can be taken alone or in combination with Ribavirin. Combination therapy is currently the treatment of choice.
Combination therapy can get rid of the virus in up to 4 out of 10 persons.
Drinking alcohol can make your liver disease worse.

STATISTICS & TRENDS

Number of new infections per year has declined from an average of 240,000 in the 1980s to about 40,000 in 1998.
Most infections are due to illegal injection drug use.
Transfusion-associated cases occurred prior to blood donor screening; now occurs in less than one per million transfused unit of blood.
Estimated 3.9million (1.8%) Americans have been infected with HCV, of whom 2.7 million are chronically infected.

Kids Helping Kids
Policies and Procedures

ORIENTATION

Purpose:

Introduce clients and their parents to the program process.

Policy:

All clients and their parents receive an orientation to the program on the first day of admission.

On the first Friday Night following admission, new parents meet with buddy parents assigned by the Parent Committee to make new parents feel at home and answer any questions they may have.

Procedure:
Peer staff meet with client immediately upon client entering the building on the day of admission. In words that are understandable to the client the staff tell the client:

1. An explanation of the program's services, activities, and performance expectations.
2. The staff responsible for coordinating services and explaining rules and regulations when possible.
3. About the rules of the program, and his/her rights and responsibilities and how the individual treatment plan is developed. Initial treatment goals will be discussed.
4. **Client is given a copy of his rights and the grievance procedure in a Client Handbook. The handbook also includes a copy of the rules, a summary of the federal and state laws on confidentiality and the mission of the organization.**
5. **Client is asked to sign informed consent and a statement that s/he has received the handbook including the summary of the rules on confidentiality.**
6. **Staff will enter a progress note in the client record that the client has received orientation including the handbook.**

While paraprofessional staff are meeting with client, parents meet with clinical staff and receive orientation. Their orientation includes:

1. An explanation of the program's services, activities, and performance expectations.
2. The assignment of their primary/family therapist.
3. Orientation to rules and structure of the program, and their responsibilities.
4. Discussion of financial arrangements. Parents sign a financial agreement.
5. Discharge criteria and procedures.

Parents will have had this information previously, since pre-admission procedure includes addressing these issues with parents.

6. Parents sign the treatment agreement, other admission documents and make the necessary final commitment. Parents receive a Parent Handbook outlining services, mission, rules, and grievance procedures.

7. Within three days the parents receive a phone call from a clinician to touch base.

8. First Friday Evening the parents are assigned a buddy parents to sit with them during Open Meeting.

Kids Helping Kids Assessment Interview

Date_____

Name_____ Age _____ Date of Birth _____

Identifying Marks (scars, tattoos, birthmarks)_____

Parent or Guardian Names_____

Home Phone_____ Work Phone_____ Cell Phone_____

Home Address_____

Referral Source_____

Presenting problem and/or precipitating factors leading to the need for an assessment_____

Client's history of alcoholism or dependency including ages, frequency, and suspected use.

Parent reports _____

Client Reports _____

Current Medication (prescription and over the counter)_____

Previous Substance Abuse Treatment including dates and locations _____

_____

_____

_____

_____

Major illness, hospitalization, accidents (including age at occurrence) _____

_____

_____

_____

Known allergies _____

Employment History including dates and responsibilities _____

_____

_____

Educational History: school names, suspensions, expulsions, GPA, last grade completed, current grade level, grades failed, learning disabilities, special learning services received _____

_____

_____

_____

_____

Legal History: Violations, charges, pending charges, court rulings, probation or parole status. Other pertinent legal or court information _____

_____

_____

_____

_____

Psychiatric History: Counseling, hospitalizations, residential placement, psychiatric testing, including dates, names, reason for services _____

_____

_____

_____

_____

Family History of alcoholism or substance abuse, other family illnesses (mental and physical), significant childhood and adolescent experiences (i.e. divorce, sibling births, deaths, trauma, etc)

_____

_____

_____

_____

_____

Sexual History: (sexual activity, abuse, STDs, etc) _____

_____

_____

Religious Affiliation of parents and child and level of participation _____

_____

_____

Client Strenghts_____

Client Weaknesses _____

Mental Status Screen:

Appearance: ___neat and clean ___ soiled and torn ___ bizarre and unusual

Attitude: ___positive ___negative ___ indifferent

Body Language: Posture_____

Facial expressions_____

Eye contact _____

Affect : ___ flat ___ blunted ___ expressive

Mood: ___anger ___sadness ___joy ___ embarrassed ___ scared ___ confused ___ worried

Any signs of bizarre or weird speech? _____yes _____ no

Thought Content: _____rational and appropriate ___ irrational and dysfunctional

Multiaxial Evaluation Report Form

The following form is offered as one possibility for reporting multiaxial evaluations. In some settings, this form may be used exactly as is; in other settings, the form may be adapted to satisfy special needs.

AXIS I: Clinical Disorders

Other Conditions That May Be a Focus of Clinical Attention

Diagnostic code	DSM-IV name
___ ___ ___.___ ___	_____
___ ___ ___.___ ___	_____
___ ___ ___.___ ___	_____

AXIS II: Personality Disorders

Mental Retardation

Diagnostic code	DSM-IV name
___ ___ ___.___ ___	_____
___ ___ ___.___ ___	_____

AXIS III: General Medical Conditions

ICD-9-CM code	ICD-9-CM name
___ ___ ___.___ ___	_____
___ ___ ___.___ ___	_____
___ ___ ___.___ ___	_____

AXIS IV: Psychosocial and Environmental Problems

Check:

☐ **Problems with primary support group** *Specify:* _____

☐ **Problems related to the social environment** *Specify:* _____

☐ **Educational problems** *Specify:* _____

☐ **Occupational problems** *Specify:* _____

☐ **Housing problems** *Specify:* _____

☐ **Economic problems** *Specify:* _____

☐ **Problems with access to health care services** *Specify:* _____

☐ **Problems related to interaction with the legal system/crime** *Specify:* _____

☐ **Other psychosocial and environmental problems** *Specify:* _____

AXIS V: Global Assessment of Functioning Scale **Score:** ___ ___ ___

Clinical Impression of:

Intoxication and withdrawal potential _____

_____

Biomedical conditions and complications _____

_____

Emotional, Behavioral, Cognitive conditions and complications _____

_____

Treatment Acceptance/ Resistance _____

_____

Relapse Potential _____

_____

Recovery Environment _____

_____

Clinical Recommendations_____

_____

_____

_____

Urine Toxicology Results _____

_____ _____

Evaluator's Signature Supervisor's Signature (when applicable)

Client Name: _____ **KIDS HELPING KIDS** Med #: _____ Dates: _____

Time: 9:30-10:30 Group Topic: **Basics: The 12 Steps** ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Time: 10:30-12:00 Group Topic: _____ ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Time: 1:00-2:15 Group Topic: _____ ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Time: 3:30-4:30 Group Topic: _____ ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Time: 5:30-6:30 Group Topic: **Group Rules Review** ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Time: 6:00-7:30 Group Topic: **Therapeutic Accountability Group** ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

MONDAY ↑ Date _____ Date _____ ↓ **TUESDAY**

Time: 9:30-10:30 Group Topic: **Basics: The 12 Steps** ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Time: 10:30-12:00 Group Topic: _____ ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Time: 1:00-2:15 Group Topic: _____ ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Time: 3:30-5:00 Group Topic: _____ ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Time: 6:00-7:30 Group Topic: _____ ☐At School ☐At Correspondence
Observed Behavior: ☐Content ☐Withdrawn ☐Motivated ☐On Responsibility ☐At Work
☐Appropriate ☐Disruptive ☐Participated ☐Uninvolved ☐Other_____
See Documentation Note for: ☐Client talked/addressed issue in group Staff Signature:_____

Progress notes were reviewed/approved by Clinical Supervisor: _____

KidsHelpingKids

Treatment Team/Progress Notes

CLIENT NAME: ______________________________ MED. NO.: ______________

DATE	TIME	PROGRESS NOTES

KIDS HELPING KIDS
Authorization for Release of Information

Name _____ **Social Security Number (if needed)** _____

Birth Date _____ **Dates of Treatment/Services Covered by Release** _____

The undersigned hereby authorizes the release of information from the Medical Record of the above named individual:

FROM:
Kids Helping Kids
P.O. Box 42398, Cincinnati, OH 45242
Phone: (513)575-7300 / Fax: (513)575-7306

TO: _____

TO:
Kids Helping Kids

FROM: _____

TYPE OF INFORMATION TO BE RELEASED:

☐ Admission Summary ☐ Progress Notes ☐ Treatment Plan ☐ Laboratory Tests
☐ Psychological Eval. ☐ Psychiatric Eval. ☐ Current Medical Status ☐ Discharge Summary
☐ Psychosocial Eval. ☐ Drug Abuse, Alcohol Abuse Treatment Notes ☐ Educational Records
☐ Academic Transcripts ☐ Proficiency Tests ☐ Standardized Tests ☐ Psycho-educational Eval.
☐ Treatment Information which may include Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or Tests for HIV
☐ Other (Specify): _____

AMOUNT OF INFORMATION TO BE RELEASED: ☐ Info. covering entirety of this most recent admission
☐ Info. covering the previous 3 months ☐ Other amount of Info. (specify) _____

PURPOSE FOR RELEASE: _____

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by Federal Law (42 U.S.C. 290dd-22). Federal Regulations (42 C.F.R. Part 2) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

TIME LIMITATION OF RELEASE: This authorization expires in 60 days or _____. This release is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it.

_____ _____
Signature of Client Date Witness Date

_____
Signature of Client's Parent/Legal Guardian Date

Kids Helping Kids
Policies and Procedures

TRANSITION/DISCHARGE PLANNING

Purpose:

Assist the client and his or her parents to plan for transition from the highly structured treatment environment of Kids Helping Kids to more normal living in their home community as well as assist clients to obtain services that are needed but not available within Kids Helping Kids.

Policy:

It is the policy of Kids Helping Kids to begin transition planning early in the client's program. Based on the needs of the persons served this planning may include referrals to other services and will also include introduction to the Self Help Communities of AA and NA. One of the primary objectives of Fifth Phase for both clients and their parents is to develop a "contract" for life after treatment. This contract becomes part of the transition plan.

Procedure:

1. On Fifth Phase, clients and their parents attend groups every Friday Evening facilitated by a clinician and/or trained volunteer to discuss issues about contracting.

2. Family members and client develop and sign their contract before the last Family counseling meeting before graduation. This contract is an integral part of the transition plan.

3. The contract addresses attendance at AA and/or NA, the acquiring of a sponsor and transportation to and from meetings.

4. **The transition plan identifies the clients':**
   a. **diagnosis and degree of severity at admission.**
   b. **progress in his/her own recovery or move toward well being.**
   c. **gains achieved during program participation**
   d. **Strengths, needs, abilities, and preferences.**
   e. **Identifies the client's need for support systems or other types of Services.**
   f. **includes information on the person's medication when applicable.**
   g. **Includes referral source information when applicable.**
   h. **Includes communication of information on options available if Symptoms recur or additional services are needed.**

5. Individuals who participate in the development of the transition plan receive copies when permitted.

6. The client's family counselor is responsible for follow-up after transitions to:
   a. Maintain the continuity and coordination of needed services.
   b. Consult with the client about whether further services are needed.
   c. Offer or refer to needed services, when possible.

7. Transition services are provided whether or not a client graduates. KHK personnel strive to prepare parents for the possibility of a termination of treatment in time to prepare the clients, and the family members. Every effort is made to ascertain other treatment services that are appropriate for client. The family counselor will determine with the client and parents whether further services are needed.

8. If a client makes known his wishes to withdraw and is of legal age to do so, a family counseling sessions is scheduled. If client refuses to wait, the family counselors determines with the client if additional services are needed. The Family counselor will offer to make referrals.

9. When a client is discharged or removed from a program for aggressive/assaultive behavior the family counselors follows up to make a referral within 72 hours.

Reviewed by: Penny Walker **May, '04**