



Client Orientation Manual

Corporate Office
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Charlotte, NC 28209

Mailing Address:
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Asheville, NC 28814
866.700.1606
www.sparcprograms.net

Dan Zorn, Owner
Teri Herrmann, CEO

Case Responsible Staff: _____

Your Rights As A Client
Of
The SPARC Network.

Enclosed you will find your rights as a The SPARC Network Client and Privacy Practices (HIPAA) of The SPARC Network.

North Carolina General Statutes 122C, Article 3, guarantees you certain rights as a client of The SPARC Network. These rights include the right to dignity, privacy, humane care and freedom from physical punishment, abuse, neglect, and exploitation. It is the responsibility of The SPARC Network. to provide you and your legally responsible person a written summary of your rights within your first three visits to the agency.

This document will also be made available on our website at www.sparcprograms.net



You have been referred to SPARC for the following services:

- MORES Community Support Team Family Centered Treatment
- Individual Support Services Outpatient Therapy
- Transition Management Services Peer Support Services Assertive Engagement Services
- Tailored Care Management

Your Treatment Team Members Are:

Name	Phone Number

The Supervisor can be contacted at:

Name	Phone Number

For 24/7 Crisis Response, you can call:

Name	Phone Number

SPARC Values:

1. Work to keep people out of institutional care
2. Be positive and solution-based
3. Give and accept feedback appropriately, and grow
4. Support the principles of System of Care
5. Maintain great customer service
6. Record what we do accurately and timely

Client Rights

1. The right to participate in the development of the service plan to be offered by SPARC and to be informed of the expectations of all parties involved in the implementation of the plan.
2. The right to express opinions on issues regarding the client's care and treatment.
3. The right to the least restrictive or least intrusive treatment alternative available and appropriate to the client's need.
4. The right not to be subjected to any research activities considered to be outside of the



- routine plan or services, without the informed consent of the client and custodian.
5. The right not to participate in public performances/appearances against the wishes of the client or, if applicable, their custodian.
 6. The right not to be required to make public statements of gratitude for the agency.
 7. The right to have their identity protected in the context of agency reports, statistical analyses or case summaries published as a result of participation in the routine plan of service.
 8. The right not to be filmed without the informed consent of the client and custodian.
 9. The right not to be subjected to sexual advances, sexual harassment, or sexual offenses of any nature. The right not to be subjected to physical harm or abuse.
 10. The right to be informed about the alleged benefits, potential risks, and possible alternative methods of treatment.
 11. The right to refuse any service, treatment, or medication unless such rights have been limited by law, court order, or custodian authorization, and to be informed of the potential consequences of such refusal, (e.g., continuation of symptoms; deterioration; or a change in the agency's ability to provide services).
 12. The right to a grievance procedure to ensure all rights or express dissatisfaction with the services provided. The right to be free from humiliation or retaliation.
 13. The right to be free from exploitation or gainful employment.
 14. The right to religious preference.
 15. The right to ethnic and cultural preservation.
 16. The right to not be discriminated against on the basis of race, color, sex, creed, handicapping condition, or national origin.
 17. The right to be free from unwarranted invasion of privacy.
 18. The right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designated under Federal and State law to protect and advocate the rights of persons with disabilities.

Client Grievance

It is the policy of SPARC, that staff at all times respect the rights of clients as individuals. If at any time a client wishes to express dissatisfaction with services received or feels that his/her rights have been violated, he/she may make a formal grievance without retaliation. All clients/custodians will be made aware of the Client Grievance policy upon admission to a SPARC program with documentation of such maintained in the client record. To make a formal complaint, grievance or to seek assistance in the above policy please contact The SPARC at 866.700.1606

We want to hear from you! If you have any concerns, you may contact SPARC at any time. You can contact your assigned staff, their supervisor directly or you may call our main number and speak with any member of our Leadership Team.

HIPAA

1. You have the right to confidentiality of all client records. Custodian consent is required prior to the release or obtainment of any confidential information except as permitted by law.
2. The right to access client records, medical record and billing records for the purpose of review, amendment, correction, or addition. You must make your request for an amendment in writing and submit it to your State Director. In addition, you must provide a reason that supports your request. If you need assistance to put your request in writing, it will be provided to you. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that;
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the information kept in your file;



- Is not part of the information, which you would be permitted to inspect and copy; or
- We believe is accurate and complete.

If you disagree with the denial, you may submit a statement of disagreement. If you request an amendment to your record, we will include your request in the record whether the amendment is accepted or not.

3. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, we encourage you to make your request in writing to your assigned Case Manager. If you need assistance, it will be provided to you. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.
4. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your services in a certain way or at a certain location. For example, you can ask us to contact you only at work or only by mail. You must make your request to obtain confidential communications to your assigned Case Manager. You must specify how or where you wish to be contacted. If you need assistance, it will be provided to you. We will not ask you the reason for your request. We will accommodate all reasonable requests.

If you have a complaint, question or concern, contact:

Entity	Address	Contact Info
SPARC Services & Programs Business Office	5200 Park Road, Suite 218B Charlotte, NC 28209	866.700.1606
Medicaid Fraud, Waste, and Program Abuse Tip Line		1.877.362.8471
DHHS Customer Service		1.800.662.7030
NC Ombudsman		877-201-3750
Disability Rights of NC	3724 National Drive, Suite 100, Raleigh, NC 27612	Toll-Free: 877-235-4210 Phone: 919-856-2195 Fax: 919-856-2244 Email: info@disabilityrightsncc.org
NC LCMHC Board	PO Box 77819 Greensboro, North Carolina 27417	For questions about the complaint process or to submit a complaint electronically, please email us at complaints@ncblpc.org
NC LCSW Board	Mail your complaint and supporting documentation to the following address: P.O. Box 1043 Asheboro, NC 27204.	
NC LMFT Board	Mail: NC MFT Licensure Board 201 Shannon Oaks Circle, Suite 200 Cary, NC 27511	Email: nemftlb@nc.rr.com Phone: 919-654-6914 Fax: 919-336-5156



This reviews several important practices, policies, and rights. These practices are the same as outlined in the Services Agreement you have signed. Please read and review each section below with your assigned staff.

1. Your role in receiving SPARC services:

SPARC services are voluntary services. You will be expected to actively participate in identifying and achieving your goals. SPARC staff will assist you with ways to meet your goals, both during and between sessions. SPARC will facilitate the development of your Person-Centered Plan. SPARC will also collaborate with you and your team to review your desired outcomes. You are required to participate and will receive a copy of the Person-Centered Plan upon completion. You may request from your a copy of your Person-Centered Plan (PCP) at any time.

2. Consumer Choice:

As a consumer, you have the right to receive services from a provider of your choosing. We are glad that you have selected SPARC to provide services to you and your family.

3. Sessions, Appointments, and Cancellations with SPARC:

- Length of Services from SPARC will be based on goal achievement and medical necessity, and program/service definition requirements.
- There is no limit on the number of weekly visits with SPARC.
- Cancellations of appointments: Please contact your Assigned Staff by phone (texting is not an accepted form of communicating cancelations) 24 hours in advance of scheduled appointments to re-schedule within the same week. Exceptions to 24 hour cancelation practice will be discussed on an individual basis to allow for discussion of emergency cancelations.
- Four missed appointments without notice (a phone call to your assigned staff) may result in your dismissal from the program. After four missed appointments without notice you will receive a written letter from your assigned staff.
- Your assigned staff is also responsible for contacting you via a phone call as soon as possible to re-schedule appointments if he/she is unable to meet with you. A text message is not an acceptable form of communicating a need to reschedule from your assigned staff.
- The staff will call/text you if they are running late (10 or more minutes) to meet with you.
- Delivery of Services from SPARC may be provided via secure virtual technology as applicable in the event of a natural disaster or national crisis in order to provide continuity of care during those scenarios. You will be provided with information and orientation to virtually delivered services when they are necessary and given opportunity to participate or decline this service modality.

4. THE SPARC Code of Ethics:

We promise to respect the integrity and welfare of our consumers at all times. We do this by honoring the following promises: 1) To treat you with respect, acceptance, and dignity; 2) To care and respect you enough to give direct and honest feedback. Likewise, to ask you for direct and honest feedback; 3) To protect your right to privacy and confidentiality unless it would bring harm to you or others; 4) To honor your right to self-determination—that includes your right to receive or refuse services; 5) To build on your strengths and resources; 6) To ensure your safety by honoring the therapeutic relationship—we will not have a business or romantic relationship with you; 7) To act always with integrity, honesty, genuineness and objectivity.

5. Behavior Management:

It is the policy of SPARC that staff will employ fair and consistent behavior management practices which respect and maintain the basic dignity of all people. Staff will always attempt to utilize the least restrictive technique possible in each situation. The following procedures are prohibited: seclusion, restrictive interventions, corporal punishments, mechanical restraints, and denial of regularly scheduled meals or snacks.

6. Confidentiality of services:

SPARC strives to maintain your privacy in compliance with HIPAA and Client Rights General Statues. As part of providing services to you, we will collect relevant information about your care. We need this information to provide you with quality services and to comply with certain legal requirements. Information will be shared with your Assigned staff supervisor, the referring agency, and any contacts for whom you have signed a



Consent for Release of Information and Consent to Disclose Information, and/or any new contacts that are necessary during the course of our intervention (for example: permission to talk with your doctor). The following categories describe different ways that we use and disclose information: for your care and services, for payment, for health care/service (licensing and accreditation), release of information to family/advocates (family member who is paying for your care) and research.

7. Exceptions to confidentiality:

There are situations that do not require a signed Release of Information from you in order to share information about you and your family. Some examples include, but are not limited to: 1) the threat of harm to self; 2) the threat of harm to others; 3) subpoena for records 4) legally mandated reporting of suspected child abuse, neglect, exploitation or dependency 4) Military or veterans 5) Worker's Compensation 6) Public Health activities (prevention or control of disease) 7) Health Oversight Activities-includes audits, investigations, inspections, accreditation, and licensure 8) Lawsuits and disputes (in response to a subpoena) 9) Law Enforcement-includes warrant's, subpoena's, reporting a crime 10) Coroner/Medical Examiner 11) National Security and Intelligence 12) Correctional Programs 13) NC-TOPPS

8. Suspension and Expulsion of Services:

SPARC will only suspend or expel services in outstanding circumstances or if requested by consumer or the area authority. Excessive cancellations, threat of harm to staff, harm to staff, may result in expulsion from services. SPARC will make an appropriate referral on behalf of consumer in the event of expulsion.

9. Fees for services:

There is no direct charge to you for services. Services are billed through Medicaid and other third party payers. By signing below you authorize SPARC. to bill to, and receive payment for, Medicaid, Health Choice and other approved third party payers.

10. Emergencies between visits:

If you experience a mental health crisis you may contact your assigned staff. Please use the numbers above to reach them. Also, please follow the agreed upon actions in your crisis plan and/or solution cards. If your assigned staff is unavailable for a period of time, he/she will give you additional numbers to call should you need assistance in their absence.

Please notify your assigned staff of any and all emergencies/crises you and your family may experience as soon as possible. Examples may include, but are not limited to: law enforcement being called, property destruction, Emergency Department visit or hospitalization, and a minor being gone from the home without parental permission for more than 4 hours

11. Satisfaction with services:

During and after services with SPARC, you will be asked to complete a very brief "Satisfaction Survey". Please share your open and honest feedback with us.

12. Client Rights and Grievances with services:

You will be given a copy of "Client Rights" and HIPAA Handout as a part of your initial contact with SPARC staff. You have the right to contact The Governor's Advocacy Council at anytime during this service. YOU have the right to request an advocate at any time during your service at SPARC. SPARC **will not** conduct search and seizure at any time. SPARC Supervisor is also available to discuss your concerns.

13. Medical Treatment and Transport:

By signing below you are permitting SPARC staff to transport you and/or family member regarding any routine, emergency, medical, surgical, dental, psychiatric or psychological treatment which is deemed necessary to the well being of the consumer. I understand that SPARC staff will inform me and obtain my consent for any pending surgical or medical treatment which is elective. I give SPARC permission to transport myself and/or family member for any reason related to my Person Center Plan.

14. Health and Safety:

It is the policy of SPARC to fully comply with applicable occupational safety and health regulations (OSHA) governing contagious or infectious diseases and problems associated with immunodeficiency. Current medical advice, universal precautions, work practice controls, and employment practice controls will be utilized for the prevention and control of HIV/AIDS, hepatitis, TB, and other contagious or infectious diseases. At least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary



resuscitation and trained in other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. First Aid kits and fire suppression will be placed in multiple locations at each site for easy access in case of an emergency, and clients will be oriented to where these are located. Tobacco products, substances of misuse (illegal/recreational drugs), and anything that could be considered a weapon are prohibited at all SPARC locations. Furthermore, any prescription medication brought on site, must be kept on the person it belongs to in its original packaging.

15. Informed Consent:

Each consumer and his/her legal guardian shall be given the opportunity to give informed consent or refuse consent for any proposed treatment, and to withdraw consent at any time. Such opportunity shall include efforts to ensure that the client or legally responsible person understands the implications and potential consequences of consent, initial refusal, or withdrawal of consent. Informed consent assumes that the consenting party has the capacity to understand and make decisions based on information provided. Treatment is generally a collaborative effort between clients and staff. When disagreements exist between a client and staff regarding the amount and type of recommended interventions, every attempt shall be made to reach a negotiated course of treatment

16. Follow-up after closure of services:

After you are discharged from SPARC an administrator may call you. Our goal is simply to 'check-in' with you for updates, and/or to address any new concerns you may be experiencing.

17. SPARC Sites:

When visiting any SPARC site we want you to know we do not allow the use of tobacco products at any site. SPARC does not allow consumers, staff or stakeholders to bring weapons, alcohol or illegal drugs onto any SPARC site. If a consumer, staff or stakeholder brings a prescription or over-the-counter drug onto a SPARC site the drug must be stored on the person and in the original sealed container.

18. Ground Rules:

The following are a list of **ground rules** that you and SPARC staff agree to follow in working together:

- SPARC staff agrees to be respectful of you and provide best-practice at all times.
- Consumer will always inform SPARC staff during home visits if there are firearms in the home.
- When firearms are present in the home consumer will agree to and arrange for the firearms to be in a locked closet or locked cabinet during staff's home visit.
- Other ground rules are:

NC HIE

Health Information Exchange (HIE) systems have been in development nationwide since a federal law passed in 2009 to promote the use of electronic movement and use of health information among health care providers. North Carolina's new, modernized Health Information Exchange, now called NC HealthConnex, will bring added value to the health care conversations that are happening at all levels in the health care industry to break down information silos between health care providers, achieve greater health care outcomes for patients, and create efficiencies in state-funded health care programs such as Medicaid. Many other states have been operating health information exchanges for years and are seeing success in improving patient care.

What is NC HealthConnex?

NC HealthConnex is a secure computer system for doctors, hospitals and other health care providers to share information that can improve your care. The system links your key medical information from all of your health care providers to create a single, electronic patient health record.

How does it work?

NC HealthConnex helps health care providers quickly access the information they need to make more informed decisions about your care, especially in an emergency. When needed, health care providers already share patient health records for your care through fax, email and mail. NC HealthConnex makes receiving information easier, faster and more secure. Without using NC HealthConnex, health care providers see only the



information they have entered into your medical record. However, with NC HealthConnex, they see a more complete record, enabling them to provide you with the best care possible.

What does it mean to be a part of NC HealthConnex?

As a patient, it means having peace of mind in visiting a new health care provider's office if they are participating in NC HealthConnex. If your information has been uploaded before, your new provider will be able to access that data. This means they can spend less time taking down your history and spend more time treating you. NC HealthConnex helps improve health care through:

- Better coordination between health care providers
- Fewer medical errors
- Improved patient safety and health outcomes
- Fewer repeat tests and procedures
- Less paperwork
- Reduced health care costs
- Faster identification and reporting of public health threats

Opting Out of the HIE Versus Patients' Restricting Disclosures Under HIPAA

The N.C. General Assembly has provided patients a way to prevent information submitted to NC HealthConnex to be shared between participating health care providers, called "Opt Out." If a patient submits an Opt-Out form to the NC HIEA, any information relating to that patient maintained in the NC HealthConnex system will be blocked from being accessed by health care providers who attempt to look up that patient.

Please be aware:

- Opting out of NC HealthConnex will not adversely affect your treatment by your physician, and you cannot be discriminated against if you do decide to opt out.
- If you change your mind about participating in NC HealthConnex, you can opt back in at any time by completing a new form and checking "Rescind Opt-Out."
- If you choose to opt out, please complete the Opt-Out form linked below. Your provider may also be able to provide a form to you.

Please note that submitting an Opt-Out Form does not mean your data will not be submitted by your health care provider(s) to NC HealthConnex. Providers who receive Medicaid or State funds for the provision of health care services are required by law to send data pertaining to health care services that are funded by the State, including through Medicaid or State Health Plan. If your health care services are not paid for by the State and you do not want your data to be disclosed to NC HealthConnex, you may be able to request that your provider restrict the submission of your data. Please discuss this with your provider and refer to their policies on restricting disclosures of patient data for treatment, payment, and health care operations as permitted under HIPAA in 45 C.F.R. 164.522(e)(3)(i).

If you are under the age of 18, please note the NC HIEA will not process your Opt-Out unless your parent or legal guardian has signed your Opt-Out Form, or you have been emancipated. If you are a minor and you receive treatment for (i) venereal disease and other reportable diseases, (ii) pregnancy, (iii) abuse of controlled substances or alcohol, and (iv) emotional disturbance, the NC HIEA is permitting providers to not submit data pertaining to those treatments to NC HealthConnex. Please speak with your health care provider to see if you are able to request that this information not be disclosed to NC HealthConnex. See N.C.G.S. 90-21.5 (Minor's consent sufficient for certain medical health services) and 145 C.F.R. §164.502 of HIPAA. It is important to note that providers themselves are required to not disclose this information to a parent or legal guardian unless medically necessary.



If you choose to opt out, please complete the Opt-Out form linked below. Your provider may also be able to provide a form to you.

Complete the form and mail it to:

NC Health Information Exchange Authority
Mail Service Center 4101
Raleigh, NC 27699-4101

<https://hiea.nc.gov/documents/opt-out-form-english>

<https://hiea.nc.gov/documents/opt-out-form-spanish>

Assessment and Development of the Treatment Plan:

1. SPARC staff are to complete intake paperwork prior to an assessment occurring. The intake paperwork includes: Service Agreement, Informed Consent, and Consent for Disclosure of Confidential Information. Other intake documentation that may be completed based on the services provided includes: Consent to Video, Letter to Primary Care, and a Social Determinants of Health (SDOH) Assessment. Intake documentation is to be completed in the electronic health record. Paper based consents may be completed in unique circumstances (i.e. no internet access) and with supervisory approval. Consumers should be provided with copies of clients rights and confidentiality as well as the services agreement.
2. The assessment is used to determine if the agency is able to adequately meet the needs of the consumer. The assessment is to be completed inside of the electronic health record
3. If the assessment yields that the consumer is appropriate for SPARC's programs, the staff will complete a treatment plan with the client and their team members that includes all services that are recommended based on the assessment. The treatment plan will be signed by the appropriately credentialed staff based on the service definition requirements indicating that the services are medically necessary
 - a. Person-centered philosophy refers to our core belief of focusing on the needs of each person to provide a highly customized type of support. The Person-Centered Planning approach is one that emphasizes the unique needs of each person, which we use to guide our supports and services
 - b. The client, guardian, and family are vital in the development of the treatment plan. SPARC staff will ensure that they are included in all aspects of the plan development, including the Person-Centered Profile and the development of Goals.
 - c. All treatment plans and goals will focus on the needs and preferences of the client.
4. If the assessment yields that the client is not appropriate for services that SPARC delivers, the client will be referred to a program/agency that is able to meet their needs.
5. Staff will then submit for authorization to the appropriate funding agent and begin providing services to the consumer. All required documentation for the service shall be completed and uploaded to the UM/UR Team for the applicable payer.

Course of Treatment:

Throughout the course of treatment, SPARC staff will ensure strong communication and collaboration with the client and collaterals to ensure that the client is receiving the most appropriate level of care/service.

A client may receive several different services over the course of their involvement with SPARC. This may be due to the needs increasing and needing to transition to a higher level of care, or due to the client making
Revised Sept 2017; Revised May 2020; Revised June 2020; Revised Aug 2022, Revised July 2023



progress on their goals and needing to transition to a lower level of care. There may also be times, where the needs change beyond the scope of service delivery that SPARC offers. Should this occur, SPARC will ensure linkage to the program/services that will best meet the needs of the client.

Family Involvement:

SPARC Services are delivered using a team approach. Our child services require engagement of the immediate family in the course of treatment. Family participation is crucial to the success of the child served. The joining phase of treatment engages the family members to assess what family systems might be beneficial or detrimental to the success of the client. Treatment interventions are tailored in response to these family dynamics.

Our adult services recommend involvement of family and/or natural supports. Adult clients who have at least one family or natural support member involved in care display better treatment outcomes and are less prone to relapse once transitioned to a lower level of care. Family and natural support involvement in treatment is entirely up to the consent of the adult client.

Transition and Discharge Planning:

1. SPARC will assist the client, family, and custodian in developing a transition plan to include required or desired aftercare services, community resources, and the nature and frequency of follow-up with SPARC. SPARC will assist the client, as needed, in arranging aftercare services.
2. Discharge from services will include notice to and consultation with the guardian/custodian for children and any adults who may have an assigned guardian. A minor client will not be discharged from SPARC upon the minor's request alone.
3. The following are conditions under which client will be discharged:
 - a) Consumer has achieved goals, discharged and transition plan to a lower level of care is indicated
 - b) Consumer is not making progress or is regressing and all realistic treatment options with this modality has been exhausted indicating a need for more intensive services
 - c) Consumer and family determine this service is no longer needed in consultation their service provider(s)
4. Staff will assess the need for an unplanned discharge (expulsion) based on the following criteria: excessive risk of harm to self or others (i.e., aggressive, violent, self-injurious behaviors). Staff will consult with supervisor on determining if this is a warranted action.
5. Staff will utilize all SPARC resources to develop a specific and immediate plan for dealing with a client's dangerous/aggressive behaviors. If it is not possible to decrease the level of risk or harm, staff will work with the client's custodian, family, and others to develop a discharge plan and to transition the client into an alternative service appropriate for their needs.
6. If it is necessary to discontinue services due to funding issues, SPARC will review the need for services and will work with the client, family, and custodian to make other arrangements. SPARC will work with the custodian to appeal discontinuation of funding by outside services if appeals are allowable and if continued care is deemed necessary. SPARC will retain the responsibility to provide critically needed care for a short period of time or until other arrangements can be made.
7. Upon discharge from SPARC, the client and/or the custodian will sign a discharge form
8. TSN generated documents will be exchanged at discharge per the Confidentiality Policy.
9. Staff will complete the required transition and discharge documentation. Documentation can include: Update to the Treatment Plan, Discharge Form, Update to the Assessment, Discharge Authorization from the Payer, Treatment Team Meeting Minutes, and any other service/program required documentation. The documentation should include the date of discharge, reason for discharge and the discharge plan as it relates to service recommendations as appropriate.
10. All documentation should be completed inside of the electronic health record and any additional documentation not completed inside of the health record should be uploaded in the health record



11. Program Supervisors will communicate with the Business Office when a case is discharged and the reason for the discharge. The discharge date and reason will be updated in the health record
12. Consumers have access to aftercare support from SPARC post discharge. Aftercare includes planned “check-ins” from SPARC staff for up to 6 months post discharge, and consumers reaching out to their previous staff with questions or needs. With either the staff initiated or consumer-initiated aftercare contact, SPARC staff will assess if the consumer is in need of immediate/urgent face-to-face intervention or if telephonic support meets the needs. If the needs is urgent and requires a face-to-face intervention, the staff will determine if they are able to meet the need or if mobile crisis management (MCM) or similar crisis intervention service is more applicable. If that is the determination, the staff will assist the consumer with making contact with MCM or crisis intervention. Aftercare contact will be documented in the consumers record.

Risk Assessments:

Throughout treatment, the staff will assess for any risk of harm to self or others using various tools and resources that best meet the persons needs. The staff will consult with their team members and supervisor as needed for assistance and support in determining any course of action needed.

All activities will be documented in the progress note. Any safety plans or no harm contracts developed will also be placed in the client’s file.

24/7 Crisis Response:

1. We provide our clients with 24 hours a day, seven days a week, 365 days a year access to a licensed clinician or QP who has access to the Comprehensive Crisis Plan for the client
2. Consumers will have access to telephonic and when indicated face-to-face crisis response
3. SPARC has a belief that our consumers are best served in times of crisis when they can reach their primary assigned staff/team
4. This strategy:
 - a. Reduces the family/client from having to re-tell their story
 - b. Reduces likelihood of escalation due to not knowing their triggers and/or coping strategies
 - c. Allows for open, honest communication around needs, strategies, etc
 - d. Allows for prompt response to know when a face-to-face response is needed for de-escalation, and/or utilization of higher levels of crisis services (law enforcement, ED, etc)
5. Staff will work with the consumer to assess the situation/needs, verbally de-escalate the situation, and access other professional and natural supports as needed
6. Crisis Management/Response Tools:
 - a. The Comprehensive Crisis Plan (part of the Person Centered Plan)
 - b. Solution Cards (FCT and IHTS)
 - c. Safety Plans, Contracts for Safety, and No Harm Contracts
 - d. Supervision/Support from Team/Supervisor
 - e. Housing Crisis Plan (TMS)
 - f. Columbia Suicide Severity Rating Scale (C-SSRS)
7. A Comprehensive Crisis Plan (CCP) is a thorough document that is completed with the intention of:
 - a. Providing information to the client and treatment team of what to do and not do to prevent a crisis from occurring or escalating
 - b. Provide information to the client and treatment team of how to handle a crisis when it does occur
 - c. Capture strategies for successful de-escalation of a crisis
 - d. Have all needed and necessary information in one place: natural and professional supports with contact information, diagnosis, medications, allergies, de-escalation strategies, and steps to take if a crisis escalates
 - e. It contains the supports that are available to the client 24/7



8. The solution cards (and for some contracts the complimentary crisis plans) are designed to begin the process of helping the family understand the difference between crisis and emergency.
 - a. The development of alternatives or optional behavior to previously occurring crises is solution-focused and integrates demonstration that the person/family has already been able to cope with this situation successfully.
 - b. In addition, it is both a client specific and family systems process. A copy of the cards serves as an adherence measure.
9. During times of crisis, it is important to document the crisis in your note as well as to document the plan for safety that has been developed w/ the individual and family. The plan should be signed by the individual and the SPARC staff.
 - a. The signed safety plan should be left with the individual/family as well as a copy scanned and uploaded into their file in eNotes
10. The Housing Crisis Plan has the information needed for housing related emergencies all in one document. This document contains contact information on the landlord/property manager, payee, guardian/LRP, utilities providers, etc
11. Staff will engage consumers with SUD needs in relapse prevention strategies
12. The Staff/Clinician have 24/7/365 access to their:
 - a. Teammates
 - b. Team Leads and Trainers
 - c. Supervisor
 - d. Chief Compliance Officer and Clinical Director
13. Staff should notify their supervisor of crisis calls from their consumers
14. Staff should seek supervision/consult from their Team Leads and Supervisors during any crisis event in which they are uncertain of how to respond
15. If needed to ensure the safety of the consumer and the staff, the staff will call 911 to request emergency response from law enforcement and EMS if necessary
16. Staff may request for a teammate/team lead/trainer/supervisor to accompany them to respond to a crisis situation
17. Staff Voicemails: It is important that your voicemail indicates where you work, what to do in a crisis, and who else people can contact. We can't have the auto VM that comes with phones, "you have reached the voicemail for xxxxxxxx"
 - a. Sample VM text: You've reached the confidential voicemail of _____, Family Centered Treatment Clinician for SPARC Services & Programs. If this is a life threatening emergency, please hang up, and dial 911. If this is a crisis need, please leave me a detailed message and I will call you back within 30 minutes. If you do not hear from me within that time, please call my supervisor, Sally at [336-XXX-XXXX](tel:336-XXX-XXXX). If this is a non-emergency, I will call you back by the next business day."

Telehealth Needs & Considerations

For the Person/Family Served



Informed Consent

Telehealth uses secure video conferencing technology to provide services by connecting the individual client and family/natural supports, as applicable, to their service's mental health professionals. The goal is that you receive the same or similar medically necessary and approved interventions in order to meet your treatment goals and/or to coordinate care as needed.

IT Platforms Used SPARC uses Microsoft Teams to provide telehealth. When Microsoft Teams is not possible, the SPARC mental health professional will coordinate with the you to use other, non-public facing video and telephonic modalities (i.e.; Skype, FaceTime, etc.) to ensure continuity of services.

Telehealth Informed Consent form or "Consent for Services" with telehealth consent imbedded will be signed by the person served/person's guardian prior to service delivery. Clients/client guardians have the right to deny telehealth services and explore alternate treatment options if they prefer. If at any time after consent, telehealth is not working for you please inform your mental health professional.

Connectivity, Security, & Session Access

Secure Connections will be used by your mental health professional for providing your treatment.

- If you are unable to access telehealth, please let your mental health professional know in order to make accommodations.
- You can help protect yourself by finding a secure physical place to engage in telehealth and use password protected internet connection to reduce chances of breach of confidential information.

Session Access & Interruptions – Your mental health professional will email you a link prior to your session to enable you to access them via telehealth.

- If you cannot access the email or link please call your mental health professional.
- In the event that your connection is disrupted during the session, re-try the connection. Your mental health professional will wait to reconnect with you for five minutes. If you do not reconnect in that time, they will call to help troubleshoot or reschedule the session if needed.

Anxiety & Safety Planning

Anxiety about using IT is something many people experience. Here are some ways to help.

- Practice using IT so that you are more comfortable and knowledgeable before the session.
- If you are insecure on video, practice with family or friends first.
- Ask your mental health professional for help or for creative accommodations that will make you feel more comfortable.

Safety Planning looks different for telehealth because you and your mental health professional are in separate locations and they may not be able to come to you physically in case of a crisis.

- Your mental health professional will provide you with numbers to call in case of a crisis.
- During your session if you experience crisis, please communicate that with your mental health professional.
- Ask your mental health professional for a copy of your safety plan.