

Philosophy and Values

The following values and principles are seen as the ideal in providing comprehensive services and are ongoing goals for the team.

Core Values of the System of Care

1. The system of care should be person-centered, with the needs and desires of the adult/family dictating the types and mix of services provided.
2. The focus of the system of care should be increasing health, wellness, resilience and self-sufficiency of the adult/family.
3. The system of care should be community-based, with the service deliveries, management, support and decision making at the community level.
4. The system of care should encourage peer advocacy and mentoring as part of the decision-making and delivery of services. Peer advocacy and supports are a valuable part of the person's resilience and recovery.

Guiding Principals of the System of Care

1. Adults should have access to comprehensive array of services that address their physical, emotional, social, and vocational/educational needs.
2. Adults should receive individualized services in accordance with his/her unique needs, desires and potentials guided by an individualized plan.
3. Adults should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The adult and the adult's support system/family, if appropriate, should be full participants in all aspects of the planning and delivery of services.
5. Adults who receive services from multiple agencies should have integrated care and mechanisms for planning, developing and coordinating services. In addition, they will be able to move through the system of services in accordance with their changing needs.
6. Early identification and intervention for adults with emotional and physical problems should be promoted by the system of care in order to enhance the likelihood of resilience and recovery.
7. The rights of each household member should be protected, and effective advocacy efforts for them

should be promoted. Each household member should receive services without regard to:

- Race / color
- National origin
- Sex (includes gender, pregnancy and sexual harassment)
- Religion
- Retaliation for opposing an unlawful employment practice
- Association with a member of a protected class
- Age (18 or older)
- Marital status
- Physical/Mental disability (6 or more employees)
- Injured workers (6 or more employees)
- Family relationship.

Confidentiality Guidelines

Confidentiality in planning and collaborating between agencies is a concern for the Adult Services Team. Confidentiality rules are needed to protect people from unwarranted invasions of their privacy and from use of information for a purpose for which it was never intended.

Confidentiality

Confidentiality is protection against sharing information about a person over a person's objection or without their permission. There are Federal and state laws that help maintain a person's privacy of medical and health information. However there are emergency and special circumstances where information may be disclosed without a person's permission. This includes:

1. For the purposes of treatment, payments, communication with you and health care operations;
2. To protect your safety or that of others in the cases of threat of harm to yourself or others;
3. When required by law in cases of suspected child or elder abuse or neglect;
4. When required by a court order;
5. To report or investigate a crime or threat of a crime against program staff or committed on the program's premises;
6. To qualified personnel for the purpose of research, audit, or program evaluation;
7. Certain Public Health activities reporting of exposure to a communicable disease;
8. Health Oversight Activities;
9. Under specific conditions to specialized Government functions such as coroner.

Informed Consent

Informed consent means that:

- Adult has been fully informed of all information relevant to the activity for which consent is sought.
- Adult understands and agrees in writing to the carrying out of the activity for which consent is sought and the consent describes the activity and lists the records (if any) which will be released and to whom; and
- Adult understands that the granting of consent is voluntary on the part of the adult and may be revoked at anytime.

Need To Know

The adult may give consent to release information. However there is an on-going need to assure that it is appropriate to share. That is, there should be a reason or obvious relevance to let others know what is being shared. Unless there is a relevant reason to give information, the person authorized to share should refrain from sharing specific data not considered relevant. In addition, circumstances change over time. While it may have been appropriate at one time to share information, it may not be another time. Lastly, anyone in the family system that is under 14 years of age will need a guardian to give consent for treatment and release of information. Youths that are 14 years or older do not need guardian consent and can seek services without guardian knowledge.

Mandatory Reporting

Federal and State laws are very specific about mandatory reporting. In summary, confidentiality will be broken if there is information that leads a person to believe that infants and children, people who are elderly or dependent, individuals with mental illness or developmental disabilities, and residents of nursing homes and other

health care facilities are being abused. "Abuse" can include physical injury, neglect, sexual or emotional abuse, or financial exploitation, sexual exploitation, neglect, abandonment & mental injury and threat of harm or physical pain or injury.

Staffing Policies and Procedures

Admissions

Applicants will be staffed on a "first come, first served" basis. The application will be dated when received by the AST gatekeeper. If the applicant or sponsor is not available for the assigned staffing they will be given priority for the next available staffing. If an applicant does not appear for the staffing (unless prearranged as a sponsor only staffing) their application will be given a new date based on the date and time they re-contact the AST. The gatekeeper is the final authority regarding any scheduling matter.

Staffing Protocols

Each AST team member is responsible to review each applicant prior to the staffing date. The team member will determine if their agency has available resources to assist the applicant and present that at the staffing.

Generic Staffing

Staffing adults in the Adult Services Team requires authorization. Under circumstances where the adult is unwilling to sign the release or cannot be contacted, a case may be staffed at the Adult Services Team by referring the situation that is of concern. The adult's name and identifying information cannot be used.

Review Standards

AST cases will be reviewed at 60 days and additional reviews as needed for up to one year. The applicant does not need to be present for the review. The applicant will be notified of the review date and may choose to appear in person. The sponsor and the providing agencies will provide progress reports on the applicant.

Discharge Protocol

AST applicant will be discharged from AST at the end of one year, or if goals are met, or if there is no activity from the applicant.

Outcome Reporting

At discharge outcomes will be recorded on the applicant's action form. The outcomes used will include:

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| Housing: | 0= Not made progress
1= Active and pursuing
2= Obtained/completed |
| Arrest: | 0= Been arrested
1= Contact w/ Police
2= No arrests |
| Treatment: | 0= Not made progress
1= Applied for treatment
2= Engaged in treatment |
| Income: | 0= Not made progress
1= Pending, in progress, or substandard
2= Obtained and viable |