Policy

In those programs of Catholic Charities, where the type and intensity of the service relationship with the client warrants, the Agency may bear the responsibility for coordinating both services from the Agency itself and from other providers, where appropriate. This responsibility is generally found in residential programs or services that provide in-depth case management.

A. Agency’s Coordinating Role in Implementing Service Plans

1. Service plans are dynamic and should be modified whenever necessary to reflect the client's wishes and status or changes in the environment's resource capacities. Service plans should always be client driven to the extent possible. The plan should reflect a relationship to the wants, needs, strengths and limitations documented in the assessment. Client service planning will address the client's transitional and aftercare needs as well as the most immediate service requirements. To ensure that service plans address the client's perspective, clients or their caregivers should be informed of their rights to "Fair Hearings" and any existing legal right to request additional consultation. Clients should also be informed that they may refuse services without jeopardizing access to other services or entitlements.

2. The Agency will coordinate service provision and assume responsibility for the service plan among different/multiple providers when one or more of the following conditions exits:
   - When the need for case coordination has been identified;
   - When no other agency is appropriate to do so or has assumed that responsibility;
   - When the Agency is the most appropriate to do so;
   - When the Agency is not contractually prohibited from doing so;
   - When the Agency has been given authority by the client, or
   - When the client will not be well served if the Agency does not assume the role.

3. Case coordination activities by the staff of Catholic Charities shall include written records documenting the following areas in the client's service plan:
   a. Services to be provided by the Agency
   b. Services to be provided by others
   c. Assignment of individual responsibility for goal accomplishment
   d. Time frame for completion and/or review of goals and objectives
   e. All written material pertaining to the client, services, and any written agreements dealing with the client from service providers
   f. Plans for termination, transition, aftercare, and follow-up
4. In keeping with its philosophy of respect and the clients' right to self-determination, the Agency will do the following for any client involved in its residential programs and its other programs using case management:

   a. Support the client to make any and all needed contacts with appropriate other providers, if the client is able.

   b. Obtain the written permission of the client or his/her legal representative for all information sharing that may be needed related to all aspects of the clients' relationship with the Agency.

B. Continuity of Worker-Client Relationship

The Agency places the highest value on the continuity of services, in keeping with its belief in the value of healthy professional relationships in the case management and/or treatment process. The Agency will avoid any indiscriminate reassignment of personnel in the client-therapist or client-case manager relationships, except for the good of the client or for events beyond the Agency's control. Whenever possible, the Agency will quickly match the worker and client either during or after the intake and assessment process, so that a healthy professional relationship may be developed. Language, cultural determinants, and gender are considered during case assignments. All requests made by the consumer for a change in case manager or therapist will include supervisory consultation.

C. Client Welfare and Ethical Responsibility

The Agency's primary consideration is the welfare of its clients. In this regard, the Agency acknowledges both its ethical and professional responsibility to make reasonable efforts to plan for continuing care in the event that services are interrupted by either predictable or unforeseen events. Such events may include the case manager’s/therapist's illness, death, unavailability, or relocation, the client's relocation, or a change in the client’s financial situation. Whenever service problems are encountered, such as changes in the client’s financial condition or problems with their insurance coverage, this is discussed with the client as early as possible. For example, if a client is refused insurance coverage because the Agency is "out of network," the Agency will assist the client with advocacy by informing them that they have the right to appeal the decision with their carrier. Similarly, if insurance coverage or payments are terminated during the course of treatment, for whatever reason, the Agency thoroughly reviews the situation to determine the basis for the action and helps to file a written appeal, as needed. Whatever the situation, the Agency will continue to provide service to its clients, ensuring a continuity of care, especially to those in critical need, until a more appropriate resolution can be determined.
The Agency has the immediate option of lowering any sliding scale fee for the client or waiving the fee entirely, depending upon the client's situation. The Agency plans for and provides appropriate funding to all its programs each year to cover all such contingencies. In each case, the supervisor and case manager(s) or therapist(s) involved in the client's care provide for orderly and appropriate resolution of responsibility for client care according to the ethical standards of the Agency and their respective professions.

D. Client’s Rights In Out-of-Home Care

1. Catholic Charities of Los Angeles recognizes the need for and provides special protection to all persons whom it serves in out-of-home care. The Agency realizes the ethical responsibility it bears for those for whom the Agency is home, as well as a place for receiving services.

2. Service Plans and Visitation Rights: All service plans for children or youth in out-of-home care specify visitation arrangements, unless contraindicated, including location and frequency, and all children and adults have the right to 1) visit their family in their family’s home, and 2) receive visits from family and friends. All minor clients shall be apprised of their rights and the Agency regulations regarding visits, security and their involvement in the service plan. Unless a special, documented reason exists, minor clients in residence at a Catholic Charities program shall be encouraged to maintain a relationship with their family or legal guardians through both home visits and visits of the family to the facility. All visitation plans, as well as records of actual visits, for both minors and adults shall be part of the client's case file record.

3. Telephone Calls: Persons in out-of-home care have the right to have private telephone conversations with family members and others, and when the Agency limits this right in any way, the restriction is 1) based on contraindications in the service plan and/or applicable court order; 2) documented in the case record; 3) approved in advance and reviewed monthly by the program or clinical director or an appropriate designee; and 4) reviewed weekly by the immediate supervisor for the program. Absent special circumstances, which shall be documented, clients should have access to a telephone for unmonitored calls to their families.

4. Mail: The Agency does not censor or open the outgoing and incoming mail of persons served unless: 1) it is suspected to contain unauthorized, dangerous, or illegal material or substances, in which case mail may be opened the presence of designated personnel; or 2) receiving or sending unopened mail is contraindicated in the service plan.
5. **Notification**: When, because of the setting, or because of a particular problem, it may be necessary to review mail before the client sends or receives it, the client shall be notified of the procedure and the reason(s) for it. The client shall be present, with as least one staff person, preferably a supervisor.

6. Procedures for incoming and outgoing mail at our residential treatment facility that serves adjudicated youth protect the privacy rights of minors in placement while monitoring delinquent activity (i.e., drug use or gang affiliation). The minor in the presence of staff opens incoming mail. The staff reviews the mail for any illegal or grossly inappropriate content. Mail falling under this category may be read by the minor, but cannot be kept in their possession. It is given to the minor’s family and/or Probation Officer rather than being kept by the minor. Outgoing mail is dealt with in a similar manner.

7. **Religious/Spiritual Beliefs**: Persons in out-of-home care have the right to express and practice their religious or spiritual beliefs, and the Agency 1) conducts an assessment of participant interest in religious or spiritual development; 2) posts information regarding diverse places of worship, and helps persons served to locate hard to find places of worship; 3) provides appropriate opportunities for religious or spiritual practice; 4) provides necessary support including transportation and schedule adjustments; and 5) ascertains, when the person served is a minor, the wishes of both the minor and his/her parent or legal guardian and works to resolve any differences. No client of the Agency will be coerced in any way regarding religious beliefs and practices. The Agency will make reasonable provision for access to services for all religions, as appropriate.

8. **Personal Belongings**: The Agency is responsible for the security of clients' personal belongings, and shall provide secure storage for those items that clients need during their stay.

9. **Employment/Job Training**: Persons served are free from exploitation in any employment-related training or gainful employment, and the Agency safeguards against any misuse of client activity, or labor, related to work or job training. The Agency makes reasonable efforts to match training and employment opportunities to a client’s goals and interest.

10. **Service Planning Participation**: The Agency and its staff shall encourage participation by the client in the preparation of the service plan and in discussion of issues related to the care of the client. Such involvement shall become documented and part of the client’s case file.
E. Service Modalities and Interventions

1. Catholic Charities values the right to self-determination for every client.

2. **Service Modalities and Interventions**: The Agency permits the use of traditional service modalities that include individual, marital, family, and group therapy, as well as case management. These approaches are based on scientific evidence and knowledge of best practice and are limited to those for which staff are qualified, by training and experience, profession, and/or license. Therapeutic approaches include cognitive-behavioral, psychodynamic, educational and/or humanistic approaches.

3. **Prohibited Practices**: The Agency does not permit the use of any service modality, intervention, or activity that involves isolation, locked seclusion, mechanical restraint in any of its programs, or any form of corporal punishment. The Agency also does not permit the use of therapeutic behavior modification interventions.

4. **Medical Intervention**: Agency clients that require medical treatment, medications, or related procedures are referred to qualified service providers in the community, unless the program uses qualified medical staff. In such cases, all aspect of any proposed medical intervention must be explained to the client, including any potential risk as well as the expected benefits. Programs must obtain the written, informed consent of any person served, or his/her parent/guardian or other legal representative to provide such services.

5. **Emergency Intervention**: The staff of Catholic Charities may never use excessive force on any client. The Agency does permit the use of manual restraint as an emergency intervention only in its residential treatment program for court-referred, delinquent adolescent youth. Manual restraint is used only when a youth is out of control and it is absolutely essential for the protection and safety of the youth or those around him. Guidelines for use of this procedure are detailed in the Emergency Intervention Procedures of the program. Only a person trained in the proper use of manual restraint may apply the restraint. The Agency shall ensure in those situations, where use of manual restraint may be needed, appropriate staff shall be trained annually, and the training shall be documented.

F. Monitoring Client Services

1. The Agency, in order to determine whether service plans are effectively meeting the needs of clients, shall review the records of all clients at least every 2 weeks.
2. Bimonthly review also helps to determine whether a service plan needs to be revised, and whether any treatment or intervention is producing adverse side effects, is ineffectual or detrimental to achieving service goals and objectives, or is unacceptable based on best practice standards.

3. A supervisor shall review all case records of clients and staff under his/her supervision at least quarterly. After such review, the supervisor shall date and note concerns and initial in the case note section to indicate the case review. All supervision conferences with the case manager and any recommendations shall be documented.

4. The case manager, at a minimum, shall document quarterly progress regarding the client's service plan objectives; and shall do so more frequently, if determined necessary by the service plan or best practice.

5. Quarterly reviews shall be carried out by the supervisor for all clients to assure appropriateness of services, implementation of the service plan objectives, and to ensure proper documentation.

6. In addition to the supervisor's indication on the quarterly review, any case conference must be documented, as well as quality assurance reviews, whether internal or external.

G. Termination and Aftercare Services

1. Catholic Charities is mindful of the need for a process of termination and transition service that is not disruptive to the client. The process of termination includes aftercare and follow up to ensure that the client experiences a smooth transition. Termination includes verification that the client's goals have been met and that they can be sustained after leaving. Aftercare includes leaving the door open to return should changes in client status or a subsequent request for service occur. Decisions to terminate should consider the client's current level of functioning and the extent of involvement in other systems of care. Clients whose status appears stabilized are likely candidates for transfer of case management responsibilities.

2. Three indicators for possible client termination are:

   a. Presentation of enhanced ability to make decisions and to resolve problems independently, such as making one's own referrals or initiating contacts without requesting the case manager's assistance

   b. Behaviors that signal a lessened need for the partnership, e.g., requesting less frequent meetings, decreasing the frequency of phone contact, or indications of a closer relationship with other key helpers

   c. Effective use of available network supports.
3. The case manager/therapist is responsible for facilitating the termination process and makes sure all necessary paperwork is accomplished in a timely fashion. All plans for aftercare services shall be documented in the client's file. Responsibilities for coordinating a termination plan include identification of any continuing case manager/therapist contact, verifying if needed services and supports are in place, and documenting that all actions required for termination and/or referral have been taken.

4. When a client is deemed ready for termination, a final review shall be carried out and any recommendations for aftercare documented. The provider shall then document the aftercare plan and any outside provider will be contacted.

5. Given that the entire treatment process normally is based on setting and achieving a client's desired goals/outcomes, the determination for termination is always a mutually planned process between the client and case manager/therapist. A client shall be helped to reassess the need for continuing service whenever all of his/her goals and objectives initially presented have been achieved.

6. The Agency shall ensure that all aftercare plans reflect the desires and necessary ongoing services required, and are approved by either the client or the client's guardian. The process shall address the need for sufficient time for a good transition. The plan shall also include all outside providers who may be needed, and it shall describe the role and responsibilities of the Agency and client in aftercare.

7. In the event that no other Agency is appropriate for involvement in aftercare, Catholic Charities may provide the required services and document the ongoing casework services.

8. When a client is in the process of termination from the Agency, it is the responsibility of the case manager/therapist to identify all appropriate resources and to make needed written referrals, with the written consent of the client. Case note documentation should also indicate reasons for not making follow-up plans.

9. When the process of termination is complete, or no later than 30 days after termination, a closing summary is made of the services provided, the outcomes of the goals and objectives, and any recommendations for future services from the Agency.

10. Closing summaries will also include who is responsible for aftercare responsibility. Supervisors shall review and sign-off on all closing documents.