

Counseling Solutions and Interventions

Direct Referral/Screening Information

Office (405) 601-6710 Fax (405) 601-6711

Client's Name _____ Date of Referral _____

Client's Medical /DHS Number: _____ SSN# _____

Address _____ Home Phone _____

DOB _____ Age _____ Sex _____ Race _____

Parent/Guardian _____ Relationship _____

Place of Employment _____ Work Phone _____

DHS Case Worker _____ Phone _____ Cell _____

Supervisor's Name _____ Phone _____ Cell _____

URGENT NEEDS						
Housing	Food	Medical	Clothing	Detox	Suicidal/Homicidal	Safe Shelter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is individual in danger of hurting self or others if not seen today? Yes _____ No _____

Other(s) involved/Referrals _____

Emergency Contact

Name _____ Relationship _____

Address _____ Phone # _____

Service Requested:

___ Individual Counseling ___ Family Counseling ___ Group Counseling

___ Job Placement ___ Marriage Counseling ___ Assessment ___ Parenting

___ Career Counseling ___ Home Base Services ___ Vocational Assessment

Comments/Brief History:

Completed by: _____ Assessor _____

Therapist: _____ Phone/Cell _____

Counseling Solutions & Interventions

1330 N. Classen Blvd Suite 214, Oklahoma City, Oklahoma 73106

Office (405) 601-6710 Fax (405) 601-6711

Program Handbook

Client Name: _____

Medicaid #: _____

Agency Mission:

Counseling Solutions and Interventions, Inc. provides quality services to children and families who are at risk for continued problematic behaviors such as mental health issues, and exploitation. We will address these issues by providing services to meet the unique needs of each family with compassion, respect, and dignity. Our desire and commitment is healthy lifestyles for youth and families with our main focus on family unification.

Agency Goals:

Our primary goal is to ensure that the needs of the persons served are met. We will work diligently and cooperatively with other agencies both private and public to ensure that continuity of services remain based on the needs of the persons served.

Agency Values:

Counseling Solutions & Interventions, Inc. promotes the basic human rights, dignity, health and safety of the person served. We believe that the person served is entitled to quality services and the consumers should have the highest degree of independence and self-sufficiency possible. Based on information received from consumers and referral sources, Counseling Solutions & Interventions uses a team approach and provides coordinated, individualized, goal-oriented services.

Services Provided:

CSI provides Mental Health services such Individual, Group, and Family psychotherapy for children, adolescents and adults. CSI also provides psychosocial rehabilitation and case management services. Services may include play therapy or an array of other services deemed appropriate to meet the needs of the person served. Case Management Services consist of linkage, referral and advocacy to aid the person served in obtaining necessary resources within the community. CSI provide Employment/Job Placement Services through a contract with the Oklahoma Department of Rehabilitation Services.

Treatment Planning

Counseling Solutions & Interventions, uses a team approach to the provision of services. The person served will be involved in the development of the treatment plan. The persons served are encouraged to participate actively in the development of the plan. Treatment Team meetings are held monthly; meetings are used to discuss cases and ensure services provided are beneficial to our clients.

Confidentiality

Confidentiality remains an utmost concern and the privacy of the person served will be respected at all times. HIPAA regulations are implemented and will also be followed.

Eligibility for Services

Services are designed for individuals that have been referred for therapeutic services; courts ordered for treatment or have expressed a desire to work on issues that are pertinent to their functioning. Employment/Job Placement services are designed for individuals that have been referred for assistance in finding employment, or have expressed a desire to find suitable work. There may be reasons why a client is not eligible for services at Counseling Solutions & Interventions; these will include suicidal or homicidal ideations and a lack of desire to participate in therapeutic or employment/job placement services. If a higher level of care is indicated, the person served will be immediately referred for those services. If the person served loses the right to receive services, they may petition the Director for reinstatement and a meeting will need to be held with the person served and the referral source. The person served will need to serve a probationary period until full reinstatement. The purpose of this restriction is to help increase accountability and adherence to program rules.

Advance Directives

Advance Directives regarding mental health services are not applicable in the state of Oklahoma.

Weapons/Smoking/Illicit/Licit Drug Policies

It is the policy of Counseling Solutions & Interventions that no weapons or drugs of any kind be brought onto the premises of the office. It is also our policy that smoking is not allowed in the office or building area. CSI prohibits the use of any tobacco product at CSI office. Signs are posted concerning the use of tobacco products. Clients are allowed to smoke outside the building. Please be advised that if weapons or drugs are brought onto the premises, 911 will be called immediately.

Seclusion and Restraint

It is the policy of Counseling Solutions & Interventions to not engage in the practice of seclusion or restraint of any person served.

Expectations of Clients

It is the responsibility of the clients to ensure that appointments scheduled are maintained by the client. In the event that a client will be unable to attend an appointment it is requested that the client advise the clinician 24 hours in advance of the appointment.

Client Input

Clients are encouraged at all times to contact the agency should problems arise with the services being provided. If the person served has a problem with the clinician assigned, they are advised to contact the Clinical Director at any time. Should the Clinical Director not be available, the person may call the Director. The person served is also encouraged to participate actively in the development of the treatment plan. Counseling Solutions and Interventions (C S & I), uses the **Client Satisfaction Surveys** to gain input from **persons served** by C S & I. A client may be surveyed by telephone, mail questionnaire, or an in-person interview. As clients are admitted into outpatient behavioral health and employment programs at Counseling Solutions and Interventions a consent for follow-up form is completed. This form asks an individual if he/she would like to participate in the survey process. C S & I will make every effort to complete a survey during initial phase of services, during treatment phase, and upon discharge from programs. C S & I requires your participation in your treatment planning; you are required to make four statements on the psychosocial in your own words concerning the type of services expected, your strengths, your needs, and your abilities and your interest. You are further required to participate in the completion of a treatment plan addendum form.

which further request statements in your own words concerning strenght/abilities and liabilities/needs. Please give much thought to what services are needed to help you find success.

Client Assessment

Each person served will receive an assessment to determine the need of treatment and to dictate the course of service delivery.

Treatment Plan Development

A treatment plan will be developed for each client which will be used to *guide* service delivery. The client and/or guardian will participate actively in the development of that plan and will receive a copy of the plan. Treatment plan processes will be reviewed every 180 days and at times dictated by the treatment progress.

Discharge Planning

Throughout the treatment process, our goal is to work towards transitioning the client out of services. A specific plan to transition the client will be developed with the treatment plan and regularly reviewed with the client and/or guardian. At the end of treatment, the client will receive a copy of the transition plan which will delineate progress in treatment, referrals needed or obtained and the ways a person served may reenter treatment.

Financial Obligations

Staff will make every effort to promptly bill the clients Medical Insurance. The agreed upon rate for clients accepted into services will be required to be paid at the time services are rendered. Special circumstances may require an extension of payment, however, this agreement will need to be arranged and approved by the Program Director.

Hours of Operation

Monday through Friday 9am-530pm **Evening Hours available upon request**

After Hours/Emergency Contact

Should the need arise for contact with staff in the event of an emergency please call (405) 206-7465 or 911 if medical emergency and each call will be returned promptly. Counseling Solutions & Interventions staff looks forward to aiding you in meeting your mental health needs. The following signatures verifies that Client/Parent/Legal Guardian has knowledge of Handbook and that he/she was given an orientation of these policies