



Policies and Procedures

Service Delivery: Clinical, Counselling and Support Services

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Preface

SSICS Society Policies and Procedures include the following manuals:

- Service Delivery
- Personnel
- Health and Safety
- Management and Administration
- Governance

The purpose of SSICS Policies and Procedures for Service Delivery: Clinical, Counselling and Support Services is to ensure consistency and quality for services offering clinical, counselling and support to individuals and families. These policies and procedures will be communicated as appropriate to all employees and program participants. The organization will maintain high standards of service delivery by following policies and procedures with designated responsibilities and accountability for both counsellors and managers.

Service Delivery policies are reviewed and updated annually, and as required on an ongoing basis. **The current policies were reviewed and updated in November 2020.**

Terminology

Counsellor is used generically to refer to clinician, counsellor, support worker or volunteer unless otherwise specified.

Program Participant refers to individuals and their family members who are receiving clinical, counselling or support services from SSICS.

Case File refers to all of the written and electronically-stored information produced by SSICS counsellors or collected from other sources relating to an individual case.

Guiding Principles

Counsellors will:

- Demonstrate and maintain competency
- Follow standards of acceptable conduct
- Follow evidence-based best practices
- Be genuine, respectful, warm and accepting
- Observe professional limits and boundary setting



- Respect the rights of program participants
- Understand the impact of trauma and importance of building safety into the helping relationship
- Maintain confidentiality according to the limits of the law
- Maintain cultural humility and appreciate the uniqueness, dignity and diversity of program participants
- Acknowledge and build on the strengths of program participants
- Encourage the self-determination of program participants
- Encourage program participants to make their own decisions

Confidential service delivery will:

- Be maintained according to the legal limits
- Comply with the FIPPA (Canada) and PIPA (BC)
- Limit information sharing to what is needed and relevant

Person-centered service delivery will:

- Be flexible, facilitative and welcoming
- Help program participants define their needs
- Help program participants strengthen problem-solving capacity
- Assist program participants within the context of their support networks
- Respect and honour the culture and uniqueness of participants

Strength-based service delivery will:

- Focus on the strengths and self-determined goals of program participants
- Facilitate both short-term and long-term change, healing and strengthening of personal capacity

Timely service delivery will:

- Be accessible
- Prioritize service delivery
- Attend to basic needs first



- Ensure the appropriate match between program participant and counsellor as soon as possible

Collaborative service delivery will:

- Use a team approach
- Provide coordination and continuity of care
- Utilize integrated case management
- Be community-based

Empowering service delivery will:

- Educate and inform
- Build skills
- Strengthen supports for program participants

Populations Served

SSICS clinical, counselling and support services are available to all community members of the Southern Gulf Islands. Community members also include people who may be temporarily in the community or those with no fixed address. SSICS provides services to people of all ages, genders, and abilities although there may be restrictions for eligibility for specific programs. As the sole community provider of many services for vulnerable populations SSICS maintains a high standard for inclusivity in service delivery. This includes actively practicing cultural humility and awareness of the many ways in which diversity appears in a community.

- The population served by a specific program, and any eligibility or exclusion criteria, will be defined by program and service area and be clearly stated in all service descriptions and at the time of intake.
- The mission statement and population served will be reviewed and renewed by the SSICS Board of Directors, Managers and program staff on an ongoing basis. Attention will be paid particularly where it is determined specific populations are currently ineligible for services that may benefit them, or cannot access service despite being eligible.



1. Screening, Access and Intake

1.1 Screening and Access to Services

POLICY:

SSICS is a primary access point in the community for people seeking helping services. SSICS will provide an information and brief screening service to all members of the community to assist in determining what services, both at SSICS and elsewhere, may be available to address the person's need.

PROCEDURE:

1. Inquiries or referrals for service will be responded to by the Navigator, a counsellor or supervisor to the most relevant service area.
2. The person will be asked if there are cultural customs, beliefs, behaviors or traditions that would be helpful to know about.
3. The person will be provided with information about SSICS services, including program descriptions, to determine if there is an appropriate service available for them.
4. When it is determined a person may require services SSICS cannot provide, the person will be provided with information, and referral assistance when required, to connect with the appropriate resource.
5. SSICS will maintain a current list of local and regional social service and health resources.



1.2 Intake and Orientation

POLICY:

The intake process will provide a person who has been determined as eligible and appropriate for clinical, counselling or support services with an introduction to services and collect the information required to initiate the appropriate service.

PROCEDURE:

1. The intake process will be completed by the Navigator, a counsellor in a specific program, or any other counsellor qualified to complete the process.
2. The intake process will include a search to determine if records of past or current service at SSICS exist in paper or electronic form.
3. Programs will have written procedures describing their admission criteria.
4. Basic personal information to be collected at intake will include:
 - name
 - address and telephone number or alternate contact information
 - date of birth
 - gender identity and preferred pronouns
 - emergency contact person
 - name of physician and personal health number
 - referral source
5. The intake process will include an interview with the person to determine:
 - The individual/families' presenting issues, their need for service, and other immediate and urgent needs
 - Relevant cultural customs, beliefs, behaviors or traditions
 - Other professionals and helping resources involved
 - Relevant health and other relevant information
 - Information from the referral source where applicable
6. The counsellor will complete intake forms, consents and agreements with the person requesting service.
7. For on line counselling services the person served will be provided with the Informed Consent for On Line Counselling documentation



8. A release of information will be completed by the program participant prior to obtaining collateral information.
9. The counsellor will open a case file if one does not already exist, which includes organizing a paper file to store documentation and entering intake information on the electronic case management database.
10. Intakes will be typically reviewed weekly by supervisors or service teams. Decisions regarding admission to the program and the assignment of the appropriate counsellor will be approved by the supervisor.
10. Program participants will be provided with an orientation to services in a manner that is understandable and culturally relevant to them.
11. Orientation information will include:
 - Rights and responsibilities
 - Grievances and appeal procedures
 - Ways in which input is welcomed regarding the quality of care and the satisfaction of the program participant
 - Hours of service delivery, including after-hours when applicable
 - Code of ethics including confidentiality policy and procedures
 - Evacuation, fire safety, first aid, smoking and other relevant health and safety information
 - Description of the individual plan development process and the need for the person to be involved in the planning process
12. In addition to verbal orientation, written orientation information will be available in hard copy or electronically to the person.
13. Orientation will typically be completed within the first two sessions. Specific circumstances preventing this from happening will be reviewed with the supervisor.
14. Counsellors will confirm that an orientation is completed in the case file.
15. Orientation information will be made available to others including parents, caregivers, guardians or significant supports as determined by the counsellor and program participant.



2. Assessment and Planning

2.1 Assessment

POLICY:

Assessments will be completed in a timely fashion in each program to provide information for individual service plans.

PROCEDURE:

1. Initial assessments will be completed by the fourth visit from the intake date wherever possible. Specific circumstances preventing this from happening will be reported to the supervisor for review.
2. Comprehensive assessments will be completed by counsellors who have training and experience with the assessment process.
3. In addition to the standard SSICS assessment format, programs may have specific assessment procedures particular to that service.
4. Assessments will include information obtained from program participants, family members, and other appropriate sources identified by the program participant, counsellor, or referral source.
5. The assessment process will take into account the individual characteristics of the person and be responsive to the person's age, gender identity, culture, psychological and intellectual capacity, physical condition or other. Strategies, such as an interpreter for language clarity, will be used to ensure the assessment is attentive to the needs of the person.
6. Assessments will include, but not be limited to:
 - Expectations of the program participant
 - Presenting problems and needs
 - Urgent needs, including suicide risk
 - Personal strengths, abilities and interests
 - Previous or concurrent services, including diagnostic and treatment information when available
 - Medication relevant to service request context including efficacy of current or previously used medication
 - General health history, including current medical needs



- Co-occurring disabilities and/or disorders
 - Mental status and current level of functioning
 - Pertinent current and historical life situation information, including employment history, legal involvement, family history
 - History of abuse, neglect, violence and/or intergenerational trauma
 - Key relationships, including social supports
 - Drug and alcohol use
 - Level of literacy and educational functioning
7. An interpretive summary will be prepared by the counsellor based on the assessment. The interpretive summary will identify the significant issues to be addressed and any co-occurring disorders. The interpretive summary will provide a clinical impression of the situation from which an individual service plan can be developed.
8. The assessment and interpretative summary will be documented in the case file and shared with the program participant, including providing a written copy upon their request.



2.2 Individual Service Plan

POLICY:

Individual service plans will be developed with program participants and relevant others based on complete and current assessment information. Individual service plans will be grounded in the principles of cultural competency and safety.

PROCEDURE:

1. The individual service plan will be documented in the case file.
2. Individual service plans will include:
 - Goals for each of the identified problems or needs
 - Desired outcomes and measurement of goal achievement
 - Expectations of the program participant and counsellor
 - Time frames for goal achievement service plan review
 - People and other resources required to implement the service plan
3. If the identified service needs are beyond the scope of the program or abilities of the counsellor then other services required will be documented in the service plan and case file.
4. The counsellor will discuss the plan with the program participant in a manner that is understandable to them using plain language.
5. Service plans will be reviewed with the program participant on an ongoing basis to ensure the plans are relevant and achieving the desired outcomes. Plans will typically be reviewed annually. Services of a shorter duration will review individual service plans more frequently.
6. Revised treatment plans will be documented in the case file.



2.3 Safety Plans

POLICY:

Counsellors will develop safety plans in any situation when it is identified that program participants are experiencing a situation which may be harmful to themselves or others.

PROCEDURE:

1. The plan will include an assessment of potential risk to self and others, including threats to physical or emotional well-being.
2. The plan will include warning signs, triggers, preferred interventions and resources.
3. The plan will be communicated to others as permitted by the program participant and documented in the case file.
4. In the case of imminent and real danger, relevant details of the plan will be communicated with the appropriate authorities even if the program participant has not consented.



2.4 Person-Centered Service

POLICY:

Counsellors will ensure all program participants make informed decisions regarding their individual service plans and service delivery activities. Counsellors will ensure that activities are matched and adapted to meet the specific individual needs and capabilities of the program participant.

PROCEDURE:

1. Program participants will engage with services and service activities on a voluntary basis.
2. Program participants will be involved in decision-making to the extent of their ability and capacity regarding their receipt of services and interactions with counsellors.
3. Program participants will be provided with all information needed to make informed decisions about participation in service activities.
4. Individual and special needs of the program participants will be considered in the individual service plan. Adaptive communication devices and other resources will be used when required and available to increase involvement of the program participant in service planning.
5. Counsellors will consider cultural variables including culture, gender, sexual orientation, spiritual beliefs, socio-economic status, and language in their interactions and work with program participants.
6. Counsellors will follow the principles and practices of Person-Centered Planning when acting in the capacity of case manager.
7. Documentation in case files will indicate the involvement of the program participant in case planning and decisions.



3. Service Delivery

3.1 Approved Service Delivery Activities

POLICY:

Service delivery approaches, techniques and activities used by counsellors will be limited to those authorized by SSICS. They will be known to be effective, ethically proper, and within the training and competence of the counsellor to deliver.

PROCEDURE:

1. The general scope of authorized service delivery activities will be described within the service description for that program and job description of counsellors.
2. New or different service delivery activities will be approved by the supervisor prior to implementation.
3. Current service delivery activities and proposed new activities will be supported by evidence that they conform to current or emerging best practices.
4. Service delivery activities, including variations or exceptions to typical activities, will be explained clearly to the program participant prior to implementation. Counsellors will confirm the consent of program participants to new or different service activities.



3.2 Case Management

POLICY:

Counsellors will provide services in a coordinated and integrated manner with other services being provided at SSICS and in the community.

Counsellors will provide individual case management services when needed to assist program participants to identify and coordinate helping services and resources.

PROCEDURE:

1. As part of the assessment and individual service plan development, Counsellors will explore other services currently being received and other service needs.
2. Consent to release and request information will be encouraged from the program participants at the onset of services and when contact with collateral services is advisable.
3. SSICS will participate in community case management processes including initiating and facilitating case conferences when appropriate.
4. Counsellors providing case management services will be familiar with and use the principles and practices of Integrated Case Management.
5. SSICS will maintain a current list of community and regional resources relevant to areas of service. Counsellors will maintain knowledge of community and regional resources relevant to their area of service.
6. Case management activities and communication will be documented in case files.



3.3 Clinical Supervision

POLICY:

SSICS will provide clinical supervision to all employees providing clinical, counselling, family development or other individual supports to program participants. Clinical supervision will include teaching, facilitating, collaborating, and supporting counselor self-efficacy and will occur in a collaborative supervisor-supervisee relationship within professional, ethical, and legal guidelines. Clinical supervision may be provided in combination with administrative supervision by the same individual, with an understanding that the two types of supervision are both necessary and distinct. Clinical supervision may also be provided by a separate individual who is either employed or contracted by SSICS for this purpose.

The goals of clinical supervision include:

- Continually improving the service quality and adherence to best practices and professional standards.
- To promote individual counsellors commitment to reflective and ethical practice and support ongoing professional development
- Maintaining a high level of support for practitioners in accordance with their professional standards and affiliations

The functions of clinical supervision include:

- Facilitating ongoing professional development
- Providing opportunities for practitioners to regularly explore and discuss client-related issues in a confidential manner
- Providing support in recognition of the prevalent nature of stress and secondary trauma for counsellors serving marginalized and traumatized populations.
- Provide guidance to counsellors regarding ethical practices,
- Providing regular constructive feedback to the practitioners regarding their service delivery.

PROCEDURE:



1. Clinical supervision may occur in both group and individual settings, and may involve some component of peer support.
2. Group clinical supervision will occur in team meeting and will include: discussion of clinical concerns or emerging issues; review of referrals, intake and case assignments; and case consultation.
3. The clinical supervisor will be available on a scheduled and emergency basis for additional consultation when a practitioner has additional questions or concerns regarding specific cases.
4. Clinical supervision may also be provided by consulting psychiatrists on a limited basis.
5. The clinical supervisor will provide monthly clinical supervision sessions with counsellors, with adjustments in frequency according to the level of experience and need.
6. Clinical supervision needs and an assessment of the practitioner's efficacy and training needs will be part of the annual performance review.
7. Training plans are updated on a regular basis to coincide with any deficits in skills or practice elements that may be identified in regular performance reviews.
8. Whenever possible clinical supervision will be provided by an individual with advanced training and experience in a range of clinical settings.
9. When an individual is contracted to provide clinical supervision to SSI employees they will be required to confirm their qualifications and agree to abide by all relevant SSIC policies and procedures.
10. Ethical, legal and other professional clinical standards will adhere to the standards of the British Columbia Association of Clinical Counsellors, unless otherwise noted in SSICS policies.



3.4 Service Outcomes

POLICY:

SSICS will have clear and specific outcomes identified for each service and program area, and counsellors will regularly evaluate the achievement of outcomes at an individual program participant and overall program level.

PROCEDURE:

1. Service delivery outcomes will be developed and reviewed with input from employees, funders and other stakeholders for each service provided by SSICS.
2. Outcomes for services will be presented clearly and openly to program participants, service providers and the community.
3. Regular evaluation of movement towards, or achievement of outcomes will be an ongoing and regular part of service delivery.
4. Outcome information will be collected during the process of delivering service to persons and once service delivery has ended.
5. Information in addition to outcome achievement may also be collected from program participants, including satisfaction with service and their perceived effectiveness of services.
6. Information about the effectiveness of services will be collected from referral sources and community partners, including satisfaction with service and their perceived effectiveness of services.



3.5 Service Delivery Locations

POLICY:

Counsellors will provide services in locations that are safe, accessible and conducive to effective service provision. SSICS worksites will be the primary location for services. Prevention and outreach services may be delivered in schools, health provision offices, or other community organizations. Services may be delivered at other locations at times, including community places or the homes of program participants.

PROCEDURE:

1. SSICS offices will be organized and equipped so that services will be provided in a confidential, safe and comfortable setting.
2. Counsellors may meet program participants at other locations, including homes, community organizations or other community locations. The counsellor will assess the viability of the alternate location based on safety, appropriateness of the setting for confidential service delivery, cultural appropriateness and general compatibility with the services provided.
3. When providing services at other locations in an "in-office" style (scheduled appointments), counsellors will ensure there is confidential, safe, and comfortable space for service delivery.
4. Counsellor will not meet program participants, or otherwise engage in service delivery in their personal home or other personal location.
5. Counsellors will inform their supervisor of service delivery locations beyond SSICS sites to determine safety plans.





3.6 Provision of Meals and Other Food

POLICY:

Meals or other food provided to program participants in the course of service delivery will be healthy and comply with any special dietary needs.

PROCEDURE:

1. Meals and other food served to program participants as part of regular service delivery will be healthy and nutritious. Meal plans or menus may be developed by counsellors and reviewed by the supervisor.
2. Counsellors will be aware of special dietary needs and preferences of program participants and accommodate them as possible in menu planning.
3. In the case of the provision of occasional meal provision or snacks, counsellors will strive to ensure food and beverages are healthy choices while considering the preferences of program participants.



3.7 Property of Program Participants

POLICY:

Counsellors will not assume responsibility for the management of property of program participants. In exceptional circumstances a counsellor may arrange for SSICS to assume responsibility for property and measures will be taken to ensure the accountability and security of the property.

PROCEDURE:

1. When a program participant requires assistance in managing finances or property, counsellors will assist in finding resources and strategies outside of SSICS to provide this support.
2. When SSICS cares for the property of a program participant for a limited time, the items will be inventoried, documented, and stored in a secure place until they are returned to the person, their guardian or other authorized person.
3. Property of a program participant cared for by SSICS will be returned to the person as quickly as possible upon request. Property will not be released to any unauthorized person.



3.8 Managing Funds of Program Participants

POLICY:

In some circumstances, and only when other options are not available, SSICS may assume the responsibility for the management of finances of a program participant. Measures will be taken to ensure the funds are segregated from other SSICS funds and available only for the benefit of the program participant. This SSICS activity is limited to programs serving people with developmental disabilities unless approved by the Executive Director.

PROCEDURE:

1. A financial plan for the use of personal funds will be documented and updated annually as part of the case file of the program participant.
2. Expenses made from the personal funds of a program participant will be limited to employees authorized by SSICS to do so, and expenses will only be made for the benefit of the program participant. A record will be maintained of the date and nature all expenses, including an annual statement.
3. The authorized SSICS employee will obtain consent from the program participant about the expense of their personal funds prior to spending whenever possible. In the case of program participants with limited capacity or understanding, care will be taken to involve the person to the extent possible and involve others as advocates (SSICS staff, supervisor, family/guardian, Public Trustee) when making decisions.
4. Personal funds will be maintained in accounts separate from SSICS funds.
5. Personal funds of program participants will be transferred to the appropriate person or authority as soon as possible after SSICS is relieved of the responsibility. An accounting of the funds will be provided to the person or authority.



3.9 Duty to Report Child Abuse and Criminal Acts

POLICY:

When a counsellor becomes aware that a child or vulnerable adult is in need of protection, or any person is in imminent risk of harm, they will report this information to the appropriate authorities in compliance with laws requiring their “duty to report.”

PROCEDURE:

1. Counsellors will maintain familiarity with legislation regarding the reporting of child abuse and criminal acts.
2. Counsellors will report suspected abuse to the appropriate authorities including RCMP and child protection authorities.
3. Counsellors will inform their supervisor of any report made to authorities, or when they are in a situation that may result in a report. The supervisor may become involved in the reporting process, however this does not relieve the counsellor of their duty to report.
4. Counsellors will not accept responsibility for reporting on behalf of another person or organization. They will make efforts to inform and support others to report as required. Counsellors will report situations learned from another person or organization only if they believe no report will be made by the first party.



3.10 Refusal or Withholding of Services

POLICY:

SSICS may refuse or withhold service to individuals whose behaviour is dangerous or abusive, who are intoxicated, or who are not compliant with basic program rules and expectations.

PROCEDURE:

1. Counsellors may refuse to provide service to a program participant or end a session when warranted. Subsequent refusal of service, or conditions placed on service delivery, will be approved by the supervisor.
2. The program participant being refused service or banned from an SSICS site will be informed in writing of the reasons for the action, and conditions for services to be resumed.
3. The circumstances prompting the refusal of service and conditions established to resume services will be documented on the case file and an incident report will be submitted to the supervisor.
4. Efforts may be made to identify alternate services for the person or alternate ways of receiving full or partial service from SSICS.



3.11 Medications

POLICY:

SSICS does not prescribe or dispense medications or prescription drugs as a component of service delivery. In some cases, such as day programming and residential services for people with developmental disabilities, SSICS employees may assist program participants in complying with medication prescriptions. Medications will not be stored on SSICS premises except in the case of day programming and residential services for developmentally disabled individuals, in which case security precautions will be maintained.

PROCEDURE:

1. Medications will only be stored on SSICS premises in exceptional circumstances for short periods of time. During this time the medication will be kept in a locked cabinet in a secure part of the work area.
2. Disposal of medications will be documented in case files. Other medication-related events will be documented on an Incident Form, submitted to the supervisor and reviewed by others as required (caregiver, physician, pharmacist).
3. Employees will not under any circumstances take the medication of program participants, or provide personal medication to program participants.
4. In programs for developmentally disabled individuals employees may assist in administering medications hand over hand to program participants when required. In these circumstances:
 - An up-to-date individual record of all medications used by the program participants is kept on record, including prescription and non-prescription medication.
 - All medications will be stored in a locked location away from light, clearly labeled with the name of the person and the name of the medication and refrigerated if needed. Staff will confirm that an adequate supply is on hand.
 - Information about the medications given, possible side effects and drug interactions are kept on file.
 - Unused medications are returned to the pharmacy (or to home caregivers to return to the pharmacy) for safe disposal as needed.



- Staff will document all medication given, including PRNs, in a log book that is kept in a secure location.
- Staff responsible for dispensing medication will have training in medication management.
- When transporting medication, such as during a day program outing, medication will be kept in a safe and secure location and never left unattended by staff.
- When a medication error occurs the medical professional of the program participant will be contacted, immediate action will be taken as needed, and an Incident Report will be completed.
- SSICS will coordinate and consult as needed with the Physician and Pharmacist.



3.12 Seclusion and Restraint

POLICY:

Counsellors or other SSICS employees will not restrain any program participant as a behaviour intervention or as any aspect of a service activity. In an emergency or safety situation restraint may be used as a temporary last resort providing it can be done safely.

PROCEDURE:

1. When it is known that a program participant may display extreme or risky behavior, plans will be made for intervention and removal from the site by the appropriate people, including police or family/caregiver.
2. When a situation arises that may compromise the safety of self or others, employees will respond by leaving the premises, assisting others to leave the premises and contacting the appropriate authorities.
3. In the case where physical intervention is the last resort to protect the safety of self or others, an employee will only proceed if the intervention can be done safely and according to acceptable non-violent intervention procedures.
4. Employees will report incidents when physical intervention occurred following SSICS incident reporting procedures.



3.13 Children and Adolescents

POLICY:

When service provision involves children and adolescents counsellors will ensure service delivery activities are appropriate to the needs of these program participants.

PROCEDURE:

1. Assessment and service delivery activities will be age-appropriate.
2. Services will be provided in settings that are comfortable for the age of the program participant.
3. Services to children and adolescents will be provided by counsellors experienced and skilled in providing such services.
4. Efforts will be made to involve parents or other caregivers in the case plan and implementation whenever possible.
5. Counsellors will obtain the written consent of parents or guardians when required according to legislation. Where legislation does not require consent, and an adolescent so prefers, service may proceed with the consent of the adolescent alone.
6. SSICS services will not typically involve children (under 19) and adults (19 and over) in the same activity. This will only occur with the approval of the supervisor and with the informed consent of the child, and guardian if the child is under 16.



3.14 Contact with Program Participants Out of the Work Context

POLICY:

When counsellors are connected to a program participant in a counselling or other support service context they will avoid or limit contact with that person outside of work. When such contact does occur the counsellor will manage the interaction with discretion, regard for the person's right to privacy and in accordance with the appropriate boundaries for the situation.

PROCEDURE:

1. In situations where contact out of work is, or may be a regular occurrence, counsellors will declare the dual relationship to their supervisor to establish the appropriate boundaries and strategies for managing the contact.
2. Counsellors will not have a program participant in their personal homes. If this situation arises it will be reported to the supervisor.
3. Counsellors will not initiate conversation involving SSICS services with program participants outside of a work setting.





3.15 Case Closure and Transfer

POLICY:

Counsellors will follow a case review and documentation process when ending service to ensure adequate closure is completed with program participants. Whenever possible, counsellors will develop plans with program participants for aftercare, follow-up, continued support and evaluation of service outcomes.

PROCEDURE:

1. A case will be closed with the mutual consent of the program participant and counsellor, by the program participant, or by the counsellor based on criteria for ending service in that program area.
2. A case will be closed when there has been no contact for three months. Exceptions may be made to close sooner, or maintain a case as open for longer, with the approval of the supervisor.
3. A case summary will be documented in the case file including:
 - Summary of services provided
 - Current Contact information
 - Orientation and Consent Verified
 - Assessments
 - Case notes
 - Service Plan Review and Outcomes Measures information
 - Referral/Transition Plan
 - Discharge summary
4. Referral to other services and follow-up/transition plans will be documented as part of individual service plans.
5. In the case of an unplanned ending of SSICS services, the counsellor will attempt an appropriate level of contact to determine if further services are required, and, where possible, obtain feedback from the program participant regarding SSICS services.
6. When a case is closed, the counsellor will complete a discharge summary and any transition information in the case file.



7. The closed file will be reviewed by the counsellor to ensure it contains:

- Current contact information
- Assessments
- Case notes
- Individual service plan and outcomes information
- Discharge summary



3.16 Waitlist

POLICY:

When a waitlist for services is maintained the program or service will manage the list in a way that is: clear to individuals waiting for service; and guides the sequence of admission to services based on an accurate determination of program priorities and capacity, and the needs of the individual seeking services.

PROCEDURE:

1. Waitlists will be maintained on a program by program basis as determined by the Program Director.
2. Waitlist information will include name(s), contact information, the date of placement on the list and a basic description of the nature and severity of the need.
3. The waitlist will be reviewed and updated on a regular basis at program team meetings and/or on the waitlist section of the electronic database, and when there are significant changes in program capacity.
4. Individuals will be informed about the waitlist process, provided with a brief orientation to services, provide with service options including referral to other programs when appropriate, and invited to update SSICS about increasing severity or crisis or other changes to their situation.
5. Individuals on the waitlist will have brief service files open on the electronic database and contact notes and updates will be recorded.
6. Individuals will be contacted on a quarterly basis at a minimum to confirm their status on the waitlist or remove them when warranted. Individual situations may necessitate more frequent contact.
7. The waitlist will be reviewed as part of the annual program review to determine trends and concerns about the effectiveness in meeting the needs of individuals connecting with SSICS for service.



4. Records of Program Participants

4.1 Records of Program Participants

POLICY:

Current, complete and accurate documentation regarding program participants, services received from SSICS, and collateral information will be maintained using a combination of paper files stored securely in SSICS sites and electronic documents stored securely on a web-based electronic case management system.

PROCEDURE:

1. Case files will contain:
 - Demographic information
 - Medical alert information
 - Signed consents
 - Assessment and interpretive summary
 - Individual service plan and review
 - Referral/transition plan
 - Case notes
 - Referral documentation
 - Correspondence/reports
 - Discharge summary
 - Follow-up documentation
2. All pertinent information specific to the program participant and individual service plan, collected by the counsellor or received from others, will be documented as soon as possible. It is expected that this will occur within three working days unless otherwise approved by the supervisor.



4.2 Electronic Records

POLICY:

SSICS will use a secure web-based electronic case management system to collect and store service delivery information. The electronic case management system will have web-based security features and limit access to confidential information to authorized SSICS employees, using levels of security to limit access of employees to only relevant areas of the information database.

PROCEDURE:

1. Counsellors will be assigned passwords and a level of access limited to those records required to perform their work duties.
2. The electronic case management database will provide electronic signatures including date and time of access to track all entries and changes in documentation.
3. Counsellors will report any potential breach of security including evidence of improper access to electronic records or a compromised password.
4. Confidential information will not be stored or transmitted in any other electronic format without proper security protection, and in accordance with SSICS confidentiality policies, computer use policies and requirements stipulated in service agreements.



4.3 Case Notes

POLICY:

Documentation of services provided to program participants including case notes and relevant details of activities of SSICS employees will be maintained in the case file of the program participant.

PROCEDURE:

1. All contacts with the program participant will be recorded, including in-person, phone, and out of office contact. The date the person was seen and the date of the recording will be noted.
2. Case notes will include all information required to indicate the nature of service delivery and case management activity.
3. Case notes will typically be entered in the electronic case management database.



4.4 Release of Information

POLICY:

Counsellors will obtain written consent from program participants before releasing information or requesting confidential information from others.

PROCEDURE:

1. When a counsellor requests information from another agency or person, the program participants, or guardians when the person is not capable of giving informed consent, will provide written consent. The counsellor will provide the original consent to the agency and keep a copy in the case file.
2. When information about a program participant is requested of SSICS, the person must first give their permission in writing. A copy of the consent will accompany the information provided to another agency and the original will be kept in the case file.
3. No information about a program participant will be transmitted by fax, text or e mail unless precautions are made to ensure the confidentiality of the information.



4.5 Access to Records

POLICY:

When a program participant requests to access records pertaining to them, SSICS will provide the information in compliance with the requirements and procedures of the Freedom of Information and Protection of Privacy Act (FOIPP). Information will be shared with program participants within the limits of confidentiality and responsible information sharing.

PROCEDURE:

1. Program participants requesting access to a case file will make a request to the counsellor, supervisor or Privacy Officer.
2. A request for information from a third party must be accompanied by a release from the program participant, unless the request is an official request from an individual with the proper legal authority.
3. All documentation will be reviewed and edited as required to remove third party information before release or viewing by the individual. The preparation of a file for release will be done by the Privacy Officer or supervisor.
4. Requests to access personal files may be treated as an official FOIPP request. In this case an FOIPP request form is required.
5. When a file is cleared for release to the program participant, the following process may be applied:
 - The person may view the file in the agency.
 - SSICS may make a copy of the information approved for release.



4.6 Legal Requests for Information

POLICY:

Information requested regarding a person's involvement with SSICS from a lawyer or through a legal proceeding will only be released with the consent of the person or through an official legal requirement. SSICS counsellors will comply with legal requests to provide written or verbal testimony.

PROCEDURE:

1. Requests for information from a legal entity will be reviewed by the supervisor and Privacy Officer.
2. When responding to requests from a legal entity for information, counsellors will comply with SSICS confidentiality policies and provincial and federal freedom of information laws.
3. SSICS will confirm that information requested by a lawyer is of an official nature with knowledge and consent from the program participant.
4. Costs of preparing the provision of non court-ordered information will be recovered from the program participant or lawyer.
5. When providing written or verbal testimony, SSICS counsellors will not provide statements or opinions regarding the program participant beyond the scope of their knowledge, experience and expertise.



4.7 Quality Records Review

POLICY:

SSICS will conduct a regular review of a sampling of written and electronic case files to ensure the documentation and management of service delivery records comply with policies and procedures.

PROCEDURE:

1. Reviews will be conducted quarterly.
2. Reviews will be coordinated by the Quality File Review Committee. Members of the committee and additional employees conducting reviews will be qualified and experienced with SSICS clinical and counselling practices.
3. Reviews will include a random sample of open and closed files of all employees performing clinical, counselling and support activities. Reviews of additional specific files may be requested by the supervisor or recommended by the committee.
4. Reviews will include all of the items identified on the current Quality File Review Checklist.
5. Changes or corrections recommended by the Quality File Review process will be made by the counsellor and approved by the supervisor.
6. The Quality File Review committee will assist SSICS in the continuous improvement of case management and recording practices by making recommendations or suggestions.



5. Rights of Program Participants

5.1 Rights of Program Participants

POLICY:

Counsellors and other SSICS employees involved in direct service delivery in any way will follow a code of ethics to preserve the dignity, safety and other rights of the program participants. Counsellors will inform participants of their rights, including the right to present a complaint or concern.

Program participants have a right to:

- Be provided with accurate and complete information about the nature of services and any limitations of the services
- Participate in decisions and choices including case conferences
- Consent to, or to refuse service or participation in specific service activities
- Be treated with dignity and respect free from all forms of abuse or demeaning behaviour
- Consult with and involve advocates or other supports when communicating with SSICS
- Make complaints and participate in conflict resolution processes
- Privacy and to have personal information protected against unauthorized access and disclosure
- Access records or to be provided with summaries of files containing personal information
- Know about the qualifications, training and experience of SSICS employees providing service

PROCEDURE:

1. Program participants will be provided with a copy of their rights and the process for presenting a complaint or concern. The counsellor will review these with them as part of the orientation and when required when questions, issues and concerns arise.
2. The rights of program participants will be posted and visible in waiting/common areas.



5.2 Confidentiality

POLICY:

All information and documentation pertaining to program participants will be kept confidential with access restricted to authorized counsellors or other employees. No counsellor or other employee will disclose information about a program participant to an unauthorized person or organization without the consent of the person.

Information regarding a program participant may be disclosed without consent in the following situations:

- In cases of suspected child abuse where counsellors are obligated to inform Child Protection authorities.
- Upon subpoena to court and at the direction of a judge where counsellors may be required to testify or provide information.
- In cases where it is suspected that a person may do imminent harm to themselves or to someone else, counsellors are obligated to inform the RCMP.

PROCEDURE:

1. Information may be shared between other SSICS counsellors when necessary to coordinate, plan or implement the person's service delivery plan. Unnecessary and casual exchange of information is not permitted.
2. Release of information by a program participant will be in writing and signed by the person stating what information will be released, to whom, for what purpose, and the length of time the consent remains valid.
3. Breaches of confidentiality will be investigated and appropriate action may be taken through the grievance and disciplinary process.
4. All SSICS employees will comply with all relevant terms of the Freedom of Information and Protection of Privacy Act and the Personal Information Protection Act.



5.3 Complaints and Suggestions

POLICY:

SSICS will provide a safe, confidential and fair process to receive and review complaints from program participants, community members and employees. Complaints will be reviewed and responded to in a timely manner. SSICS will inform program participants and the general public of the complaint procedure in plain language and provide a form for submitting a complaint or suggestion.

PROCEDURE:

1. Complaints will be made in writing to the supervisor or Executive Director as soon as possible after the incident.
2. Complaints and appeals will be reviewed and a response given whenever possible within fourteen (14) days.
3. The person submitting the complaint will be notified of the outcome, to the extent and in the detail possible and appropriate.
4. A decision may be appealed in writing within 30 days and will be reviewed and a final response given whenever possible within fourteen (14) days.
5. When the complaint is specific to the Executive Director it will be made in writing to the Chair of the Board of Directors.
6. People submitting a complaint will not experience any consequences or barriers to service from SSICS for bringing forth a complaint through the established policy.



5.4 Photos and Audio/Video Recordings

POLICY:

Photos or audio recordings may be made of program participants at times through the normal course of service delivery, as a special activity. Photos containing personal images will not be published, distributed or otherwise displayed in public view without the consent of the person. Audio recordings will be destroyed once their use for clinical or training purposes is complete.

PROCEDURE:

1. Written consent of the person, or guardian where applicable, to publish photographs or video of their personal image will be obtained and kept on file.
2. Written consent of the person, or guardian where applicable, to audio or video tape service delivery activities including counselling sessions for clinical or training purposes will be obtained and kept on file.
3. Photos and video will be used only in such a way that presents the person in a respectful manner. Whenever possible the person will be given the opportunity to approve the use of the specific image.
4. Use of photos or video showing images of program participants for publication, website posting or other public viewing will be reviewed by the supervisor prior to publication.



5.5 Research Involving Program Participants

POLICY:

SSICS may permit research involving services and program participants on the condition that program participants provide informed consent and research complies with accepted research standards. Research includes projects undertaken by counsellors, students or external researchers.

PROCEDURE:

1. Research involving program participants will be approved by the supervisor based on the submission of a description of the nature and purpose of the research. The description will include: qualifications and competency of researchers and the research supervisor, research methods, potential impact on program participants and potential value to SSICS.
2. Written consent of the program participant or guardian, where required, will be obtained and a copy kept as part of the case file.
3. Research will be conducted in a manner consistent with the values and ethics expected of SSICS service delivery. SSICS retains the right to end the research at any time if it is determined that the best interests of the participants, employees or the organization are not ensured.