

POLICIES AND PROCEDURES MANUAL

(THE POLICIES AND PROCEDURES MANUAL OF THE POWESHIEK COUNTY MENTAL HEALTH CENTER, AS REVISED BY THE BOARD OF DIRECTORS, SHALL NOT BE CONSIDERED AS A CONTRACT OF EMPLOYMENT, IMPLIED OR EXPRESSED, FOR ANY DEFINITE PERIOD OF TIME OR THE GUARANTEE OF ANY PARTICULAR RULES, POLICIES, PROCEDURES, OR TERMS AND CONSIDERATIONS OF EMPLOYMENT.)

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POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

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POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Policy and Procedures

Policy Title: Organization Policy and Procedures

Policy Number: 24.2 (1), (2)

PERFORMANCE BENCHMARK:

The Center has written policy direction for the organization and for each service which is to be accredited.

PERFORMANCE INDICATORS:

- a. The Center has a Policy and Procedures Manual with policy guidelines and administrative procedures for all organizational activities and services specific to the organization that addresses the standards in effect at the time of accreditation review.
- b. The Policies and Procedures cover each benchmark and indicator listed in chapter 24.
- c. The Policies and Procedures Manual is made available to all staff.

PROCEDURES:

The Manual addresses all aspects of the Center's operations containing permanent policies and procedures as well as any temporary policies and procedures developed to address any ad hoc situations as they may arise. The Manual contains, at least, the following:

1. Articles of Incorporation;
2. Current Bylaws;
3. The current Table of Organization;
4. The current Organizational Plan;
5. A copy of the State Standards used in the accreditation of the Center;
6. Current Center Policies and Procedures;
7. A brief history of the Center;
8. The most recent Auditor's report;
9. The current annual Center Budget;
10. A list of current Board members including the names, addresses, phone numbers, office held, committee assignments, and length of term;
11. The most recent Annual Report; and,
12. Board Meeting Minutes for the current fiscal year.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Performance Improvement System

Policy Number: 24.3 (1) a.b. Benchmark/Indicators

PERFORMANCE BENCHMARK:

The Center has a systematic, organization-wide, planned approach to designing, measuring, evaluating, and improving the level of its performance.

PERFORMANCE INDICATORS:

1. The Center annually measures and assesses organizational activities and services accredited under Chapter 24 rules.
2. The Center gathers information from individuals using the services, from staff, and from family members.
3. The Center implements an internal review of individual records for those services accredited under Chapter 24.
4. The Center reviews the organization's response to incidents reported under sub-rule 24.4 (5) for necessity, appropriateness, effectiveness and prevention. This review includes analysis of incident data at least annually to identify any patterns of risk to the health and safety of consumers.
5. The Center reviews the organization's response to any situation that poses a danger or threat to staff or to individuals using the services for necessity, appropriateness, effectiveness and prevention.
6. The Center identifies areas in need of improvement.
7. The Center has a plan to address the areas in need of improvement.
8. The Center implements the plan and documents the results.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Performance Improvement System

Policy Number: 24.3 (1) c. Procedures

PROCEDURES:

Goals:

1. To ensure that individuals receiving services are provided high quality and appropriate services, in a timely manner, under conditions where they are treated with dignity and respect.
2. To establish ongoing monitoring for the evaluation of service provision, for evaluation of treatment/service outcomes, and evaluation of satisfaction of those individuals receiving services and their families.
3. To ensure that all services are provided in compliance with established governing regulations and accepted standards of practice.
4. To incorporate evaluation information into an ongoing process of staff and program development.

PROCESS/PROCEDURES:

Primary responsibility and administrative authority for the Center's policy improvement system is delegated from the Center's Board of Directors to the Center's Executive Director. The Executive Director enlists the Center's Policy Improvement Committee in identifying priority areas for improvement of service delivery quality and effectiveness, and in improving overall Center operations. Other staff committees may be utilized when necessary.

The Policy Improvement Committee, in consultation with the Executive Director, develops an annual policy improvement plan. The committee is to meet at least quarterly. The Center completes the following actions:

1. Annually assesses and measures organizational activities and services which are accredited. This may include a consideration of the demographics of individuals to whom service is provided, consideration of services provided under various contracts (e.g., services to college students and staff), and use of specific assessment and measurement techniques as needed to determine if organizational activities and services need modification.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Performance Improvement System

Policy Number: 24.3 (1) c. Procedures

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2. The Committee gathers information from individuals using the services, from staff members, and from family members to assist in evaluating the services provided. This may include consideration of a particular service procedure, and studies to determine the satisfaction of individuals using the service and their family members with the services provided. The specific studies completed and information obtained will be kept in notes maintained by the Policy Improvement Committee.
 3. The Center, through the Policy Improvement Committee, audits individual records to determine whether services are being provided and documented in a fashion consistent with accreditation standards. Auditing of individual service records will be completed at least once yearly by the Policy Improvement Committee. The results obtained will be kept in notes maintained by the Committee.
 4. The policy improvement committee reviews the Center's response to incidents reported under sub-rule 24.4(5) considering at a quarterly meeting the incidents that have occurred during that quarter. The Committee determines whether the response to the incident was appropriate and considers whether any changes need to be made in the clinical method of response should a similar incident occur. This information is provided to the Executive Director.
 5. Based on information provided by the Executive Director, the Board, and information obtained from individuals using the services, family members, and others the Committee identifies areas that may be in need of improvement. For example, the Committee monitors/assesses a specific service area or organizational activity and after collecting information/data determines that a threshold of acceptable performance has not been reached. The Policy Improvement Committee develops a plan to address the specific area in need of improvement. The Policy Improvement Committee, in consultation with the Executive Director, implements a plan of corrective action and documents the results.

An annual summary of the Center's performance improvement activities will be provided by the performance improvement committee to the Executive Director and will be reflected in the Center's three year organizational plan. Performance improvement activities will be reported to the Board and staff by the Executive Director, and plans for performance improvement activities are subject to frequent revision depending on needs and input received from Board and staff.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) a.b. Benchmark/Indicators

PERFORMANCE BENCHMARK:

Center leaders (Board of Directors, Executive Director, Medical Director, Performance Improvement Committee Chairperson) provide the framework for the planning, designing, directing, coordination, provision and improvement of services that are responsive to the individuals using the services and the communities served by the Center.

PERFORMANCE INDICATORS:

1. The Center maintains clearly articulated Mission and Value Statements which are reflected in the Center's long-range Organization Plan and Organizational Policies.
2. The Center's budgeting process (annual and long-range) involves appropriate governing and managing levels of the Center's leadership and is reflective of the Center's mission and values. An independent auditor performs an annual financial audit.
3. The organization establishes a Board of Directors. Individuals using the services or family members of individuals using the service are represented on the Board.
4. The Center's decision making process, including policy decisions affecting the organization, reflects involvement of the various levels of leadership and responsiveness to staff.
5. Center leaders solicit input from leaders of the various community groups representing individuals served by the Center in designing responsive service delivery systems.
6. Center leaders develop and implement a service system appropriate to the needs of the individuals served by the Center.
7. Center leaders make educational information, resources, and service consultation available to community groups.

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POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) c. Procedures

PROCEDURES:

1. The Mission and Values Statements of the Center are reviewed periodically (at least every five (5) years) by the Board and staff. The mission and values of the Center should be clearly reflected in the Center's Organizational Plan.
2. The Center's budgeting process (annual and long range) involves staff and Board with other input as needed. The annual budget and projected future budgets (usually three (3) years) are developed by the Center's Executive Director with input from the Office Manager and other staff. When needed, input is sought from the community. The annual budget is then presented to the Board Finance Committee for review and approval. The annual budget is approved by the entire Board.
3. The Center staff meets at least twice yearly at "retreats," at which time the entire staff considers Center needs and staff concerns relative to Center service provision, policy decisions of the Center, etc. The Executive Director uses this information in considering changes that may need to be made in terms of specific policy and provision of service. In addition, there are weekly staff meetings in which Center staff also have input relative to the decision-making process.
1. Center leaders, specifically the Executive Director, obtain input from community leaders and consumer groups in several ways. In some instances, surveys are used to obtain input from community leaders and consumer groups relative to services provided and possible changes needed in service delivery systems. Information is also obtained from Board members who communicate their views as to Center services. Other ways of obtaining information include participation of Center staff members on community boards, who may provide input relative to their perceptions of Center services.
5. The Center attempts to structure, direct and staff service systems based on needs of the individuals served by the Center and consistent with other factors such as whether sufficient funds and staff can be obtained to provide a specific service. For example, if there is information suggesting that broader services to the chronically mentally ill are needed, Center leaders attempt to determine whether the funds and staff needed to provide these services can be obtained.

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POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) c. Procedures

6. The Performance Improvement Committee is empowered to ensure that Center systems and activities are regularly monitored and improved (as necessary).
7. The Center attempts to provide educational information and coordinates service provision with community groups and resources. In some instances, proposals are made to County CPC for funds to provide specific educational programs and activities.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) d. Board of Directors

POLICY:

The Center shall have a Board of Directors that complies with the Iowa Code and that is the ultimate authority for determining the overall policies of the Center. The Board shall be representative of the Center's service area and represent interested professions, consumers and the socioeconomic, cultural and age groups reflected in the county served by the Center. The Board shall develop and adopt Bylaws for its own guidance. The Board shall include individuals using the services or family members of individuals using the services. In this manner, the Board shall include individuals who have disabilities or family members of persons with disabilities.

PROCEDURES:

All Board members should be residents of the Center's service area. No Center employees or consultants shall serve on the Board. At least 51 percent of the Board members shall be persons who are not providers of mental health services. Other qualifications are specified in the Bylaws. The Bylaws of the Board of Directors of the Center shall ensure that the Board is representative of the Center's service area. Center Bylaws address:

1. The number of Board members;
2. The duties of officers which shall include a president, vice president, secretary and treasurer;
3. The manner in which officers are elected, appointed and removed;
4. The frequency and procedures for calling meetings;
5. The manner in which renewal and continuity of Board membership shall be provided;
6. Definition of a conflict of interest;
7. The procedures necessary to amend the Bylaws; and,
8. The composition and duties of standing committees.

The duties of the Board of Directors shall include at least the following:

1. The Board shall have power to purchase and lease, pledge and sell all personal and real property belonging to the Center;
2. The Board shall determine Center policies in relation to community, professional, administrative, and financial needs and ensure that proper professional standards are upheld;

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) d. Board of Directors

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3. The Board shall select, evaluate and, if necessary, remove the Chief Administrative Officer;
 4. The Board shall direct the Chief Administrative Officer in carrying out Center policies, and authorize and approve all contracts and agreements to which the Center is party;
 5. The Board shall develop and adopt a Center Organizational Plan at least every four years;
 6. The Board shall require the assistance of the Executive Director in developing the Center Organizational Plan. The Executive Director will obtain input from staff and from leaders of community groups representing individuals served by the Center.
 7. The Board shall establish effective fiscal control of the Center operation, authorize the Executive Director to prepare an annual budget, review and approve the annual budget, and submit the budget to the Auditor and Board of Supervisors of Poweshiek County;
 8. The Board shall provide adequate financing and control of expenditures, review and approve the Center's annual budget; provide for an annual financial audit of Center records by an independent auditor; and
 9. The Board shall indemnify any director or officer or former director or officer of the Center, or any person who may have served at Board request as a director or officer of another Center, whether nonprofit or for profit, against expenses actually and reasonably incurred by that person in connection with the defense of any action, suit or proceeding, civil or criminal, in which the person is made a party by reason of relation to matters as to which the person shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty, and to make any other indemnification that shall be authorized by resolution adopted after notice to the directors entitled to vote.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) e. Board of Directors (Orientation)

POLICY:

The Board of Directors of the Center shall establish and maintain an orientation program for incoming Board members which shall include at least the following components:

1. A discussion of the Board members' responsibilities;
2. An introduction to the structure, goals, and scope of the services operated by the Board;
3. A discussion of the Center's relationships to other human service providers in the community and to governmental bodies at the local, state and federal level.

PROCEDURE:

Whenever a new member is added to the Board of Directors, he/she shall be provided with at least the following materials prior to his/her first Board meeting (when possible):

1. The policies and procedures of the Center;
2. A history of the Center.

The Executive Director of the Center, or his/her designee, should meet with the new Board member prior to his/her first Board meeting to provide orientation information relevant to the Center's operations, Board composition and responsibilities, history of the Center and Center services.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) f. Board of Directors (Minutes of Meetings)

POLICY:

The Board of Directors of the Center shall keep minutes of all meetings of the Board of Directors and committees with the authority of the Board.

PROCEDURES:

Minutes of meetings shall be approved by the Board and shall include, at a minimum, the date of the meetings, names of individuals in attendance, topics discussed, decisions reached, actions taken, and summary of all reports presented to the Board.

All committees shall keep minutes of their meetings and submit these to the Board of Directors for review.

Minutes shall be available to staff and the general public.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) g. Board of Directors (Hiring of Executive Director)

POLICY:

The Board of Directors of the Center shall appoint an Executive Director, who shall have primary responsibility for the overall operations of the Center, in accordance with the policies established by the Board of Directors.

PROCEDURES:

The Board of Directors shall be responsible for hiring a qualified person, who meets qualifications established by the State of Iowa, to serve as Executive Director of the Center.

The Board of Directors shall be responsible for the evaluation and supervision of the Executive Director.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) h. Executive Director Responsibilities

POLICY:

The Executive Director shall have primary responsibility for the efficient management and operation of all Center services and functions in compliance with applicable laws and regulations and Center Policies and Procedures.

PROCEDURES:

The Executive Director is responsible for the following:

1. The development and organization of administrative and procedural functions of the Center;
2. Management and conservation of the physical and fiscal assets of the Center including development and monitoring of the Center's budget;
3. The development and enhancement of public relations;
4. Preparation of periodic financial and service reports consistent with accreditation requirements and as requested by the Board of Directors;
5. Personnel administration and supervision;
6. Acting as liaison between the Board of Directors and the employees of the Center;
7. Assisting the Board in the development and revision of Policies and Procedures in accordance with State Accreditation Standards;
8. Coordination of Staff and Board in the overall development and management of the Center program;
9. Initiation and implementation of clinical functions; and,
10. Directing the Center's continuous performance improvement activities in the overall management, evaluation, and development of appropriate clinical procedures and operations of the Center and its staff.

POWESHIEK COUNTY MENTAL HEALTH CENTER
POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) i. Organizational Plan

The Center shall develop and update a written Organizational Plan, at least every five years, for the provision of services. The Organizational Plan shall be consistent with the mental health plan of the County.

PROCEDURES:

The Center's Organizational Plan is developed with attention paid to the provision of services commensurate with and appropriate to the level and scope required for meeting the needs of individuals using Center services. The Center's Organizational Plan is normally developed to include at least the following:

1. A statement of the Center's Vision, Mission and Values;
2. A summary of Performance Improvement activities and processes undertaken to assist in Plan development;
3. A description of the services which the Center provides;
4. The goals and objectives of each service which are developed on a fiscal-year basis as addenda to the long-range Organizational Plan;
5. A plan for the coordination of individual services; and,
6. A plan for maximizing individual utilization of provider services by identifying and minimizing barriers that exist in the following areas:
 - a. Accessibility of services;
 - b. Specialized communication (verbal and nonverbal);
 - c. Financial need;
 - d. Awareness of services by individual and the public; and,
 - e. Sensitivity to and acceptance of cultural diversity.

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POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Leadership

Policy Number: 24.3 (2) i. Organizational Plan

The Organizational Plan shall be developed every four years and encompass all accredited Center services. The Organizational Plan strives to review previous performance and establish future needs and services. Reasonable efforts are undertaken to obtain information from various community and consumer groups served by the Center, as well as other service providers and referral sources, in designing the Center's service delivery systems and when evaluating service effectiveness.

Center staff are additionally involved in providing input throughout the plan development process and via the Center's ongoing Performance Improvement processes, as well as through other appropriate methods. The Board of Directors meets with the staff of the Center, on at least an annual basis, to receive ideas and exchange information regarding the needs and operation of the Center and enhancement of the relationship between Board and Staff. (This meeting may coincide with the Center's Annual Meeting as deemed appropriate).

The Executive Director, with the assistance of other staff and with other input as needed, develops the Organizational Plan. The Organizational Plan is provided to the Board of Directors, Center staff, and appropriate area/regional planning entities to assist in future planning and system development.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES

Manual Section: Standards for Organizational Activities

Policy Title: Management Information System

Policy Number: 24.3 (3) a.b. Benchmark/Indicators

BENCHMARK:

Information at the Center is obtained, managed, and used in an efficient and effective method to document, enhance, and improve organizational performance and service delivery.

INDICATORS:

1. The Center has a system in place to maintain current individual-specific information documenting the provision and outcomes of services and treatments provided.
2. The Center has a system in place to maintain the confidentiality and security of information that identifies specific individuals using the services, including mail, correspondence, and electronic files.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Management Information System

Policy Number: 24.3 (3) c. Policies/Procedures (revised 5/09)

POLICY:

The Center gathers, maintains, and analyzes information and data through a management information system which is comprised of the following components: (1) Statistics, (2) Financial/Fiscal, and (3) Consumer Service Records.

PROCEDURES:

The Center's management information system captures and analyzes information and data which is used in Center decision making processes, service delivery enhancement, diversification and improvement efforts as well as in overall Center performance improvement activities. Information obtained is used in planning, designing, managing, and improving individual services and the Center's organizational systems. Reasonable efforts are undertaken by Center leadership and staff to ensure that all data and information in the management information system are kept secure and confidential, and that information/data integrity is maintained.

Components of Management Information System:

1. Individual Service Record – contains individual identifying information as well as information about services received and individual response to services (also refer to Center policy regarding individual service records).
2. Statistics – contains information including, but not necessarily limited to, the following: individual demographic information, service provision and activity data and information, and quality management (performance improvement) data (also refer to Center policy regarding Performance Improvement System).
3. Financial/Fiscal – contains information including, but not necessarily limited to, the following: budget information, income (by source) and expenditures (by source), accounts payable and receivable, payroll and inventory.

Safeguard and Security Management Information System:

Management Information System data and information may be maintained by the Center in paper form (hard copy) or stored in the Center's computer system, or both data and information maintained in paper form are stored in locked area to protect from damage, theft, tampering and unauthorized use.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Management Information System

Policy Number: 24.3 (3) c. Policies/Procedures

Identity Theft Prevention:

Identity theft is fraud committed using the identifying information of another person. The center will identify possible “red flags” that are patterns, practices, or specific activities that indicate the possible existence of identity theft. Possible red flags include suspicious documents, suspicious personal identifying information, suspicious or unusual use of an account, or alerts from others. In order to facilitate detection of red flags on new accounts, center staff will verify the identity of the individual by requiring identifying information such as full name, date of birth, address, and government issued ID. This personal information will also be verified with the insurance company, if applicable. If information is requested to be changed on an existing account, the validity of this information will be verified by having the individual provide the date of birth, address, and government issued ID. Personal information will not be given out without verification of the individual’s identity.

If a red flag is detected and the individual is unable to provide the necessary information to resolve the discrepancy, the Office Manager will place an alert on an account after consultation with the Executive Director. A notation of “Identity Theft Alert” will be made on the “Edit Patient” screen under “Patient ID”. The Executive Director will conduct an investigation to determine whether fraud took place. If the results of the investigation indicate fraud, no attempts to collect on the account will be made until the identity has been resolved. Law enforcement will be contacted as appropriate. If the true identity of the thief is unknown then a “Jane or John Doe” record will be created. Records created due to identify theft will be kept in a separate file. Services to the identity thief may be terminated. If the results of the investigation do not indicate fraud, all contact and identifying information is re-verified with patient.

Computer Network Security:

Data and information maintained in the Center’s computer network and individual workstations are secured as described below:

1. Each staff member who has access to the computer system is assigned a specific login identity and a password. (Staff are encouraged not to divulge their individual password to anyone else. This procedure will prevent individuals from entering the network system using a different user’s password). Only the Executive Director and Office Manager will know all staff members’ passwords.
2. To protect against deleting or corrupting Center data, unauthorized personnel are not allowed to enter or update any information that a staff member does not have regular need to use as part of his/her job.

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Manual Section: Standards for Organizational Activities

Policy Title: Management Information System

Policy Number: 24.3 (3) c. Policies/Procedures

3. Protection from viruses is maintained by a two-step plan: a) anti-virus programming is loaded on the system and updated regularly, and b) staff members have been told that they are not to load any personal software on their workstations, without express consent of the Executive Director with anti-virus testing of software to be installed and proof that the software has been purchased legally from a retail business.
4. Complete backups of the system, including programmed software, are done nightly. The following morning the backup software is checked to ascertain that the backup did occur. Designated staff takes each night the previous night's backup tape off premises. Tapes are kept in a fire-proof safe.

Partial or Total System Failure:

When a partial or total computer system failure occurs, the following procedures are to be followed:

1. Check to determine if any workstations are still operable. If some workstations continue to operate, then check cabling to non-operational workstations.
2. Hardware problems are turned over to Medical Manager and/or Chizek Computer Repair as the Center keeps an annual service policy with them.
3. Software problems are resolved by consultation with the present system software company.

Correspondence and Mail Confidentiality and Security:

All incoming mail is delivered to the office manager for opening and distribution to the appropriate staff person. Outgoing correspondence or financial statements to individuals receiving services at the Center are enclosed in envelopes that have only the street address in the return, the name of the Center does not appear on the outside of the envelope. Individuals indicate at the time of their Request of Service if mail can be sent to the address indicated on the form.

The Center has implemented procedures for compliance with present HIPAA regulations regarding privacy and business associates' agreements. Compliance with HIPAA began in April, 2003.

POWESHIEK COUNTY MENTAL HEALTH CENTER

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Manual Section: Standards for Organizational Activities

Policy Title: Human Resources

Policy Number: 24.3 (4) a. Benchmark/Indicators

BENCHMARK:

The Center provides qualified staff to support the Center's mission and facilitate the provision of quality services.

PERFORMANCE INDICATORS:

The Center:

1. Has a job description in the personnel file of each staff member that clearly defines responsibilities and qualifications.
2. Has a process to verify qualifications of staff including degrees, licenses, medication management training, and certification as required by the position, within 90 days of the staff person's employment. Personnel files will contain evidence that verification of professional licenses and college degrees at the bachelor's level or higher, as required by the position, was obtained from the primary source.
3. Evaluates staff annually.
4. Includes a plan for staff development for each staff member in the annual evaluation.
5. Provides training and education to all staff relevant to their positions.
6. Provides for approved training on child and dependent adult abuse reporter requirements to all Center staff who are mandatory abuse reporters. The Center documents in personnel records training on child and dependent adult abuse reporter requirements.
7. Has staff members sign a document indicating that they are aware of the Center's policy on confidentiality and maintains these documents in the personnel files.
8. Provides an initial orientation to new staff and documents this orientation in the employee's personnel file.
9. Has mechanisms in place that afford staff the right to express concerns about a particular care issue or to file a grievance concerning a specific employment situation.
10. Completes criminal and abuse record checks and evaluations as required in Iowa Code section 135C.33 (5) before employment for an employee who meets with individuals using the services in the individuals' homes.
11. Establishes and implements a code of ethics for all staff addressing confidentiality, individual rights, and professional and legal issues in providing services and documents in the personnel records that the code of ethics in effect at the time of review has been reviewed with each staff member.

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Policy Title: Human Resources

Policy Number: 24.3 (4) b. Code of Ethics

POLICY:

The Center and staff hold to the highest moral, legal, and professional standards for the conduct and services provided to individuals and communities served. Staff maintain respect both for privacy and well-being of the individuals served and for the welfare and protection of the general public. The Center strives to enhance the principles of competency, accountability, responsibility, nondiscrimination and service excellence.

PROCEDURES:

The Center and staff voluntarily subscribe to and uphold the following principles while so affiliated:

1. The interest of the person served is always respected. Activities on behalf of the persons served, whether individuals, families or organizations, shall always be determined by their best interests. Their rights, including appropriate care, confidentiality, informed consent, self-determination and access to records is guaranteed.
2. Activities shall reflect the best interest of the general public. Accountability to the community is recognized by the administration and governing body in determining priorities, policies and program/services. Prevailing legal and moral standards shall be upheld. Questionable practices and programs are not condoned. The public's right to have information about programs/services, finances, policies and procedures is acknowledged.
3. High professional standards will be maintained and promoted. The Center and staff at all times require conduct based on accepted principles and professional standards of practice. All staff shall avoid conflicts of interest and misrepresentation of their services, credentials or skills. Staff recognize accountability to the Center and individuals using the services with whom they are involved and accept responsibility for their own actions. Nondiscriminatory policies are promoted and observed among all persons. Also, the Center and staff have a primary responsibility to maintain high standards of professional competence and to provide the highest quality of care possible. A professional employee shall be familiar with and adhere to the Code of Ethics established by his/her respective profession.

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Policy Title: Human Resources

Policy Number: 24.3 (4) b. Code of Ethics

All Center staff are asked to acknowledge receipt of the above Center Code of Ethics via their signature on a form containing this language. A copy of the staff-signed acknowledgement form is maintained in the staff's personnel file. All staff are provided with a copy of this signed acknowledgement form.

Non-licensed staff receive regular (usually weekly) supervision from a licensed professional staff member. The supervision provided is consistent with the supervision requirements specified by the Iowa Licensure Board for the supervised employee. The licensed mental health professionals on staff are encouraged to seek supervision/consultation from colleagues who have demonstrated competence, knowledge and expertise relative to the subject of the consultation. Case consultation also occurs on a regular basis at weekly clinical staff meetings.

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Policy Number: 24.3 (4) c. Conflict of Interest

POLICY:

Employees of the Center or their immediate family members shall not serve on the Board of Directors of the Center. Employees of the Center shall not own real property used by the Center.

Professional staff of the Center shall not engage in any form of private practice that would place that person in competition with the Center or which might interfere with job performance. Employees shall be permitted to engage in only such private practice as is defined in the specific Private Practice Agreement which the individual may sign with the Center. If the employee does not sign a Private Practice Agreement with the Center he/she may engage in no private practice while an employee of the Center. Employees may be employed by another agency as long as such employment is approved by the Center's Executive Director or Board in the case of the Executive Director. Staff of the Center shall not engage in any activities which represent a conflict of interest or which present the appearance of a conflict of interest.

Employees shall not exploit relationships with individuals using the services for personal advantage. Under no circumstances shall any member of the professional staff engage in sexual activities or dating relationships with individuals using the services.

PROCEDURES:

All private practice by professional staff shall be approved in advance by the Appointing Authority (Executive Director or Board of Directors).

Employees who engage in activities that represent a conflict of interest are subject to disciplinary action which may include suspension or dismissal.

Any activities of Center staff which represent a potential conflict of interest or the appearance of a conflict of interest shall require prior approval by the Center's Board of Directors before staff engage in such activities.

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Policy Number: 24.3 (4) d. Nondiscrimination

POLICY:

The Center is an equal opportunity/affirmative action employer and does not exclude persons from employment or application for employment, from receipt of or participation in programs, activities or service on the grounds of race, color, creed, national origin, gender, sexual orientation, religion, political belief, or physical or mental disability.

PROCEDURES:

The Center does not discriminate against persons on the aforementioned grounds (Policy statement) in hiring of: (1) professional staff or (2) clerical and support staff. Because qualifications are different for professional staff and clerical/support staff, the Center maintains separate Policies and Procedures for these distinct staff positions.

The Center does not discriminate against persons in the delivery of mental health services, on the aforementioned grounds (Policy statement). Services of the Center are provided based upon identified needs for service.

The Center does not discriminate against Center employees or consultants on the aforementioned grounds (Policy statement).

The Center maintains appropriate grievance procedures for employees, applicants for employment and consumers. Copies of these policies are maintained in the Center's Policies and Procedures Manual.

The Executive Director of the Center serves as the Center's Equal Employment Opportunity/Affirmative Action (EEO/AA) officer.

A copy of this policy shall be posted where it can be seen by all applicants for employment, employees and consultants and consumers of Center services.

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Policy Number: 24.3 (4) e. Grievance Procedure (Hiring)

POLICY:

The Center, as an Equal Employment Opportunity/Affirmative Action employer, shall provide a grievance procedure for any person who has reason to believe that he/she has been a victim of discrimination in applying for employment with the Center. The Center does not exclude persons from applying for employment at the Center on the grounds of race, color, creed, national origin, gender, sexual orientation, age, religion, political belief or physical or mental disability.

PROCEDURES:

Any applicant for employment with the Center who has reason to believe that he/she has been a victim of discrimination in applying for employment with the Center may appeal the Center's decision through the following mechanism:

- Step 1. The applicant may make an appeal, in written form, to the Executive Director who must evaluate the circumstances surrounding the appeal. The Executive Director shall respond, in writing, to the applicant within fourteen (14) calendar days from the date of receipt of the applicant's written appeal.
- Step 2. If the applicant is not satisfied with the decision reached in Step 1 (above), the applicant may appeal, in writing, within fourteen (14) calendar days of the date of the decision rendered in Step 1 (above). This written appeal shall be submitted to the Executive Director, addressed to the Executive Committee of the Board of Directors. The Executive Committee shall evaluate the nature of the applicant's appeal and respond, in writing, to the applicant within thirty (30) calendar days of receipt of the appeal.
- Step 3. If the applicant is not satisfied with the decision in Step 2 (above), the applicant may appeal, in writing, within ten (10) calendar days of the decision date in Step 2 (above). This written appeal shall be submitted to the Executive Director, addressed to the Board of Directors. After submission of this written appeal or in conjunction therewith, the applicant may request to meet with the Board of Directors. The Board of Directors, upon receipt of the appeal, shall evaluate the applicant's appeal and actions taken in Step 1 and Step 2 of this procedure, and render final written response within forty-five (45) calendar days of receipt of the written appeal.

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Policy Number: 24.3 (4) e. Grievance Procedure (Hiring)

The Center's grievance procedure for applicant of employment does not preclude the filing of a complaint, by the applicant, with Iowa Civil Rights Commission; or the United States Department of Health and Human Services, Office for Civil Rights.

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Manual Section: Standards for Organizational Activities

Policy Title: Human Resources

Policy Number: 24.3 (4) f. Hiring Practices for Professional Staff

POLICY:

It is the policy of the Center to fill any and all vacancies in professional staff positions in a manner that is in compliance with state and federal standards and regulations.

PROCEDURES:

The Center is an equal opportunity/affirmative action employer and does not discriminate in employment practices with regard to race, color, creed, age, gender, sexual orientation, disabilities, religion, political belief, or national origin.

The Board of Directors shall approve adding any position to the professional staff of the Center which requires the expenditure of funds beyond the current Center budget.

When an opening exists at the Center, notices seeking applications will be placed in normal media of communications (newspapers) and may also be advertised in appropriate professional journals or publications and on-line.

Qualified current employees shall be given information about new and vacant positions and shall be given at least equal consideration with all other applicants. Vacant positions may be filled by advancement of current employees. If interested and qualified current employees are not available, the position will be advertised to outside applicants.

Prior to appointment, all persons who are being considered for employment shall be given the opportunity to examine the Center's written Personnel Policies and Procedures Manual.

Professional staff in clinical positions shall be licensed as required by Iowa licensure laws or be eligible for licensure within two (2) years after initial employment at the Center. Licensure shall be sought, by the employee, as soon as possible upon meeting licensure eligibility requirements. Licensure is to be considered a condition of employment in clinical positions at the Center.

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Policy Number: 24.3 (4) f. Hiring Practices for Professional Staff

Application Process:

All persons seeking employment as a professional staff member, when a staff vacancy exists, shall submit the following information:

1. A letter of application;
2. Information outlining the applicant's educational and employment history (as deemed necessary);
3. At least two (2) letters of recommendation from separate professionals supporting the individual's qualifications for the staff position sought;
4. A signed "Release and Waiver Reference Check" form which allows the Center to obtain pertinent information regarding past employment, education, experience, etc., relative to qualifications needed for employment at the Center; and
5. A signed Authorization allowing the Center to obtain criminal, child abuse and dependent adult abuse record checks, per Code of Iowa, in Iowa, and, if appropriate, in other states. (Refer to Selection/Hiring Process below).

Selection/Hiring Process:

The following process shall be used in the selection and hiring of professional staff (when a staff vacancy exists):

1. All applicants shall be made aware of the information required in the Application Process (above) as well as the Selection/Hiring Process, certification and licensure;
2. The Executive Director shall review all applications to determine which applicants should be considered for a personal interview;
3. Applicants considered for interviewing shall be subject to child abuse, criminal and dependent adult abuse record checks, per Code of Iowa, prior to being selected for interviewing. (Information obtained through the record checks may be used to disqualify applicants from consideration of employment at the Center).
4. All applicants selected for interviewing, (i.e., candidates) shall be provided with a job description prior to interviewing;

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5. All applicants selected for interviewing, (i.e. candidates) shall be interviewed by the Executive Director. (Other Center professional staff members may be included in this interview at the discretion of the Executive Director);
 6. The Center may pay travel and per diem expense to candidates for any professional staff position if prior approval has been granted by the Board of Directors;
 7. It shall be the policy of the Board to reimburse employees upon their employment for 75% of the cost of moving their household goods to Grinnell. The cost above a \$400 ceiling will automatically become negotiable with the Finance Committee of the Board who will determine whether or not the Center can assume the full 75% figure;
 8. The Executive Director shall be responsible for the interviewing and selection process;
 9. Prior to employment of professional staff, the Executive Director, or his/her designee, will verify qualifications by obtaining a transcript from the educational institution of the applicant's highest degree, by contacting the licensure or certification board and verifying licensure/certification, and through obtaining two letters of reference.
 10. The Executive Director shall make the determination as to which applicant shall be offered employment; and
 11. Appointments shall be made by the Executive Director in a written letter which shall be kept on file and placed in the employee's personnel file which will be established on the date of appointment. The letter of appointment shall designate the class of employment, the position title, salary and the effective date of appointment. Prior to appointment, all persons who are being considered for employment shall be given the opportunity to examine the Center's written Personnel Policies and Procedures Manual.

All applicants shall be informed of the results of their applications, in writing, no later than ten (10) days after the staff position has been filled.

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Policy Number: 24.3 (4) g. Hiring Practices for Support Staff

POLICY:

It is the policy of the Center to fill any and all vacancies in clerical and support staff positions in a manner that is in compliance with state and federal standards and regulations.

PROCEDURES:

The Center is an equal opportunity/affirmative action employer and does not discriminate in employment practices with regard to race, color, creed, age, gender, sexual orientation, disabilities, religion, political belief or national origin.

The Executive Director shall have the authority to fill any existing support staff positions, employ and dismiss temporary part-time clerical help, within the Center Budget constraints. The Board of Directors shall be involved in the determination of needs for adding any new position on the clerical and support staff of the Center.

When an opening exists in the Center, notices specifying the position shall be provided to the Job Employment Services and/or newspapers in which the position is to be advertised.

Qualified current employees of the Center shall be given notice and information regarding vacancies on the clerical and support staff and shall be given equal consideration with all other applicants.

Application Process:

All persons seeking employment as a clerical and support staff (when a staff vacancy exists) shall submit the following information:

1. A letter of application or application form;
2. Information outlining the applicant's educational and employment history (as deemed necessary);
3. At least two (2) references who would verify the individual's qualifications for the staff position sought; and

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4. A signed "Job Reference" Form which allows the Center to obtain pertinent information regarding past employment, education, experience, etc., relative to qualifications needed for employment at the Center.

Selection/Hiring Process:

The following process shall be used in the selection and hiring of clerical and support staff (when a staff vacancy exists):

1. All applicants shall be made aware of the information required in the Application Process (above) as well as the Selection/Hiring Process;
2. The Executive Director and Office Manager (at the discretion of the Executive Director) shall review all applicants to determine which applicants shall be interviewed for the position;
3. All applicants selected for interviewing, (i.e., candidates) shall be provided with a job description prior to interviewing;
4. The Executive Director shall interview all applicants/candidates selected for interviewing (the Office Manager or other clerical or support staff may be included in the interviewing process at the discretion of the Executive Director);
5. The Executive Director shall make the determination as to which applicant shall be offered employment; and
6. Appointments shall be made by the Executive Director in a written letter which shall be kept on file and placed in the employee's personnel file which will be established on the date of appointment. The letter of appointment shall designate the class of employment, the position title, salary and the effective date of appointment.

All applicants/candidates for clerical or support staff positions shall be informed of the results of their applications, in writing, no later than ten (10) days after the staff position has been filled.

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Policy Number: 24.3 (4) h. Hiring Practices for Immediate Family Members and Board Members

POLICY:

It is the policy of the Center to not knowingly employ immediate family members of current Center staff or current Board of Directors.

Additionally, it is the policy of the Center to provide a clear definition for the term "immediate family member" as contained in the Center's Policies and Procedures Manual. A clear definition of the term assists the administration in proper adherence to established employment practices.

PROCEDURES:

The Center is an equal opportunity/affirmative action employer and does not discriminate in employment practices with regard to race, creed, age, gender, sexual orientation, disabilities, religion or national origin. The Center complies with all applicable federal and state employment regulations.

To avoid potential conflict of interest or the possible appearance of a conflict of interest, the Center does not knowingly employ immediate family members of current staff or Board of Directors.

If the Center receives an inquiry about employment at the Center from an immediate family member of current staff or Board of Directors, the Executive Director shall inform the inquirer of this Policy. All persons seeking employment at the Center shall be asked if they are an immediate family member of current Center staff or Board of Directors.

"Immediate family member" shall be defined as follows: husband, wife, father, father-in-law, mother, mother-in-law, brother, brother-in-law, sister, sister-in-law, son, son-in-law, daughter, daughter-in-law.

Exceptions to this definition may be made by the Executive Director, with approval by the Board of Directors, under special circumstances.

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Policy Number: 24.3 (4) i. Orientation of New Employees

POLICY:

All newly hired employees and/or consultants are required to participate in an orientation program to acquaint them with policies and procedures of the Center and provide them with other information relevant to the performance of their job.

PROCEDURES:

The orientation program shall include information regarding the following topics:

1. An introduction to the organizational philosophy, structure, programs and services of the Center.
2. An introduction to and discussion of the policies and procedures of the Center (including personnel and safety procedures).
3. A discussion of the relationship of the Center to the community, the county board of supervisors, the state accrediting agency and other agencies with whom the employee/consultant will be relating.
4. An introduction to and discussion of individuals served (as applicable to individual staff job responsibilities).
5. Discussion of confidentiality of mental health information and disclosure.

The newly-hired employee/consultant will be provided with written materials that describe the operation of the Center and will be provided access to the Policy and Procedures Manual.

The newly-hired employee/consultant will be provided with an opportunity to discuss and ask questions about the written materials and other pertinent information with either the Executive Director or his/her designee.

Orientation shall be documented and may be individualized to the specific staff member's job responsibilities.

(Also refer to Center Policies/Procedures regarding: (a) Volunteers and (b) Trainees/Student Interns).

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Policy Number: 24.3 (4) j. Training Status: New Employees (revised 5/09)

POLICY:

All employees of the Clinic are hired with a six-month training period during which time at least two evaluations of performance are to be conducted by the Executive Director or his/her designee. The employee's employment at the Clinic may be terminated at any time if the employee's performance is unsatisfactory.

The initial training period is intended as an examination period utilized for the purpose of observing an employee's work leading to a determination of the employee's suitability and qualification for the duties and requirements of the position.

An employee in the training period is eligible for all relevant fringe benefits.

PROCEDURES:

Evaluations of employees who are in the training period are to be conducted by the Executive Director or his/her designee at least two times, at approximately three month intervals, during the first six months of employment by the Clinic.

Evaluations are to be based on adequacy of fulfilling the requirements of the position; cooperation with the staff, and other criteria relevant to job performance.

If deficiencies in job performance are present, the Executive Director shall provide the employee with a written statement of deficiencies and recommendations for improvement with specific time lines for re-evaluation.

At the end of the six month probationary period the Executive Director shall make a decision either to:

1. Retain the employee and accept as a permanent employee; or,
2. Extend probation in three month increments, up to a maximum of one year total probation; or,
3. Terminate the employee's employment at the Clinic (refer to Policy regarding Termination).

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Policy Number: 24.3 (4) k. Training Status: Employees in New Positions (revised 5/09)

POLICY:

Any employee of the Center who is transferred to a different position on the Center staff shall be placed on training status for a period of six months during which the Executive Director or his/her designee shall conduct at least two (2) evaluations of performance in the new job. The employee who transfers to a new position shall not forfeit any fringe benefits during the training period.

PROCEDURES:

Evaluations of employees in training are to be conducted by the Executive Director or his/her designee at least two times, at approximately three month intervals, during the first six months of employment in said new/different position on the Center staff. Evaluations are to be based on adequacy of fulfilling the requirements of the position, cooperation with staff, and other criteria relevant to job performance.

If deficiencies in job performance are present, the Executive Director shall provide the employee with a written statement of deficiencies and recommendations for improvement with specific time lines for re-evaluation.

At the end of the training period, the Executive Director shall make a decision either to:

1. Retain the employee to be designated as a permanent employee within this position;
2. Extend probation in three month increments, up to a maximum of one year total probation; or,
3. Transfer the employee back to the position formerly held, or a similar position at the Center (with consideration given to Center budgetary constraints); or,
4. Terminate the employee's employment at the Clinic (refer to Policy regarding Termination).

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Policy Number: 24.3 (4) 1. Evaluation of Permanent Employees (revised 5/09)

POLICY:

The Executive Director of the Center or his/her designee shall conduct annual evaluations of all employees/consultants of the Center in order to provide the individual employee with feedback regarding the performance of the employee.

Evaluations shall be based on, but not limited to, the employee's written job description and shall be conducted on an annual basis.

Evaluations shall be in written form and every employee/consultant shall have a scheduled individual conference with the evaluator to discuss and respond to the written evaluation.

Evaluations are to be signed by the employee and the evaluator and a copy of the written evaluation shall be placed in the personnel file of the individual employee/consultant.

PROCEDURES:

All written evaluations of employees shall include an assessment of the employee's performance of the duties contained in the individual's job description.

The evaluation conference shall include a discussion and re-evaluation of the employee's staff development plan.

The written evaluation is to be signed by both the evaluator and the employee. The signature of the employee does not necessarily indicate agreement with the evaluation, but indicates only that the employee has read the evaluation and discussed it with the evaluator.

The employee/consultant shall be provided with an opportunity to make a written response to the evaluation. Any written response is to be signed by both the employee and the evaluator. The signature of the evaluator does not necessarily indicate agreement with the written response, but indicates only that the evaluator has read the written response.

All written evaluations and written responses to evaluations shall be placed and maintained in the employee's personnel file.

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Policy Number: 24.3 (4) m. Personnel Files

POLICY:

The Center shall maintain personnel files for every employee/consultant employed by the Center.

Personnel files are to include at least the following:

1. Staff identifying information, including experience, education and training;
2. Criminal background check;
3. Current job descriptions;
4. Copies of current licenses, certifications, or degree according to specific job responsibilities;
5. Staff development plan;
6. All written evaluations of performance (annual and probationary);
7. Statements of benefits earned and taken;
8. Documentation of any grievance brought by the employee;
9. Documentation of any disciplinary action taken against the employee;
10. Documentation of approved training on child and dependent abuse reporter requirements;
11. Documentation of staff member's awareness of the Center's policy on confidentiality;
12. Documentation that the code of ethics has been reviewed annually with employee;
13. Documentation of annual continuing education activities;
14. Each consultant shall have a contract drawn on an annual or a semi-annual basis which will include at a minimum: a) consultant's duties; b) consultant's hours per week; and, c) consultant's rate of compensation.

PROCEDURES:

The Center shall maintain a confidential personnel file (per law) for each employee/consultant of the Center including the materials specified above.

Employee/Consultants shall have access to their own files upon request. Only the Personnel Committee of the Board of Directors, the Executive Director and the employee/consultant shall have access to the personnel files. Personnel files are considered to be the property of the Center.

Information contained in personnel files shall not be released nor disclosed without written authorization of the employee/consultant, except as required by law, or when required by duly authorized audits and Center accreditation.

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Policy Number: 24.3(4) n. Staff Development

POLICY:

Full-time professional employees of the Center are expected to attend workshops, professional conferences, institutes, training seminars or classes, in order to increase and expand their knowledge of issues and treatment methods relevant to their work at the Center. Attendance at in-service training and other continuing education activities designed to improve the employee's performance, allow him/her to meet applicable certification or licensure requirements, prepare him/her for advancement, or which will provide information and training to the employee which will be valuable to the agency in meeting its program goals and objectives, is encouraged by the Center. Full-time clerical/support staff employees of the Center may attend workshops, meetings, and/or classes in order to increase or expand their knowledge and skill level relevant to their work at the Center. All Center employees shall be made aware of opportunities to attend workshops, conferences, etc., through a dissemination of information regarding these opportunities.

PROCEDURES:

Staff Development

An individualized staff development plan shall be developed and written for each professional (clinical) staff of the Center at the annual evaluation conference. This plan is to include at least the following:

1. The identification of the Center's programmatic needs;
2. The identification of the employee's individual educational needs; and,
3. The specification of objectives for meeting mutual needs.

The individual staff development plan is to be dated and signed by both the professional staff member and the Executive Director or his/her designee.

Clerical or support staff are not required to have an individual staff development plan, however performance improvement plans are developed for any areas needing improvement based upon the individual employee's performance evaluation interview or as identified via the Center's ongoing performance improvement processes.

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Human Resources

Policy Number: 24.3(4) n. Staff Development

Permanent part-time professional employees working an average of less than 25 hours per week, may receive regular compensation for a maximum of two (2) days yearly attending workshops or conferences unless attendance at a particular workshop or conference is, in the opinion of the Executive Director, essential to the training of an employee.

Each full-time professional employee will be expected to spend at least three (3) days yearly attending conferences or workshops, or to have obtained the number of continuing education units (CEUs) necessary for continued licensure or certification. Without specific written approval by the Executive Director a full-time employee may not take more than five (5) paid days yearly for continuing education activities.

The Center shall budget funds each year to be used for the continuing education of staff. The Executive Director shall divide this money equally among the permanent full-time professional employees (and permanent part-time professional employees on a basis proportionate to the number of hours worked) to be used in paying registration fees, transportation costs, and meals and lodging in attending professional meetings and workshops. If an employee does not plan to use all of the funds allotted to him/her under this procedure, his/her remaining funds can, with the approval of the Executive Director, be given to other staff members for continuing education activities. Continuing education expenditures which exceed the total amount budgeted must be approved by the Board of Directors.

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POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Human Resources

Policy Number: 24.3 (4) o. Employee Classes/Benefits

POLICY:

The Center employs (may employ) five (5) classes of employees.

PROCEDURES:

1. Permanent full-time: Those employees who work a full 40-hour work week and whose employment is not time-limited. All permanent employees will have successfully completed an original probationary period. Qualify for all employee benefits.
2. Permanent part-time: Those employees who work less than 40 hours per week but who work on a regularly scheduled basis and whose employment is not for a specified period of time. All such employees shall qualify for the following employee benefits: Social Security benefits, workman's compensation, unemployment compensation, and for continuing education. Only those who are employed an average of twenty (20) or more hours a week will be eligible, on a basis proportionate to the number of hours worked, for other employee benefits.
3. Temporary full-time: Those employees who work a 40-hour week, but whose duration of employment is limited to a definite number of hours, days, weeks, or months to be worked due to the design of a project warranting such a position. Qualify only for the following employee benefits: Social Security benefits, workman's compensation, unemployment compensation (as regulated by law), and paid holidays.
4. Temporary part-time: Those employees who work less than 40-hours per week on a regularly scheduled basis but other conditions are the same as for temporary full-time, above. Qualify only for Social Security benefits and workman's compensation and unemployment compensation (as regulated by law)
5. Consultants: Professional persons retained on a contractual per hour basis shall receive no employee benefits.

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Policy Title: Human Resources

Policy Number: 24.3 (4) p. Employee Fringe Benefits (revised 9/10)

POLICY:

The Center provides fringe benefits to employees based on the class of employment (see policy number 24.3(4)o.) including the number of hours worked per week. Some employee benefits are granted on a pro-rated basis depending upon hours worked per week.

Fringe benefits include:

1. Social Security Benefits;
 2. Worker's Compensation;
 3. Health Insurance;
 4. Life Insurance;
 5. Retirement Plan;
 6. Flexible Spending Account;
 7. Long-Term Disability.
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1. Social Security Benefits: Each employee, regardless of appointment, will have the employee's share deducted from his/her pay and the corporation will furnish the employer's share, based on rates established by law.
 2. Worker's Compensation: The Center maintains a worker's compensation insurance policy to provide benefits for which an employee injured in the course and scope of employment is qualified pursuant to state law.
 3. Group Health Insurance: Optional group medical and dental insurance shall be offered to all permanent full-time employees and permanent part-time employees employed at least thirty (30) hours per week. As of July 1, 2010 each participating employee will pay 10% of the individual health plan premium. The percentage will increase to 15% as of July 1, 2011 and 20% as of July 1, 2012. The same dollar amount paid by the Center for individual plans will be applied toward family plans, with the employees being responsible for the difference.
 4. Life Insurance: Permanent full time employees are eligible for the Center's group life and accidental death & dismemberment insurance plan. This premium is paid by the Center and employees designate their beneficiaries.

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Policy Number: 24.3 (4) p. Employee Fringe Benefits

5. Retirement Plan: The Center provides a 403 (b) tax sheltered retirement plan to permanent employees (employed an average of twenty (20) or more hours per week), at the rate of nine percent (9%) of the employee's gross salary. The plan uses a 6-year graded vesting schedule for all employees hired after January 21, 2010. Employees hired before that date will continue to receive 100% vesting on all employer contributions.
6. Flexible Spending Account: The Center offers a flexible spending arrangement whereby an employee's compensation may be reduced by an agreed upon amount and placed in a separate non-interest bearing account. This account is utilized to pay for child care, co-insurance and deductible costs, and/or other expenses qualified under Section 125 of the Federal Tax Code. Any funds not utilized during the plan year (calendar year) are forfeited back to the Center at the end of that calendar year (December 31).
7. Long Term Disability: The Center provides long-term disability to any employee working 30 hours or more per week. A new employee must complete three full calendar months before he/she is eligible for this policy. Benefits from this policy are paid to the employee beginning their 91st day of continuous disability and are equivalent to 60% of his/her salary.

The foregoing is a summary of benefits only. Benefits will be payable only according to the language of the plan or contract governing the particular benefit. The Center reserves the right to administer, apply, and interpret contract, policy, or plan language in its sole discretion.

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POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Human Resources

Policy Number: 24.3 (4) q. Sick Leave (revised 9/08)

POLICY:

Permanent full and part-time (20 or more hours per week) employees shall accumulate sick leave.

Sick leave is to be used for illness of the employee, for medical or dental appointments for the employee or immediate family members that cannot be arranged during non-working hours, and for immediate family member illness.

PROCEDURES:

Whenever employees are unable to report for work due to illness, they are responsible for informing the receptionist, or other clerical staff, by 8:00 a.m. Professional staff are responsible for informing the receptionist at least one-half hour before their first scheduled appointment. Absences due to illness shall be reported to the Executive Director or his/her designee as soon as possible.

Whenever professional staff must leave work due to illness, they are responsible for notifying the Executive Director or his/her designee, making certain that clients are contacted and appointments rescheduled. Whenever clerical and support staff must leave work due to illness they shall notify the Executive Director or his/her designee and their immediate supervisor prior to leaving work.

1. Accumulation:
 - a. Permanent, full-time employees will earn 20 days sick leave per year.
 - b. Permanent, part-time employees employed 20 or more hours per week will earn sick leave on a pro-rated basis.
 - c. Shall be granted and accrued in hourly increments.
 - d. During the first 15 years of employment maximum accrual of sick leave will be 60 working days. After 15 years of employment a total of 90 working days may be accrued.

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Policy Number: 24.3 (4) q. Sick Leave

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2. If an employee becomes sick while on vacation time status, a signed statement by the treating physician may be required by the appointing authority, in order to have this absence charged to sick leave, during the period of illness, rather than to be charged vacation time. The Executive Director may, at his/her discretion, require any employee to submit evidence that the specified period of absence is or was the direct result of an illness.
 3. Sick leave shall not accrue during a leave of absence.
 4. Loss of time due to illness in the employee's immediate family which requires the employee's personal care, shall be charged against the employee's accumulated sick leave, not to exceed ten (10) working days (80 hours) in one calendar year. Immediate family shall include children, domestic partner, father, mother, brother, sister, grandparents, and domestic partner's children, father, mother, brother, sister, or grandparents.
 5. Up to 24 hours of accumulated paid sick leave may be designated as Mental Health Leave each year to permanent full-time employees of the Center. Mental Health Leave for permanent part-time employees who are hired to work an average of 20 or more hours per week will be pro-rated. Mental Health Leave is not accruable from one fiscal year to the next. Employees are not required to state the reason for requesting such leave. Mental Health Leave is to be requested prior to the anticipated absence and the employee may be expected to arrange for coverage for his/her job duties. Mental Health Leave is to be approved by the Executive Director or his/her designee. In the event that two or more employees request the same period of time for Mental Health Leave, approval will be at the discretion of the Executive Director or his/her designee.
 6. Employees will not be paid for any accrued sick leave at the time of separation.
 7. When an employee, after at least fifteen years of employment, reaches his/her maximum accrual of sick leave the employee may convert sick leave earned, beyond the maximum accrual allowed (see 1. d above), to vacation time (leave). This is done according to the following formula; eight hours sick leave equals two hours of vacation time (leave). This will be computed by the Office Manager at the end of the fiscal year for each eligible employee.

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Policy Number: 24.3 (4) r. Vacation

POLICY:

A permanent full-time employee will receive a total of 15 working days vacation during his/her first year of employment, and four weeks (20 working days) vacation each year thereafter. Vacation time will be determined from the anniversary date of the employment of the employee.

For permanent part-time employees, vacation time will be earned on a pro-rated basis.

Vacation will be taken on the same basis as the 40-hour work week; i.e., Saturdays, Sundays, and holidays when the employee is normally off work will not be counted against annual accrued vacation time when the employee is on vacation.

During the first 15 years of employment maximum accrual of vacation will be 55 working days. After 15 years of employment a total of 60 working days may be accrued. Vacation time beyond the maximum which can be accrued will be forfeited. Vacation shall not accrue during a leave of absence.

PROCEDURES:

Vacation time must be requested in writing at least 10 days prior to the anticipated absence from work, and approved by the Executive Director.

Emergency requests for use of vacation time are to be made in writing and shall be granted at the discretion of the Executive Director.

In the event that two or more employees request the same period of time for vacation, the determination of approval shall be at the discretion of the Executive Director.

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Policy Number: 24.3 (4) s. Other Leaves

POLICY:

The Center shall provide leaves of absence for permanent full-time or part-time employees of the Center for the following reasons (refer to Center policy regarding leave eligibility requirements):

1. Personal Leave
2. Jury Duty
3. Military Leave
4. Leave without Pay
5. Parental Leave
6. Administrative Leave
7. Absence without Permission

Employees, upon return to work from leave, shall have the right to return to the previously held staff position or one of like nature. (Exceptions may be made per Center policy regarding suspensions or termination of employment.)

(NOTE: Employee leave benefits for Center employees under written contract with the Center may vary from benefits delineated in the Center policies and procedures manual.)

PROCEDURES:

Personal Leave:

Up to five (5) working days of leave with pay shall be granted to permanent full-time employees of the Center in the event of the death of an immediate family member. Such leave is to be prearranged whenever possible and is subject to the approval of the Executive Director.

Permanent part-time employees working an average of twenty (20) hours or more per week will receive this benefit on a pro-rated basis.

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Policy Number: 24.3 (4) s. Other Leaves

Jury Duty:

The duty of serving as a jury member or witness to the court shall be considered to be an absence from work with pay, except that payment to an employee for jury duty shall be deducted from the employee's regular salary during his/her absence from work or reimbursed to the Center, by the employee, to offset the said salary expense to the Center.

Military Leave:

Full-time salaried employees attending military reserve training shall be paid their regular salary less military pay with no loss of vacation time. Time off for military leave shall be requested in writing at least ten (10) working days prior to the anticipated absence. The employee may be required to provide written verification of military reserve training prior to approval by the Executive Director.

Leave Without Pay:

Leave of absence implies an obligation and agreement on the part of both the employer and the employee. The employer agrees to reserve a position for the employee at the end of the leave and employee agrees to return to his/her position unless some unforeseen development outside the control of either should make such conditions impossible.

A permanent or probationary employee, upon application in writing and upon approval of the appointing authority may obtain a continuous leave of absence without pay, after all other authorized leaves have been exhausted, for any of the following reasons:

- a. Because of physical disability of employee after all sick leave
- b. Because the employee is entering upon a course of training or study for the purpose of fitting himself/herself for promotion.
- c. Because of extraordinary reasons sufficient in the opinion of the appointing authority to warrant such leave of absence.

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Policy Number: 24.3 (4) s. Other Leaves

Such leaves shall not be granted for more than twelve (12) months except upon written application prior to the expiration of such leave, the appointing authority may grant such extensions of leave as appear best to serve the interests of the Center. The employee may, upon written application and the approval of the Board of Directors, return to work at the Center prior to the expiration of a leave of absence, however, the appointing authority may refuse to approve the application to return to work prior to the expiration of a leave of absence.

At the expiration of a leave of absence, or any extension thereof, the employee shall be returned to full employee status if he/she so desires. Should the employee fail to report to work promptly at the expiration of the leave of absence, except for valid reasons submitted in writing in advance, dismissal action will be taken by the appointing authority.

Parental Leave:

Parental leave may be granted for up to six (6) weeks. Parental leave may be used for temporary disability due to pregnancy, childbirth, and infant care, as well as the placement of an adopted infant or child into the employee's care and custody.

In order for the employee to receive pay while on parental leave, vacation and/or sick leave must have been accrued. The employee is not required to use all of his/her accrued vacation or sick leave during parental leave, however, the employee will receive pay for only the amount of vacation or sick leave which he/she has accrued and may elect to use while on parental leave.

In no case shall an employee be required to go on parental leave unless he/she is no longer able to satisfactorily perform his/her job duties.

Employee benefits (as defined elsewhere in the Center's policies and procedures manual) shall be maintained and accruable, where applicable, during the duration of parental leave. Holidays which fall during parental leave shall not be charged against the employee's leave. Parental leave is to be prearranged, when possible, and is subject to the approval of the Executive Director.

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Administrative Leave:

Leaves with pay may be granted by the Executive Director when weather conditions, acts of God, or other special reasons exist which would make attendance at work dangerous or hazardous, and when such factors might result in a threat to the safety or wellbeing of the employees. Employees who are not scheduled to work on such a day will receive no additional compensation. When the Center is not closed, but a specific employee is still not able to be at work, the employee will take vacation time.

Absence Without Permission:

Any employee, absent from his/her place of work for three or more consecutive work days without authorization for such absence, may be deemed to have vacated his/her position unless a leave of absence is subsequently determined to be applicable and is granted in accordance with these regulations. An employee in such absence will not be paid for this time.

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Policy Number: 24.3 (4) t. Holidays

POLICY:

All eligible employees will receive ten (10) paid holidays.

There will be eight (8) paid holidays during which the Center will be closed:

1. New Year's Day
2. President's Day
3. Memorial Day
4. Independence Day
5. Labor Day
6. Thanksgiving Day
7. Christmas Day
8. Martin Luther King Day

Eligible Center employees are also allowed two floating paid holidays per year, to use at their discretion.

PROCEDURES:

Holidays falling on a Saturday will be observed on the preceding Friday, those falling on Sunday will be observed on the following Monday.

All permanent part-time employees will be paid for holidays on a basis equivalent to the number of hours worked each day.

A member of the professional (clinical) staff may be asked to be on-call to deal with emergencies that may arise during paid holidays.

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Policy Number: 24.3 (4) u. Flex Time (revised 5/08)

POLICY:

Permanent full-time or part-time staff may be hired for a total number of hours per year. For the convenience of the staff member and the agency, he/she may have a flexible schedule with hours varying from day to day, week to week, or changing at different times of the year. Such a schedule is to be arranged and approved in advance by the Executive Director (or the Board in the case of the Executive Director). Based on the prior agreement of the Executive Director or Board, the total yearly salary may be paid in equal monthly installments (regardless of the total hours worked during the month) or with varied monthly payments based on hours worked that month. Employees on such a flexible work schedule are responsible for reporting their hours monthly to the Office Manager.

PROCEDURES:

Flex time is to be scheduled and approved in advance by the Executive Director or his/her designee.

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Policy Number: 24.3(4) v. Reimbursement for Work-Related Expenses.

POLICY:

An employee of the Center shall be reimbursed for mileage when using his/her personal automobile on official business for the Center.

Employees may be reimbursed for mileage, meals, lodging, and registration fees while attending meetings as a representative of the Center subject to prior approval by the Executive Director. Reimbursement for attending educational meetings, workshops, or classes shall be determined on a case by case basis as the Center budget allows subject to prior approval by the Executive Director.

PROCEDURES:

Mileage will be reimbursed at the government (IRS) reimbursement rate per mile. In order to receive reimbursement, employees will fill out and turn in an itemized expense voucher preferably on a monthly basis, but not later than two (2) months after the month in which expenses were incurred). This voucher will be presented to the Center's Office Manager. Receipts must be provided for lodging and registration costs. Receipts are not required for meals, but reimbursement for a full day (three meals) shall not exceed thirty (30) dollars unless other non-Center sources of reimbursement cover these additional costs.

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Policy Title: Human Resources

Policy Number: 24.3(4) v.2 Therapist Incentive

POLICY:

Therapists who are permanent employees of the center shall be offered a financial incentive for a direct time percentage in excess of the minimum requirement.

PROCEDURES:

The Executive Director has the authority to implement an incentive program and can set the standards at his/her discretion. The standards to be used should be clearly communicated in writing to the therapy staff.

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Policy Number: 24.3 (4) w. Disciplinary Procedures

POLICY:

The Center establishes this policy to assist supervisory personnel in the management of employee performance or behavioral deficiencies when counseling or other informal discussions have not achieved desired improvement.

PROCEDURES:

Causes of Disciplinary Action:

Corrective action may be warranted in, but is not limited to, the following situations: Unsatisfactory performance; insubordination; mishandling or unauthorized removal of confidential or sensitive information; theft, dishonesty, or other unethical behavior, such as falsification of records; possession or use of alcohol or illegal drugs on Center premises; impairment of faculties from use of alcohol or illegal drugs while on Center premises or performing duties on behalf of the Center; blatant disregard for safety regulations; abuse, neglect mishandling, destruction, or unauthorized removal or use of Center property; possession or use of a weapon on Center premises; verbal abuse, including bullying; threats or acts of physical abuse; sexual or racial harassment or violence; arrest or conviction of an illegal act, on or off the job, which adversely affects job performance or the Center's reputation; or general failure to observe Center policies and procedures.

Disciplinary Actions:

If the supervisor has informally but unsuccessfully tried to address the problem with the employee by describing the nature of the problem and exploring potential causes and solutions, the following sequence of corrective action is generally recommended:

1. An oral reprimand, which will be documented by the supervisor;
2. A written warning specifying the nature of the deficiency, the date of the occurrence, and, where appropriate, the means by which the deficiency can be corrected. The written warning is addressed to the employee in memorandum format and references any prior warnings given to the employee. The memorandum shall be signed by the Executive Director and the employee and placed in the personnel file. The warning may specify a time period, usually not less than 20 days, in which the deficiency is to be cured. The employee's signature indicates only that the employee acknowledges receipt and understanding of the warning.

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3. Final written warning, constituting notice to the employee that failure to correct the performance deficiencies within a specified period of time may result in termination of employment. The employee should sign the warning as proof of receipt and the signed copy shall be placed in the employee's personnel file. During the termination warning period, the Executive Director shall monitor the employee's behavior. If the Executive Director believes that training is needed or desirable, training will be provided. If the employee fails to demonstrate satisfactory progress, the Executive Director may initiate termination proceedings.

The Center reserves the right to deviate from this policy at the discretion of the Executive Director or the Board of Directors and may discharge an employee summarily when, in the judgment of the Executive Director or the Board of Directors, such action is warranted.

The employee may appeal any disciplinary action through the established grievance procedure of the Center.

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Policy Number: 24.3 (4) x. Termination of Employment

POLICY:

Employees may terminate employment at the Center under the following circumstances:

1. Termination without cause;
2. Termination with cause; and
3. Resignation.

PROCEDURES:

Termination without Cause:

1. An employee is terminated without cause when it becomes necessary by reason of shortage of work or funds, the abolition of the position or other material changes in the duties of the Center, or for other related reasons and causes which are outside of the employee's control and which do not reflect discredit on the service of the employee.
2. The employee shall be notified in writing of such termination a minimum of thirty (30) calendar days before termination begins.
3. Employees terminated without cause will be subject to recall for a period of one year if a position opens for which he/she is qualified.

Termination with Cause:

1. Termination may occur following the unsuccessful completion of the employee's original probationary period.
2. Termination may occur following the unsuccessful completion of disciplinary probation.
3. Notice of discharge will be given in writing to an employee terminated with cause setting forth the reason for discharge. Notice of termination of employment by the Center shall be given in writing at least one month in advance of the date of termination.

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4. Except for a situation calling for immediate dismissal as is described below, termination by the appointing authority for reasons of unsatisfactory services shall not be made without the employee having been given the opportunity to know the difficulty and correct it.
5. Immediate dismissal by the appointing authority may occur in cases when an employee is being terminated because of flagrant offenses such as professionally unethical behavior or grossly unsatisfactory performance. In such cases, the employee shall be paid two weeks severance pay after the appointing authority has determined that the work of the staff member who is leaving the Center has been brought up to date and all records and dictation are complete and appropriate transfer and closing of cases has been made. Failure of the above may be cause for loss of severance pay and vacation pay at the time of termination.
6. The employee shall have the right to appeal to the Board of Directors, through the Personnel Committee.

Resignation:

1. To resign in good standing, an employee must give the appointing authority at least thirty (30) calendar days prior notice unless the appointing authority, because of circumstances, agrees to waive such notice and permit a shorter period of notice.
2. The employee shall supply a written resignation stating the reasons for such resignation.
3. Employees who have resigned in good standing according to these rules shall be eligible for re-employment upon their application for reinstatement provided a position for which they are qualified shall be open and available.
4. An employee resigning from employment at the Center shall be required to work throughout said notice of resignation time period. Use of any applicable accrued benefits, by the employee, shall be at the discretion of the Executive Director.
5. Failure to give notice of resignation, within the established time frames, will result in forfeiture of accrued vacation benefits or accumulated vacation pay up to the number of days for which notice of resignation is delinquent.

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Policy Number: 24.3 (4) y. Grievance Procedure

POLICY:

The term “grievance” means a work-related dispute or an employee’s expressed feeling of dissatisfaction with aspects of his/her working conditions and working relationships which are outside his/her control. It covers such things as working conditions, the provision of care, relationships with other employees, and disciplinary action.

The employee will be treated fairly in all respects. Any employee who has passed the original probationary period who feels he/she had been subject to unfair treatment will have the right to present his/her grievance(s) to the appointing authority for prompt consideration and fair decision. The employee shall have forty five (45) days from the alleged “incident” or issue creating dissatisfaction in which to file a grievance.

Employees have the right to express their grievances without fear or restraint, interference, coercion, discrimination, reprisal, or retaliatory action. This principle also applies to any employee taking part in the presentation of a grievance, either as a witness or as an employee representative.

It is the responsibility of the appointing authority to hear promptly and courteously all grievances registered in good faith by employees under their supervision, and to try to clarify misunderstandings and make responsible adjustments of any complaints that arise in day-to-day relationships. All problems will be settled, whenever possible, at the lowest level.

When mutually agreed upon, an extension of time limits specified in the grievance procedure may be granted and a written statement shall be signed by both parties to this effect.

PROCEDURES:

1. The Executive Director shall take his/her grievance to the Personnel Committee. All other employees will take their grievances to the Executive Director unless the employee’s grievance is with the Executive Director. In these instances the employee is encouraged to present the grievance to the Executive Director, however, the employee may bypass the Executive Director by presenting a grievance in writing to the President of the Board. The President may attempt to mediate the dispute between the employee and the Executive Director and may include a third-party mediator.

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Policy Number: 24.3 (4) y. Grievance Procedure

If such a grievance cannot be resolved at this level, (that is, between the Executive Director, the President, and the employee), any of the three not satisfied with the results of the discussion, may appeal the decision to the Personnel Committee.

Further, any employee initially presenting a grievance to the Executive Director may appeal the decision of the Executive Director to the Personnel Committee.

2. Regarding any appeal of a grievance to the Personnel Committee, that Committee shall serve as a Grievance Committee and shall conduct a hearing.
 - a. Anyone appealing a grievance decision to the Personnel Committee and any Respondent may be represented at the hearing by agents (including attorneys) of the party's choosing, at the party's expense.
 - b. Hearings shall be conducted by the Chair of the Personnel Committee. The hearings will be informally conducted and technical rules of evidence shall not apply. A quorum must be present. The hearing will be electronically recorded with the tape being retained for 24 months following the conclusion of the hearing unless any party requests the tape to be retained for a longer period. the following rules shall also apply to the hearing.
 1. The person who had filed the complaint or presented a grievance at the outset (Complainant) shall make a brief oral presentation of his/her grievance.
 2. Then the person against whom the grievance was made (Respondent) shall make a brief oral presentation, which shall be followed by a brief presentation, if any, by the Executive Director (unless the Executive Director was either the Complainant or Respondent).
 3. Then, respectively, the Complainant, Respondent, and Executive Director shall call witnesses (which may include themselves). The Committee itself may call witnesses at any time.

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4. Any witness called shall be first questioned by the person or entity calling the witness, then by the opposing side(s), and then by the Executive Director (if the Executive Director has not been one of those two parties), and then the Committee. Any witness, except for a party or the Executive Director, may be excluded from hearing the testimony of any other witness, if a party so requests.
 5. The hearing may be recessed from time to time by the Committee.
 6. The Committee will render a written decision regarding the grievance within a reasonable amount of time based on the results of the hearing.
 7. The Committee may implement any other rules not inconsistent with these rules.
 8. Any party not satisfied with the decision of the Personnel Committee may appeal that decision to the Board of Directors which shall have the option of either: (a) not hearing the appeal (in which case the decision of the Personnel Committee shall be final); (b) hearing the appeal following the same procedures as set out above for Personnel Committee hearings; the decision of the Board of Directors shall be final.
3. A “grievance,” in writing, must contain sufficient detail to identify and clarify the basis for the grievance and will specify the relief requested by the employee. It should contain the following information:
 - a. The specific action or incident on which the grievance is based, the date the action or incident occurred (if known), and the date the employee first learned of the action (if applicable).
 - b. The reasons on which the employee bases his/her belief that the action was unjustified or that he/she was treated unfairly; and/or the specific policy or written agreement provision which was violated and how it affected the employee.

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- c. Corrective action desired by the employee.
 - d. A brief summary of the results of the employee's attempt to obtain satisfactory adjustment.
4. Grievance File.
 - a. Will be initiated by the Executive Director upon his/her involvement with the grievance and maintained until satisfactory adjustment. In cases where the grievance has been filed by the Executive Director, the grievance file will be initiated and maintained by the Personnel Committee.
 - b. Will be independent, separate and distinct from the employee's personnel file. This file will contain: the employee's original grievance, the written replies, subsequent appeals to higher authorities and any other actions, correspondence or information related to the grievances and to decisions concerning these.
 - c. This file shall be the official mechanism through all steps in the grievance and appeal procedure.
5. Response to Grievances.
 - a. The Executive Director will ensure that all grievances will be settled within a period of forty-five (45) days from the date of filing to the determination of the Personnel Committee (if needed). Appeals to the Board of Directors will be conducted on nights of regularly scheduled board meetings.
 - b. Grievances filed by the Executive Director shall be settled within a period of forty-five (45) days from the date of filing to the determination of the Personnel Committee of full Board of Directors (if needed).

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Policy Number: 24.3 (4) z.1. Volunteers

POLICY:

The Center may utilize volunteers to assist with specific needs of the Center in non-clinical areas.

PROCEDURES:

Volunteers shall be selected on the basis of:

1. Program need and the volunteer's interest in the program.
2. A background which is compatible with the program and with working with the program service population.
3. An evaluation of the volunteer's skills which will enhance the program.
4. An evaluation of the emotional suitability of the volunteer to work with the program service population.

Training and supervision of volunteers is the responsibility of the Center's staff under the specific direction of the Executive Director. The amount and type of training and supervision will depend upon the competency of the individual volunteer and the specific assignment.

Volunteers will be provided with an orientation to the Center and Center services, programs and procedures. This orientation shall include, at a minimum, the following: (1) Center safety procedures, (2) roles, responsibilities and limitations of volunteers, (3) Center policies and procedures relative to confidentiality, and Center procedures applicable to the volunteer's responsibilities.

All volunteers within a Center program shall be responsible to the program director and shall work under his/her direction. All privileges and the volunteer's function shall be at the discretion of the volunteer's supervisor and relate to the volunteer's level of competence.

Volunteers shall have access to consumer reports of individuals using services only with the written authorization of the individual and the approval of the Executive Director, or his/her designee or supervisor regarding Center policies and procedures relative to: See Policy Number 24.3 (4) i.

Expenses. Volunteers will be reimbursed for mileage expenses. Volunteers may be reimbursed for expenses incurred at the request of a paid staff member, e.g., purchasing craft items for consumers.

The Center shall provide liability insurance coverage for volunteers.

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Policy Number: 24.3 (4) z.2. Trainees

POLICY:

The Center may utilize trainees on either a professional or paraprofessional level. Trainees shall be expected to follow and adhere to all policies and procedures for the Center.

PROCEDURES:

Professional and paraprofessional trainees may work at the Center under the following guidelines:

1. Center trainees shall be selected on the basis of:
 - a. Recommendation of the faculty of the prospective trainee's academic institution.
 - b. An evaluation of the skills which the trainee will bring to the Center.
 - c. An evaluation of the emotional stability of the trainee to work with the program's service population.
 - d. An evaluation of the compatibility of the trainee to work with other staff members of the Center.
2. The trainee shall be provided an experience at the Center which will be worked out on an individual basis with the trainee and the faculty of the trainee's training institution.
3. All trainees will be responsible to their particular supervisor within the Center and shall work under his/her direction. All privileges and the trainee's function shall be at the discretion of the trainee's supervisor and will be related to the level of functioning of the trainee.
4. Evaluation of trainees shall be conducted on a weekly basis through the use of supervisory conferences. Written evaluations of the trainee's performance shall be made periodically according to established guidelines developed by the trainee's educational institution.
5. The supervisor of the trainee shall supply the trainee's academic institution with all required evaluations.

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Policy Number: 24.3 (4) z.2. Trainees

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6. Trainees shall have access to the service records of individuals using services with whom they are involved and shall adhere to Center policies and procedures regarding confidentiality.
 7. If the trainee is found to be inappropriate, the academic institution shall be notified. Termination of the trainee requires no advance notice, except as may have been agreed to by the supervisor and the academic institution.
 8. The Center shall provide liability coverage for trainees.

Trainees/Student Interns will be provided an orientation to the Center and Center services, programs and procedures. This orientation shall include, at a minimum, the following:

1. Center safety procedures.
2. Roles, responsibilities and limitations of trainees/student interns.
3. Center procedures applicable to the trainee/student intern's responsibilities.
4. Center policies and procedures relative to confidentiality.

Training shall be provided to all trainees/student interns by the Executive Director, or his/her designee regarding Center policies and procedures, see Policy Number 24.3 (4) i.

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Policy Number: 24.3 (4) z.3. Suspected Child and Dependent Adult Abuse –
Reporting and Training

POLICY:

All professional/paraprofessional staff at the Center shall be familiar with and comply with the Code of Iowa in reporting suspected child abuse and dependent adult abuse as well as in obtaining training in the identification and reporting of suspected child abuse and dependent adult abuse.

The Center shall provide or arrange for professional/paraprofessional staff training in the identification and reporting of suspected child abuse and dependent adult abuse.

PROCEDURES:

Reporting:

All professional/paraprofessional staff of the Center are “mandatory reporters” and as such are required by Iowa law to report suspected child abuse or dependent adult abuse when in the scope of their professional practice they reasonably believe that a child or dependent adult has suffered abuse. Reports shall be made only orally (within 24 hours) and in writing (within 48 hours of such oral report) to the Department of Human Services. This should also be reported to the Executive Director or designee.

If the professional/paraprofessional staff person making the oral report has reason to believe that immediate protection for the child or dependent adult is advisable, an oral report shall also be made to the appropriate law enforcement agency.

Oral and written reports shall contain the following information, or as much thereof as the person making the report is able to furnish:

For Suspected Child Abuse Reports:

1. Names and home address of the child and the child’s parents or other persons believed to be responsible for the child’s care.
2. The child’s whereabouts if not the same as the parent’s or other person’s home address.
3. The child’s age.
4. The nature and extent of the child’s injuries, including any evidence of previous injury.
5. The name, age and condition of other children in the same home.

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Reporting and Training

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6. Other information believed to be helpful in establishing the cause of the injury to the child, the identity of the person or persons responsible for the injury, or in providing assistance to the child.
 7. The name and address of the person making the report.

For Dependent Adult Abuse Reports:

1. The names and home addresses of the dependent adult, appropriate relatives, caretakers, and other persons believed to be responsible for the care of the dependent adult.
2. The dependent adult's present whereabouts if not the same as the address given.
3. The reason the adult is believed to be dependent.
4. The dependent adult's age.
5. The nature and extent of the adult abuse, including evidence of previous adult abuse.
6. Information concerning which the person making the report believes might be helpful in establishing the cause of the abuse or the identity of the person or persons responsible for the abuse, or helpful in providing assistance to the dependent adult.
7. The name and address of the person making the report.

Training:

The Center shall provide or arrange for the appropriate training for all professional/paraprofessional staff regarding the identification and reporting of suspected child abuse and dependent adult abuse.

Newly hired professional/paraprofessional staff shall complete two hours of training relating to the identification and reporting of suspected child abuse and dependent adult abuse within six months of initial employment at the Center, unless they can provide written verification of having received acceptable training within a five year time period prior to their employment at the Center. All professional staff shall complete at least two hours of additional training every five years.

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Policy Number: 24.3 (5) a. Benchmark/Indicators

BENCHMARK:

The Center provides services in an organizational environment that is safe and supportive for the individuals being served and the staff providing services.

PERFORMANCE INDICATORS:

1. The environment enhances the self-image of the individual using the service and preserves the individual's dignity, privacy, and self-development.
2. The environment is safe and accessible and meets all applicable local, state, and federal regulations.
3. The processes that service and maintain the environment and the effectiveness of the environment are reviewed within the Center's monitoring and improvement system.
4. The Center establishes intervention procedures for behavior that presents significant risk of harm to the individual using the service or others. The interventions also ensure that the individual's rights are protected and that due process is afforded.
5. The Center meets state and federal regulations in the way it implements the safe storage, provision, administration, and disposal of medication when used within the service.
6. All toys and other materials used by children are clean and safe.

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Policy Number: 24.3 (5) b. Center Offices/Facilities

POLICY:

The Center provides services "on-site" (i.e., on Center premises) and "off-site" (i.e., at other locations) as appropriate to the service provided and in accord with the needs of the individual receiving services. Services are provided at locations ("on-site" and "off-site") which are handicap-accessible, assure privacy in conversation and are considered safe environments. Center office facilities are handicap-accessible and meet applicable local, state, and federal regulations.

PROCEDURES:

Main Office (200 4th Avenue West, Grinnell): The Center's handicap-accessible main office (in Grinnell) provides sufficient space for all professional clinical staff, (including at least two psychiatrists) at the same time, to conduct interviews with Center consumers. Individual office space, which allows for privacy in conversation, is available in all Center offices. The main office also provides sufficient space for the Center's support staff (i.e., clerical) to perform administrative functions.

The main office additionally possesses sufficient space for group treatment services for up to fifteen (15) individuals.

Pearl Street (729 Pearl Street, Grinnell): Additional space for Clubhouse programming staff is available at the Station Clubhouse location on Pearl Street. This facility provides space adequate to provide for the following Clubhouse activities and accommodate three to five staff members and up to thirty-five (35) individuals at a given time:

1. Meal preparation;
2. Adequate space for dining;
3. Social skill and daily living skill development groups;
4. Office space for private counseling or conversation separate from the main group activities; and,
5. Clubhouse individual files.

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Policy Number: 24.3 (5) c. Safety and Security of Employees, Individuals Receiving Services, and Organizational Environment (revised 1/09)

POLICY:

The Center delineates and meets all applicable safety, health, fire, and sanitation requirements (federal, state, and local) and inspection time tables. The Center works to provide an environment that enhances the self-image of the individual receiving services and preserves the individual's dignity, privacy, and self-development. The Performance Improvement Committee performs ongoing assessments relating to these issues as well as establishing intervention procedures, etc.

PROCEDURES:

The Center's Safety and Security Program (Main office location and Pearl Street locations):

1. Safety, Health, and Sanitation Measures:
 - a. All debris and waste material must be deposited in appropriate waste receptacles. All paper products are to be recycled and placed in recycling bins. Any documents containing names or other identifying characteristics of individuals are to be shredded prior to recycling. Trash will be emptied and removed at least once a week from either location.
 - b. All poisonous and/or hazardous chemicals must be clearly labeled and stored in suitable containers in a safe place.
 - c. Hallways and entrances will be clear at all times, with exits clearly marked.
 - d. As of March, 1989, the Board of the Center voted to ban smoking at any Center location at any time. Smoking is allowed only outside the building.
 - e. Fire: Both locations have fire extinguishers on every level following local ordinance. All Center staff have been instructed in the appropriate use of the fire extinguishers. Exits on all levels are clearly marked. In the event of a fire, staff are to evacuate the building through the nearest exit. Staff members will assist individuals in evacuating the building.
 - f. Tornado: In the event of a tornado warning, all persons at the Center are to go to the lower level of the building to an inside corridor or into a room without windows. At the Pearl Street office, all persons are to go to the southeast corner of the building on the lowest level.

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- g. Maintenance: In the event of an emergency, (e.g., heating malfunction, electrical problem), the employee in charge is to contact the appropriate maintenance workers.
 - h. Emergency Health: In the event of a medical emergency, the Grinnell Ambulance Service shall be contacted. Center employees/consultants shall provide emergency care within the limits of their knowledge until outside help arrives.

2. Security System (Locks and Keys):

The Director will be responsible for the distribution and collection of all keys for both Center locations. Keys are provided to all employees/consultants. Keys must be returned to the Director upon termination of employment and before issuance of the final paycheck to the employee.

File and desk keys are kept in a location known only to employees/consultants. Built-in security measures include locks on all office doors. At the close of office hours, the staff is responsible for locking all file cabinets. The last staff person to leave for the day is responsible for locking outside doors.

3. Training:

All Center employees are to be trained to handle emergency situations.

A safety orientation will be given to each new employee during the first week of employment. The employee will be informed of the general safety and security measures described in this section. The Executive Director or his/her designee is responsible for informing new staff of safety and security practices.

4. Program Review and Modification:

The safety and security program is to be reviewed annually with the Board, Executive Director and staff members, and modified as the review warrants.

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INTERVENTION PROCEDURES:

The following are intervention procedures to be utilized to avoid or contain behaviors that present considerable risk to the individual using the service and to others:

1. Scheduling Appointments:

The Center will use caution in the scheduling of appointments/direct contacts when there appears to be an increased potential for harm to the individual using the service or to others.

- a. Joint appointments or individual appointments at the same time will not be scheduled (e.g., estranged marital partners) when one or both individuals have severe emotional conflicts with the other, where threats have been made, and where there is a significant danger if the individuals should meet at the Center.
- b. Individuals are informed at initial contact (by the staff and in writing) that if they come to the Center while intoxicated or under the influence of an illicit substance that services will not be provided. If an individual comes to the Center while intoxicated the professional staff person informs the individual that services will not be provided at that time. If the individual becomes belligerent or threatening the staff person is to contact the police.
- c. If an individual (e.g. someone who contacts the Center by phone) is making threats to harm self or others but is willing to be seen for face-to-face contact for assessment, the individual should be seen in a setting where the safety of the individual and others can be protected. After Center business hours the Center staff person on call can request that the individual go to the GRMC ER where the assessment can be completed. During business hours the Center staff person may also request that the individual go to the GRMC ER to complete the assessment when there appears to be a significant risk of harm. In either instance, when the individual refuses to go to GRMC for assessment and where the staff person believes there is a significant risk of harm to self or others, the staff person may contact the police and have the individual taken to GRMC for assessment.

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2. Assessing Risk of Harm (Self/Others):

a. Individual Threatening Harm to Self:

Individuals who are involved in services and who express impulses/thoughts about harming themselves are to be evaluated immediately by a mental health professional. If the evaluation occurs at the Center and the individual is judged to be in immediate danger of self harm after attempts at safety planning and no-self harm contracts have been utilized, the individual is encouraged to hospitalize himself/herself on a voluntary basis. If the individual refuses such hospitalization, the staff member indicates he/she will have to proceed with involuntary hospitalization procedures which may (depending upon the immediacy of the danger/the severity of the risk) involve contacting family members and having them file papers of involuntary hospitalization, directly filing papers himself/herself, and in instances where very immediate danger exists contacting appropriate legal authorities for assistance in immediate involuntary hospitalization. The Center staff person is encouraged to contact other staff members (the “on-call” staff member and other staff members as needed) to assist in the hospitalization process and to maintain the safety of the individual and of others until the police or medical personnel arrive. Center staff are required to know the involuntary hospitalization statutes so that the individual’s rights are protected and due process is afforded.

b. Individual Threatening Harm to Others:

1. Threat Toward Others:

The staff person needs to assess the immediacy/seriousness of the threat and respond accordingly. In a situation where there is no immediate threat/danger the staff person may use clinical/anger management techniques to decrease the risk/threat involved. Where there is serious threat of harm to another person, the staff person may have a duty to warn the other person of the threat and may need to contact the police. In most instances the individual needs to be informed that such action has been or is being taken. Should the staff person conclude that the individual is seriously mentally ill and a danger to others, he/she may have to initiate involuntary hospitalization procedures to ensure the safety of others and the individual.

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In a situation where the individual has already harmed another person(s), the staff person may have to contact the police and/or fulfill his/her duties as a mandatory reporter.

2. Threat Toward Staff and/or Others:

In other situations during a Center appointment an individual may become threatening and belligerent toward the staff person and/or others. This may be an individual who is extremely emotionally stressed and/or perhaps actively psychotic, e.g., paranoid, hallucinating, delusional. In general staff are encouraged to use their clinical/ psychotherapeutic skills to try to calm the individual and de-escalate the situation. Depending on the circumstances, the individual may be asked to relinquish any weapons he/she possesses and should in most instances be allowed to leave the facility if he/she so desires. Should a staff member become especially concerned that an individual may become violent and/or the staff person needs help in any way coping with potentially dangerous behavior he/she is expected to contact any other/all available staff to assist in managing the situation. One option is for that staff member to request that the Executive Director intervene. Where a situation appears to have a significant probability of escalating out of control, the staff member can call the office staff and ask to “Cancel the appointment for Mr. Hines (Help I Need Emergency Service).” Office personnel can ask the staff member if help from other staff would suffice or if the police need to be called. The police will be contacted and asked to come to the Center as a means of avoiding risk to the individual/others/staff. In addition, other staff are expected to respond immediately. Because of the danger of injury to the individual and others (staff/individual/other individuals using the service) physical force/restraint is to be utilized only as a last resort. If an injury has occurred to anyone, any staff who are medically trained to provide immediate medical emergency care should provide medical assistance and 911 should be contacted immediately.

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Policy Number: 24.3 (5) d. Insurance Coverage

POLICY:

The Center shall maintain an insurance program to protect Center employees, Board of Directors, and physical assets which include at least the following:

1. Workmen’s Compensation for all employees;
2. Property protection including physical damage insurance for the structure and contents;
3. Commercial general liability protection;
4. Professional liability/malpractice protection;
5. Liability coverage for automobiles not owned by the Center;
6. Blanket-Position Employee Dishonesty Policy;
7. Directors and Officers liability coverage.

The Center shall maintain a current insurance program which meets required statutory requirements.

PROCEDURES:

1. Workmen’s Compensation insurance is provided for all employees of the Center in the following minimum amounts:

Bodily injury by accident:	\$500,000 per accident
Bodily injury by disease:	\$500,000 policy limit
Bodily injury by disease:	\$500,000 per employee

(Statutory limits for State of Iowa)
2. Office property protection is maintained in the following minimum amounts:

Building (200 4th Ave. W.)	\$491,400
Deductible	\$ 1,000
Business Personal Property (200 4th Ave. W.)	\$150,000
Deductible	\$ 1,000

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Business Personal Property (719 Pearl St.)	\$ 31,000
Deductible	\$ 1,000
Blanket Business Income & Extra Expense	\$ Actual not to exceed twelve (12) months
Deductible	\$ 0

3. Commercial general liability protection is maintained in the following minimum amounts:

Each even limit	\$1,000,000
Fire damage limit	\$ 300,000
Medical expense limit	\$ 5,000
General total limit	\$2,000,000
Products & completed work limit	\$2,000,000
Personal and advertising injury limit	\$1,000,000

4. Professional liability/malpractice protection is maintained in the following minimum amounts:

Each person limit	\$2,000,000
Total limit (aggregate)	\$4,000,000
Deductible (does not cover psychiatrists)	\$ 0

5. Liability coverage for automobiles not owned by the Center is maintained in the following minimum amount:

Limit each occurrence	\$1,000,000
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Center employees, if required by the Center to provide occasional individual transportation in the course of performing their job responsibilities, shall maintain their own personal automobile insurance which provides coverage for occasional individual transportation, and provide proof of said insurance to the Center, at the following minimum levels:

Per-person limit	\$ 100,000
Per-accident limit	\$ 300,000
Property limit	\$ 50,000

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The insurance program for the Center is reviewed by the Executive Director of the Center and Board of Directors at least annually.

6. Commercial Blanket Employee Dishonest coverage is maintained in the following minimum amount:

\$100,000 limit

7. Liability coverage for members of the Board of Directors and employees is maintained through Directors and Officers Liability Coverage. This liability coverage includes: bodily injury, property damage, administrative acts, errors, omissions and personal injury and assures coverage for all volunteer workers.

This liability coverage is in the aggregate amount of \$1,000,000.

Commercial Umbrella is \$1,000,000 each occurrence/\$1,000,000 aggregate.

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Policy Number: 24.3 (5) e. Sexual Harassment

POLICY:

The Center prohibits sexual harassment by staff members, directors and any other persons having business with the Center.

PROCEDURES:

1. Sexual harassment shall include, but not necessarily be limited to, unwelcome sexual advances, requests for sexual favors, and all other verbal or physical conduct of a sexual nature when:
 - a. Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - b. Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; and
 - c. Such conduct has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

2. The following are examples of sexual harassment:
 - a. Verbal: sexual innuendo, suggestive comments, insults, threats, jokes or derogatory comments based on sex; sexual propositions or advances; pressure for sexual favors.
 - b. Nonverbal: posting of sexually suggestive or derogatory pictures, cartoons or drawings, making suggestive or insulting noises, leering, whistling, or making obscene gestures.
 - c. Physical: touching, pinching, squeezing, patting, brushing against the body; impeding or blocking normal work or movement; coercing sexual intercourse; or assault.

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3. Whenever an employee has reason to believe that he/she has been subjected to sexual harassment, the employee shall promptly report such incident or incidents to the Executive Director, President, or member of the Personnel Committee.

Upon receiving a report of any incident or incidents allegedly involving acts or activities in violation of this policy, the Executive Director, President, Personnel Committee, or such other individuals as may be deemed appropriate by the Executive Committee shall promptly conduct a full and fair investigation of the matter. Under no circumstances shall the investigation be conducted by an alleged perpetrator of harassment.

Upon completion of the investigation, the Executive Director or President shall promptly take necessary corrective measures, including but not limited to the counseling, reprimand, suspension, or dismissal of employees engaging in such misconduct.

The reporting employee and all witnesses shall be protected from any retaliatory, harassing, or abusive behavior by or on behalf of an individual against whom a valid complaint has been made.

The corporation will ensure confidentiality to the maximum extent possible, consistent with a thorough investigation. Written information will be kept in a separate confidential file, not in the employee personnel file.

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Policy Number: 24.3 (5) f. Drug-Free Workplace

POLICY:

It is the policy of the Center to comply with regulations contained in Public Law 100-690 aimed at reducing the impact of drugs in the workplace. It is the intent of the Center to provide a drug-free, safe work environment. (The term "drugs" used in the Policy refers to alcohol and controlled substances, excluding medically necessary prescription medications.)

PROCEDURES:

Employees are expected to report to work in appropriate mental and physical condition for work and not under the influence of drugs. If the employee is unable to perform his/her job functions or is behaving in an inappropriate manner this may be dealt with via the Center's disciplinary procedures.

The unlawful manufacture, distribution, dispensation, possession or use of drugs on agency premises, or while conducting agency business off agency premises, is prohibited. Violations of this policy will result in disciplinary action, up to and including termination of employment, and may have legal consequences.

The Center recognizes drug dependency as an illness and a major health problem. The Center also recognizes drug abuse as a potential health, safety and security problem. Employees needing assistance in dealing with such problems are encouraged by their immediate supervisor and/or Executive Director to access appropriate assistance/treatment services. Conscientious efforts to seek such assistance will not jeopardize any employee's job and will not be noted in any personnel record. However, as stated above, if the employee is unable to perform his/her job functions or is behaving in an inappropriate manner this may be dealt with via the Center's disciplinary procedures.

Employees must, as a condition of employment, abide by the terms of this policy. Any arrest or conviction under a criminal drug statute for violations occurring on or off agency premises while conducting agency business, must be reported to the Executive Director within five (5) days after the arrest or conviction.

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Policy Number: 24.3 (5) g. Management and Control of Medication

POLICY:

Except for sample prescription medication, no medication shall be stored, handled, dispensed or administered at the Center. No medication shall be administered by the Center.

Prescriptions for medications shall be written by the Center's Psychiatrist(s) and/or Physician Assistant(s). No controlled substances shall be stored, handled, dispensed or administered at the Center (including sample medications).

PROCEDURES:

Responsibilities of Prescribing Psychiatrist and/or Physician Assistant:

1. A record of all prescriptions written by the Center Psychiatrist(s) and/or Physician Assistant(s) shall be maintained in the individual's service record maintained by the Center. Prescriptions shall be based on a current assessment of individual needs. The medication regimen shall be reviewed at least every six months thereafter with a record of any changes maintained in the individual's service record at the Center.
2. When medication is prescribed, information is provided to the individual or legal representative, as appropriate, regarding the purpose of the medication, possible side effects or complications, the route, frequency and dosage of the medication.
3. Information regarding prescription medication is documented in the individual's service record maintained by the Center.
4. Any medication errors, toxic reactions and side effects shall be noted in the individual's service record at the Center.
5. The Center Psychiatrist and/or Physician Assistant shall be responsible for any changes in medication.
6. The Center Psychiatrist and/or Physician Assistant may provide written or verbal medical orders to a Center Registered Nurse for dispensing sample medications to individuals when deemed appropriate.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Organizational Activities

Policy Title: Organizational Environment

Policy Number: 24.3 (5) g. Management and Control of Medication

Responsibility of the Poweshiek County Mental Health Center Staff (other than Psychiatrists and/or Physician Assistants):

1. When individuals or their significant others report apparent medication errors, toxic reaction or unusual or severe reaction from medication prescribed, these reports are noted in the individual's service record at the Center and are reported to the prescribing Psychiatrist and/or Physician Assistant as soon as possible. The Organization's response to such an occurrence will also be reported to the Executive Director and the Performance Improvement Committee.
2. When individuals or their significant others report that the individual has discontinued prescribed medication or has overdosed such is noted in the individual's Center record and the prescribing Psychiatrist and/or Physician Assistant is notified.

Management and Control of Sample Medications:

1. The Center shall maintain only selected samples of prescription medication, as determined by the Center's Psychiatrist(s) and/or Physician Assistant(s), on the premises of the Center. The availability of selected samples of prescription medications is intended for the following purposes: 1) assisting the Center individual in trial use of medication when this is considered medically desirable prior to a formal and extended prescription; or, 2) when an individual is financially unable to obtain medically necessary prescription medication, sample medication may be provided for a period to be determined by the Center Psychiatrist(s) and/or Physician Assistant(s).
2. All sample medication shall be kept in a locked cabinet. Keys to the medication cabinet shall remain in the possession of the Center Psychiatrist(s) and his/her designee(s) and be kept secure.
3. No controlled substances shall be stored, handled, dispensed or administered at the Center.
4. The Psychiatrist(s) and/or Physician Assistant(s) or his/her designee(s) will make a notation in the individual's service record when sample medications are dispensed.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES

Manual Section: Standards for Organizational Activities

Policy Title: Organizational Environment

Policy Number: 24.3 (5) g. Management and Control of Medication

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5. The Psychiatrist(s) and/or Physician Assistant(s) prescribing the sample medication will note the dispensing in the Sample Medication Log which records:
 - a. Medications dispensed;
 - b. Date dispensed; and,
 - c. Individual's name.
 6. Sample medications are kept in their original containers and are dispensed in their original containers.
 7. Sample medications are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security.
 8. Information about the intended effects of the sample medication is given to the consumer or family or legal representatives, as appropriate, in the fashion as would occur in prescribing a medication not made available via a sample.

Monitoring and review of procedures for management and control of sample medications:

1. The Center's Executive Director and Medical Director shall be responsible for periodic monitoring and review of procedures at least annually.
2. The Medical Director or his/her designee shall:
 - a. Review and compare Sample Medication Log entries and individual service records to determine if proper documentation has been made relative to dispensing sample medications to individuals; and,
 - b. Review sample medications in storage relative to expiration dates of the sample medications to assure that out-dated sample medications are not stored and that proper disposal of out-dated medications is undertaken.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES

Manual Section: Standards for Organizational Activities

Policy Title: Organizational Environment

Policy Number: 24.3 (5) g. Management and Control of Medication

Disposal of Out-Dated Medications:

1. All identified out-dated sample medications shall be properly disposed of as soon as possible when identified as out-dated.
2. Disposal shall be performed by the Center nurse and witnessed by a Center psychiatrist (or vice-versa). Disposal of out-dated medications shall be documented in the Sample Medications Log.
3. Documentation of sample medication disposal shall include the following:
 - a. Date of disposal;
 - b. Method of disposal;
 - c. Name, quantity and dosage(s) of medications disposed; and
 - d. Signature of Center nurse and Center psychiatrist verifying disposal.

Review of Procedures for Management and Control of Medications:

The Center's Executive Director and Medical Director periodically review Center procedures established for management and control of medications.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES

Manual Section: Standards for Organizational Activities

Policy Title: Organizational Environment

Policy Number: 24.3 (5) h. Cleanliness and Safety of Children's Toys

POLICY:

The Center uses toys that are generally considered safe for children and staff will maintain the cleanliness of toys.

PROCEDURE:

Only toys that are easily cleaned and kept safe for consumers will be maintained by the Center. Therapists are responsible for toys kept in their offices. They will have access to cleaning and sterilizing supplies and will clean toys after every use. Toys in the lobby will be cleaned by the cleaning crew as part of their routine.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Social History

Policy Number: 24.4 (1) a.b. Benchmark/Indicators

BENCHMARK:

The Center completes a Social History for each individual served.

INDICATORS:

1. The Center collects and documents relevant historical information and organizes the information in one distinct document in a narrative format.
2. The Social History includes:
 - a. Relevant information regarding the onset of disability.
 - b. Family, physical, psychosocial, behavioral, cultural, environmental, and legal history.
 - c. Developmental history for children.
 - d. Any history of substance abuse, domestic violence, or physical, emotional, or sexual abuse.
3. Staff review and update the Social History at least annually.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Social History

Policy Number: 24.4 (1) c. Policy/Procedures

POLICY:

A mental health professional assigned to an individual begins to develop the Social History along with the individual and appropriate family members, significant others, and/or other professionals at the initial encounter. The only exception is when the first encounter is an individual presenting with a crisis or emergency. Children under age 12 will have a pertinent Developmental History, as part of their Social History, woven into the information gathered at the time of the initial appointment(s). The gathering of Social History information may be ongoing throughout the treatment process.

The Social History acts as a guide for service plan development and the delivery of services. With client involvement, information gathered as Social History is analyzed to reach decisions regarding level, type and immediacy of service provision appropriate to the individual's needs, wants, and desires. When individuals remain in treatment beyond one year, staff and the individual review and update the Social History at least annually.

PROCEDURE:

The treating mental health professional will gather Social History information at the initial appointment. Additional Social History information may emerge throughout the treatment process. The treating professional involves the individual's family members, significant others and other professionals as is necessary to gather a complete Social History.

The Social History includes:

1. Mental Health History.
This includes information from the individual and/or others as to the onset of the disability or problem and the history of treatment.
2. Medical History.
3. Developmental History.
If the individual is a child, this section must be included providing information on early developmental history including developmental incidents (e.g. prenatal and birth complications, developmental delays, etc.).
4. Family of Origin.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Social History

Policy Number: 24.4 (1) c. Policies/Procedures

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5. Relationship/Family History.
 6. History of Domestic Violence/Physical/Sexual/Emotional Abuse.
 7. Educational History.
 8. Employment History.
 9. Military History.
 10. Substance Abuse History.
 11. Legal Involvement History.
 - a. Accused of legal infractions.
 - b. Victim (or survivor) of others' legal infractions.
 12. Culture.
 - a. Religious/spiritual
 - b. SES
 - c. Sexual/gender identity
 - d. Ethnic/racial identity
 - e. Specific group identification/developmental challenges of life experiences, i.e., child abuse survivor, individual hearing impairment
 - f. Unique physical characteristics
 - g. Location of residence and language differences

When the individual remains involved at the Center ongoing for more than one year, the mental health professional treating the individual reviews and updates the Social History at least annually. This update is noted in the individual's record.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Assessment

Policy Number: 24.4 (2) a.b. Benchmark/Indicators

BENCHMARK:

The Center develops a written Assessment for each individual served. The Assessment is the basis for services provided to the individual.

INDICATORS:

1. The Assessment includes information about the individual's current situation, diagnosis, needs, problems, wants, abilities, and desired results, gathered with the individual's involvement.
2. Staff solicit collateral provider information as appropriate to the individual situation in order to compile a comprehensive and full Assessment.
3. Staff develop and complete the Assessment in a narrative format.
4. Staff base decisions regarding the level, type and immediacy of services to be provided, or the need for further assessment or evaluation, upon the analysis of the information gathered in the Assessment.
5. Staff complete an Annual Reassessment for each individual using the service and document the Reassessment in a written format.
6. Documentation supporting the diagnosis is contained in the individual's record. A diagnosis of mental retardation is supported by psychological evaluation conducted by a qualified professional. A diagnosis of Developmental Disability is supported by professional documentation. A determination of chronic mental illness is supported by a psychiatric or psychological evaluation conducted by a qualified professional.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Assessment

Policy Number: 24.4 (2) c. Policy/Procedures

POLICY:

The Social History and Assessment are typically completed by the same staff person but may include input from other staff members. The Center develops a written narrative Assessment for each individual served. This document describes the individual's current problem(s) and describes/analyzes how current and historical factors have contributed to the present problem(s). The Assessment may incorporate collateral information obtained from other providers (past or present) and from family or significant others. The Assessment narrative includes an initial Diagnostic Impression. There is a description of the individual's needs/wants and abilities, and the results he/she wishes from services. The Assessment information is used to guide decisions regarding the level, type, and immediacy of the services to be provided and should specify areas where further information and assessment may be needed. In conjunction with the individual, decisions may be made as to whether Center services are appropriate and acceptable to the individual, and/or whether other service referral is necessary.

For each individual continuing to use the service, staff complete an annual reassessment and document this reassessment in a written format documenting any significant changes in the individual's current situation, diagnosis, needs/problems and results desired from services. Both in the Initial Assessment and in the Annual Reassessment, documentation supporting the current diagnosis is provided.

PROCEDURES:

Appointments for the purpose of an assessment are scheduled with the Center's professional staff. Assessment information is compiled by the staff professional in a written format. The written Assessment is to be placed in the service record of the individual. The written format will be consistent among Center therapists but may vary, in part, from one psychiatrist to another. There may be occasions when a second appointment will be required to complete a thorough Assessment.

The following Assessment information will be gathered with the individual and/or appropriate significant other:

1. Name of the individual and date of the assessment.
2. Individual's date of birth, age and gender.
3. Units/time spent with the individual.
4. Referral Source. Document that assessment information was gathered with individual's involvement and note collateral input, if any, and sources.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Assessment

Policy Number: 24.4 (2) c. Policies/Procedures

5. Presenting Problem(s).
 - a. Reason for visit
 - b. Current functioning
 - c. History of presenting problem
 - d. Current life situation

6. Current Physical Health/Current Medication.

7. Behavioral Observation/Mental Status.

8. Diagnostic Impressions. Based on the information from the individual during the assessment interview, the Center's mental health professional determines the following diagnostic impressions:
 - Axis I: Primary
Secondary
 - Axis II:
 - Axis III:
 - Axis IV:
 - Axis V: Current GAF

9. Individual Goals.
 - a. What does individual want to accomplish?
 - b. How will individual know when he/she has achieved goals?

10. Plan for Services
 - a. Assessment
 - b. Modality
 - c. Frequency
 - d. Immediacy

11. Client Resources.
 - a. Strengths
 - b. Abilities
 - c. Supports

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Assessment

Policy Number: 24.4 (2) c. Policies/Procedures

12. Referrals/Other Services Needed.
13. Treatment Goals.
 - a. Basic (measurable) current and future goals the individual wishes to reach.
 - b. Interventions used.
 - c. Individual participation and involvement.
14. Determination of chronic mental illness is supported by a psychiatrist or psychological evaluation conducted by a Center psychiatrist or psychologist.

An Annual Reassessment is completed for individual's using the services of the Center continuously for more than one year. The Reassessment is in written format and is referenced as an updated assessment. It contains new information and/or changes in the individual's life and is placed in the individual record.

Assessments are considered a process and not "finished" because the initial clinical analysis of significant factors is completed.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Individual Service Plan

Policy Number: 24.4 (3) a.b. Benchmark/Indicators

BENCHMARK:

Individualized, planned, and appropriate services are guided by an individual-specific service plan developed in collaboration with the individual using the service, staff, and significantly involved others as appropriate. Services are planned for and directed to where the individuals live, learn, work, and socialize.

INDICATORS:

1. The service plan is based on the current assessment.
2. The service plan identifies observable or measurable individual goals and action steps to meet the goals.
3. The service plan includes interventions and supports needed to meet those goals with incremental action steps, as appropriate.
4. The service plan includes the staff, people, or organizations responsible for carrying out the interventions or supports.
5. Services defined in the service plan are appropriate to the severity level of problems and specific needs or disabilities.
6. The plan reflects desired individual outcomes.
7. Activities identified in the service plan encourage the ability and right of the individual using the services to make choices, to experience a sense of achievement, and to modify or continue participation in the treatment process.
8. Staff monitor the service plan with review occurring regularly. At least annually, staff assess and revise the service plan to determine achievement, continued need, or change in goals or intervention methods. The review includes the individual using the service, with involvement of significant others as appropriate.
9. Staff develop a separate, individualized, anticipated discharge plan as part of the service plan that is specific to each service the individual receives.
10. The service plan includes documentation of any rights restrictions, why there is a need for the restriction, and a plan to restore those rights or a reason why a plan is not necessary or appropriate.

POWESHEIK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Individual Service Plan

Policy Number: 24.4 (3) c. Procedures

PROCEDURES:

Individual service plans consistent with the requirements of 24.4(3) a. and b. will be developed only for services requiring such plans. The service plan will be monitored by the staff person considered primarily responsible for the provision of services to the individual. Monitoring of the service plan shall occur consistent with the requirements of 24.4 (3) a. and b.

Note: At present, no Center services require individual service plans so no specific center procedures have been established in this area.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Documentation of Service Provision

Policy Number: 24.4 (4) a.b. Benchmark/Indicators

BENCHMARK:

Individualized and appropriate intervention services and treatments are provided in ways that support the needs, desires, and goals identified in the service plan, and that respect the rights and choices of the individual using the service.

INDICATORS:

1. Staff document in the narrative the individual's participation in the treatment process.
2. Responsible staff document the individual's progress toward goals, the provision of staff intervention, and the individual's response to those interventions.
3. Documentation of service provision is in a written, legible, narrative format in accordance with Center policies and procedures.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Documentation of Service Provision

Policy Number: 24.4 (4) c. Procedures

PROCEDURES:

Each individual using Outpatient Psychotherapy and Counseling Services has documentation of services provided in his/her service record consistent with the requirements of 24.4 (4) a. and b. Documentation is in the form of progress notes and initial assessments each of which are to be available in the service record no longer than twelve (12) days after the service has been provided. Staff shall properly sign, list professional degree, individuals name, relevant ID number and date all progress notes/narratives entered into the individuals service record. Each page of the record shall contain the individuals name and ID number.

In the narrative describing the session the therapist notes defines the individual's participation in the treatment process. The narratives also describes progress (if any) the individual is making toward his/her goals, describes what interventions were used by the therapist during the session, and communicates how the individual responded to these interventions; e.g., the individual seemed reassured by the therapist's attempts to normalize his/her reaction, or the individual resisted the therapist's attempts to point out prior similar reactions in other situations. In most instances the staff person is encouraged to either dictate the progress note to be placed in the record or to use his/her computer to type the note. If a therapist hand-writes the notes, it is important the notes be legible, follow the same narrative format, and are completed consistent with Center policies and procedures.

Termination of Services by the Center:

The Center (and Center staff) may terminate services to individuals using Center services due to extenuating circumstances. Center staff shall notify the Center Executive Director whenever they believe circumstances warrant termination of services or refusal to serve/treat an individual. (This notification shall precede any formal termination or refusal of service except in emergency situations.)

If services are to be terminated (or terminated under emergency circumstances) the following procedures are followed:

1. The Center will explain to the individual (or legal representative when appropriate) the reason(s) for terminating services.
2. The Center shall provide, to the individual (or legal representative when appropriate) a written explanation of the reason(s) for terminating services.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Documentation of Service Provision

Policy Number: 24.4 (4) c. Procedures

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3. The Center shall provide, in writing, information about other available services of a like nature and indicate that the Center will assist in making referrals as deemed appropriate.
 4. With proper written individual authorization, the Center should alert the individual's primary care physician (when known) of any concerns the Center might have regarding the individual's situation.

If possible, the Center should obtain other supportive medical information justifying or explaining the Center's termination of services or refusal to serve/treat shall be noted in the discharge documentation contained in the individual's service record.

Documentation of Appointments Not Kept or Cancellations:

Center staff document, in Center records, when individuals do not keep scheduled appointments ("no shows") or cancel scheduled appointments utilizing the following procedure:

1. For individuals currently using the services – appointments not kept are documented by a letter sent from the Center office staff acknowledging the missed appointment and indicating that a new appointment may be scheduled. A copy of this letter is placed in the individual's service record with a second copy given to the professional staff member. In addition, the professional staff member may contact the individual (by phone or letter) and a copy of this contact/attempted contact is also placed in the service record. When an appointment is canceled and not rescheduled by the individual the office staff provides the professional staff member with a form noting the cancellation. This form is then placed in the service record. When the Center, or Center staff, cancels or reschedules an appointment with an individual this will be documented by Center office staff.
2. For individuals new to the service – when an initial appointment is missed or cancelled the failed appointment is documented on the initial appointment/cancellation form which is kept in a separate file. The referral source may be contacted by telephone and this contact is documented on the form.

A letter is also sent to the individual by the Center office staff acknowledging the missed appointment and indicating a new appointment may be scheduled. A copy of this letter is placed in a separate file with a second copy given to the professional staff member.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Documentation of Service Provision

Policy Number: 24.4 (4) d. Individual Service Records (revised 2/09)

PROCEDURES:

Service Records Established and Maintained:

Individual service records shall be established upon the Center's determination that the individual using services will be accepted into at least one of the Center's service programs. All individual service records shall be stored in locked files and/or file room to protect from damage, theft, tampering, and unauthorized use of confidential information. Records will be retained for 7 years after the last date of service delivery for adults or 7 years after reaching the age of majority for minors.

Service Record Contents:

Individual service records shall minimally contain the following information:

1. Individual identifying information (current address, employer and/or school, home and work telephone numbers, birth date, gender and ethnic origin)
2. Name, address, and telephone numbers of :
 - a. Guardian, individual-approved contact person, or legally designated other; and
 - b. Person(s) the individual wishes to be notified in case of an emergency.
3. Legal status.
4. Summary of Initial Assessment/Intake.
5. Progress Notes and Reports. Progress notes are placed in the file documenting the service provided. The notes should be consistent with the criteria outlined in 24.4(4) c.
6. Description of known medications taken by the individual when receiving Center services including:
 - a. Name, dosage and frequency of administration.
 - b. History of individual's drug allergies and sensitivities.
 - c. Name of prescribing physician.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Documentation of Service Provision

Policy Number: 24.4 (4) d. Individual Service Records

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7. Relevant correspondence to, from and about the individual.
 8. Copies of contracts between individual and the Center.
 9. Court documents, as appropriate.
 10. Relevant insurance information.
 11. Service description of the service the individual is using signed and dated by the individual.
 12. Copies of Releases of Information.
 13. Documentation of follow-up of missed appointments.
 14. Incident reports involving the individual.
 15. Social history. Updates/yearly review as needed.

Correcting or Amending Center Service Records:

Substantive corrections or amendments to the individual's consumer record require prior approval by the Center's Executive Director. Any necessary substantive corrections or amendments shall be contained in the service record as separate amendments or addendums only. The original service record entries shall not be erased or altered to serve as amendments or corrections of the record. Any amendments or corrections shall contain the reason for the amendment/correction, date of correction or amendment, and signature of Center staff making said correction or amendment to the service record.

(NOTE: Substantive corrections are corrections which change the meaning or significant content of the service record. This does not include such corrections as typographical errors, misspellings, etc., unless the meaning of significant content is altered by such correction.)

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Incident Reports

Policy Number: 24.4 (5) a.b. Benchmark/Indicators

BENCHMARK:

The Center completes an incident report when organization staff first become aware that an incident has occurred.

INDICATORS:

1. The Center has printed incident report forms available that include the following information:
 - a. The name of the individual served who was involved in the incident.
 - b. The date and time the incident occurred.
 - c. A description of the incident.
 - d. The names of all Center staff and others who were present or responded at the time of the incident. (For confidentiality reasons, other individuals who receive services should be identified by initials or some other accepted means).
 - e. The action the Center staff took to handle the situation.
 - f. The resolution of or follow-up to the incident.
2. The staff who are directly involved at the time of the incident or who first become aware of the incident prepare and sign the incident report before forwarding it to the supervisor.
3. Staff file a copy of the completed incident report in a centralized location and make a notation in the individual's file.
4. Staff send a copy of the incident report to the individual's Medicaid targeted case manager or county case worker who is involved in funding the service and notify the individual's legal guardian within 72 hours of the incident.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Incident Reports

Policy Number: 24.4 (5) c. Procedures

PROCEDURES:

Incident reports may be completed for incidents that occur and are identified during times of direct contact by staff providing outpatient psychotherapy and counseling services consistent with the requirements of 24.4(5) a. and b. The report will be placed in a separate file and a copy placed in the individual's service record. Copies will also be given to the Executive Director, medical director, and chairperson of the Performance Improvement Committee.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Confidentiality and Legal Status

Policy Number: 24.4 (6) a.b. Benchmark/Indicators

BENCHMARK:

Staff release medical and mental health information only when properly authorized.

INDICATORS:

1. The Center obtains written consent from the individual using the service, the individual's legal guardian, or other people authorized by law before releasing personal identifying information, medical records, mental health records, or any other confidential information.
2. Staff complete voluntary written authorizations forms in accordance with existing federal and state laws, rules, and regulations and maintain them in each individual file.
3. Documentation regarding restrictions on the individual, such as guardianship, power of attorney, conservatorship, mental health commitments, or other court orders, is placed in the individual's record, if applicable.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Confidentiality and Legal Status

Policy Number: 24.4 (6) c. Procedures

PROCEDURES:

1. During the first appointment, staff inform individuals using the service that information personally identifying the individual, medical records, mental health records, or any other confidential information will not be released to other persons/agencies without the prior written consent of the individual or his/her legal designee. They are also informed of legal exceptions to this policy.

Individuals are also informed that they have the right to refuse the Release or Disclosure of Information and that they will not be automatically denied service if they should refuse to authorize disclosure.

2. Prior to giving written consent, the individual shall be informed by Center staff of the nature and extent of the information to be disclosed or released, the person or agency who will receive the information, and the reason(s) for the Release or Disclosure.

The Release of Information form used by the Center shall be consistent with federal and state laws, rules and regulations and includes the following:

- a. Name of person or agency to whom information shall be disclosed;
- b. Name of the individual;
- c. Purpose for the Disclosure of Information;
- d. The extent and nature of the information that may be disclosed;
- e. The period of time for which the consent is in effect;
- f. The signature of the individual and/or his/her legal designee;
- g. The statement that the individual and/or his/her legal designee has the right to revoke the Release, in writing, at any time; and office staff verbally inform the individual that such revocation cannot be retroactive and;
- h. The date on which consent is obtained.

The original consent form shall remain in the case record of the individual, a copy accompanies the information to be disclosed and a copy of the consent form is made available to the individual. The individual's refusal to accept a copy of the consent shall be documented. Center staff shall attempt to obtain guardianship papers and probation, commitment, and other court orders relative to the individual. These papers are then maintained in the individual's file.

POWESHEIK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Confidentiality and Legal Status

Policy Number: 24.4 (6) c. Procedures

3. There are five exceptions regarding full confidentiality:
 - a. Reporting Dependent Adult Abuse: All clinical professional and para-professional staff are mandatory reporters. It is the policy of the Center to report to the Department of Human Services (DHS) if abuse to dependent adults is suspected.
 - b. Reporting Child Abuse: All Center professional and para-professional staff are mandatory reporters. It is the policy of Center staff to report to the Department of Human Services (DHS) if child abuse is suspected.
 - c. Dangerous to Self and Others: When an individual indicates that he or she is a danger to self or to others, Center staff shall act in a manner which is most beneficial in assuring the safety of the individual and others.
 - d. Individuals with Chronic Mental Illness: Section 228.8 of the Iowa Code specifies circumstances which allow disclosure of limited mental health information to family members who are directly involved in the care of an individual with chronic mental illness or monitoring the treatment of the individual. The family member must make a written request for the information unless an emergency exists. Information which may be released is limited to services provided during the last six months relative to diagnosis, prognosis, medication compliance, and treatment plan.
 - e. Quality of Service: The Poweshiek County Mental Health Center is accredited by the Iowa Department of Human Services Division of Mental Health, Mental Retardation, and Developmental Disabilities (DHS) to provide mental health services. Personnel from DHS periodically check individual records for compliance with the state standards for mental health services. DHS personnel are required to keep all individual information confidential.

In the case of accreditation, the Release of Information shall be authorized by the Executive Director and noted in the individual's record and the individual shall be notified of the Release. The Executive Director shall require, prior to the Release of Information, that the outside party sign a written statement which shall state that the information is essential to the performance of his/her work; that he/she recognizes that the information to be released is confidential, and the he/she shall not disclose any information which personally identifies the individual.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Confidentiality and Legal Status

Policy Number: 24.4 (6) c. Procedures

All mental health information released by the Center shall contain a written statement that the mental health information has been disclosed pursuant to the Iowa Code and the re-disclosure of mental health information is unlawful except as specified by the Iowa Code.

Information collected by the Center which identifies, or is intended to identify, any individual who is receiving or has received Center services shall not be disclosed to any member of the Center Board of Directors.

All Center employees/consultants are required to sign a written statement acknowledging receipt of this policy and an understanding of same.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Service Systems

Policy Number: 24.4 (7) a.b. Benchmark/Indicators

BENCHMARK:

The Center develops a clear description of each of the services offered. The Center develops an admission and discharge system of services. Staff coordinate services with other settings and providers.

INDICATORS:

1. The Center has established and documented the necessary admission information to determine each individual's eligibility for participation in the service.
2. Staff include verification in each individual's file that a service description was provided to the individual using the service and, when appropriate, to family or significant others.
3. Continuity of services occurs through coordination among the staff and professionals providing services. Coordination of services through linkages with other settings and providers has occurred, as appropriate.
4. Staff include a written discharge summary in each individual record at the time of discharge (for each service where this is required by the standards).

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Service Systems

Policy Number: 24.4 (7) c. Procedures

PROCEDURES:

ADMISSION INFORMATION/PROCEDURES:

The Center has developed a clear and easy to read description of each of the services offered. These descriptions are available in the Policy and Procedures Manual, are available to the public, and are given to the individual (usually at the first direct appointment) when service eligibility is determined. Eligibility for participation in each service varies but is clearly described in the description of the service made available to the individual. Means of accessing the service are also described.

VERIFICATION OF SERVICE DESCRIPTION PROVISION:

Professional staff will be responsible for giving individuals using a service the Center's written service description of that service. The service description is to be signed by the individual using the service and the staff member and is then placed in the individual's file.

COORDINATION OF SERVICES:

Center staff (the primary therapist) coordinate the provision of services with other center staff when an individual is receiving services from more than one staff member. Attention is paid to assuring non-duplication of service provision, awareness of changes in individual functioning or of changes in goals/interventions, etc. Staff coordination occurs informally during staff discussions and during scheduled staff meetings, e.g., meetings with Center psychiatrists for supervision and coordination of services. Individuals are advised that staff "in-house" coordination may occur to assure continuity of service provision. (In-house) staff coordination is documented in the individual file when significant modifications are planned in service provision.

Center staff also link and coordinate services with other agencies and organizations when such information seems appropriate and of special need/benefit to the individual. Any such coordination shall be approved by the individual in advance, and written consent for the Release of Information must be obtained prior to contact with any other agency or organization. If a Release of Information is signed the Center staff person is responsible for providing the written authorization to the specified provider or organization, and for initiating contact with the provider or organization.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Service Systems

Policy Number: 24.4 (7) c. Procedures

The Release of Information is placed in the individual's file and the contacts are also documented in the file in the progress notes.

DISCHARGE SUMMARY:

Where required by the standards for a specific service, a written discharge summary is provided for each individual at the time of discharge from service.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Respect for Individual Rights

Policy Number: 24.4 (8) a.b. Benchmark/Indicators

BENCHMARK:

Each individual using the service is recognized and respected in the provision of services, in accordance with basic human, civil, and statutory rights.

INDICATORS:

1. Staff provide services in ways that respect and enhance the individual's sense of autonomy, privacy, dignity, self-esteem, and involvement in the individual's own treatment. Staff take language barriers, cultural differences, and cognitive deficits into consideration and make provisions to facilitate meaningful individual participation.
2. Staff inform individuals using the service and, when appropriate, family and significant others of their rights, choices, and responsibilities.
3. The Center has a procedure established to protect the individuals using the service during any activities, procedure, or research that requires informed consent.
4. The Center verifies that individuals using the service and their guardians are informed of the process to express questions, concerns, complaints, or grievances about any aspect of the individual's service, including the appeal process.
5. The Center provides the individuals and their guardians the right to appeal the application of policies, procedures, or any staff action that affects the individual using the service. The Center has established written appeal procedures and a method to ensure that the procedures and appeal process are available to individuals using the service.
6. All individuals using the service, their legal representatives, and other people authorized by law have access to the records of the individual using the service in accordance with state and federal laws and regulations.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Respect for Individual Rights

Policy Number: 24.4 (8) c. Procedures

PROCEDURES:

1. Staff are expected to provide services in ways that respect and enhance the individual, clearly involve the individual in decisions regarding his/her own treatment, and facilitate meaningful individual participation. This is accomplished in an individual fashion by each staff person but includes such things as being on time for appointments, providing explanations when late for appointments, being aware of how the person wishes to be addressed, always being cognizant of the individual's treatment goals and wishes, and making attempts to accommodate for and limit barriers to understanding and communication. Staff are encouraged to attend conferences and workshops which will help them have increased knowledge and sensitivity to cultural differences and a greater understanding of how to improve communication with individuals with cognitive deficits.
2. During the first appointment and when appropriate during subsequent contacts individuals are informed of their rights, choices, and responsibilities while in treatment. Acknowledgement of this written information is placed in the individual's file.
3. No individual using the services of the Center shall be involved or required to participate in any experimental treatment procedure, Center-sponsored research involving human subjects, procedure involving intrinsic risk, or Center-sponsored external training or demonstration projects involving audio-visual equipment or one-way mirrors without the individual's expressed permission and informed consent in writing.

Every individual who is requested to participate in experimental treatment, Center-sponsored research involving human subjects, Center-sponsored external training or demonstration projects involving audio-visual equipment or one-way mirrors, and/or any treatment procedure that carries with it an intrinsic risk shall be fully informed of the salient aspects of the activity and shall give written consent to that activity.

Each situation/activity requires a separate written consent. Each consent shall include documentation that the consumer, or legally authorized person, has given consent in language techniques common to the individual.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Respect for Individual Rights

Policy Number: 24.4 (8) c. Procedures

An individual may decide to cease participation in an activity/procedure at any point, at which time the prior signed release will become null and void.

Both in situations when standard psychotherapy/counseling procedures are being followed, or where there are deviations from standard practice the risks/benefits should be described fully and a written consent is obtained for treatment. When medications are prescribed by Center psychiatrists the risks/rewards are described as completely as possible. If an individual is questioned about potential abuse that may need to be reported the individual is informed prior to such questioning that the staff person is a mandatory reporter.

4. Individuals receive at the time of their initial appointment written information which describes appeal/grievance rights and procedures. In addition the individual receiving services and his/her guardian are informed and encouraged by staff to express immediately any questions, concerns, or complaints regarding any aspects of services they receive.
5. As described in 24.4(8) indicator 6 individuals using services are informed they may have access to their records. When an individual or his/her legal representation requests access to his/her records such access is provided in accordance with state and federal laws and regulations. Even when only a small portion (e.g., a one page report) of the record is requested, this should be reviewed by a professional staff person before a copy is provided to an individual. When possible the individual is encouraged to explain his/her reasons for wishing access to the records and would also be encouraged to examine the record in the presence of a staff person, preferably the individual's therapist so that potential questions/concerns can be addressed. On those occasions it is noted in the treatment record that records were reviewed, who was present, issue of concern, if any, and date. Both the therapist and individual/representative will sign the documentation that his activity took place.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Respect for Individual Rights

Policy Number: 24.4 (8) d. Appeal/Grievance Process

PROCEDURES:

The Center shall provide for an individual appeal/grievance of any action taken by any employee or consultant of the Center or any policy or procedure of the Center that is felt to be in conflict with the individual's well-being and human rights and/or rights and well-being of the Center's individual population.

Any individual who feels that he/she has been subject to unfair treatment will have the right to present his/her grievance to the Executive Director and ultimately (if necessary to the Board for prompt consideration and fair decision).

It is the responsibility of the appointing authority (Executive Director or Board) to hear promptly and courteously all grievances registered in good faith by individuals using Center services, and to clarify misunderstanding and make reasonable adjustments of the complaints. All problems will be settled, whenever possible, at the lowest level.

Any individual using Center services or an individual potentially using Center services may appeal any action by any Center staff member or policy or procedure which he/she feels is not in his/her best interest through the following mechanism:

1. Procedure to Follow in Filing a Grievance:
 - a. All grievances will be taken to the Executive Director. If the grievance cannot be settled at this level, or if the individual is not satisfied with the results of the decision, he/she may:
 1. Individuals appealing grievance decisions shall have the right to be heard before the Executive Committee. This right shall include the right to present statements and evidence, to answer questions, and to be represented by representatives of the individual's choosing.
 - b. Appeal the decision to the Executive Committee which shall serve as the grievance committee and conduct a hearing.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Respect for Individual Rights

Policy Number: 24.4 (8) e. Written Consent for Release of Confidential Information

PROCEDURES:

No information personally identifying the individual shall be released or disclosed without prior written consent of the individual or his/her legal designee, other than when there are specific exceptions designated by law.

Individuals shall be informed by Center staff that they have the option to refuse the release or disclosure of information, and that they will not automatically be denied service if they should refuse to authorize disclosure.

Failure to provide access to information necessary to develop a treatment or service plan may be a basis for a denial of services. Individuals shall be notified of the reason for a denial of services.

Prior to giving written consent, Center staff shall inform the individual of the nature and extent of the information to be released or disclosed, the person or agency that will receive the information, and the reason for the release or disclosure.

The Release of Information form used by this Center includes the following:

1. Name of the person or agency to whom information shall be disclosed;
2. Name of the individual;
3. Purpose for the disclosure of information;
4. The extent and nature of the information that may be disclosed;
5. The period of time for which the consent is in effect;
6. The signature of the individual and/or his/her legal designee;
7. The statement that the individual and/or his/her legal designee has the right to revoke the release, in writing, at any time; and
8. The date on which consent is obtained.

The original consent form shall remain in the case record of the individual, a copy accompanies the information to be disclosed, and a copy of the consent form is made available to the individual. The individual's refusal to accept a copy of the consent shall be documented.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Outpatient Psychotherapy and Counseling Services

Policy Number: 24.4 (14) a.b. Benchmark/Indicators

BENCHMARK:

Individuals using the service realize and mobilize their own strengths and abilities to take control of their lives in the areas where they live, learn, work and socialize.

INDICATORS:

1. Individuals using the service are prepared for their roles as partners in therapeutic process at intake where they define their situations and evaluate those factors that affect their situations.
2. Individuals using the service establish desired problem resolution at intake during the initial assessment.
3. Psychiatric services other than psychopharmacological services are available from the center as needed by the individual using the service.
4. Psychopharmacological services are available from the center as needed.
5. Staff document mutually agreed-upon treatment goals during or after each session. A distinct service plan document is not required.
6. Staff document mutually agreed-upon supports and interventions during or after each session. A distinct service plan document is not required.
7. Staff document in the progress notes the individual's status at each visit and the reasons for continuing or discontinuing services. A distinct discharge summary document is not required.
8. Any assignment of activities to occur between sessions is documented in the following session's documentation.
9. Individuals using the service who have a chronic mental illness participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.
10. The record documents that the center follows up on individuals who miss appointments.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Outpatient Psychotherapy and Counseling Services

Policy Number: 24.4 (14) c. Procedures

PROCEDURES:

The Center offers outpatient services to include Initial Assessment, treatment planning, treatment services, treatment review, psychiatric services and referral services to individuals, couples and/or families who are in need of such services and who are willing to comply with agency procedures.

Services consist of time limited, structured, face-to-face sessions in which the individual and staff member act as partners defining the situation (problem/issue) and understanding/evaluating the factors that affect the situation, and mobilize the individual's strengths and abilities to resolve issues and problems. This is viewed as a collaborative effort in which staff use their assessment and intervention/treatment knowledge and skills to assist the individual in understanding his/her situation and working toward mutually agreed-upon problem resolution.

Staff members conduct Initial Assessment interviews, complete a Social History, and gather other information that is necessary in order to make decisions regarding the level, type and immediacy of services to be provided. Family and significant others are involved in the Initial Assessment process and in the treatment/service process as appropriate and desired by the individual.

ELIGIBILITY CRITERIA (ADMISSION TO SERVICES):

The Center makes reasonable efforts to provide outpatient psychotherapy and counseling services for any individual (couple or family) who seeks such services and who displays a reasonable level of motivation (that is, willingness to become involved in the therapeutic process of understanding the problem/situation and working toward problem/resolution) who are able to come to an office of the Center or some other mutually agreeable site, and who are willing to make arrangements for the payment of fees based on the Centers financial policies and procedures (may include assistance from the county or other third-party payor).

Individual eligibility and admission to services is based upon: (1) the individual providing sufficient demographic and financial information, (2) the individual and Center staff agreeing that not only does the individual need service but that the Center has the appropriate capacity to provide services through the outpatient psychotherapy and counseling service program.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Outpatient Psychotherapy and Counseling Services

Policy Number: 24.4 (14) c. Procedures

1. Demographic and Financial Information:

The following demographic and financial information is needed by the Center for admission to services:

- a: Name.
- b: Address.
- c: Telephone number.
- d: Age and date of birth.
- e: Marital status.
- f: Nature of problem.
- g: Referral source.
- h: Financial information.

This information may also be obtained from the referral source at the time of referral. At the time of the individual's first appointment, the individual is responsible for providing all information required as outlined above unless unable to do so due to extenuating circumstances. Additionally considered is the individual's demonstrated willingness to arrange payment for services provided.

2. Diagnostic Criteria and Need for Service:

Individual eligibility is based on the need for service and diagnostic criteria. Individual appropriateness and need for service is determined in accord with the following criteria (the consumer must meet all criteria listed):

- a. Current Axis I or Axis II diagnosis (DSM most current volume) including Adjustment Disorders and V Codes.
- b. Individual, or guardian/legal representative for minor children, expressed interest in participating in service provision.
- c. Danger of risk to self, others is not imminent although without service provision such risk may be increased.
- d. Individual is medically stable and does not require a level of care that includes intensive medical monitoring.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Outpatient Psychotherapy and Counseling Services

Policy Number: 24.4 (14) c. Procedures

3. Staff Clinical Judgment and Need for Service:

Admission to service is additionally based on Center staff professional judgment regarding the Center resources and Staff skills sufficient to meet individual needs through outpatient psychotherapy and counseling services.

Individuals, when Court-Ordered to receive service, may also be admitted to service based on Center staff's professional judgment regarding the Center resources and staff skills sufficient to meet individual needs through outpatient psychotherapy and counseling services.

TREATMENT/SERVICE PROCESS:

Mental health treatment (outpatient psychotherapy and counseling services) is a cooperative effort between the individual and Center staff, with the individual (and family member as appropriate), being an active participant in the process of problem-definition, treatment planning and review, and problem-resolution. Individuals are informed about the treatment process and their responsibilities as "partners" in the process. Individuals are encouraged to actively participate in the process of assessment, planning, problem-resolution and eventual discharge from service.

SERVICE DOCUMENTATION:

Refer to Clinic Policies and Procedures regarding: 1) Social history (24.4(1)), 2) Assessment (24.4(2)), 3) Documentation of Service Provision (24.4(4)), 4) Confidentiality and Legal Status (24.4(6)), 5) Service Systems (24.4(7)), and 6) Individual Rights (24.4(8)).

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Outpatient Psychotherapy and Counseling Services

Policy Number: 24.4 (14) c. Procedures

STAFF CREDENTIALS/QUALIFICATIONS:

Outpatient psychotherapy and counseling services are provided by professionally trained Center staff who:

1. Meet the definition of mental health professional (Iowa Administrative Code); or,
2. Have at least a Master's degree in a mental health field and are supervised by a mental health professional; or,
3. Are involved in a doctoral program (e.g., Ph.D. or Psy.D.) which does not grant a Master's degree, but have completed academic requirements beyond the Master's degree level.

Services of a Medical Doctor or Doctor of Osteopathic Medicine and Surgery, who is either Board-certified or Board-eligible in Psychiatry, is available to provide psychiatric and psychopharmacological services as needed by the individual using outpatient psychotherapy and counseling services. The Center also employs a psychiatric Physician Assistant (licensed) and a psychiatric nurse (licensed) who assist, and are directly supervised by the psychiatrists, in providing psychiatric and psychopharmacological services.

POWESHEIK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES

Manual Section: Standards for Services

Policy Title: Emergency Services

Policy Number: 24.4 (15) a.b. Benchmark/Indicators

BENCHMARK:

Individuals using the service receive emergency services when needed that provide a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress.

INDICATORS:

1. Individuals using the service can access 24-hour emergency services by telephone or in person.
2. Information about how to access emergency services is publicized to facilitate availability of services to individuals using the service, family members, and the public.
3. Individuals using the service receive assessments and services from either a mental health professional or from personnel who meet the requirements described in 24.4(15)c of the Center's Policies and Procedures and are supervised by a mental health professional. Psychiatric consultation is available if needed.
4. Individuals using the service receive intervention commensurate with current identified risk factors.
5. Significantly involved others are involved as necessary and appropriate to the situation and as desired by the individual using the service.
6. Individuals using the service are involved in the development of post-emergency service planning and resource identification and coordination.
7. Staff document contacts in a narrative format and maintain them in a central location that will allow timely response to the problems presented by the individual using the service.
8. Timely coordination of contacts with relevant professionals is made.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Emergency Services

Policy Number: 24.4(15) c. Procedures (revised 4/10)

POLICY:

Emergency services are available from the Center by telephone or face-to-face, on a 24-hour basis. “Emergency services” means crisis services that provide a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress and are available and accessible.

PROCEDURES:

The Center publicizes the availability and access to services in various written formats including service brochures (generally made available to the public and service providers), the Center’s website, as well as advising individuals of service accessibility at the time of initial assessment at the Center.

Services and interventions are provided in accord with current identified risk factors and as appropriate to individual needs and appropriate security/safety considerations. Significantly-involved others are involved as necessary and appropriate to the situation and as desired by the individual in developing the appropriate services and intervention plans for the amelioration of the crisis/emergency situation.

Appropriate post-emergency planning, resource identification, and coordination of services and supports are undertaken by Center staff in cooperation with the individual and significantly involved others, as appropriate to the situation. Timely coordination of contacts with relevant professionals is made.

DURING CENTER BUSINESS HOURS:

During regular Center business hours, individuals may be received for emergency, short-term intervention or referral by either telephone or on a walk-in basis. A Center therapy staff member is assigned responsibility, each business day, to respond to emergency/crisis situations presented to the Center’s main office, via telephone or in person. (“Back-up” staff members are additionally available, each business day in the Center’s main office, to assist the regular “on-call” staff as necessary.) When the Center receives a call that is suspected to be a crisis or emergency, the “on-call” therapist will be asked to screen it. If the call is an emergency where the client describes suicidal ideation, homicidal ideation, or psychosis, the individual will be seen within 24 hours. If the call is a crisis without suicidal ideation, homicidal ideation, or psychosis, the staff will take steps to stabilize the symptoms and schedule an appointment as needed.

POWESHIEK COUNTY MENTAL HEALTH CENTER
POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Emergency Services

Policy Number: 24.4 (15) c. Procedures

AFTER REGULAR BUSINESS HOURS:

After regular business hours, emergency and crisis services are available by telephone when clients call the Center's main phone number. A Center medical staff member is available via telephone for consultation.

STAFF CREDENTIALS/QUALIFICATIONS:

The clinical assessment and psychotherapeutic services are provided by a person who has training, education and/or experience in the provision of emergency/crisis services and who:

1. Meets the definition of mental health professional (Iowa Administrative Code); or,
2. Holds at least a Master's Degree in a mental health field and, if not licensed, are working to meet necessary requirements for licensure.

A Medical Doctor or Doctor of Osteopathic Medicine and Surgery, who is either Board-certified or Board-eligible in Psychiatry, is available at least by telephone in providing consultative services to other Center Staff in the provision of emergency services.

SERVICE DOCUMENTATION:

The Center maintains records of all services provided in accord with the following documentation which is contained in the Center's Emergency/Crisis Log kept at the Center's main office location:

1. Type of contact (telephone, face-to-face);
2. Time and date of contact;
3. Name of the individual (if known);
4. The nature and intensity of individual needs;
5. Identification of current risk factors, severity of risk and level (intensity) of service needs;
6. A description of the staff action taken, psychiatric consultation accessed (as appropriate) and/or referrals made or recommended;
7. A brief description of post-emergency (crisis) planning, resource identification and planned service coordination or follow-up, as appropriate; and,
8. The name(s) of Center staff involved in service provision.

When emergency services are provided to current Center individuals, a copy of all services documentation is maintained in the individual's service record as well as in the Center's Emergency/Crisis Log.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Evaluation Services

Policy Number: 24.4 (16) a.b. Benchmark/Indicators

BENCHMARK:

Individuals using the service receive comprehensive evaluation services that include screening, diagnosis, and assessment of individual or family functioning, needs and disabilities.

INDICATORS:

1. Evaluations include screening, diagnosis, and assessment of individual or family functioning, needs, abilities, and disabilities.
2. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.
3. Evaluations include recommendations for services and need for further evaluations.
4. Mental health evaluations are completed by a person who meets the criteria of a mental health professional, or a person with a master's degree who is license eligible and supervised by a mental health professional, or an intern of a Master's or Doctoral program who is supervised by a mental health professional.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Evaluation Services

Policy Number: 24.4 (16) c. Procedures

PROCEDURES:

Evaluation services shall consist of assessment activities which consider emotional, behavioral, cognitive, psycho social, and physical information, as appropriate, in determining the individual's current status and functioning and in arriving at specific recommendations for service provision (including referral as appropriate) and in determining the need for further evaluations. Services are made available to courts, schools, other agencies, individuals and families upon request, which assess, plan for, and link individuals with appropriate services, as necessary.

Services are provided to individuals which are appropriately focused and comprehensive in relationship to the defined need for the evaluation, including referral source expectations and requests, when appropriate. Services are completed within specified time frames and normally result in staff recommendations regarding need for further evaluations and services appropriate to meeting consumer needs. (Note: At times referral source requests are received asking the Center to perform specific testing/evaluations and recommendations are not requested. In these instances, recommendations may not be provided unless specifically requested by the referral source.)

PRELIMINARY DIAGNOSTIC EVALUATIONS (PRE-SCREENING):

Preliminary diagnostic evaluations of persons seeking voluntary admission to Mental Health Institutes are performed by a Center mental health professional, within the scope of his/her professional practice. These evaluations are conducted within a reasonable time frame, not to exceed forty-eight (48) hours, and when indicated, in accord with resolutions passed by a County Board of Supervisors pursuant to Iowa Code section 225C.14.

When the results of the evaluation indicate that admission to a Mental Health Institute is appropriate, the Center staff inform the Mental Health Institute of the same and assist in arranging admission to the Mental Health Institute, as appropriate. When Center staff determine that another service or treatment program is more appropriate and the individual agrees, Center staff make referrals to the alternative programs, as appropriate. The Center reports the findings of the evaluation to the selected treatment resource in a timely manner, with appropriate written authorization for disclosure of information obtained.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Evaluation Services

Policy Number: 24.4(16) c. Procedures

OTHER COURT-RELATED EVALUATIONS:

Evaluations performed for the Court pursuant to Iowa Code sections 229.10 and 812.3, shall be performed by a licensed physician who may utilize the results of evaluations performed by mental health professionals during the same time period. Evaluations performed for the Court pursuant to Iowa Code section 232.49 shall be performed by a mental health professional.

Court evaluations pursuant to this action are completed within the time frames agreed to by Center and the Court. Evaluation results are reported to the proper authority within a reasonable time frame, normally within 24 hours of completion of the evaluation.

OTHER CENTER EVALUATIONS:

Other evaluations, not referenced above, which are performed by a Center mental health professional are conducted within the time frames agreed to by the Center and the requesting party or parties. Documentation of the evaluation activities and any recommendations are provided to the appropriate party or parties with proper written authorization for disclosure and within agreed-upon time lines.

SERVICE DOCUMENTATION:

The Center maintains documentation of all evaluation services provided by employees and consultants of the Center. The Center staff member(s) conducting the evaluation is responsible for service documentation in accord with Center procedures.

The specific format and content of documentation is determined by the type of evaluation performed. Evaluations conducted in connection with Center outpatient psychotherapy and counseling services are documented in accord with the Center policy related to Assessment and Social History. Psychiatric and psychological evaluation documentation is formatted in accord with accepted professional practice standards and contain sufficient information to address individual needs, diagnosis, functioning and disabilities as well as meeting any referral source informational requirements related to recommendations.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Standards for Services

Policy Title: Evaluation Services

Policy Number: 24.4 (16) c. Procedures

STAFF CREDENTIALS/QUALIFICATIONS:

Services are provided by Center Staff who:

1. Meet the definition of mental health professional (Iowa Administrative Code); or
2. Have at least a Master's degree in a mental health field and are supervised by a mental health professional.

Psychiatric Evaluations are performed by a Medical Doctor or Doctor of Osteopathic Medicine and Surgery who is either Board-certified or Board-eligible in Psychiatry. Psychological Evaluations are performed by psychologists trained in administering and interpreting psychological tests. Other evaluations, including individual and family evaluations, are conducted by staff meeting the criteria as a mental health professional (Iowa Administrative Code).

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

ADDITIONAL POLICIES AND PROCEDURES (MISCELLANEOUS)

CENTER SERVICE PROCEDURES:

1. Physical Facilities/Accessibility
2. Scope of Services
3. Requests for Services and Appointments
4. Hours of Operation

FINANCIAL MANAGEMENT:

1. Budget Preparation and Adoption
2. Procedures for Altering or Amending the Budget
3. Fee Schedule for Individuals
4. Collecting Individual Fees
5. Billing Third Party Payors
6. Accounting System
7. Purchasing Policies
8. Monthly Financial Reports
9. Audit
10. Inventory of Equipment and Furniture
11. Gifts and Gratuities
12. Investments

CONTRACTS AND AGREEMENTS

POWESHEIK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures – Physical Facilities/Accessibility

Policy Number: 1.a.

PHYSICAL FACILITIES/ACCESSIBILITY

Written descriptions of the services available through the Center shall be developed and made available to the individual using the service. The Center provides information to the individual using services and when appropriate, family and significant others about the services available to the individual. Information is additionally provided relative to individual rights, choices, and responsibilities relative to service provision.

The visibility of the Center shall be maintained through the use of signs, stationery, multiple listings in local telephone directories and other means deemed appropriate that assure that the means of gaining access to services are well publicized and highly visible. Center facilities accommodate the physical needs of individuals, particularly the special needs of children, elderly, and the handicapped.

1. The building is accessible to the handicapped.
2. There is adequate parking for individuals using services.
3. When it is not possible for an individual to commute to the Center, services may be provided at some other safe and accessible location.
4. There are toys, books, and other play materials for children.
5. Center offices are adequately soundproofed and allow for privacy of conversation between Center staff and the individual.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures – Scope of Services

Policy Number: 1.b.

SCOPE OF SERVICES

The Center shall offer and make the following services available:

1. Outpatient psychotherapy and counseling services;
2. Emergency services;
3. Evaluation services;
4. Clubhouse program for the chronically mentally ill.

The Center may provide other services as needed, and with adequate anticipated financial resources, as deemed appropriate and within the overall mission and vision of the Center, and after seeking accreditation from the State accrediting agency.

A description of each specific service area shall be written and contained in the Policy and Procedures Manual. Specific service descriptions are made available to the individual using the services.

All services offered and described shall meet the standards contained in Iowa law. (Services which are not accredited by the State of Iowa, and, therefore, not contained in Iowa law, shall meet accepted standards of professional practice for each specific service.)

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures – Request For Services and Appointments

Policy Number: 1.c. (revised 10/08)

REQUEST FOR SERVICES AND APPOINTMENTS:

The Center shall accept requests for services from individuals, couples, families or groups who are residents of the service area. Admission (acceptance to service) is determined by the individual and the Center staff after appropriate assessment interviewing aimed at identifying individual needs, desires and abilities and the Center's capability/capacity to provide the appropriate level of service, to the individual, based on the assessment. Admission to Center services is determined by the assessment and based upon specific service admission or eligibility criteria.

Any person requesting services shall come to or call the Center to request an appointment. When a potential individual (or his/her referral source) first contacts the Center, either by telephone or walk-in, the office employee is responsible for obtaining initial information about the individual. This initial information may include the following:

1. Name;
2. Address;
3. Telephone number;
4. Date of birth;
5. Marital status;
6. Gender;
7. Nature of problem;
8. Referral source;
9. Service(s) requested, if known;
10. Third-party payor.

If the caller appears in need of immediate service, the Center's "on-call" clinical staff member will be contacted/notified for further assessment and action as deemed appropriate, which may include emergency contact.

Clinical Center staff provide information, as appropriate to the situation, to the individual and family members or significant others, when appropriate, about the nature of services to be provided by the Center as well as information outlining the individual's rights, choices and responsibilities in the service or treatment process. Normally this information is provided upon the initial face-to-face visit with Center staff.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures – Request For Services and Appointments

Policy Number: 1.c.

If an emergency contact is not deemed necessary, as assessed by the "on-call" Clinical Staff member, the individual or caller will be scheduled for an initial interview (Intake) at the earliest time available or referred to another service provider, if more appropriate. (Also refer to appointment time frames below relative to defined level of need.)

It is the goal that persons requesting services shall have the opportunity for a preliminary assessment within seven (7) business days after the request for service is received by the Center.

APPOINTMENTS

Appointment times are scheduled for the benefit of the individual. Center Staff and individuals need to make reasonable efforts to be prompt and consistent in meeting appointments. If appointments must be cancelled or changed, at least 24 hours notice should be given by the individual, or Center Staff, unless there is an unforeseen emergency or other justifiable reason, then notice should be given as soon as possible.

The Center accommodates appointment scheduling within the following parameters:

1. Emergency Crisis Situations. The severity of the crisis will be assessed by the clinical staff person. If necessary, the individual will be seen the same day during an appointment time pre-designated for emergency purposes.
2. Urgent Situations. The individual will be seen within no more than forty eight (48) hours after initial contact.
3. Routine Situations. The individual will be scheduled for an initial interview (Intake) at the earliest time available.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures – Request For Services and Appointments

Policy Number: 1.c.

MISSED APPOINTMENTS (Outpatient Psychotherapy/Counseling Services)

Individuals who miss therapy appointments without canceling at least 24 hours in advance will be charged ten dollars (\$10.00) for the second and subsequent failed appointments. Twenty Five dollars (\$25.00) will be charged for any second missed psychiatric appointment.

After a failed appointment or three consecutive cancelled appointments, the center will determine the appropriateness of continuing to offer scheduled appointments. If scheduled appointments are not going to be made available, alternate methods of allowing the individual to access services will be explored. For example, a person might be asked to call the center on the day services are desired to see if an opening exists. Or, the person might be placed on a cancellation list to be contacted if an appointment opens up. This decision will be a collaborative effort by the Executive Director, therapy staff, medical staff, and office staff. In case of an emergency, services will not be refused.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures – Hours Of Operation

Policy Number: 1.d.

HOURS OF OPERATION:

The services of the Center are available five days a week for at least eight hours per day during the day, evening or weekend to allow for minimal disruption of the schedule of the individual.

The main office shall be staffed by at least two Clinical and one Support staff member during the regular working hours of the Center. Any satellite office shall be staffed by at least one Clinical staff member during the regularly scheduled hours of that office.

The main office of the Center shall be open and staffed (except for holidays) from 8:00 a.m. until 5:00 p.m. on Monday through Friday, and one evening for appointments as needed. (A one-hour lunch period from approximately 12:00 noon until 1:00 p.m. may be designated, as necessary, by the Executive Director.)

Any satellite office will usually be open and staffed from 8:00 a.m. until 5:00 p.m. one or more days weekly.

The Center's offices are closed on all holidays listed in the Center's Policies and Procedures Manual.

Appointments at times other than when the Center offices are regularly open may be set at the discretion of the Center staff person allowing for as minimal disruption of the individuals schedule as possible. Staff scheduling, in Center offices, additionally considers the availability of other staff on premises at the time of service provision for safety and security reasons.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Financial Management – Budget Preparation and Adoption

Policy Number: 2.a.

POLICY:

The Board of Directors of the Center shall approve the annual budget at least one month prior to implementation.

The Executive Director shall prepare, annually, a line item operating budget.

PROCEDURES:

The fiscal year for the Poweshiek County Mental Health Center shall begin on July 01 each year and continue through June 30 of the following year.

The Executive Director shall be responsible for the development of the budget for the coming fiscal year to be presented to the Center's Finance Committee at a meeting prior to the May meeting of the entire Board. The Budget will be developed considering the program needs/services the Center is attempting to meet during the coming fiscal year and the staff and other resources necessary to meet these service demands. The Finance Committee will either accept or modify the Executive Director's budget proposal and present this proposed budget to the entire Board for approval.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Procedure for Altering or Amending the Budget

Policy Number: 2.b

POLICY:

In the event that it is necessary to alter or amend the budget of the Center the Board of Directors shall initiate such action upon the recommendation of the Executive Director.

PROCEDURES:

The Executive Director will recommend necessary changes in the Budget to the Board.

The Board of Directors shall make the final decision regarding any amendment or alteration of the budget for the Center.

Upon adoption, the altered or amended budget shall become the operating budget for the fiscal year.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Fee Schedule for Individuals

Policy Number: 2.c. (revised 9/09)

POLICY:

Fees charged to individuals receiving outpatient services from the Center shall be determined by the Center's rate, by the third party payor (if applicable), or through the use of a sliding fee scale which shall be reviewed on an annual basis and which is developed out of rate-setting based on the cost of service analysis. Fees set by the sliding fee scale shall be based on the individual's ability to pay, considering family income and the number of dependents in the household. The fee schedule is approved annually by the Center's Board of Directors.

No one shall be denied access to Center service because of lack of ability to pay.

PROCEDURES:

The fees charged to individuals are determined at the time of admission or during a subsequent visit to the Center. In order to be eligible for a reduced fee because of county funding, the individual needs to complete the County Certification Form with the County CPC Coordinator. The CPC Coordinator is responsible for gathering the information necessary to determine the fee for a given individual including annual family income, the number of dependents in the household, net assets, and any other relevant financial data, including information about health insurance. The individual's fee is set based on the information gathered. The individual is asked to sign a statement that indicates that the individual is aware of the fee and that he/she accepts responsibility for payment of that fee.

Claims are filed with third party payors, as applicable, and the fee set by that payor is charged to the client.

For individuals who do not have a third party payor and are not eligible for county funding, their fee may be set through a sliding fee scale.

All clients are asked to sign a statement that indicates that the individual is aware of the fee and that he/she accepts responsibility for payment of that fee.

If the financial circumstances of the individual should change during the course of treatment, the fee shall be altered accordingly.

Individuals may be asked to provide documentation of their annual income such as income tax returns.

If an individual refuses to disclose financial information, such individual may be charged for services at the full hourly rate.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Collecting Individual Fees

Policy Number: 2.d. (revised 9/09)

POLICY:

The Center shall bill individuals for unpaid fees on a monthly basis. Payment is expected within 30 days of the date of billing.

PROCEDURES:

1. Individuals who have a fee are requested to pay that fee at the time of the session. The Center Staff are responsible for informing the individual of this policy. In extenuating circumstances, the individual can speak with the Executive Director if he/she cannot pay the co-pay/fee.
2. Individuals seen at the Center for evaluation, who are private pay, may be required to pay the full evaluation fee, based on the Center's Evaluation Fee Schedule, prior to the evaluation being performed.
3. Individuals are informed of any known third party payor requirements relative to fee payments. If the individual does not meet these requirements, thereby negating payment by the third party payor, the individual may be billed for services rendered at the Center's full fee and be held financially responsible for payment to the Center.
4. If an individual reports that he/she has health insurance coverage, with mental health benefits, but prefers to pay for services rather than submitting an insurance claim, the Center shall set a fee for services which is either: (a) equal to the amount that insurance would have paid had the insurance been billed; or (b) the appropriate fee based on the Center's fee schedule. (The fee for services shall be the greater of (a) or (b).)
5. Individuals are informed of the Center's policies regarding cancelled appointments and failed or "no-show" appointments. These policies are described to the individual prior to his/her first Center appointment and are clearly stated in the fee agreement signed by the individual. Only in the case of highly extenuating circumstances may these policies be waived/modified by the Executive Director.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Collecting Individual Fees

Policy Number: 2.d.

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6. Each individual having an unpaid fee balance shall be sent a statement each month. Charges and payments are recorded on this statement as they occur.

If no payment has been received after thirty (30) days, a second statement is sent noting payment is "past due." When the third monthly statement is sent, the individual is warned of pending "collection action".

A Cure of Default letter shall be sent if no payment arrangements have been made after ninety (90) days.

Subsequent unpaid balances shall be reviewed by the Office Manager (or other appropriate Billing Department personnel) and the Executive Director during the following month to determine whether other steps for collection shall be taken or whether the account shall be written off as uncollectible.

If there is no response to either of the letters of the Executive Director, the Executive Director has authority to either initiate appropriate action for the collection of the individual's unpaid account balance or approve the write-off of such accounts as uncollectible. Such write-off does not relieve the individual of responsibility for the account should he or she return to the Center for treatment at a later date or if it is later determined that the individual may be able to pay the account balance.

7. When an individual who has an outstanding debt to the Center or who has been turned over to a collection agency returns to the Center for additional services, the following guidelines will be followed. The individual will be informed that any amounts turned over to the Collection Agency shall remain owed to the Collection Agency. The individual will be requested to make a \$5 payment toward the outstanding debt at the time of each visit. If they cannot make this \$5 payment, they will be seen once by a therapist to determine if this is emergent care. Therapist must then confer with the Executive Director to determine if services can continue without this minimum payment. In addition to the payments toward the debt, the individual must make arrangements to ensure that the entire fee is paid for each subsequent visit so no further debt is accrued.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Billing Third Party Payors

Policy Number: 2.e.

POLICY:

The individual's insurance, or other third party resources, shall be utilized for the payment of outpatient and evaluation services whenever possible. All outpatient and evaluation services shall be billed to the third party payor following the end of each month of service, at the actual cost of service determined through cost finding procedures or the Center's contracted amount with the third party payor.

The Center has established procedures for billing: (1) family/couple therapy services in the name of the identified individual receiving services and (2) when service time spent with an individual exceeds the third party payor CPT (billing/procedure) Code time specifications.

PROCEDURES:

1. Billing third-party payors is based on the Center's established cost-finding methodology. The cost-finding methodology shall involve an appraisal of time spent in each program by Center staff on both a direct and indirect basis, the cost of staff time associated with the program, and the direct and indirect operations cost of each program. The cost associated with each program will then be divided by the time spent in each program to yield the cost of each program on an hour of service basis.
2. The individual is responsible for providing all information necessary for billing third-party payor for services provided. Failure to provide all necessary information may result in the individual being assessed the full hourly fee charged by the Center.
3. The policy for payment by a third party shall be explained to the individual at the beginning of treatment by the Center staff conducting the Intake process. Individuals are encouraged to discuss any questions regarding this policy with the Center bookkeeping staff or the Executive Director, as appropriate or necessary.
4. Payment received from insurance billing and the individual's personal fee (combined) shall not exceed the full hourly rate charged by the Center. The amount paid by the individual will not exceed the individual's liability based on the Center's sliding fee schedule.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Billing Third Party Payors

Policy Number: 2.e.

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5. Billing for Family/Couple's Therapy Services – Billings submitted to third party payors, for family or couple therapy services is billed under the individual name of the individual identified previously by telephone or in session as the individual having the identified issue or problem for which service is sought.

 6. Documentation of Service Time and Billing Up/Down to the Next CPT Code - Center staff report service time daily after each individual contact. Service time (i.e., time spent by staff in service provision) is reported in 15 minute increments. In instances when the CPT (Billing/Procedure) codes do not cover a time range (such as the gap between CPT code 90843 for 20-30 minutes and CPT code 90844 for 45-50 minutes) the Center will use the following guidelines in billing:
 - a. If staff continue a session for less than 5 minutes past the end range of minutes specified by the CPT Code (in the example above this would be 35 minutes), the Center will bill down for the lesser minutes/charge.

 - b. If staff continue a session for more than 5 minutes past the end range of minutes allowed for the CPT Code (in the above example this would be between 36 - 44 minutes), the Center will bill up to the greater number of minutes/charge.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Accounting System

Policy Number: 2.f.

POLICY:

The Center shall have an accounting system which shall conform to sound accounting practices to ensure the responsible management of all agency funds.

PROCEDURES:

All money received as income shall be posted on the computer. All fee payments and charges for service shall also be posted on the individual's account.

The computer daily sheet shall be totaled and balanced against the therapist's daily time sheets of individuals seen that day.

The Office Manager shall be responsible for depositing all money received before the end of the business week.

All cash and/or checks received shall be kept in a locked cabinet outside of business hours prior to deposit.

There are monthly budget reports to the Board. The reports include monthly income and financial statements which allow comparison of year-to-date and current month expenses and revenues with the budgeted figures for the current year. These reports are presented to the Board by the Executive Director at the regular monthly Board meetings.

All Center checks shall be written by the Office Manager and signed by the Executive Director and/or other person authorized by the Board of Directors.

The Office Manager shall reconcile all cancelled checks on a monthly basis.

A \$100.00 balance is maintained in petty cash to be used as needed for supplies and postage. Any expenditure from the petty cash fund shall be documented with a receipt when possible.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Purchasing Policies

Policy Number: 2.g.

POLICY:

The Executive Director shall have the power to authorize and approve day to day expenditures when within the approved over-all annual budget limits without prior Board approval. Prior authorization and approval of the Board is required for any purchase in excess of the approved budget.

PROCEDURES:

There shall be written documentation for all purchases of equipment and supplies.

When purchases are paid, the invoice is recorded with the check number and date and filed in appropriate expense file.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Monthly Financial Reports

Policy Number: 2.h.

POLICY:

Monthly financial reports shall be prepared and presented to the Board of Directors during the regular Board Meeting of the Center.

PROCEDURES:

Monthly financial reports shall include the following:

1. Summary of monthly income and disbursements including current balances in checking and savings.
2. Monthly expenditures for line items indicating the amount budgeted and year-to-date expenditures.
3. Monthly income report, by specific account, indicating total income anticipated and total income to date in each account.

POWESHIEK COUNTY MENTAL CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures – Audit

Policy Number: 2.i.

POLICY:

The Center shall employ a certified public accountant firm to conduct an independent financial audit of the Center on an annual basis.

PROCEDURES:

Copies of the Audit Report shall be given to Board of Directors of the Center, the County Board of Supervisors and Auditors for the service area, the Director of the State Division of Mental Health/Developmental Disabilities, and other funding sources, as required.

Mandated corrective actions resulting from the audit investigation are completed within one year.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Inventory of Equipment and Furnishings

Policy Number: 2.j.

POLICY:

The Center shall conduct and maintain an annual inventory of equipment and furnishings.

PROCEDURES:

An inventory of the equipment and furnishings of the Center shall be conducted in the last quarter of each fiscal year.

The inventory shall be available to the Board of Directors upon request.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Gifts and Gratuities

Policy Number: 2.k.

POLICY:

The Center may accept gifts or donations that are appropriate and reasonable at the discretion of the Executive Director. These may be designated gifts for specific purposes or utilized for the support of the general operating budget.

Staff may accept no monetary gift or gratuity and shall accept no other gift with a monetary value in excess of ten dollars from an individual receiving services or an individual's legal representative.

PROCEDURES:

Any person or group that wants to make a donation or present a gift to the Center shall contact the Executive Director to receive approval of such gift.

Professional staff members shall not accept any gift or gratuity from an individual receiving services or an individual's legal representative that might, in his/her professional judgment, have a negative impact on the therapeutic process.

If a gratuity or gift is made, the staff member concerned shall make every effort to return the gift or encourage the individual to make the gift to the Center.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures - Investments

Policy Number: 2.1.

POLICY:

The Center shall make financial investments which meet the following guidelines, as approved by the Board of Directors:

1. A conservative investment strategy should be followed with all investments.
2. Investments should be made in financial institutions or investment companies which have offices in the Center's service area.
3. The maximum investment to be made in any given account should not exceed \$50,000.00 (at the time of initial investment).
4. Investments should be made considering a balance between rate of return (i.e., interest, etc.), liquidity and the needs of the Center.

PROCEDURES:

The Executive Director may, with approval of the Board of Directors, make financial investments on behalf of the Center, within stated Center policy guidelines. All investments shall be reported to the Board as a part of the Monthly Financial Reports presented at regular Board Meetings.

A written, detailed report of all investments shall be made to the Finance Committee on a yearly basis.

Specific approval of the Board of Directors is required for any individual investment: (1) in excess of \$20,000.00 or (2) invested for longer than one year. Exceptions to the amount and time limitation may be made if a "laddering" strategy for short term investments is authorized by the Board of Directors.

POWESHIEK COUNTY MENTAL HEALTH CENTER

POLICIES AND PROCEDURES MANUAL

Manual Section: Additional Policies and Procedures (Miscellaneous)

Policy Title: Center Service Procedures – Investments

Policy Number: 2.1.

A "laddering" strategy, for purposes of this Policy, refers to: (1) making a series of short term investments with varying maturity lengths (e.g., 90 days, 6 months, 1 year, etc.) and (2) then reinvesting each investment as it matures by putting it at the top end of the "ladder". (For example: if three investments are made with maturity lengths of 90 days, 6 months and 9 months, when the 90 day investment matures it would be reinvested for 9 months; subsequently the 6 month investment now matures in 90 days, the 9 month investment now matures in 6 months, and so forth).