



HCCSB

Handbook

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Welcome!

Thank you for choosing Hanover County Community Services Board. Whether you are an adult, child client or a parent of a client, we wish to make your time with us a positive and productive experience. We believe the person served always comes first and we want you to be an active participant in your treatment planning and service delivery.

Hanover County Community Services Board partners with those we serve to provide support and services in the areas of mental health, developmental disabilities and substance use disorder. We strive to provide well- coordinated, person centered services that assist Hanover residents in their efforts to lead satisfying and productive lives.

We want to know about your satisfaction with the services you receive both while they are being provided and after they have ended. We hope you provide us permission to contact you after services conclude to see how you are doing.

The person coordinating your care, _____, will provide you orientation to services and further information about our location(s) and programs.

WHO WE ARE

Hanover County Community Services Board (HCCSB) is a department of Hanover County and licensed by the Virginia Department of Behavioral Health and Developmental Services. The Hanover County Board of Supervisors appoints members to the HCCSB Board, which sets policy and administers the services provided by the HCCSB.

HCCSB provides mental health, developmental and substance use disorder services and supports to the residents of Hanover County. These services and supports include prevention, crisis, day support, employment, counseling, case management and in home support services. If you need assistance from an interpreter to engage in services, please make your provider aware of your need and we will obtain one for you. Anyone located in Hanover County that is experiencing a psychiatric emergency can contact our crisis services 24 hours a day, 7 days a week at (804) 365-4222.

HCCSB accepts Medicaid, Medicare and reimbursement from most major health insurance providers. For your convenience, payment by VISA and MasterCard is also accepted. For individuals who do not have insurance, a sliding fee scale is available after a financial review and determination of your ability to pay is completed.

Should it become necessary, our direct service staff are trained in the provision of appropriate behavioral interventions. HCCSB staff do not use any form of seclusion or restraint. However, in an emergency situation they can use brief “hands on” interventions to protect an individual’s safety.

If you need assistance from an interpreter to engage in services, please make your provider aware and one will be obtained.

RIGHTS AND RESPONSIBILITIES

Your Rights as the Person Served

As an individual served at Hanover County Community Services Board, you have the right:

- To be treated with dignity as a human being;
- To the best treatment/services available to meet your individual need; Rights
- To receive treatment/services based on sound therapeutic practice;

- To receive prompt evaluation and treatment /services about which you are informed and in a manner that you can understand;
- To be told about the treatment/services you receive and to make suggestions and state preferences about it;
- To be treated with the least restrictive conditions consistent with your condition and not be subject to restraint, seclusion or time out;
- To be given opportunities to participate in the development and implementation of your individualized services plan;
- To express your preferences and choices regarding service delivery, release of information, concurrent services and your service delivery team;
- To not be the subject of experimental or investigational research without your prior written and informed consent or that of your legally authorized representative;
- To be protected from harm and free from any form of use, retaliation, humiliation, neglect or financial exploitation;
- To have the privacy of your information maintained;
- To privacy when you see, talk or write to others;
- To see your records and correct any mistakes in a timely fashion (*VA regulations allow HCCSB 15 days to respond to such request.*);
- To not have your legal rights, privileges and benefits denied solely based on being voluntarily or involuntarily admitted, certified or committed to services;
- To receive information regarding legal representation, advocacy and self-help resources;
- To ask questions and to be told about your rights. To receive help in exercising your right; and
- To an impartial review of suspected violations of these rights.

Exercising your rights

If you think you are not being allowed to exercise any right:

- Tell a family member or friend;
- Tell any HCCSB staff or the Executive Director; and/or
- Tell the HCCSB Human Rights Representatives or the Regional Human Rights Advocate.

Your service provider, HCCSB Human Rights Representatives or the Regional Human Rights Advocate can explain your rights if you have questions.

HCCSB Human Rights Representatives – Courtney Lakin (804) 365-4212

Regional Human Rights Advocate – Sharae Henderson (804) 524-7247

No individual will experience retribution or barriers to service for filing a complaint. All concerns regarding any infringement of rights will be investigated and a plan for resolution developed within ten (10) working days.

Your Responsibilities as the Person Served

- To treat HCCSB staff and other persons served with dignity and respect;
- To keep confidential the identities of other individuals receiving services at HCCSB;
- To take an active role in your treatment or program, including defining problems and setting goals;

- To share information honestly with your service provider -- only in this way can your treatment or program progress;
- To talk directly with your service provider if you have a complaint about your treatment or program;
- To make a commitment to your treatment or program, realizing that this may result in some inconvenience to you;
- To accept that at times personal development may be painful or difficult;
- To participate in a financial interview and pay all fees promptly;
- To attend all scheduled program or treatment sessions and to be on time or to cancel and reschedule at least a day in advance (a cancellation that occurs less than 24 hours in advance, regardless of the reason, will be considered a No Show for the appointment); and
- To understand that should you fail to show, cancel or reschedule 3 or more appointments within a 60-day period of time, you will be referred to the Outreach Specialist for follow up.

Behavioral Expectations of the Person Served

- To not use tobacco products or electronic smoking devices in a HCCSB facility, program or vehicle;
- To keep all personal prescription or over the counter medications that are brought into a HCCSB program secured on your person and to not share them with others;
- To not bring or use alcohol or illegal drugs in any HCCSB facility or Program. (Anyone bringing alcohol or illegal drugs into our facilities will be required to leave immediately and may be suspended from the program until a staffing of the occurrence can be completed. Any illegal drugs that are discovered on our premises will be turned over to local law enforcement);
To not come to an HCCSB facility or program while under the influence of alcohol or drugs; if this should occur you may be asked to reschedule your appointment;
- To not bring weapons of any kind into our facilities. Anyone that is not a law enforcement officer that brings weapons into our facilities will be asked to leave immediately. HCCSB staff will not provide services to anyone entering a HCCSB facility with any type of weapon. An investigation of the occurrence by local law enforcement may take place. Suspension from services can occur until a staffing occurs and/or the investigation is completed;
- To not make direct or indirect threats to HCCSB staff or property; Threats against staff or property are taken very seriously and can result in the immediate response of local law enforcement and a suspension from a program; and
- To treat all HCCSB staff and other individuals we serve in a respectful manner and to refrain from verbal or physical confrontation and assault. Failure to abide by this expectation can result in immediate law enforcement response, suspension from a program and charges being pressed against the individual involved.

In the event that you fail to meet one or more of the above-listed responsibilities or expectations, consequences will be reflective of the specific infraction. If your behavior or action creates or causes an immediate health and safety risk, you may be asked to end services for the day to ensure the safety of all participants. Any additional consequences, including suspension from the service, will be considered. Decisions will be made within two business days following the incident.

Any restriction of program privileges, including a suspension from a program, will be done in accordance with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) Human Rights Regulations. You will be told of the specific behavior or action that resulted in a restriction as well as what you need to do to have the restriction lifted. Following a suspension, reinstatement to a program may only occur after a staffing has taken place, any needed evaluations have been completed, and an appropriate behavioral contract has been developed and you have agreed to it.

In addition to the responsibilities listed above, the following programs have specific guidelines that may include additional expectations for participants. You will be provided with these guidelines when you enter the program and program staff will review them with you at that time.

- RAFT House
- Supported Employment Services
- Day Support Services
- Transportation Services

Responsibilities of HCCSB Staff

- HCCSB staff are mandated to report to Child Protective Services and Adult Protective Services any time they suspect that abuse and/or neglect is occurring to a child or to an adult with a disability.
- HCCSB staff are required by law to provide immediate intervention in the case of a psychiatric emergency. This includes evaluation to determine if there is imminent risk to the person being evaluated and/or to others in the community. Should the evaluation support an emergency hospitalization, HCCSB staff can release information necessary to secure inpatient treatment without your prior authorization.
- HCCSB staff are required by law to report intent to harm other individuals to those persons at risk and to law enforcement agencies.
- HCCSB staff are required by law to provide information to the court system for individuals who are court ordered to participate in services. This includes when HCCSB services are a requirement of parole or probation.
- HCCSB staff will make outreach efforts by phone and/or by mail to any person served who has stopped coming in for services without completing the treatment goals. If these attempts are unsuccessful, staff will either close the case or refer to the Outreach Specialist.

HCCSB staff will review the following types of abuse each individual receiving services in order to help him/her understand the various types:

Types of Abuse



Physical Abuse: Any intentional use of physical touch to cause fear, injury or assert control such as hitting, shoving and strangling.



Verbal/Emotional Abuse: Non-physical damaging behaviors like the threats, insults, screaming, constant monitoring or isolation. such as hitting, shoving and strangling.



Sexual Abuse:

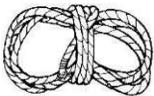
Sexual activity that occurs without willing, active, unimpaired consent, such as unwanted sexual touch or sexual assault or rape.



Neglect: When someone deliberately withholds, or fails to provide appropriate and adequate care and support needed by another adult. It may be through a lack of knowledge or awareness, or through a decision not to act when they know the adult in their care needs help. It may impair health and wellbeing of the person.



Exploitation: The deliberate maltreatment, manipulation or abuse of power and control over another person. It is taking advantage of another person or situation usually, but not always, for personal gain.



Restraint: A measure or condition that keeps someone or something under control or within limits.



Seclusion: Imposing a separation against one from others. It can be from other individuals in a group setting, from his/her room or confinement to his/her room.



Restrictions: When one is limited on what they want to do. For Example, doctors may impose a restriction in exercise after a surgery. It becomes abusive when limits are placed on someone for the purpose of controlling someone's setting, from his/ her room or confinement to his/her room.



Coercion: Coercion is defined as the practice of persuading someone to do something by use of force or threats.

Medication Services

Hanover County Community Services Board (HCCSB) strives to provide the safest and most helpful medications for those we serve. We are dedicated to having a respectful partnership with you so that together we can plan for your medication needs.

The following expectations are in place for those receiving medication services:

- Keep appointments with both your clinician and your psychiatrist;
- Complete all necessary paperwork within the specified time frame so that we can assist you in accessing medications -- financial documentation (bills, tax info, salary stubs) will need to be provided to staff; failure to do so may result in the termination of medication assistance;
- Review all medications you are prescribed with your psychiatrist on a regular basis; and
- Provide contact information for your primary care physician and any other specialty doctors that you see for medical/other issues.

If any of the above expectations are not met, medication services may be cancelled.

The medications our psychiatrists prescribe can be harmful when used with alcohol and illicit drugs. These harmful effects can have severe medical consequences for you. To ensure we provide the safest medication program for you, we have set the following standards:

- Our staff will contact your primary care physician and any other specialty doctor you see for treatment to ensure we know all of your medication and treatment needs in order to safely prescribe medication.
- Our staff may require you to complete a urine drug screen if there is a question about whether there are substance use issues. There are times that symptoms of substance use may be similar to symptoms of a mental illness.
- Our staff will also have you complete a urine drug screen before being prescribed a **controlled substance** (medications with limited access and close monitoring due to the risk of use) and throughout the time you are taking this type of medication.
- Our psychiatrist will also use the **Physicians Monitoring Program**. The Physicians Monitoring Program is a database for all doctors to use to see the prescription history of any individual for whom they are prescribing controlled substances.

Infectious Disease and Viral Infection Control

If you are ill and contagious, please do not visit any of our facilities or day support programs. We will gladly reschedule your appointment for when you are no longer contagious. In particular, do not visit our facilities or day

support programs when experiencing fever, diarrhea, vomiting, persistent and productive cough, pink eye, bed bugs or head lice.

If you have any skin conditions that cause drainage from the skin or could be passed to others, such as MRSA, please make sure these areas of the skin are covered during your visit with us.

If you have been diagnosed with a viral infection, including but not limited to, strep throat, flu, pneumonia or an upper respiratory virus, please remain at home until you have been on antibiotics for a minimum of 24 hours OR you have been free of fever for at least 24 hours without the use of fever-reducing medication. Again, we will gladly reschedule your appointment so you can visit when you are feeling better.

Hand washing is very important to keep yourself and others well. Always remember to wash your hands whenever they are soiled, and as follows:

- | | | | |
|--------|---|--|--|
| BEFORE | <input type="checkbox"/> Preparing food | <input type="checkbox"/> Eating | <input type="checkbox"/> Applying makeup or contacts |
| AFTER | <input type="checkbox"/> Using the restroom | <input type="checkbox"/> Eating | <input type="checkbox"/> Blowing your nose |
| | <input type="checkbox"/> Shaking hands | <input type="checkbox"/> Working with soil | |

When soap and water are unavailable, hand sanitizers are another option. Remember to cough or sneeze into your arm instead of your hands. Vaccines are also important in the fight against illness. Please talk with your medical doctor about the vaccinations available to protect you from many illnesses such as the flu, pneumonia, chickenpox, shingles, tetanus, measles, mumps, rubella, whooping cough and hepatitis.

Service Animals

Service animals, as defined by the American's with Disabilities Act (ADA), are allowed in HCCSB facilities. To meet that definition, the animal must be trained to do work or perform a service that is directly related to an individual's disability. Examples of work or tasks can include assisting individuals who are blind or have low vision with navigation, alerting individuals that are deaf or hard of hearing to the presence of people or sounds and helping individuals with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors.

The provision of emotional support, well-being, comfort or companionship does not constitute work or tasks for the purpose of this definition. While we understand that such animals can play an important role in your well-being, they do not meet the ADA definition and are not allowed in our programs or facilities. Additionally, HCCSB psychiatrists are not able to provide any documentation to individuals to support their need for an emotional support animal.

Confidentiality

Individuals receiving services at HCCSB have the right to expect that what they tell their service provider will be kept confidential. This means that your service provider will not discuss what you tell him or her with others in the community. In fact, HCCSB staff cannot acknowledge that you are receiving services here without your written consent. Your service provider can talk to other treatment providers to enhance the quality of your services and

supports. However, HCCSB staff cannot discuss your treatment with people not involved in your treatment without your written permission. HCCSB does leave telephone messages when cancelling or rescheduling appointments but only the first name of the person with whom you had an appointment will be identified in the message, not the name of the agency. Please let your provider know if you do not want any information left in a message. Our Privacy Notice gives you more information about the confidentiality of your information.



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<p>Get an electronic copy or a paper copy of your medical record.</p>	<ul style="list-style-type: none"> ▪ You can ask to see an electronic or get a paper copy of your medical record and other health information we have about you. ▪ We will provide a copy or summary of your health information within 15 days of your request. We may charge a reasonable, cost-based fee.
<p>Ask for a correction in your medical record</p>	<ul style="list-style-type: none"> ▪ You may request us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. ▪ We may say no to your request, however we will tell you why in writing within 60 days.
<p>Request Confidential Communications</p>	<ul style="list-style-type: none"> ▪ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ▪ We will say yes to all reasonable requests.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> ▪ You can ask us not use or share certain health information for treatment, payment, or our operations. ▪ We are not required to agree to your request, and we may say “no” if it would affect your care. ▪ If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

	<ul style="list-style-type: none"> ▪ We will say “yes” unless a law requires us to share the information.
Get a list of those with whom we’ve shared information.	<ul style="list-style-type: none"> ▪ You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared with, and why. ▪ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.
Get a copy of this privacy notice.	<ul style="list-style-type: none"> ▪ You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide it promptly
Choose someone to act for you	<ul style="list-style-type: none"> ▪ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information after showing legal proof of the relationship.
File a complaint if you feel your rights have been violated	<ul style="list-style-type: none"> ▪ You can complain if you feel we have violated your rights by contacting Courtney Lakin, QA Manager at 804-365-4212 or CMLakin@hanovercounty.gov ▪ You can file a complaint with the US Department of Health and Human Services for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hippa/complaints/. ▪ We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> ▪ Share information with your family or close friends. ▪ Share information in a disaster relief situation. ▪ If you are not able to tell us your preference, for example if you are
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	unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen serious and imminent threat to health or safety.
In these cases, we <i>never</i> share your information unless you give us written permission:	<ul style="list-style-type: none"> ▪ Marketing purposes ▪ Informational directories ▪ Sale of your information
In the case of fundraising:	<ul style="list-style-type: none"> ▪ We do not participate in fundraising activities.

Other Uses and Disclosures

How do we typically use or share your health information? We typically share your information in the following ways:

Treat you	<ul style="list-style-type: none"> ▪ We can use your health information and share it with other professionals who are treating you. 	<i>Example: A doctor treating you for an injury asks another doctor about your overall health.</i>
Run your organization	<ul style="list-style-type: none"> ▪ We can use and share your health information to run our practice, improve your care, and contact if you if necessary. 	<i>Example: We use health information about you to manage your treatment and services.</i>
Bill for your services	<ul style="list-style-type: none"> ▪ We can use and share your health information to bill and get payment from health plans or other entities. Health plans may also request a copy of the documentation of services provided from your record to ensure that the care you receive is appropriate for your need. 	<i>Example: We give information about you to your health insurance plan so it will pay for your services,</i>

How else can we use or share your health information? We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many legal conditions before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none"> ▪ We can share information about you for certain situations, such as: preventing disease and helping with product recalls ▪ Reporting adverse reactions to medications ▪ Reporting suspected use, neglect, or domestic violence
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	<ul style="list-style-type: none"> ▪ Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none"> ▪ We can share health information about you for certain health research
Comply with the law	<ul style="list-style-type: none"> ▪ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services and the Virginia Department of Behavioral Health & Developmental Services if they want to see that we’re complying with federal privacy law.
Respond to organ donation requests	<ul style="list-style-type: none"> ▪ We can share information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> ▪ We can share information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> ▪ We can use or share health information about you for: <ul style="list-style-type: none"> ▪ Workers compensation claims ▪ Law enforcement purposes or with a law enforcement official ▪ With health oversight agencies for activities authorized by law ▪ For special government functions such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> ▪ We can share health information about you in response to a court or administrative order, or in response to a subpoena or search warrant.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you with a copy of the notice.
- We will not use or share your information other than as described herein unless you tell us we can in writing. If you give us permission to share your information, you may change your mind at any time. Any change in permission to share information must also be in writing.

For more information contact:

Courtney Lakin HCCSB Privacy Officer (804) 365-4212;

cmlakin@hanovercounty.gov OR

visit

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site.

Fees

Payment for services is expected at each visit. You will meet annually with Reimbursement staff to update your financial information. All individuals are responsible for paying fees in a timely manner. Fees for self-pay individuals are based on a sliding fee scale, which is determined based on financial information provided by you. Failure to provide the required information to establish your fee will result in your being charged the full fee for our services.

Outreach Services

To make the most of limited resources, HCCSB works to provide services as efficiently as possible to everyone we serve. Outreach Services has been designed with this focus in mind. Should you cancel, fail to show, or reschedule 3 or more of your appointments within a 60-day period of time, you will be referred to the Outreach Specialist. The Outreach Specialist will work with you to identify challenges that prevent you from attending your appointments and assist you to resolve them. If you are unable to resolve these challenges in order to re-engage in services, the Outreach Specialist may close you to our services. This would not prevent you from accessing our crisis services or requesting services again at some point in the future.

Accessing Services, Providing Input, and Assisting in Planning Your Treatment

A request for services can be made in-person, Monday through Friday from 9 a.m. to 2 p.m. (except County Holidays) by visiting the Ashland location. At that time, information will be gathered regarding the type of services requested. If we are not able to provide a service requested, a referral will be provided.

If you are requesting Intellectual or Developmental Disability services, staff will meet with you to assist you with the process and determine next steps. To expedite the intake process for developmental disability services, individuals will need a psychological evaluation. If one has been completed, individuals should bring a copy; if not, staff will provide referral information for other providers that can complete this evaluation.

If you are requesting Mental Health or Substance Use Disorder services, an initial assessment will be completed, the results will be shared with you, and you will be scheduled for your first appointment with your service provider.

Please note that many of our documents must be signed by the individual requesting services. For individuals under 18 years of age, a parent or legal guardian will also need to sign those documents. Legal guardians will need to provide copies of any court orders regarding such guardianship for our records.

At your first appointment, you will meet with your service provider and he/she will work with you to establish treatment goals and the course of services, which is included in an Individualized Service Plan (ISP). Both your Assessment (if you are seeking mental health or substance abuse services) and ISP will be unique to your particular strengths, needs, abilities, and preferences. Your ISP goals and objectives will describe what you want to accomplish during your services with HCCSB. ISP interventions will describe what HCCSB staff will do to assist you in

attaining your goals. You will be asked to sign your ISP once it is fully developed; you will need to re-sign it if changes are made to it during your services. The plan is reviewed with you at least quarterly to see if you wish to make any changes to it. Your caregiver and family members can be involved in the reviews, if you desire their participation.

Your service provider may think that other programs available within the agency would also benefit you in reaching your goals. Should that be the case, he or she will discuss those services with you. If you agree with your provider's recommendation, a referral plan will be developed.

Should your service provider identify a potential risk related to you during treatment, he or she will assess and develop an appropriate crisis response based on the level of risk presented at that time. You can also create a Crisis Plan at the beginning of services, which will tell us your preferences in the treatment you receive should a crisis develop in the future.

We are committed to meeting your needs and encourage you to provide suggestions regarding the quality of care you receive and your satisfaction with services. You will be asked throughout treatment if the services are meeting your needs and how we could better serve you. You are the "chief architect" of your service plan, identifying the goals you hope to achieve and the steps you will take toward accomplishing your goal.

HCCSB will also ask you to complete a Satisfaction Survey each year you are open to services with our agency. We also mail a survey to those who have been discharged from our agency asking for their feedback about what they have achieved through our services. HCCSB then uses this information when making changes and improvements in our programs.

Throughout your experience at HCCSB, we would like your ongoing input regarding program operations and the provision of services. At any time you can speak to your service provider, his or her supervisor, or any member of the staff.

In Case of Emergency

HCCSB provides emergency assistance to persons and families experiencing a mental health or substance abuse related crisis. Help is available 24 hours a day, 7 days a week. You can access crisis services by calling (804) 365-4222.

Depending on the location of your services, a full overview of evacuation routes and emergency procedures will be provided as part of your orientation. To ensure everyone's safety, HCCSB conducts periodic emergency drills that include both internal and external evacuations. If you are in the facility when a drill occurs, you will be included in them.

If you have a medical emergency while participating in our services, our staff are required by agency policy to call 911 and request emergency medical assistance. Once EMT response arrives on the scene, you are free to accept or reject their treatment recommendations.

Complaint Resolution Process

It is important that we hear from you as you work with our staff and visit our facilities. We encourage you to speak directly to your Case Manager about any preference or concern you have regarding the services you are provided. It

is our goal to address problems immediately and to make whatever changes are needed to ensure you have a positive and beneficial experience with our agency. If you have a preference about which staff is providing your services, we will respond as our resources allow.

Should you have a complaint regarding your experience here, please contact our Human Rights Representative, Courtney Lakin, at 365-4212, who will work to resolve the situation. No individual will experience retribution or barriers to service for filing a complaint. All complaints involving the DBHDS Human Rights Regulations, which were stated at the beginning of this manual, are responded to as formal complaints as outlined in those regulations. Regardless of their nature, most complaints are resolved within 48 hours; however, if that is not possible, an investigation and determination will be completed no later than within 10 business days.

If you are still not satisfied with the resolution of your complaint or if you wish to speak to someone outside the agency, you can contact Sharae Henderson at the Department of Behavioral Health and Developmental Services at 804-524-7247 or sharae.henderson@dbhds.virginia.gov.

Standards of Professional Conduct

All employees comply with HCCSB Standards of Professional Conduct. Below are just a few of the Standards that HCCSB staff must follow. If you would like a complete copy of the Standards of Professional Conduct, they are available from any staff member.

Conflicts of Interest, Dual Relationships and Boundaries Issues

1. Staff and Board Members will not exploit relationships for personal or professional gain; will not engage persons served and their family members or guardians in fund raising or business transactions that benefit the Staff or Board Member; or seek special privilege from the person served, family members or guardians related to goods and services they may offer for sale.
2. Staff and Board Members will not transfer or refer persons served by HCCSB to a private practice or provider in which the Staff or Board Member has a financial interest.
3. Staff and Board Members will not accept “any money, loan, gift, favor, service, or business or professional opportunity that reasonably tends to influence him or her in the performance of his or her official duties.” (The State and Local Government Conflict of Interests Act)
4. Cards or written expressions of appreciation may be accepted. If individuals currently being served or who have been served offer gifts or favors to staff, consultation with a supervisor must take place before the gift or favor can be accepted. The therapeutic relationship will be considered in determining the best course of action. If the gift or favor can be accepted it will be done as a donation to the agency, not an individual. The individual served/caregiver/family member will receive a letter thanking them for their donation.
5. Staff and Board Members can engage in agency donations of gift cards or other goods that support individuals served but will refrain from the personal giving of gifts to individuals served. Agency donations will be made according to applicable policy; the giving of personal gifts is not allowed unless a therapeutic benefit is determined in consultation with the supervisor.
6. Staff will immediately report to their supervisor any occasion of a family member or personal friend receiving treatment at HCCSB. If that staff’s job duties would typically require access to that individual’s treatment and/or medical record, the supervisor must develop a plan to ensure these duties are re-assigned and will be responsible for on-going monitoring and oversight.
7. Staff who seek treatment at HCCSB will be referred to another provider. However, if the circumstance warrants treatment from this agency, steps will be taken to ensure privacy. This would include, but not be

limited to, involving as few staff as possible, ensuring services are provided by a supervisor or coordinator and isolating the medical record from general staff access to the extent possible.

8. Staff who meet current or former persons served unexpectedly in the community will be cued by the individual's response before approaching him or her. Should the individual not initiate contact, neither should the staff. If the individual does initiate contact, staff may reply in kind. Under no circumstance is staff to identify their workplace or role, the context in which they know the person or in any way identify the individual as someone served by this agency.
9. Staff wishing to attend the funeral of an individual served or their family member will first consult with their supervisor to determine if it is advisable, given the boundary and confidentiality issues that could arise.
10. Staff will avoid personal and professional circumstances that may cause a conflict of interest and hinder their ability to make judgments in the best interest of individuals served, their family members or guardians. Examples include, but are not limited to, socializing, either in person, by phone or through social media, entering into personal or business dual relationships, or engaging in flirtation, romantic or sexual relationships with individual's served, their family members or guardians.
11. Staff employed in a peer position, including but not limited to, Peer Specialist, Peer Counselor, and Recovery Coach, are bound by these standards of conduct as well as expectations specific to their role as outlined by their supervisor.

Location & Hours of Operation

- ✓ *Requests for Mental Health, Substance Use Disorder and/or Developmental Disabilities Services can be made in person Monday through Friday, 9 a.m. to 2 p.m. at our Ashland location*
- ✓ *Main Office/Administration 365-4222*
- ✓ *Appointment Scheduler (Current Clients Only) 365-4217*
- ✓ *Mental health or drug/alcohol crisis services 365-4222*

Administrative Offices

12300 Washington Highway Ashland, VA 23005 365-4222 (Main Office) 365-4252 (Fax)	Office Hours: Monday – Friday, 8:30a.m. - 5:00p.m.
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Ashland – Requests for Services, Crisis, Mental Health & Substance Use Disorder Services 12300

Washington Highway Ashland, VA 23005 365-4217 (Scheduler) 365-4222 (Crisis Services) 365-4252 (Fax)	Office Hours: Tuesday, Thursday, & Friday, 8:30a.m. - 5:00p.m. Monday & Wednesday, 8:30a.m. - 9:00p.m.
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Mechanicsville/Bell Creek – Mental Health & Substance Use Disorder Services 8475

Bell Creek Road Mechanicsville, VA 23116 365-6760 (Office) 365-4217 (Scheduler) 365-4222 (Crisis Services) 365-6779 (Fax)	Office Hours: Monday, Tuesday, Thursday, 8:30a.m. - 5:00p.m. Wednesday, 8:30a.m. - 9:00p.m. Friday, 8:30a.m. - 1:00p.m.
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RAFT House – Mental Health & Substance Use Disorder Psychosocial Rehabilitation Program 14433 N.

Washington Highway	Program Hours:
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Ashland, VA 23005
(Office)
798-4752 (Fax)

Monday – Friday, 8:00a.m. - 4:30p.m. 798-4587

Day Support – Developmental Disability Day Support Services 7179 Stonewall Parkway Program
Hours:

Mechanicsville, VA 23111
365-6732 (Fax)

Monday – Friday, 8:00a.m. - 4:30p.m. 365-6740 (Office)

**Atlee Commons – Prevention, Supported Employment, Transportation & Developmental Disability
Support Coordination**

9734 Atlee Commons Drive
Ashland, VA 23005
365-6600 (Office)

Office Hours:

Monday – Friday, 8:30a.m. - 5:00p.m.

365-6639 (Fax)

Transportation Phone Line: 840-0194 (cell), Monday – Friday, 5:00a.m. - 10:00p.m.