



**Hanover County
Community
Services Board**

HCCSB Handbook

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Welcome,

Thank you for choosing Hanover County Community Services Board. Whether you are an adult, child or parent 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 high quality mental health, intellectual disabilities and substance abuse disorders services and supports. We strive to provide well-coordinated, person centered services that assist Hanover citizens 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 to see how you are doing.

The person coordinating your care, _____ will be providing you the orientation to services and familiarize you with the premises.

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 of Directors.

HCCSB provides mental health, intellectual disabilities and substance abuse disorder services and supports to the residents of Hanover County. These services and supports include prevention services, day support, employment services, counseling, case management and in home supports.

HCCSB employs a sliding scale fee structure. We accept Medicaid, Medicare and reimbursement from most major health insurance providers. We also accept VISA and MasterCard for your convenience.

Should a situation make it necessary HCCSB 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.

YOUR RIGHTS AND RESPONSIBILITIES

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.
- 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 abuse, 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.
- 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 rights.
- 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 your family or friends
- Tell any HCCSB staff or the Director
- 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 - Susan Cunningham (804) 365-4212
Wanda Martin (804) 365-6611
- Regional Human Rights Advocate – Beverly Garnes (804) 524-7479
beverly.garnes@dbhds.virginia.gov

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 fifteen (15) working days.

Responsibilities of 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 pay 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, unless it is an emergency. **There is a \$15.00 charge if you fail to keep an appointment and do not cancel at least 24 hours in advance.**

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 into or use alcohol or illegal drugs into 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 ensue and a suspension from services can occur until a staffing of the occurrence and/or the completion to the investigation can be 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 a suspension from a program and the immediate response of local law enforcement.
- 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, consequences will be consistent with the specific infraction. If the behavior engaged in constitutes an immediate health and safety risk to others, you may be asked to leave the program at that time to ensure the safety of all participants. Any additional consequences, including a suspension from the service, will be decided upon as soon as possible within the day or two following the incident.

Any restriction of program privileges, including a suspension from a program, will be done in accordance with DBHDS' Human Rights Regulations. You will be told of the specific behavior that has created the need for the restriction and what you need to do to have the restriction lifted when it is imposed. Reinstatement to a program after a suspension can occur after a staffing has taken place, any needed evaluations have been done 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 guidelines that are specific to them and may contain additional expectations. These guidelines will be provided to you and reviewed with you by your case manager at the time you enter the program.

- RAFT House
- Supported Employment Services
- Hanover Industries
- Hanover Recycling
- Day Support Services
- Transportation Services

Reporting Responsibilities of HCCSB Staff

- HCCSB staff are mandated to report to Child Protective Services and Adult Protective Services anytime they suspect that abuse and/or neglect is occurring to a child or an adult with a disability at the hands of a caretaker.
- 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 or other community members. Should the results of the evaluation require that an emergency hospitalization needs to occur, HCCSB staff can release any pertinent information necessary to secure inpatient treatment without your authorization.
- HCCSB staff are required by law to report intent to harm other individuals to those persons and to law enforcement agencies.
- HCCSB staff are required by law to provide follow up with the court system for individuals that are court ordered for services. This would include anytime 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 that has stopped coming in for services without completing their treatment goals.
- HCCSB staff may be able to provide assistance in accessing medications for some individuals. To participate in that assistance, those individuals must complete all necessary paperwork within the specified time frame; failure to do so will result in the termination of medication assistance.

MEDICATION SERVICES

Hanover County Community Services Board (HCCSB) is always searching for ways to provide the safest and most helpful medications for those we serve who have mental health and substance abuse issues. We are dedicated to having a respectful partnership with you, so together we can plan for your medication needs.

We have some expectations that you need to know in order to get medication services:

- Appointments will need to be kept with both your clinician and your psychiatrist.
- All medications you are prescribed must be reviewed on a regular basis with your psychiatrist.
- We will require contact information of your primary care physician and any other specialty doctors that you see for medical/other issues.
- Financial documentation (bills, tax info, salary stubs) will need to be given to staff in order to receive help to pay for medication, if help is available.
- If any of the above does NOT happen medication services could 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. We have set standards of our staff to make sure we provide the safest medication program for you:

- Our staff will contact your primary care physician and any other specialty doctor you see for treatment. We need to know all your medication and treatment needs in order to safely prescribe medication.
- Our staff may require you complete a urine drug screens if there is a question of whether or not substance abuse issues are happening in someone's life. There are times that symptoms of substance abuse may look like symptoms of a mental illness.
- Our staff will also have you complete a urine drug screens before being prescribed a **controlled substance** (medications with limited access and close monitoring due to their risk of abuse) and throughout the time you are taking this type of medication, if you are prescribed one.
- Our psychiatrist will also use the **Physicians Monitoring Program** The Physicians Monitoring Program is a computer database for all doctors to use so they can know if any individuals for whom they prescribe are already prescribed or have been prescribed controlled substances.

INFECTIOUS DISEASE CONTROL

If you are ill, and can spread your illness to others, please do not arrive at the clinic or day support services. We will gladly reschedule your appointment for when you are no longer contagious. In particular, do not arrive at the clinic or day support services with 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 an infection, including but not limited to, strep throat, flu, pneumonia or an upper respiratory virus, 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 for when you are no longer able to share these illnesses with others.

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 -	◇ Preparing food	◇ Eating	◇ Applying makeup or contacts
AFTER	◇ Using the restroom	◇ Eating	◇ Blowing your nose
	◇ Shaking hands	◇ 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. Other valuable tools in the fight against illnesses are vaccines. Talk with your medical doctor about the many vaccinations available to protect you from many illnesses such as the flu, pneumonia, chickenpox, shingles, tetanus, measles, mumps, rubella, whooping cough and hepatitis.

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 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 in the case of cancelling or rescheduling appointments. However, 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 even that 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.

Get an electronic or paper copy of your medical record	<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. Ask us how to do this.
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- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.
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Ask us to correct your medical record	<ul style="list-style-type: none">• You can ask 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, but we’ll tell you why in writing within 60 days.
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Request confidential communications	<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.
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Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to 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.• We will say “yes” unless a law requires us to share that information.
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Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it 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’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
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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 the notice electronically. We will provide you with a paper copy promptly.
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- Choose someone to act for you**
- 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 this relationship.
 - We will make sure the person has this authority and can act for you before we take any action.

- File a complaint if you feel your rights are violated**
- You can complain if you feel we have violated your rights by contacting Susan Cunningham at (804) 365-4212 or scunningham@hanovercounty.gov
 - You can file a complaint with the U.S. Department of Health and Human Services Office 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/hipaa/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:**
- Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - We do not include your information in a hospital directory
 - If you are not able to tell us your preference, for example if you are 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 a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:**
- Marketing purposes
 - Sale of your information
 - We do not maintain psychotherapy notes separate from the medical record

- In the case of fundraising:**
- We do not participate in fundraising activities

Our Uses and Disclosures

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

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| Treat you | • We can use your health information and share it with other professionals who are treating you. | Example: A doctor treating you for an injury asks another doctor about your overall health condition. |
| Run our organization | • We can use & share your health information to run our practice, improve your care, & contact you when necessary. | Example: We use health information about you to manage your treatment & services. |
| Bill for your services | • We can use and share your health information to bill and get payment from health plans or other entities. | Example: We give information about you to your health insurance plan so it will pay for your services. |

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 conditions in the law before we can share your information for these purposes. For more information see:

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

Help with public health and safety issues	<ul style="list-style-type: none"> •We can share health information about you for certain situations such as: •Preventing disease •Helping with product recalls •Reporting adverse reactions to medications •Reporting suspected abuse, neglect, or domestic violence •Preventing or reducing a serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none"> •We can use or share your information for 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 and tissue donation requests	<ul style="list-style-type: none"> •We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> •We can share health 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 workers' compensation claims •For 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information contact:

Susan Cunningham, HCCSB Privacy Officer
(804) 365-4212; scunningham@hanovercounty.gov

OR

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

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 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 full fee for our services.

Payment for services is expected at each visit. **There is a \$15.00 charge if you fail to cancel at least 24 hours in advance of an appointment that you do not keep.** HCCSB reserves the right to refuse services based on a person's refusal to pay his bill.

ACCESSING SERVICES, PROVIDING INPUT AND ASSISTING IN PLANNING YOUR TREATMENT

A request for services can be made over the phone or in person. During the request, information is gathered regarding the type of services needed. If we are not able to provide the service requested, a referral will be given. If we are able to provide the service requested, we will gather preliminary financial information and schedule an Intake appointment with a staff member.

You will then meet with your case manager. This person is responsible for assessing your needs, developing a plan for treatment or services (Individualized Service Plan or ISP) and providing the services as outlined by that plan.

During the intake period, your case manager meets with you to better understand your strengths, needs, abilities and preferences. A general assessment will be completed within the first 30 days of service that gives us an overview of your history and expectations of services, as well as physical, social, and emotional functioning. At the end of the assessment period, the results of the assessment(s) are shared with you.

Your case manager works with you using the information gathered in the assessment(s) to plan a course of treatment or services. The worker will work along side you in determining your goals and objectives for service. The goals will be reviewed with you at least quarterly to determine if any changes need to be made. Your caregiver and family members can be involved in this annual review if you desire their participation.

Please note that many HCCSB documents require the signature of the person receiving services. If that person is a minor or an adult with a court appointed legal guardian, the signature of the parent or legal guardian is also required.

Staff at HCCSB will work with you in developing strategies to sustain and build upon the progress made while participating in services. This process will begin at the onset of services with the development of an Individualized Service Plan (ISP). The ISP goals and objectives describe what you want to accomplish during your services with HCCSB. ISP interventions 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 resign it if changes are made to it during your services. The plan is developed with you, and the ISP is reviewed with you at least quarterly to see if you wish to make any changes to it. Should it be appropriate to the service in which you are involved a Transition Plan will be identified as a part of the ISP when it is developed.

During your services at HCCSB your case manager may think that other programs available within the agency or some other change would benefit you in reaching your goals. Should that be the case, they will discuss the services with you and if you agree with the change, a Transition Plan will be developed. You will review this document with your case manager and receive a copy of it before the change is made in your service.

Should your case manager identify a potential risk related to you during treatment, he/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 with your case manager at the beginning of services. A Crisis Plan lets you tell us your preferences in the treatment you receive should a crisis develop in the future. Your Assessment, ISP and Transition Plan will be unique to your particular strengths, needs, abilities and preferences.

We are committed to meeting your needs and providing every opportunity for you to be a real partner in service by providing 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. Also during the treatment planning process previously discussed you will be the “chief architect” of your service plan by identifying the goal you hope to achieve and the steps you will take toward accomplishing your goal.

In addition to the above ways of being a part of the services we provide, HCCSB sends a Satisfaction Survey to those we serve each year. 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 case manager, meet with their supervisor or any member of the staff. Please speak to your case manager regarding the various groups and program committees which are always looking for new participants.

IN CASE OF AN EMERGENCY

HCCSB provides emergency mental health assistance to persons and families experiencing a mental health or substance abuse disorder related crisis. Help is available 24 hours a day, 7 days a week. You can access emergency services by calling (804) 365-4200.

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. Should you be in the facility when these occur, you will be included in them.

Should 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 to us at HCCSB that we hear from you and our visitors regarding any problems you encounter as you work with our staff and visit our facilities. It is our goal to address problems immediately and to make whatever corrections are necessary to ensure a positive and beneficial experience with our agency.

It is always our goal to resolve any difficulties at the level where they occur. But if you believe the problem is not being addressed to your satisfaction, you can talk directly to the staff person’s Supervisor, the Program Coordinator, or the Division Director.

Ensuring that the rights of those we serve are respected as they receive services is also one of our highest priorities. If you believe your rights have been violated and your concerns are not resolved through discussions with your case manager, contact our Human Rights Representatives Susan Cunningham at 365-4212 or Wanda Martin at 365-6611. If you are still not satisfied or if you wish to speak to someone outside the agency, you can contact Taneika Goldman at the Department of Behavioral Health and Developmental Services at 804-524-7431. No individual will experience retribution or barriers to service for filing a complaint.

STANDARDS OF PROFESSIONAL CONDUCT

All employees comply with HCCSB Standards of Professional Conduct. Below are just a few of the Standards that HCCSB staff 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.

10. 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.

LOCATIONS & HOURS OF OPERATION

- ✓ *Request Line for Mental Health or Substance Abuse Services:* 365-4222
- ✓ *Request Line for Intellectual Disabilities Services:* 365-6600
- ✓ *24/7 Crisis Line* 365-4200

Main Office – Administration

12300 Washington Highway
Ashland, VA 23005
365-4222 (General Information)
365-4282 (Fax)

Office Hours: Monday – Friday
8:30 – 5:00

Ashland Office – Mental Health & Substance Abuse Services

12300 Washington Highway
Ashland, VA 23005
365-4222 (Information & Requests)
365-4200 (Crisis Services)
365-4252 (Fax)
365-4184 (TTY/TDD)

Office Hours: Monday 8:30 – 5:00
Tuesday 8:30 – 5:00
Wednesday 8:30 – 9:00
Thursday 8:30 – 9:00
Friday 8:30 – 5:00

Mechanicsville Office– Mental Health & Substance Abuse Services

8475 Bell Creek Road
Mechanicsville, VA 23116
365-6760 (Office)
365-4222 (Information & Requests)
365-4200 (Crisis Services)
365-6779 (Fax)

Office Hours: Monday 8:30 – 5:00
Tuesday 8:30 – 5:00
Wednesday 8:30 – 9:00
Thursday 8:30 – 5:00
Friday 8:30 – 1:00

RAFT House – Mental Health & Substance Abuse Psychosocial Rehabilitation Program

14433 N. Washington Highway
Ashland, VA 23005
798-4587 (Office)
798-4752 (Fax)

Program Hours: Monday – Friday
8:00 – 4:30

Day Health & Rehabilitation

7179 Stonewall Parkway
Mechanicsville, VA 23111
365-6740 (Office)
365-6732 (Fax)

Program Hours: Monday - Friday
8:00 – 4:30

Atlee Commons Office - Prevention, Supported Employment, & Intellectual Disability Case Management Services

9734 Atlee Commons Drive
Ashland, VA 23005
365-6600 (Office)
365-6639 (Fax)
365-4184 (TTY/TDD)

Office Hours: Monday – Friday
8:30 – 5:00

Transportation Services

Transportation Phone Line
840-0194

Office Hours: Monday – Friday
5:00 a.m. – 10:00 p.m.

Organizational Employment

Office Phone
365-6585 & 365-6589

Office Hours: Monday – Friday
8:00 – 4:30