



OneHeartt

Healing Educating and Renewing Through Therapy

Our mission is to collaboratively partner with our stakeholders to provide access to client-centered treatment and bring compassionate, quality mental healthcare to communities in need.

1.A.5.a Cultural Competency & Diversity Plan

1.A.6.a.b. Complaint Procedures and Ethics

1.A.9.a Fundraising Policy

1.C.2.a-c. Strategic Plan FY 20 – 21

1.E.2. Response to Subpoenas, Search Warrants, Investigations and other Legal Actions

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One Heartt, Inc. OMHC Safety Drill Form

One Heartt, Inc. OMHC Health and Safety Checklist

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Waitlist

Community Integration (COI)

Child and Adolescent (CA)

Patient EMR Forms

Child and Adolescent Supplemental Intake

Client Orientation Handbook

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Consent for Psychological Assessment

Credit/Debit Card Payment Consent

Discharge Summary/ Transition Plan

GAD-7 Scale

Grievance Policy

HIPPA Agreement

Intake

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PHQ-2

PHQ-9

Patient Safety Plan

Release of Information

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Video/Audio Tape Consent

CULTURAL COMPETENCY AND DIVERSITY PLAN

POLICY: It is the intention of One Heartt, Inc. to provide nondiscriminatory, ethnically and culturally sensitive and competent treatment services and programming to our diverse patient population.

PURPOSE: One Heartt, Inc. recognizes and values the richness of diversity among its population served and personnel and understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures of each patient, each patient's family and significant others, as well as the communities One Heartt, Inc. serves can be important to enhance the quality of life for those we serve.

Definitions:

1. **Culture:** The historical, socioeconomic, and social context from which a person emerges that helps the person form his or her worldview and sense of self.
2. **Cultural Diversity:** The creation of an atmosphere where alternative viewpoints are both expressed and honored, as appropriate.

One Heartt, Inc. provides treatment services without discriminating against persons because of, race, ethnicity, color, national origin, disability, age, sex, language, sexual orientation, gender, gender expression, genetic information, spiritual belief or infectious disease status. In addition, One Heartt, Inc. recognizes differences in backgrounds and beliefs that may influence the way groups of patients in treatment and individuals within these groups view the world and their place in it, their mental health, substance use and treatment.

One Heartt, Inc. is and continues to be committed to providing culturally sensitive, competent and accessible services to all stakeholders.

In keeping with our non-discrimination clause, all staff members must develop, adhere to and demonstrate a philosophy and commitment to cultural sensitivity, competence and proficiency. Cultural sensitivity and competence is characterized by acceptance of and respect for difference, continued self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources and adaptations of treatment models in order to meet the needs of our diverse patient population. Cultural sensitivity and competence is further defined as the capacity to understand and work effectively in accord with the beliefs and practices of persons from a given ethnic/racial/spiritual belief/social group or sexual orientation. One Heartt, Inc. staff members should understand the interplay between theory and practice and be committed to guiding principles that enhance services to diverse populations. This understanding should be reflected in the attitudes, beliefs and practices of our personnel as, "the holding of knowledge, skills, and attitudes that allow the treatment provider and program to understand the full context of a patient's current and past socio environmental situation."

To this end, One Heartt, Inc. provides training support for staff members to become aware of cultural differences and become sensitive and competent working in different socio environmental cross-cultural situations. All appropriate staff members will participate in trainings in cultural competency, diversity, sensitivity, multi-cultural awareness and utilizing clinical skills and treatment strategies with diverse

populations, as indicated. One Heartt, Inc. conducts on-going training events that address various topics related to cultural sensitivity, competency and proficiency.

If necessary, patients may be referred to culturally appropriate services through linkages with other providers in the community. Every attempt is made to identify each patient's needs and cultural preferences beginning with the initial assessment and admission to treatment, as well as throughout the duration of treatment.

Assessment and Evaluation:

It is the policy of One Heartt, Inc. that cultural factors be routinely assessed and evaluated during initial screenings, assessments, as additional patient history is obtained, and as treatment proceeds. Culture will affect treatment directly and needs to be considered in developing, updating and revising patient's individual treatment plans. Included in staff member cultural competency and diversity trainings are strategies and guidelines for respectfully inquiring about and obtaining cultural factors from an individual. The goal is to identify and strengthen cultural resiliency, sensitivity, competency and protective factors.

Service Planning and Stakeholders:

Once individual problem areas are identified, the expectation is that the service plan will reflect in writing and practice, with input from the patient, how such needs will be addressed while based upon the strengths, needs, abilities and preferences of each patient. Service plans will be reviewed to ensure that they provide for the unique needs of each individual served and this review may take place at several levels: during review by the treatment team, during chart audits, during clinical review as well as during Quality Health Information record reviews. In addition, during Treatment Team meetings issues concerning pertinent cultural and ethnic considerations of the patient are addressed. Culturally specific mutual help groups should be identified and recommended as part of the service and continuing care plans for patients, if indicated. Family interactions will be modified when relevant to address family issues in a cultural context.

Referrals to Other Service Providers:

If a patient is assessed to need supplemental services that are currently not available at One Heartt, Inc., a referral to another provider or service will be arranged and documented by the primary case manager.

Staff Member Training:

In order that this plan is successfully carried out, One Heartt, Inc. believes that cultural sensitivity, competency, and diversity training is critical. One Heartt, Inc. will encourage individual training in cultural sensitivity, competency and diversity along with scheduling staff member in-service training events addressing cultural sensitivity, competency and diversity. One Heartt, Inc. maintains documentation of attendance at cultural sensitivity, competency and diversity outside trainings, as well as a log and attendance sheets of internal in-service training events. Human Resources conduct cultural diversity awareness training on hire and annually for all staff members at all levels of the organization.

Recruitment:

One Heartt, Inc. is committed to obtaining and retaining the best professionals for all positions throughout all departments and programs. Among the issues to consider when hiring or contracting a new staff member including therapists in training (students) is finding, for all levels of positions at One Heartt, Inc., persons who represent the various cultures One Heartt, Inc. serves.

Staffing:

One Heartt, Inc. is committed to equal opportunity employment and diversity while adhering to established policies regarding recruitment. Employment interviews endeavor to attract employees who are sensitive

to, knowledgeable about, and respectful of diversity. Additionally, in-house expertise related to cultural issues is utilized via in-service training events and scheduled facilitated discussions.

Service or Location Gaps:

One Heartt, Inc. is conveniently located for the majority of patients throughout Baltimore City. Programming and services are reflective of patient, community and referral source needs. One Heartt, Inc. remains responsive to requests, needs, and suggestions from satisfaction survey feedback, stakeholder feedback and community input. One Heartt, Inc. has a strong history of collaboration with the community at large.

Program Literature:

One Heartt, Inc. will work to make available, in either written or oral translation, all important information to the patient/family and significant others. Relevant literature is available regarding, but not limited to, such topics as: infectious disease information, pregnancy and parenting information, risk reduction information, and basic addictions and mental health information.

Observance of Spiritual or Cultural Practices:

One Heartt, Inc. attempts to accommodate any patient need related to the observance of any practice related to spiritual belief or culture as long as it does not interfere with the provision of treatment services to the patient or others.

Monitoring Compliance:

The President/CEO provides oversight and monitoring of compliance through the Complaint and Grievance process as well as the Quality Assurance Program or other ways the President/CEO becomes aware of compliance issues

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COMPLAINT PROCEDURES

1.1 PROFESSIONAL COMPLAINTS

- a) Should a behavioral health professional request to file a complaint, they shall be asked to write a letter explaining the nature of the complaint and violation believed to have been committed by a professional. They should include the offending professional's full name, if known, and their place of employment.
- b) Upon receipt, complaints shall be held in a secure location.
- c) Professionals are encouraged to follow the guidelines published in the One Heartt, Inc. Code of Conduct for filing complaints:

8.0 RESOLVING ETHICAL CONCERNS

8.1 Cognizance: Behavioral Health Professionals and Peers shall understand and endorse the One Heartt, Inc. Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

8.2 Documentation of Ethical Dilemmas: Behavioral Health Professionals and Peers shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include but is not limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection, and re-direction if necessary, after implementing the decision.

83 Jurisdiction: One Heartt, Inc. and its Ethics Committee shall have jurisdiction over all complaints filed against any person holding or applying for One Heartt, Inc. One Heartt, Inc. and its Ethics Committee shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by a behavioral health professional.

84 Cooperation: Behavioral Health Professionals and Peers shall be required to cooperate with the implementation of the Code of Conduct and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the One Heartt, Inc. Code of Conduct. Behavioral Health Supervisors and Peers shall assist in the process of enforcing the One Heartt, Inc. Code of Conduct. Providers shall cooperate with investigations, proceedings, and requirements of the One Heartt, Inc. Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

85 Conflicts on interests: Behavioral Health Supervisors and Peers shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Behavioral Health Professionals may find themselves at a crossroads when the demands of an organization where the Provider is affiliated poses a conflict with the One Heartt, Inc. Code of Conduct. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person at the organization in question, expressing their commitment to the One Heartt, Inc. Code of Conduct. Providers shall attempt to work through the appropriate channels to address the concern.

86 Reporting: When there is evidence to suggest that another provider is violating or has violated an ethical standard and harm has not occurred, Behavioral Health Supervisors and Peers shall attempt to first resolve the issue informally with the other provider if feasible, provided such action does not violate confidentiality rights that may be involved. Behavioral Health Professionals and Peers shall report unethical conduct or unprofessional modes of practice - leading to harm or creating a likely risk of harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies. Providers shall seek supervision/consultation prior to the report. Behavioral Health Professionals and Peers shall seek consultation and direction from supervisors, consultants or the One Heartt, Inc. Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the One Heartt, Inc. Code of Conduct. Providers consult with persons who are knowledgeable about ethics, the One Heartt, Inc. Code of Conduct, and legal requirements specific to the situation. Behavioral Health Professionals and Peers shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person.

Peers shall not intentionally disregard or ignore the facts of the situation or omit exculpatory information in their reports.

1.2 SELF REFERRAL

- a) Should a certified professional request to self-report potential ethical violations, they shall be asked to write a letter or email explaining the nature of the violation believed to have been committed by the professional.
- b) Upon receipt, complaints shall be stored in a secure location.

1.3 COMMUNITY COMPLAINTS

- a) Should a nonprofessional community member or behavioral health service consumer request to file a complaint, the individual will be asked to submit their complaint in the form of a written letter to One Heartt, Inc. Should an individual prefer to submit their complaint verbally, a telephone interview shall be scheduled and performed.
- b) Should translation services, or disability services, etc. be required in order to make the complaint, One Heartt, Inc. shall make reasonable effort to accommodate special needs.
- c) Upon receipt, complaints shall be held in a secure location.

POLICY ONE: INVESTIGATION & DATA GATHERING

2.1 CASE SCREENING

- a) Cases shall be screened for referral to either the One Heartt, Inc. Ethics Committee or shall be referred to another more appropriate investigation body, or both. Cases with little to no relevance to a particular certified professional (e.g. a complaint against an entire agency), or those cases with little to no relevance with the One Heartt, Inc. Code of Conduct (e.g. employee/employer disputes over wages/benefits), or cases that involve occupational activity regulated by other organizations shall be referred to other more appropriate investigative entities (EEOC, BOLI, Maryland Department of Human Services, law enforcement, Department of Justice, The Mental Health

Regulatory Agency, Maryland Board of Licensed Social Workers, the Traditional Health Worker Commission, Maryland Board of Nursing, etc.).

d) Cases that are referred to another agency shall contain an explanation for the referral. The referral rationale shall contain information related to:

- occupational duties performed at the time(s) of the alleged violation(s),
- occupational duties being reimbursed at the time(s) of the alleged violation(s),
- lack of relevance to a particular One Heartt, Inc. certified behavioral health professional,
- lack of relevance to an individual's occupation,
- superseding board or authority at the time(s) of the alleged violation(s),
- lack of relevance to the One Heartt, Inc. Code of Conduct

2.2 ABEYANCE

a) Cases that are referred to both the One Heartt, Inc. Ethics Committee and to other superseding agencies (EEOC, Maryland Department of Mental Health and Hygiene, Department of Human Services, law enforcement, Department of Justice, The Mental Health Regulatory Agency, Maryland Board of Licensed Social Workers, etc.), can be held indefinitely in abeyance of other allied investigative findings.

b) Cases held in abeyance of other allied investigative findings shall have periodic searches and notations reporting on either findings or the lack thereof, shall be documented.

c) Once findings from an allied agency have been issued, the case shall be referred to the One Heartt, Inc. Ethics Committee for their consideration.

2.3 INVESTIGATION: WRITTEN NOTIFICATION TO THE COUNSELOR

a) Upon receipt of an ethics complaint, notification of the complaint and the "nature of the complaint" will be mailed to the certified counselor. The professional will be given a maximum of 30 days to respond in writing to the Ethics Committee. Responses will be stored in a secure location.

The investigator will review the certified counselor's response to the allegation(s) and make a decision in regards to any need for additional information. In order to maintain the integrity of the data gathering process the Ethics Committee will use discretion in disclosing any information to all parties involved in order to elicit sound information

that has not been altered or corrupted by over disclosure or fear of disclosure. Therefore, only the essential data will be presented to involved parties and at least initially names of complaining community members, peers, clients, etc. will be withheld in order to maintain the validity of the data gathering process.

b) Cases will be self-assigned to investigators to avoid conflicts of interests. Investigators will not accept cases where they have a conflict of interest. This includes, but is not limited to, prior relationships with the accused (family, friendships, intimacies, business arrangements, etc.).

2.4 COOPERATION

All certified professionals have signed/dated and agreed to cooperate fully with the One Heartt, Inc. Ethics Committee. Non-cooperation is grounds for retrenchment. Professionals accused of ethical violations must respond to complaints within 30 days, and must respond to request for further evidentiary materials within 30 days of request.

8.4 Cooperation: Behavioral Health Professionals and Peers shall be required to cooperate with the implementation of the Code of Conduct and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the One Heartt, Inc. Code of Conduct. Behavioral Health Supervisors and Peers shall assist in the process of enforcing the One Heartt, Inc. Code of Conduct. Providers shall cooperate with investigations, proceedings, and requirements of the One Heartt, Inc. Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

2.5 OTHER DATA GATHERING

a) Should a case require additional data gathering beyond the substance offered by the certified professional and the original complaint(s), the committee shall approach other involved parties and elicit their observations. The Committee reserves the right to make its own determination of necessary data collection and needed consent of the certified professional or complaining party(ies). In order to maintain the integrity of the data gathering process the Ethics Committee will use discretion in disclosing any information to all parties involved in order to elicit sound information that has not been altered or corrupted by over disclosure or fear of disclosure. Therefore, only the essential data will be presented to involved parties and at least initially names of complaining community members, peers, clients, etc. will be withheld in order to maintain the validity of the

data gathering process and protect complaining parties from retaliation (whistleblower protection).

b) Other forms of data gathering may include, but are not limited to, reports of sanctions by other professional organizations, public records of criminal activity, social media post, investigations by the Maryland Department of Health and Human Services, licensing boards, etc.

POLICY TWO: PROCESSING COMPLAINTS

3.1 DEFINING ETHICAL VIOLATIONS

a) One Heartt, Inc. investigators and the Ethics Committee will identify the relevant alleged violations and gather as much information as possible that sheds light on the situation, and clarify whether the conflict is ethical, legal or moral or a combination of any or all these. The Ethics Committee will look at the defined alleged violations from many perspectives to avoid simplistic conclusions.

b) The Ethics Committee will identify the potential violations involved pertinent to the One Heartt, Inc. OMHC Code of Conduct and contemporary practice guidelines in behavioral health (e.g. practices promoted by SAMHSA, CSAT, NIDA, NIAAA, the National Institutes of Mental Health, and Maryland Department of Health and Human Services). First and foremost, the Ethics Committee's primary focus shall be on the health and safety of consumer services. After the information is collected, the Ethics Committee will list and describe the critical issues and discard the irrelevant material unrelated to violations of the Code of Conduct. The Ethics Committee will evaluate the rights, responsibilities and welfare of all of those who are affected by the situation and will accept the process of making ethical decisions by identifying competing principles, regulations, professional and cultural norms and practices.

3.3 CONSULTATION

a) The Ethics Committee may obtain consultation. We may consult with an appropriate colleague or colleagues that may have a special expertise in a particular issue to obtain a different perspective on the alleged violation(s). Consultation can help us think about information or circumstances that we may have overlooked. We will justify our course of action based on sound reasoning. Consultation with colleagues will provide us with an opportunity to test the rationale of our recommended disposition of the case. All consultation will be done while maintaining confidentiality of the unresolved case and

protecting the rights of all parties concerned. Consultation with associated fees greater than \$500 shall be approved by the One Heartt, Inc. Board of Directors.

3.4 DISPOSITION

a) The Ethics Committee will consider possible and probable courses of action. The Ethics Committee may consider different possibilities for action and their potential effects on the client, for others related to the client, agencies, and for the constituency of behavioral health professionals, community members or allied health professionals.

b) The Ethics Committee shall be empowered to vote on sanctions ranging from warnings, educational mandates, therapeutic mandates, practice restrictions, etc. The Ethics Committee shall refer all recommendations of suspension or revocation to the One Heartt, Inc. Board of Directors, with the exception of cases of SUD/GUD relapse, that shall result in an automatic suspension of two years. The Ethics Committee shall operate in normal parliamentary procedures. The Committee shall make motions for findings, sanctions, and recommended suspensions and revocations. The motions and results of voting shall be recorded.

Program staff, contractors, volunteers, and interns recovering from a substance use disorder and providing treatment services or peer support services in substance use disorders treatment programs must be able to document continuous abstinence under independent living conditions or recovery housing for the immediate past two years.

c) In cases where the Ethics Committee is recommending a suspension or revocation, the Ethics Committee shall present its recommendations to the One Heartt, Inc. OMHC Board of Directors.

d) The Ethics Committee will resolve cases in 12 months or less.

e) Written notice of the disposition of the case will be mailed to the staff. In cases involving educational mandates, therapy, lab testing, etc. behavioral health professionals shall receive their disposition in a Peer Assistance Agreement. The behavioral health professional shall sign the “agreement” and return to One Heartt, Inc.

f) All sanctions are public knowledge. Unresolved, unfounded allegations or allegations held in abeyance are not public knowledge.

g) Peer Assistance Agreements are developed in conjunction with mandated requirements of education, therapy, laboratory testing, etc. The Peer Assistance Agreement is designed to assist the impaired counselor and/or non-ethically functioning behavioral health professional to improve their practice. The Peer Assistance Agreement is signed by the behavioral health professional and returned to One Heartt, Inc. The “agreement” represents the stipulated terms of continued employment, or reactivation of employment and outlines the activity(ies) which must be completed by the behavioral health professional in order to retain employment or become employed following suspension.

This stipulated agreement acknowledges findings by the Ethics Committee and/or the One Heartt, Inc. Board of Directors and waives the right to appeal.

h) Appeal. All behavioral health professionals shall retain the right to appeal the findings and sanctions imposed by the Ethics Committee and/or the One Heartt, Inc. Board of Directors. Once a determination of findings has occurred by either the Ethics Committee and/or the One Heartt, Inc. Board of Directors, the onus to reverse those findings is the responsibility of the behavioral health professional to present exculpatory data not previously considered by the Ethics Committee and/or the One Heartt, Inc. Board of Directors. Perceived inequity of sanctions that have occurred over time, or perceived gravity of subsequent damages is not grounds for appeal. The values of One Heartt, Inc. OMHC change over time as a result of a better understanding of human rights, trauma informed care and research.

3.5 One Heartt, Inc. CODE OF ETHICS AND CONDUCT

One Heartt, Inc. OMHC Code of Ethics and Conduct
1.0 SERVICE RELATIONSHIP
1.1 Client Welfare: Behavioral Health Professionals and Peers understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.
1.2 Informed Consent: Behavioral Health Professionals and Peers understand the right of each client to be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse

services, and their right to withdraw consent within time frames delineated in the consent. Providers have an obligation to review with their client - in writing and verbally - the rights and responsibilities of both Providers and clients. Providers shall have clients attest to their understanding of the parameters covered by the Informed Consent. Informed Consent shall include:

- a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized, purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services, the behavioral health professional's qualifications, credentials, relevant experience, and approach to services, right to confidentiality and explanation of its limits including duty to warn, policies regarding continuation of services upon the incapacitation or death of the behavioral health professional or peer,
- b. the role of technology, including boundaries around electronic transmissions with clients and social networking, implications of diagnosis and the intended use of tests and reports, fees and billing, nonpayment, policies for collecting nonpayment, specifics about clinical supervision and consultation,
- c. their right to refuse services, and their right to refuse to be treated without fear of retribution.

1.3 Limits of Confidentiality: Behavioral Health Professionals and Peers clarify the nature of relationships with each party and the limits of confidentiality at the outset of services when agreeing to provide services to a person at the request or direction of a third party.

1.4 Diversity: Behavioral Health Professionals and Peers shall respect the diversity of clients and seek training and supervision in areas in which they are at risk of imposing their values onto clients.

1.5 Discrimination: Behavioral Health Professionals and Peers shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

1.6 Legal Competency: Behavioral Health Professionals and Peers who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers recognize the need to balance the ethical rights of clients to make choices about their treatment, their capacity to give consent to receive treatment-related services, and parental/familial/representative legal rights and responsibilities to protect the client and make decisions on their behalf.

1.7 Mandated Clients: Behavioral Health Professionals and Peers who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of therapeutic or service relationship. If the client refuses services, the Provider shall discuss with the client the potential consequences of refusing the mandated services, while respecting client autonomy.

1.8 Multiple Behavioral Health Professionals: Behavioral Health Professionals and Peers shall obtain a signed release of Information from a potential or actual client if the client is working with another behavioral health professional. The release shall allow the Provider to strive to establish a collaborative professional relationship.

1.9 Professional Boundaries: Behavioral Health Professionals and Peers shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Consultation and supervision shall be sought and documented.

1.10 Multiple/Dual Relationships: Behavioral Health Professionals and Peers shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care so that professional judgment is not impaired and there is no risk of client exploitation. Such relationships include, but are not limited to, members of the Provider's immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, Providers take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be documented.

1.11 Prior Relationship: Behavioral Health Professionals and Peers recognize that there are inherent risks and benefits to accepting as a client someone with whom they have a prior relationship. This includes anyone with whom the Provider had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the Provider shall seek consultation or supervision. The burden is on the Provider to ensure that their judgment is not impaired and that exploitation is not occurring.

1.12 Previous Clients: Behavioral Health Professionals and Peers considering initiating contact with or a relationship with a previous client shall seek documented consultation or supervision prior to its initiation.

1.13 Group Services: Behavioral Health Professionals and Peers shall clarify who "the client" is, when accepting and working with more than one person as "the client." Provider

shall clarify the relationship the provider shall have with each person. In group counseling, providers shall take reasonable precautions to protect the members from harm.

1.14 Financial Disclosure: Behavioral Health Professionals and Peers shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.

1.15 Communication: Behavioral Health Professionals and Peers shall communicate information in ways that are developmentally and culturally appropriate. Providers offer clear understandable language when discussing issues related to informed consent. Cultural implications of informed consent are considered and documented by provider.

1.16 Service/Recovery Plans: Behavioral Health Professionals and Peers shall create service/recovery plans in collaboration with their client. Service/recovery plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.

1.17 Level of Care: Behavioral Health Professionals and Peers shall provide their client with the highest quality of care. Addiction treatment providers shall use ASAM or other relevant criteria to ensure that clients are appropriately and effectively served. Mental Health providers shall use similar standardized procedures for determining level of care, such as utilization management.

1.18 Documentation: Behavioral Health Professionals and Peers shall create, maintain, protect, and store documentation required per federal and state laws and rules, and organizational policies.

1.19 Advocacy: Behavioral Health Professionals and Peers are called to advocate on behalf of clients at the individual, group, institutional, and societal levels. Providers have an obligation to speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, Providers obtain written consent prior to engaging in advocacy efforts.

1.20 Referrals: Behavioral Health Professionals and Peers shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally- and linguistically-appropriate resources when a client presents with any impairment that is beyond the scope of the Provider's education, training, skills, supervised expertise, and licensure.

1.21 Exploitation: Behavioral Health Professionals and Peers are aware of their influential positions with respect to clients, trainees, and research participants and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats,

negative labels, or attempts to provoke shame or humiliation. Providers shall not impose their personal religious or political values on any client. Providers do not endorse conversion therapy, or obstruct a woman's right to choose.

1.22 Sexual Relationships: Behavioral Health Professionals and Peers shall not engage in any form of sexual or romantic relationship with any current or former client, nor accept as a client anyone with whom they have engaged in a romantic, sexual, or familial relationship. This prohibition includes in-person and electronic interactions and/or relationships. Behavioral Health Professionals and Peers are prohibited from engaging in behavioral health service relationships with friends or family members with whom they have an inability to remain objective. This definition of client includes, but is not limited to, clients directly assigned to the Behavioral Health Professional or Peer, or clients of the agency, where the Behavioral Health Professional or Peer has any service contacts with the client, including those clients not assigned directly to the Behavioral Health Professional or Peer.

1.23 Termination: Behavioral Health Professionals and Peers shall terminate services with clients when services are no longer required, no longer serve the client's needs, or the Provider is unable to remain objective. Counselors provide pre-termination counseling and offer appropriate referrals as needed. Providers may refer a client, with supervision or consultation, when in danger of harm by the client or by another person with whom the client has a relationship.

1.24 Service Coverage: Behavioral Health Professionals and Peers shall make necessary coverage arrangements to accommodate interruptions such as vacations, illness, or unexpected situation.

1.25 Abandonment: Behavioral Health Professionals and Peers shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly and seek transfer, referral, or continuation of services in relation to each client's needs and preferences.

1.26 Fees: Behavioral Health Professionals and Peers shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.

1.27 Self-Referrals: Behavioral Health Professionals and Peers shall not refer clients to their private business unless the policies, at the organization at the source of the referral, allow for such self-referrals. When self-referrals are not an option, clients shall be informed of other appropriate referral resources.

1.28 Commissions: Behavioral Health Professionals and Peers shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.

1.29 Private Enterprises: Behavioral Health Professionals and Peers shall not use relationships with clients to promote personal gain or profit of any type of commercial enterprise.

1.30 Withholding Records: Behavioral Health Professionals and Peers shall not withhold records they possess that are needed for any client's treatment solely because payment has not been received for past services, where it is not specifically allowable under law/state administrative rule.

1.31 Withholding Reports: Behavioral Health Professionals and Peers shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who require such information for legal purposes, where it is not specifically allowable under law/state administrative rule. Reports may note that payment has not yet been made, or only partially made, for services rendered.

1.32 Disclosures of Payments: Behavioral Health Professionals and Peers shall clearly disclose and explain to each client, prior to the onset of services, (1) all costs and fees related to the provision of professional services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedure for obtaining payment from the client if payment is denied by a third party payer.

1.33 Regardless of Compensation: Behavioral Health Professionals and Peers shall provide the same level of professional skills and service to each client without regard to the compensation provided by a client or third-party payer, and whether a client is paying full fee, a reduced fee, or has their fees waived.

1.34 Billing for Actual Services: Behavioral Health Professionals and Peers shall charge each client only for services actually provided to a client regardless of any oral or written contract a client has made with the professional or agency.

1.35 Financial Records: Behavioral Health Professionals and Peers shall maintain accurate and timely clinical and financial records for each client.

1.36 Suspension: Behavioral Health Professionals and Peers shall give reasonable and written notice to clients of impending suspension of services for nonpayment.

1.37 Unpaid Balances: Behavioral Health Professionals and Peers shall give reasonable and written notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse—when such action is taken, Behavioral Health Professionals and Peers shall not reveal clinical information.

1.38 Gifts: Behavioral Health Professionals and Peers recognize that clients may wish to show appreciation for services by offering gifts. Providers shall take into account the service relationship, cultural appropriateness, the monetary value of the gift, the client’s motivation for giving the gift, and the professional’s motivation for wanting to accept or decline the gift. When accepting gifts professionals try to their utmost to encourage clients to offer their gifts to the organization so that all may benefit from the gift.

1.39 Uninvited Solicitation: Behavioral Health Professionals and Peers shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.

1.40 Virtual Relationships: Behavioral Health Professionals and Peers are prohibited from engaging in personal/romantic virtual electronic, text messaging, e-relationships with current or former clients.

2.0 CONFIDENTIALITY

2.1 Confidentiality: Behavioral Health Professionals and Peers understand that confidentiality and anonymity are foundational to treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Providers communicate the parameters of confidentiality in a culturally-sensitive manner.

2.2 Documentation: Behavioral Health Professionals and Peers shall create and maintain appropriate documentation. Providers shall ensure that records and documentation kept in any medium (i.e., cloud, laptop, flash drive, external hard drive, tablet, computer, paper, etc.) are secure and in compliance with HIPAA and 42 CFR Part 2 (if applicable), and that only authorized persons have access to them. Providers shall disclose to client within informed consent how records shall be stored, maintained, and disposed of, and shall include time frames for maintaining active file, storage, and disposal.

2.3 Access: Behavioral Health Professionals and Peers shall notify client, during informed consent, about procedures specific to client access of records. Behavioral Health Professionals shall provide a client reasonable access to documentation regarding the client upon his/her written request. Providers shall protect the confidentiality of any other individuals contained in the records. Providers shall limit the access of clients to their records – and provide a summary of the records – when there is evidence that full access could cause harm to the client. A treatment summary shall include dates of service, diagnoses, treatment plan, and progress in treatment. Providers seek supervision or consultation prior to providing a client with documentation and shall document the

rationale for releasing or limiting access to records. Providers shall provide assistance and consultation to the client regarding the interpretation of service records.

2.4 Sharing: Behavioral Health Professionals and Peers shall encourage ongoing discussions with clients regarding how, when, and with whom information is to be shared.

2.5 Disclosure: Behavioral Health Professionals and Peers shall not disclose confidential information regarding the identity of any client, nor information that could potentially reveal the identity of a client, without written consent and authorization by the client. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient except for emergencies.

2.6 Privacy: Behavioral Health Professionals and Peers and the organizations they work for ensure that confidentiality and privacy of clients is protected by Providers, employees, supervisees, students, office personnel, other staff, and volunteers.

2.7 Temporary Assistance: Behavioral Health Professionals and Peers, during informed consent, shall disclose the legal and ethical boundaries of confidentiality and disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Providers review with each client all circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.

2.8 Imminent Danger: Behavioral Health Professionals and Peers may reveal client identity or confidential information without client consent when a client presents a clear and imminent danger to themselves or to other persons, and to emergency personnel who are directly involved in reducing the danger or threat. Behavioral Health Professionals seek supervision or consultation when unsure about the validity of an exception.

2.9 Courts: Behavioral Health Professionals and Peers ordered to release confidential privileged information by a court shall obtain written, informed consent from the client, take steps to prohibit the disclosure, or have it limited as narrowly as possible because of potential harm to the client. Legal documents must be witnessed by a third party.

2.10 Essential Only: Behavioral Health Professionals and Peers shall release only essential information when circumstances require the disclosure of confidential information.

2.11 Multidisciplinary Care: Behavioral Health Professionals and Peers shall inform the client when the Provider is a participant in a multidisciplinary care team providing coordinated services to the client. The client shall be informed of the team's member credentials and duties, information being shared, and the purposes of sharing client information.

2.12 Locations: Behavioral Health Professionals and Peers shall discuss confidential client information in locations where they are reasonably certain they can protect client privacy.

2.13 Payers: Behavioral Health Professionals and Peers shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payors).

2.14 Encryption: Behavioral Health Professionals and Peers shall use encryption and precautions that ensure that information being transmitted electronically or other medium remains confidential.

2.15 Deceased: Behavioral Health Professionals and Peers shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.

2.16 Parties: Behavioral Health Professionals and Peers, who provide group, family, or couples services, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality shall be maintained by all parties.

2.17 Minors/others: Behavioral Health Professionals and Peers shall protect the confidentiality of any information received regarding services to minors or adult clients who lack the capacity to provide voluntary informed consent, regardless of the medium, in accordance with federal and state laws, and organization policies and procedures. Parents, guardians, and appropriate third parties are informed regarding the role of the counselor, and the boundaries of confidentiality of the counseling relationship.

2.18 Storage & Disposal: Behavioral Health Professionals and Peers shall create and/or abide by organizational, and state and federal, policies and procedures regarding the storage, transfer, and disposal of confidential client records. Providers shall maintain client confidentiality in all mediums and forms of documentation. Behavioral Health Professionals and Peers shall store, safeguard, and dispose of client records in accordance with state and federal laws, accepted professional standards, and in ways which protect the confidentiality of clients.

2.19 Video Recording: Behavioral Health Professionals and Peers shall obtain informed consent and written permissions and releases before videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients are to be fully informed regarding recording such as purpose, who will have access, storage, and disposal of recordings. Exceptions to restrictions on third party observations shall be limited to students in field placements, internships, practicums, or agency trainees.

2.20 Recording e-services: Behavioral Health Professionals and Peers shall obtain informed consent and written release of information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e-therapy, the Provider shall seek supervision or consultation, and document recommendations. Providers shall disclose to client in informed consent how e-records shall be stored, maintained, and disposed of and in what time frame.

2.21 Federal Regulations Stamp: Behavioral Health Professionals and Peers shall ensure that all written information released to others is accompanied by a stamp identifying the Federal Regulations governing such disclosure, and shall notify clients when a disclosure is made, to whom the disclosure was made, and for what purposes the disclosure was made.

2.22 Transfer Records: Unless exceptions to confidentiality exist, Behavioral Health Professionals and Peers shall obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. Behavioral Health Professionals shall ensure that all information released meets requirements of 42 CFR Part 2 and HIPAA. All information released shall be appropriately marked as confidential.

2.23 Written Permission: Behavioral Health Professionals and Peers who receive confidential information about any client (past, present or potential) shall not disclose that information without obtaining written permission from the client (past, present or potential) allowing for such release.

2.24 Multidisciplinary Care: Behavioral Health Professionals and Peers, who are part of integrative care teams, shall not release confidential client information to external care team members without obtaining written permission from the client allowing such release.

2.25 Diseases: Behavioral Health Professionals and Peers adhere to relevant federal and state laws concerning the disclosure of a client's communicable and life-threatening disease status.

2.26 Temporary Assistance: Behavioral Health Professionals and Peers, when serving clients of another agency or colleague during a temporary absence or emergency, shall serve those clients with the same consideration and confidentiality as that afforded the professional's own clients.

2.29 Termination: Behavioral Health Professionals and Peers shall take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. Providers shall appoint a records custodian when identified as appropriate, in their Will or other document.

2.30 Consultation: Behavioral Health Professionals and Peers shall share, with a consultant, information about a client for professional purposes. Only information pertaining to the reason for the consultation shall be released. Providers shall protect the client's identity and prevent breaches to the client's privacy. Behavioral Health Professionals, when consulting with colleagues or referral sources, shall not share confidential information obtained in clinical or consulting relationships that could lead to the identification of a client, unless the Provider has obtained prior written consent from the client. Information shall be shared only in appropriate clinical settings and only to the extent necessary to achieve the purposes of the consultation.

3.0 PROFESSIONALISM

3.1 Responsibility: Behavioral Health Professionals and Peers shall abide by the Code of Ethics. Behavioral Health Professionals have a responsibility to read, understand and follow the Code of Ethics and adhere to applicable laws and regulations.

3.2 Integrity: Behavioral Health Professionals and Peers shall conduct themselves with integrity. Providers aspire to maintain integrity in their professional and personal relationships and activities. Regardless of medium, Providers shall communicate to clients, peers, and the public honestly, accurately, and appropriately.

3.3 Discrimination: Behavioral Health Professionals and Peers shall not engage in, endorse or condone discrimination against prospective or current clients and their families, students, employees, volunteers, supervisees, or research participants based on their race, ethnicity, age, disability, religion, spirituality, gender, gender identity, sexual orientation, marital or partnership status, language preference, socioeconomic status, immigration status, active duty or veteran status, or any other basis.

3.4 Non-discrimination: Behavioral Health Professionals and Peers shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.

3.5 Fraud: Behavioral Health Professionals and Peers shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.

3.6 Code Violation: Behavioral Health Professionals and Peers shall not engage in any criminal activity. Behavioral Health Professionals and Service Providers shall be in violation of this Code and subject to appropriate sanctions, up to and including permanent revocation of their employment, if they:

- 1. Engage in conduct which could lead to conviction of a felony.*

2. Are expelled from or disciplined by other professional organizations.

3. Practice behavioral health services while impaired for any reason, including impairment as a result of abuse of alcohol or other drugs.

5. Continue to identify themselves as a certified/ licensed behavioral health professional after being denied certification/ licensure or allowing their certification/ license to lapse.

6. Failure to cooperate with the Ethics Committees at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint.

3.7 Harassment: Behavioral Health Professionals and Peers shall not engage in or condone any form of harassment, including sexual harassment.

3.8 Representation: Behavioral Health Professionals and Peers shall claim and promote only those licenses and certifications that are current and in good standing. Behavioral Health Professionals shall advocate for accuracy in statements made by self or others about the behavioral health profession.

3.9 Scope of Practice: Behavioral Health Professionals and Peers shall provide services within their scope of practice and competency, and shall offer services that are science-based, evidence-based, and/or outcome-driven. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice. Behavioral Health Professionals shall practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.

3.10 Continuing Education: Behavioral Health Professionals and Peers shall pursue and engage in continuing education and professional development opportunities in order to maintain and enhance knowledge of research-based scientific developments within the profession. Providers shall learn and utilize new procedures relevant to the clients they are working with. Providers shall remain informed regarding best practices for working with diverse populations.

3.11 Self-Monitoring: Behavioral Health Professionals and Peers are continuously self-monitoring in order to meet their professional obligations. Providers shall engage in self-

care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.

3.12 Scientific Standard of Care: Behavioral Health Professionals and Peers shall use techniques, procedures, and modalities that have a scientific and empirical foundation. Providers shall utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Providers shall avoid techniques, procedures, or modalities that have substantial evidence suggesting harm, even when these services are requested.

3.13 Innovation: Behavioral Health Professionals and Peers shall discuss and document potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Providers shall minimize and document any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities. Provider shall seek and document supervision and/or consultation prior to presenting service options and risks to a client.

3.14 Cultural Competency: Behavioral Health Professionals and Peers shall develop multicultural counseling competency by gaining knowledge specific to multiculturalism, increasing awareness of cultural identifications of clients, evolving cultural humility, displaying a disposition favorable to difference, and increasing skills pertinent to being a culturally-sensitive Provider.

3.15 Multidisciplinary Care, Medication & Substance Abuse: Behavioral Health Professionals and Peers shall work to educate medical professionals about mental health disorders, the need for primary treatment of these disorders, and the need to limit the use of mood-altering chemicals typically contraindicated for persons in recovery.

3.16 Multidisciplinary Collaboration: Behavioral Health Professionals and Peers shall recognize the need for the use of psychiatric and mood altering chemicals in some medical situations, and will work to self-educate themselves regarding the prescribed medication, and educate medical professionals to limit, monitor, and closely supervise the administration of chemicals typically contraindicated for persons in recovery from addiction. Behavioral Health Professionals recognize the rights of individuals to refuse prescribed or dispensed medications. Behavioral Health Professionals shall develop respectful and collaborative relationships with other professionals who are working with a specific client. Providers shall not offer professional services to a client who is participating in similar services with another professional, except with the knowledge and documented approval of the other professionals or following termination of services with the other professionals. Behavioral Health Professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication or dispensed medication through a medication assisted treatment program.

3.17 Multidisciplinary Care & Wellbeing: Collaborative multidisciplinary care teams are focused on increasing the client's functionality and wellness. Behavioral Health Professionals who are members of multidisciplinary care teams shall work with team members to clarify professional and ethical obligations of the team as a whole and its individual members. If ethical concerns develop as a result of a team decision, providers shall attempt to resolve the concern within the team first. If resolution cannot be reached within the team, providers shall pursue and document supervision and/or consultation to address their concerns consistent with client well-being.

3.18 Collegiality: Behavioral Health Professionals and Peers are aware of the need for collegiality and cooperation in the helping professions. Providers shall act in good faith towards colleagues and other professionals, and shall treat colleagues and other professionals with respect, courtesy, honesty, and fairness.

3.19 Qualified Staff: Behavioral Health Professionals and Peers shall work to prevent the practice of behavioral health care by unqualified and unauthorized persons, and shall not employ individuals who do not have appropriate and requisite education, training, licensure and/or certification.

3.20 Advocacy: Behavioral Health Professionals and Peers shall be advocates for their clients in those settings where the client is unable to advocate for themselves. Behavioral Health Professionals are aware of society's prejudice and stigma towards people with mental health challenges and substance use disorders, and willingly engage in the legislative process, educational institutions, and public forums to educate people about mental health and addictive disorders and advocate for opportunities and choices for our clients. Behavioral Health Professionals and Peers shall advocate for changes in public policy and legislation to improve opportunities and choices for all persons whose lives are affected by substance use disorders and mental health challenges. Behavioral Health Professionals and Peers shall inform the public of the impact of untreated and unsupported mental health challenges and substance use disorders through active participation in civic affairs and community organizations. Providers shall act to guarantee that all persons, especially the disadvantaged, marginalized and historically oppressed, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public, while working to dispel negative myths, stereotypes, and misconceptions.

3.21 Public Statements: Behavioral Health Professionals and Peers shall respect the limits of present knowledge in public statements concerning mental health and addiction services and shall report that knowledge accurately and without distortion or misrepresentation to the public and to other professionals and organizations. Behavioral Health Professionals and Peers shall distinguish clearly between statements made and actions taken as a private individual and statements made and actions taken as a representative of an agency, group, organization, or the behavioral health profession. Behavioral Health Professionals and Peers shall make no public comments disparaging

persons who have substance use disorders or mental health challenges. Behavioral Health Professionals and Peers shall make no public comments disparaging the legislative process, or any person involved in the legislative process. Behavioral Health Professionals and Peers shall give appropriate credit to the authors or creators of all materials used in their course of their work, public comments, or public/professional presentations. Providers shall not plagiarize another person's work.

3.22 Participation in the Development of the Workforce and Profession: Behavioral Health Professionals and Peers actively participate in local, state and national associations that promote professional development, support the formulation, development, enactment, and implementation of public policy and legislation concerning the mental health profession and our clients.

3.23 Impairment: Behavioral Health Professionals and Peers shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or judgment. Behavioral Health Professionals and Peers shall continuously monitor themselves for signs of impairment physically, psychologically, socially, and emotionally. Providers, with the guidance of supervision or consultation, shall seek appropriate assistance in the event they are professionally impaired. Providers shall abide by statutory mandates specific to professional impairment when addressing one's own impairment.

3.24 Self-referral: Behavioral Health Professionals and Peers shall not refer clients, or recruit clients, from their places of employment to their private endeavors without prior documented authorization. Providers shall offer multiple referral options to clients when referrals are necessary. Providers will seek supervision or consultation to address any potential or real conflicts of interest.

3.25 Testimonials: Behavioral Health Professionals and Peers shall be thoughtful when they solicit testimonials from former clients or any other persons. Providers shall discuss with clients the implications of and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials. Providers shall seek consultation or supervision prior to seeking a testimonial.

3.26 Reports: Behavioral Health Professionals and Peers shall take care to accurately, honestly and objectively report professional activities and judgments to appropriate third parties (i.e., courts, probation/parole, healthcare insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, ethics committees, etc.).

3.27 Professional Advice: Behavioral Health Professionals and Peers shall take reasonable precautions, when offering advice to clients, or public comments (using any platform including presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings, technology-based applications, or

other media), to ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. Providers shall only give advice within their scope of practice and shall not make recommendations for medications or other drugs, if they are not licensed to practice medicine.

3.28 Illegal Practices and Whistleblower Protection: When Behavioral Health Professionals and Peers become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency or organization they shall alert their employers. When there is the potential for harm to clients or limitations on the effectiveness of services provided, providers shall seek supervision and/or consultation to determine appropriate next steps and further action. Providers and Supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer employee policies, procedures and/ or practices.

3.29 Supervision: Behavioral Health Professionals and Peers acting in the role of supervisor or consultant, shall take reasonable steps to ensure that they have appropriate resources and competencies when providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.

4.0 DIVERSITY, DISPARITY & EQUITY

4.1 Diversity Values: Behavioral Health Professionals and Peers do not discriminate based on race, ethnicity, gender identity, sexual orientation, disability status, or veteran status. Behavioral Health Professionals and Peers shall be knowledgeable and aware of cultural, individual, societal, and role differences amongst the clients they serve. They shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients. Providers shall maintain an interpersonal stance that is other-oriented and accepting of the cultural identities of the other person (client, colleague, peer, employee, employer, volunteer, supervisor, supervisee, and others). They shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall seek supervision and/or consultation to address areas of difference and to decrease bias, judgment, and microaggressions.

4.2 Equity Practices: Behavioral Health Professionals and Peers shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers shall consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions. They shall use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being serviced. Providers will seek ongoing professional

development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds. They shall support and advocate for the recruitment and retention of Professionals and other Service Providers who represent diverse cultural groups. They shall provide or advocate for the provision of professional services that meet the needs of clients with linguistic diversity. Providers shall provide or advocate for the provision of professional services that meet the needs of clients with diverse disabilities. They shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall open a dialogue with the client to determine the best manner in which to service the client. Providers shall seek supervision and consultation when working with individuals with specific culturally- driven needs.

5.0 SCREENING, ASSESSMENT, EVALUATION AND INTERPRETATION

5.1 Cultural Context: Behavioral Health Professionals and Peers shall use screening and assessments appropriately within the counseling process. The clients' personal and cultural contexts are taken into consideration when assessing and evaluating a client. Professionals recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Providers are aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers shall develop awareness of prejudices and biases within self and others, and shall address such biases in themselves or others. Professionals shall consider the client's cultural experiences when diagnosing and treatment planning for mental health and substance use disorders.

5.2 Scope of Practice: Behavioral Health Professionals and Peers shall develop and use appropriate mental health, substance use disorder, and other relevant assessments. They shall practice within the scope of their certification, license, and training.

- Unlicensed Mental Health Professionals shall not perform evaluations outside of their scope of practice,
- Staff shall not perform DSM mental health evaluations outside of their scope of practice,
- Peers shall not perform evaluations outside of their scope of practice,
- and, Mental Health Associates shall not perform evaluations outside of their scope of practice.

5.3 Screening and Assessment Tools: Behavioral Health Professionals shall utilize only those screening and assessment instruments whose validity and reliability have been established for the population tested, and for which they have received adequate training in administration and interpretation. Professionals using technology-assisted test interpretations are trained in the construct being measured and the specific instrument

being used prior to using its technology- based application. Professionals take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

5.4 Informed Consent: Behavioral Health Professionals and Peers shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer this explanation in terms and language that the client or other legally authorized person can understand. They shall provide an appropriate environment free from distractions for the administration of assessments. Providers shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.

5.5 Misuse of Screening and Assessment: Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used. Behavioral Health Professionals and Peers shall never misuse screening or assessment findings simply to obtain housing, disability status or other entitlements. Professionals shall consider the client’s welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results. Providers shall include accurate and appropriate interpretations of data when there is a release of individual or group assessment results. Professionals shall not misuse assessment results and interpretations. Providers shall respect the client’s right to know the results, interpretations and diagnoses made and strive to provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers shall adopt practices that prevent others from misusing the results and interpretations. Professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers shall not appropriate, reproduce, or modify published assessments or parts thereof without written permission from the publisher.

5.6 Referral: Behavioral Health Professionals and Peers shall provide specific and relevant data about the client, when referring a client to a third party for assessment, to ensure that appropriate assessment instruments are used.

6.0 E-SERVICES, AND SOCIAL MEDIA

6.1 "E-Services" and "E-Supervision": shall refer to the provision of services by an Behavioral Health Professionals and Peers using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-Services shall include and are not limited to: tele-therapy, real-time video- based therapy and services, emails, texting, chatting, and cloud storage. Providers and Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology and shall take steps to ensure that the provision of e-services and e-supervision is safe and as confidential as possible.

6.2 E-Competence: Behavioral Health Professionals and Peers who choose to engage in the use of technology for e-services, distance-services, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance services. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings. Failure to maintain confidentiality due to a lack of comprehension of available features and settings within the electronic platforms does not relieve professionals of their responsibilities.

6.3 E-Consent: Behavioral Health Professionals and Peers, who are offering an electronic platform for e-therapy, distance-services/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent. A thorough e-therapy informed consent shall be executed at the start of services. A technology based informed consent discussion shall include:

- distance-services credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance-services, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow;
- when the services are not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services; and
- possible denial of insurance benefits; and social media policy.

Behavioral Health Professionals and Peers, who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/supervisee's identity prior to engaging in the e-services relationship and throughout the behavioral health relationship. Verification can include, but is not limited to, picture id's, code words, numbers, graphics, or other nondescript identifiers.

6.4 E-Jurisdiction: Behavioral Health Professionals and Peers, shall comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Providers, during "informed consent," shall notify their clients/supervisees of the legal rights and limitations governing the practice of behavioral health services across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services. Behavioral Health Professionals and Peers, utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client's/supervisee's state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.

6.5 E-Confidentiality: Behavioral Health Professionals and Peers, recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronic delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based behavioral health services shall be conducted on HIPAA-compliant servers. Confidential material shall not occur using unencrypted text-based or email-based delivery. Addiction Professionals shall inform clients that other individuals (i.e., colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to such records or transmissions. Providers use current encryption standards within their websites and for technology-based communications. Providers take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means. Behavioral Health Professionals and Peers, understand the inherent dangers of electronic health records. Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Providers inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA compliant. Providers shall use encryption programs when storing or transmitting client information to protect confidentiality.

6.6 E-Eligible: Behavioral Health Professionals and Peers, shall assess and document the client's/supervisee's ability to benefit from and engage in e-services. Providers shall consider the client's/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to nearest emergency medical facility, efficacy of client's support system, current medical and behavioral health status, current or past difficulties with substance abuse, and history of violence or self-injurious behavior. Behavioral Health Professionals and Peers, shall acknowledge and discuss with the client that optimal clinical management of clients may depend on coordination of care between a multidisciplinary care team. Providers shall explain to clients that they may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be invaluable in case of emergencies. Behavioral Health Professionals and Peers, shall be familiar with local in-person mental health resources should the Provider exercise professional judgment to make a referral for additional substance abuse, mental health, or other appropriate services. Behavioral Health Professionals and Peers, shall take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-service platforms and whether e-services/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-services/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.

6.7 E-Limitations: Behavioral Health Professionals and Peers, shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the services/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.

6.8 Social Media: Behavioral Health Professionals and Peers, shall not accept clients' "friend" requests on social networking sites or email (from Facebook, Twitter, etc.), and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence. Behavioral Health Professionals and Peers, shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media.

Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client's/supervisee's rights to privacy on social media and shall not investigate the client/supervisee without prior consent.

7.0 SUPERVISION AND CONSULTATION

7.1 Responsibility in Supervision & Training: Behavioral Health Professionals and Peers, who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation. Behavioral Health Supervisors and Peer Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development. Supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to provide behavioral health services.

7.2 Equity in Supervision & Training: Behavioral Health Supervisors and Peer Supervisors and Educators shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs. Behavioral Health Supervisors and Peer Supervisors, shall be cognizant of and address the role of multiculturalism in the supervisory relationship between supervisor and supervisee. Behavioral Health Supervisors and Peer Supervisors and Educators shall provide appropriate accommodations that meet the needs of their diverse staff and student body and support well-being.

7.3 Crisis Procedures: Behavioral Health Supervisors and Peer Supervisors, shall communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Alternate procedures are also communicated and documented in the event that the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.

7.4 Objectivity: Behavioral Health Supervisors and Peer Supervisors and Educators shall intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with clinicians, students, interns, and supervisees, in all venues. Supervisors shall strive for accuracy and honesty in their assessments of students, interns, and supervisees. Behavioral Health Supervisors and Peer Supervisors and Educators clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/nonprofessional relationship with current supervisees, whether in-person and/or electronically.

7.5 Confidentiality: Behavioral Health Supervisors and Peer Supervisors and Educators shall not disclose confidential information in teaching or supervision without the

expressed written consent of a client, and only when appropriate steps have been taken to protect client's identity and confidentiality.

8.0 RESOLVING ETHICAL CONCERNS

8.1 Cognizance: Behavioral Health Professionals and Peers shall understand and endorse the One Heartt, Inc. Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

8.2 Documentation of Ethical Dilemmas: Behavioral Health Professionals and Peers shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include but is not limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection, and re-direction if necessary, after implementing the decision.

8.3 Jurisdiction: One Heartt, Inc. and its Ethics Committee shall have jurisdiction over all complaints filed against any person holding or applying for One Heartt, Inc. certification. One Heartt, Inc. and its Ethics Committee shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by a behavioral health professional.

8.4 Cooperation: Behavioral Health Professionals and Peers shall be required to cooperate with the implementation of the Code of Conduct and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the One Heartt, Inc. Code of Conduct. Behavioral Health Supervisors and Peers shall assist in the process of enforcing the One Heartt, Inc. Code of Conduct. Providers shall cooperate with investigations, proceedings, and requirements of the One Heartt, Inc. Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

8.5 Conflicts on interests: Behavioral Health Supervisors and Peers shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Behavioral Health Professionals may find themselves at a crossroads when the demands of an organization where the Provider is affiliated poses a conflict with the One Heartt, Inc. Code of Conduct. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person at the

organization in question, expressing their commitment to the One Heartt, Inc. Code of Conduct. Providers shall attempt to work through the appropriate channels to address the concern.

8.6 Reporting: When there is evidence to suggest that another provider is violating or has violated an ethical standard and harm has not occurred, Behavioral Health Supervisors and Peers shall attempt to first resolve the issue informally with the other provider if feasible, provided such action does not violate confidentiality rights that may be involved. Behavioral Health Professionals and Peers shall report unethical conduct or unprofessional modes of practice - leading to harm or creating a likely risk of harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies. Providers shall seek supervision/consultation prior to the report. Behavioral Health Professionals and Peers shall seek consultation and direction from supervisors, consultants or the One Heartt, Inc. Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the One Heartt, Inc. Code of Conduct. Providers consult with persons who are knowledgeable about ethics, the One Heartt, Inc. Code of Conduct, and legal requirements specific to the situation. Behavioral Health Professionals and Peers shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Behavioral Health Professionals and Peers shall not intentionally disregard or ignore the facts of the situation or omit exculpatory information in their reports.

9.0 RESEARCH AND PUBLICATION

9.1 Support: Research and publication shall be encouraged to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be encouraged to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication provide an understanding of what practices lead to health, wellness, and functionality. Researchers and Behavioral Health Professionals make every effort to be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research. Behavioral Health Professionals and Peers support the efforts of researchers by participating in research whenever possible.

9.2 Responsibility: Behavioral Health Professionals and Peer researchers, who are conducting independent research without governance by an institutional review board, are bound to the same ethical principles and federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research. Behavioral Health Professionals and Peer researchers who conduct research are responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Behavioral Health Professionals and Peer researchers shall commit to the highest standards of scholarship, and shall present accurate information, disclose potential

conflicts of interest, and make every effort to prevent the distortion or misuse of their research findings.

9.3 Publications: Behavioral Health Professionals and Peers who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others. Behavioral Health Professionals and Peers shall regard as theft the use of copyrighted materials without permission from the author or payment of royalties. Behavioral Health Professionals and Peers shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

Adopted February 1, 2020 by the One Heartt, Inc. Board of Directors

POLICY THREE: SANCTIONS & APPLICABILITY

4.1 SANCTIONS

a) The Ethics Committee may choose from an array of official sanctions, such as, but not limited to:

1) Recommendation: Occupational or Educational Advisory: a written statement warning the counselor of potentially unethical or illegal actions with recommendations to alter or cease practices in question, which will include educational advisement.

2) Educational Sanction: a mandated requirement to participate in an educational activity that is pertinent as a corrective action to an identified unethical practice. The mandated activity must be completed in order to retain employment a reasonable amount of time will levied by the committee depending on availability of the education. Generally, educational mandates must be completed within 6 months or less as determined by the Ethics Committee.

3) Suspension: suspension of employment for two years as a result of SUD/GUD relapse.

b) The Ethics Committee may choose from an array of recommendations to the One Heartt, Inc. Board of Directors for cases where suspension or termination are recommended.

4) Ethics code is applicable to all levels of professional relationships with One Heatt, In. OMHC (e.g., full-time, part-time, contractual, seasonal, temporary, voluntary, etc.)

- 1) Suspension: suspension of employment for a period of time, usually accompanied by mandated (education, therapy, etc.). Suspensions will be mandated as determined by the One Heartt, Inc. Board of Directors. Suspension occurs as a result of unethical practices, unresolved counselor impairment, unresolved warnings or mandates, or non-cooperation, as determined by the Ethics Committee.
- 2) Termination: Termination, where employment become null and void as a result of unethical practices, or unresolved warnings or mandates, as determined by the One Heartt, Inc. Board of Directors. Upon termination a staff member may not re-apply for employment with One Heartt, Inc.

POLICY FOUR: PROFESSIONALISM OF ETHICS PROCEEDINGS

5.1 LEGAL REQUIREMENTS OF “ETHICS PROCEEDINGS CONFIDENTIALITY” IN THE STATE OF MARYLAND

- a) The State of Maryland Revised Statutes, Maryland Administrative Rule, Code of Federal Regulation does not require confidentiality of Professional Ethics Committee proceedings.
- b) There exists no overt or implied statement of confidentiality of Ethics Proceedings in the One Heartt, Inc. Ethics Agreement.

5.2 One Heartt, Inc. “ETHICS PROCEEDINGS CONFIDENTIALITY” GUIDELINES

- a) The following general guidelines of “professional confidentiality” are recommended to the Ethics Committee, however as previously stated, are not required under law. The One Heartt, Inc. Ethics Committee will make a determination of appropriate “ethics proceedings confidentiality” on a case per case basis.
- b) General Guidelines

- Unresolved and/or unfounded allegations are not public knowledge and will not be maintained in an individual's certification file. Unresolved and/or unfounded allegations will not be reported upon request, unless requested through an accepted subpoena or court order. One Heartt, Inc. reserves the right to file to quash.
- Sanctions are public knowledge and can be reported upon request.
- Written copies of specific communications, records or audio tapes pertaining to the case will not be disseminated to the public unless otherwise requested by an accepted subpoena or court order.
- Ethics Committee members and One Heartt, Inc. Board members shall not discuss ethics proceedings outside of the committee membership or professional consultation.
- A written statement of sanctions & current certification status will be posted to the registry.

5.3 PROFESSIONALISM AND CONFLICTS OF INTEREST

a) Any member of the Ethics Committee who is aware of a conflict of interest between themselves, the behavioral health professional(s) in question, or complaining party(ies) must abstain from ethics proceeding for that particular case.

5.4 COMMITTEE MEMBERSHIP

The One Heartt, Inc. President shall make appointments to the One Heartt, Inc. Ethics Committee based upon demonstrated qualities appropriate for participation on the committee (specialized education, specialized experience, special interest, commitment, etc.).

As a matter of fundamental principle, the nonprofit community should adhere to the highest ethical standards because it is the right thing to do. As a matter of pragmatic self-interest, the community should do so because public trust in our performance is the bedrock of our legitimacy. Donors and volunteers support charitable organizations because they trust them to carry out their missions, to be good stewards of their resources, and to uphold rigorous standards of conduct and other nonprofit organization.

One Healing, Educating, and Renewing, Through Therapy must earn this trust by serving others in accordance with our mission statement. But organizations are, at base, people, and it is up to the people of the nonprofit sector board members, executive leaders, staff and volunteers to demonstrate their ongoing commitment to the core values of integrity, honesty, fairness, openness, respect, and responsibility.

The nonprofit sector comprises a diverse array of organizations large and small, those that make grants and those that raise funds from the public, those that operate at the community and state level. That diversity is one of the abiding strengths of the nonprofit sector.

Each organization in the nonprofit sector should have a formally adopted code of ethics with which all of their directors, trustees, staff, and volunteers are familiar and to which they adhere. This One H.E.A.R.T.T. Code of Ethics is such a document.

Adherence to the law is the minimum standard of expected behavior. Nonprofit organizations must do more, however, than simply obey the law. We must embrace the highest standards of integrity. Transparency, openness and responsiveness to public concerns must be integral to our behavior.

II. Statement of Values

Any code of ethics is built on a foundation of shared values. One H.E.A.R.T.T. values:
The role of nonprofits in society (including relevance and outcomes)

Innovation and excellence (including partnerships, collaboration, and commitment) Diversity and inclusiveness

Accountability and transparency (including openness, honesty, trust and integrity)

These values lead directly to the Code of Ethics that follows. The values inform and guide the actions that One H.E.A.R.T.T. should take in developing our policies and informing their practices.

III. The Code of Ethics

A. Personal and Professional Integrity

One H.E.A.R.T.T. staff, board members and volunteers shall act with honesty, integrity and openness in all their dealings as representatives of the organization. One H.E.A.R.T.T. promotes a working environment that values respect, fairness and integrity.

B. Mission

One H.E.A.R.T.T. shall have a clearly stated mission and purpose, approved by the Board of Directors, in pursuit of the public good. One H.E.A.R.T.T.'s mission is ". . . to address, educate, coordinate, and provide aid and relief to distressed individuals in a holistic manner. We are committed to promoting the personal development and growth of the individual as a vehicle for community improvement". All One H.E.A.R.T.T. programs shall support that mission and all who work for or on behalf of the organization will understand and be loyal to that mission and purpose. The mission shall be responsive to the constituencies and communities served by One H.E.A.R.T.T. and of value to the society at large.

C. Governance

One H.E.A.R.T.T. shall have an active governing body, the Board of Directors, which is responsible for setting the mission and strategic direction of the organization and oversight of the finances, operations, and policies of the organization. The Board of Directors:

Ensures that its board members or trustees have the requisite skills and experience to carry out their duties and that all members understand and fulfill their governance duties acting for the benefit of One H.E.A.R.T.T. and its public purpose;

Has a conflict of interest policy that ensures that any conflicts of interest or the appearance thereof are avoided or appropriately managed through disclosure, recusal or other means; and

Is responsible for the hiring, firing, and regular review of the performance of the President & CEO, and ensures that the compensation of the chief executive officer is reasonable and appropriate;

Ensures that the President & CEO and appropriate staff provide the governing body with timely and comprehensive information so that the governing body can effectively carry out its duties;

Ensures that the organization conducts all transactions and dealings with integrity and honesty;

Ensures that the organization promotes working relationships with boardmembers, staff, volunteers, and program beneficiaries that are based on mutual respect, fairness and openness;

Ensures that the organization is fair and inclusive in its hiring and promotion policies and practices for all board, staff and volunteer positions;

Ensures that policies of the organization are in writing, clearly articulated and officially adopted;

Ensures that the resources of the organization are responsibly and prudently managed; and,

Ensures that the organization has the capacity to carry out its programs effectively.

D. Legal Compliance

One H.E.A.R.T.T. will be vigilant in compliance with laws, regulations and applicable conventions that govern and regulate our organization.

E. Responsible Stewardship

One H.E.A.R.T.T. shall manage its' funds responsibly and prudently. This should include the following considerations:

It spends a reasonable percentage of its annual budget on programs in pursuance of its mission;

It spends an adequate amount on administrative expenses to ensure effective accounting systems, internal controls, competent staff, and other expenditures critical to professional management;

One H.E.A.R.T.T. compensates staff, and any others who may receive compensation, reasonably and appropriately;

One H.E.A.R.T.T. has reasonable fundraising costs, recognizing the variety of factors that affect fundraising costs;

One H.E.A.R.T.T. will maintain an appropriate level of funds to maintain our mission and purpose and not accumulate excessive reserve funds;

One H.E.A.R.T.T. ensures that all spending practices and policies are fair, reasonable and appropriate to fulfill the mission of the organization; and,

All financial reports are factually accurate and complete in all material respects.F.

Openness and Disclosure

One H.E.A.R.T.T .shall provide comprehensive and timely information to the public, the media, and all stakeholders and is responsive in a timely manner to

reasonable requests for information. All information about One H.E.A.R.T.T. will fully and honestly reflect the policies and practices of the organization. Basic informational data about the organization, such as the Form 990, reviews and compilations, and audited financial statements will be posted on the One H.E.A.R.T.T. website or otherwise available to the public. All solicitation materials accurately represent the organization's policies and practices and will reflect the dignity of program beneficiaries. All financial, organizational, and program reports will be complete and accurate in all material respects.

G. Program Evaluation

One H.E.A.R.T.T. will regularly review program effectiveness and have mechanisms to incorporate lessons learned into future programs. One H.E.A.R.T.T. is committed to improving program and organizational effectiveness and develops mechanisms to promote learning from its activities and the field. One H.E.A.R.T.T. will be responsive to changes in its field of activity and the needs of its constituencies.

H. Inclusiveness and Diversity

One H.E.A.R.T.T. shall have a policy of promoting inclusiveness and its staff, board and volunteers reflect diversity in order to enrich its programmatic effectiveness. One H.E.A.R.T.T. shall take meaningful steps to promote inclusiveness in its hiring, retention, promotion, board recruitment and constituencies served.

I. Fundraising

One H.E.A.R.T.T. shall raise funds from the public and from donor institutions and be truthful in solicitation materials. One H.E.A.R.T.T. will respect the privacy concerns of individual donors and expend funds consistent with donor intent. One H.E.A.R.T.T. shall disclose important and relevant information to potential donors.

In raising funds, One H.E.A.R.T.T. will respect the rights of donors, as follows:

To be informed of the One H.E.A.R.T.T. mission, the way the resources will be used and their capacity to use donations effectively for their intended purposes;

To be informed of the identity of those serving on the One H.E.A.R.T.T. governing board and to expect the board to exercise prudent judgment in its stewardship responsibilities;

To have access to the most recent One H.E.A.R.T.T. financial reports;

To be assured their gifts will be used for the purposes for which they were given; To receive appropriate acknowledgement and recognition;

To be assured that information about their donations is handled with respect and with confidentiality to the extent provided by the law;

To expect that all relationships with individuals representing organizations of interest to the donor will be professional in nature;

To be informed whether those seeking donations are volunteers, One H.E.A.R.T.T. employees or hired solicitors;

To have the opportunity for their names to be deleted from mailing lists that One H.E.A.R.T.T. may intend to share; and,

To feel free to ask questions when making a donation and to receive prompt, truthful and forthright answers.

IV. Afterword

While the One H.E.A.R.T.T. Board of Directors has given its approval to this document, it will continue to be reviewed and revised as necessary.

A code of ethics is, by necessity, general in outlining broad ethical principles. It is not a detailed set of recommended practices on a specific issue. In many cases, those more specific recommended practices are provided by existing standards by national, regional, and subsector-specific groups. This code of ethics statement is intended as a model that organizations can draw from in reviewing or adopting a code of ethics

FUNDRAISING POLICY

The Board of Directors of ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. recognizes that the One Healing, Renewing, and Educating Through Therapy, Inc. engages in fundraising and solicitation activity from time to time. In order to comply with federal, state and local laws, as well as applicable ethical norms regarding fundraising activity, the Board has established this fundraising policy.

A. **OVERSIGHT** – All fundraising activity for ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY is supervised, coordinated and directed by Nakieta Lankster. The Board shall annually review all fundraising activity by ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY.

B. **USE OF FUNDRAISING PROFESSIONALS** - Third parties not directly affiliated with the One Healing, Renewing, and Educating Through Therapy must have written permission from Nakieta Lankster prior to any solicitation on behalf of ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY. Third party fundraisers engaged by ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY must be registered with appropriate state and local authorities, and their representation of the One Healing, Renewing, and Educating Through Therapy must be evidenced by a written agreement approved by ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY

C. **TRUTH AND ACCURACY**

1. All solicitation and fundraising materials and other communications to donors and the public shall clearly identify the ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY and be accurate and truthful.
2. Nakieta Lankster shall review fundraising or solicitation materials prior to publication for:
 - a. material omissions or exaggerations of fact, use of misleading photographs, or any other communication which would tend to create a false impression or misunderstanding; and
 - b. any statements or content that would tend to create unrealistic donor expectations of what the donor's gift will actually accomplish.

D. **DONOR ACKNOWLEDGMENT** - ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. shall provide all donors with specific acknowledgments of charitable contributions, where applicable, in accordance with legal requirements for proper donor substantiation and the One Healing, Renewing, and Educating Through Therapy's disclosure.

E. **SUPERVISION AND TRAINING**

1. ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. shall provide appropriate training and supervision of the people

soliciting funds on its behalf, whether employees or third party representatives, including training to attempt to avoid use of techniques that are coercive, intimidating or intended to harass potential donors.

2. ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. shall attempt to avoid accepting a gift from or entering into a contract with a prospective donor which would knowingly place a hardship on the donor, or place the donor's future well-being in jeopardy.

F. COMPENSATION – ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. shall pay fundraisers no more than reasonable compensation for their services. ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. shall not compensate internal or external fundraisers based on a commission or a percentage of the amount raised.

G. DONOR PRIVACY POLICY - ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY respects the privacy of donors.

1. ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. shall not sell or otherwise make available the names and contact information of its donors, except where disclosure is required by law [without providing them an opportunity at least once a year to opt out of the use of their names and contact information].
2. ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. shall not send mailings on behalf of other organizations
3. ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. shall provide a clear, prominent and easily accessible privacy policy on any of its websites that tells visitors:
 - i. What information, if any, is being collected about them and how this information will be used;
 - ii. How to access personal information collected and request correction;
 - iii. How to inform ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY that the visitor does not wish his/her personal information to be shared outside the One Healing, Renewing, and Educating Through Therapy, Inc. ; and
 - iv. What security measures ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY, Inc. has in place to protect personal information.

H. COMPLIANCE WITH LAW – In addition to any other requirements of this policy, all fundraising activities for ONE HEALING, RENEWING, AND EDUCATING THROUGH THERAPY shall be conducted in accordance with applicable law.

K. WASTE AND ABUSE OF FUNDS

1. One Heartt, Inc prohibits the waste and/ or abuse of funds.

One Healing, Educating and Renewing Through Therapy, Inc. OMHC
STRATEGIC PLAN FY 20/21

I. INTRODUCTION

One Healing, Educating and Renewing Through Therapy, Inc. OMHC (One Heartt, Inc. OMHC) is a public service agency. The One Heartt, Inc. OMHC Board of Directors have established the Mission, Vision and Ends Policies and these have been utilized as the basis for the development of this Strategic Plan. One Heartt, Inc. is dedicated to be the best provider of local community-based behavioral health services.

One Heartt, Inc. Mission

Our mission is to empower individuals and families on their journey toward wellness and recovery by providing access to comprehensive behavioral healthcare services in our community.

Our Vision

Our Vision is to assure the accessibility of effective community services that empower individuals and families to achieve an enhanced quality of life.

Guiding Values for Our Organization

The people charged with carrying out the mission of One Healing, Educating and Renewing Through Therapy, Inc. OMHC value the following:

Dedication	For One Heartt, Inc. OMHC, dedication means determination of purpose. It is embodied in our commitment to excellence in all we do in remaining loyal to our organizational cause and our partnership with consumers.
Dignity	We believe in a welcoming environment in which each individual is treated with dignity and respect.
Empowerment	We believe in the empowerment of individuals to reach their greatest potential and to take ownership in decisions regarding their lives and their treatment.
Quality	For One Healing, Educating and Renewing Through Therapy, Inc. OMHC, excellence can be measured in the extent to which we help people achieve the quality of life they deserve. We empower our staff to develop and implement innovative approaches to their work and are committed to ongoing performance improvement.

Accountability: We measure these guiding principles yearly through performance reviews.

II. COMMUNITY DATA

- Demographics (source Baltimore City CHA 2017)

Baltimore City Demographics*

Total population (2016)[†]	614,664
Age group	
0-17 years	21.2%
18-24 years	11.3%
25-44 years	30.1%
45-64 years	25.3%
65+ years	12.1%
Sex	
Male	47.1%
Female	52.9%
Race/Ethnicity	
Black or African American	62.8%
White	30.3%
Asian	2.6%
Some other race [‡]	2.0%
Two or more races	2.3%
Hispanic or Latino of any race [§]	4.6%

* Source unless otherwise noted: American Community Survey (2011-2015 5-year estimates).

[†] Source: US Census, Population Estimates Program, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2016 (PEPAGESEX).

[‡] "Some other race" includes American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and choosing other races as an option on the census.

[§] Hispanic or Latino ethnicity overlaps with race categories.

Percentage of children in single-parent households*

64.8%

Baltimore City Socioeconomic Environment

Median Household Income*

\$41,819

Percentage of all households in Baltimore City whose annual household income is in the following range:*

Up to \$24,999	32.2%
\$25,000-\$39,999	15.4%
\$40,000-\$59,999	16.5%
\$60,000-\$74,999	8.9%
\$75,000 and over	27.0%

Household Income, 2011-2015



Percentage of work force 16 years and older unemployed

13.1%

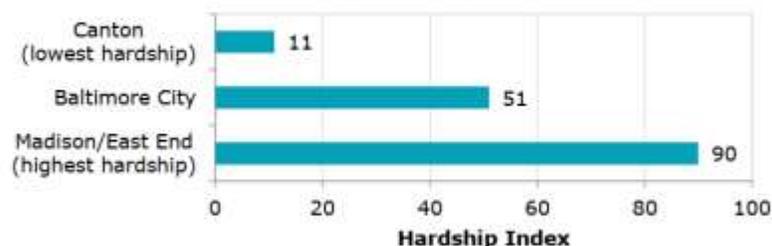
Percentage of families with children under 18 years old in poverty

28.8%

Hardship Index†

51

Hardship Index, Two Neighborhoods vs. Baltimore City Overall, 2011-2015



The median household income in Baltimore City was \$41,819 in 2014 ¹⁶. The per capita income was \$25,290 ¹⁶. The percentage of workforce 16 years and older that

Homelessness

Point-in-Time Count, Baltimore City, 1/22/2017*

Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	923	848	15	536	2,322
Total Number of Persons	1,124	984	15	546	2,669
Number of Children under 18 Years	190	137	0	2	329
Number of Persons 18 to 24 Years	45	38	0	27	110
Number of Persons over 24 Years	889	809	15	517	2,230

According to the most recent Baltimore City Point-in-Time Count, as of January 22, 2017, there were 2,699 people estimated to be homeless in Baltimore City ²⁴. Seventy-two percent are male, 28% female, and 83% are African American. Forty-four percent have a substance abuse disorder, 22% suffer from mental illness, and

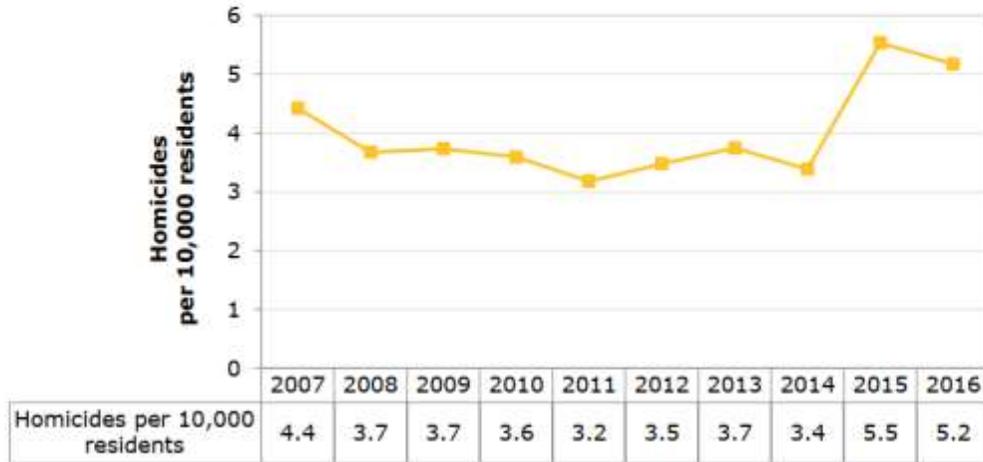
Baltimore City Safety Environment

Rate of animal abuse complaints per 10,000 households* 177.4

Non-fatal shooting rate per 10,000 residents† 6.9

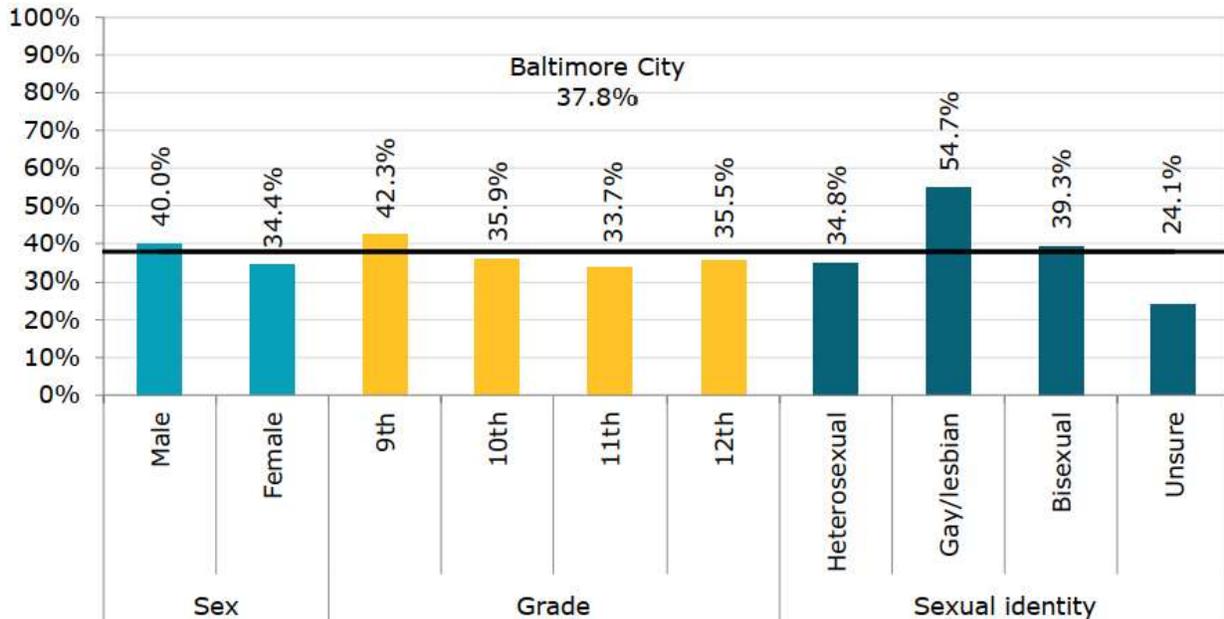
Homicide rate per 10,000 residents‡ 5.2

Homicide Rate, 2007-2016



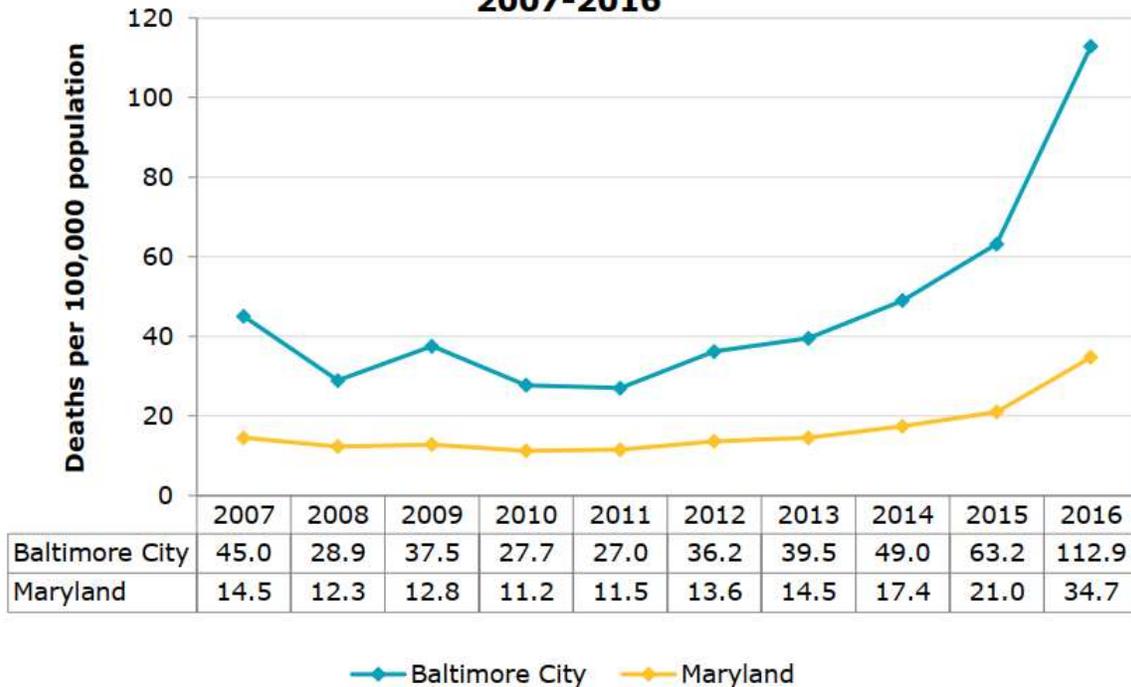
Youth homicide mortality rate per 10,000 youth§ 31.3

Percentage of High School Students who Were in a Physical Fight at Least Once in the Past 12 Months by Sex, Grade, and Sexual Identity, Baltimore City, 2015



Source: CDC Youth Risk Behavior Surveillance System: Youth Online.

Overdose Death Rate, Baltimore City vs. Maryland, 2007-2016

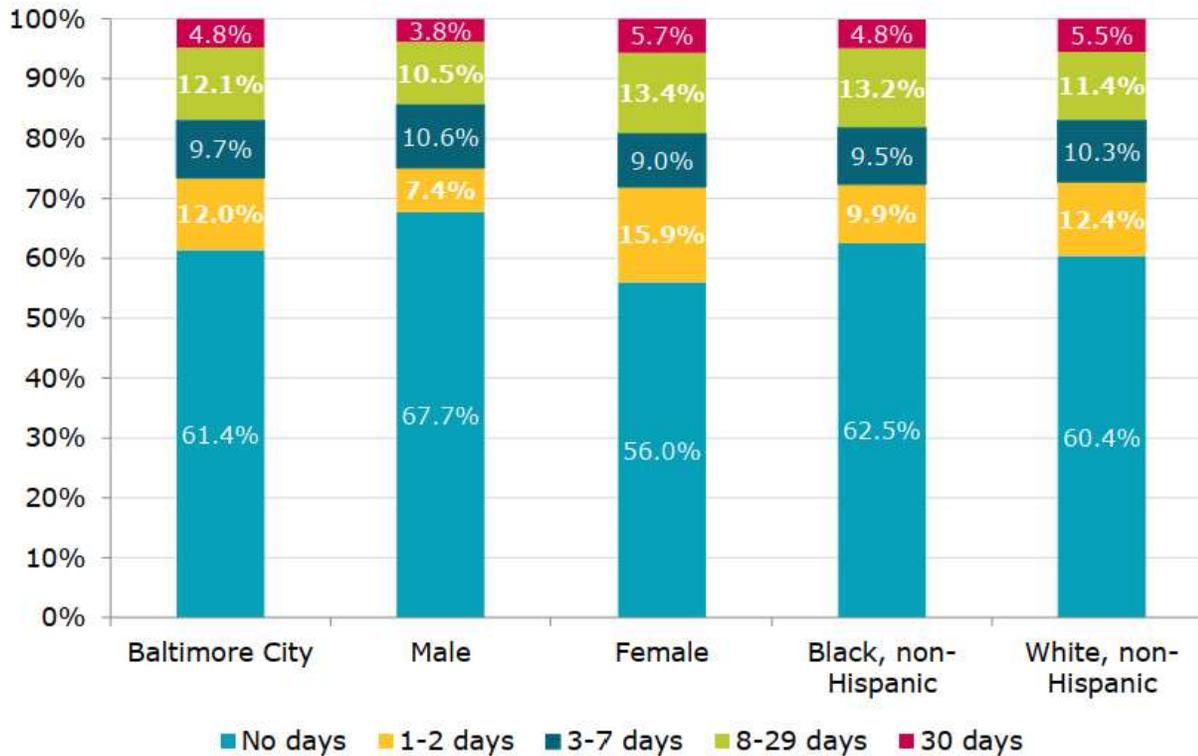


“Source: Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2016; Maryland Department of Health. Baltimore City is no exception. There is a large disparity in overdose death rates between Baltimore City and the state of Maryland, and the gap appears to be widening over time 37. In 2016, 694 people died of drug and alcohol overdoses in Baltimore City, a 56.6% increase from 2015. Of those who died of overdose in 2016, 454 people died as a result of heroin intoxication 37,38. This is more than the number of people who died of homicide in Baltimore City in the same year 37. Estimates by the Baltimore Mayor’s Heroin Treatment & Prevention Task Force calculated that 18,916 people were using heroin in Baltimore City in 2013 39. The Baltimore City 2013 Homeless Point in Time count documents drug use among 2,638 people experiencing homelessness with 36% of these individuals identified as having a history of chronic misuse and addiction. Additionally, between 47 and 56% of treatment admissions to publicly funded treatment programs are for heroin use.”

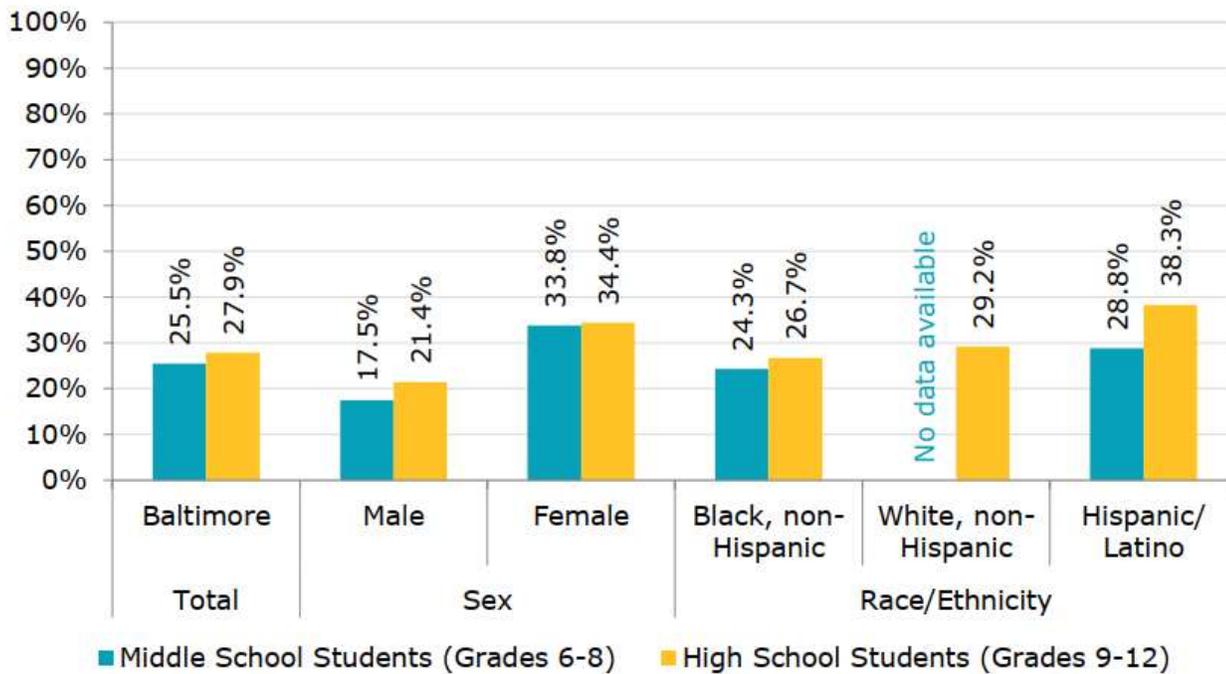
Mental Health

In 2014 in Baltimore City, 39% of residents experienced one or more days in the last month when their mental health was not good. There was a notable disparity by sex: females were more likely to experience these days compared to males (44% vs 32%, respectively). Between 2007 and 2013, there was a slight increase in the percent of high school students feeling sad or hopeless on a near daily basis for two more consecutive weeks (27.7% in 2007 and 29.4% in 2013). Female students were more likely to report feeling sad or hopeless than male students, as were Latino students compared to non-Hispanic black or white students. Among Latino students, there was a disparity: 38% of Latino high school students reported feeling sad or hopeless compared to 29% among Latino middle school students.

Percentage of Residents Reporting Days in the Past 30 Days in Which Mental Health Status Was Not Good by Sex and by Race/Ethnicity, Baltimore City, 2014



Percentage of Students who Felt Sad or Hopeless by Sex, Race/Ethnicity, and School Level, Baltimore City, 2014



SERVICE AREA NEEDS

Based on the demographic information, the service needs for our population include:

- Trauma treatment
- Substance abuse treatment
- Medication management
- Psychological therapy
- Psychological Assessment
- Case management
- Lack of access to treatment services
- Lack of resources

EXPECTATIONS OF PERSONS SERVED

- To provide One Heartt, Inc., to the best of your knowledge, with accurate and complete information about present complaints, past behavioral and primary hospitalizations, medications, and other matters relating to your health.
- To report unexpected changes in your condition to One Heartt, Inc. immediately.
- To let us know if you understand a contemplated course of action and what is expected of you.
- To follow the treatment plan recommended by our behavioral health care treatment team.
- To keep appointments and, when you are unable to do so for any reason, notify One Heartt, Inc. withing 24 hours of your scheduled appointment.
- To understand that you are responsible for your actions if you refuse treatment or do not follow the treatment instructions.
- To understand that you are responsible for assuring that the financial obligations of your care are fulfilled as promptly as possible.
- To understand that you are responsible for following One Heartt, Inc.'s facility guidelines and regulations affecting patient care and conduct.
- To understand and abide by your attendance expectations for your program.
- A schedule will be included in your program orientation session. Attendance expectations are specific to each program

EXPECTATIONS OF OTHER STAKEHOLDERS

Stakeholder- Patients, physicians, employers, insurance companies, pharmaceutical firms and government. Insurance companies sell health coverage plans directly to patients or indirectly through employer or governmental intermediaries.

- Providing organizational recommendations
- Compliance with all applicable laws and regulations
- Enhancing effective service delivery

TECHNOLOGY

One Heartt, Inc. uses technology to provide effective service delivery. Our current technological capabilities include:

- The availability of telemedicine/ teletherapy
- Electronic Medical Records
- Therapists with personal computers for efficient documentation
- Computerized assessment for some psychological testing

- Electronic patient portal
- Electronic claims submission
- Electronic patient scheduling for consultations
- Electronic documentation submission
- Analytics of patients served

COMPETITIVE ENVIRONMENT

Baltimore City is a healthcare-oriented city with which provides a competitive environment. At this time there is increasing competition.

FINANCIAL OPPORTUNITIES

One Heartt, Inc. plans to secure grant funding through local County, City, and State funding sources as well as some private grants. Leadership continues to explore new grant funding opportunities and apply for those that are appropriate. We also will be receiving revenue from Medicaid billable outpatient treatment, and private insurance plans. Leadership and billing professionals attend trainings and stay current with industry best practices, and are ensuring all potential revenue is captured from services provided. One Heartt, Inc. will apply for credentialing with Carefirst, BCBS, Tricare, Cigna, and JHHC.

FINANCIAL THREATS

One Heartt, Inc. plans to generate some of its revenue through billing Medicaid within a fee for service model, utilize increased and centralized billing efforts, including contracting with commercial insurance companies. Leadership maintains vigilant monitoring of political landscape in both Federal and State levels, with consideration of how legislative decisions will impact both health care coverage for persons served and overall agency funding. Environmental factors such as economic distress, increased unemployment and transportation difficulties contribute to limited access to services, thus directly impacting utilization and collection rates. There is a significant workforce shortage of licensed clinicians, psychiatric nurse practitioners and psychiatrists that impacts the ability to provide services.

REGULATORY ENVIRONMENT

The Department of Health (MDH) has proposed regulations for continued merger of the mental health and substance abuse administrations and direct service practices. As of April 2018, all organizations that provide community based behavioral health services need to be accredited by a national accreditation organization to be licensed by the state. This will place them under new COMAR regulations, 10.63. The proposed plan is that mental health and substance use disorder services for Medicaid enrollees and the uninsured are to be reimbursed through an Administrative Service Organization (ASO). The ASO (currently Optum) will be accountable for new performance-based incentives. Local jurisdictions will continue to receive and administer the grants from the Behavioral Health Administration (BHA), but at a decreased amount due to ambulatory services being removed from the grants. Federal regulations currently limit patient caseloads to a maximum of 100 for physicians or psychiatrists prescribing Buprenorphine, 30 for Nurse Practitioners. This limit can now be increased with board certification as an addictions specialist. The increased caseload limit will help to increase access to care as many individuals are in need of services and are being denied service given current caseload maximum requirements. There is a need for parity laws to be fully implemented between substance use disorders and mental health, and between behavioral health and somatic health.

LEGISLATIVE ENVIRONMENT

Public grants are slowly being removed from the local level and awarded to an Administrative Service

Organization (ASO). This shift in administrative service support is viewed as a positive move for persons served as it would allow greater choice in service selection.

Maryland is working on initiatives to reduce opiate overdose rates through the Prescription Drug Monitoring Program (PDMP), training and certification to administer Naloxone, education in the school system, establishment of Overdose Fatality Review Teams, physician training in best opioid prescribing practices, and general community education.

Maryland recently passed the HOPE act, an omnibus bill which requires specified increases in funding for community behavioral health services (providers increase by 3.5% in each of the next two fiscal years, and by 3% the following year), and requires the Behavioral Health Administration and Medicaid, in consultation with stakeholders, conduct a rate-setting study for community behavioral health services and implement a payment system based on the findings. Other aspects of the HOPE act that impact One Heartt, Inc. include expansion and promotion of the statewide 24/7 crisis hotline, repeal of a requirement that an individual be trained in overdose identification before receiving the overdose-reversal medication naloxone from a pharmacist, a requirement that hospitals have protocols for discharging patients treated for a drug overdose or identified as having a substance use disorder, and the required development of a plan for increasing substance use disorder treatment in jails and prisons.

The Maryland Addictions Directors Council (MADC), the Maryland Association of Behavioral Health Authorities (MABHA) and the Maryland Behavioral Health Coalition advocate for legislation which serves the needs of our persons served and the population in general.

CURRENT FINANCIAL POSITION

One Heartt, Inc. currently receives the majority of the budget from private donations. As of the beginning of Fiscal Year 2020, One Heartt, Inc. has approximately \$20,000 in this reserve fund.

PROJECTED FINANCIAL POSITION

One Heartt, Inc. continues to enhance its business practices and plans to expand services in order to capitalize on current and upcoming grants and legislative actions as well as current community needs. These services will make One Heartt, Inc. more able to respond to the growing opioid epidemic and better position One Heartt, Inc. to receive monies from state and federal sources. One Heartt, Inc. plans to secure annual State and County grants, works to acquire multi-year federal and private grants and has implemented a fee for service model through reimbursements.

ALLOCATING RESOURCES TO SUPPORT FUTURE PLANS

One Heartt, Inc. will work to secure remaining State and County grants, implement a fee for service model of care and financial business model to retain insurance collections from year to year to support expenses. One Heartt, Inc is currently hiring only licensed clinicians to better meet the requirements of third-party payers. Administrative and leadership staff are being hired that have private industry experience. Training is being provided to allow for further integration of staff and resources, to avoid duplication of services or unnecessary services.

III. STRENGTHS & WEAKNESS ANALYSIS (SWOT)

WHAT ARE THE STRENGTHS OF THE ORGANIZATION

Top five strengths:

- Availability of a comprehensive service array
- Commitment to a psychological treatment environment
- Experienced, resourceful and dedicated workforce
- Fiscally responsible with a focus on maximization of resources
- Strong consumer advocacy
- Implementation of evidence-based treatments
- Ability to offer staff accredited CEU trainings

Other identified strengths:

- Collaboration with mental health providers
- Accessible and welcoming tobacco free facilities
- Availability of Evidenced Based Practices
- Availability of Peer Support Specialists to aid consumers in recovery
- Collaboration and shared resources with affiliate and community partners
- Commitment to building positive community relations through education, collaboration and integration
- Commitment to ongoing performance improvement related to business and/or service providers
- Commitment to staff education and development
- Commitment to trauma informed services and environments
- Comprehensive Recipient Rights systems
- Consumer education through peer delivered services
- Consumer involvement throughout agency operations
- Consumer oriented
- Continued emphasis on staff recognition and consistent treatment
- Continued focus on workforce development and the commitment to building a work environment that is competent, innovative, valued and dedicated
- Information and data resources are supported by current technology
- Intra-agency communications
- Meaningful employment/volunteer opportunities for consumers
- On site availability of Benefits Liaison to assist with entitlements and advocacy
- Strong commitment to compliance, quality services and outcomes
- Strong support received from local churches and civic groups

WHAT ARE THE ORGANIZATIONAL WEAKNESSES

Top five weaknesses:

- Difficulty in recruitment of qualified staff, especially individuals with specialty degrees, certifications, and evidence-based practice experience
- Insufficient community resources available for individuals served; local employment, transportation, housing, emergency shelter, etc. – issues of poverty
- Limited funding to support the enhancement and/or expansion of the service delivery system.
- Lack of investment of the One Heartt, Inc. Medical Director in One Heartt, Inc. operational goals, planning and development, vision, culture, organizational growth

and leadership

Other identified weaknesses:

- Limited access to health care resources
- Lack of an adequate external provider network for the delivery of Autism services
- Limited alternatives to inpatient hospitalizations, such as crisis residential services
- Limited availability of onsite psychiatric services
- Limited options for peer delivered services (i.e., Drop in Center, PSR)
- Limited public relations activities including SUD prevention
- Limited unrestricted fund balance
- Potential lack of capacity due to waiver expansions and increased service volumes

OPPORTUNITIES FOR THE ORGANIZATION

Top five opportunities:

- Expanded use of technology including use of data to inform decision making
- Enhance service delivery system and provider network to meet defined consumer needs
- Increase partnerships within the community
- Review training requirements with a focus on recovery, trauma informed care and substance use
- Public education and awareness related to behavioral healthcare and community needs

Other identified opportunities:

- Collaboration with primary care physicians
- Collaboration with SUD providers
- Community integration opportunities
- Enhance system for core competency development
- Enhanced rights data and analysis of risk markers
- Efficiencies and improved outcomes through continued implementation of the electronic medical record
- Expand cultural competencies
- Expanded peer delivered service options
- Expanded staff education/orientation program/leadership development
- Expanded use of the electronic health record
- Expanded utilization of technology for information sharing (i.e., website, social media.
- Expanded utilization management system
- Expansion of Open Access
- Expansion of the service delivery system to include the option of mobile crisis
- Explore opportunities for consumer and community input into agency operations
- Further development of a trauma competent system of care
- Further promotion of a recovery environment
- Integrated health care opportunities for consumers including Behavioral Health Consultant located in primary care offices
- Integration of required SUD services into One Heartt, Inc. operations

- Partner with community organizations for community education and training
- Partnership with the criminal justice system and development of a mental health court in Baltimore City and County

THREATS FACING OUR ORGANIZATION IN COMING YEARS

Top Five Threats:

- Increasing demand for services and new initiatives within limited resources
- Possible funding changes and impact of unfunded mandates on service delivery system
- Public and consumer perception of mental health
- Workforce challenges including staff experiencing compassion fatigue and burnout for numerous reasons including severity/complexity of individuals served, position consolidation, Medicaid and other insurance requirements, staff vacancies, increased workloads

Other Threats:

- Ability to sustain defined benefit retirement plan
- Changes associated with the federal Medicaid program/Dual Eligible, uncertainty regarding Medicaid waiver renewal
- External requirements for additional education and training
- Impact of the minimum wage increase
- Impact of state economy on mental health
- Inability to recruit qualified onsite Psychiatrist
- Increased risk exposure due to the increasing administrative burden on the clinical system
- Lack of service providers in area
- Limited availability of public transportation
- Limited number of primary care providers within Baltimore City
- Pervasiveness of need in some areas, such as autism services
- Potential for inaccurate reporting, inaccurate data related to electronic health record implementation
- Refusal of inpatient psychiatric hospitals to accept admissions
- Risks involved with use of technology related to security, privacy, etc.
- Shrinking of labor force
- Uncertainty regarding Baltimore's economy and the state and federal government and potential reductions in funding

IV. STRATEGIC BUILDING BLOCKS – OUR CORE STRATEGIES

How will we get there? We will:

1. **Promotion:** Continue to promote awareness to all residents of Baltimore City and County of One Healing, Educating and Renewing Through Therapy, Inc. OMHC, its mission, services it offers, access to those services and the benefits those services can provide.

2. **Advocacy:** Reaffirm our position as the primary advocate for effective person- centered behavioral health care services within Baltimore City.
3. **Services:** Provide leadership in the development of effective person-centered behavioral health care services within financial, regulatory, and contractual constraints when no acceptable alternatives are available.
4. **Collaboration:** Reaffirm our commitment to promoting and actively encouraging mutual cooperation among human services agencies.
5. **Resources:** Seek and utilize all available resources while maintaining financial and operational integrity.
6. **Compliance:** Maintain a health care compliance system that will serve as a guideline for its good faith efforts toward compliance with state and federal regulations that apply to its services.
7. **Education and Training:** Develop, implement, and maintain programs that will address consumer, family, community and staff education and training needs.
8. **Consumer Involvement:** Provide opportunities for input and/or direct involvement of consumers, their families, and other stakeholders in the design, monitoring, and evaluation of Agency services. We will also provide opportunities to maximize growth and independence in all areas of individual consumer's lives including education and vocational opportunities and activities of daily living within the community.
9. **Evaluation:** Regular evaluation of applicable changes in public funding from legislation.

MARKET ANALYSIS

OMHC #1: A Better Tomorrow Starts Today, OMHC (BTST)

<https://www.btstservices.com/omhc-1>

A Better Tomorrow Starts Today, OMHC (BTST) is currently open for telehealth services for individual, group, and family therapy, medication management, and PRP services. Some of their on-site services include psychological evaluations. BTST also provides off-site services where clinicians come to homes, schools, and the community to bring therapy to their clients. BTST advertises their therapists to have varying licensures ranging from LCSW-C, LCPC, LGSW, LGPC, and MD. A unique feature that BTST offers is the ability to provide transportation services for individuals who don't have access. They have BTST shuttles and vans that are of no cost to the client. They are actively engaging in social media, blogs, and updating their website regularly. BTST has offices located in Baltimore, Prince Georges, and Frederick. Each facility has easy access to and from major highways and bus routes, making their location optimal for ease of access. BTST also has a non-profit organization called BTST Cares which was developed to further assist clients and impact the communities outside of traditional mental health services. Additionally, BTST Cares provides the school system and food bank information on free food distribution in Baltimore City and Prince George's, Frederick, and Washington counties. BTST is also hiring therapists and PRP counselors to work at their OMHC. They are CARF accredited as well. Their website does not state which insurance providers, if any, are accepted.

OMHC #2: Parker Psychiatric Services (PPS)

<https://www.parkerpsychiatric.com/omhc>

The OMHC at Parker Psychiatric Services offers community-based care for diverse mental health needs in English and Spanish, offering services for children, adolescents, and adults in the community. All services are provided by a Board-Certified Psychiatrist and Licensed mental health professionals. Some services PPS offers includes individual, group, and family therapies, as well as medication management services. PPS advertises services for life challenges, relationship issues, behavioral issues with children or teens, depression, anxiety, trauma, and persistent mental illness. They do offer in home therapy appointments as well. PPS only accepts Maryland Medical Assistance and a sliding-scale fee for those with no insurance or wish to pay out of pocket. They area in which PPS is located Baltimore City right off the major highway, which makes it easily accessible. Additionally, PPS does offer transportation to and from appointments within the Baltimore Metro area. They are currently looking to employ a Medical Director and Psychiatrist for their OMHC. Their staff currently consists of primarily Black women.

OMHC #3: Reclaiming Our Children and Community Project (ROCACP)

<https://www.rocacp.org/services/omhc/>

Reclaiming Our Children and Community Project (ROCACP) is located in northern Baltimore, Maryland that offers a full-service clinic that provides home-based, school-based, and onsite individual, family, and group therapy for youths (ages 5-17) and adults (ages 18-55). Consumers must have Medicaid or be engaging in the process of applying for Medicaid assistance. They also offer fee for service options as well. ROCACP's licensed professionals offer a wide range of treatment modalities and techniques, specifically mentioning Art Therapy, Creative Art Therapy, and Dance Therapy. ROCACP's OMHC offers psychiatric assessment, medication management, psycho-educational programs, specialized treatment planning, advocacy, school-based support services, and referrals (if applicable). They advertise themselves stating that they understand diverse backgrounds, cultures, environmental stressors and overall needs of their consumers. ROCACP is a non for profit 501(c)(3) organization. They are partnered with Baltimore City Public School System, Department of Social Service, Department of Juvenile Services, District Court, and various private/group therapy practices.

One Heartt, Inc. OMHC

www.oneheartt.org/omhc

While each OMHC is a little different from the next, One Heartt's OMHC's mission is to collaboratively partner with the community to provide access to person-centered treatment and bring compassionate, quality mental health care to those in need. Together, Dr. Lankster, PsyD, and her staff, consisting of a clinical social worker, psychiatric nurse practitioner, and case manager, offer mental health services to the greater Baltimore area. The services offered are comparable to their competitors, offering medication management, psychiatric rehabilitations services for children and adults, psychological assessment, psychotherapy, group therapy, teletherapy, professional consultation, and supervision options for developing clinicians. However, having employment and internship opportunities with the opportunity for supervision sets One Heartt's OMHC apart from others in the area. The OMHC is currently located in Downtown Baltimore, MD, which is easily accessible from the major highways, bus routes, and other public transportation. Additionally, One Heartt's OMHC is CARF accredited. They are contracted with Medicaid. Another component to this OMHC is the school that will be associated with it. The school is estimated to be completed by 2024. This school will specialize in education for special populations.

Differentials:

-No transportation

- Telehealth options currently available
- Active social media presence
- All MH dx welcome

Goal #1: One Healing, Educating and Renewing Through Therapy, Inc. OMHC will implement a comprehensive range of strategies to reduce the stigma associated with the public mental health system, improve positive community relations, and support for its mission and vision.

Promotion: One Heartt, Inc. shall attempt to make all residents of Baltimore City aware of its mission, the services it offers, how and where the services can be accessed and the benefits of those services.

Advocacy: One Heartt, Inc. will advocate for effective, person-centered, behavioral healthcare that promotes the well-being of those in the community we serve. Collaboration: One Heartt, Inc. shall be a leader for Baltimore City in promoting and actively encouraging mutual cooperation among human services agencies.

Education & Training: One Heartt, Inc. shall develop, implement, and maintain programs that will address education and training needs of consumers, family, community, and staff.

#	Initiative	Goals	Objectives / Challenges (Priorities)	Responsibility	Dates	Progress / Status
1.A.	Residents of Baltimore City will have an increased awareness and understanding of One Heartt, Inc. services and the significance of those services to overall community wellness.	❖ Increase public understanding of behavioral health conditions and how to access treatment and supports available through One Heartt, Inc.	1. Provide ongoing opportunities for community education related to behavioral health conditions, available treatment options and how to access services and supports. Participate in or sponsor community events to further promote mental health awareness and recovery (e.g. MICA Mental Health Summit, Senior Fair, Peer Day, Human Services Expo, etc.).	Leadership	12/21/2020	Ongoing
		❖ An informed community that understands the importance of MH services on overall community wellness	2. Collaborate & serve as an active participant with other human service organizations on community boards, committees and workgroups in efforts to strengthen & support community wellness and to provide education as it relates to behavioral health care and available services.	Leadership	6/17/2020	Ongoing
			3. Continually review marketing strategies and tools and look for ways to incorporate additional information (including stakeholder feedback) regarding the importance of mental health and recovery into education and training and into information that is disseminated to the community (e.g. newspaper ads, billboards, annual report, technology and digital media, radio ads, etc.).	Holder/ Leadership	N/A	Ongoing

1. B.	An accepting and understanding community	<ul style="list-style-type: none"> ❖ Reduction of stigma against persons with mental illness, developmental disabilities and substance use disorders ❖ Achieve a knowledgeable community prepared to support others on their journey toward recovery ❖ Increased focus on prevention activities 	1. Provide ongoing information and education about mental health, developmental disabilities and substance use disorders to community members, businesses and/or schools through various means.	Holder	N/A	Ongoing
			2. Involve peers and community stakeholders in the development of educational/informational materials to raise awareness within the community.	Holder	12/1/2020	Ongoing
			3. Partner with agencies and local schools in the development and implementation of prevention activities for both mental health and substance use disorders.	Leadership	N/A	Ongoing
			4. Utilize stakeholder's feedback to assess the community's readiness to partner with One Heartt, Inc. to address stigma and behavioral health issues within the community.	Leadership	N/A	Ongoing
			5. Broaden peer involvement in community activities through internet, social, and digital media; events and opportunities for community inclusion.	Leadership	6/10/2020	Ongoing

Challenges:

- Lack of community participation in One Heartt, Inc. sponsored events/trainings
- Negative press regarding individuals with mental illness at the local, state and national level
- Misperceptions about individuals with mental illness, and developmental disabilities
- Limited feedback from participants at community events/trainings
- Limited availability of staff/limited staff resources
- Staff turnover
- Lack of available transportation for consumers/community members to trainings
- Limits on available funding for certain activities (Health Fair)

Goal # 2: One Healing, Educating and Renewing Through Therapy, Inc. OMHC will ensure a comprehensive service delivery system that is integrated and responsive to the needs of the residents of Baltimore City to enhance health, wellness, and recovery.

Services: One Heartt, Inc. shall provide leadership in the development of effective, person-centered, behavioral health care services, and will provide those services within financial, regulatory, and contractual constraints when no acceptable alternatives are available.

Consumer Empowerment: One Heartt, Inc. shall provide opportunities for input and/or direct involvement of consumers, their families, and other stakeholders in the design, monitoring, and evaluation of Agency services.

One Heartt, Inc. shall also provide opportunities to maximize growth and independence in all areas of individual consumer's lives, including educational and vocational opportunities and activities of daily living within the community.

#	Initiative	Goals	Objectives / Challenges (Priorities)	Responsibility	Progress / Status
2A.	Maintain a system that is responsive and adaptive to the changing behavioral health care needs of the community.	<ul style="list-style-type: none"> ❖ Provide an array of evidence-informed services (i.e., evidence-based practices) that are individualized to address the specific need and desires of consumers and families. ❖ Continually assess the effectiveness of services and supports provided, and expand and integrate performance improvement processes within program operations. ❖ Promote consumer and family involvement in the design, development, and evaluation of services and supports. ❖ Solicit and utilize stakeholder feedback to enhance services and respond to the changing needs of the community. 	<ol style="list-style-type: none"> 1. Review data and consider results of consumer/community surveys, needs assessments, feedback and reports as it relates to future service planning. 2. Continue implementation of current evidence based practices, ensuring sufficient staff resources and training. 3. Remain current regarding new requirements, benefits, waivers, treatment strategies, etc. 4. Utilize outcomes, utilization review findings to assist with development and/or modifications to the service delivery system. 	<p>Leadership</p> <p>Clinical Mgt.</p> <p>Sr.</p> <p>Leadership</p> <p>Clinical Mgt</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

2.B.	Improved health (physical & behavioral) of individuals served	<ul style="list-style-type: none"> ❖ Improve the health status of those served by recognizing the relationship between medical co-morbidities and behavioral health conditions through early detection, education, and engagement. ❖ Improved health status of consumers and reduced co-morbidities. 	<ol style="list-style-type: none"> 1. Staff and consumer education as it relates to the coordination of behavioral and physical health care. 2. Track and monitor health indicators. 3. Expand opportunities for integrated primary health/mental health services within Baltimore City. 4. Continue to train and utilize a Peer Health Coach to assist individuals in identifying and achieving healthy life style and wellness related goals. 5. Establish clear criteria and practices that demonstrate improved primary care coordination. 	<p>Clinical Mgt</p> <p>Clinical Mgt</p> <p>Clinical Mgt/CFO</p> <p>Clinical Mgt/</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
2.C.	Maintain an integrated system of care with community partners	<ul style="list-style-type: none"> ❖ Integrated and coordinated delivery system 	<ol style="list-style-type: none"> 1. Develop and/or strengthen relationship(s) with community partners to achieve optimal outcomes, focusing on prevention, education, coordination, and improved community wellness. 2. Work cooperatively with school systems to maximize opportunities for collaboration and coordination of services/supports for individuals served. 3. Work collaboratively with the judicial system on the development and implementation of a mental health court within Baltimore City 	<p>Leadership</p> <p>Clinical</p> <p>Mgt</p> <p>Clinical Mgt</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

2.D.	Continued development of a recovery oriented, trauma competent system of care	<input type="checkbox"/> Recovery oriented system <input type="checkbox"/> Trauma informed system of care	<ol style="list-style-type: none"> 1. Ensure the availability of trauma competent screening and assessment services that are responsive to the needs of individuals served. 2. Continue the assessment tool for individuals with intellectual and developmental disabilities to measure support needs including type and intensity of supports. 3. Maintain a local trauma workgroup focused on continually assessing and strengthening the agency's efforts as it relates to trauma informed services. 4. Inform service provision and ensure a recovery-oriented environment. 	Clinical Mgt	Ongoing
				Clinical Mgt	Ongoing
				Trauma workgroup	Ongoing
				Clinical Mgt	Ongoing

2.E.	Continued development of service capacity	<ul style="list-style-type: none"> ❖ Services to Veterans ❖ Prevention activities ❖ Services for individuals with Autism Spectrum Disorder ❖ Substance Use Disorder Services ❖ Crisis response 	<ol style="list-style-type: none"> 1. Ensure the appropriate resource availability to provide competent services that are responsive to the needs of local veterans. 2. Expansion of prevention activities, including prevention activities related to SUD services. 3. Expansion of an adequate external provider network for the delivery of Autism services. 4. Expand capacity to competently provide SUD access, screening, and referral. 5. Develop mobile crisis response services for children to 	<p>Clinical</p> <p>Mgt</p> <p>Clinical</p> <p>Mgt</p> <p>Clinical</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
			<p>Challenges:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participation of community members and other organizations <input type="checkbox"/> Staffing resources (i.e., time) <input type="checkbox"/> Availability of training <input type="checkbox"/> Accessibility of other information and reports <input type="checkbox"/> Lack of primary care providers in the geographic area <input type="checkbox"/> Restrictions due to the HMOs benefit packages <input type="checkbox"/> Limited involvement/availability of psychiatrists <input type="checkbox"/> Difficulty in recruitment of qualified staff 		

Goal # 3: Maintain, protect and strengthen ONE HEARTT, INC. assets including human, financial and real property

Resources: One Heartt, Inc. shall seek and utilize all available resources while maintaining financial and operational integrity.

Compliance: One Heartt, Inc. shall create, maintain, continually update, and monitor a Corporate Compliance Program that will serve as a guideline for its good faith efforts toward compliance with Federal regulations that apply to its services.

#	Long-Range Initiative	Goals	Objectives / /Challenges (Priorities)	Responsibility	Progress / Status
3.A. Human Resources	One Heartt, Inc. will ensure sufficient resources to carry out the mission and vision	<ul style="list-style-type: none"> ❖ Recruit and retain necessary personnel to ensure the quality and effectiveness of services and programs ❖ Provide a positive and flexible work environment that fosters self-development and learning ❖ Develop strategies to maintain competitive benefits 	1. Conduct periodic review of program and service needs as well as available resources to ensure sufficient personnel for the delivery of services.	Sr. Leadership	Ongoing
			2. Provide and maintain competitive compensation using annual compensation analysis available locally, regionally and state wide.		Ongoing
			3. Maintain and update the staff retention and recruitment plan as appropriate.	Leadership	Annually
			4. Monitor that the necessary resources and equipment are provided to staff so that they can meet the expectations of the position.	Sr. Leadership	Ongoing
			5. Explore opportunities for an increased flexible work environment that fosters self-development and learning.		Ongoing

3.B. Finance	Manage/minimize catastrophic risk factors impacting service provision to the Medicaid population	<ul style="list-style-type: none"> ❖ Retain local control over services and funds to ensure funds are available for the provision of medically necessary services ❖ Ensure sufficient funds to offer relevant medically necessary mental health services and programs to eligible Baltimore City residents 	<ol style="list-style-type: none"> 1. Retain county-based service planning and delivery. 2. Analyze trends in local Medicaid enrollment and use of MH services. 3. Review and monitor progress in the Risk Management Plan. 4. Monitor general fund revenues and expenses on a regular basis. 	<p>Leadership</p> <p>CFO</p> <p>Leadership</p> <p>Sr. Leadership</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
3.C. Finance	Maintain a financially healthy organization	<ul style="list-style-type: none"> ❖ Sufficient funds will be available to maintain and strengthen One Heartt, Inc. operations. 	<ol style="list-style-type: none"> 1. Identify areas of significant or potential financial risk and monitor these on a regular basis. 2. Continue to monitor fund balance reserves and finance capital projects to limit use of reserves. 3. Utilize the information within the electronic health record and financial management system to maximize the agency's funds. 	<p>Sr.</p> <p>Leadership</p> <p>CFO</p> <p>Sr. Leadership</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

3.D. Compliance	Provide quality services within the guidelines established by regulatory and accrediting organizations.	<ul style="list-style-type: none"> ❖ Achieve and maintain full compliance to standards/ requirements from all governing, regulatory and legal entities (including MDHHS, MSHN and CARF) ❖ Ensure effective and secure use of the Electronic Health Record (EHR) 	<ol style="list-style-type: none"> 1. Achieve goals as defined by CARF, MBMHH and other regulatory entities. 2. Achieve effective administration of the annual Compliance Plan. 3. Ensure required and valid data elements are gathered via the EHR for reporting purposes. 4. Ensure effective and secure use of the EHR. 5. Complete the provider network monitoring to ensure compliance with contract and regulatory standards. 	<p>Clinical Mgt.</p> <p>Clinical Mgt.</p> <p>CFO</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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			<p>Challenges:</p> <ul style="list-style-type: none">• Limited general fund revenue• Time involved with new employees learning their role/responsibilities• Continued implementation of new technology (EHR)• Competing with others for qualified staff• Lack of sufficient staffing resources• Ability to acquire the required reports		
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Input from Persons Served and Other Stakeholders

One Heartt, Inc. plans to collect input from stakeholders via patient advisory council, written survey, informal patient communication, and face-to-face communication. The analyzed findings of this input will be utilized in:

- Organizational planning
- Program planning
- Service improvement
- Resourcing planning
- Workforce planning
- Financial planning
- Advocacy
- Performance improvement
- Other areas of improvement as needed.

Response to Subpoenas, Search Warrants, Investigations and other Legal Actions

Purpose:

One Healing Educating and Renewing Through Therapy, Inc. OMHC (One Heartt, Inc. OMHC) will comply with legal authorities upon the presentation of a subpoena, court order and search warrants. One Heartt, Inc. shall release records and information when so required by law and will cooperate with lawful searches, but will protect confidential information such as client information and legally privileged information, to the extent authorized by law. One Heartt, Inc. staff, volunteers, program/student placements shall not attempt to obstruct an investigation or destroy, alter or conceal documents or other evidence sought in an investigation.

Policy:

This policy provides direction to One Heartt, Inc. staff, volunteers, student/program placements on how to respond to subpoenas, court orders and search warrants issued to One Heartt, Inc.

Definitions

Subpoena: For the purpose of this policy, a subpoena is a type of legal document issued by a court of law or judicial officer. An "appearance only" subpoena requires someone to appear in court and testify as a witness. A "records only" subpoena requires the witness to bring specific records, documents and/or materials to court. An "appearance and records" subpoena requires the individual to both testify as a witness and produce the necessary documents requested by the court

Court Order: For the purpose of this policy, a court order is a legal document issued by a court of law or judicial officer. The term court order can be used to describe the legal command made by a judge to order someone, or a party, to do something or to refrain from doing something. For example, a court order may demand those involved in a court case from talking about it with others not involved in the case.

Search Warrant: For the purpose of this policy, search warrant is defined as a judicially enforceable order authorizing the search of specific premises for material described in the search warrant with reasonable particularity.

Procedures:

Subpoenas/Court Orders/Investigations

One Heartt, Inc. staff, volunteers, program/student placements presented with a subpoena/court order will:

- Contact the CEO or designate immediately.
- Escort the law enforcement personnel, provincial or federal agent to a conference room or private office until the CEO or designate arrives.

The CEO or designate will:

- Notify the person named on the subpoena (If the CEO has been subpoenaed then

- the Board Chair will immediately be notified)
- Obtain a copy of the subpoena/court order
 - Seek consultation with legal counsel as needed.
 - Complete an Incident Investigation Form, maintain records of all subpoenas/court orders and the follow-up action taken.

One Heartt, Inc. staff, volunteers, program/student placements who have been subpoenaed will:

- Testify in court and tell the truth

Search Warrants

If One Heartt, Inc. staff, volunteer, student/program placement is approached by law enforcement personnel, provincial or federal agent who wishes to search One Heartt, Inc. premises, review certain documents and/or receive copies of certain documents, the One Heartt, Inc. individual will:

- Contact the CEO or designate immediately.
- Escort the law enforcement personnel, provincial or federal agent to a conference room or private office and request that the agent in charge not proceed until the CEO or designate arrives.

Upon arrival, the CEO or designate will:

- Carefully read warrant
- Ask to see official identification and obtain a business card from the agent in charge of the search
- Ask to see and receive a copy of the search warrant
- Make sure the warrant is signed by a judge or magistrate. If there is a discrepancy, notify the agent in charge.
- Determine the scope of the warrant, the area to be searched and type of evidence to be seized.
- If there is any discrepancy between the scope of the search document and the search actually conducted by the agent, notify the agent in charge.
 - Remind One Heartt, Inc. staff, volunteers, student/program placements that they must not remove, destroy, alter or otherwise conceal anything subject to the search warrant
- Attempt to assist the agent in retrieving those documents that are the subject of the search by identifying the essential One Heartt, Inc. individuals that can assist in retrieving the documents, computer information, etc.
- Notify the agent in charge that the key One Heartt, Inc. individuals are here to ease the search with minimal disruption of business

- Advise One Heartt, Inc. individuals that agents executing the warrant may ask them questions. Advise One Heartt, Inc. individuals it is their choice whether or not they want to speak with an agent, they are not required to do so.
- Monitor the search, do not impede or obstruct.
- Photocopy each item seized. If the agent in charge refuses to permit you to photocopy, record in detail all items seized.
- Agents sometimes number the rooms they enter. Record the numbering scheme.
- Request backup copies of all documents and computer disks, etc. before agents seize computers.
- If agents attempt to seize privileged documents or other documents that you believe are outside the scope of the warrant, notify the agent in charge. Ask that the privileged material be segregated from the other materials and marked as “privileged”.
- The agent in charge will prepare an inventory of the items seized. Ask for a copy of that inventory before the agent leaves, but do not sign anything verifying the content or accuracy.
- Ask One Heartt, Inc. individuals not to discuss the search warrant or any related events with the press or other employees.

Following any execution of a search warrant, the CEO or designate will:

- Notify the Chair of the Board.
- Complete an Incident Investigation Form; maintain records of seized items, and any follow-up action taken.

Policy and Procedures for Confidentiality and Security of Records

One Heartt, Inc. maintains the records of all persons served in a secure Electronic Medical Records (EMR) system. All patient data is handled in compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended under the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and expanded under the HIPAA Omnibus Rule (2013). In addition, we adhere to all applicable state and federal laws.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

For health care operations:

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may use and disclose your information to conduct or arrange for services, including:
 - medical quality review by your health plan;
 - accounting, legal, risk management, and insurance services;
 - audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

We are required to agree to your request if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.

- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information—except in certain circumstances;
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact:

Nakieta Lankster
nlankster@onehearttt.org
 334.341.4011

Our Responsibilities

- **Breach of Health Information**
 We will inform you if there is a breach of your unsecured health information.

We are required by law to:

- Keep your protected health information private;

- Give you this Notice
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our (office/medical records department) to pick one up.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may *contact*:

Nakieta Lankster
nlankster@oneheartt.org
334.341.4011

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Dr. Lankster *at* our practice/health care facility. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.
- Information for billing purposes may be transmitted without explicit consent.

We may use and disclose your protected health information without your authorization as follows:

- **With medical researchers**—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To comply with workers' compensation laws**--if you make a workers' compensation claim.
- **For Public Health and Safety purposes as allowed or required by law:**
 - to prevent or reduce a serious, immediate threat to the health or safety of a person or the public.

- to public health or legal authorities
 - to protect public health and safety
 - to prevent or control disease, injury, or disability
 - to report vital statistics such as births or deaths.
- **To report suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety oversight activities.** For example, we may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Web Site

- We have a Web site that provides information about us. For your benefit, this Notice is on the Web site at this address: www.onehertt.org

Maryland

Section 4-403 of the Health-General Article and regulations at COMAR 10.01.16 govern the retention of patient medical records. These provisions require that medical records be maintained for at least five (5) years from the date the record or report was created.

Records are maintained:

- Obtained information remains in the patient chart upon receipt, indefinitely
- In an office with access restricted to authorized staff;
- On a computer or other device with appropriate security protocols such as passwords or data encryption;
- In a commercial records storage site with appropriate environmental and security controls; or
- Using other storage options that ensure protection, security, and access control.

Electronic Records:

One Heartt, Inc. maintains compatible electronic hardware and software that will enable us to generate a legible copy of the record in order to comply with patient and governmental access needs, and we have a current back-up copy of the electronic files.

Records Retention and Destruction:

We maintain and cannot destroy a medical record, until the patient reaches the age of majority (18 in Maryland) plus three (3) years – in other words, until the patient is 21 years old, or for five (5) years after the record or report is made, whichever date is later.

We must send notice by first-class mail to the patient's last known address, including the date that the patient's record will be destroyed, and instruct the patient that the record, or a summary of the record, may be retrieved at a designated location within 30 days of the proposed date of destruction.

Minors:

We must notify the parent or guardian of a minor patient by first-class mail before destroying a minor's medical record. Notification to the minor patient must be by certified mail, addressee only, if the care documented in the record was provided under circumstances in which an adult was not required to consent to the treatment. For example, if the minor is treated for or advised about drug abuse, alcoholism, venereal disease, pregnancy, or contraception, is treated or examined for alleged rape or sexual assault, or receives medical screening and physical examination in a detention center, then the minor must be notified. If the minor had an abortion and parental notice for the abortion was waived because the minor patient met the criteria outlined in Section 20-103(c) of the Health General-Article, the minor must be notified by certified mail, addressee only.



One Heartt, Inc. OMHC Budget

Approved 1.1.2020

Projected Annual Income

Insurance billing	\$500,000.00
Contracts	\$50,000.00
Private Pay	\$2,000.00
Total annual income	\$552,000.00

Projected Balance (Projected income minus expenses)	#####
Actual Balance (Actual income minus expenses)	\$0.00
Difference (Actual minus projected)	#####

Actual Annual Income

Insurance billing	
Contracts	
Private Pay	
Total annual income	\$0.00

Supplies/Rent	Projected Cost	Actual Cost	Difference
Rent	\$1,600.00	\$1,600.00	
Office Supplies	\$54.00	\$54.00	
Psychological Assessments	\$2,000.00	\$2,000.00	
Signage	\$2,500.00	\$2,500.00	
Printing	\$350.00	\$350.00	
Paper-6 boxes per year @ 29.99 per box	\$179.94	\$179.94	
Postage	\$500.00	\$500.00	
		\$0.00	
	\$0.00	\$0.00	
Other	\$0.00	\$0.00	\$0.00
Subtotal			\$7,183.94

Software	Projected Cost	Actual Cost	Difference
Electronic Medical Records	\$1,980.00	\$1,980.00	
Assessment Software	\$900.00	\$900.00	
Website 39/mo	\$468.00	\$468.00	
Teleconferencing Software 50.99/mo	\$611.88	\$611.88	
Survey Monkey	\$350.00	\$350.00	
		\$0.00	
Other		\$0.00	
Subtotal			\$4,309.88

INSURANCE	Projected Cost	Actual Cost	Difference
Malpractice	\$745.00	\$745.00	
Renter's Insurance	\$190.00	\$190.00	
Liability	\$450.00	\$450.00	
Other		\$0.00	
Subtotal			\$1,385.00

Misc	Projected Cost	Actual Cost	Difference
Continuing Education Accreditation (NASW)	\$375.00	\$375.00	
Office Design Consultation	\$600.00	\$600.00	
Cleaning 180/mo	\$2,160.00	\$2,160.00	
Staff Parking 600/mo	\$7,200.00	\$7,200.00	
Other		\$0.00	
Subtotal			\$10,335.00

Capitol Expenditures	Projected Cost	Actual Cost	Difference
Furniture	\$5,000.00	\$5,000.00	
Office Equipment 2 printers @ 150 each	\$300.00	\$300.00	
Upgrades		\$0.00	
Maintenance		\$0.00	
Other		\$0.00	
Subtotal			\$5,300.00

Staff	Projected Cost	Actual Cost	Difference
Medical Director 20 hrs/wk @ \$150/hr	\$150,000.00	\$150,000.00	
Social worker 20 hrs/wk @ 55/hr	\$55,000.00	\$55,000.00	
Intake Coordinator 35 hrs/wk @ 17.25/hr	\$30,187.50	\$30,187.50	
Clinical Director 40 hrs/wk @ 195/hr	\$39,000.00	\$39,000.00	
Administrative Assistant 20 hrs/wk @ 15/hr	\$15,000.00	\$15,000.00	
Coding/ Biller 15 hrs/wk @ 15/hr	\$11,250.00	\$11,250.00	
Clinical Quality Reviewer 2hrs/mo @ 65/hr	\$1,560.00	\$1,560.00	
Other		\$0.00	
Other		\$0.00	
Subtotal			\$301,997.50

Utilities	Projected Cost	Actual Cost	Difference
Phone	\$900.00	\$900.00	
Internet	\$1,800.00	\$1,800.00	
Insurance	\$694.00	\$694.00	
		\$0.00	
		\$0.00	
Other		\$0.00	
Subtotal			\$3,394.00

TAXES	Projected Cost	Actual Cost	Difference
Federal		\$0.00	
State		\$0.00	
Local		\$0.00	
Other		\$0.00	
Subtotal			\$0.00

Advertising	Projected Cost	Actual Cost	Difference
Psychology Today	\$359.88	\$359.88	
		\$0.00	
Other		\$0.00	
Subtotal			\$359.88

Column1	Projected Cost	Actual Cost	Difference
		\$0.00	
		\$0.00	
		\$0.00	
Subtotal			\$0.00

LEGAL	Projected Cost	Actual Cost	Difference
Attorney Retainer	\$750.00	\$750.00	
		\$0.00	
		\$0.00	
Other		\$0.00	
Subtotal			\$750.00

Column1	Projected Cost	Actual Cost	Difference
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Other			\$0.00
Subtotal			\$0.00

Total Projected Cost	\$335,015.20
Total Actual Cost	\$0.00
Total Difference	\$335,015.20

FINANCIAL MANAGEMENT POLICY AND PROCEDURES

GENERAL PURPOSE

The purpose of the One Heartt, Inc. OMHC's **Financial Management and Internal Controls Policy** is to establish guidelines for control of the administration and implementation of the One Heartt, Inc. OMHC's funds in accordance with One Heartt, Inc. OMHC's goals and objectives; to properly safeguard the assets of One Heartt, Inc. OMHC to make sound financial decisions, and have the ability to provide accurate financial reports.

This Policy governs the financial management system of the One Heartt, Inc. OMHC and complies with the provisions of Title 2, Part 200 of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ("Uniform Grant Guidance").

FINANCIAL RESPONSIBILITIES

This policy and any later changes shall be submitted to One Healing Educating and Renwing Through Therapy's Board of Directors ("Board") for approval. The Board is responsible for ensuring that any policy to be adopted is appropriate for the One Heartt, Inc. OMHC. The Board appoints and delegates financial and budget authority to the Executive Director and the Finance Manager. The Finance Manager oversees the day-to-day financial management activities of the One Heartt, Inc. OMHC's funds, ensuring the accuracy of the accounting records, internal controls are in place and adhered to, financial reports are prepared and communicated to the Executive Director timely.

The Finance Manager, is responsible for the preparation and maintenance of the accounting software's chart of accounts, maintenance of the general ledger, reconciliation of subsidiary system accounts such as cash management, accounts payable, accounts receivable, job costing, payroll, journal entries, and responsibility of preparing required reports for compliance with the Internal Revenue Service (IRS), State and Federal grant reporting requirements.

ACCOUNTING METHODS & STANDARDS

Accounting methods employed by the One Heartt, Inc. OMHC shall, at a minimum, satisfy such requirements as may be prescribed by federal or state laws, regulations or guidelines. Additional accounting methods shall be employed to satisfy applicable government accounting standards promulgated by such competent authoritative sources as the Governmental Accounting Standards Board (GASB) and Financial Accounting Standards Board (FASB), where applicable.

REVENUE RECOGNITION

Revenue shall be recognized in the accounting period in which they are earned and measurable. The One Heartt, Inc. OMHC's major revenue categories are:

- **Insurance billing:** Medicare, Medicaid, and private insurances are billed for services rendered to patients.
- **Unrestricted Donations and Contributions:** Revenues are recognized when received.

- **Other Income:** Revenues are recognized as earned.
- **Gain/Loss on sale of assets:** A gain or loss is recognized when an asset is sold or disposed of.

EXPENSE RECOGNITION

Expenses are generally recognized in the accounting period in which they are incurred, when measurable. Exceptions to this general rule include:

- **Prepaid Expenses:** Expenses are recognized as they are used or consumed.
- **Capital Assets:** Assets are recorded at historical costs and expensed through depreciation over the useful life of the assets.

ACCOUNT RECORDS, IDENTIFICATION, AND SOURCE DOCUMENTS

In the administration of federal, state and local government awards, One Heartt, Inc. OMHC's financial management system must be set up so that it can provide for the following:

One Heartt, Inc. OMHC must maintain adequate accounting records that are supported by source documents which are the basis for the accounting transactions that are entered into the One Heartt, Inc. OMHC's accounting system. Examples include checks, invoices, copies of checks and receipts, timesheets, etc.

One Heartt, Inc. OMHC must maintain records which adequately identify the source and application of funds provided. For example:

- Donations/ Awards:** All awards received and expended by One Heartt, Inc. OMHC must be properly identified and accounted.
- Payments for services rendered:** All payments and expended by One Heartt, Inc. OMHC must be properly identified and accounted for.

One Heartt, Inc. OMHC must maintain source documents that adequately support the grant award, authorizations, obligations, unobligated balances, assets, expenditures, income and interest.

RECORDS AND INFORMATION MANAGEMENT

One Heartt, Inc. OMHC shall apply uniform rules for the One Heartt, Inc. OMHC's records (including financial) and information which meet legal standards and best practices for effective records and information management for existing records and yet to be created records, and shall apply to all employees and contractors who generate information for One Heartt, Inc. OMHC. One Heartt, Inc. OMHC shall ensure:

- Control of all the One Heartt, Inc. OMHC's information, regardless of media form;
- Records are retained in accordance with legal, business and federal, state, and local government program requirements;
- Records are maintained and stored in a manner that is secure and accessible through the retention period;
- Appropriate safeguards are in place against illegal access, removal, loss, or destruction of One Heartt, Inc. OMHC's records and information;
- Disposal of records and information is performed in accordance with an approved records retention schedule.

In addition to One Heartt, Inc. OMHC's general records and information retention policy, One Heartt, Inc. OMHC shall also comply with the NAHASDA program requirements on records management in accordance with 1000.552, wherein:

- Records must be retained for 3 years from the end of the program year during which the expenditures occurred.
- If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the 3-year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular 3-year period, whichever is later.

FINANCIAL REPORTS

One Heartt, Inc. OMHC must be able to produce accurate, current, and complete disclosure of the financial results of each of the financially assisted activities made in accordance with the financial reporting requirements of the grant or subgrant.

One Heartt, Inc. OMHC shall use the financial reports as tools to manage, control, ensure compliance, monitor, and inform One Heartt, Inc. OMHC on its financial activities.

- a. **Management and Council/Board reports:** One Heartt, Inc. OMHC shall prepare and make available to management and the Council/Board on a monthly basis, financial reports to include:
- Statement of Net Position.
 - Statement of Revenues, Expenses, and Changes in Net Position.
 - Statement of Cash Flow.
 - Budget to actual reports detailing significant variances of sources and uses of funds as a management tool.

CASH MANAGEMENT POLICY

The One Heartt, Inc. OMHC recognizes the importance of cash management to insure there are sufficient funds to pay for the expenses of operating the One Heartt, Inc. OMHC. The Finance Director shall be responsible for monitoring the daily cash flow and balances of all cash funds, including investments.

On a monthly basis, the Finance Director shall provide a report that shows the cash position from all sources that are accounted for in the cash accounts and investment accounts, along with bank and investment statements. One Heartt, Inc. OMHC's cash and investment funds may be from a variety of sources such as non-restricted funds, unused donations, and program income.

The Finance Director shall be responsible for providing monthly reports to the Executive Director, to include:

- Book cash and investment position reports;
- Cash flow projections for the following month;
- Investments statements from the depository or the broker that show the activities of the accounts, such as amounts deposited and withdrawn, investment revenues, fees, and gains or losses on investment.

If at any time, the Finance Director finds One Heartt, Inc. OMHC in a potential cash deficiency situation, the Board and the Executive Director must be notified immediately.

BUDGET ADMINISTRATION

- a. **Budget Responsibility and Adoption:**

One Heartt, Inc. OMHC's annual budget represents a financial plan for management to carry out the objectives of One Heartt, Inc. OMHC. One Heartt, Inc. OMHC's Executive Director, Finance Manager and managers are responsible for preparing the annual budget, and are responsible for presenting the annual budget to the Board for final approval.

Total projected revenues or sources and uses of funds are identified and included in the annual budget, allowing for inclusion of all funding sources and all funding outlays during the budget period. In addition to grant revenue, other sources of funds, and such as payments are included in the annual budget to accurately portray total resources used to fund operating and capital plans in the fiscal year.

b. Budget Preparation Timing:

The budget process should begin early in the fiscal year to allow the Executive Director, the Finance Director, and the department managers to engage in the process and present the budget to the Council/Board for approval.

Once the budget has been approved, the Finance Director shall input the approved budget in the accounting system for the new fiscal year.

c. Budget Management and Report:

Program managers shall be responsible for managing transactions that are charged against their department budgets, and are accountable for ensuring their department revenues and expenses posted against their department budget are accurate, and are responsible for providing justifications on budget variables.

The budget for specific grant awards provides a spending plan against which fiscal and program performance can be measured. Therefore, One Heartt, Inc. OMHC's accounting system must be set up in a manner that allows One Heartt, Inc. OMHC to produce financial reports that compare expenditures with budget amounts in compliance with the Federal award agreement.

PURCHASE OF GOODS AND SERVICES

One Heartt, Inc. OMHC's purchases shall be governed by its Board approved procurement policy, which establishes guidelines to ensure reasonable buying practices and competition, quality and integrity.

ALLOWABLE COSTS

In determining the allowable costs, One Heartt, Inc. OMHC must apply the following criteria to costs:

- Be necessary, reasonable, and allocable;
- Conform to any limitations or exclusions ;
- Be consistent with policies and procedures;
- Apply treatment of cost consistently;
- Generally be treated in accordance with generally accepted accounting principles (GAAP);

The One Heartt, Inc. OMHC must adequately document costs to include, compliance with statutory and national policy requirements and be able to prepare reports that measures performance (for example, SF-425 and the Annual Performance Report (APR)).

The One Heartt, Inc. OMHC shall have written procedures for determining the allowability of costs

that comply with the terms and conditions of the federal award as outlined in this section.

CAPITAL ASSETS

Capital assets means tangible or intangible assets used in operations having a useful life of more than one year which are capitalized in accordance with GAAP. Capital assets include:

- Land, buildings (facilities), equipment, and intellectual property (including software) whether acquired by purchase, construction, manufacture, lease-purchase, exchange, or through capital leases; and
- Additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance).

One Heartt, Inc. OMHC shall comply with its capital asset policy and procedures that provides guidance for employees to manage and safeguard One Heartt, Inc. OMHC's capital assets, including active management of assets with processes in place for tracking additions through purchases and donations, disposition, and depreciation.

- **Donated assets** shall be recorded at their fair market value (FMV) at the time of donation. One Heartt, Inc. OMHC may depreciate the donated asset, but is prohibited from charging the value of the donated item, or costs associated with the donated asset to the federal award.

- **Depreciation of assets** Adjustments for depreciation should be made as necessary, and tracked with a capital asset depreciation schedule. At a minimum, the schedule should include: Capital asset classification (for example, Land, Equipment, Building), description of the assets, initial costs or FMV of the donated asset, depreciable life, date purchased, accumulated depreciation, current year depreciation, and net asset value at the end of the year.

CAPITALIZATION PROCEDURES

- I. Physical assets, such as property and equipment, are an integral part of the operation of One Heartt, Inc. OMHC and shall be safeguarded in much the same manner as cash assets.
- II. All Department property and equipment shall be stored in a secure place.
- III. The Finance Department of One Heartt, Inc. OMHC shall maintain a property ledger in the book of accounts of the Department, which shall include a list of all capitalized items for inventory control purposes.
- IV. Detailed records of individual capital assets shall be kept and periodically (at least annually) balanced with the general ledger accounts.
- V. All property and equipment owned by One Heartt, Inc. (other than real estate) shall be divided into two categories: Expendable items or Non- expendable

items, defined as follows:

- i. Expendable items are purchased or donated items having a useful life of less than twelve (12) months and costing less than \$5,000.00, and can be expended.
 - ii. Non-expendable items are purchased or donated items having a useful life of more than twelve (12) months and costing more than \$5,000.00.
- VI. The Finance Director of the One Heartt, Inc. OMHC or his/her designee for budgeting and financial control purposes shall capitalize non-expendable items. Detailed records of individual capital assets shall be kept and periodically (at least annually) balanced with the general ledger accounts. Adjustments for depreciation should be made as necessary.
- VII. One Heartt, Inc. OMHC shall make a physical inventory of all equipment and property (other than real estate) at least annually, which shall be reconciled to the general ledger accounts.

AUDIT

One Heartt, Inc. OMHC shall have a financial audit completed annually by a certified, external, independent accounting firm, unless the One Heartt, Inc. OMHC is required by constitution or statute, to undergo audits biennially. The Finance Director shall have direct responsibility in overseeing the implementation of the audit. The selection of an auditor shall be competitively procured using the Request for Proposal (RFP) method with the objective of obtaining a high-quality audit, and the selected audit firm must provide a peer review report as part of the selection process.

The Executive Director and the Finance Director shall make available the completed audit report to the Board. The auditors shall present the audit to the Board for the Board to approve and accept. The audit shall meet the Generally Accepted Government Auditing Standards (GAGAS). One Heartt, Inc. OMHC's audit shall include audit of the One Heartt, Inc. OMHC's federal, state, and local government funded programs expended during the audit period.

PETTY CASH

One Heartt, Inc. OMHC is authorized to maintain a petty cash fund of \$20. The purpose of the fund is to have a small amount of cash available for paying small amounts owed, rather than writing a check. The petty cash shall be in the safekeeping of the designated custodian who shall keep track of payouts from the fund with receipts. At all times, the amount of cash on hand and the receipts shall total the amount of authorized petty cash. When the cash in the petty cash fund is low, the custodian shall request a check to replenish the cash that has been paid out. The fund shall be subject to surprise audits.

BANKING AND INVESTING SERVICES

One Heartt, Inc. OMHC may set up a bank account and investment accounts with a bank or a broker/dealer. These are:

Banking and services shall be arranged through competitive solicitation, when practical under the

circumstances. The depository must be a financial institution that is sufficiently insured by the Federal Deposit Insurance Corporation (“FDIC”) or National Credit Union Share Insurance Fund (“NCUSIF”).

APPENDIX 1: EFFECTIVE INTERNAL CONTROLS AND ACCOUNTABILITY

Notwithstanding the policies described earlier in this document, One Heartt, Inc. OMHC has established a number of internal control procedures to ensure:

- The grant awards are managed to comply with statutes, regulations, and the terms and conditions of the award;
- One Heartt, Inc. OMHC evaluate and monitor the billing and payment to ensure compliance with statutes, regulations, and the terms and conditions of the award;
- One Heartt, Inc. OMHC shall take prompt action to correct identified instances of noncompliance including noncompliance identified in audit findings;
- One Heartt, Inc. OMHC must take reasonable measures to safeguard sensitive information consistent with privacy obligations of confidentiality of applicable federal, state, local, and tribal laws.

In addition, One Heartt, Inc. OMHC has established written procedures to implement internal controls over cash handling and requirements for payment methods that:

- Ensure there are sufficient funds to cover payments made for program and operations activities;
- Ensure adequate internal controls are in place in the handling of cash receipts from the time of receipt to deposit in the appropriate depository or broker account;
- Establish written procedures to ensure the amount of withdrawals and advances drawn for the purpose of paying program expenses have not been drawn unreasonably in advance of when the funds are needed for program expenses.
- Establish adequate internal controls and written procedures to ensure payments are made only for approved purposes;
- Maintain adequate accounting records for cash receipts and payments.

Separation of Duties

This Policy is based on the principle of separation of duties. Accordingly, no single person shall have the authority to authorize a transaction, execute a transaction, record a transaction, and have custody of any resulting assets.

Special Procedures Regarding Tenant Accounting

1. An employee designated by the Program Director shall maintain all tenant ledgers.
2. In the event of tenant ledger adjustments, the CEO or his/her designee will complete an adjustment request for submission to the employee designated by the Program Director as having responsibility for tenant ledger maintenance.

3. The adjustment request shall be in writing with the proper justification noted on and/or attached with each request.
4. The employee designated by the Program Director as having responsibility for tenant ledger maintenance shall make the proper adjustment in the tenant accounting software ledger.
5. The employee designated by the Program Director as having responsibility for tenant ledger maintenance shall provide a copy of the completed adjustment report to the Occupancy Specialist to show completed tenant ledger adjustment.

Cash Collection Control Procedures

6. Payments by cash, checks and money orders may be received only by designated personnel of the Finance Department. Only tribal employees designated by the Finance Director of One Heartt, Inc. OMHC are authorized to receive payments from residents and issue receipts.
7. Cash, checks and/or money orders shall be deposited in the bank where One Heartt, Inc. OMHC has an approved depository agreement. Deposits shall be made no less frequently than once per week regardless of the amount accumulated.
8. When cash is retained in the office overnight, it must be stored in a locked, fireproof cabinet or safe.
9. Checks received shall immediately be stamped "For Deposit Only".
10. A receipt shall be issued for all payments collected so there is an official record of the transactions and possible disputes are prevented.
 - a. Receipts shall be assigned through the EMR.
 - b. Receipts shall contain, at a minimum, the following information: (1) name of the resident being credited with the payment, (2) date, (3) amount of payment and (4) method of payment (cash, check, etc.).
 - c. The supply of unassigned receipts shall be adequately safeguarded and kept in the custody of designated personnel of the Finance Department of One Heartt, Inc. OMHC.

11. A bank deposit slip shall be prepared and shall include each of the cash receipt numbers making up the deposit and complete details as to the amount of coin, currency and checks. An employee of the Finance Department of One Heartt, Inc. OMHC (other than the employee who issued and/or previously handled the cash receipts) shall reconcile the receipts.
12. All payments shall be deposited intact with the appropriate deposit slip to provide an additional record. Under no circumstances shall any disbursements be made from payments received.
13. Payments received shall be recorded in the individual EMR receivable records on the day of receipt or as soon thereafter as practical, even when the money is not deposited on the same day. Cash receipt numbers shall be recorded on both the deposit slip and the resident account receivable records.
14. The employee designated by the Department Director as having responsibility for tenant ledger maintenance shall be responsible for posting the patient accounts receivable records. The Finance Director of One Heartt, Inc. OMHC or his/her designee shall make the bank deposits.

Cash Disbursement Control Procedures

15. The Council/Board shall approve by resolution a spending and signing authority for the Council/Board, Executor Director, Finance Director and program managers to identify and enable authorized personnel to:
 - a. Procure products and services through requisitions, check requests, or credit card services.
 - b. Sign contracts and change orders for an authorized amount.
 - c. Receive payment.
 - d. Sign checks.
16. All debts representing allowable and authorized costs shall be paid promptly upon receipt of proper invoices/billing statements.
17. All disbursements shall be made by check. The Executive Director may approve other forms of disbursement, such as wire or electronic funds transfers.
 - a. All checks shall be pre-printed and shall bear the name and address of One Heartt, Inc. OMHC.

- b. All checks must be pre-numbered and used in sequence. Voided checks must be retained and recorded.
 - c. The supply of unused checks shall be adequately safeguarded in a fireproof cabinet or safe.
18. The employee designated by the Finance Manager shall initiate each transaction by completing a “check request” form, which shall be presented to the Finance Manager for approval. All check request forms shall contain enough narrative description to specifically identify the purposes of the payment and the account to which the cost is to be charged.
 19. The Finance Manager shall review the check requests and attached supporting documentation for completeness and accuracy. The Finance Manager shall ensure that the vendor’s invoice/billing statement accords with the terms of the purchase, that the goods have been received and conform to specifications or that the services billed have been rendered satisfactorily, that discounts or other adjustments of the amounts billed are in order, that the computations and accounts to be charged are correct and that sufficient funds are available for payment. The Finance Manager shall then submit the checks and supporting invoices for processing.
 20. The Finance Director of One Heartt, Inc. OMHC or his/her designee shall prepare checks.
 21. Checks shall never be written for “cash.”
 22. Checks shall not be signed or countersigned in advance of being completely filled out. Each check shall be accompanied by adequate supporting documentation, including invoices, travel vouchers, etc.
 23. Whenever possible, no individual shall sign a check on which he/she is the payee.
 24. Check signers shall review each check carefully and shall not sign any check that lacks appropriate supporting documentation or exhibits signs of alteration. If it is necessary to change a check, the check must be voided and a new check issued.
 25. The signed check shall be mailed or delivered to the payee by the Accounts Payable Clerk of One Heartt, Inc. OMHC or his/her designee.
 26. The Finance Director of the One Heartt, Inc. OMHC or his/her designee shall reconcile bank statements of the Department. Discrepancies between any books of account, financial statements, and/or bank statements shall be reported to the Executive Director and/or Board, promptly investigated and resolved.
- Special Procedures Regarding Payroll Disbursement.
27. One Heartt, Inc. OMHC shall have written authorizations on file for all employees that cover their rates of pay, withholdings and deductions.

28. The Finance Manager or his/her designee shall establish adequate timekeeping controls (including the use of time sheets) and there shall be supervisory review and approval of all employee time/leave records prior to issuance of a check.
29. The Finance Director of One Heartt, Inc. OMHC or his/her designee shall prepare payroll checks.

Credit Card Control Procedures

30. With the advice and consent of the Board of One Heartt, Inc. OMHC, credit cards may be made available to designated employees of One Heartt, Inc. OMHC consistent with their job duties and demonstrated professional responsibility.
31. Credit cards are for authorized business expenditures of One Heartt, Inc. OMHC and are not intended to be used by employees as a substitute for personal credit cards.
32. The Executive Director must authorize business expenses before charges are incurred on company credit card(s) in accordance with applicable One Heartt, Inc. OMHC policies. The Executive Director may authorize valid business expenses in writing retroactively.
33. Employees shall submit receipts for all expenses charged to company credit card(s) to the Finance Director of One Heartt, Inc. OMHC or his/her designee within one week of the transaction.
34. The Finance Director of One Heartt, Inc. OMHC or his/her designee shall examine billings for all company credit cards to ensure that all charges are valid. If there are incorrect charges, the Finance Director or his/her designee shall notify the Executive Director immediately and shall complete and return any forms necessary to dispute such charges to the credit card company. If an employee with knowledge of an incorrect or disputable charge fails to report such charge within a reasonable time, he or she may be liable to One Heartt, Inc. OMHC for any resultant charges and may be subject to disciplinary action up to and including termination of employment.
35. Employees who incur ineligible or disallowed costs on company credit cards shall reimburse the One Heartt, Inc. OMHC for such charges within thirty (30) calendar days of the date such charges were incurred and may be subject to disciplinary action up to and including termination of employment.
36. Finance charges, late fees and/or penalties associated with credit card use shall be avoided
37. Charges shall not be incurred in excess of the credit card's established credit limits. If a higher limit is required, a request for a new credit limit and supporting documentation shall be submitted to the Executive Director for approval.
38. Lost or stolen credit cards shall be reported to One Heartt, Inc. OMHC and to the credit card company immediately and not later than the first business day after discovery of the

loss. Employees who fail to report lost or stolen credit cards may be held liable for any charges and may be subject to disciplinary action up to and including termination of employment.

39. Employees shall surrender company credit card(s): (1) upon demand by One Heartt, Inc. OMHC, (2) when there is no longer a business need for the card and/or (3) upon termination of employment. Cancelled credit cards shall be returned immediately to One Heartt, Inc. OMHC and properly destroyed. Surrender or cancelation of a credit card does not discharge any responsibilities incurred up to and including the date of such action.

Investment Control Procedures

40. Any and all investment documents shall be kept in the custody of the Finance Director of One Heartt, Inc. OMHC or his/her designee. Investment documents shall be safeguarded in a fireproof cabinet or safe, and shall be stored separately from other accounting records.
41. Investments shall be made only in the name of One Heartt, Inc. OMHC, and shall be maintained in a custodian or trust account.
42. Investments shall be recorded in detail in an investment ledger, which shall reflect any and all interest earned, collected and/or disbursed.
43. The Finance Director of One Heartt, Inc. OMHC or his/her designee shall reconcile the investment ledger on a monthly basis, and shall provide a report regarding investment performance to the Council/Board on a quarterly basis. Discrepancies shall be reported to the Executive Director and/or the Council/Board, promptly investigated and resolved.

One Heartt, Inc. OMHC Quality and Risk Management Plan 2020

PHILOSOPHY & PURPOSE:

One Heartt, Inc., develops and implements policies and procedures that ensure continuous measurable quality improvement in patient care, One Heartt, Inc. clinical processes, risk management and patient safety, efficiency and effectiveness of clinical services and management, community and financial accountability. Policies and procedures are designed to directly support One Heartt, Inc.'s Mission, Values and Strategic Plan. One Heartt, Inc.'s Quality Improvement/Quality Assurance (QI/QA) and risk management (RM) procedures are imbedded in the day-to-day operations of One Heartt, Inc., involve all staff, and contribute to a culture of clinical and operational excellence.

QI/QA and RM performance measures address clinical services and management, quality of care and services, patient access, patient experience, health care costs, care coordination, compliance, network quality, adverse events, utilization of services.

QA/QI activities will incorporate those measures/ standards required by insurers, funders, and regulators. One Heartt, Inc. will include the elements required for FTCA qualification and meaningful use of our EHR. In addition, QA/QI will provide measures of excellence to justify third party quality recognition. We aspire to be compliant by design while individualizing the QI/QA process to meet our unique needs.

One Heartt, Inc. wishes to measure progress toward/success meeting the "Triple Aim" of improving the health of our community, patient satisfaction and retention, and reducing the per capita cost of care. Doing so will support One Heartt, Inc.'s desire to move gradually from a fee for service model to a population-based reimbursement model.

Guiding Principles

Quality Improvement/Quality Assurance: The key attributes that support One Heartt, Inc.'s vision of a health delivery system describes a system that promotes excellence in patient safety, risk prevention and management, quality care and services. This system is:

- Is centered upon treating people with dignity
- Focuses on patient-centered care
- Provides an integrated continuum of care
- Demands service excellence
- Focuses on the triple aim concepts of improving patient care, improving the patient experience, and reducing costs
- Requires effective communication and information sharing
- Continually improves its operating and clinical practices
- Integrate with risk management principles and practice
- Is best achieved by teamwork
- Uses resources optimally
- Is scientific and results oriented
- Provides a safe environment for clients, visitors, and staff
- Delivers care based on the best scientific evidence combined with judgment of expert clinicians

Risk Management: RM is an overarching, conceptual framework that guides the development of a systematic approach to management of risk management and patient safety initiatives and activities. The plan

is operationalized through a formal, written risk management and patient safety plan. RM activities support One Heartt, Inc.'s philosophy that patient safety and risk management is everyone's responsibility. Teamwork and participation among management, providers, volunteers, and staff are essential for an efficient and effective patient safety and risk management program. The program will be implemented through compliance with all policies relevant to patient safety and risk management, the coordination of multiple organizational functions and the activities of multiple departments.

One Heartt, Inc. supports the establishment of a just culture that emphasizes implementing evidence-based best practices, learning from error analysis, and providing constructive feedback, rather than blame and punishment. In a just culture, unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systemic improvements are welcomed. Individuals are still held accountable for compliance with patient safety and risk management policies and practices. As such, if evaluation and investigation of an error or event reveal reckless behavior or willful violation of policies, disciplinary actions can be taken.

Through RM One Heartt, Inc. stimulates the development, review, and revision of the organization's policies, practices and protocols in light of identified risks and chosen loss prevention and reduction strategies. Principles of One Heartt, Inc.'s RM provide the foundation for developing key policies and procedures for day-to-day risk management activities, including:

- Claims management
- Complaint resolution
- Confidentiality and release of information
- Event investigation, root-cause analysis, and follow-up
- Failure mode and effects analysis
- Referral Management
- Infection Control
- Clinical supervision and back-up of clinical and non-clinical staff
- Provider and staff education, competency validation, and credentialing requirements
- Reporting and management of adverse events and near misses
- Trend analysis of events, near misses, and claims

Quality and Risk Management Structure

Scope and Key Functions

The Quality and Risk Management (QRM) program is multi-disciplinary and involves clinicians, clinical support staff across all service areas, allied health disciplines, community service agencies as appropriate, administrators, managers, and others that provide care or services to the population we serve. The program focuses on improving key client and organizational functions within One Heartt, Inc. The key functions are assessed by collecting and analyzing data related to one or more dimensions of performance, which includes but may not be limited to efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, and respect and caring. The key functional areas within the scope of the One Heartt, Inc. QRM Program are:

1. Population Health Management (Care Management) – biological, social, and/or quality of life consequences of clinical and social evaluation and management of care and services in areas such as preventive health, acute or chronic conditions, high risk/complex, and behavioral health
2. Patient Safety – capabilities to promote a safe environment for clients by evaluation in areas such as client and provider education, policy and procedures, continuity and coordination of care
3. Access and Availability – capabilities and effectiveness in providing appropriate access during and after hours.
4. Network Quality – periodic peer review assessments of client records by physicians or by other licensed health professionals under the supervision of physicians of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served; capabilities, satisfaction, accessibility and availability of healthcare and human services, including monitoring and evaluation of quality of care/quality service complaints, credentialing/recredentialing, and adverse occurrence tracking
5. Client Satisfaction – ability to meet the needs of One Heartt, Inc. customers
6. Customer Service – capabilities, satisfaction, accessibility of the provision of customer service.

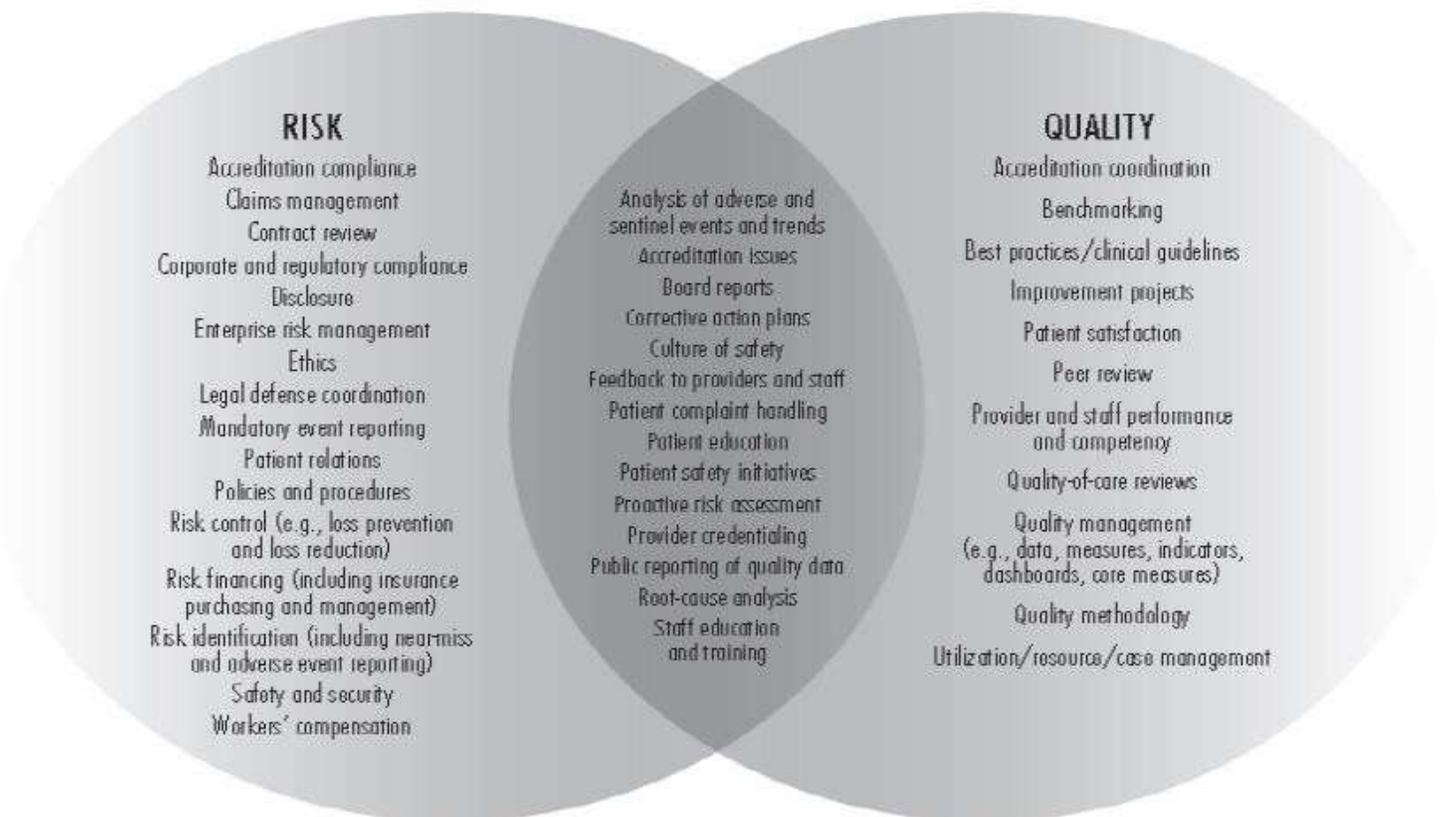
Specific risk management functional responsibilities that integrate with the above functional areas include:

- Developing systems for and overseeing the reporting of adverse events, near misses, and potentially unsafe conditions. Reporting responsibilities may include internal reporting as well as external reporting to regulatory, governmental, or voluntary agencies. This includes the development and implementation of event-reporting policies and procedures.
- Ensuring the collection and analysis of data to monitor the performance of processes that involve risk or that may result in serious adverse events (e.g., preventive screening, medication use processes). Proactive risk assessment can include the use of failure mode and effects analysis, system analysis, and other tools.

- Overseeing the organization's systems for data collection and processing, information analysis, and generation of statistical trend reports for the identification and monitoring of adverse events, claims, finances, and effectiveness of the risk management plan. This system may utilize and include, but is not limited to, the following:
 - Attorney requests for medical records
 - Committee reports and minutes
 - Criteria-based outcome studies
 - Event, incident, or near miss reports
 - Medical record reviews
 - Monitoring systems based on objective criteria
 - Notice letters, lawsuits
 - Patient complaints
 - Physician and other medical professionals' input
 - Results of failure mode and effects analysis of high-risk processes
 - Root-cause analyses of sentinel events
- Analyzing data collected on adverse events, near misses, and potentially unsafe conditions; providing feedback to providers and staff; and using this data to facilitate systems improvements to reduce the probability of occurrence of future related events. Root-cause analysis and systems analysis can be used to identify causes and contributing factors in the occurrence of such events.
- Ensuring compliance with data collection and reporting requirements of governmental, regulatory, and accrediting agencies.
- Facilitating and ensuring the implementation of patient safety initiatives such as improved tracking systems for preventive screenings and diagnostic tests, medication safety systems, and falls prevention programs.
- Facilitating and ensuring provider and staff participation in educational programs on patient safety and risk management.
- Facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust in which all providers and staff members can talk freely about safety problems and potential solutions without fear of retribution.
- Proactively advising the organization on strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, staff, and volunteers, as applicable.
- Reducing the probability of events that may result in losses to the physical plant and equipment.
- Preventing and minimizing the risk of liability to the organization, and protecting the financial, human, and other tangible and intangible assets of the organization.
- Decreasing the likelihood of claims and lawsuits by developing a patient and family communication and education plan. This includes communicating and disclosing errors and events that occur in the course of patient care with a plan to manage any adverse effects or complications.
- Decreasing the likelihood of lawsuits through effective claims management, and investigating and assisting in claim resolution to minimize financial exposure in coordination with the liability insurer and its representatives.

- Reporting claims to medical malpractice insurance providers and other insurers in accordance with the requirements of the insurance policy/contract.
- Supporting quality assessment and improvement programs throughout the organization.
- Implementing programs that fulfill regulatory, legal, and accreditation requirements, as appropriate.
- Ongoing patient safety/risk management assessment and recommendations through QIC processes.
- Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include:
 - ✓ Claims and claim trends
 - ✓ Event trending data
 - ✓ Ongoing risk assessment information
 - ✓ Patient's and/or family's perceptions of how well the organization meets their needs and expectations
 - ✓ Quality performance data
 - ✓ Research data
- Completing insurance and deeming applications.
- Developing and monitoring effective handoff (transitions) processes for continuity of patient care.

Quality and Risk Management Overlap



Key Definitions

Quality: Defined as “systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups” (HRSA)

Continuous Quality Improvement (CQI): A system that seeks to improve the provision of services with an emphasis on future results. CQI uses a set of statistical tools to understand subsystems and uncover problems, but its emphasis is on maintaining quality in the future, not just controlling a process. Once a process that needs improvement is identified, a team of knowledgeable individuals is gathered to research and document each step of that process. Once specific expectations and the means to measure them have been established, implementation aims at preventing future failures and involves the setting of goals, education, and the measurement of results. If necessary, the plan may be revised on the basis of the results, so that the improvement is ongoing

PDSA: Plan-Do-Study-Act

Risk Management: A function of One Heartt, Inc. directed toward identification, evaluation, and correction of potential risks that could lead to injury to patients, staff members, or visitors and result in property loss or damage.

Adverse event or incident: An undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services.

Claims management: Activities undertaken to exert control over potential or filed claims against the organization and/or its providers. These activities include identifying potential claims early, notifying the organization’s liability insurance carrier and/or defense counsel of potential claims and lawsuits, evaluating liability and associated costs, identifying and mitigating potential damages, assisting with the defense of claims by scheduling individuals for deposition, providing documents or answers to written interrogatories, implementing alternate dispute-resolution tactics, and investigating adverse events or incidents.

Failure mode and effects analysis: A proactive method for evaluating a process to identify where and how it might fail and for assessing the relative impact of different failures in order to identify the parts of the process that are most in need of improvement.

Loss control/loss reduction: The minimization of the severity of losses through methods such as claims investigation and administration, early identification and management of events, and minimization of potential loss of reputation.

Loss prevention: The minimization of the likelihood (probability) of a loss through proactive methods such as risk assessment and identification; staff and volunteer education, credentialing, and development; policy and procedure implementation, review, and

revision; preventive maintenance; quality/performance review and improvement; root- cause analysis; and others.

Near miss: An event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance). Near misses are opportunities for learning and afford the chance to develop preventive strategies and actions. Near misses receive the same level of scrutiny as adverse events that result in actual injury.

Risk analysis: Determination of the causes, potential probability, and potential harm of an identified risk and alternatives for dealing with the risk. Examples of risk analysis techniques include failure mode and effects analysis, systems analysis, root-cause analysis, and tracking and trending of adverse events and near misses, among others.

Risk assessment: Activities undertaken in order to identify potential risks and unsafe conditions inherent in the organization or within targeted systems or processes.

Risk avoidance: Avoidance of engaging in practices or of hazards that expose the organization to liability.

Risk control: Treatment of risk using methods aimed at eliminating or lowering the probability of an adverse event (i.e., loss prevention) and eliminating, reducing, or minimizing harm to individuals and the financial severity of losses when they occur (i.e., loss reduction).

Risk identification: The process used to identify situations, policies, or practices that could result in the risk of patient harm and/or financial loss. Sources of information include proactive risk assessments, closed claims data, adverse event reports, past accreditation or licensing surveys, medical records, clinical and risk management research, walk-through inspections, safety and quality improvement committee reports, insurance company claim reports, risk analysis methods such as failure mode and effects analysis and systems analysis, and informal communication with healthcare providers.

Risk transfer: Techniques involving the process of shifting the financial burden of losses to an external party or parties (e.g., insurance, contracts).

Root-cause analysis: A process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event.

Unsafe and/or hazardous condition: Any set of circumstances (exclusive of a patient's own disease process or condition) that significantly increases the likelihood of a serious adverse outcome for a patient or of a loss due to an accident or injury to a visitor, employee, volunteer, or other individual.

Authority and Accountability

One Heartt, Inc.'s Board of Directors (BOD) has ultimate responsibility and accountability for the QRM Program. The BOD delegates authority and responsibility for all matters relative to the QRM to the Quality Improvement Committee (QIC). The QIC delegates the operational responsibility of the QRM program to the Clinical Director or Medical Director. The Clinical Director or Chief Medical Officer delegates the day to day functions of the QRM program to Director of Clinical Services.

Committee Structure

Board of Directors (BOD) –The BOD is comprised of safety-net and community leaders and healthcare consumers. The BOD:

- Provides leadership, guidance, authority, and accountability for the QRM Program.
- Recommends policy decisions, reviews and evaluates the annual results of the quality management activities.
- Approves the Quality and Risk Management Policies and Procedures, Annual Program Description, Work Plan, and the Annual QRM Program Evaluation

BOD Meetings are held monthly. Minutes are created at the time of each meeting and reflect committee decisions and actions. The minutes reflect factual representation of BOD discussion, decisions, recommendations, and/or conclusions. The minutes are signed, dated, and maintained in compliance with the confidentiality requirements of One Heartt, Inc. The minutes are peer-review protected and not subject to disclosure to any individual or group within or outside One Heartt, Inc. without the permission of the CEO.

Quality Improvement Committee (QIC) - The QIC is multi-disciplinary and participants represent all areas within the health center's scope of services. The Clinical Director or Medical Director is Chairperson for the QIC Committee representation includes, but may not be limited to primary care providers and clinical support staff, management and executive leadership, front office, health center consumers, BOD member(s), and administrative staff. The QIC is accountable to the BOD. The QIC:

Reviews trended quality performance data.

- Identifies opportunities to improve client care and service.
- Reviews risk management reports regularly (e.g., claims activity, risk and safety assessment results, event report summaries and trends).
- Overseeing the reporting of adverse events, near misses, and potentially unsafe conditions.
- Ensuring the collection and analysis of data to monitor the performance of processes that involve risk or that may result in serious adverse events (e.g., preventive screening, diagnostic testing, medication use processes, peer review). Proactive risk assessment can include the use of failure mode and effects analysis, system analysis, and other tools.

- Provides policy decisions, reviews and makes recommendations regarding the annual QRM Program Description, the QRM Work Plan, Policies and Procedures, and the Annual QRM Program Evaluation.
- Actively reviews the monitoring activities of the key functional areas and makes recommendations to improve performance levels.
- Analyzing data collected on adverse events, near misses, and potentially unsafe conditions; providing feedback to providers and staff; and using this data to facilitate systems improvements to reduce the probability of occurrence of future related events. Root-cause analysis and systems analysis can be used to identify causes and contributing factors in the occurrence of such events.
- Ensuring compliance with data collection and reporting requirements of governmental, regulatory, and accrediting agencies.
- Facilitating and ensuring the implementation of patient safety initiatives such as improved tracking systems for preventive screenings and diagnostic tests, medication safety systems, etc.
- Promotes evidenced-based medicine by actively participating in clinical guideline decision-making activities.
- Is responsible for assisting One Heartt, Inc. in educating participating healthcare and human service providers regarding the quality and risk management program and then soliciting provider feedback on the effectiveness of the program.
- Serves as a review body for provider and client complaints related to service delivery or medical care issues.
- Develops, implements, monitors and evaluates processes and programs aimed at maintaining a safe environment.

Meetings are held at least six times per year. Minutes are created at the time of each meeting and reflect committee decisions and actions. The minutes will contain only de-identifiable client information. They will reflect factual representation of the Committee's discussion, decisions, recommendations, and/or conclusions. The minutes are signed, dated, and maintained in compliance with the confidentiality requirements of One Heartt, Inc. The QIC Minutes are peer-review protected and not subject to disclosure to any individual or group within or outside One Heartt, Inc. without the permission of the CEO

2020 QI Committee Members:

7. A patient of One Heartt, Inc.
8. A One Heartt, Inc. Board member
9. Medical Director
10. The Executive Director
11. The CFO or designate
12. The Safety Officer
13. A member of the clinic support staff
14. A Behavioral Health Consultant
15. A Community Resources Coordinator
16. Others as needed to assure full representation of One Heartt, Inc.'s scope.

Any One Heartt, Inc. staff member may present an area of concern or focus for QI to the Committee, either in

writing or by meeting participation. Having a committee does not substitute for ongoing staff efforts to improve care and processes at all levels in our organization. These efforts will be recognized.

While Committee Members represent their various areas of team function and expertise, certain Committee members are charged with specific responsibilities:

1. Chairman: Delegated by the Medical Director and Operations Directors with responsibility of chairing meetings, preparing agendas, insuring that the QI/QA committee functions, results are disseminated throughout One Heartt, Inc., and responsive actions are taken to address findings.
2. One Heartt, Inc. Board Member: liaison to the Board to insure that Quality and Risk Management efforts are in alignment with Board Mission, Values, and Strategic Plan
3. Chief Operations Director: Responsible for tabulating data measurements required for UDS, Meaningful use, FTCA, and insurer reporting so that corresponding data is captured in the EHR to the greatest extent possible.
4. CFO: Responsible for Dashboard information and financial reality check.
5. Patient Member and Community Resources Coordinator: Jointly responsible for gathering, reviewing, and responding to patient satisfaction data.
6. Medical Records: Responsible for assuring patient confidentiality and compliance with HIPAA.
7. Other roles to be established

Resources

Personnel

The Clinical Director or Medical Director is the chairperson of the QIC. The QIC delegates the operational responsibility of the Quality Management Program to the Clinical Director or Chief Medical Officer. The operational responsibilities include but may not be limited to:

- Provide communication of the organization's QM activities to the Board through regular reporting.
- Review of all quality of care/quality of service complaints
- Provide clinical guidance regarding quality improvement initiatives.

Resource Allocation

Staff Positions	Time Allocation
Medical Director	0.2 FTE
QI Manager	1.0 FTE

Staff Positions	Time Allocation
Total	1.2 FTE

All health center staff participates in the monitoring and improvement of patient care and patient services.

Data Management

The Management of Information Systems (MIS) is crucial to the monitoring and evaluation of the quality of care and service delivered throughout One Heartt, Inc. The accessibility of data is provided through reporting from the MIS.

Analytic

The ability to design statistically valid and reliable quality outcome measures is provided through the analytical support of Quality Management staff and other support resources as deemed necessary. Data is collected and aggregated and visually displayed utilizing a variety of tools. Tools utilized include but are not limited to: run charts, pie charts, control charts, histograms, frequency tables, tables and graphs, dashboards, and narrative language describing the findings contained in the analytic data displays utilized.

Quality and Risk Improvement Methodology

One Heartt, Inc. uses the **FOCUS-PDSA** methodology to find, organize, clarify, define, understand, and select a problem or opportunity and implement the plan, do, study, act Deming principles before implementation of the full quality improvement process across the organization.

Initiatives within the key functional areas are developed or redesigned based on the values and guiding principles of One Heartt, Inc., state and regulatory requirements, accrediting or recognizing entities, and payer/grantor performance requirements, following input from the community, clients, participating healthcare and human service providers, staff, and others. The initiatives are developed or redesigned using scientific and professional resources, available guidelines and practice parameters, external benchmarks, adverse occurrence alerts, internal quality management, and sound business practices. Those directly involved in delivering the care, service or participating in the processes are closely involved in the planning and implementation phases.

As quality improvement initiatives are developed or redesigned, mechanisms to evaluate them are planned and implemented. Appropriate performance indicators are selected on the following criteria:

- The indicator identifies processes or outcomes that can be improved
- The indicator can identify the events it was intended to identify
- The indicator has a documented numerator and denominator statement of description of the population to which the measure is applicable
- The indicator has defined data elements and allowable values
- The indicator can detect changes in performance over time
- The indicator allows for comparison over time
- The data intended for collection is available
- Results can be reported in a way that is useful to One Heartt, Inc. OMHC and other stakeholders

Performance indicators and targets are set and monitored. Patients, care and service providers, staff, and other stakeholders are involved in the evaluation process.

Outcomes/Process Measurement

Performance monitoring and evaluation standards are system-wide, comprehensive, service line or population focused and requires the following:

- Identification of measurable indicators for monitoring the processes or outcomes of care;
- Collection of data for ongoing measurement;
- Evaluation of performance against pre-determined thresholds;
- Evaluation of effectiveness of action(s); and
- Reliance on the scientific method.

Aggregation and Analysis of Data

There is a systematic process to aggregate and analyze collected data to identify trends and/or variances in performance. Data are assessed in order to determine:

- Priorities for improvement
- Actions for improvement
- Whether changes in the process resulted in improvement
- Meeting of design specifications
- Performance and stability of important existing processes

This assessment process includes using statistical quality process control techniques, as appropriate and comparing data about processes and outcomes over time. Performance is also compared to relevant scientific, clinical and management literature, and to relevant practice guidelines/parameters, as appropriate.

Continuous Quality Improvement

The core elements of the One Heartt, Inc.'s continuous quality improvement process are outlined below.

PLAN

1. Opportunity/problem identification and desired outcomes – The opportunity or problem statement is a brief, clear statement of the issue to be studied. Ideally this will be identified through previously collected data. The opportunity statement must be specific, and describe an observable, measurable, and manageable issue. The scope should be clearly defined and addressable in a short time frame. The desired outcome is the specific, measurable objective of the project.

2. Identify most likely cause(s) through data – The cause(s) of a problem may be identified by reviewing existing data, collecting baseline data on several items thought to be most likely causes of the problem, and/or by best guesses of those individuals with the most knowledge of the issue. Tools such as fishbone diagrams, priority matrices, flow charts and barrier analyses of system, providers, and client barriers are utilized to identify barriers and establish actions to resolve.
3. Identify potential solution(s) and the data needed for evaluation – Utilizing the most likely causes identified in step 2, list the potential solutions that may result in the desired outcome(s). Such solutions may be based on experience of other, published reports, and/or best guesses with knowledge of the issue. Following this, choose one or more solutions that can be reasonably instituted. For each solution to be acted upon identify those data elements required to determine whether or not the change(s) produced the improvement desired. Data collected should be the absolute minimum and of relevance to the desired solution. Once the required data elements have been specified, the source of these data must be identified or developed.

DO

4. Implement solution(s) and collect data needed for evaluation – The solution(s) most likely to be successful should be implemented. It is often preferable to do this on a small scale to see if the change(s) will work. Make the data collection easy enough and the time frames short enough so that data collection can be repeated frequently to allow for trending of changes over time. If not already available, build in baseline measures before implementing change so that it will be possible to measure whether an improvement has been produced.

STUDY

5. Analyze the data and develop conclusions – The objective of data analysis is to measure a theory regarding whether or not the change(s) made has led to the desired outcome. It is essential that both the data elements and the anticipated analysis be planned before changes are implemented. This often requires analytical support integration.

ACT

6. Recommendation for further study/action – Action in this step depends upon the results of the data analysis. If the tested solution was shown to produce the desired change, one may wish to more broadly implement if the initial test was done on a small scale. Effectively communicating the results of the measure is important. Finally, a decision should be made regarding the continuance of data collection to monitor whether the observed improvement is sustained over time. If the tested action did not achieve the desired outcome, a return to step 2 is necessary with a repeat of the cycle to test other potential solutions.¹

¹ The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study."

Communication and Coordination

Notification to Patients, Health Center Staff, and Providers

Information regarding the QRM Program is made available to patients and all health center staff. Communication of clinical, utilization, care coordination, and patient experience performance is provided to patients through memos posted to office walls, oral communication, and/or written direct communication. Performance data at the practice level and made available to health center staff memos posted to office walls, oral communication, and/or written direct communication.

Data at the provider-specific level is communicated either the individual provider level or collectively as a group. Peer review data is integrated into the licensed independent providers re-privileging process as a component of decision-making criteria used to determine reappointment status.

Coordination of performance initiatives and continuous quality improvement is integrated throughout the health center using committees, the Board of Directors, task forces and work groups, client focus groups, and client involvement in other ways, when applicable. It is the responsibility of all health center employees, contractors, collaborative partners and vendors to participate in quality improvement activities.

Confidentiality and Privacy of Personal Health Information

All data and recommendations associated with QRM are solely for the improvement of client care, services and safety. As such, all material is confidential and is accessible only to those parties responsible for assessing quality of care and service.

All proceedings, records, data, reports, information and any other material used in the quality management process which involves peer review shall be held in strictest confidence and considered peer review protected.

All One Heartt, Inc. personnel as well as the QIC and the BOD must sign a statement to protect the confidentiality of a client's personal health information.

One Heartt, Inc. will minimize the identifiability of a client's personal health information used for quality measurement to protect it from inappropriate disclosure. Reports for committee review regarding data analysis and trending do not disclose a client's personal health information.

[See Deming WE. The New Economics for Industry, Government, and Education. Cambridge, MA: The MIT Press; 2000.]

Any and all documents and records that are part of the QRM process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections can include attorney client privilege, attorney work product, and peer review protections.

Medical providers may be able to apply the federal privilege and confidentiality protections granted by the Patient Safety and Quality Improvement Act of 2005 to its patient safety events, data, and reports—referred to in the law as patient safety work product—by creating a patient safety evaluation system, through which the organization collects patient safety work product with the intent of providing it to one or more patient safety organizations for analysis and feedback. Care must be taken to ensure that the patient safety evaluation system is developed within the context of the provider’s state laws for legal privilege and peer review as well as the new federal law.

Program Review

Quality and Risk Management Program Description

- The CEO is responsible for updating the QM Program Description.
- The QRM Program Description is reviewed and approved by the QIC and the BOD, respectively, at least every three years.

Policies and Procedures

Relevant policies include but may not be limited to clinical, quality management, risk management, and HIPAA confidentiality and security.

- The CEO is responsible for development, revision, and maintenance of QM policies and procedures.
- Relevant policies are reviewed and approved by the QIC and the BOD, respectively, at least every two years or more often if major changes are required.
- Procedures may be developed, reviewed and approved by appropriate management or leadership staff.

QRM Work Plan

- The CEO in collaboration with the Clinical Director or Medical Director is responsible for developing the QRM work plan. The work plan includes performance indicators relevant to the key functional areas. The work plan outlines the indicators to be measured, performance goals, benchmarks, and dimensions of quality being monitored, past performance results, frequency of monitoring and reporting, and departments responsible for the activity. (Please refer to Attachment A).
- The work plan is reviewed by the QIC and approved by the BOD annually.

QRM Evaluation

- CFO is responsible for completing an annual program evaluation to assess the utilization, and quality of care and services delivered. The evaluation includes a review of completed and ongoing risk management, clinical and service activities; analysis of trended performance data; barriers identified; and interventions to

improve performance when goals are not being met. Conclusions about the overall effectiveness of the program, including assessments of the adequacy of program resources and the appropriateness of the committee structure are also integral part of the evaluation.

- The Quality Management Program Evaluation is reviewed by the QIC and approved by the BOD annually.

Attachment A: 2020 QRM Performance Measures and Key Activities Work Plan

Activity/Key Performance Measures	Category	Target	Resp Person	Freq	Reports	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Provider Accessibility (e-CW report 1307)	Access	TBD		Monthly	QIC	x	x	x	x	x	x	x	x	x	x	x	x
No Show Rates (e-CW report 1307)	Access	15%		Monthly	QIC	x	x	x	x	x	x	x	x	x	x	x	x
Telephone Responsiveness (ASA 30 secs)	Access	85%		Monthly	QIC	x	x	x	x	x	x	x	x	x	x	x	x
Appointment Type Wait Time (e-CW report 13.09)	Access	TBD		Qtr	QIC	x			x				x			x	
Referral Tracking /Completed (FTCA/HRSA)	Care Coord	65%		Qtr	QIC		x			x			x			x	
Positive Depression Screen	Chronic	45%		Qtr	QIC	x			x			x			x		
Adult HTN: BP Controlled at <140/90 (UDS)	Chronic	75%		Qtr	QIC	x			x			x			x		
Asthma: Prescribed Appropriate Meds (UDS)	Chronic	88%		Qtr	QIC	x			x			x			x		
Tobacco Use Cessation - Quit Smoking (UDS)	Chronic	75%		Semi-Annual	QIC		x						x				
Peer Review - Chronic Care Management	Chronic	80%		Qtr	Med Dir		x			x			x			x	
2020 QI/QA Plan Approval	Compliance	na		Annual	BOD				x								
FTCA Deeming Application (Initial)	Compliance	na		Annual	BOD					x							
Annual QI Evaluation	Compliance	na		Annual	BOD			x									
QIC Meetings	Compliance	100%		Monthly	BOD	x	x	x	x	x	x	x	x	x	x	x	x
Board Quality Reporting	Compliance	100%		Qtr	BOD	x			x			x			x		
Clinical Visit Summaries within 3 days (Core)	MU 1	>50%		Qtr	QIC	x			x			x			x		
E-copy of record when requested within 3 days (Core)	MU 1	>50%		Qtr	QIC	x			x			x			x		
Demographics Recorded (Core)	MU 1	>50%		Qtr	QIC	x			x			x			x		
Problem List Present (Core)	MU 1	>80%		Qtr	QIC	x			x			x			x		
Tobacco Use -13 years and older (Core)	MU 1	>50%		Qtr	QIC	x			x			x			x		
Medication Reconciliation (Core)	MU 1	>80%		Qtr	QIC	x			x			x			x		
E-Prescribing (Core)	MU 1	>40%		Qtr	QIC	x			x			x			x		

Activity/Key Performance Measures	Category	Target	Resp Person	Freq	Reports	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
CPOE (Core)	MU 1	>30%		Qtr	QIC	x			x			x			x		
Depression Screening Performed (HRSA)	Prevention	80%		Qtr	QIC		x			x			x			x	
Tobacco Use Assessment (UDS)	Prevention	97%		Qtr	QIC		x			x			x			x	
Adult BMI and counseling (UDS)	Prevention	95%		Qtr	QIC		x			x			x			x	
Adolescent BMI with diet and activity counseling (UDS)	Prevention	65%		Qtr	QIC		x			x			x			x	
Peer Review - Preventive Health	Prevention	80%		Qtr	Med Dir		x			x			x			x	
Provider Credentialing (Current Credentials and Cycle)	Risk	90%		Qtr	QIC		x			x			x			x	
Risk Management Training (FTCA)	Risk	100%		Annual	BOD									x			
Incident Management (FTCA)	Risk	< 2 mo		Qtr	QIC	x			x			x			x		
Peer Review - Chart Closure Timeliness	Risk	80%		Qtr	Med Dir		x			x			x			x	
Peer Review - Coding Accuracy	Risk	90%		Qtr	Med Dir	x			x			x			x		
Policy Review and Approval - Finance and HR	Risk	na		Annual	BOD			x									
Policy Review and Approval - Clinical Services	Risk	na		Annual	BOD				x								
Policy Review and Approval - Quality	Risk	na		Annual	BOD					x							
Policy Review Marketing and Business Development	Risk	na		Annual	BOD						x						
Policy Review and Approval - Information Mgmt	Risk	na		Annual	BOD							x					
Policy Review and Approval - Administrative	Risk	na		Annual	BOD								x				
Complaint Reporting (<i>Volume</i>)	Satis	<2 mo		Qtr	QIC	x			x			x			x		
Complaint Management (Timeliness)	Satis	30d		Qtr	QIC	x			x			x			x		
Patient Satisfaction Survey Results	Satis	TBD		Semi-Annual	QIC		x						x				

CORPORATE COMPLIANCE PROGRAM

I. STATEMENT OF POLICY OF ETHICAL PRACTICES ("Policy")

One Heartt, Inc. OMHC (the "Company") has a policy of maintaining the highest level of professional and ethical standards in the conduct of its business. The Company places the highest importance upon its reputation for honesty, integrity and high ethical standards. This Policy Statement is a reaffirmation of the importance of the highest level of ethical conduct and standards as well as the Company's ongoing commitment to educating its employees and other stakeholders on ethical codes of conduct.

These standards can only be achieved and sustained through the actions and conduct of all personnel of the Company. Each and every employee, including management employees, of the Company is obligated to conduct himself/herself in a manner to ensure the maintenance of these standards. Such actions and conduct will be important factors in evaluating an employee's judgement and competence, and an important element in the evaluation of an employee for raises and for promotion. Employees who ignore or disregard the principles of this Policy will be subject to appropriate disciplinary actions.

Employees must be cognizant of all applicable federal and state laws and regulations that apply to and impact upon the Company's documentation, coding, billing and competitive practices, as well as the day to day activities of the Company and its employees and agents. Each employee who is materially involved in any of the Company's documentation, coding, billing or competitive practices has an obligation to familiarize himself or herself with all such applicable laws and regulations, and to adhere at all times to the requirements thereof. Where any question or uncertainty regarding these requirements exists, it is incumbent upon, and the obligation of, each employee to seek guidance from a knowledgeable of, or attorney for, the Company.

In particular, and without limitation, this Policy prohibits the Company and each of its employees from directly or indirectly engaging or participating in any of the following:

A. **Improper Claims.**

Presenting or causing to be presented to the United States government or any other health care payer a claim:

1. Item or Service Not Provided As Claimed.

For any item or service that such person knows or should know was not provided as claimed, including a pattern or practice of presenting or causing to be presented a claim for an item or service that is based on a code that such person knows or should know will result in a greater payment to the claimant than the code such person knows or should know is applicable to the item or service actually provided;

2. False Claim.

For any item or service and such person knows or should know the claim is false or fraudulent;

3. Not Clinically Necessary.

For a pattern of services that such person knows or should know are not clinically necessary;

B. False Statement in Determining Rights to Benefits.

Making, using or causing to be made or used any false record, statement or representation of a material fact for use in determining rights to any benefit or payment under any health care program;

C. Conspiracy to Defraud.

Conspiring to defraud the United States government or any other health care payer by getting a false claim allowed or paid;

D. Health Care Fraud/False Statements Relating to Health Care Matters.

Executing or attempting to execute a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false, fictitious or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program;

E. Anti-Referral.

Presenting or causing to be presented a claim for reimbursement to any individual, third party payer, or other entity for designated health services which were furnished pursuant to a referral by a physician who has a financial relationship with the Company, as such is defined in 42 U.S.C. § 1395nn;

F. Anti-Kickback.

Except as otherwise provided in 42 U.S.C. § 1320a-7(b), knowingly and willfully:

1. Soliciting or receiving any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind either:

a. In return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program; or

b. In return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program; or

2. Offering or paying any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person either:

a. To refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program; or

b. To purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program;

G. Antitrust.

Engaging in any activity, including without limitation being a member of a multi-provider network or other joint venture or affiliation, which is in restraint of trade or which monopolizes, or attempts to monopolize, any part of interstate trade or commerce;

H. Waste, fraud, abuse, or other wrongdoing

Any activity which is wasteful of the limited resources or the company or its funding sources, abusive to stakeholders or fellow employees, or would be considered as wrongful by a reasonable person;

I. Failure to Report Violations to Compliance Officer.

Failing to promptly report to the Compliance Officer (as defined below) any instance described in subparagraphs 1 - 8 above with respect to the Company or any of its employees which is known to such person.

II. APPOINTMENT OF COMPLIANCE OFFICER

A. The Compliance Officer

In an effort to ensure compliance with this Policy, the Board of Directors is adopting a formal Compliance Program. To oversee and implement this program, the Company has appointed Robin Butler-Hall as its Compliance Officer. The Company has chosen its Compliance Officer based on his/her outstanding record of commitment to honesty, integrity and high ethical standards, and on her knowledge and understanding of the applicable laws and regulations. The Compliance Officer will provide for education and training programs for employees, respond to inquiries from any employee regarding appropriate billing, documentation, coding and business practices and investigate any allegations of possible impropriety.

B. Duties and Responsibilities of the Compliance Officer

The duties and responsibilities of the Compliance Officer shall include, but not be limited to, the following:

1. Working with the Board of Directors, chief executive, chief financial, and legal counsel in the preparation and development of, and overseeing the implementation of, written guidelines on specific federal and state legal and regulatory issues and matters involving ethical and legal business practices, including, without limitation, documentation, coding and billing practices with respect to requests for payments and/or reimbursements from any federally funded health care program, the giving and receiving of remuneration to induce referrals and engagement in certain business affiliations or pricing arrangements that may affect competition;
2. Developing and implementing an educational training program for Company personnel to ensure understanding of federal and state laws and regulations involving ethical and legal business practices including, without limitation, documentation, coding and billing practices with respect to requests for payments and/or reimbursements from any other federally funded health care program, the giving and receiving of remuneration to induce referrals and engagement in certain business affiliations or pricing arrangements that may affect competition;
3. Handling inquiries by employees regarding any aspect of compliance;
4. Investigating any information or allegation concerning possible unethical or business practices and recommending corrective action when necessary;
5. Providing guidance and interpretation to the Board of Directors, the chief executive and Company personnel, in conjunction with the Company's legal counsel, on matters related to the Compliance Program;
6. Planning and overseeing regular, periodic audits of the Company's operations in order to identify and rectify any possible barriers to the efficacy of the Compliance Program;
7. Preparing at least annually a report to the Board of Directors and the chief executive concerning the compliance activities and actions undertaken during the preceding year, the proposed compliance program for the next year, and any recommendations for changes in the Compliance Program; and
8. Performing such other duties and responsibilities as the Board of Directors may request.

C. Compliance Committees

The Compliance Officer may create one or more committees to advise the Compliance Officer and assist in the implementation of the compliance program. Each committee may have one or more members, who may be Company employees, independent contractors or other interested parties, and such members shall serve at the pleasure of the Compliance Officer. The purpose of providing for such committees is to allow the Company and the Compliance Officer to benefit from the combined perspectives of individuals with varying responsibilities in the Company such as, by way of example only and not obligation, operations, finance, audit, human resources, utilization review, discharge planning, coding and legal, as well as employees and managers of key operating units.

D. Reporting by Compliance Officer

Matters will be directed to the appropriate or manager of the Company. If the Compliance Officer is not satisfied with the action taken in response to its recommendations, he will report such concern to the Board of Directors and the chief executive. In no case will the Company endeavor to conceal Company or individual wrongdoing.

E. No-reprisal Assurance

The Compliance Officer shall have an "open door" policy with respect to receiving reports of violations, or suspected violations, of the law or of the Policy

and with respect to answering employee questions concerning adherence to the law and to the Policy.

III. EDUCATIONAL PROGRAM

A. Purpose of Educational Program

The Compliance Program promotes the Company's policy of adherence to the highest level of professional and ethical standards, as well as all applicable laws and regulations. The Company will make available appropriate educational and training programs and resources to ensure that all employees are thoroughly familiar with those areas of law that apply to and impact upon the conduct of their respective duties, including, without limitation, the specific areas of documentation, billing and competitive practices of the Company.

B. Responsibility for Educational Program

The Compliance Officer, in conjunction with the Company's legal counsel, is responsible for implementation of the educational program. The program is intended to provide each employee of the Company with an appropriate level of information and instruction regarding ethical and legal standards, including, without limitation, standards for documentation, coding, billing and competitive practices, and with the appropriate procedures to carry out the Policy. Education and training of all employees shall be conducted at least annually. The determination of the level of education needed by particular employees or classes of employees will be made by the Compliance Officer. Each educational program presented by the Company shall allow for a question and answer period at the end of such program.

C. Subject Matter of Educational Program

The educational program shall explain the applicability of pertinent laws, including, without limitation, applicable provisions of the False Claims Act (31 U.S.C. § 3729), the civil and criminal provisions of the Social Security Act (42 U.S.C. § 1320a-7a and § 1320a-7b, respectively), criminal offenses concerning false statements relating to health care matters (18 U.S.C. § 1035), the criminal offense of health care fraud (18 U.S.C. § 1347), the Federal Anti-Referral Laws (42 U.S.C. § 1395nn), the Anti-Kickback Laws (42 U.S.C. § 1320a-7b(b)) and the Sherman Antitrust Act (15 U.S.C. §§ 1, 2 and 18). As additional legal issues and matters are identified by the Compliance Officer, those areas will be included in the educational program. Each education and/or training program conducted hereunder shall reinforce the fact that strict compliance with the law and with the Company's Policy is a condition of employment with the Company.

D. Training Methods

Different methods may be utilized to communicate information about applicable laws and regulations to Company employees, as determined by the Compliance Officer. The Company may conduct training sessions regarding compliance which may be mandatory for selected employees. The seminars will be conducted by the Compliance Officer, legal counsel for the Company or, where appropriate, by Company managers or consultants. The Compliance Officer may require that certain employees or representatives of the Company attend, at the Company's expense, publicly available seminars covering particular areas of law. The Company's orientation for new employees will include discussions of the Compliance Program and an employee's obligation to maintain the highest level of ethical and legal conduct and standards.

While the Company will make every effort to provide appropriate compliance information to all employees, and to respond to all inquiries, no educational and training program, however comprehensive, can anticipate every situation that may present compliance issues. Responsibility for compliance with this Compliance Program, INCLUDING THE DUTY TO SEEK GUIDANCE WHEN IN DOUBT, rests with each employee of the Company.

IV. EMPLOYEE OBLIGATIONS

The Compliance Policy imposes several obligations on Company employees, all of which will be enforced by the standard disciplinary measures available to the Company as an employer. Adherence to the Compliance Program will be considered in personnel evaluations.

A. Employee Obligations

(i) Reporting Obligation. Employees must immediately report to the Compliance Officer any suspected or actual violations (whether or not based on personal knowledge) of applicable law or regulations by the Company or any of its employees. Any employee making a report may do so anonymously if he/she so chooses. Once an employee has made a report, the employee has a continuing obligation to update the report as new information comes into his/her possession. All information reported to the Compliance Officer by any employee in accordance with the Compliance Policy shall be kept confidential by the Company to the extent that confidentiality is possible throughout any resulting investigation; however, there may be a point where an employee's identity may become known or may have to be revealed in certain instances when governmental authorities become involved. Under no circumstances shall the reporting of any such information or possible impropriety serve as a basis for any retaliatory actions to be taken against any employee making the report.

(ii) Acknowledgment Statement. Each employee must complete and sign from time to time an Acknowledgment Statement to the effect that the employee fully understands the Compliance Program, and acknowledges his/her commitment to comply with the Program as an employee of the Company. Each acknowledgment statement shall form a part of the personnel file of each employee. It shall be the responsibility of each manager to ensure that all employees under his/her supervision who are materially involved in any of the Company's documentation, coding, billing and competitive practices have executed such an acknowledgment.

B. Company Assessment of Employee Performance Under Compliance Program

1. Violation of Applicable Law or Regulation. If an employee violates any law or regulation in the course of his/her employment, the employee will be subject to sanctions by the Company.

2. Other Violation of the Compliance Program. In addition to direct participation in an illegal act, employees will be subject to disciplinary actions by the Company for failure to adhere to the principles and policies set forth in this Compliance Program. Examples of actions or omissions that will subject an employee to discipline on this basis include, but are not limited to the following:

a. a breach of the Company's Policy;

b. failure to report a suspected or actual violation of law or a breach of the Policy;

c. failure to make, or falsification of, any certification required under the Compliance Program;

d. lack of attention or diligence on the part of supervisory personnel that directly or indirectly leads to a violation of law; and/or

e. direct or indirect retaliation against an employee who reports a violation of the Compliance Policy or a breach of the Policy.

3. Possible Sanctions. The possible sanctions include, but are not limited to, termination, suspension, demotion, reduction in pay, reprimand, and/or re-training. Employees who engage in intentional or reckless violation of law, regulation or this Compliance Program will be subject to more severe sanctions than accidental transgressors.

C. Employee Evaluation

Employee participation in, and adherence to, the Compliance Program and related activities will be an element of each employee's annual personnel evaluations including, without limitation, annual personnel evaluations of Company supervisors and managers. As such, it will affect decisions concerning compensation, promotion and retention.

D. Non-Employment or Retention of Sanctioned Individuals

The Company shall not knowingly employ any individual, or contract with any person or entity, who has been convicted of a criminal offense related to health care or who is listed by a Federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs. In addition, until resolution of such criminal charges or proposed debarment or exclusion, any individual who is charged with criminal offenses related to health care or proposed for exclusion or debarment shall be removed from direct responsibility for, or involvement in, documentation, coding, billing or competitive practices. If resolution results in conviction, debarment or exclusion of the individual, the Company shall terminate its employment of such individual.

V. RESPONSE TO REPORTS OF VIOLATIONS

The Company, along with its legal counsel where necessary, shall promptly respond to and investigate all allegations of wrongdoing of Company employees, whether such allegations are received.

A. Investigation

Upon the discovery that a material violation of the law or of the Policy has occurred, the Company shall take immediate action to rectify the violation, if possible, and to report the violation to the appropriate regulatory body, if necessary, and to appropriately sanction the culpable employee(s) of the Company. Promptly after any discovered material violation is addressed, the Company shall, with the assistance of the Compliance Officer, amend this Policy in any manner that the Company or the Compliance Officer feels will prevent any similar violation(s) in the future.

If an investigation of an alleged violation is undertaken and the Compliance Officer believes the integrity of the investigation may be at stake because of the presence of employees under investigation, the employee(s) allegedly involved in the misconduct shall, at the discretion of the Compliance Officer, be removed from his/her/their current work activity until the investigation is completed. In addition, the Company and the Compliance Officer shall take any steps necessary to prevent the destruction of documents or other evidence relevant to the investigation. Once an investigation is completed, if disciplinary action is warranted, it shall be immediate and imposed in accordance with the Company's written standards of disciplinary action.

B. Timeframe for Investigation

All investigations of alleged violations will be conducted in an expeditious and timely manner. While it is understood that the time necessary to complete a thorough investigation of an alleged violation will vary depending upon the nature and scope of such violation, under no circumstance will the Compliance Officer take more than Sixty (60) days from the date of reporting to complete an investigation without the express consent of the Board of Directors.

VI. AUDITING AND MONITORING

A. Importance of Auditing and Monitoring

It is critical to the Company's compliance with the Policy for the Company to conduct regular auditing and monitoring of the activities of the Company and its employees in order to identify and to promptly rectify any potential barriers to such compliance.

B. Regular Audits

Regular, periodic audits, as periodically as the Compliance Officer shall prescribe, shall be conducted at the Compliance Officer's direction. Such audits shall evaluate the Company's compliance with its Compliance Policy and determine what, if any, compliance issues exist. Such audits shall be designed and implemented to ensure compliance with the Company's Compliance Policy and all applicable federal and state laws. Compliance audits shall be conducted in accordance with the comprehensive audit procedures established by the Compliance Officer and shall include, at a minimum:

1. Interviews conducted by Compliance Officer or designee with personnel involved in management, operations and other related activities;
2. Reviews, at least annually, of whether the Compliance Program's elements have been satisfied (e.g. whether there has been appropriate dissemination of the Compliance Program's standards, training, disciplinary actions, etc.);
3. Random reviews of Company records with special attention given to procedures relating to documentation, coding, billing, the giving and receiving of remuneration to induce referrals and engagement in certain business affiliations or pricing arrangements that may affect competition; and
4. Reviews of written materials and documentation used by the Company. All compliance audit procedures shall be conducted with the assistance of the Company's legal counsel and all investigations, and the results thereof, are confidential.

C. Formal Audit Reports

Formal audit reports shall be prepared with the assistance of the Company's legal counsel and submitted to the Compliance Officer and the Board of Directors to ensure that management is aware of the results and can take whatever steps necessary to correct past problems and deter them from recurring. The audit or other analytical reports shall specifically identify areas where corrective actions are needed and should identify in which cases, if any; subsequent audits or studies would be advisable to ensure that the recommended corrective actions have been implemented and are successful.

D. Compliance with Applicable Fraud Alerts

The Compliance Officer shall regularly and periodically monitor the issuance of fraud alerts by Office of the Inspector General of the Department of Health and Human Services. Any and all fraud alerts so issued shall be carefully considered by the Compliance Officer and by the Company's legal counsel. The Company shall revise and amend this Compliance Policy, as necessary, in accordance with such fraud alerts. In addition, the Company shall immediately cease and correct any conduct applicable to the Company and criticized in any such a fraud alert.

E. Retention of Records and Reports

The Company shall document its efforts to comply with applicable statutes, regulations and federal health care program requirements. All records and reports created in conjunction with the Company's adherence to the Compliance Policy are confidential and shall be maintained by the Company, through the Compliance Officer, in a secure location until such time as the Compliance Officer, through consultation with the Company's legal counsel, determines that the destruction of such documentation is appropriate.

This Compliance Program has been adopted by the Board of Directors.

ACKNOWLEDGMENT

I hereby acknowledge that I have received and reviewed One Heartt. Inc. OMHC's (the "Company")'s Corporate Compliance Program, including its Policy Statement on Ethical Practices ("Policy"). I fully understand that, as an employee, I have an obligation to fully adhere to these policies and principles.

In particular, I hereby acknowledge and affirm that:

1. I fully understand the Company Policy and the Compliance Program, and I acknowledge my commitment to comply with the Company Policy and Compliance Program as an employee of the Company.
2. When I have a concern about a possible violation of Company Policy, I will promptly report the concern to the Compliance Officer in accordance with the Compliance Program.

Date

Employee's signature

Printed name of employee

Exposures

Area	Practices/ Documents	Key Areas of Assessment	Remediation Plan
Patient Care	Trends in patient incidents/ occurrences by department, service, shift; malpractice claims by service, shift and clinical staff; key clinical outcomes, complaints and satisfaction scores by department or service.	Focus on high risk, high volume patient care functions and activities. Policies, procedures, processes, practices, and standardization of clinical protocols.	<ul style="list-style-type: none"> • Training, communication and reinforcement of standard clinical policies and protocols. • Use of checklists.
Medical Records & documentation	<ul style="list-style-type: none"> • Adequate documentation for accurate & timely coding. • Patient charts and documentation 	Problems with non-compliance & variability from policy and procedure. Inadequate or incomplete documentation	<ul style="list-style-type: none"> • Training with policy and procedures, and compliance with the same
General liability	<ul style="list-style-type: none"> • Housekeeping policies, procedures and practices • Patient, visitor, employee incidents/ occurrences by service and shift 	<ul style="list-style-type: none"> • Patterns and trends of problems or incidents 	<ul style="list-style-type: none"> • Self- inspection of building
Mechanical & Clinical equipment	<ul style="list-style-type: none"> • Preventative maintenance policies, procedures, and practices • Patient, visitor, employee incidents/ occurrences by service and shift 	<ul style="list-style-type: none"> • Age, identification, performance and tracking of mechanical & clinical equipment. 	<ul style="list-style-type: none"> • Utility consumption tracking and benchmarking.
Infection Control	<ul style="list-style-type: none"> • Policies and procedures 	<ul style="list-style-type: none"> • Tracking on of infection control incidents 	<ul style="list-style-type: none"> • Training and enforcement of proper infection control prevention • Posting signage to improve hygiene practices • Management of contagious or high-risk patients • Emergency preparedness
Employee health	<ul style="list-style-type: none"> • Policies, procedures and practices • Employment practices 	<ul style="list-style-type: none"> • Tracking, assessing, and reporting of employee health incidents and problems 	<ul style="list-style-type: none"> • Training for injury prevention • Patterns and trends or incidents in employee health or on-the-job injuries or exposures.
Vehicles	<ul style="list-style-type: none"> • Policies, procedures, and practices regarding employee use of 	<ul style="list-style-type: none"> • Vehicle maintenance and service records 	<ul style="list-style-type: none"> • Timely vehicle maintenance and repair

	organization owned vehicles	<ul style="list-style-type: none"> • Sign-in/out records for staff use 	
Directors & Officers	<ul style="list-style-type: none"> • Board policies and procedure manuals 	<ul style="list-style-type: none"> • Policy and procedure manuals 	<ul style="list-style-type: none"> • Ongoing board development practices
Disaster preparedness	<ul style="list-style-type: none"> • Disaster preparedness planning & training • Crisis media plan & policy 	<ul style="list-style-type: none"> • Drills and role-playing • Review of policies and procedures 	<ul style="list-style-type: none"> • Internal training and assessment • Randomized drills
Insurance coverages	<ul style="list-style-type: none"> • Insurance policy 	<ul style="list-style-type: none"> • Insurance policy documents 	<ul style="list-style-type: none"> • Outlays vs. potential losses and premium
Credentialing	<ul style="list-style-type: none"> • Policies, procedures, malpractice claims, patient complaints and variability by clinician/ licensed staff 	<ul style="list-style-type: none"> • Clinician quality, cost, variability trending and benchmarking 	<ul style="list-style-type: none"> • Verification of credentials • Monitoring/Tracking of malpractice claims against staff • Market analysis
Corporate ethics and compliance	<ul style="list-style-type: none"> • Ethics and compliance policy, procedures, and practices 	<ul style="list-style-type: none"> • Policies and procedures • Incident reports 	<ul style="list-style-type: none"> • Training on corporate compliance and ethics • Remediation of critical incidents

One Heartt, Inc. OMHC Health and Safety Plan

Overview

Intent Statement

One Heartt, Inc. OMHC, as an agency, values all employees and is committed to maintaining the health and safety of all staff as a priority. This commitment to health and safety is fulfilled through the active participation of all staff, and is extended to all persons served, personnel, and other stake holders.

Policy Statement

One Heartt, Inc. OMHC Health and Safety Plan is designed to outline the protocols in place to maintain a safe and injury/illness free work environment for each program area. Accident prevention is a responsibility of and concern for all employees. This includes the safety and well being of employees, subcontractors, and persons served. Compliance with the Health and Safety Plan is mandatory for all employees of the company. It is the aim of One Heartt, Inc. OMHC to prevent accidents, injuries and illness resulting from all foreseeable workplace hazards and risks and to respond rapidly and appropriately when these occur.

Applicability

One Heartt, Inc. OMHC Health and Safety Plan applies to all employees of One Heartt, Inc. OMHC, regardless of position within the company. The health and safety protocols contained herein apply to all subcontractors, interns, and volunteers. Every employee is expected to comply with the One Heartt, Inc. OMHC Health and Safety Plan.

Enforcement

The authorization and responsibility for enforcement of the Health and Safety Plan has been given primarily to the Safety Officer/Human Resources Director/or Office Manager. The Program Director for each program area will share in this responsibility as well. The Safety Officer and Program Directors will meet at least annually to evaluate all areas of safety and make recommendations for changes as necessary to the State Administrator and Executive Director.

Maintaining a Healthy and Safe Work Environment

Fire Safety

Employees should be knowledgeable in fire prevention and emergency response in the work place. Major causes of fires in the work place include arson, smoking materials, wiring, and appliances. It is important to keep doors locked after business hours, keep areas near doorways and around building clear, and pay attention to housekeeping within the building. Smoking is not allowed in any One Heartt, Inc. OMHC offices/buildings. In designated smoking areas (located outside of the building, away from entrances), large, non-tip ashtrays should be used. Outlets should not be overloaded. Any broken or cracked electrical cords should be replaced immediately. Become familiar with the facility's fire and life safety systems. Know what types of fire safety systems the building has, as well as their location –and how to use them (i.e., Fire extinguishers, Smoke detectors, Sprinklers, Alarms, Evacuation Plans).

Fire Response Plan

If the fire/smoke alarm sounds, or a fire is suspected:

- Dial 911 immediately.
- Exit the building according to evacuation plan (close doors when exiting to help limit spread of smoke and fire). Never use elevators during a fire emergency. Proceed to the identified employee meeting place.

If an intercom system is available, Code Red should be announced; Skype or other instant messaging systems may also be utilized to announce the fire emergency.

Fire Extinguisher: In the event of a smaller, contained fire, call 911 and then utilize the fire extinguisher. If you are unable to extinguish the fire, leave and close the door behind you.

Evacuation Plans: Evacuation plans are kept on file and posted in each program office, in all common areas. Evacuation plans identify location of fire extinguishers and where everyone should meet so that each employee may be accounted for. The meeting location should be far enough from the building to provide safety for the evacuees, but also to allow for emergency responder access. See Appendix A for each office evacuation plan.

Medical Emergencies

It is important to anticipate and plan for situations that may require on-site emergency medical care. Regardless of the type of emergency, medical procedures focus on three basic steps, which the American Red Cross identifies as Check-Call-Care.

- The first step is to secure the scene and check the injured person.

- If the situation is serious or life-threatening, the next step is to call emergency 911.
- Then, begin providing emergency life-support (CPR) and/or First-Aid services.

If an intercom system is available Code Blue should be announced; Skype or other instant messaging systems may also be utilized to announce the medical emergency.

All One Heartt, Inc. OMHC employees must be trained in First-Aid and CPR. All One Heartt, Inc. OMHC program offices are equipped with First-Aid kits. One Heartt, Inc. OMHC Evacuation plans all indicate where First-Aid kits are located within the office. Direct care employees also have First-Aid kits in their vehicles.

First-Aid kits must be inventoried on a quarterly basis, or after each medical emergency to ensure it is properly stocked. The inventory/stock will be documented on the One Heartt, Inc. OMHC Safety Check Form and submitted to the Safety Officer. If additional supplies are required, a purchase request will accompany the Safety Check Form.

Bomb Threats

Bomb threats are made to warn people to leave a location where an explosive device may have been placed. Another reason for making a bomb threat is to cause alarm, panic, and get attention and response. Bomb threats are usually received by telephone. All personnel must be instructed in responding to bomb threats, especially those at the telephone switchboard.

It is always desirable that more than one person listen in on the call if possible. If possible, the person receiving the threat should notify other employees of the active threat. If an intercom system is available Code Yellow should be announced; Skype, text, or other instant messaging systems may also be utilized to announce the bomb threat. The person receiving a bomb threat should remain calm and attempt to obtain as much information as possible from the caller (Appendix D Bomb Threat Call Checklist).

- Keep the caller on the line as long as possible
- Record/document every word spoken by the person if possible
- If the caller does not indicate the location of the bomb, ask for this information
- Pay particular attention to background noises which may give a clue as to the location of the caller
- Listen closely to the voice (male/female), accents, and speech impediments

- Immediately after the caller hangs up, call 911 and evacuate the building, according to identified evacuation plan
- Report the threat to immediate supervisor and Safety Officer

Each office should have a copy of the Bomb Threat Call Checklist accessible in any area where telephones are answered. The checklist should be used, if possible, to document the elements of the threat. A copy of the checklist should be provided to responding police officers, as well as to the One Heartt, Inc. OMHC Safety Officer.

Work-place Violence

Work-place violence is any intentional act that inflicts, attempts to inflict, or threatens to inflict bodily hurt on another person or property, whether committed by a One Heartt, Inc. OMHC employee or by anyone else and which occurs in a One Heartt, Inc. OMHC program office or while an employee is engaged in One Heartt, Inc. OMHC business.

The following control measures are reliable and will provide protection for employees and assist in the prevention of work-related violence:

- The office building is secure and maintained
- Security measures are used (cameras) where available
- Internal and external lighting is installed to assist visibility
- Furniture and partitions are arranged to allow good visibility of service areas and avoid restrictive movement
- There is no public access to the premises when people work at night
- Supervisors are made aware of staff general whereabouts when making home visits or engaging in other work-related tasks within the community
- The use or sale of alcohol, illegal, or non-prescribed drugs, or reporting for work under the influence of such substances is prohibited
- Displaying behavior that could endanger oneself or a fellow employee such as fighting, engaging in horseplay, and disorderly or disruptive behavior is prohibited
- All staff is trained in Emergency Behavior Intervention, which includes de-escalation techniques that may be used with any age group
- Supervisors should be watchful for problematic behaviors of employees (i.e., increasing belligerence, threats, apparent obsession with coworker, outbursts of anger, noticeable changes in behavior)

If violence occurs, employees should:

- Dial 911
- Evacuate the area immediately
- Help others evacuate/escape if possible
- Prevent others from entering the area
- If unable to evacuate, find a safe place out of the violent person's view

Skype, text, or other instant messaging systems may also be utilized to announce the threat and instruct employees to evacuate the building, Code Gray.

When interacting with the violent or threatening person:

- Use calm verbal and non-verbal communication
- Use verbal de-escalation and distraction techniques
- Ask the aggressor to leave the premises
- Retreat to a safe location if possible and call 911

Natural Disasters/Severe Weather Events

A natural disaster is a major adverse event resulting from natural processes; examples include hurricanes, tornadoes, floods, severe thunderstorms, and winter storms. Being prepared and acting quickly is critical during the threat of severe weather.

Hurricanes are strong storms that can be life-threatening as well as cause serious threats such as flooding, storm surge, high winds and tornadoes.

- Listen to area radio and television stations for critical information from the National Weather Service
- Secure windows and doors; contact maintenance or landlords to assist
- Be prepared to evacuate
- Unplug, elevate, and secure all computers and other electrical devices
- Elevate all filing cabinets and/or move books, binders, paper items to higher areas of the offices

Severe thunderstorms may produce hail at least 1 inch in diameter and/or have wind gusts of at least 58 miles per hour. Every thunderstorm produces lightning and often has heavy rain that can cause flooding. High winds can cause structural damage, blow down trees and utility poles, and cause widespread power outages

- Listen to area radio and television stations for critical information from the National Weather Service

- Stay away from windows, skylights, and glass doors that could be broken by strong winds or hail

A tornado is a violently rotating column of air extending from the base of a thunderstorm down to the ground. Although severe tornadoes are more common in Plains States, tornadoes have been reported in every state.

- During any storm, listen to area radio and television stations for critical information from the National Weather Service
- If a tornado is approaching move to a small, interior room or hallway, on the lowest floor with no windows
- If an intercom system is available Code Orange should be announced; Skype or other instant messaging systems may also be utilized to announce the tornado warning/threat.

Floods are among the most frequent natural disasters. Conditions that cause floods include heavy or steady rain for several hours or days that saturate the ground.

- Listen to area radio and television stations for possible flood warnings and reports of flooding in progress or other critical information from the National Weather Service
- Be prepared to evacuate
- Unplug, elevate, and secure all computers and other electrical devices; cover in large trash bags
- Elevate all filing cabinets and/or move books, binders, paper items to higher areas of the offices
- Stay away from flood waters, walking or driving

The following steps will be taken to secure records during a natural disaster/severe weather event or in the event of other critical equipment failure:

- The CEO and/or IT Department will ensure that a back up is done of its centralized database program. One Heartt, Inc. Backup Disaster Recovery Server is an EMR, member server of the domain that asks a storage repository for all Shadow Protect backups of the other servers in the domain.
- Paper records will be secured and will be attempted to be protected as much as possible based on the type of disaster

Infection Prevention and Control

Infectious Diseases (also called communicable diseases) kill more people worldwide than any other single cause. Infectious diseases are caused by germs. Germs are tiny living things that are found everywhere - in air, soil and water. You can get infected by touching, eating, drinking or breathing something that contains a germ. Germs can also spread through animal and insect bites, kissing and sexual contact. Vaccines, proper hand washing and medicines can help prevent infections.

One Heartt, Inc. OMHC recognizes the seriousness of infectious diseases and requires employees participate in training regarding the prevention of the spread of communicable diseases. All employees are also required to have a Tuberculosis (TB) screening when hired. The following general practices are encouraged to help stop the spread of germs in the work place:

When you cough or sneeze, you send tiny germ-filled droplets into the air. Colds and flu usually spread that way. You can help stop the spread of germs by:

- Covering your mouth and nose when you sneeze or cough. Sneeze or cough into your elbow, not your hands.
- Cleaning your hands often - always before you eat or prepare food, and after you use the bathroom or change a diaper
- Avoiding touching your eyes, nose or mouth

Hand washing is one of the most effective and most overlooked ways to stop disease. Soap and water work well to kill germs. Wash for at least 20 seconds and rub your hands briskly. Disposable hand wipes or gel sanitizers also work well.

The following are recommended hygienic practices for care providers and staff caring for people with infections disease.

- Spills of semen, blood, bloody saliva, urine, feces, or vomit on surfaces such as floors, bathtubs, etc. should be cleaned with a solution of ten (10) parts water to one (1) part bleach. The towel or cloth used for the cleanup shall be placed in a sealed plastic bag and put outside in a trash can. Disposable rubber gloves shall be used during the cleaning of any and all bodily fluid spills.
- Clothes that have been soiled with fluids shall be washed separately from other clothes with ten (10) part water to one (1) part bleach mixture.
- Bloody body fluids found in or on bottles, dishes, cups, or eating utensils shall be washed separately either by hand or in the dishwasher with hot soapy water.

- Disposable soiled diapers should be placed in a sealed plastic bag and placed in a trash can outside.
- If a child with an infectious disease bites someone and draws blood, the area should immediately be washed with hot water and soap and reported to a doctor.
- Care providers and staff are encouraged to assure that immunizations are up to date for childhood diseases such as mumps, Rubella, etc. as determined by their physician.

Emergency Procedure Testing and Facility Inspections

One Heartt, Inc. OMHC employees are trained regarding the Health and Safety Plan during new employee orientation and annually thereafter. Emergency procedures must be reviewed with staff and practiced periodically to ensure comprehension and ability. Most office emergencies require evacuation as some part of the identified response.

Evacuation Drills: Unannounced evacuation drills will be held in an effort to practice the evacuation plan. This is to occur on a biannual basis or as often as the Safety Officer deems appropriate. These drills will be monitored and used as a training tool. Any concerns noticed by the monitor or staff being evacuated will be discussed and addressed as necessary. Evacuation drills and subsequent observations/concerns will be documented by the Safety Officer on the One Heartt, Inc. OMHC Safety Drill form and submitted to the State Administrator and Executive Director for review. **See Appendix E.**

Other Safety Drills: The Safety Officer will instruct Program Directors in implementing additional unannounced drills, such as bomb threats, medical emergencies, and violence. The Program Director will announce the drill and explain the scenario to be simulated. Employees are to react as if it is an actual emergency and follow procedures. The Program Director will observe the response and document it accordingly. Documentation will be completed on the One Heartt, Inc. OMHC Safety Drill form and submitted and reviewed by the Safety Officer.

Facility Inspections: Annual facility inspections will be completed by a qualified external authority (fire/health inspector). Fire extinguishers will be inspected for required maintenance or service, annually by an approved external service provider. Annual inspections and any subsequent compliance inspections will be submitted to the Safety Officer. Biannual internal health and safety inspections will be completed by Program Directors. These inspections will be documented on the following forms: One Heartt,

Inc. OMHC Safety Check Form and the One Heartt, Inc. OMHC Health and Safety Checklist. See Appendix C.

Maintaining Out-of-Office Health and Safety

Safe Driving and Travel Practices

Travel and field work a core component of most employee roles within One Heartt, Inc. OMHC. Primarily, Case Managers and therapists may be are required to travel (short distances and long trips) on a routine basis, while completing general job-related responsibilities. In an effort to keep employees safe, One Heartt, Inc. OMHC implements the following requirements:

- All employees must complete Transportation Safety training.
- Employees who must travel as part of their job requirements, must have a valid driver's license, have reliable transportation, maintain automobile liability insurance, and maintain vehicle maintenance (proof of each must remain on file with the Human Resources Director/Safety Officer).

One Heartt, Inc. OMHC encourages the following safe driving practices:

- Use a seat belt at all times –driver and passenger(s)
- Be well-rested before driving
- Avoid taking medications that make you drowsy
- Set a realistic goal for the number of miles you can drive safely each day
- If you are impaired in any way, do not drive
- Avoid distractions, such as adjusting the radio, eating or drinking, or talking on the phone
- Stay alert to the environment and situation requiring quick action
- When traveling long distances, stop and take a break every two hours
- Keep your cool in traffic
- Be patient and courteous to other drivers
- Do not take other drivers' actions personally
- Reduce stress by planning your route ahead of time
- Have a good knowledge of the road traffic laws and abide by them at all times
- Ensure your supervisor or a coworker knows your general daily itinerary

Other long-distance travel safety tips:

- Leave valuables home whenever possible, and never leave baggage or personal items unattended
- Know your travel route and make sure vehicle is in good condition

- Keep doors locked while driving; lock doors when leaving your vehicle
- Keep doors locked securely when staying overnight in a hotel
- Identify anyone who knocks on door prior to allowing access to hotel room
- When walking in unfamiliar places, stay with the crowd on well-lit streets
- Walk briskly and confidently and keep alert to surroundings
- Ensure your supervisor or a coworker knows your travel and daily itinerary

Transporting Clients

It may be requested that One Heartt, Inc. OMHC employees assist in transporting clients. This is especially true for Case Managers. At this time One Heartt, Inc. does not transport clients. However, if future programs transport clients, in an effort to keep employees and clients safe, One Heartt, Inc. OMHC implements the following requirements:

- All employees must complete Transportation Safety training.
- Employees transport clients, must have a valid driver's license, have reliable transportation, maintain automobile liability insurance, and maintain vehicle maintenance (proof of each must remain on file with the Human Resources Director/Safety Officer).
- One Heartt, Inc. OMHC will conduct biennial checks of the employee's driving record.
- Vehicles used to transport clients must have working safety belts; if transporting young children, appropriate child restraints must be used.
- Vehicles used to transport clients must have a fully stocked first-aid kit.
- When transporting clients, the driver must have a general awareness of the child and his or her circumstances –including medical conditions/needs, behavior issues, and safety plans.
- When transporting clients, employees must ensure they have their cell phone available; the vehicle should be safely parked before using the phone.
- Under no circumstances may a client be left unattended in a vehicle.
- Vehicles used to transport clients must have emergency procedures available. See Appendix G.
- In the event of an emergency the One Heartt, Inc. OMHC Transportation Emergency Procedures must be followed. See Appendix G.

Home-Based Staff

One Heartt, Inc. OMHC allows Case Managers to work from a home-based office. In an effort to ensure the health and safety of home-based staff, the following health and safety parameters are encouraged:

Setting up your home office:

Place your computer on a standard-height desk or workstation, preferably one that's recommended for computers. Choose a standard, five-legged office chair. These chairs minimize the risk of injury over time by encouraging good posture and back position. In addition, their stability decreases the likelihood of injury from falling over backward. Work in an area with proper lighting—bright enough to read your accompanying documents, but not more than 10 times brighter than the monitor.

Preventing fire hazards:

Don't overload electrical circuits and extension cords. Have a fire extinguisher handy. Be careful not to spill liquids on your computer, monitor, printer, etc. Don't get distracted by doing multiple tasks that involve fire risks, especially cooking in the kitchen while working. Don't smoke. A stray cigarette or match can ignite paper, chemicals, or electrical equipment. Have a fire escape route planned—a good idea for any home. Make sure that your office set-up doesn't hinder escape. For instance, don't place a large, difficult-to-move cabinet in front of the windows. As with the rest of your house or apartment, use common sense when dealing with fire hazards.

Reporting and Documenting Serious Incidents

Reporting Serious Incidents

A serious incident is an unplanned or undesired event that adversely affects the company's work operations. Such incidents include but are not limited to: fires, work-related injuries or other medical emergencies, bomb threats, threats of violence, damage or injury as a result of a natural disaster or severe weather event, automobile accidents, use of emergency behavior interventions, abuse/neglect of a child, and use/possession of alcohol, illegal substances or weapons on company premises.

Reporting serious incidents allows for proper investigation as warranted, but also to identify causes, trends, and areas that require performance improvement. All serious incidents must be reported to the Program Director immediately. The Program Director will then notify the Safety Officer and ensure the proper documentation of the incident.

Documenting Serious Incidents

All serious incidents will be documented on the One Heartt, Inc. OMHC Employee Incident Report (Appendix H). The report will be completed by the employee involved or the Program Director. The incident report will then be submitted to

the Safety Officer who will review and staff with the State Administrator and Executive Director to determine corrective actions or plans.

The Safety Officer will keep on file all serious incidents and create an annual report analyzing all serious incidents to identify any trends, pending corrective actions (to include employee training), and recommendations for prevention of reoccurrences. The annual report will be submitted to the State Administrator and Executive Director.

TDFPS Requirements

One Heartt, Inc. OMHC must report all serious incidents (a non-routine occurrence that has or may have dangerous or significant consequences on the care, supervision, and/or treatment of a child) to Licensing.

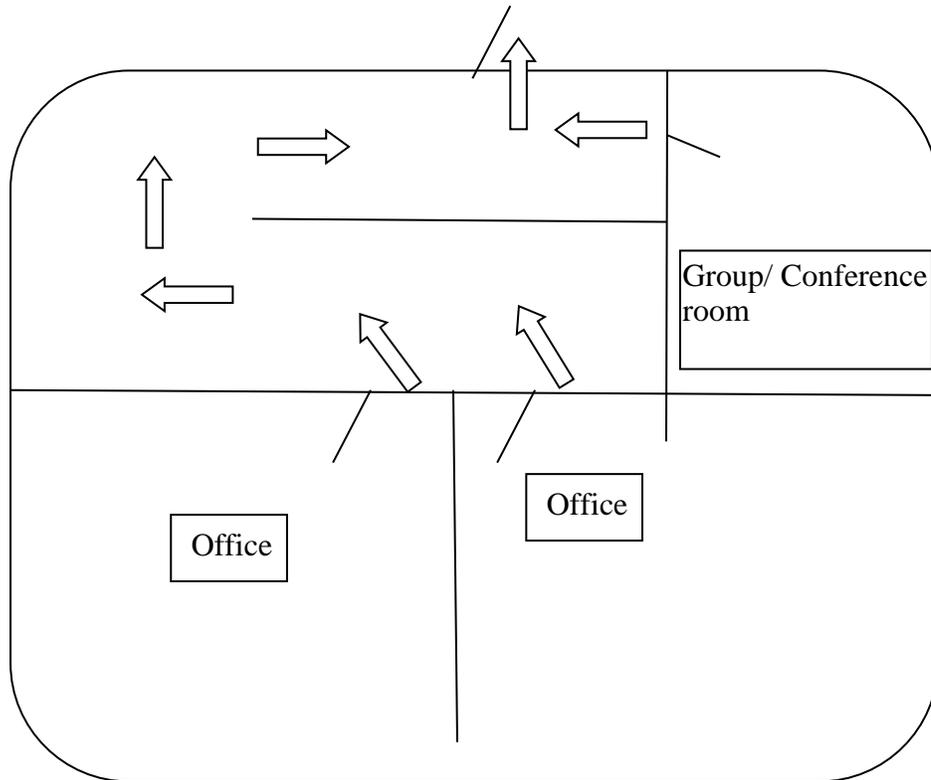
Employee Training

One Heartt, Inc. OMHC employees are trained in health and safety procedures. Employees must participate in the following trainings upon hire and annually thereafter, unless otherwise indicated:

- One Heartt, Inc. OMHC Health and Safety Plan Training
- Emergency Behavior Intervention (PAPH)
- First Aid and CPR (typically good for two years)
- Psychotropic Medication and Medication Administration
- Transportation Training

On-going training activities include the use of unannounced evacuation drills and other safety drills. Additional training may be required as necessary.

Appendix A
One Heartt, Inc. OMHC Office Evacuation Plans



Meeting Place:

Mitchell Courthouse

100 N Calvert St, Baltimore, MD 21202

Appendix B
One Heartt, Inc. OMHC Emergency Phone Numbers

Name	Office Number	Cell Number
Nakieta Lankster –CEO	334.341.4011	510.593.4974

One Heartt, Inc. OMHC Emergency Codes

Nature of Emergency	Code
Fire	Code Red
Medical	Code Blue
Threat of Violence	Code Gray
Tornado	Code Orange
Bomb Threat	Code Yellow

Appendix C
One Heartt, Inc. OMHC Safety Check Form

Date of check: _____ Done by: _____

Office or facility location: _____

Smoke Alarm: Working/ in good order Not working/ not in good order

If not in working order document below how remedied and date.

Fire Extinguisher: Passed not passed

If not passed, document when serviced.

First Aid Kit: present and supplies adequate Missing or supplies low

If not adequate, document how remedied and date

Office/facility: No visible or apparent hazards Visible or apparent hazards

Refer to attached COC Work-Place Health and Safety Checklist

If any visible or apparent hazards document what they are, how they were remedies and date.

Appendix D
One Heartt, Inc. OMHC Bomb Threat Call Checklist

Name used if applicable: _____

Exact wording of threat Caller: _____

When is the device going to explode? _____

Where is the device (bomb) now? Building _____ Room _____

What does it look like? _____

What will cause it to explode? _____

Why? _____

When did you plant the bomb? _____

BACKGROUND OF THE BOMB THREAT CALLER:

Bomb Threat Caller ID if available: _____

Voice: Male _____ Female _____ Accent _____

Nationality (if possible): _____ Intoxicated: _____

Speech Obstruction: _____ Age (approximately): _____

Background Noise: _____

Familiar with the building: _____

If Mentioned Personnel Name: _____

Other: _____

Employee receiving the call: _____ Date: _____

Program Area: _____

Program Director: _____ Date: _____

Safety Officer: _____ Date: _____

Appendix E
One Heartt, Inc. OMHC Safety Drill Form

Date: _____

Type of Incident Drill: Fire Bomb Threat Workplace Violence Tornado
 Other: _____

Observations/Notes:

Staffing/Discussion/Feedback to staff:

Staff Signature: _____
Staff Signature: _____
Staff Signature: _____
Staff Signature: _____
Staff Signature: _____
Staff Signature: _____
Staff Signature: _____
Staff Signature: _____
Staff Signature: _____

Safety Officer Signature: _____ Date: _____

Appendix F
One Heartt, Inc. OMHC Health and Safety Checklist

Program Office: _____ Date: _____

- | Yes | No | NA | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. There are at least two unblocked exits to the outside from the building (can include windows) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Electrical wiring system appears in good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Electrical outlets in common areas have child-proof covers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Fuses or circuit breakers in fuse box appear in good operating condition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Cords for electrical appliances and lighting fixtures appear in good operating condition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Extension cords and surge protectors are used properly |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. There is an operable dry chemical fire extinguisher available for use in the office |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Fire extinguisher is serviced after each use and checked for proper weight at least once a year |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. An evacuation plan is posted in common areas |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Evacuation drills are practiced regularly |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. There is a method available to alert staff to a fire |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. The flooring in the office clean, and free of debris |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Stairways and aisles are clean, unblocked and well-lit |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Furniture and equipment is safe and well maintained |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Fully-stocked First-Aid kit is located in the office |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. All materials and supplies are stored safely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. All cleaning supplies are properly stored |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Trash is cleared from the office; trash does not overflow any receptacles |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Kitchen areas are kept clean and in order |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Restrooms are kept clean, with available hand soap and towels |

Comments/Concerns:

Inspection Completed By: _____ Date:

Re-Inspection Due Date: _____

Submitted to COC Safety Officer By: _____ Date:

Appendix H
One Heartt, Inc. OMHC Employee Incident Report

Date _____

Employee
Name _____

Supervisor
Name _____

Title/position _____

Title/position _____

Incident

Date _____

Time _____

Location _____

Description of incident

Employee explanation

Witnesses

Action to be taken

Employee
Date

Date

Supervisor

Safety Officer

Date

Appendix G

One Heartt, Inc. OMHC Employee Health and Safety Training Sign-in Sheet

Date	Name	License	Time-In	Time-Out

Addendum

The following critical incidents are subject to Health and Safety protocols and procedures as delineated in the Health and Safety Plan. Thus, they required to be reported (using form Appendix H).

Additional critical incidents:

1. Medication errors
2. Use of seclusion
3. Use of restraint
4. Incidents involving injury
5. Communicable disease
6. Infection control
7. Aggression or violence
8. Use and unauthorized possession of weapons
9. Wandering
10. Elopement
11. Vehicular accidents
12. Biohazardous accidents
13. Unauthorized use and possession of legal or illegal substances
14. Abuse
15. Neglect
16. Suicide and attempted suicide
17. Sexual assault
18. Other sentinel events.

Documentation of Composition of One Heartt, Inc. OMHC Workforce

One Heartt, Inc. is a person-centered workplace. Our diverse staff may include:

- Full-Time Employees-These employees normally work a 30- to 40-hour week or 130 hours in a calendar month by IRS standards.
- Part-Time Employees- Employees who work fewer than 30 hours a week are employed part-time. They typically don't qualify for benefits.
- Temporary Employees-Employees might hire these workers for a set length of time or for a specific task or project.
- Seasonal Employees-These employees are hired during peak seasons, such as holidays or summer months.
- Types of Independent Contractors- Some workers are bound by a written contract. The IRS defines independent contractors as people who offer their services to the general public in an independent trade, business or profession.
- Freelancers-The term is interchangeable with the other subcategories. However, creative contingent workers, such as artists, writers and photographers, often use "freelance" to describe their work.
- Temporary workers- Contingent workers are sometimes referred to as "casual" or "temporary" workers, which, again, describes a non-permanent relationship with an employer.
- Consultants- This subcategory of contingent workers often determines client's needs and gives them expert advice, but doesn't perform the work.

To achieve our person-centered goals, our organization operates under the following assumptions:

- Employees are inherently good
- Employees are trustworthy
- Employees may need training in Person Centered Thinking

In practice, this means:

- treating all people equally;
- respecting the unique attributes of people;
- celebrating failures to support learning;
- people are the primary decision makers over their lives and work; and
- being a resource to support and maintain the balance of important to and important for.

Clinical Director – OMHC

Contractor, Baltimore City, One location, Free parking

Minimum 20 hrs. weekly; flexible scheduling; telecommute/ work from home options are available.

Compensation:

- \$125-195/hour

Primary Role:

Oversee program operations and day-to-day leadership of One Heartt, Inc. OMHC by developing and delivering on strategic goals in alignment with the overall Agency's objectives, providing management guidance, and operational oversight.

Responsibilities:

Duties include, but are limited to:

- Provide effective and efficient leadership and administrative management of the clinical department via individual and group supervision of staff and regular staff meetings and training.
- Review, update and implement clinical policies, procedures, identify quality improvement opportunities and develop interventions to improve services and programming based on data collection review.
- Obtain or ensure authorizations are completed and maintained.
- Review clinical documentations and sign off on required forms.
- Assist with marketing of OMHC program.

Knowledge, Skills and Abilities:

- Reading Comprehension — Understanding written sentences and paragraphs in work related documents.
- Active Listening — Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- Writing — Communicating effectively in writing as appropriate for the needs of the audience.
- Speaking — Talking to others to convey information effectively.
- Science — Using scientific rules and methods to solve problems.
- Critical Thinking — Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Active Learning — Understanding the implications of new information for both current and future problem-solving and decision-making.
- Learning Strategies — Selecting and using training/instructional methods and procedures appropriate for the situation when learning or teaching new things.
- Monitoring — Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.
- Social Perceptiveness — Being aware of others' reactions and understanding why they react as they do.
- Coordination — Adjusting actions in relation to others' actions.
- Persuasion — Persuading others to change their minds or behavior.
- Negotiation — Bringing others together and trying to reconcile differences.
- Instructing — Teaching others how to do something.
- Service Orientation — Actively looking for ways to help people.
- Complex Problem Solving — Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.
- Operations Analysis — Analyzing needs and product requirements to create a design.

- Technology Design — Generating or adapting equipment and technology to serve user needs.
- Equipment Selection — Determining the kind of tools and equipment needed to do a job.
- Installation — Installing equipment, machines, wiring, or programs to meet specifications.
- Programming — Writing computer programs for various purposes.
- Operation Monitoring — Watching gauges, dials, or other indicators to make sure a machine is working properly.
- Operation and Control — Controlling operations of equipment or systems.
- Equipment Maintenance — Performing routine maintenance on equipment and determining when and what kind of maintenance is needed.
- Troubleshooting — Determining causes of operating errors and deciding what to do about it.
- Judgment and Decision Making — Considering the relative costs and benefits of potential actions to choose the most appropriate one.
- Systems Analysis — Determining how a system should work and how changes in conditions, operations, and the environment will affect outcomes.
- Time Management — Managing one's own time and the time of others.
- Management of Personnel Resources — Motivating, developing, and directing people as they work, identifying the best people for the job.

Education and Experience:

Must hold an MD and must be a licensed therapist in the State of Maryland with a minimum of a Master's degree

For more information about this opportunity contact Dr. Nakieta Lankster at nlankster@oneheartt.org or 334.341.4011

Clinical Pharmacist – OMHC

Contractor, Telecommute/ work from home options are available.

Compensation:

- \$45-65/hour

Primary Role:

Peer-review of medication records. Medication records are peer-reviewed at least annually by a licensed prescriber or pharmacist to assess the appropriateness of the prescribed medication. This is determined by:

- The needs and preferences of the patient
- Dosage
- Diagnosis for which the medication was prescribed
- The documented periodic reassessment of primary diagnosis
- Efficacy of the medication

This review will determine if the following needs were properly addressed:

- Contraindications
- Side effects
- Adverse reactions
- Polypharmacy
- Co-pharmacy

Responsibilities:

Duties include, but are limited to:

- Reviews prescriptions issued by physicians / authorized prescribers to assure accuracy and determine formulas and ingredients needed for dispensing the order.
- Develops, implements and monitors patient's individualized plan of care to include setting of therapeutic goals, monitoring of progress to goals and ongoing communication with prescribing physician.
- Acts as a clinical resource for all members of the healthcare team on the appropriate use of medications, possible drug interactions, medication side effects, dosage and storage information.
- Provides written education materials and verbal consultation, as needed,
- to patients and / or caregivers relative to the medication prescribed for home infusion.
- Demonstrates competency in the preparation / compounding / dispensing of medications according to NELC policies and procedures.
- Monitors all physician orders for drug/drug interactions, duplication of therapy and appropriateness of drug order. Makes recommendations for change(s) to physician in a timely manner.
- Detects and evaluates the clinical importance of adverse drug reactions and complications associated with home infusion therapy informing the physician as required.
- Comprehensively documents patient's progress to goals of therapy and all communication re: patient status and changes in therapy according to CARF documentation standards.
- Ensures that confidentiality of patient information is maintained in accordance with state and HIPAA Privacy and Security regulations.

Knowledge, Skills and Abilities:

- Reading Comprehension — Understanding written sentences and paragraphs in work related documents.
- Active Listening — Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- Writing — Communicating effectively in writing as appropriate for the needs of the audience.
- Speaking — Talking to others to convey information effectively.
- Science — Using scientific rules and methods to solve problems.
- Critical Thinking — Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Active Learning — Understanding the implications of new information for both current and future problem-solving and decision-making.
- Learning Strategies — Selecting and using training/instructional methods and procedures appropriate for the situation when learning or teaching new things.
- Monitoring — Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.
- Social Perceptiveness — Being aware of others' reactions and understanding why they react as they do.
- Coordination — Adjusting actions in relation to others' actions.
- Persuasion — Persuading others to change their minds or behavior.
- Negotiation — Bringing others together and trying to reconcile differences.
- Instructing — Teaching others how to do something.
- Service Orientation — Actively looking for ways to help people.
- Complex Problem Solving — Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.
- Operations Analysis — Analyzing needs and product requirements to create a design.
- Technology Design — Generating or adapting equipment and technology to serve user needs.
- Equipment Selection — Determining the kind of tools and equipment needed to do a job.
- Installation — Installing equipment, machines, wiring, or programs to meet specifications.
- Programming — Writing computer programs for various purposes.
- Operation Monitoring — Watching gauges, dials, or other indicators to make sure a machine is working properly.
- Operation and Control — Controlling operations of equipment or systems.
- Equipment Maintenance — Performing routine maintenance on equipment and determining when and what kind of maintenance is needed.
- Troubleshooting — Determining causes of operating errors and deciding what to do about it.
- Judgment and Decision Making — Considering the relative costs and benefits of potential actions to choose the most appropriate one.
- Systems Analysis — Determining how a system should work and how changes in conditions, operations, and the environment will affect outcomes.
- Time Management — Managing one's own time and the time of others.
- Management of Personnel Resources — Motivating, developing, and directing people as they work, identifying the best people for the job.

Education and Experience:

Bachelor of Science or Doctor of Pharmacy degree from an accredited school of pharmacy required. Registered Pharmacist, in good standing, with a valid license in the state of practice. Minimum of (2) years' experience.

For more information about this opportunity contact Dr. Nakieta Lankster at nlankster@oneheartt.org or 334.341.4011

Administrative Assistant/ Intake Coordinator – OMHC

Contractor, Baltimore City, One location

Part-time; flexible scheduling; telecommute, some weekend availability required

Compensation:

- \$12-\$16/hour

Duties:

- Meet in office with new clients for intake interviews
- Collects patient's physical, familial, and psychiatric background data
- Explains agency policies, procedures and processes, and program rules and regulations
- Ensures all paperwork is completed correctly and promptly and meets EMRC's compliance standards
- Ensures all patient consent forms are signed
- Act as receptionist, answering phones and greeting visitors
- Coordinate the planning, scheduling, and logistics for agency meetings
- Provide administrative support to the Executive Leadership Team
- Act as administrative liaison to the Board of Directors, drafting board minutes, maintaining board rosters and board manuals, compiling reports and other materials, scheduling meetings and sending correspondence
- Create, write, and edit internal and external reports, letters, and other correspondence
- Plan and coordinate logistics of special events and complete special projects as assigned
- Monitor, coordinate and fulfill office supply orders in a cost-effective organized manner
- Monitor, respond to and fulfill "Info" email inquiries and publication orders
- Coordinate copying, printing and packing of program materials
- Assist with call in information and referral functions as needed and provide general support to program's team as needed
- Perform various general office duties including distributing and posting mail
- Assist with cleaning and providing upkeep as needed
- Complete other administrative duties as assigned

Requirements:

- Excellent organizational skills
- Ability to professionally handle confidential information and comply with HIPAA regulations
- Excellent verbal and written communication skills
- Excellent interpersonal/human relations skills
- Background investigation (state and federal)
- Own and operate a tablet/ laptop to document and electronically submit necessary forms when working remotely

Education and Experience:

- High School Diploma
- 2 years administrative experience

For more information about this opportunity contact Dr. Nakieta Lankster at nlankster@oneheartt.org or 334.341.4011

Psychiatrist – OMHC Medical Director

Contractor, Baltimore City, One location, Free parking

Minimum 20hrs. weekly; flexible scheduling; telecommute/ work from home options are available.

Compensation:

- \$125-\$150/hour– Opportunity for 3k sign on bonus if hired before May 31, 2020

Primary Role:

The Medical Director is responsible for establishing and maintaining appropriate standards for diagnosis and treatment, including therapeutic modalities and prescribing practices medical aspects of quality management; ensuring adequate physician coverage and ensuring adequate clinical supervision of treatment staff.

Responsibilities:

Clinical Service Delivery

- Collaborate with Clinical Director to ensure compliance of all diagnostic assessments.
- Ensure compliance of medication assessments as appropriate.
- Collaborate with psychologist to ensure that all minor clients have a comprehensive bio-psycho-social assessment that addresses somatic concerns compliant with COMAR regulations.
- Collaborate with psychologist and staff to ensure compliance of clients' Individualized Treatment Plans.

Supervision

- Collaborate with Clinical Director to ensure that standards are met for all clinical staff supervision requirements.

Evaluation

- Collaborate with Clinical Director to ensure compliance of treatment documentation, outcomes and treatment tracking reports for the OMHC.
- Utilize individualized treatment tracking outcomes when assessing clinical service delivery and providing supervision.
- Review and Conduct Performance Evaluations of Clinical Staff as appropriate.

Meetings

- Facilitate group and individual supervision meetings with clinical staff as necessary.
- Attend OMHC Clinical Team Meetings.

Training

- Collaborate with psychologist to ensure the facilitation of trainings focused on clinical documentation and clinical service delivery skills to OMHC clinical staff.

Knowledge, Skills and Abilities:

- Demonstrated ability to examine, evaluate, diagnose and treat psychiatric and mental illnesses. Demonstrated ability to communicate effectively, both verbally and in writing.
- Demonstrated ability to work with multidisciplinary treatment teams ensuring development, planning, implementation and evaluation of treatment.
- Skilled in the use of technology, software, and resources to assist and aid in the course of daily medical responsibilities.
- Skilled in documenting medical records and articulating and interacting with patients and others regarding clinical / administrative concerns or issues.

Education and Experience:

Must hold an MD and must be a licensed psychiatrist in the State of Maryland

For more information about this opportunity contact Dr. Nakieta Lankster at nlankster@oneheartt.org or 334.341.4011

Psychiatric Nurse Practitioner – OMHC Medical Director

Contractor, Baltimore City, One location, Free parking

Minimum 20hrs. weekly; flexible scheduling; telecommute/ work from home options are available.

Compensation:

- \$55-\$80/hour– Opportunity for 1k sign on bonus if hired before May 31, 2020

Primary Role:

The Medical Director is responsible for establishing and maintaining appropriate standards for diagnosis and treatment, including therapeutic modalities and prescribing practices medical aspects of quality management; ensuring adequate physician coverage and ensuring adequate clinical supervision of treatment staff.

Responsibilities:

Clinical Service Delivery

- Collaborate with Clinical Director to ensure compliance of all diagnostic assessments.
- Ensure compliance of medication assessments as appropriate.
- Collaborate with psychologist to ensure that all minor clients have a comprehensive bio-psycho-social assessment that addresses somatic concerns compliant with COMAR regulations.
- Collaborate with psychologist and staff to ensure compliance of clients' Individualized Treatment Plans.

Supervision

- Collaborate with Clinical Director to ensure that standards are met for all clinical staff supervision requirements.

Evaluation

- Collaborate with Clinical Director to ensure compliance of treatment documentation, outcomes and treatment tracking reports for the OMHC.
- Utilize individualized treatment tracking outcomes when assessing clinical service delivery and providing supervision.
- Review and Conduct Performance Evaluations of Clinical Staff as appropriate.

Meetings

- Facilitate group and individual supervision meetings with clinical staff as necessary.
- Attend OMHC Clinical Team Meetings.

Training

- Collaborate with psychologist to ensure the facilitation of trainings focused on clinical documentation and clinical service delivery skills to OMHC clinical staff.

Knowledge, Skills and Abilities:

- Demonstrated ability to examine, evaluate, diagnose and treat psychiatric and mental illnesses. Demonstrated ability to communicate effectively, both verbally and in writing.
- Demonstrated ability to work with multidisciplinary treatment teams ensuring development, planning, implementation and evaluation of treatment.
- Skilled in the use of technology, software, and resources to assist and aid in the course of daily medical responsibilities.
- Skilled in documenting medical records and articulating and interacting with patients and others regarding clinical / administrative concerns or issues.

Education and Experience:

Must hold a psychiatric nurse practitioner license in good standing in the state of Maryland

For more information about this opportunity contact Dr. Nakieta Lankster at nlankster@oneheartt.org or 334.341.4011

Social Worker/ Program Director – OMHC

Contractor, Baltimore City, One location, Free parking

Minimum 20hrs. weekly; flexible scheduling; telecommute/ work from home options are available.

Compensation:

- \$37-\$55/hour

Primary Role:

The incumbent assumes responsibility for the provision of mental health services to patients/clients who are seen on an outpatient basis in the Outpatient Mental Health Service Center (OMHC). The incumbent completes thorough psychosocial assessments as part of the consult process when the individual is initially referred to the Mental Health Clinic.

Responsibilities:

Duties include, but are limited to:

- Completes thorough psychosocial assessments
- Establish and maintain effective therapeutic relationships
- Participate as a member of the interdisciplinary treatment team
- Medical and mental health diagnoses, disabilities, and treatment procedures, including acute, chronic and traumatic illnesses, common medications and their effects/side effects
- Facilitate discharge planning through collaboration with Veterans and their families
- Independently implement treatment modalities, provide counseling and/or supportive groups for Veterans and families
- Provide consultation and education to patients/clients and their families regarding community resources, benefits and specialty programs, and advance directives
- Perform other duties as assigned.

Knowledge, Skills and Abilities:

SKILLS

- Reading Comprehension — Understanding written sentences and paragraphs in work related documents.
- Active Listening — Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- Writing — Communicating effectively in writing as appropriate for the needs of the audience.
- Speaking — Talking to others to convey information effectively.
- Science — Using scientific rules and methods to solve problems.
- Critical Thinking — Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Active Learning — Understanding the implications of new information for both current and future problem-solving and decision-making.
- Learning Strategies — Selecting and using training/instructional methods and procedures appropriate for the situation when learning or teaching new things.
- Monitoring — Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.
- Social Perceptiveness — Being aware of others' reactions and understanding why they react as they do.
- Coordination — Adjusting actions in relation to others' actions.

- Persuasion — Persuading others to change their minds or behavior.
- Negotiation — Bringing others together and trying to reconcile differences.
- Instructing — Teaching others how to do something.
- Service Orientation — Actively looking for ways to help people.
- Complex Problem Solving — Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.
- Operations Analysis — Analyzing needs and product requirements to create a design.
- Technology Design — Generating or adapting equipment and technology to serve user needs.
- Equipment Selection — Determining the kind of tools and equipment needed to do a job.
- Installation — Installing equipment, machines, wiring, or programs to meet specifications.
- Programming — Writing computer programs for various purposes.
- Operation Monitoring — Watching gauges, dials, or other indicators to make sure a machine is working properly.
- Operation and Control — Controlling operations of equipment or systems.
- Equipment Maintenance — Performing routine maintenance on equipment and determining when and what kind of maintenance is needed.
- Troubleshooting — Determining causes of operating errors and deciding what to do about it.
- Judgment and Decision Making — Considering the relative costs and benefits of potential actions to choose the most appropriate one.
- Systems Analysis — Determining how a system should work and how changes in conditions, operations, and the environment will affect outcomes.
- Time Management — Managing one's own time and the time of others.
- Management of Personnel Resources — Motivating, developing, and directing people as they work, identifying the best people for the job.

Education and Experience:

Must hold an MD and must be a licensed social worker in the State of Maryland

For more information about this opportunity contact Dr. Nakieta Lankster at nlankster@oneheartt.org or 334.341.4011

POLICY ON CRIMINAL BACKGROUND CHECKS AND CREDENTIAL VERIFICATION FOR DIRECT SERVICE STAFF AND EMPLOYEES

I. PURPOSE AND SCOPE

- A. Purpose:** To establish minimum standards for the appropriate acquisition and use of criminal background records in order to support safe and secure campus environments.
1. The program's purpose is to provide benefit, service or activity to or for minors;
 2. Organizational personnel have significant roles or regular contact with minors; and
 3. Not including spontaneous gatherings, single social events or academic courses open to and attended by both minors and adults.
- B. Scope:** Applies to all regular and contractual faculty and regular and contingent staff, student employees (including practica, internship, and fellowship study programs), and applicants for employment.

1. DEFINITIONS

- a. **Commercial Criminal Background Check:** A criminal background check completed by a commercial entity through a review of publicly available law enforcement, court and other records, including international records as appropriate. A commercial criminal background check typically is based upon identifying information regarding the individual, but does not utilize fingerprints.
- b. **Criminal Justice Information System (CJIS) Record History:** A criminal background check completed by the Maryland Department of Public Safety and Correctional Services of all criminal history information regarding an individual maintained by the CJIS Central Repository, consistent with the requirements of the Maryland Annotated Code (Md. Code Ann.), Criminal Procedure Article, Sections 10-201 et seq. A CJIS record history is based upon national and state criminal history records and uses an individual's fingerprints and other identifying information.
- c. **Minor:** An individual under the age of 18.
- d. **Permissive Criminal Background Check:** A commercial criminal background check or CJIS Record History that is not required by law, but is permitted at an organization's discretion.

- e. Program Involving Minors: For the purposes of this policy, a program or event hosted by or closely associated with the organization in which:

II. ACQUISITION OF CRIMINAL BACKGROUND RECORDS

- A. Mandatory Criminal Background Checks.** Under state and federal law, organizations are required to obtain and review pre-employment CJIS criminal background checks for their employees under the following circumstances:
 - 1. **Certain Programs Involving Minors.** Organizations must require pre-employment CJIS Record History checks of employees of certain programs involving minors operated by the organizations, as required by Md. Code Ann., Family Law, Section 5-561, including, but not limited to:
 - a. Child care centers;
 - b. Public primary and secondary school programs;
 - c. Recreation centers or programs primarily serving minors; and
 - d. Day or residential camps, as defined in COMAR Title 10, Subtitle 16, primarily serving minors.
 - 2. **Other Activities Requiring Background Checks for Organization Employees.** In addition to the programs described in Section III.A.1, above, organizations are required to obtain and review pre-employment CJIS Record History checks for certain individuals employed in the following circumstances:
 - a. **Programs Serving Adult Dependent Populations.** Under federal and state law (42 U.S.C.A. Section 12645(g) and Md. Code Ann., Health-General, Section 19-902), a CJIS Record History check is required for employees who work in adult dependent care programs. Examples include programs serving the elderly and dependent adults and adult dependent individuals with disabilities.
 - b. **Employment in the Transportation of Hazardous Materials.** CJIS Record History checks are required for all employees who have a commercial driver's license with a State-issued hazardous materials endorsement, consistent with federal and state law, including 49 U.S.C.A. Section 5103a and Md. Code Ann., Transp. Article, Section 16-815.
- B. Permissive Criminal Background Checks**
 - 1. In addition to the circumstances under which an organization must obtain and review a criminal background check, described in section III.A, above,

organizations also have the discretion to require background checks of other employees, applicants, and organization volunteers.

2. Each organization shall have standards and processes for guiding the acquisition of permissive criminal background checks.
3. An organization may elect to obtain criminal background checks with respect to any position. Examples include:
 - a. Employees in facilities and programs other than those for which such background checks are mandatory, if the employee's duties involve contact with minors,
 - b. Organization volunteers who have access to minors in organization activities and programs, and
 - c. Employees with:
 - i. Financial responsibilities, including access to cash and authority to expend organization resources;
 - ii. Access to controlled substances; or
 - iii. Other sensitive job duties.
4. Prohibited Actions. An organization may not inquire into the criminal background of an applicant for employment until after the organization provides the applicant an opportunity for an interview. Md. Code Ann., State Personnel and Pensions Article, Section 2-203.

III. PROPER USE OF CRIMINAL BACKGROUND CHECKS

- A. Criminal Background Check Considerations. An organization's use of background checks in making employment decisions must be tailored to meet legitimate business needs, taking into consideration at least:
 1. The nature and extent of the employee's past criminal activities;
 2. The time elapsed since the activities took place; and
 3. The nature, duties and functions of the job.
- B. Nondiscrimination. The use of criminal background checks in an organization's employment decisions must be impartial, with no difference in their acquisition

or use based on race, sex, religion, ethnicity, sexual orientation, gender identity, or other factors that might promote or imply discriminatory practice.

1. Even a neutral policy or practice regarding background checks that has the potential to have a disparate impact on a class of individuals must be:
 - a. Related to specific job duties, and
 - b. Consistent with business necessity.
2. No employee may be excluded from employment based upon generalized organization policies or practices regarding the use of criminal background checks without an individual assessment that includes the factors described in this section.

C. Arrest Records. An organization may not deny employment to an applicant based solely on a record of arrest in the absence of a conviction, other criminal penalty or substantiation of facts underlying the arrest which relate to the applicant's fitness to perform the duties of the job.

D. Commercial Background Checks. If an organization denies employment based upon background check information provided by a commercial vendor that qualifies as a Consumer Reporting Agency (CRA) under the federal Fair Credit Reporting Act, the organization shall:

1. Notify the applicant/employee in writing, and
2. Provide the applicant/ employee with a copy of the FCRA's report and a summary of the individuals FCRA rights.

IV. CONTRACTS WITH VENDORS THAT OPERATE PROGRAMS FOR MINORS

A. Mandatory Background Checks. Organization contracts with vendors that operate camps, recreational or educational programs, child care centers or other services to minors on campus must require the vendor's compliance with mandatory background check requirements of this policy and state and federal law.

B. Permissive Background Checks. Such contracts may also require commercial criminal background checks as appropriate to protect the interests of the organization and the individuals served by the organization, consistent with the requirements of his policy.

V. CREDENTIAL AND BACKGROUND VERIFICATIONS FOR EMPLOYEES

A. Definitions

1. A ***Candidate*** is an individual who has applied for employment with One Heartt, Inc. OMHC, or who is already an employee but is applying for promotion or transfer to certain positions.
2. A ***Selected Candidate*** is the finalist for a position who will be or has been offered the position, contingent upon the verification and reviews required by this policy.
3. ***Hiring Unit*** refers to the office or department that will interview and select the candidate for a position.
4. ***Credential and Reference Verification*** refers to the process of checking and verifying a candidate's references, educational and employment history, and other information under B.1. of this policy.

B. Policy

1. *Credential and Reference Verification*

As a condition of employment, candidates for all internship and staff positions who are selected for hire are subject to credential and reference verification. All information contained in the application form is subject to verification. The hiring unit is responsible for verifying employment history, educational credentials, and professional references of all selected candidates. For certain positions additional verification or information is required, as indicated in Part 7 below.

For all faculty and staff, the university requires:

2. Verification of post-high school education credentials for those positions that specify an educational requirement.
3. Verification of actual employment dates for a minimum of the prior seven years.
4. A minimum of two professional work references from a manager or supervisor.
5. For positions that require professional certification or licensure, the hiring unit must obtain from the selected candidate a copy of a current license or registration, where applicable, or verify with the accrediting or licensing authority that the selected candidate is duly accredited or licensed, and that such accreditation or licensure is current.
6. In limited circumstances where the need to fill a position is urgent, the selected candidate may be permitted to start in the position, conditioned upon the hiring unit's completion of the credential and reference verification.
7. ***Additional Employment Verification Requirements***
 - a. ***For positions that require credit checks:***
Some positions may warrant additional background checks, including credit checks. Positions where credit checks are required include, but are not limited to, those in which the incumbent can sign university checks, wire transfer money, negotiate or authorize arrangements or accounts with banks, or sign contracts, and their designees.

No credit check will be conducted without consent. The hiring unit must obtain written consent from the selected candidate or employee and forward the signed authorization form to Human Resources Management

C. Procedures

For individuals who are seeking employment, a credentials verification form must be completed and submitted to the One Heartt, Inc. OMHC with the employment package prior to employment. Individuals shall not begin work, unless authorized by the One Heartt, Inc., until completed credentials verification report is on file at the office. For initial

employment, copies of the following documents are requested:

1. Physician- All Physicians will be credentialed through a credentialing agency. The following documents will be maintained on file:
 - a. Board medical license for the current year.
 - b. Copies of Board Certification, if applicable.
 - c. Copy of DEA Certificate.
 - d. Proof of Liability Insurance.
 - e. Copy of Drivers License.
 2. Physician Extender-All Physician Extenders will be credentialed through a credentialing agency. The following documents will be maintained on file:
 - a. Medical Board PE license and registration.
 - b. Proof of Liability Insurance.
 - c. Copy of DEA Certificate
 - d. Copy of Drivers License.
 3. Medical Record Manager
 - a. Copy of diploma from an accredited medical records school.
 - b. Copy of the American Health Information Management Association Registration
 - c. Copy of Drivers License.
 4. Pharmacist, Pharmacy Technician
 - a. Board of Pharmacy license for the current year.
 - b. Verification of license status with the Board of Pharmacy.
 - c. Copy of Drivers License.
 5. Clinical Social Worker
 - a. Social Work Certification and Licensure Board – current license in good standing with no censures
 - b. Copy of Drivers License.
 6. Psychologist
 - a. Licensure by the Psychology Board – current license in good standing, or eligible for licensure and in process of obtaining licensure as required by the Board of Psychology with no active censures nor denials of licensure. Applicants for licensure are allowed to work as psychologists under close supervision by the Board of Psychology during this period of application and testing.
 - b. Copy of Drivers License
 7. Recreational Therapist
 - a. Licensure by the North Carolina Board of Recreational Therapy – current license in good standing
 - b. Copy of Drivers License
- D. Renewal Verification-** At the end of each calendar year, the following documents must be provided to One Heartt, Inc. OMHC;
1. Clinical Social Worker- Work Certification and Licensure Board, renewal license for current year, if renewed.
 2. Psychologist- Board for Psychology License Renewal Card for current year, if renewed.
 3. Recreational Therapist- Board of Recreational Therapy renewal license for current year, if renewed
 4. Physician-Medical Board license registration for current year, if renewed and DEA Registration Card, if renewed.
 5. Physician Extender- Medical Board license registration for current year, if renewed, and DEA Registration card, if renewed.
 6. Pharmacist-Board of Pharmacy license for the current year.
 7. Medical Record Manager III-Copy of current AHIMA registration
 8. Pharmacist-Board of Pharmacy license for the current year.

9. Pharmacy Technician-Board of Pharmacy license for the current year.

E. EXPIRED CREDENTIALS

No healthcare professional requiring licensure or certification to work, will work One Heartt, Inc. when license is expired or revoked. Clearance for work may be given only by the Clinical Director or the Medical Director during the credential's verification process for medical providers.

EMPLOYEE ENGAGEMENT POLICY

Overview

One Heartt, Inc. OMHC aims to utilize the collective skills, capabilities and experience of all One Heartt, Inc. employees in pursuit of our business objectives. One Heartt, Inc. OMHC has a high caliber workforce comprising some of the best talent in our industry. Individuals of this quality expect to be able to work in a consultative work environment where their views are respected, sought out, and when merited, acted upon.

One Heartt, Inc. believes that a work environment that embodies a consultative and participative approach to engaging employees is vital to not only retaining seasoned professionals but is critical to the attraction of younger generations of employees who join the workforce with expectations that they will also be consulted on key issues and decisions impacting their career.

One Heartt, Inc. believes that it is critical to the success of the business that there is a management culture of engaging employees in designing their future in line with our strategic priorities. This is evident in many of the mission and diverse staff base.

- **Purpose**

This policy sets out the One Heartt, Inc.'s commitment to employee engagement in the workplace.

- **Scope**

This policy applies to all One Heartt, Inc. employees and may be amended by One Heartt, Inc. from time to time.

- **Policy Statement**

The One Heartt, Inc. is committed to creating a high-performance work environment characterized by high levels of employee engagement. Where practicable, employees will be consulted over key aspects of the management of their working life and their involvement and feedback will be taken on board and seen as a pre-requisite for the successful implementation of initiatives.

This includes aiming to:

- Provide open and honest communication to employees on both business and individual performance;
- Seek input from employees on important initiatives that impact on their role and work environment;
- Seek employee views on a regular basis;
- Collaborate on the development of business and individual objectives;
- Carefully consider employee feedback and where appropriate act on suggestions

- offered and/or concerns raised; and
 - Provide mechanisms for the investigation and resolution of grievances
 - Offer equitable compensation
 - Consult with employees on job postings
 - Escalate and review employee concerns and complaints
- **Employee Complaints**
 - *See Procedures to Violations of Ethics Policy*

Promotion Policy

We will promote employees based on their performance and workplace conduct. Acceptable criteria for promotion are:

- Experience in the job or tenure.
- High performance level in two recent review cycles.
- Skillset that matches the minimum requirements of the new role.
- Personal motivation and willingness for a change in responsibilities.

These criteria reflect the larger picture of an employee's work. Managers/ Hiring officers should avoid making decisions for promotion based on recent or insignificant events. They should keep logs with important incidents that they might want to consider when it's time to promote one of their team members.

In accordance with our company policies, we will not tolerate promotions that are based on:

- Managers' subjective opinions unsupported by performance evaluations or metrics.
- Discrimination.
- Fraternalization.
- Favoritism.
- Nepotism.

To avoid such incidents, Managers/ Hiring officers must keep good records of their promotion evaluation process.

- When can managers consider employees for promotion?

Promotions may occur when:

- A job opening is advertised internally as well as externally.
- A position opens unexpectedly and our company wants to fill it from within.
- An employee has consistently good performance evaluations and their manager deems them ready for the next step in their career.
- An employee acquires a credential (licensure, degree etc.) that allows them to advance (e.g. a Licensed Practical Nurse becoming a Registered Nurse.)

Also, our company has an updated career plan that indicates each employee's possible career path. Managers/ Hiring officers should take this plan into account when deeming to promote or advance their team members.

- **Process for standard promotions**

Our company will establish a promotion review process every end of year. During this process, managers may consider selecting employees to move to a higher-level position, or a position that better matches their skills and aspirations. Spontaneous promotions may also occur if a business need arises.

Managers should follow this process:

- Meet with employees to talk about their career goals and/or aspirations for a promotion. Managers/ Hiring officers should create career plans for their team members.
- Identify opportunities to promote one or more team members, if applicable (by either filling vacancies creating new jobs or enhancing job titles.)
- Discuss the promotion with direct supervisor to receive approval. Managers/ Hiring officers should also ask HR about the new position's salary range and any new benefits they should present to their team member.
- Arrange a meeting with the employee to determine if they agree with this career move.

Managers/ Hiring officers must keep detailed records of the process to support their decisions to promote employees. These records may also come in handy if other employees find the decision unfair or sue the company.

- **Internal job posting**

We encourage hiring managers to post job openings internally. Hiring teams may post the job internally for a period of time before they post externally or post at both places at the same time. Internal candidates may be given priority in the hiring process since they're already familiar with our culture and expectations.

Job postings should mention if the promotion involves relocation. Discrimination against protected characteristics is prohibited both for internal and external hiring decisions.

Managers who post job openings internally should:

- Consider all applications equally, based on their predetermined requirements.
- Determine whether an internal candidate has the skills to perform the job.
- Examine recent performance evaluations of internal candidates.
- Interview qualified internal candidates if necessary.
- Inform candidates whether they were selected for promotion. After the employee has accepted the job, hiring managers should inform HR and the employee's current supervisor, if appropriate.

- Keep records of the application review process and note the criteria with which they rejected/hired an internal candidate.
- Career development outside of promotion

Managers/ Hiring officers may often choose to expand employees' duties, authority and autonomy without promoting them directly.

These changes may not always come with a formal title change. Employees may be awarded a higher salary, bonuses or stock options. The new benefits depend on the position and are at the immediate supervisor's discretion.

Managers should keep an updated promotion plan in their team members' file and discuss future career moves during performance reviews.

Disciplinary Action Policy

Disciplinary steps

- **Verbal Caution:** An employee will receive a verbal caution when he or she engages in unacceptable behavior. This initial action is taken to alert the employee that there is a potential problem or that an issue has been identified, that has to be dealt with. The employee's immediate supervisor will document and maintain records pertaining to a verbal warning. A verbal caution is effective for three months.
- **Verbal Warning:** This is more serious than a verbal caution. An employee will receive a verbal warning when a problem is identified that warrants such a warning or the employee engages in unacceptable behavior while a verbal caution is in effect. A verbal warning is documented and placed in the employee's personnel file. It is effective for three months.
- **Written Warning:** This is more serious than a verbal warning. A written warning will be issued when an employee engages in conduct that warrants such a warning, or the employee engages in unacceptable behavior while a verbal warning is in effect. A written warning is kept in an employee's personnel file and is effective for three months.
- **Suspension:** A suspension without pay is more serious than a written warning. An employee will be suspended when he or she engages in conduct that warrants it, or the employee engages in unacceptable behavior while a written warning is in effect. An employee's suspension will be documented and, regardless of the length of the suspension issued, will remain in effect for three months.
- **Decision Making Leave:** Following a suspension, an employee will usually be admonished then sent home for the day on decision-making leave. This is meant to give the employee time to decide whether they want to keep working for the company. If the employee returns, he or she will be expected to work even harder to comply with the company guidelines and continue their employment without interruption. The employee may also choose to resign if he or she concludes that employment with the company is no longer viable.
- **Termination:** The company will terminate an employee when he or she engages in conduct that justifies this action or does not correct the issue or conduct that resulted in

prior discipline.

- **Appeals Process:** Employees will be permitted to present evidence to refute information management has used as the basis for disciplinary action. This is done in order to provide insight into any extenuating circumstances that may have caused the employee's performance or conduct issues while allowing for an equitable solution.
 - If the employee does not present this evidence during any of the disciplinary meetings, he or she will have five business days following each of those meetings to do so.
- **Performance and Conduct Issues Not Subject to Progressive Discipline**

Illegal conduct is not subject to progressive discipline and may result in immediate termination. Any such conduct may also be reported to local law enforcement authorities. In keeping with this, theft, substance abuse, intoxication, fighting and other acts of violence at work are also excluded from progressive discipline and may be grounds for immediate termination.
- **Documentation:** The company will ensure that any employee who is disciplined in accordance with this policy receives copies of all relevant documents. Such employees will also be asked to sign copies of this material attesting to his or her receipt and understanding of the corrective action outlined in these documents.

Separation Policy

At-Will Employment

This is a reminder that as a general matter, employment with the organization is voluntary and subject to separation by the employee or the organization for lawful reasons at any time, with or without cause, and with or without notice. Nothing in this policy, or other policies, shall be construed to modify in any way the employment-at-will status of employees. It is worth noting that there are certain employees who have formal written employment contracts and tenured-faculty who may not be subject to at-will employment.

Voluntary Separation

Voluntary separation from employment can occur when an employee decides, for whatever reason(s), to leave employment with the organization and indicates this intent, verbally or in writing, to the agency. Employees can inform their manager and/or the Human Resources/Clinical Director of their intent to leave employment. The organization asks employees deciding to leave the organization to provide at least two (2) weeks of advance notice of their departure to help ensure as minimal disruption as possible. Situations where an employee abandons their job (i.e., has unapproved/unexcused absences) could also be considered voluntary separations.

The Human Resources Department/ Clinical Director should be informed in advance of all separations from employment. Human Resources/ Clinical Director will help coordinate the employee's departure from the College. This process typically includes

returning all agency property, reviewing post-separation benefits information, and an exit interview.

The employee's manager is responsible for completing and submitting a PIF (Payroll Information Form) to Human Resources and Payroll on the last date of employment.

Involuntary Separation

Involuntary separation from employment typically occurs when the agency makes the decision to end the employment relationship with an employee. This can occur for a number of reasons, including for job performance, misconduct, reorganization, and/or business reasons. The organization takes all involuntary separation decisions seriously and they require the involvement of Human Resources/ Clinical Director before any decisions are made.

Death of an Employee

In some circumstances, a separation from employment can occur because of a death. Upon receiving information of the death of an employee, the employee's manager should immediately notify Human Resources.

Final Pay

An employee who separates from employment with the organization will typically receive their final pay on the date of separation and consistent with State laws.

Employees must return all organizational property at or before the time of separation, including uniforms, cellphones, keys, laptops, identification cards, etc. Failure to return some items may result in deductions from the employee's final paycheck, where State law allows.

Exit Interview

The Human Resources Department/ Clinical Director will contact employees who voluntarily separate from employment to schedule an exit interview on or before the employee's last day of work.

Eligibility for Rehire

Employees who leave the organization in good standing may be considered for rehire. Former employees must still follow the normal application and hiring processes and must meet all minimum qualifications and requirements of a position. Rehired employees will not retain previous status when calculating longevity, leave accruals, or any other

benefits, unless required by law.

Employees who involuntarily separate from employment with the organization do so in all capacities.

Harassment Policy

Definitions:

Harassment includes bullying, intimidation, direct insults, malicious gossip and victimization. We can't create an exhaustive list, but here are some instances that we consider harassment:

- Sabotaging someone's work on purpose.
- Engaging in frequent or unwanted advances of any nature.
- Commenting derogatorily on a person's ethnic heritage or religious beliefs.
- Starting or spreading rumors about a person's personal life.
- Ridiculing someone in front of others or singling them out to perform tasks unrelated to their job (e.g. bringing coffee) against their will.

Sexual harassment is illegal and we will seriously investigate relevant reports. If an employee is found guilty of sexual harassment, they will be terminated.

How to address harassment

If you're being harassed, whether by a colleague, customer or vendor, you can choose to talk to any of these people:

Offenders. If you suspect that an offender doesn't realize they are guilty of harassment, you could talk to them directly in an effort to resolve the issue. This tactic is appropriate for cases of minor harassment (e.g. inappropriate jokes between colleagues.) Avoid using this approach with patients or stakeholders.

Your manager. If patients, stakeholders or employees' members are involved in your claim, you may reach out to your manager. Your manager will assess your situation and may contact HR if appropriate.

Feel free to reach out to a HR/Director in any case of harassment no matter how minor it may seem. For your safety, contact a Director/ Manager/ HR as soon as possible in cases

of serious harassment (e.g. sexual advances) or if your manager is involved in your claim. Anything you disclose will remain confidential.

Disciplinary Consequences

Punishment for harassment depends on the severity of the offence and may include counseling, reprimands, suspensions or termination.

Procedure: Performance Appraisal and Development (PAD) Review

Procedure

1. General

1. The performance appraisal process provides an opportunity for staff and their immediate supervisor to discuss current and past performance. It is an opportunity to assess the individual's response to organizational needs and objectives, to set short- and long-term performance goals and individual development plans. Similarly, the process assists supervisors to gain insight and knowledge into how organizational processes and practices may be altered to improve efficiency and effectiveness. The performance appraisal also provides documentation of performance evaluation for employment-related purposes, as well as meeting the requirements of applicable professional regulatory organizations.
2. Performance appraisal and development (PAD) review is a continuous process that begins with the employment of all new employees. All staff shall be provided with information on the PAD process and tools, including the process for peer appraisal, during their orientation to One Heartt, Inc. OMHC.
3. Upon hire, Human Resources shall open a PAD file for the employee, in addition to his or her Human Resources file.
4. A standardized PAD tool shall be used and is available in three versions: short form, long form, and employee development goals. The PAD schedule in the policy appendix will provide guidance on which form to use.
5. Sources of input for the employee's performance appraisal will always include the employee's immediate supervisor and the employee. When the long form is used, peers selected by the employee will also provide performance input. A peer appraiser is someone in the same role as the employee, or someone with whom the employee works with regularly, or for whom they regularly provide service. A peer review form is available on the Staff Website for peer reviewers.
6. Human Resources shall keep track of the dates of each employee's last PAD interview together with a next review date and type. A list of PAD interviews that are due in the current year shall be provided to management staff in January of each year.

2. Probationary PAD - (short version)

1. During the employee's probation period the immediate supervisor and the employee shall track and record performance and development progress. Any opportunities for feedback must be dealt with in a timely manner.
2. Matters pertaining to poor workplace performance or compatibility shall be addressed with the employee to allow the opportunity for improvement. Where ongoing issues of this nature suggest unsuitability for continued employment, the supervisor shall discuss such issues with the Manager, Human Resources, or designate, prior to providing formal feedback to the employee.
3. Before the end of the employee's probationary period the immediate supervisor and the employee shall meet to discuss and document the employee's initial performance and development plan. Discussion shall include a clear expectation of the employee's work performance. The supervisor shall also discuss strategies

for the employee to achieve these goals. The manager and the employee shall come to the interview with prepared documentation on the employee's performance. The employee shall provide a written copy of the self-appraisal (short form PAD) prior to the interview.

4. The supervisor may seek input from other management staff or peers for the purpose of providing feedback.
 5. Performance shall be documented on the short form PAD tool.
 6. The probationary PAD interview shall be documented in accordance with section 6.0 of this procedure, with the exception of 6.4.
3. Regular PAD - (long version)
1. Three weeks prior to the PAD interview, the employee's immediate supervisor shall contact the employee to confirm the PAD interview date and the names of the peer appraisers.
 2. The employee and supervisor shall mutually decide on two peer appraisers. If mutual agreement cannot be reached on the peer appraiser selection, the supervisor shall designate the two peers to be approached.

The supervisor shall send an e-mail to each peer appraiser requesting their input. The employee will be copied on the e-mail. The employee will be copied on the e-mail.

The peer appraisers are requested to provide their input on the peer review form which is available on the Staff Website. The Rating Scale form and the Description of Professional Assessment Categories are available on the Website. The appraisers are requested to inform the supervisor within two days of receipt of the request if they do not wish to participate in the process.

The peer appraisers' comments shall be forwarded to the supervisor prior to the scheduled appraisal. Electronically completed peer review forms are to be saved on the appraiser's personal drive and not the shared drive.

3. The supervisor and the employee shall come to the interview with prepared documentation on the employee's progress on general competencies, work performance, and suggestions for development, using the long form version of the PAD tool. The employee shall provide a written copy of the self-appraisal (long form PAD) prior to the interview.
 4. If a rating of 'requires improvement' is identified by the supervisor for any of the evaluated competencies the employee will enter a performance monitoring program. Periodic interim evaluations shall be completed according to a pre-set schedule (at a minimum quarterly) until minimum performance standards are met. The performance improvement plan form will be used to document progress toward achievement of performance standards.
4. Regular PAD - Employee Development Goals
1. Once an employee has reached eight years of service with the organization the emphasis shifts to prospective performance planning. The development plan portion of the PAD long form is the only component of the PAD completed in year 8 and every four years thereafter (see PAD schedule in policy appendix).

2. Three weeks prior to the development goals meeting, the employee's immediate supervisor shall contact the employee to confirm the meeting date and request that the employee review the goals developed from the last PAD and complete a new development plan for the upcoming two-year period.
 3. The supervisor and the employee shall come to the interview with prepared documentation regarding goal achievement and suggestions for future development using the development plan tool. The employee shall provide a written copy of the development plan prior to the meeting.
5. PAD Interview - all versions
1. PAD interviews shall take place according to the time frames set out elsewhere in this policy. The interview date may be changed at the request of the employee or the supervisor in response to changes in the employee's performance, employment responsibilities, or organizational change.
 2. The PAD interview provides an opportunity to discuss and document all factors that influence the employee's ability to perform work tasks and achieve goals including personal and other circumstances. The interview shall provide information for the documentation of the employee's progress on both work and developmental goals with an emphasis on maximizing the strengths of each employee.
 3. During the interview each section of the PAD tool is carefully discussed, with input from the supervisor and the employee, as well as consideration of all peer appraiser input that has been received (if applicable).
6. Documentation - all versions
1. Within two working days following the meeting the supervisor shall record the information on the PAD tool. Input from peer appraisers shall be recorded on the PAD form (if applicable); however, comments will not be attributed to peer appraisers. The supervisor shall sign the document and give it to the employee.
 2. The employee shall review the document and sign to indicate he or she has read the contents. The employee may attach his or her own comments. The employee may make a copy for their personal use. The document is then returned to the supervisor within one week.
 3. The supervisor shall send the original to Human Resources for the employee's PAD file. The record of each performance appraisal meeting shall form part of the employee's performance record.
 4. The supervisor's copy of the peer appraisers' input is shredded.
7. Term Employees
1. During the period of the term, the employee and the immediate supervisor shall meet to discuss and document the employee's performance.
 2. The supervisor may seek input from other management staff or peers for the purpose of providing feedback.
 3. Performance shall be documented on the short form PAD tool.
 4. The interview shall be documented in accordance with section 6.0 of this procedure, with the exception of 6.4.
8. Casual Employees

1. The employee and the immediate supervisor shall meet to discuss and document the employee's performance according to the following schedule:

Casual Employee PAD Schedule

Casual Employees

Work less than 12 days per year (.05 FTE)

Frequency

As per collective agreement (if applicable); followed by informal performance discussions.

Work between 13 - 65 days per year (.06 - .25 FTE)

As per collective agreement (if applicable); followed by a review in 2 years then every 4 years.

Work more that 65 days per year (> .25 FTE)

Regular PAD schedule

2. The supervisor may seek input from other management staff or peers for the purpose of providing feedback.
3. Performance shall be documented on the short form PAD tool.
4. The interview shall be documented in accordance with section 6.0 of this procedure, with the exception of 6.4.

Technology and System Plan and Status Report

Scope: All full time, part time and contract employees of One Heartt, Inc. OMHC, Inc.

Purpose: One Heartt, Inc. OMHC, Inc. relies heavily on the use of computers and electronic information to conduct its everyday business. As such, it is essential that the organization have procedures that ensure that information technology is secure and backed up a regular basis. It is further necessary that potential threats are minimized such that access to systems is uninterrupted as much as possible, and that all information is protected and secure. All Technology and System devices will be protected by Antivirus.

Information Systems Needs of One Heartt, Inc. OMHC, Inc.:

- Accurate and current consumer personal, behavioral, and medical information so that management and staff have reliable data available to base their consumer care decision
- Accurate and current consumer personal and insurance information so that One Heartt, Inc. OMHC, Inc. can provide required financial information and bill the funding agencies for the services provided.
- Accurate and current financial and management information so that the Executive Management/Leadership Team can make financial and investment decisions and provide require financial reports to the funding agencies.
- Relevant, accurate and well-presented information about One Heartt, Inc. OMHC, Inc. to the consumers, their families, stakeholders and the general public.
- A reliable inter-office communication system.

Management Information Infrastructure: One Heartt, Inc. OMHC, Inc. has four main sites. All of the sites have computers and are connected to the internet to access email. All Technology and System devices will be protected by Antivirus.

All the files are saved on the local machines and backed up on USB or portable drives daily.

Technology and System Plan and Status Report

Connectivity/Portable Computing: All management and clinical staff have access to assigned individual computers and corporate email accounts and have access to the internet. Some of the management and clinical staff are assigned laptop commuters to work effectively at multiple sites. These laptops have secure industry standard encrypted partitions where the data is placed. If the laptops are stolen or lost, data, would be unrecoverable. The data is also backed up on encrypted USB drives by the staff member and uploaded periodically to a secure stationary workstation.

Computer Operating Systems: One Heartt, Inc. OMHC, Inc. uses industry standard business software and hardware. Microsoft Windows XP Operating system is used. Some of the newer machines will use Microsoft Windows 7 and up.

Software Applications: One Heartt, Inc. OMHC, Inc. always uses legal licensed and wherever necessary, HIPAA and other statutory compliant software.

General Applications: One Heartt, Inc. OMHC, Inc. uses the Microsoft Office for its general businesses application like word processing, spreadsheets, presentations, and databases. The staff are periodically sent for training on these applications by in house staff and when necessary to outside training centers.

Specialized Applications: One Heartt, Inc. OMHC, Inc. may use QuickBooks Accounting or other accounting software for financial management, payroll and reporting functions.

Communication: All management staff, case managers and clinical staff of One Heartt, Inc. OMHC, Inc. are assigned individual emails accounts and have access to the Internet. The internet access and email accounts are to be used for agency business only.

Technology and System Plan and Status Report

The One Heartt, Inc. OMHC, Inc. has a website, oneheartt.org. This website is primarily for informational purposes for the consumers, their families and guardians, local businesses and the general public. There is a sub-site which has all the company policy and operational manuals online for the use of the staff.

In addition, One Heartt, Inc. OMHC, Inc. promotes effective and efficient communication through stationary phone and cell phones.

Policies on Usages of Agency Equipment and IT resources: One Heartt, Inc. OMHC, Inc. equipment, including computer hardware and software are valuable assets. They must be used for One Heartt, Inc. OMHC, Inc. business only. Staff may not copy or use One Heartt, Inc. OMHC, Inc. purchased/leased software contrary to the interests of the organization or for purposes other than the business reason for the purchase or lease. Employees may not use e-mail for personal, non-business-related use.

One Heartt, Inc. may access any staff computer, e-mail information files, or voice mail to better serve the needs of the agency or to make certain that they are being used properly and in compliance with this policy. Email, voice mail, as all computer imputed data, are considered company files and not the property of any individual. The use of password is to control access to company equipment and is not intended to create a right or expectation of privacy. A password must be registered with the system manager of One Heartt, Inc. OMHC, Inc. and must be provided to the supervisor.

No agency property, including computers, may be used for unlawful purposes; or to offend, harass, abuse, or otherwise communicate offensive, unlawful, or inappropriate messages or messages in violation of One Heartt, Inc. OMHC, Inc. policy prohibiting harassments, including sexual harassment. Nor may they be used to access material unrelated to the performance of the business of the agency. Employees should be aware that emails and voice mail messages could be retrieved and even subpoenaed for litigation and governmental compliance investigations. Stored information and email and voice mail messages may not be deleted or destroyed if the subject of or relevant to a claim of litigation.

Technology and System Plan and Status Report

Violation of this policy will subject the employee to discipline.

Security, Privacy and Confidentially:

1. Computer and email security: All staff with access to consumer, financial or any other agency related information are expected to treat the information with the highest level of confidentiality. Staff with electronic access to the information are assigned passwords and are expected to treat them with extreme care. If any password is lost or is suspected or being compromised, they are required to inform their supervisors immediately. Upon notification, system manager with Executive Director and/or designee approval will issue a new password to the staff and the old one will be deleted. In the event that an employee with these types of access leaves the agency, the system manager will be immediately informed; and the password protected accounts will be deleted or changed so that the person no longer has access to the agency's protected information.

All staff members with the access to client records are required to sign the confidentiality agreement and are expected to adhere to agency policies at all times.

2. All Technology and System devices will be protected by antivirus.

Staff Training:

All staff are required to utilize specialized company applications, like payor source Financial Reporting systems and the LME's Consumer Databases, are trained on them upon hire and are periodically retrained on them as the necessity arises.

Technology and System Plan and Status Report

The agency consults with and refers to a computer training lab to train staff on general business applications like Microsoft Word and Excel to help improve the staff productivity.

Consumer Access to Computers/Assistive Technology:

One Heartt, Inc. OMHC, Inc. is committed to providing appropriate assistive technology to who is in need of such. An “assistive technology device” refers to any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of students with disabilities. The need for assistive technology must be determined on a case-by-case basis. If a need is identified that a particular assistive technology item is required and to provided a reasonable benefit, the technology will be provided to implement into the programs.

Goal	Strategy/Objective	Responsible Person
1. Maintain a System Manager for our technology and system plan	One Heartt, Inc. OMHC, Inc. will maintain a person to oversee the implementation of its Technology and System Plan	Executive Director, System Manager and/or Designee
2. Conduct Technology and System self-assessment.	One Heartt, Inc. OMHC, Inc. will conduct an organizational self-assessment of its technology and system for strengths, weakness, and recommendations to include upgrades.	Executive Director, System Manager and/or Designee
3. Continue to maintain an integrated software system for consumer record management and financial billing & tracking capabilities to increase overall company efficiency and better productivity	One Heartt, Inc. OMHC, Inc. will maintain integrated software for consumer record management and financial billing/tracking.	Executive Director, System Manager and/or Designee
4. Maintain a well define Disaster Recovery Preparedness Plan per CARF standards	One Heartt, Inc. OMHC, Inc. will maintain a Disaster Recovery Preparedness plan to give guidance for potential disaster situations. External. Scheduled Trust Keeper vulnerability scan of One Heartt, Inc for PCI DSS compliance services by Trustwave.	Executive Director, System Manager and/or Designee
5. Maintain an on-line staff training curriculum to increase staff knowledge.	One Heartt, Inc. OMHC, Inc. will maintain vendors and independent accreditation for staff web-based training.	Executive Director, System Manager and/or Designee
6. Ensure that current policies/ procedures on Technology and System plans are adhered to	One Heartt, Inc. OMHC, Inc. will ensure that current policies and procedures on Technology and System Plan are adhered to by all staff of the organization.	Executive Director and/or Designee

Gap	Goal	Priority Level	Timeframe	Responsible Person
1. Lack of integrated phone system/ automatic directory	Implementation of an integrated phone system/ automatic directory	Important	8.1.2020	Executive Director, System Manager and/or Designee
2. Lack of ePrescribe system	Enroll in an ePrescribe supported EMR	Critical	6.30.2020	CEO
3. Inability to conduct many psychological assessments via telehealth	Support database efforts (e.g., Pearson) to increase availability of telehealth assessment materials	Low	N/A	Executive Director, System Manager and/or Designee

One Heartt, Inc. OMHC Technology Policy

PURPOSE:

This policy applies to all One Heartt, Inc employees, contractors, consultants, vendors, agents, and those affiliated with third parties that access One Heartt, Inc networks and/or computers. It also applies to all equipment that is owned or leased by One Heartt, Inc.

One Heartt, Inc is committed to protecting its resources from illegal or damaging actions by individuals, either through intentional or unintentional methods. Inappropriate use of company systems exposes One Heartt, Inc to risks including compromise of network systems and services and/or unauthorized data disclosure. It is the responsibility of every computer user to conduct their activities according to the practices established by this policy and One Heartt, Inc's Code of Conduct.

POLICY:

All systems, including, but not limited to, computer equipment, software, operating, storage media, electronic mail, internet/intranet browsing, and FTP (hereafter to as the "system"), are the property of One Heartt, Inc. These systems are to be used for business purposes in serving the interests of the company, our clients, and our customers in the course of normal operations.

A. General Use and Ownership

1. Users should be aware that the data they create on the systems remains the property of One Heartt, Inc. Users should have no expectation of privacy regarding any information stored on or transmitted over any network or device belonging to One Heartt, Inc.
2. One Heartt, Inc reserves the right to examine all information stored in or transmitted by the system. At the direction of Senior Management, Corporate Security, Law Enforcement, or the Office of General Counsel, authorized individuals within One Heartt, Inc may monitor equipment, systems, communication, information, and network traffic at any time. If necessary, One Heartt, Inc will disclose information obtained through such auditing to appropriate third parties, including law enforcement authorities.
3. One Heartt, Inc also reserves the right to audit or review systems on a periodic basis to ensure compliance with this and all other policies.
4. One Heartt, Inc may prohibit access to and/or may take disciplinary action if it is determined that use of any One Heartt, Inc resource is inappropriate.
5. Employee use of the system should be in compliance with the One Heartt, Inc Code of Conduct at all times

B. Security and Proprietary Information

Information residing on all One Heartt, Inc systems should be classified according to the guidelines outlined in the *Data Classification Policy*. Employees should take all the necessary precautions to prevent unauthorized access to confidential and proprietary data in an effort to maintain data integrity.

C. Appropriate Use

One Heartt, Inc's computer systems and networks are provided for business use only. Occasional, reasonable

personal use is allowed but employees are responsible for exercising good judgment regarding the reasonableness of personal use. Individual departments are responsible for creating guidelines concerning personal use of Internet/Intranet/Extranet systems. In the absence of such policies, employees should consult their supervisor or manager. In no event should employees have any expectation of privacy surrounding such personal use.

NOTE: Any use perceived to be illegal, harassing, offensive, in violation of other One Heartt, Inc policies, or any other uses that would reflect adversely on One Heartt, Inc can be the basis for disciplinary action up to and including termination of employment or legal action.

COMPUTER SOFTWARE INSTALLATION

It is prohibited for staff members of our health care team, patients or vendors to install unsupported software of any nature on computers owned by One Heartt, Inc. without express authorization from the Information Services Department. ALL software must be cleared for use and installed by or in conjunction with the Information Services Department.

ILLEGAL SOFTWARE DISTRIBUTION

It is strictly prohibited for staff members of our health care team to load unlicensed copies of computer software onto ANY computer system owned by One Heartt, Inc. It is strictly prohibited for staff members of our health care team to make copies of One Heartt, Inc. licensed software for personal use. It is strictly prohibited for staff members to distribute software, One Heartt, Inc. licensed or otherwise, onto ANY computer systems owned by One Heartt, Inc. All of the above-mentioned activities are illegal and can result in immediate termination.

COMPUTER SYSTEM MODIFICATION

Modifications to the software configuration, hardware setup, or wiring of any computer system, owned by One Heartt, Inc. not only hampers the delivery of patient care, but can result in wasted resources in terms of cost and effort restoring the computer system to its original state. It is a violation of this policy to tamper with the configuration of any computer system, owned by One Heartt, Inc. without express authorization from the Information Services Department.

DOWNLOADING SOFTWARE

Downloading of software from external telecommunications sources such as the Internet or commercial online services without express authorization from the Information Services Department is a violation of this policy. This activity can subject the organization's computer systems to unwanted viruses, damaging executable programs, or illegal software. Downloading software is defined as the transfer of ANY computer file(s) from an external computer (not owned by One Heartt, Inc) to a computer owned by One Heartt, Inc. OMHC.

INTERNET/NETWORK ACCESS

Use of the Internet is a privilege granted by One Heartt, Inc to those employees who agree to accept the terms and conditions of this policy. One Heartt, Inc may withdraw that privilege at any time. The following terms and conditions must be followed by those using One Heartt, Inc.'s connection to the Internet. One Heartt, Inc has the capability to monitor Internet use.

- A. Internet access is granted to all employees, however, One Heartt, Inc will filter content it feels is inappropriate or not needed for business purposes. Individual employees may be provided unfiltered access upon approval of the CIO or his or her designee when there is a bonafide business need.
- B. An employee's account is their responsibility. Inappropriate use of the Internet can compromise One Heartt, Inc's computer systems. Failure to comply with the terms and conditions governing Internet use will result in removal of your access privileges and possible disciplinary action in accordance with One Heartt, Inc's Policies and Procedures.
- C. One Heartt, Inc's Internet access is intended to be a gateway to valuable information to be used toward furthering the organization's goals. The Internet will permit you to use computer, databases and automated systems in universities, organizations and government. Internet should be utilized only for organization purposes.
- D. Internet access is a shared resource and as such has it limitations. Employees are expected to keep network resource use at a minimum.
- E. Any use which violates laws and/or regulations of the State of Maryland or the United States is strictly forbidden. Use of this system to deliver threats to others, including sexual harassment, is forbidden.

The State of Maryland and U.S. Government have specific laws dealing with computer crime. These laws include: crimes against intellectual property, crimes against computer equipment and supplies, crimes regarding interruption or impairment of government operations or public services and crimes against other computer users. Severe penalties exist for violating these laws.

- Access to the system is a privilege which may be revoked by One Heartt, Inc. at any time for unlawful or abusive conduct. Such conduct would include, but is not limited to, the unlawful use of the system, the use of obscene, abusive language in either a public or, upon registration of a complaint, a private message. One Heartt, Inc. is the sole arbiter in their discretion of what constitutes obscene, abusive, threatening, or objectionable language.
- An individual may experience material on the Internet that you or others may find offensive. One Heartt, Inc. is responsible only for the content of its internal network. Internal is defined as those systems located on the One Heartt, Inc side of its Internet connection.
- This system is provided by One Heartt, Inc. for educational and research purposes only. Other inappropriate use of access include; games, personal commercial activities, any form of "junk" e-mail. This includes chain letter petitions and any other e-mail that is sent to a large number of people unsolicited. Senders of junk mail may be subject to disciplinary action.
- The Information Services Department reserves the right to inspect any and all data the user has on the system.

- Individual will not engage in any conduct or activities on the Internet which could expose One Heartt, Inc. to liability for damages of any kind.

ELECTRONIC MAIL & NETWORK/INTERNET COMMUNICATIONS

Internet activities are subject to monitoring, recording, review, and auditing to insure proper protection against unauthorized, inappropriate, or improper use. Employees may not access the Internet or log onto any Web sites that contain any pornographic or discriminatory messages or disparages any group. Internet access should be used in such a way that all transmissions, whether internal or external, are accurate, appropriate, ethical, and lawful. One Heartt, Inc. OMHC has provided many employees with access to the mail system and/or the Internet to enhance professionally-oriented electronic communications of both internally and externally. These systems should be utilized within the following parameters established by One Heartt, Inc.

- A. **Employers' Property:** All communications stored in or transmitted over the E-mail system or other electronic media are the property of One Heartt, Inc. Consequently, One Heartt, Inc reserves the right to access any electronic communication including, but not limited to all E-mail. In the course of access to this material all efforts will be made to avoid infringing upon the employee's personal privacy or confidentiality. In other words, an employee should maintain the expectation that any electronic communication stored, transmitted, or received may be accessed by One Heartt, Inc for business or security purposes.
- B. **Access:** One Heartt, Inc reserves the right to access an employee's e-mail or other electronic files at any time for business or security purposes. One Heartt, Inc may monitor all E-mail from time to time. Employees may not attempt to or actually gain access to another employee's E-mail or other electronic files without permission. E-mail cannot be kept past 60 days because of volume and space restrictions. Restorations of Email cannot be accomplished if it is more than 60 days old.
- C. **Passwords:** Access to One Heartt, Inc systems is tailored to individual employee needs and responsibilities and are assigned via a unique password(s). The owner of an access password/ID is accountable for its use. It is the responsibility of the password/ID owner to protect the integrity of accessible systems and preserve the confidentiality of accessible information as appropriate.
- D. **Prohibitions:** The following prohibitions are intended to prevent misuse or abuse of E-mail or other electronic communications:
 1. **Personal Messages:** The E-mail and Network/Internet electronic communication systems are intended for professional/business use only.
 2. **Internet Mail:** All electronic messages leaving One Heartt, Inc. must contain the following disclaimer: "Opinions expressed herein are my own and not those of One Heartt, Inc.>". Email is not a secure form of communication. Clear-text email is not to be used for the transmission of patient information or any sensitive business information.

Transmission of such is considered a serious violation of this, and other policies and will result in disciplinary action up to termination. If it is necessary or expedient to send such information via email Contact Information Services Department for assistance with encryption techniques.

3. Fraudulent/Offensive Messages or content: Sending, printing, requesting, or storing fraudulent, offensive or improper material, including pornography, racial or sexual slurs, is strictly prohibited. Systems users should not infringe upon other people's rights to be free of intimidation, harassment, and unwarranted annoyance.
4. Criminal Activity: The e-mail system or any other electronic system may not be used as a staging ground to crack other systems, or for any illegal or criminal purposes. Unauthorized electronic access or use is prohibited.
5. Obstructing: Obstructing (other people's) work by consuming gratuitously large amounts of system resources (disk space, CPU time) or by deliberately crashing the machine(s) will not be tolerated.
6. Confidentiality: Attempts to read another person's e-mail or other protected files will be treated with the utmost seriousness. Users should be diligent in regard to suitability when committing confidential information to electronic media.

E. ELECTRONIC (E-MAIL) ETIQUETTE

Any form of communication is most effective if it conforms to etiquette acceptable to both the sender and the recipient of the message. Since there is no direct verbal or visual link between the participants of electronic messages, a special etiquette has evolved to take their place.

1. Message Replies: If you have received a message as a part of a group of recipients (such as from an address list) consider a reply to only the author rather than to the entire group. This is especially true when the author is conducting a survey or asking a question of the entire group. If the responses are of interest to the group, the original author should post a summary of the responses after a reasonable length of time.
2. Grammar/Spelling: As with any written form of communication. Attention to proper grammar, spelling, etc. will convey your message most effectively. However, E-Mail is often a very informal means of communication so do not complain publicly about another individual's mistakes.
3. Human Factor: Remember that even though the medium is electronic, the recipient of the message is another human being.

F. Network/System Administrators: Network/System Administrators are expected to treat the contents of electronic files as private and confidential. Any inspection of electronic files, and any action based upon such inspection, will be authorized by the department director/VP whom the employee reports to. A network/system administrator who is unsure about how to deal with the content of computer files or access to such files should contact the department

- Director/VP whom the employee reports.
- G. Reporting of Suspected Security Breaches/Policy Violation: Anyone who has reason to suspect a breach of established security policy or procedure should promptly report it to either their Department Head or the Information Services Department.

SYSTEM ACCESS, COMPUTER PASSWORDS, SECURITY INFRACTIONS

- A. System Access
1. It is the responsibility of the department Director or designee to determine the level of access their staff members require, and to inform the Information Services Department of this need so appropriate access control can be established.
 2. No level of access to the system will be granted without training and/or orientation appropriate for the authorized functions required.
 3. Human Resources shall report all staff terminations in an expeditious manner to the Information Services Department for revocation of system accounts and passwords.
- B. Computer Passwords
1. All access to One Heartt, Inc. systems require the entry of an individual password. This includes employees, physicians and their staff. The level of functionality, security, and rights to data contained in the systems are tied to an individual's password. Employees will be held accountable for their password and its use, and do everything in their power to maintain system integrity and confidentiality by not sharing verbally, or in written form their password(s).
 2. Passwords will be constructed as follows where systems functionality allows:
 - a. Minimum of five characters
 - b. A combination of both alpha and numeric characters
 - c. Not be a common name, date or word
 3. It is recommended that passwords should be changed every 90 days. As system functionality allows, the following guidelines should be followed.
 - a. Passwords will be aged by the network, operating system, or application to enforce periodic password changes.
 - b. Invalid log-in attempts - beyond normal mistyping - will be monitored and reviewed.
 - c. If the threshold of invalid log-in attempts is reached, the account will become disabled - for a pre-set time period at a minimum and in some cases may only be enabled by Information Services.
 4. Minor Offense: Result: Verbal warning first offense, written warning on second offense.

Examples include:

- a. Writing down passwords
 - b. Failure to sign off after system use
 - c. Using the computer for personal use
 - d. Forwarding junk e-mail.
5. Major Offense: Result: Written warning on first offense. Suspension or termination on second offense.

Examples include:

- a. Using another person's Login ID and password.
 - b. Allowing someone else to use your Login ID and password.
 - c. Viewing of information without a need to know.
 - d. Making unauthorized configuration changes or loading unauthorized software.
6. Critical Offense: Result: Possible suspension without pay or termination on first offense, depending on the nature of the information. Examples include:
- a. Providing confidential patient or employee data to individuals
outside the organization. Including sending clear text email of confidential information to otherwise authorized individuals. E.g. E-mailing patient information to a physician office.
 - b. Destroying or attempting to destroy or change critical One Heartt, Inc. data or information.

TRANSMISSION OF DATA TO AND FROM EXTERNAL SOURCES

The following rules apply to transmission of data to and from external databases and other sources.

- A. All care should be taken to ensure that secure point-to-point leased phone lines are used when transmitting patient identifiable or other confidential information or data to insurance providers or other healthcare partners.
- B. All submissions of data to national data banks shall be in aggregate form, not to include patient identifiable information or other confidential information.
- C. Never transfer un-encrypted patient identifiable information through E-mail via the Internet.
- D. The following forms of transmission media is accepted at One Heartt, Inc.:
 - a. FTP
 - b. SFTP
 - c. HTTP
 - d. HTTPS
 - e. TELNET
 - f. SSH

- g. Others as required, and approved by IT Manager

DATA OWNERSHIP

Each respective computer application in use at One Heartt, Inc. contains data to which there is an owner. Requests for access to a data base will be forwarded to the data owner for approval or denial prior to the granting/removal of access. A list of Data Owners shall be kept by the Information Services Department. Data owners will be responsible for the following:

- A. Granting, denying access to their data.
- B. Routine maintenance and integrity checks of their data.
- C. Bi-annual review of persons with access to their data, and revisions as to this listing as necessary.
- D. Alerting Information Services of problems and security violations so that immediate action can be taken.

RECORDING DEVICES

The use of cameras (including but not limited to digital cameras, video recorders, and cameras that are part of phones or PDA devices) to record customer or company confidential information is prohibited.

For employees who are approved for One Heartt, Inc. Smart Phones, camera functionality needs to be disabled. If non-Smart Phone employees require a camera or other digital recording device, approval from Information Systems and Information Security must be obtained before the camera can be activated. The use of any such cameras or camera functionality is governed by the first paragraph of this section. Any One Heartt, Inc. information stored on the device must be properly deleted/disposed of once it is no longer required to perform the job function.

PROHIBITED USE

The activities listed below are, in general, prohibited; however, employees may be exempted from these restrictions during the course of their job responsibilities (e.g., systems administration staff may have a need to disable the network access of a host if that host is disrupting production services). Under no circumstances is an employee of One Heartt, Inc. authorized to engage in any activity that is illegal under local, state, federal, or international law while utilizing One Heartt, Inc.-owned resources. The following lists are by no means exhaustive, but attempt to provide a framework of activities that fall into the category of unacceptable use.

1. Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of "pirated" or other software products that are not appropriately licensed for use by One Heartt, Inc.
2. Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books, or other copyrighted sources, and copyrighted music. The installation of any copyrighted software for which One Heartt, Inc. or the end user does not have an active license is strictly prohibited.

3. Unauthorized recording of One Heartt, Inc. data through electronic recording devices such as camera phones, digital cameras, video recorders, etc.
4. Employees must never download software from the Internet. Only authorized Employees are allowed to download and install software that is required for daily business operations. Examples can include, but are not limited to, software patches, security alerts, hardware drivers, etc.
5. Exporting software, technical information, encryption software or technology, in violation of international or regional export control laws, is strictly prohibited.
6. Introduction of malicious programs into the network or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).
7. Revealing your account password to others or allowing use of your account by others. This includes family and other household members when work is being done at home.
8. Using a One Heartt, Inc.-computing asset to engage in procuring or transmitting material that is in violation of anti-discrimination, anti-harassment, or hostile workplace laws or policies in the user's local jurisdiction.
9. Making fraudulent offers of products, items, or services originating from any One Heartt, Inc. account.
10. Making statements about warranty, expressly or implied, unless it is a part of normal job duties.
11. Affecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data of which the employee is not an intended recipient or logging into a server or account that the employee is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, ping floods, packet spoofing, denial of service, and forged routing information for malicious purposes.
12. Port scanning or security scanning is expressly prohibited unless prior notification to IT Security is submitted and approval obtained from IT Security Management.
13. Executing any form of network monitoring which will intercept data not intended for the employee's host, unless this activity is a part of the employee's normal job/duty.
14. Circumventing user authentication or security of any host, network, or account. Workers must not acquire, possess, trade, or use hardware or software tools that could be employed to evaluate or compromise the system's security unless specifically authorized in writing by IT Security.
15. Employees must not test or attempt to compromise the system's security measures. Incidents involving unapproved system cracking (hacking), password cracking (guessing), file encryption, bootleg software copying, or similar unauthorized attempts to compromise security measures are considered serious violations of this Policy.
16. Using any program/script/command, or sending messages of any kind, with the intent to interfere with, or disable, a User's terminal session via any means, locally or via the Internet/Intranet/Extranet.

17. Providing information about, or lists of, One Heartt, Inc. employees to parties outside One Heartt, Inc.
18. Unapproved and/or unlicensed software cannot be loaded on One Heartt, Inc. computers without express permission of the Information Systems Department.
19. Personal equipment **cannot be brought internally** to One Heartt, Inc. facilities and connected to the One Heartt, Inc. corporate network without express permission of the Information Systems Department. Personal equipment **may be used remotely** when access is gained through the approved remote access method. Refer to the *Remote Access Policy* for specific requirements.

ENFORCEMENT

Any violation of One Heartt, Inc.'s policies and/or any governmental laws or regulations is cause for disciplinary action up to and including termination of employment, and may result in civil and/or criminal action being taken against the employee. All policies and guidelines referenced in this policy apply to One Heartt, Inc. and all its subsidiaries and affiliates.

EXCEPTIONS

Where valid business reasons exist, exceptions to the IS Security Policy(s) will be considered. Written documentation must be provided to IS Systems and Security stating the reason(s) and risks associated with the requested exception(s). Once the documentation is received, IS management will make a determination as to whether sufficient mitigating controls are in place. If the exception is approved, the appropriate documentation will be retained by Human Resources and the IS Department. Exceptions are to be determined on a case by case basis.

Disaster Recovery Policy:

This Information Systems Disaster Recovery Plan (DRP) has been developed by One Heartt, Inc. OMHC information systems (IS) leaders to provide guidance for responding to IS disasters and other security incidents. Disasters and security incidents may threaten the organization's ability to carry out its mission as well as other operational functions

Overview

This Information Systems Disaster Recovery Plan (DRP) has been developed by One Heartt, Inc. OMHC to provide guidance for responding to ITS disasters and other security incidents.

Disasters and security incidents may threaten the organization's ability to carry out its mission as well as other operational functions.

Advance planning and preparation will allow the organization to:

- Continue serving its patients and community;
- Ensure the availability of patient protected health information as well as business information;
- Minimize loss and facilitate recovery of core information systems and other business assets;
- Preserve the organization's public image and reputation within the community;
- Prevent the disaster or incident from threatening the organization's long-term stability and viability;
- Heighten organizational awareness, allow for advance preparation, and workforce education and training; and

Comply with applicable state and federal regulations and accrediting agency standards. The DRP is a collection of references, guidelines, policies, procedures, forms, and suggestions designed for responding to security incidents and disasters.

Components of this plan include:

- Disaster Recovery and Restoration - See Data Recovery Plan and Development Check List.
- Emergency Mode Operation
- Applications and Criticality Analysis
- Data Back-Up (Security Incident Response
- Testing and Revision

Additionally, there are several documents referred to and/or appended to this plan to provide additional guidance for the management of information security, disasters and other security incidents.

Key supporting ITS policies include:

- Security Incident Response/Reporting
- Data Backup for Information Systems

Objectives of the Disaster Recovery Plan

1. To provide One Heartt, Inc. as an organization with a viable and maintained ITS Disaster Recovery Plan (DRP) which, when executed, will support a timely and effective resumption and recovery of all interrupted clinical and business operations.
2. To minimize possible adverse clinical outcomes, as well as financial and business impacts, to One Heartt, Inc. organizations as a result of an interruption of normal business operations.
3. To reduce operational effects of an information systems disaster on One Heartt, Inc. organization's time-sensitive business operations and functions by providing a set of pre-defined and flexible guidelines and procedures to be used in directing resumption and recovery processes.
4. To meet the needs of One Heartt, Inc. patients, workforce members, and other stakeholders and communities reliant on the organization's ability to provide services during and following a disaster situation.
5. To protect the public image and credibility of One Heartt, Inc.

Applicability

The DRP has been developed to support the organization's Emergency Preparedness/Disaster Plan, providing further specificity to address ITS needs. The DRP applies to all hardware, software, workstations, applications, systems and networks (LAN, WAN, Internet, Intranet), and other components of the organization's information systems. The DRP is limited to the recovery of IT services only. The DRP does not address disaster prevention or long-term restoration of information systems. The DRP does not address the recovery of business processes that may be lost in the various departmental or business unit operations. Downtime/recovery processes are the responsibility of each department unless specifically covered in the DRP. Refer to department plans for appropriate downtime/recovery procedures (See One Heartt, Inc. Downtime Plan).

Key Definitions

One Heartt, Inc. Continuity Planning: The process that facilitates arrangements and procedures that enable One Heartt, Inc. to respond to an event in such a manner that critical One Heartt, Inc. functions continue with planned levels of interruption or essential change can be found in the Risk Management Plan

Disaster (Information System): An event that significantly renders the continuation of normal information system functions impossible; an event which would render the information system unusable or inaccessible for a prolonged period of time (may be departmental or organization-wide).

Disaster Recovery Coordinator (DRC): Individual assigned the authority and responsibility for the implementation and coordination of the IT disaster recovery operations.

Disaster Recovery Plan (DRP): The document that defines the resources, actions, tasks, and data required to manage the business recovery process in the event of a business interruption. The plan is designed to assist in restoring the business process within the stated disaster recovery goals.

Recovery Time Objective (RTO): Amount of down time before outage threatens survival of the organization/mission critical processes.

Security Incident: A violation or imminent threat of violation of information security policies, acceptable use policies, or standard security practices, or an adverse event whereby some aspect of computer security could be threatened. An ITS Disaster would be considered a security incident.

Information Systems Disaster and Security Incident Response

One Heartt, Inc. OMHC recognizes an information systems disaster as a security incident and shall utilize established security incident response processes in addressing disaster response and recovery. The organization's Security Incident Response/Reporting (Reference Security Incident Response/Reporting: Security Compliance Plan) and Data Backup (Reference Information Technology Policies and Procedures for Backup of Data) policies provide a framework for this IT Disaster Recovery Plan. Additionally, other organizational information security policies and procedures support IT disaster recovery processes and may be utilized in conjunction with this plan.

A key security incident resource currently being used by One Heartt, Inc. is developing consistency with the *National Institute of Standards and Technology (NIST) Special Publication 800-61, Computer Security Incident Handling Guide*. This document provides guidance that One Heartt, Inc. can benefit from to mitigate loss and aid the organization in appropriate response to information security incidents and reflects best practices in information security.

The document is available at the following link and may be considered as supporting documentation to this plan:

<http://csrc.nist.gov/publications/nistpubs/800-61/sp800-61.pdf>

Another useful NIST document is *Special Publication 800-34, Contingency Planning for Information Technology Systems* available at the following link:

<http://www.csrc.nist.gov/publications/nistpubs/800-34/sp800-34.pdf>

Authority

The Disaster Recovery Coordinator (DRC), in conjunction with the One Heartt, Inc.'s administrative leadership, shall have the responsibility and authority to take whatever steps necessary to identify, respond, contain, and eradicate the impact of an ITS disaster.

Administrative Oversight

The organization's senior administrative leadership will provide oversight in the development and management of the ITS Disaster Recovery Plan. A senior administrative leader shall also be assigned to provide support and assistance during IS disaster recovery processes. This individual shall also research the organization's disaster insurance coverage and determine available financial resources.

Organization & Notification

Activation and Administration of the Disaster Recovery Plan

Upon notification of a suspected or confirmed information security incident/disaster, the ITS leadership (e.g., management/technical analyst) shall verify, assess, and record the scope of the incident/disaster and determine the appropriate response:

- Application, system, and/or network out of operation.
- Impact localized, departmental, organizational, and/or enterprise-wide.
- Impact on mission critical operations and services.

If the ITS leadership feels that the incident meets the criteria of a "disaster," the ITS leader shall:

1. Activate of the Disaster Recovery Team (Security Incident Response Team-SIRT):
2. Identify an Individual to Act as the DRC (ITS leader/technical analyst preferred). In the absence of an ITS leader, the organization's administrative leadership shall act as the DRC and facilitate the implementation of this plan and assign the tasks involved in IS disaster plan recovery. Once an ITS Disaster has been declared and the ITS Disaster Plan activated, the DRC shall communicate such to senior administrative leaders and implement the ITS recovery steps outlined in this plan. The DRC shall determine the need to notify external resources (See Communication & Organization) including business partners and vendors to assist with ITS disaster recovery activities. These protocols are outlined in this Plan.

Disaster Recovery Coordinator (DRC)

Disaster Recovery Coordinator (DRC) Position Description/Job Action Sheet	
Position Assigned To:	ITS Leader or Designee
Position Reports To:	CEO or Designee
Authority Level:	Highest
Mission/Responsibility:	To implement, organize and direct information systems disaster recovery operations.
Disaster Recovery Coordinator (DRC) Position Description/Job Action Sheet	
Criticality Level	Job Actions
Immediate (0-6 Hours)	<ul style="list-style-type: none"> • Review DRC Job Action Sheet and IS Disaster Recovery Plan • Identify Disaster Recovery Command Center/Assembly Site • Notify Disaster Recovery Team Members • Assemble Team at Command Center • Assemble Resources (See Checklist) • Provide Team Briefing/Document Information Provided at Briefing • Review Tasks to Be Performed and Assign Personnel • Notify Other Key Leaders/Workforce Members as Necessary • Notify Vendors/Stakeholders/Law Enforcement Agencies or other Emergency Government Agencies as Necessary • Determine Need for Additional Support Teams and Assign Team Leader/Members • Provide Teams with Status Report Forms • Request Team Facilitators to Track Resource Utilization on Status Report Form • Communicate Key ITS Disaster Recovery Information/Contacts/Locations Internally • Contact External Vendors and Other Business Stakeholders • Determine Need for Media Communication • Designate Media Contact; Instruct All Others Not to Make Statements to Media • Prepare Media Statement proactively if felt necessary
Intermediate (6-12 Hours)	<ul style="list-style-type: none"> • Assess continued staffing needs/staff relief
Ongoing	<ul style="list-style-type: none"> • Damage assessment • Assess recovery priorities • Communicate ITS Disaster Recovery Status with Administration

	<ul style="list-style-type: none"> • Assess resource needs for Chief Operations Officer • Approve expenses related to recovery processes
Extended (>12 Hours)	<ul style="list-style-type: none"> • Assess continued staffing needs/staff relief
Follow-Up (Following Disaster)	<ul style="list-style-type: none"> • Facilitate “post mortem” evaluation of IS disaster and recovery processes • Revise IS Disaster Recovery Plan and Processes as Necessary • Train and educate staff on ITS DRP revisions

ITS Disaster Recovery Team Emergency Contact Information

Members of the ITS Disaster Recovery Team shall be contacted immediately once the ITS DRP has been activated. The following information should be provided at the time of contact:

- A brief description of the problem
- Location of the ITS Disaster Recovery Command Center
- Phone number of the ITS Disaster Recovery Command Center
- Identification of immediate support required (Services, Equipment, Etc.)
- Information Regarding How the Facility Can be Entered (Need for Badge/Identification)
- Contact information is available as noted below.

Name of Individual	Contact information (phone number or pager number)
TBD	TBD

Damage Assessment

Damage assessment shall be carried out to determine disaster recovery requirements. A preliminary damage assessment shall address:

- Cause of the emergency or disruption.
- Potential for additional disruptions or damage.
- Areas affected by the disruption.
- Status of physical infrastructure (where computer equipment is located).
- Inventory and functional status of computer equipment.
- Type of damage (e.g., water, fire, electrical surge, etc.).
- Items to be replaced (e.g., hardware, software, other).
- Estimated time to restore to normal operations.

Assessing Resource Needs for Critical Disaster Recovery Operations

Once the DRP is activated, the DRC will determine what resources are required to support critical functions. This analysis should take into consideration the following resources and potential questions:

Human Resources: Are the critical skills and knowledge possessed by the appropriate people listed on the call roster? Can Recovery Operations staff be deployed easily get to an alternative site?

Processing Capability: Are the servers, workstations, or other hardware harmed? What happens if some of the equipment is inoperable, but not all?

Automated Applications and Data: Has data integrity been affected? To what extent? Has an application been sabotaged? Can an application run on a different processing platform?

Computer-Based Services: Can the computers communicate? To where? Can people communicate? Are information services down? Find out as soon as possible how long services will be down.

Infrastructure: Do people have a place to work? Do they have the equipment to do their jobs? Can they occupy the department/building? Documents/Paper: Can the needed records be found via another method?

ITS Disaster Recovery Command Center

The Command Center will function as the centralized location for ITS disaster recovery processes. The DRC will make the determination as to the location of the Command Center. The location will be determined by the disaster type and available resources. The Command Center location must be able to accommodate the necessary critical resources and equipment required for disaster recovery (see Recovery Resources Supply Checklist):

- Hardware, Software, Other Equipment
- Electrical Support
- Telecommunications Support
- Desks, Chairs, Tables, Lights

Primary Location			
Primary Location	One Heartt, Inc. OMHC	Meeting Site:	IT Department
Address:	210 E. Lexington St. Suite 400 Baltimore, MD 21202	Fax Number:	443.914.2007
Phone Number:	334.341.4011	Phone Number:	334.341.4011
Contact Person:	Nakieta Lankster	Phone Number:	334.341.4011
Alternate Contact:	Jessica Williams	Phone Number:	650.516.5954
Security Considerations:			

Recovery Resources Supply Checklist

Recovery Resources Supply Checklist	
<p>Workspace</p> <ul style="list-style-type: none"> <input type="checkbox"/> Desk, Chairs, Tables, Lights <input type="checkbox"/> Electrical Support <input type="checkbox"/> Telecommunications Support 	<p>Documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hardware Inventory Lists and Serial Numbers <input type="checkbox"/> Software Inventory Lists and License Numbers <input type="checkbox"/> Network Schematic Diagrams <input type="checkbox"/> Equipment Room Floor Grid Diagrams <input type="checkbox"/> Contract and Maintenance Agreements
<p>Hardware</p> <ul style="list-style-type: none"> • PC's/Laptops <ul style="list-style-type: none"> • Scanners 	<p>Forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maintenance Forms <input type="checkbox"/> Message Pads
<p>Software</p> <p>Back-Up Copies of Data Files</p>	<p>Other Supplies</p> <ul style="list-style-type: none"> • Office Supplies (pens, paper, folders, paper clips, scissors, staplers, tape, etc.) • Office Equipment (shredder, copiers, etc.) • Camera/Video Recorder • Film/Blank Recording Media • Duct Tape • Backup Media • Flashlights and Spare Batteries • Telephone Log • Area Maps
<p>Communications</p> <ul style="list-style-type: none"> • Telephones Telephone Log • Cellular Phones With Chargers • Fax and Backup Fax • Dedicated Telephone Line(s) • Radios (Walkie-Talkie) As Required • Organizational Contact • Information/Directories • Telephone Directories 	
Other	

Recovery Team – Roles & Responsibilities

Title	Position	Responsibilities
Disaster Recovery Coordinator	Director of ITS <ul style="list-style-type: none"> • ITS Leader • Security Officer 	See Disaster Recovery Coordinator Position Description/Job Action Sheet
Operations Recovery Coordinator	<ul style="list-style-type: none"> • ITS Leader or Technical Support Person 	Implement ITS disaster recovery processes; facilitate recovery of ITS operations as directed by DRC.
Network Recovery Coordinator	<ul style="list-style-type: none"> • Local or Enterprise Network Administrator 	Implement ITS disaster recovery processes; facilitate recovery of organization/enterprise network as directed by DRC.
Clinical Applications Coordinator	<ul style="list-style-type: none"> • ITS Clinical Applications Coordinator • Nursing Leader 	Implement ITS disaster recovery processes as necessary in the absence of ITS applications and systems. See Downtime Plan.
Business Applications Coordinator	<ul style="list-style-type: none"> • Database Administrator • Business Leader 	Implement ITS disaster recovery processes as necessary in the absence of ITS applications and
Communications Coordinator	<ul style="list-style-type: none"> • CEO • CIO • As designated • COO 	Support DRC/activities. Investigate insurance coverage and resources. Facilitate securing critical resources.
Administrative Assistant		Provide necessary administrative and clerical support to DRC and support teams.

Communication Strategies

ITS Disaster Recovery Team Status Report

The DRC will determine the need to complete status reports. The Disaster Recovery Team and all other disaster recovery support team leaders will be responsible for completing the “ITS Disaster Recovery Status Report Form” when requested by the Coordinator. The Coordinator will compile information from the status report(s) to use in communicating to senior administrative leadership, corporate resources, and other external contacts and stakeholders.

Administration

The administrative leader assigned to the disaster recovery process shall act as a liaison between the DRC/Team and administration. The leader will be responsible for communicating disaster recovery activities on an as needed basis.

Organizational/System Level

The DRC will determine the need for notification of One Heartt, Inc. leadership and/or Information Systems staff members. The CEO shall be notified of any disaster/security incident that:

- A. Results in adverse patient care outcomes or significantly impacts operational functions;
- B. Requires additional ITS resources and support beyond the scope of One Heartt, Inc. ITS staff;
- C. Impacts more than one One Heartt, Inc. organization or satellites;
- D. Requires involvement with local, state or federal law enforcement agencies; and
- E. Results in adverse publicity and require media relations skills. The DRC may also request assistance from other One Heartt, Inc. partner organizations for ITS support.
- F. The Coordinator may contact the organizations directly or request assistance from One Heartt, Inc. business partner ITS Departments in coordinating supporting services and resources from the other organizations.

Recovery Priorities

Criticality levels are assigned to applications systems based upon the relative importance of the applications and systems to the organization's mission and operations. During the disaster recovery process, resources will be allocated based on established criticality levels, unless otherwise determined by the DRC and/or administrative leadership. The organization must in advance review all applications, systems, networks, and critical interfaces and assign them to one of the following priority levels:

Critical/Priority 1

Applications and systems designated "Critical" are mission-critical, impact patient care or other key operations, and require immediate data recovery resources to ensure prompt restoration, recovery, and operability. Failure of these applications and systems to function for even a short period of time could have a severe impact on the organization's ability to carry out its mission and operations.

Recovery Time Objective (RTO): 0-8 Hours.

Essential/Priority 2

Applications and systems designated as "Essential" and may impact patient care, information services, finance, labor and attendance, and physical security. Failure of these applications and systems is allowable for a short period of time. RTO: 9-24 Hours.

Necessary/Priority 3

Applications and systems designated “Necessary” and may tolerate a short period of loss of availability. RTO: 25-72 Hours.

Desirable/Priority 4 (Low)

Applications and systems designated “Desirable” are a lower priority and may tolerate a significant loss of availability. Recovery will be initiated when normal IS operations are reestablished.

RTO: > 72 Hours. Pending resolution of higher priorities; allocation of resources may be questioned.

INFORMATION SYSTEM CRITICALITY ASSESSMENT

Local Applications/ System/Network Interface	Critical Priority 1 RTO: 0-8 Hours	Essential Priority 2 RTO: 9-24 Hours	Necessary Priority 3 RTO: 25-72 Hours
External		E-Mail	
Communications - Internal	Telecom IP Phone		
Decision Support/ Reporting Systems		Reporting System	
Financial	Accounting System		
Health Information	EHR		
Human Resources		EZ Labor	Halogen
Patient Care	Order Entry Transcription/Dictation EHR/portal		
Revenue	Accounting System		
Enterprise Application Systems	Critical Priority 1 RTO: 0-8 Hours	Essential Priority 2 RTO: 9-24 Hours	Necessary Priority 3 RTO: 25-72 Hours
Payroll Processor	Payroll		
Doc Editor			Editor
Photo Editor			Editor
Patient Ed		Patient Education	
Report Module	Reporting		

Remote Access	Gives Access to Computers for ITS		
Inventory Management	PO Generator for Ordering		
VPN	Transcription transfer		
Drug Lookup System	Drug lookup		
Payroll Processor	Payroll		
Finance System	Finance		
Sig Pad System	Signature Pads		
Accounting System	Finance		
Phone System	Telephone System		
EHR	Electronic Health Record		
EHR Communications Services	Electronic Prescribing and Patient Portal Traffic		
EHR Faxing Integrations Services	Fax Prescriptions		
Security Cameras	Facility Security		
Office Software		Office Operations	
Content Management		Website Creation	
Policy Database	Policies		
SQL Prompting			Scripting Support
EIS Database		EIS Population Management	
General Database	DataBase		
Technology Support		ITS for Tracking	
Clinical Search	Clinical Reference		
Comm System	Employee Communication		
Antivirus	Equipment Antivirus		
Schedule System	Clinic Scheduling		
PC Operating System	Operating Systems		

Recovery Processes and Procedures

1. Upon assessment of damage and activation of disaster recovery processes, the ITS leadership will determine the appropriate data recovery strategy.
2. The data recovery processes shall reflect the organization's information system priorities. Data recovery activities shall take place in a pre-planned sequential fashion so that system components can be restored in a logical manner and should take into

consideration:

- A. Personnel: The ITS leadership and workforce members, as well as the SIRT members, involved in data recovery processes will be the most valuable resource. These individuals may be asked to work at great personal sacrifice and resources shall be provided to meet their personal and professional needs.
 - B. Communication: Notification of internal and external business partners associated with the organization's information systems.
 - C. Salvage of Existing ITS Equipment and Systems: Initial data recovery efforts shall be targeted at protecting and preserving the current media, equipment, applications and systems. A priority shall be to identify and obtain storage media. The ITS equipment shall be further protected from the elements or removed to a safe location, away from the disaster site if necessary.
 - D. Designate Recovery Site: It will be necessary to determine if the data recovery efforts can be carried out at the original primary site or moved to another location. The choice of using an internal or a remote site will be dependent on the damage and estimated recovery of the computing and networking capabilities.
 - E. Backup/New Equipment: The recovery process will rely heavily on the ability of the organization's vendors to quickly provide replacements for the resources which cannot be salvaged. Emergency procurement processes will be implemented to allow the ITS leadership to quickly replace equipment, supplies, software and any others items required for data recovery.
 - F. Reassembly Process: Salvaged and new data recovery equipment and components shall be reassembled at the recovery site to begin data recovery processes.
 - G. Restoration of Data from Backups: Data recovery will rely on the availability of the backup data from the storage site. Initial data recovery efforts will focus on restoring the operating systems by pre-determined priority.
 - H. Restoration of Applications Data: ITS leadership will work with the individual departments/application owners to restore each running application. As a period of time may have elapsed between the time that the backups were made and the time of the disaster requiring data recovery, the application owners must address mechanisms to capture and restore the lost interim data.
 - I. Move Back to Restored Permanent/Primary Site: If the data recovery process has taken place at an alternative site, the equipment and systems that have been assembled at the alternative site will need to be returned to the original site when available.
2. Upon termination of recovery activities and once normal ITS operations are back in place, than reconstitution efforts should begin. If the original site is unrecoverable (e.g., burned in fire), then the reconstitution activities may be applied to preparing a new site to support information system requirements. Reconstitution activities should address:
- A. Ensuring adequate infrastructure support, such as electric power, water, telecommunications, security, environmental control, office equipment, and supplies.
 - B. Installing system hardware and software.

- C. Establishing connectivity and interfaces with network components and external systems.
- D. Testing system operations to ensure full functionality.
- E. Backing up operational data on the contingency system and uploading to restored system.
- F. Shutting down the contingency system.
- G. Terminating contingency operations.
- H. Removing and/or locating all sensitive materials at the contingency site.
- I. Arranging for recovery staff to return to the original/new facility.

Data Backup Procedures

Data backup processes shall be established through existing policy and procedures. The ITS Department is responsible for overseeing organizational data backup and recovery processes for those applications, systems, and networks under its control. Users of unique departmental and/or individual applications, systems, and networks will be responsible for data backup and recovery unless arrangements have been made in advance with the ITS Department.

Electronic Health Record (EHR)

The availability of patient electronic health records (EHR) is mission critical to ensure for safe and effective communication of patient information between healthcare providers. Established procedures shall ensure that EHR is routinely backed up and the information recoverable. In the event of downtime disruption and inability to access the EHR, the organization shall:

Communications:

1. Identify operations or services that will be impacted and make necessary notification of the unavailability of the EHR.

Access to Historical Patient Health Information:

2. Implement existing backup systems to access historical patient health information (e.g., flash drives available with a full listing of MPI directory, which includes Patient name, demographics, medication list, chronic problem list, last date seen, primary care provider, (please contact ITS for complete list of fields).
3. Identify and make available resources for retrieval, delivery, return, etc.

Creation of New Patient Health Information:

4. Make available to healthcare providers temporary paper documentation tools including, but not limited to:

- A. MPI thumb drive (if able to access by laptop).
- B. Key patient care documentation forms:

Workforce Member Education and Training

Members of the organization’s workforce shall be provided periodic education and training in emergency preparedness and disaster recovery upon hire and as needed to reflect any significant changes to the organization’s emergency preparedness/disaster recovery practices, including information system disaster events and security incidents. Workforce members with specific responsibilities for ITS disaster recovery shall receive the necessary education and training required to ensure that they can carry out their assigned duties in the event of an ITS disaster event.

Review and Testing of Disaster Recovery Plan

The DRP should be reviewed on an annual basis or as often as necessary to ensure that the information contained in the plan is up-to-date and reflects current workforce information (titles, names, and contact information), applications/systems, vendors, and other external contacts information. Additionally, after each disaster incident, whether a planned drill or actual disaster, the plan should be reviewed and revised to address practical application issues.

Resources Used to Develop the IS Disaster Recovery Plan

- “Creating an Actionable Disaster Recovery Plan,” *Stone Bridge Group, HIMSS*, April 2003
- “Electronic Restoration: Critical Considerations,” Retrieved from: Disaster-Resource.com
- “An Introduction to Computer Security: *The NIST Handbook*, Special Publication 800-12
- “Disaster Recovery Plan,” St. Joseph’s Hospital, 1991
- “Business Resumption Plan,” *Disaster Recovery Journal Website*
- “Disaster Recovery White Paper,” *WEDI*, April 2005
- “CMS Information Systems Security/Risk Assessment” Documents, 2004
- “Contingency Planning Guide for Information Technology Systems,” *NIST, 800-34*, June 2002
- “Disaster Recovery Plan” The Colorado Health Foundation, No date

Applicable S t a n d a r d s /Regulations:

45 CFR §164.308(a)(7) – HIPAA Security Rule Contingency Plan

Data Recovery Plan Template and Development Checklist

Use this template as a guide when performing a data disaster recovery plan assessment.

	Assessment Item	Recommended Action
	Existing data center disaster recovery plans	
#	Review plans if available	
#	Analyze against standards, e.g., NIST SP 800-34, BS 25777, ISO 24762	
#	Validate based on results of assessment	
	Review previous incidents	
#	What occurred?	
#	What was the impact to the organization?	
#	How did the organization respond?	
#	What were the results of the response?	
	Threats	
	Building construction	
#	Type of construction	
#	Date of construction	
#	Structural integrity	
#	Floor loading per square foot	

	Assessment Item	Recommended Action
	Building location	
#	Proximity to major highways, streets	
#	Proximity to rail lines	
#	Proximity to aircraft flight paths	
#	Location with regard to bodies of water, e.g., rivers, lakes, oceans	
#	Traffic control devices	
#	Proximity to other buildings	
#	Proximity to earthquake zone	
#	Weather patterns	
#	CCTV cameras around the site	
	Parking facilities	
#	Parking layout	
#	Number of entrances	
#	Security available to inspect vehicles	

#	Fire protection equipment	
	Utilities disruptions	
#	Access into building for utilities: How many, where located	
#	Secure room for utilities entry into building	
#	Fire protection equipment	
#	Shut-off switches	
#	Signage at appropriate locations	
	Electric utilities	
#	Location of entry facilities	
#	Location of breakers	
#	Cable routing and protection	
#	Power distribution to floors	
#	Firestop material at floor/wall/ceiling penetrations	
#	Lightning protection	
#	Grounding and bonding	
#	Fire protection equipment	
	Assessment Item	Recommended Action
	Water and sewer	
#	Entry points into building	
#	Location of mains	
#	Placement of water towers	
#	Routing of water lines, sewer lines	
#	Leakage notification	
#	Fire protection equipment	
	Gas	
#	Entry points into building	
#	Location of mains	
#	Routing of gas lines	
#	Gas leak notification	
#	Fire protection equipment	
	Telecommunications	
#	Entry points into building	
#	Location of mains	
#	Routing of fiber, copper cables	
#	Grounding and bonding	
#	Fire protection equipment	

	Windows	
#	Windows fixed or can be opened	
#	Glazing to minimize ultraviolet radiation	
#	Special covering to minimize wind or blast damage	
	Doors	
#	Exterior doors solid and locked	
#	Glass doors with shatterproof glass	
#	Interior doors fire-rated	
	Interior walls	
#	Floor-to-ceiling walls fire-rated	
#	Movable partitions fire-rated	
#	Dropped ceilings use fire-rated tiles	
	Fire	

	Assessment Item	Recommended Action
#	Notification of fires to fire department or central reporting station	
#	Building-wide fire detection system	
#	Floor-by-floor monitors	
#	Smoke detection equipment	
#	Ionization detection equipment	
#	Fire extinguishment system, e.g., dry pipe or water sprinklers	
#	Placement of fire extinguishers	
#	Signage indicating fire extinguishers	
#	Regular fire drills	
#	Building evacuation signage on each floor and in offices	
#	Fire safety plan	
#	Evacuation plan	
	Loss of power	
#	Emergency power generator(s)	
#	Emergency power outlets identified	
#	Secure location for emergency generator	
#	Protected fuel tank with gauge	

#	Primary and alternate fuel suppliers	
#	Monthly power system tests	
#	Quarterly full-load system tests	
	Loss of lighting	
#	Emergency lighting in all floors	
#	Emergency lighting in stairwells	
#	Emergency lighting by exits	
#	Regular tests of emergency lighting	
	Loss of elevators	
#	Elevator safety inspections	
#	Power supply to elevators	
#	Emergency access to elevators	
#	All elevators return to ground floor in an emergency	
#	Emergency egress from elevators if stuck between floors	
#	Emergency phone in all elevators; test regularly to ensure it works	

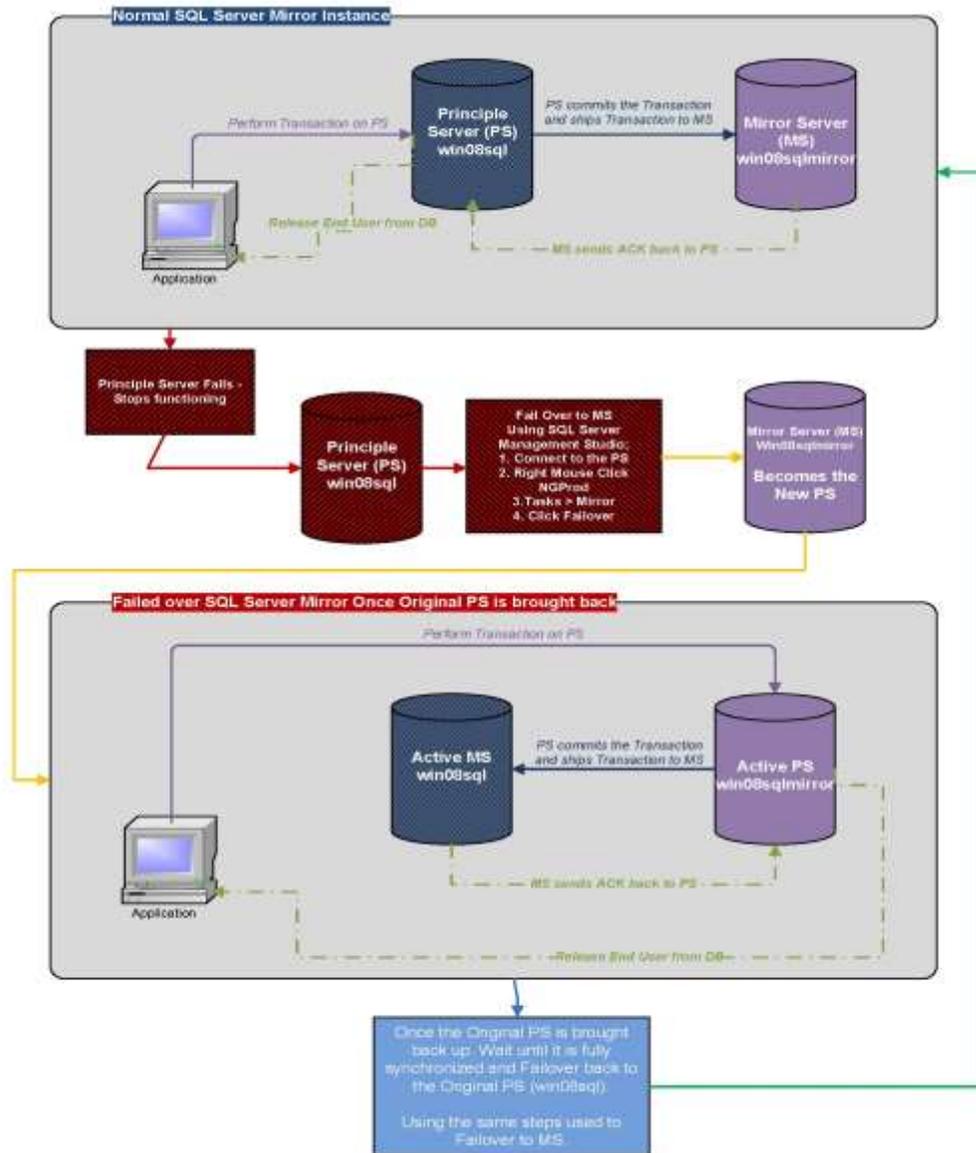
Use this checklist as a guide when structuring data center disaster plans:

	Plan Element	Recommended Action
	Emergency response procedures	
#	Event occurs	
#	Initial report of event	
#	Contact first response staff	
#	Initial assessment	
#	Damage assessment	
#	Contact and assemble disaster teams	
#	Launch call trees and/or other notification procedures	
#	Activate emergency phone number(s)	
	Launch emergency procedures	
#	Data protection	
#	Data quality assurance	
#	Data security	
#	Data backup	
#	Power management	
#	HVAC management	
#	Utility management	

#	Initiate application-level backup procedures	
#	Initiate hardware-level backup procedures	
#	Initiate network backup procedures	
#	Initiate security procedures	
#	Initiate other backup procedures	
#	Contact third-party organizations	
	Decision to declare disaster	
#	Can situation be handled without staff leaving building?	
#	If situation is deemed serious, issue evacuation orders immediately	
	Plan Element	Recommended Action
#	Emergency teams assess situation, make recommendation to senior management	
#	Staff arrives at designated emergency assembly areas	
#	Disaster declared	
	Backup and recovery procedures	
#	Continue application-level backup procedures; launch recovery procedures as needed	
#	Continue hardware-level backup procedures; launch recovery procedures as needed	
#	Continue network backup procedures; launch recovery procedures as needed	
#	Continue security procedures; launch recovery procedures as needed	
#	Continue other backup procedures; launch recovery procedures as needed	
	Alternate site recovery procedures	
#	Initial teams arrive at alternate data center or contracted facility	
#	Launch application-level recovery procedures	
#	Launch hardware-level recovery procedures	
#	Launch network recovery procedures	
#	Launch security recovery procedures	
#	Launch other recovery procedures as needed	

#	Assigned recovery staff arrive at alternate site to expand recovery	
	Primary site situation addressed	
#	Site repaired and ready to accept data center operations	
#	Launch application-level recovery procedures upon return	
#	Launch hardware-level recovery procedures upon return	
#	Launch network recovery procedures upon return	
	Plan Element	Recommended Action
#	Launch security recovery procedures upon return	
#	Launch other recovery procedures as needed upon return	
#	Data center staff return to site to complete recovery and resume normal operations	
	Post-recovery activities	
#	Validate all systems are functioning normally	
#	Validate all network assets are functioning normally	
#	Validate all data center infrastructure assets are functioning normally	
#	Validate all utilities are providing normal service	
#	Conduct review of event, how the organization responded, identify lessons learned, and summarize in report to management	

One Heartt, Inc. Production Database Real-Time Mirroring Schematic



Coupled with our remote offsite backup solution, mirroring the production database is our best defense against data loss. Should it become necessary to recover items from any gap from connectivity loss to recovery status, the following procedures shall be followed:

PRESCRIPTION RECOVERY PLAN:

A. Recovery Calls

1. Contact all local pharmacies to request a list of all prescriptions generated from One Heartt, Inc. OMHC on the date of the system outage.
2. Have pharmacies fax to a central fax number. IT was where I had them faxed.

B. FAX Recovery

1. Access: *proprietary*
2. In the Sent folder, order the faxed prescriptions by detail to get the date/timestamp

information. If it is more than 6 days after the date of the failure, access the Archive folder for the date of the failure.

3. Pick the actual date of the system failure and reconcile with the same process in section C.

C. Medication Reconciliation Process

1. Look up each patient in the EHR that is on the prescription lists.
2. Access the med module and determine if the prescription documentation needs to be added.
3. Add the med to the med list checking to be sure these data elements are completed:
Medication Name
 - a. Dose
 - b. Sig.
 - c. Quantity
 - d. Refills
 - e. Actual Start Date (date of the system failure)
 - f. Provider Name and Location
 - g. Do not fax the prescription.
4. Add a med module note stating “recreated from back up recovery records due to system failure”
5. Click Accept and move to the next medication.

All manual data recovery procedures are dependent on timely data extractions from a primary source (Production Environment) to other locales. The following table outlines the various jobs and the intervals associated with each.

Security Auditing

Definitions

- For the purposes of this Policy, the following terms shall have the meanings specified below:
- The term “audit” refers to the internal process of reviewing information system access and activity (e.g., log-ins, file accesses, and security incidents). An audit may be done as a periodic event, as a result of a potential breach, patient complaint or suspicion of employee wrongdoing. Audit activities shall also take into consideration information system risk assessment results.
- The term “audit controls” refers to technical mechanisms that track and record computer/system activities.
- The term “audit logs” refers to records of activity maintained by the system which provide:
 1. The date and time of significant activity;
 2. The origin of significant activity;
 3. The identification of user performing significant activity; and
 4. A description of attempted or completed significant activity.

- The term “audit trail” refers to monitoring information operations to determine if a security violation occurred by providing a chronological audit logs that relate to an operating system, an application or user activities. Audit trails help provide:
 1. Individual accountability for activities such as an unauthorized access of ePHI;
 2. Reconstruction of an unusual occurrence of events such as an intrusion into the system to alter information; and
 3. Problem analysis such as an investigation into a slowdown in a system’s performance.

An audit trail identifies who (login) did what (create, read, modify, delete, add) to what (data) and when (date, time).

- The term “agency” or “organization” refers to One Heartt, Inc.
- The term “electronic protected health information” (ePHI) refers to any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic records.
- The term “Privacy Officer” refers to the individual appointed by the Organization to be the Privacy Officer under 45 C.F.R. § 164.530(a)(1)(i) of the HIPAA Privacy Rule.
- The term “protected health information” (PHI) refers to information, including demographic information, which relates to the individual’s past, present or future physical or mental health or condition; the provision of health care to the individual; or the past, present or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. PHI includes many common identifiers (e.g. name, address, birthdate, Social Security number) when such can be associated with the health information listed above. PHI does not include student records held by educational institutions or employment records held by employers. However, this information is still treated confidentially under other applicable laws.
- The term “Security Officer” refers to person(s) designated by the Organization to carry out and coordinate security management activities designed to prevent and detect the unlawful disclosure of ePHI as defined by HIPAA.
- The term “trigger event” refers to activities that may be indicative of a security breach that require further investigation.
- The term “workforce” refers to employees, volunteers, trainees and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of

such entity, whether or not they are paid by the covered entity.

ADMINISTRATIVE RULES

HIPAA Security Officer

The Organization's HIPAA Security Officer is responsible for:

1. Auditing resources and facilities managed throughout the Organization;
2. Security controls and backup for audit logs of resources and facilities that the HIPAA Security Officer is responsible for auditing;
3. Arranging for or coordinating external audits and other external resources to assist in audits at all levels; and
4. Advising designees, as necessary, and arranging for additional auditing support for the programs as warranted.

HIPAA Privacy Officer(s)

The Organization's HIPAA Privacy Officer(s) and Senior Director for Information Technology (IT) provide leadership support for the HIPAA Security Officer so that resources can be identified and audits can be accomplished. The Senior Director for IT, Director of Information Security and the department's supervisory staff provide the corresponding leadership support for the Organization's HIPAA Security Officer and/or Privacy Officer(s).

Audits

Auditing procedures throughout the Organization are the same, with the exception of the general differences in external audits, and any specific language included below.

RESPONSIBILITIES

The HIPAA Security Officer shall:

1. Assign the task of generating reports for audit activities to the person(s) responsible for the application, system or network;
2. Assign the task of reviewing the audit reports to the person(s) responsible for the application, system or network, or any other person determined to be appropriate for the task; and
3. Organize and provide oversight to a team structure charged with audit compliance activities (e.g., parameters, frequency, sample sizes, report formats, evaluation, follow-up).

OVERVIEW

The auditing processes shall address access and activity at the following levels listed below.

1. User. User level audit trails generally monitor and log commands directly initiated by the user, identification and authentication attempts and files and resources accessed.
2. Application. Application level audit trails generally monitor and log user activities, including data files opened and closed, specific actions and printing reports.
3. System. System level audit trails generally monitor and log user activities, applications accessed and other system defined specific actions.
4. Network. Network level audit trails generally monitor information on what is operating, penetrations and vulnerabilities.

PROCESS GUIDELINES

The Organization's HIPAA Security Officer and supporting roles (i.e. Privacy Officer(s), Senior Director for IT) shall determine the systems or activities that will be tracked or audited by:

1. Focusing efforts on areas of greatest risk and vulnerability as identified in the information systems risk assessment and ongoing risk management processes.
2. Maintaining confidentiality, integrity and availability of ePHI applications and systems.
3. Assessing the appropriate scope of system audits based on the size of the resource or facility and the needs of the Organization or department by asking:
 - a) What information/ePHI is at risk?
 - b) What systems, applications or processes are vulnerable to unauthorized or inappropriate access?
 - c) What activities should be monitored (create, read, update, delete)?
 - d) What information should be included in the audit record?
4. Assessing available organizational resources.

Trigger Events

The HIPAA Security Officer and supporting roles (i.e. Privacy Officer(s), Senior Director for IT) shall identify "trigger events" or criteria that raise awareness of questionable conditions of viewing of confidential information. At a minimum, trigger events will include:

1. Patient complaint;
2. Employee complaint;
3. Suspected breach of patient confidentiality; or
4. High risk or problem prone event.

Supporting Leadership

1. The HIPAA Security Officer and supporting leadership (i.e. HIPAA Privacy Officer(s), Senior Director for IT) shall determine auditing frequency by reviewing past experience, current and projected future needs and industry trends and events. The Organization's HIPAA Security Officer will provide advice on the suitable range of audit frequency by department. The department will determine its ability to generate, review and respond to audit reports using internal resources and may request additional resources or assistance.

2. The Organization's HIPAA Security Officer or designee and IT staff are authorized to select and use auditing tools that are designed to detect network vulnerabilities and intrusions. Such tools are explicitly prohibited by others without the explicit authorization of the Organization's HIPAA Security Officer. These tools may include, but are not limited to:
 - a) Scanning tools and devices;
 - b) War dialing software;
 - c) Password cracking utilities;
 - d) Network "sniffers"; and/or
 - e) Passive and active intrusion detection systems.

Documentation

Audit documentation/reporting tools shall address, at a minimum, the following data elements:

1. Application, system, network, department or user audited;
2. Audit type;
3. Individual/department responsible for audit;
4. Date(s) of audit;
5. Reporting responsibility/structure for review audit results;
6. Conclusions;
7. Recommendations;
8. Actions;
9. Assignments; and
10. Follow-up.

Review Process

The process for review of audit logs, trails, and reports shall include:

1. A description of the activity as well as rationale for performing audit;

2. Identification of which workforce members or department(s) will be responsible for review (workforce members shall not review audit logs which pertain to their own system activity);
3. The frequency of the auditing process;
4. Determination of significant events requiring further review and follow-up; and
5. Identification of appropriate reporting channels for audit results and required follow-up.

Testing

1. Vulnerability testing software may be used to probe the network to identify what is running (e.g., operating system or product versions in place), if publicly known vulnerabilities have been corrected and evaluate whether the system can withstand attacks aimed at circumventing security controls.
2. Testing may be carried out internally or provided through an external third- party vendor. Whenever possible, a third-party auditing vendor should not be providing the organization IT oversight services (e.g., vendors providing IT services should not be auditing their own services – separation of duties).
3. Testing shall be done on a routine basis (e.g., annually).

Audit Requests for Specific Cause

1. A request may be made for an audit for a specific cause. The request may come from a variety of sources including, but not limited to Organization administration, the Organization's Chief Compliance Officer, the Organization's HIPAA Privacy Officer, the Organization's HIPAA Security Officer or a department's supervisor.
2. A request for an audit for specific cause must include time frame, frequency and nature of the request. The request must be reviewed and approved by the Organization's HIPAA Privacy Officer or the Organization's HIPAA Security Officer.
3. A request for an audit as a result of a patient concern shall be initiated by the Organization's Privacy Officer or the Organization's HIPAA Security Officer. Under no circumstances shall detailed audit information be shared with the patient at any time. The Organization is not obligated to provide a detailed listing of workforce members who use a patient's PHI for treatment or payment.
 - a) Should the audit disclose that a workforce member has accessed a patient's PHI inappropriately, the minimum necessary/least privileged information shall be shared with the workforce member's supervisor, appropriate Organization administrator, Chief Compliance Officer and/or Human Resources.
 - b) Only de-identified information shall be shared with the patient regarding the results of the investigative audit process. This information will be communicated to the patient by the Organization's HIPAA Privacy Officer or designee, after seeking appropriate guidance from the appropriate Organization administrator and/or Chief Compliance Officer.

Evaluation and Reporting of Audit Findings

1. Audit information that is routinely gathered must be reviewed in a timely manner by the individual/department responsible for the activity/process (e.g., weekly, monthly, quarterly.)
2. The reporting process shall allow for meaningful communication of the audit findings to the department(s) sponsoring the activity.
3. Significant findings shall be reported immediately in writing.
4. Routine findings shall be reported to the appropriate supporting leadership in writing.
5. Reports of audit results shall be limited to internal use on a minimum necessary/ need-to-know basis. Audit results shall not be disclosed externally without the approval of the HIPAA Privacy Officer, appropriate Organization administration and/or Chief Compliance Officer.
6. Generic security audit information may be included in organizational reports. Individually identifiable patient PHI shall not be included in the reports.
7. Whenever indicated through evaluation and reporting, appropriate corrective actions must be taken. These actions shall be documented and shared with the responsible departments.

Auditing Business Associate or Vendor Access and Activity

1. Periodic monitoring of business associate and vendor information system activity shall be carried out to ensure that access and activity is appropriate for privileges granted and necessary to the arrangement between the Organization and the external agency.
2. If it is determined that the business associate or vendor has exceeded the scope of access privileges, the Organization must reassess the business relationship.
3. If it is determined that a business associate has violated the terms of the HIPAA business associate agreement/addendum, the Organization must take immediate action to remediate the situation. Continued violations may result in discontinuation of the business relationship.

Audit Log Security Controls and Backup

1. Audit logs shall be protected from unauthorized access or modification in order for the information contained to be available for evaluation. Generally, system users shall not have access to the audit trails or logs created on such systems.
2. Whenever possible, audit trail information shall be stored on a separate system to minimize the impact auditing may have on the audited system and to prevent access to audit trails by those with system administrator privileges. This is done to apply the

security principle of “separation of duties” to protect audit trails from hackers. Audit trails maintained on a separate system would not be available to hackers who may break into the network and obtain system administrator privileges. A separate system allows the Organization to detect hacking security incidents.

3. Audit logs maintained within an application shall be backed up as part of the application’s regular backup procedure.
4. The Organization shall audit internal backup, storage and data recovery processes to ensure that the information is readily available as required. Auditing of data backup processes shall be carried out as follows
 - a) On a periodic basis (recommend at least annually) for established practices and procedures; and
 - b) More often for newly developed practices and procedures (e.g., weekly, monthly, or until satisfactory assurance of reliability and integrity has been established).

Training, Education, Awareness and Responsibilities

1. Workforce members are provided training, education and awareness on safeguarding the privacy and security of business and PHI. The Organization’s commitment to auditing access and activity of the information applications, systems and networks is communicated through new employee orientation, ongoing training opportunities and events and applicable policies.
2. Workforce members are made aware of responsibilities with regard to privacy and security of information as well as applicable processes and procedures outlined in the Organization’s applicable institutional policies.

External Audits of Information Access and Activity

Information system audit information and reports gathered from contracted external audit firms, business associates and vendors shall be evaluated and appropriate corrective action steps taken as indicated. Prior to contracting with an external audit firm, the Organization shall:

1. Outline the audit responsibility, authority and accountability;
2. Choose an audit firm that is independent of other organizational operations;
3. Ensure technical competence of the audit firm staff;
4. Require the audit firm’s adherence to applicable codes of professional ethics;
5. Obtain a signed HIPAA-compliant business associate agreement; and
6. Assign organizational responsibility for supervision of the external audit firm.

STANDARD INSTITUTIONAL POLICY PROVISIONS

Institutional policies are supplemented by provisions that are applicable to all institutional policies. It is the responsibility of all employees and students to know and comply with these standards.

- Standard Provisions Applicable to All Institutional Policies

Additional Information

ASSOCIATED POLICIES, PROCESSES AND/OR PROCEDURES

This Policy is supplemented below. It is the responsibility of all employees and students to know and comply with policies and procedures as supplemented.

OTHER RELATED INFORMATION

- 45 CFR § 164.308(a)(1)(ii)(D) (HIPAA Security Rule – Information System Activity Review)
- 45 CFR § 164.308(a)(5)(ii)(B) (HIPAA Security Rule – Protection from Malicious Software)
- 45 CFR § 164.308(a)(5)(ii)(C) (HIPAA Security Rule – Log-in Monitoring)
- 45 CFR § 164.308(a)(2) (HIPAA Security Rule – HIPAA Security Rule Periodic Evaluation)
- 45 CFR § 164.308(b) (HIPAA Security Rule – Business Associate Contracts and other Arrangements)
- 45 CFR § 164.312(b) (HIPAA Security Rule – Audit Controls)
- 45 CFR § 164.312(c)(2) (HIPAA Security Rule – Mechanism to Authenticate ePHI)
- 45 CFR § 164.312(e)(2)(i) (HIPAA Security Rule – Integrity Controls)
- 45 CFR § 164.316(a-b) (HIPAA Security Rule – Documentation)

INFORMED CONSENT TO TELEHEALTH

Telehealth allows my therapist to diagnose, consult, treat and educate using interactive audio, video or data communication regarding my treatment. I hereby consent to participating in psychotherapy via telephone or the internet (hereinafter referred to as Telehealth) with the clinician listed below:

Client Name: _____ Clinician:

I understand I have the following rights under this agreement:

I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential.

There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my therapist has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent.

I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.

I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions or other communication by my therapist to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Telehealth treatment is different from in-person therapy and that if my therapist believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to a therapist in my geographic area that can provide such services.

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have any questions I may have regarding my treatment answered to my satisfaction.

I understand that I can withdraw my consent to Telehealth communications by providing written notification to Prepare to Change. My signature below indicates that I have read this Agreement and agree to its terms.

Authorized Signature for Client

Date

VIDEO/AUDIO TAPE CONSENT FORM

As part of our aim in offering a high-quality service, we have found it helpful to the work that people do with us to make recordings of sessions. Review of tapes usually furnishes us with more ideas that you might find helpful in your circumstances. It is also sometimes helpful in training people who are learning the job.

Please read the following paragraphs and, if you are in agreement, sign where indicated.

- 1 I / We consent to video/audio tapes being made of these sessions and to these tapes being used to aid the work.

Dated..... *Signed*.....
.....
.....

- 2 I / We consent to the excerpts from these recordings, or descriptions of them, being used by the One Heartt, Inc. OMHC staff for the purposes of supervision, research and/or teaching.

I / We understand that the One Heartt, Inc. OMHC staff will edit out from these recordings, or from descriptions of the recordings, as much identifying information as is possible.

Dated..... *Signed*
.....
.....

On behalf of the One Heartt, Inc. OMHC, I undertake that, in respect of any video/audio tapes made, every effort will be made to ensure professional confidentiality and that any use of video/audio tapes, or descriptions of video/audio tapes, will be for professional purposes only and in the interests of improving professional standards through research or training programs. Every effort will be made to protect the anonymity of all those involved in the sessions.

Dated..... *Signed*.....

Member of the (name of agency)

CONSENT FORM FOR TAPE RECORDING

All psychologists have regular supervision with a clinical psychologist, to discuss their work. In order to help the quality of the supervision, I am asking for your permission to tape-record our sessions. This is so my supervisor and I can talk about ideas and ways of working that might be helpful for you. In addition to this, small parts of the recordings may be transcribed/written down and used for work towards my training. If this were the case, all names and any factors which may identify you would not be included, so confidentiality would be maintained. All tape recordings would be destroyed after the work was completed.

The tapes would also be available for you to listen to a session again, should you wish to. Please read the following paragraphs and, if you are in agreement, sign where indicated.

- 1) *I consent to the sessions being tape-recorded and these tapes being used with the therapist's supervisor in order to help our work.*

Signed..... Dated.....

- 2) *I consent to small parts of the tapes being used for work towards the therapist's training. I understand that part of any conversation that is written down would be kept anonymous.*

Signed..... Dated.....

I understand that, in respect of all tape recordings made, they will only be used for the purposes of supervision or towards work for training as stated above. Every effort will be made to ensure confidentiality.

Signed..... Dated.....

(Trainee Clinical Psychologist

Supervised by Senior Clinical Psychologist)

CONSENT FOR USE OF AUDIO TAPE/PHOTOGRAPHS MATERIALS

1. Name and address of person to be taped/photographed.

Name: *Address:*
.....

2. Name and designation of interviewer/photographer.

Name: *Address:*
.....

3. Purpose for which taped material/photographs is to be used

4. I agree that the person named above may make the following recordings. It has been explained to me how this material will be used.

Tick as appropriate:

	YES	NO	
Audio tape	<input type="checkbox"/>	<input type="checkbox"/>	Signature.....
			Witnessed by.....
Photograph	<input type="checkbox"/>	<input type="checkbox"/>	Date.....
			Designation.....
Video tape	<input type="checkbox"/>	<input type="checkbox"/>	

OR

5. Acting on behalf ofI agree that the following recordings may be made for the purposes stated below:

Tick as appropriate:

	YES	NO	
Audio tape	<input type="checkbox"/>	<input type="checkbox"/>	Signature.....
			Relationship.....
Photograph	<input type="checkbox"/>	<input type="checkbox"/>	Date.....
			Name.....
Video tape	<input type="checkbox"/>	<input type="checkbox"/>	Address.....
		

EXPLANATION OF PURPOSE

1. What was recorded?
2.
 - (a) How is this material to be used?
 - (b) What are you going to do with it?
 - (c) Who will it be shown to?
 - (d) When? and how frequently?

One Heartt, Inc. OMHC Policy and Procedures for Information and Communication Technologies

PURPOSE:

To provide a description of the Telehealth program and services available to plan members.

POLICY:

This policy reviews covered services for telehealth technologies, the delivery system of the services, reimbursement structure, and service requirements.

PROCEDURE:

A. Synchronous Telehealth Services and Settings

1. Synchronous telehealth services can be provided to Plan members by any Plan-credentialed licensed provider.
2. For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the member or by the licensed provider is not limited (Welfare and Institutions Code [W&I Code], Section 14132.72[e]).

B. Asynchronous Telehealth Services & Settings

1. Asynchronous telehealth services can be provided to Plan members by any Plan-credentialed licensed provider. At this time One Heartt, Inc. OMHC does not offer Asynchronous Telehealth Services.

C. Consent

1. Prior to each encounter of the delivery of health care services via telehealth, the licensed provider at the originating site must verbally inform the member that telehealth may be used and obtain verbal or written consent from the member. The verbal or written consent must be documented in the member's medical record, including the following elements:
 - i. A description of the risks, benefits, and consequences of telemedicine
 - ii. The member retains the right to withdraw at any time
 - iii. All existing confidentiality protections apply
 - iv. The member has access to all transmitted medical information
 - v. No dissemination of any member images or information to other entities without further written consent

D. Confidentiality

All federal and state laws regarding the confidentiality of health care information and a member's rights to his or her medical information apply to telehealth services.

E. Required Equipment

The audio-video telemedicine system used, must, at a minimum, have the capability of meeting the procedural definition of the code provided through telehealth. The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT- code billed.

F. Required Documentation

Health care providers at the “distant site” are not required to document medical necessity or cost effectiveness to be reimbursed for telehealth services or store and forward services.

G. Referrals and Prior-Authorizations

All One Heartt, Inc. OMHC referral and authorization requirements apply.

H. Interpretation Services

When interpretation services are necessary during telehealth encounters all requirements state and federal law and One Heartt, Inc. OMHC ethics policy apply.

I. Store and Forward Guidelines

1. Store and forward Asynchronous Telehealth is a medical service separate from an interactive telemedicine consultation and must meet the following requirements:
 - i. The images must be specific to the patient’s condition and adequate for meeting the procedural definition of the national code that is billed.
 - ii. A member receiving Asynchronous Telehealth by store and forward shall be notified of the right to receive interactive communication with the distant specialist physician consulted through store and forward, upon request. If requested, communication with the distant specialist may occur at the time of the consultation or within 30 days of the member’s notification of the results of the consultation.
 - iii. The health care provider shall comply with the informed consent.

J. Exclusions

Telehealth does not include email, telephone (voice only), text, inadequate resolution video, written communication between the providers, or between patients and providers.

K. Telehealth Models

1. There are three main models of telehealth services available to members.
 - i. The first, called “Traditional Synchronous Telehealth Services”, connects the patient with a distant licensed provider

- through audio-video equipment on a real-time basis. For reimbursement guidelines, refer to Appendix A.
- ii. The second model, called “Asynchronous Telehealth Services” or “Store and Forward” services, connects a member with a distant licensed provider of ophthalmology, dermatology or certain optometry services using audio-video equipment, but not on a real-time basis. Generally, an image or picture is taken and forwarded to the distant licensed provider to review at a later time. For reimbursement guidelines, refer to Appendix B.
 - iii. The third model, called Synchronous Patient to Provider Telehealth Services, connects a single licensed provider (primary care or specialty provider) to a member using audio-visual equipment on a real-time basis. The member can be in a health facility, residential group home or private residence or other setting, provided the appropriate equipment is used. The reimbursement terms for each of the three models are summarized below. For reimbursement guidelines, refer to Appendix C.

L. Distant Site Services

Distant site providers are entitled to bill for certain services. These services and reimbursement guidelines are outlined in Appendix D.

M. Exclusions

Telehealth does not include email, telephone (voice only), text, inadequate resolution video, written communication between the providers, or between patients and providers.

Benefits Application

Providers are reminded to verify member eligibility, the Evidence of Coverage and the Provider Manual via the web or phone, *prior to the provision of any service or procedure* for which reimbursement will be requested.

ATTACHMENTS:

- a. Appendix A: Reimbursement for Synchronous Traditional Telehealth Services
- b. Appendix B: Reimbursement for Asynchronous Telehealth Services
- c. Appendix C: Reimbursement for Synchronous Provider to Patient Telehealth Services
- d. Appendix D: Reimbursement for Distant Site Providers

DEFINITIONS:

Telehealth: The mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

Licensed provider: A person who is licensed by the State of Maryland Department of Health and is a Medicaid and/or other insurance provider credentialed health care provider.

Synchronous interaction: A real-time interaction between a patient and a health care provider located at a distant site.

Asynchronous store and forward: The transmission of a member's medical information from an originating site to the health care provider at a distant site without the presence of the member.

Originating site: The member is located at the time health care services are provided via a telecommunications system, or where the asynchronous store and forward service originates.

Distant site: The licensed provider is located while providing services via a telecommunication system.

Medical Necessity: Reasonably necessary services required to preserve and protect life, to prevent significant illness or disability, or to alleviate severe pain and suffering through the diagnoses and treatment of disease, illness or injury.

REVISION LOG

REVISION	DATE
Description of revision	MM/YY
Description of revision	MM/YY

Appendix A

Reimbursement for Traditional Synchronous Telehealth Services



Billing Guidelines for Originating Site Providers:

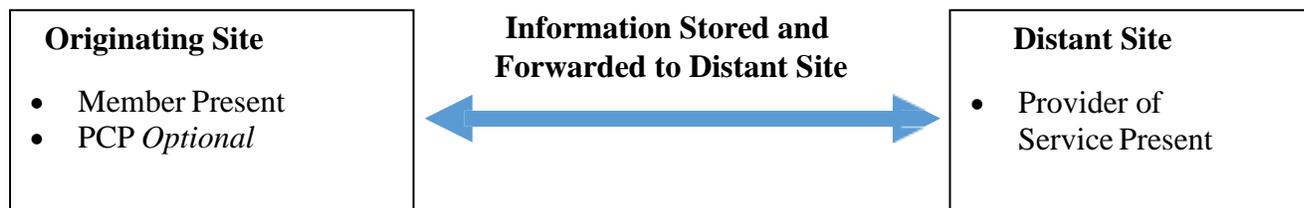
Originating Site	
Service	CPT/HCPCS Code
Originating Site Facility	TBD
Transmission Cost Fee:	T1014 (per minute for maximum of 90 minutes per day, same recipient, same provider)
<p>Licensed Provider Fee (<i>if present</i>)</p> <p>If a licensed provider is present at the telehealth originating site with the member present, medical necessity is established and documented in a progress note generated by the originating provider, the visit is reimbursable. The scope of the interaction with the originating site provider should be documented in the progress note that are distinct from those provided by the Distant Site and will be the basis of the CPT code(s) billed. No modifier is needed at the originating site.</p>	All CPT codes for services distinct and in addition to those rendered by the Distant Site Provider

Billing Guidelines for Distant Site Providers

Distant Site	
Service	CPT/HCPCS Code
Transmission Cost Fee:	T1014 (per minute for maximum of 90 minutes per day, same recipient, same provider)
Consultations: Office or other outpatient (initial or follow-up) Inpatient, and confirmatory	99241 – 99275
Required Modifier:	GT modifier required for all CPT-Codes except Transmission Cost codes

Appendix B

Reimbursement for Asynchronous Telehealth Services (Store and Forward)



Billing Guidelines for Originating Site Providers

Originating Site	
Service	CPT/HCPCS Code
Site Facility Fee: (billable by eligible sites only when no provider at visit)	Q3014
Transmission Cost Fee: (billable by eligible sites)	T1014 (per minute for maximum of 90 minutes per day, same provider)
Licensed Provider Fees: (<i>if present</i>)	All CPT codes for services distinct and in addition to those rendered by the Distant Site Provider

If a licensed provider is present at the telehealth originating site with the member present, medical necessity is established and documented in a progress note generated by the originating provider, the visit is reimbursable. The scope of the interaction with the originating provider should be documented in the progress note that are distinct from those provided by the Distant Site and will be the basis of the CPT code(s) billed. No modifier is needed at the originating site.

Appendix C

Reimbursement for Synchronous Telehealth Services: Provider to Patient Telehealth Services

Telehealth Advancement Act of 2011 allows for telehealth services to be provided between a qualified provider and patient at a distant location. The location may be a health facility, residential home, patient's home or other location.



Billing Guidelines for the Distant Site

Distant Site	
Service	CPT/HCPCS Code
Transmission Cost Fee:	T1014 (per minute for maximum of 90 minutes per day, same recipient, same provider)
Licensed Provider Fees:	See Tables A and B below

A licensed provider who provides E&M services for a patient utilizing telehealth technology to access the provider's office may submit claims for this service using the E&M code, without the modifier. The contracted arrangements for primary care providers and specialty providers continue to apply. HCPCS Code T1014 Transmission Cost fee may also be billed by eligible sites

Appendix D

Reimbursement for Distant Site Professional Services

Services that are eligible for reimbursement when provided at a Distant Site in accordance with this policy, are identified in **Tables A and B**. Providers must submit the CPT code which most accurately identifies the service provided. Providers at the Distant Site **must** append the GT or GQ modifier to the CPT code to identify and bill any service furnished via telemedicine. These modifiers are outlined in **Table C**. Distant sites are also eligible for the reimbursement of Transmission Costs outlined in **Table D**.

Table A: Synchronous Professional Services Provided at a Distant Site	
CPT® 4 Codes	Description
CPT Codes 99201-99215	Office or other outpatient visit (new or established patient)
CPT Codes 99241-99275	Consultations: Office or other outpatient, initial or follow-up inpatient, and
CPT Code 90785	Interactive complexity (List separately in addition to the code for primary)
CPT Code 90791	Psychiatric diagnostic evaluation
CPT Code 90792	Psychiatric diagnostic evaluation with medical services
CPT Code 90832	Psychotherapy, 30 minutes with patient/or family member
CPT Code 90834	Psychotherapy, 45 minutes with patient/or family member
CPT Code 90837	Psychotherapy, 60 minutes with patient/or family member
CPT Code 90839	Psychotherapy for crisis; first 60 minutes
CPT Code 90840	Additional 30 minutes
CPT Code 90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy

Table B: Asynchronous Professional Services Provided at a Distant Site	
CPT® 4 Codes	Description
99241-99243	Office consultation, new or established patient
99251-99253	Initial inpatient consultation
99211-99214	Office or other outpatient visit
99231-99233	Subsequent hospital care

Table C: Telehealth Modifiers for Use by Distant Sites	
Modifier	Description
GT	Via interactive audio and video telecommunication
GQ	Via asynchronous telecommunications systems

Table D: Facility Fees Reimbursable to Distant Sites	
HCPCS Code	Description
T1014	Transmission Cost Fee (per minute for maximum of 90 minutes per day, same recipient, same provider)

Patient Rights & Responsibilities

Patient Rights

1. A patient has the right to respectful care given by competent workers.
2. A patient has the right to know the names and the jobs of his or her caregivers.
3. A patient has the right to privacy with respect to his or her medical condition. A patient's care and treatment will be discussed only with those who need to know.
4. A patient has the right to have his or her medical records treated as confidential and read only by people with a need to know. Information about a patient will be released only with permission from the patient or as required by law.
5. A patient has the right to request amendments to and obtain information on disclosures of his or her health information, in accordance with law and regulation.
6. A patient has the right to know what facility rules and regulations apply to his or her conduct as a patient.
7. A patient has the right to have emergency procedures done without unnecessary delay.
8. A patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
9. A patient has the right to make informed decisions regarding his or her care and has the right to include family members in those decisions.
10. A patient has the right to information from his or her doctor in order to make informed decisions about his or her care. This means that patients will be given information about their diagnosis, prognosis, and different treatment choices. This information will be given in terms that the patient can understand. This may not be possible in an emergency.
11. A patient given the option to participate in research studies has the right to complete information and may refuse to participate in the program. A patient who chooses to participate has the right to stop at any time. Any refusal to participate in a research program will not affect the patient's access to care.
12. A patient has the right to refuse any drugs, treatment or procedures to the extent permitted by law after hearing the medical consequences of refusing the drug, treatment or procedure.
13. A patient has the right to have help getting another doctor's opinion at his or her request and expense.
14. A patient has the right to care without regard to race, color, religion, disability, sex, sexual orientation, national origin, or source of payment.
15. A patient has the right to be given information in a manner that he or she can understand. A patient who does not speak English, or is hearing or speech impaired, has the right to an interpreter, when possible.
16. Upon request, a patient has the right to access all information contained in the patient's medical records within a reasonable timeframe. This access may be restricted by the patient's doctor only for sound medical reasons. A patient has the right to have information in the medical record explained to him or her.
17. A patient has the right not to be awakened by staff unless it is medically necessary.
18. A patient has the right to be free from needless duplication of medical and nursing procedures.
19. A patient has the right to treatment that avoids unnecessary discomfort.

20. A patient has the right to be transferred to another facility only after care and arrangements have been made and the patient has been given complete information about the hospital's obligations under law.
21. A patient has the right to a copy of his or her bills. A patient also has the right to have the bill explained.
22. A patient has the right to request help in finding ways to pay his or her medical bills.
23. A patient has the right to help in planning for his or her discharge so that he or she will know about continuing health care needs after discharge and how to meet them.
24. A patient has the right to access people or agencies to act on the patient's behalf or to protect the patient's right under law. A patient has the right to have protective services contacted when he or she or the patient's family members are concerned about safety.
25. A patient has the right to be informed of his or her rights at the earliest possible time in the course of his or her treatment.
26. A patient has the right to make advance directives (such as a living will, health care power of attorney and advance instruction for mental health treatment) and to have those directives followed to the extent permitted by law.
27. A patient has the right to personal privacy and to receive care in a safe and secure setting.
28. A Medicare/ Medicaid patient has the right to appeal decisions about his or her care to a local Medicare/ Medicaid Review Board. The Facility will provide the name, address, and phone number of the local Medicare/ Medicaid Review Board and information about filing an appeal.
29. A patient has the right to be free from all forms of abuse or harassment.
30. A patient has the right to be free from the use of seclusion and restraint, unless medically authorized by the physician. Restraints and seclusion will be used only as a last resort and in the least restrictive manner possible to protect the patient or others from harm and will be removed or ended at the earliest possible time.
31. A patient has the right to designate visitors who shall receive the same visitation privileges as the patient's immediate family members, regardless of whether the visitors are legally related to the patient.
32. A patient has the right to pastoral care and other spiritual services.
33. A patient has the right to be involved in resolving dilemmas about care decisions.
34. A patient has the right to have his or her complaints about care resolved.
35. A patient and his or her family have the right to request assistance from the ad hoc ethics committee for ethical issues, such as starting or stopping treatments to keep patients alive, differences of opinion or when advance directives cannot be honored.
36. The patient has the right to appropriate pain management.
37. A patient has the right to be free from financial exploitation by the health care facility.

Children and Adolescents

1. The family/guardian of a child or adolescent patient has the right and responsibility to be involved in decisions about the care of the child. A child or adolescent has the right to have his or her wishes considered in the decision-making as limited by law.
2. A child or adolescent patient has the right to expect that care and the physical environment will be appropriate to his or her age, size, and needs.

3. A child or adolescent patient whose treatment requires a long absence from school has the right to education services. These services will be arranged with the local school system.

Patient Responsibilities

1. Patients are responsible for providing correct and complete information about their health and past medical history.
2. Patients are responsible for reporting changes in their general health condition, symptoms, or allergies to the responsible caregiver.
3. Patients are responsible for reporting if they do not understand the planned treatment or their part in the plan.
4. Patients are responsible for following the recommended treatment plan they have agreed to, including instruction from nurses and other health personnel.
5. Patients are responsible for keeping appointments.
6. Patients are responsible for treating others with respect.
7. Patients are responsible for following facility rules regarding smoking, noise, and use of electrical equipment.
8. Patients are responsible for what happens if they refuse the planned treatment.
9. Patients are responsible for paying for their care.
10. Patients are responsible for respecting the property and rights of others.

To Report a Patient's Rights Concern, Please Contact:

Nakieta Lankster
210 E. Lexington St. Suite 400 Baltimore, MD 21202
[202.838.6455](tel:202.838.6455)

CARF International

Toll Free: (888) 281-6531
TTY: (520) 495-7077
Tucson, Arizona, USA (headquarters)
6951 East Southpoint Road
Tucson, AZ 85756-9407, USA
Fax: (520) 318-1129

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the [Office of Civil Rights Complaint Portal](#) or by mail or phone at:

U.S. Department of Health and Human Services
200 Independent Avenue, SW

Room 509F, HHH Building
Washington, DC 20201

[1-800-368-1019](tel:1-800-368-1019)

[1-800-537-7697](tel:1-800-537-7697) (TDD)

[HHS.gov Office for Civil Rights online complaint form](https://www.hhs.gov/office-for-civil-rights/online-complaint-form)

Patient Compliant Policy and Procedure

Policy Statement.

One Heartt, Inc. OMHC is committed to providing quality patient care and promoting patient/family satisfaction.

One Heartt, Inc. OMHC staff shall handle all patient/family complaints and grievances consistently and in a timely manner.

One Heartt, Inc. OMHC shall track and trend complaints and grievances and implement necessary changes and process improvements under the direction of the Quality, Patient Safety and Service Committee.

Application of Policy. One Heartt, Inc. OMHC Staff

Definitions.

Complaint is defined as a verbal expression of dissatisfaction by the patient/ family regarding care or services provided by One Heartt, Inc. OMHC which can be resolved at the point at which it occurs by the staff present. Most complaints will have simple solutions that can be promptly addressed and are considered resolved when the patient/family is satisfied with the action taken on their behalf.

Grievance is defined as a formal verbal or written expression of dissatisfaction with some aspect of care or service that has not been resolved to the patient/family's satisfaction at the point of service. All verbal or written complaints of abuse, neglect, patient harm or the risk of patient harm, a violation of the Patient Rights and Responsibilities are examples of grievances. A verbal or written complaint sent to the Health Care Quality and Risk Management department or any request from a family to treat a complaint like a grievance will be considered grievance.

Procedures and Responsibilities.

Procedure / Duty

Responsible Party

A. Complaints:

- | | | |
|----|---|-------|
| 1. | 1. Any employee who receives a complaint from a patient/family member shall immediately attempt to resolve the complaint within that employee's role and authority. | Staff |
|----|---|-------|

- | | |
|--|----------------------------|
| 2. If the complaint cannot be immediately resolved, the employee shall escalate the complaint through the appropriate chain of command. | Management Staff |
| 3. The supervisor or manager shall resolve the complaint or take steps to continue the resolution process with the knowledge and agreement of the patient/family making the complaint. | Staff |
| 4. At any time during the complaint resolution process, Quality and Risk Management may be contacted for assistance, advice or support. | Staff |
| 5. At any time during the complaint process, the patient's physician should be notified if appropriate under the circumstances and should be given the opportunity to assist in resolving any complaints related to clinical care. | Staff |
| 6. Upon completion or resolution of the complaint the manager/director of the department shall communicate all findings to the Board | Management Staff and Board |

B. Grievances

- | | |
|--|------------------|
| 1. If the complaint cannot be resolved or meets the definition of a grievance, the manager/ director of the department where the grievance occurred shall complete a Patient Complaint/Grievance Form and notify the Health Care Quality and Risk Management department within 24 hours. The Health Care Quality and Risk Management department should be notified immediately of any sentinel events, any actual or potential patient injury, any allegation of abuse or neglect or any potential for continued risk to patient safety. | Management Staff |
|--|------------------|

- | | |
|---|-----------------------------------|
| <p>2. The manager/director of the department shall immediately notify the Director of Regulatory Compliance and Privacy Officer of any complaint concerning privacy/patient confidentiality.</p> | <p>Management Staff</p> |
| <p>3. The Health Care Quality and Risk Management department shall assist the department manager/director in the investigation of the grievance and shall determine if any peer review committee should be involved in any investigation. The investigation should address any identified opportunities for improvement. Any grievance involving a physician should be discussed with the physician's department chair. The department chair shall be responsible for any necessary intervention with the physician including referral to peer review if appropriate.</p> | <p>Management Staff and Board</p> |
| <p>4. Upon conclusion of the investigation, the Health Care Quality and Risk Management department shall assist the department manager/director or Department Chair in completing a final written summary of the investigation which shall be maintained by the Health Care Quality and Risk Management department.</p> | <p>Management Staff and Board</p> |
| <p>5. The Health Care Quality and Risk Management department shall provide a written response to the patient/family making the grievance. If the patient or authorized representative of the patient is not the person making the grievance, Protected Health Information of a patient that may be included in the investigation summary can only be released as allowed by law.</p> | <p>Management</p> |
| <p>6. If the investigation of the grievance cannot be completed within 10 days, the Health Care Quality and Risk Management department shall inform the person making the grievance that the investigation is continuing and that a written response will be forwarded</p> | <p>Management</p> |

immediately upon completion of the investigation. All grievances should be identified, reviewed and responded to within 25 days.

- | | |
|--|------------|
| 7. All complaints and grievances shall be logged, analyzed and tracked by the Health Care Quality and Risk Management department. Scheduled reports of complaints and grievances shall be made to the Quality, Patient Safety and Service Committee. | Management |
| 8. The Quality, Patient Safety and Service Committee shall receive scheduled reports from the Health Care Quality and Risk Management department and shall be responsible for reviewing and addressing trends and for overseeing improvement opportunities. The Committee shall make the necessary reports to the One Heartt, Inc. OMHC Board. | Board |
| 9. All complaints, grievances, investigations, follow-up, tracking and trending reports prepared by the Health Care Quality and Risk Management department and the minutes and proceedings of the Quality, Patient Safety and Service Committee are considered committee information and are privileged and confidential. No information shall be released without the permission of the Quality, Patient Safety and Service Committee chairperson and the Legal department. | Board |

References and Cross-references.

Patient Rights and Responsibilities Policy

Forms and Tools. All patient complaints or concerns are to be documented on the “Patient Complaint/Grievance Form” located on the One Heartt, Inc. OMHC website.

Client's Signature: _____

Date: _

(If this complaint was taken via phone, please check here)

*******FOR OFFICE USE ONLY*******

Route to which Department Manager:

- | | | | |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Dental | <input type="checkbox"/> Health Education | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Business Office | <input type="checkbox"/> Facilities | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Finance | <input type="checkbox"/> Medical | <input type="checkbox"/> Youth & Family |
| <input type="checkbox"/> Contract Health Services | | <input type="checkbox"/> Patient Registration | |

Date Received by Health General Manager:

Signature: _____

Date Action letter mailed out: _____

Date Received by Department Manager: _____

Signature: _____

Followed up by: Letter Phone In-Person

Date of Follow Up/Final Letter mailed out: _____

CONCERN CATEGORIES

<input type="checkbox"/> Clinical Complaint Unclear Diagnosis/disagree (one incident) Unclear Therapy HRC decision	<input type="checkbox"/> Access <input type="checkbox"/> Repeated Length of appointment Excessive wait time Prolonged date of schedule
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Personal Interaction Pain Management

Individual with multiple complaints

Attitude

Unprofessional Conduct

Was issue resolved? YES or NO

Describe action taken to resolve issue: _____

If not, state reason(s) why: _____

Health General Manager's Signature _____ *Date:* _____

**PLEASE SUBMIT COMPLETED FORM AND FINAL LETTER TO
EXECUTIVE ASSISTANT**

Accessibility Plan

The purpose of this Accessibility Plan is to promote accessibility and remove barriers. One Heartt, Inc. OMHC addresses accessibility concerns to enhance the quality of life for those served in our programs and services, implement nondiscriminatory employment practices, meet legal and regulatory requirements, and to meet the expectations of stakeholders in the area of accessibility. This report and improvement plan is meant to enhance access to programs, services, facilities, and the community.

Assessment of Sites and Practices

In order to assess accessibility, One Heartt, Inc. examined its identification of barriers in the following areas: architectural (physical), environmental, attitudinal, financial, communication, transportation, community integration, technology, and employment.

Architectural or Physical Barriers

Architectural or physical barriers are generally easy to identify and may include steps that prevent access to a building for an individual who uses a wheelchair, narrow doorways that need to be widened, bathrooms that need to be made accessible, the absence of light alarms for individuals who have a hearing impairment, and the absence of signs in Braille for individuals who have visual impairments. These are identified by annual inspections, monthly safety inspections, and observing day to day activities. One Heartt, Inc. will set aside a portion of monthly staff meetings to address safety concerns at our facility and at job sites. It is apparent that although barriers have been identified, there is a need to regularly review these barriers.

Environmental Barriers

Environmental barriers can be interpreted as any location or characteristic of the setting that compromises, hinders or impedes service delivery, and the benefits to be gained. Some service sites may be located in areas where the person served and/or personnel do not feel safe or feel that confidentiality may be risked. In addition to such external environmental barriers, internal barriers may include noise level, lack of sound proof counseling rooms, highly trafficked areas used for service delivery, or type or lack of furnishings that impact the comfort level of the persons served and personnel.

Lighting may be a barrier, for instance, if fluorescent lighting is used and the flicker precipitates seizure activity in an individual. The physical office environment could present a barrier if it is noisy or is a very open structure and an individual is easily distracted by activity. Fragrances could be considered an environmental barrier as many people have allergic reactions to various smells and do not perform at their best under such conditions.

Although the organization doesn't conduct a formal assessment in this area, staff are aware of the need to accommodate reasonable requests in this area. Examples of general environmental adaptations include light alarms for individuals with hearing impairment, hearing protection, climate control, vehicle modifications such as seat belt extenders and lifts, ergonomic accommodations such as chairs, tables, and computer screens, and other modifications such as revised work schedules that have been made to meet requests.

Attitudinal Barriers

Attitudinal barriers may include the terminology and language that the organization uses in its literature or when it communicates with individuals with disabilities, other stakeholders and the public, how individuals with disabilities are viewed and treated by the organization, their families and the community, whether or not client input is solicited and used, whether or not the eligibility criteria of the organization screens out individuals with specific types of disabilities.

One Heartt, Inc. conducts an annual satisfaction survey. This survey includes community and center-based accessibility, attitudinal behaviors of the agency, and integration of individuals served in the community. Examples of topics covered on the survey:

Are One Heartt, Inc., services, and facilities accessible to meet your needs?

Does One Heartt, Inc. OMHC provide prompt communication and resolution for concerns?

One Heartt, Inc. OMHC will also gather input from our clients, their family/guardian, and other support staff at their annual team meeting.

To educate the staff and community on the advantages of eliminating barriers and promoting opportunities for people with disabilities, One Heartt, Inc. OMHC provides disability awareness and terminology/language training to all staff annually. One Heartt, Inc. OMHC staff speak to organizations, groups, and the media. The major source of education comes from the clients served and their family members who are the biggest advocates for One Heartt, Inc. OMHC programs and services.

To increase communication on the benefits of promoting opportunities for people with disabilities, the following steps are continually being considered as opportunities arise.

- Marketing Information Packets
- Press Releases
- Radio and Television Public Service Announcements
- Networking through Membership of Appropriate Professional Organizations
- Social Media

Financial Barriers

Financial barriers include insufficient funding for service and supports. One Heartt, Inc. OMHC advocates legislatively for increased funding and promotes activities to directly raise money for the support of a service or a person served. Members of the Executive team have attended and provided testimony at relevant budget hearings of the legislature. One Heartt, Inc. OMHC invite you to write letters to our local legislators at the state level to provide input regarding the need for appropriate funding for services and support for our clients with disabilities. One Heartt, Inc. OMHC analyzes internal efficiency and staffing needs as well.

Communication Barriers

Communication barriers include the absence of a teletype machine (TTY), the absence of materials in a language or format that is understood by the person receiving services, or the promotion of a website that presents difficulty to access information. One Heartt, Inc. provides alternative formats like large print that could be developed as needed. One Heartt, Inc. offers an accessible, user-friendly website that makes it possible to share information about our agency and its programs and services, taking into account differences in ability among Internet users worldwide.

Transportation Barriers

Transportation barriers include persons being unable to reach service locations or being able to participate in the full range of services, supports, or activities offered. Transportation has been identified as a major barrier to employment. One Heartt, Inc. OMHC attempts to place individuals in jobs that are on routes that are conducive to assessing public transportation. One Heartt, Inc. OMHC staff attempt to promote natural supports in meeting transportation needs as well.

Community Integration Barriers

Barriers to community integration include any barrier that would keep the person served from returning to full participation in their community job site. Accommodations may be needed for the persons served to return to their previous community job site.

Technology Barriers

Technology barriers could include the evolving technology, the upkeep of equipment, assistive technology, and issues more specific to the populations served.

Employment Barriers

One Heartt, Inc. OMHC recognizes that the Americans with Disabilities Act (ADA) and its policies prohibit discrimination in all employment practices including job application procedures, hiring, firing, advancement, compensation, training and other terms, conditions, and privileges of employment. It applies to recruitment, advertising, tenure, layoff, leave, fringe benefits, and all other employment related activities. The Human Resource Department reviews and updates policies as needed.

The employee's direct supervisor and/or Human Resource Department may accommodate a request from an employee for reasonable accommodations. All requests for reasonable accommodations are handled on a case by case basis. Examples of accommodations may include, but not limited to: making existing facilities used by employees readily accessible to and usable by individuals with disabilities, allowing part time or modified work schedules, adjusting marginal job requirements such as the need to hold a driver's license, that are nonessential for performing specific jobs, acquiring equipment or devices to assist in employee's job, providing reader for persons with blindness, or interpreters for individuals with deafness when feasible.

There may be barriers identified that One Heartt, Inc. OMHC doesn't have the authority or resources to remove; effective accommodations may be the appropriate action to be taken in those circumstances.

One Heartt, Inc. OMHC may identify short- and long-range actions to be taken. Barrier removal that is not currently achievable may be achievable later when the organization has more resources. The organization's planning may have options for referral to and the use of other generic services and networks that may be more accessible.

The Accessibility Plan lists the barriers that limit access to programs and services and provides a detailed outline of the methods to be used in removing the barriers and scheduling necessary steps to achieve a barrier-free environment. If the time period for achieving compliance is to be longer than one year, the plan should identify interim steps to provide program access. The plan may identify person(s) responsible for implementing the plan.

Leadership and Responsibilities

Board of Directors at One Heartt, Inc. OMMC will be the entity responsible for the review of the Accessibility Plan. The CEO will be the Director of Clinical Services. This person will be in charge with the oversight of the accessibility plan and task management. The status of the plan will be reviewed annually. Board of Directors is responsible for prioritizing and reviewing the Accessibility Plan as well as all requests for reasonable accommodations. Board of Directors will evaluate and carefully consider the merits of all requests for accommodation to determine whether any remedial actions are appropriate. All requests will be identified, reviewed, decided upon, and documented. When an agreement has been reached to provide the accommodation, the steps to accommodation may be part of the person's plan. When an accommodation cannot be made, One Heartt, Inc. OMHC demonstrates a referral system that assists the person served, personnel or other stakeholders, in the use of other resources that are accessible. Processes can be different for requests from persons served versus those made by staff or personnel.

Communication of the Accessibility Plan

One Heartt, Inc. OMHC will create an annual report in writing. This report will include progress made in the removal of identified barriers and areas needing improvement. Copies of the Accessibility Plan will be made available upon request to clients, employees, stakeholders, and the public. Alternative formats will be available upon request

Performance Measurement and Management

Mission: Our mission is to collaboratively partner with our stakeholders to provide access to client-centered treatment and bring compassionate, quality mental healthcare to communities in need.

Program/ Services: One Heartt, Inc. OMHC provides outpatient treatment with individuals, groups and families in the setting that is most conducive to the client and the therapeutic process. Emphasis is placed on mental health education and identification of symptoms, triggers. Individual counseling is provided at the frequency recommended by treatment team.

Cognitive/behavioral, systems theory, and reality therapy techniques are predominately utilized. The therapist directs the counseling to focus on issues relevant to the client. All clients input is necessary and strongly enforced when treatment planning and discharge planning. In therapy the goals are for the client to become more aware of self, reduce symptoms by utilizing skills

learned, reduce stigmas and strengthen interpersonal relationships. For children receiving services, monthly family therapy is enforced to ensure that treatment goals and interventions are transferrable across all environments that the child frequents.

Group Therapy is provided for both adults and children. Group Therapy sessions focus on topics such as Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, utilizing techniques outside of therapy, anger management, healthy relationship, conflict resolution and many other topics that are derived from needs assessment surveys distributed to clients.

Performance Measurement and Management:

Purpose

To achieve the overall goal of effective performance management by continuously engaging in the following activities:

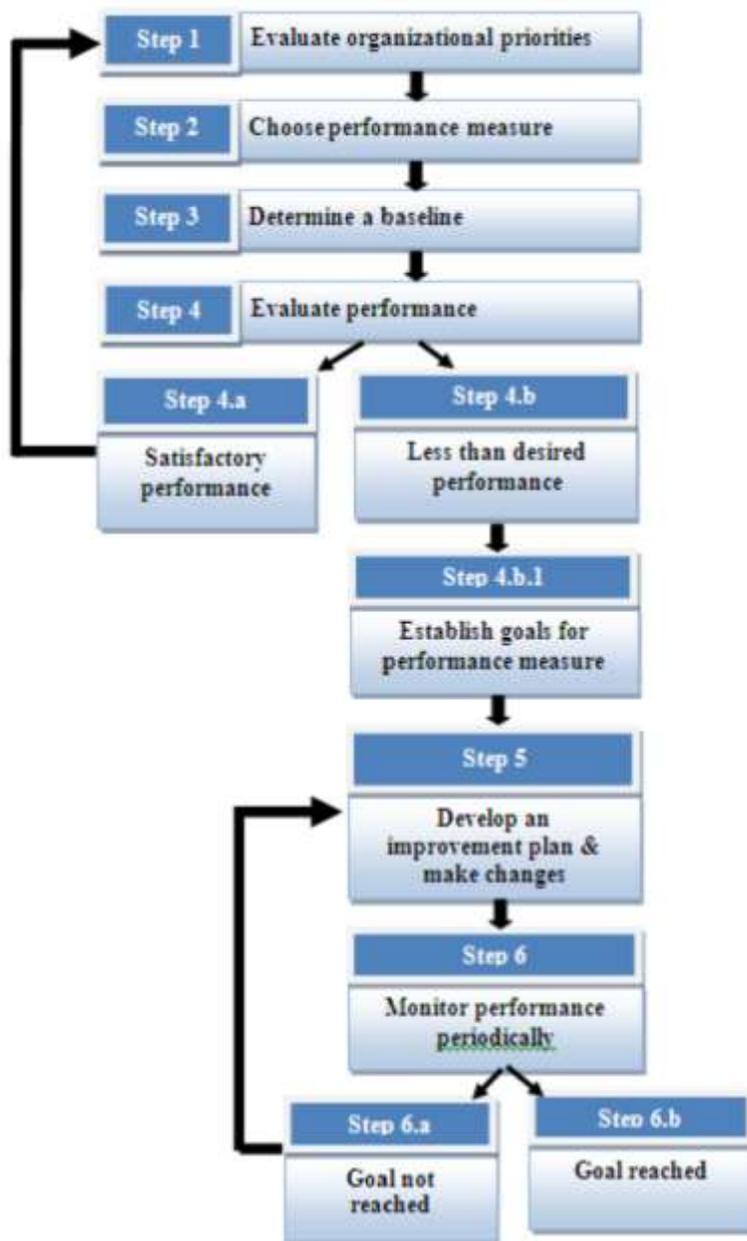
- Identifying and prioritizing desired results
- Establishing means to measure progress toward those results
- Setting standards for assessing how well results are achieved
- Tracking and measuring progress toward results
- Exchanging ongoing feedback among those individuals working to achieve results
- Periodically reviewing progress
- Reinforcing activities that achieve results
- Intervening to improve progress where needed

**2020-2021 Accessibility Plan
Annual Status Report**

Barrier	Solution	Status	Due Date	Actual Completion Date	Person Responsible
Architecture Barriers					
Lack of raised Braille signage	Provide signs that have raised letters, Grade II Braille, and that meet all other requirements for permanent room or space signage.	In-progress	1.1.2021		Nakieta Lankster
Environmental Barriers					
Lack of communication regarding environment concerns	"Monthly Tool Talks" addressing safety concerns at our facility and at job sites.	In-progress	1.1.2021		Nakieta Lankster
Attitudinal Barriers					
Stigma, prejudice, and stereotyping associated with disability and mental health	Training and awareness workshops	In-progress	On-going		Nakieta Lankster
Financial Barriers					
Lack of Medicaid and low-income financial plans	Expanding credentialing to include Medicaid funding	In-progress	8.1.2020		Nakieta Lankster
Employment Barriers					
A need for continually accommodating requests for reasonable accommodation	Continually accommodating requests for reasonable accommodation	In-progress	On-going		Nakieta Lankster
Communication Barriers					
Lack of translation services for non-English speakers	Subscribing to a confidential telephonic translation service for medical practices	In-progress	1.1.2021		Nakieta Lankster
Transportation Barriers					
Lack of parking surrounding the office location	Place individuals in jobs that are on routes that are conducive to assessing public transportation. Staff attempt to promote natural supports in meeting transportation needs as well as remote services for patients.	In-progress	8.1.2020		Nakieta Lankster
Community Integration					

Lack of transitional services for patients	Implementation of a transitional program to assist patient with community and employment transition	In-process	8.1.2020		Nakieta Lankster
Technology Barriers					
Needing continual evaluation technology and equipment to address the needs of persons served	Continued evaluation of stakeholder needs, technological abilities, and updating technology accordingly	In-progress	On-going		Nakieta Lankster

Performance Management Pathway



Objectives:

Effectiveness Objective 1. To demonstrate a 60 percent reduced PTSD symptomology as measured by scores on the Clinician Administered PTSD Scale for DSM5 (CAPS-5) or CAPS-C-5 (Clinician Administered PTSD Scale for Children DSM-5).

Effectiveness Objective 2. To demonstrate a sustained 60 percent improved psychological functioning as measured by Modified Mini Screen (MMS) or Mental Health Screening Form III over the course of 4 therapeutic sessions.

Effectiveness Objective 3. To demonstrate a sustained 60 percent reduced alcohol and/or drug use as measured by Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD) over the course of 4 therapeutic sessions.

Personnel Responsibilities:

- 100 percent of direct service staff will provide 20 billable hours per week.
- 70 percent of patients will be seen within 48 hours of service request.
- 95 percent of psychological assessments will be completed within 2 weeks of service/information request.
- 70 percent of referrals will be contacted by the Intake Coordinator or direct service staff within in 24 hours.
- Direct service staff caseloads will maintain 85 percent appointment compliance.

Walker Grid:

Domain	Objective	Indicator	Target	To Whom Applied/ Obtained By	Time of Measure	Data Source	Result
Business Function	Maintain quarterly surplus	Quarterly surplus/ Financial records	20%	All programs/ CFO or CEO	Quarterly	Financial records	
Effectiveness Behavioral Health	Reduce psychological distress	Scores on outcome measures	90%	All patients/ direct service staff	Quarterly	Self-report survey	
Effectiveness Child and Youth	Reduced psychological distress	Scores on outcome measures	90%	All patients/ direct service staff	Quarterly	Self-report survey	
Efficiency	Direct service hours	Hours of direct service	20 direct service hours per week	All direct service staff/ CEO	Weekly	EMR	
Access	Reduce time from first contact to intake	#of hours from request to intake	48 hours	All patients/ direct service staff	Daily	EMR	
Satisfaction	Increase in patient satisfaction	% of patients satisfied with tx services	90%	All patients/ direct service staff	Quarterly	Self-report survey	
Risk Management	Maintain	Compliance with risk management plan	100%	All staff/ CEO	Quarterly	Security Audit	

Data Analysis:

Data will be analyzed using Electronic Medical Records, spread sheets, and financial data (see EMR, any applicable spreadsheets, and budget).

Reliability, Validity, Completeness, Accuracy:

Reliability- To ensure data is collected in a consistent manner that can be reproduced at another time by data collectors One Heartt, Inc. OMHC will:

- Train new and existing personnel on accurately recording the data points they are responsible for (including the importance of recording each data field for every person served)
- Periodically review measures data collection methods
- Periodically review measures and/or codes
- Conduct inter-rater reliability assessments and reviews in which various staff members record measures for the same stakeholder
- Measure symptom severity at the time of intake and conduct literature reviews on evidence-based measures for stated population and/or conduct stakeholder satisfaction surveys of a randomized sample of the population

Validity- One Heartt, Inc. OMHC will ensure that the measures, indicators, and data chosen will accurately measure what it is intended to measure by:

- For stakeholders that receive services for FMLA or during unemployment, collect data on employment status, number of missed work days, activity limitations, and/or work productivity upon returning to work
- Conducting a literature review and select a standardized tool or measure for reducing level of impairment

Completeness- To ensure that data utilized for decision making are as complete as possible, no accredited programs are omitted from the information and performance improvement, no stakeholders or groups served are omitted from data gathering analysis, no elements or indicators are systematically missing, and any database is check from completeness before the final analysis and final decisions are made, One Heartt, Inc. OMHC will:

- Design an agency-wide information system that identifies all persons served by their particular program
- Cross-check the number of patients served with the database and reports of the number of patients served, any missing records are located and placed in the EMR before data analysis is conducted

Accuracy- To ensure that data are recorded properly and errors are caught and corrected, One Heartt, Inc. OMHC will:

- Spot check the records of patients to ensure that data abstracted from the records are entered correctly into the database

- Routinely review distribution of values in test data and ensure that direct service staff to double check the accuracy of cases that are outliers.

Performance Measurement and Management

Mission: Our mission is to collaboratively partner with our stakeholders to provide access to client-centered treatment and bring compassionate, quality mental healthcare to communities in need.

Program/ Services: One Heartt, Inc. OMHC provides outpatient treatment with individuals, groups and families in the setting that is most conducive to the client and the therapeutic process. Emphasis is placed on mental health education and identification of symptoms, triggers. Individual counseling is provided at the frequency recommended by treatment team.

Cognitive/behavioral, systems theory, and reality therapy techniques are predominately utilized. The therapist directs the counseling to focus on issues relevant to the client. All clients input is necessary and strongly enforced when treatment planning and discharge planning. In therapy the goals are for the client to become more aware of self, reduce symptoms by utilizing skills learned, reduce stigmas and strengthen interpersonal relationships. For children receiving services, monthly family therapy is enforced to ensure that treatment goals and interventions are transferrable across all environments that the child frequents.

Group Therapy is provided for both adults and children. Group Therapy sessions focus on topics such as Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, utilizing techniques outside of therapy, anger management, healthy relationship, conflict resolution and many other topics that are derived from needs assessment surveys distributed to clients.

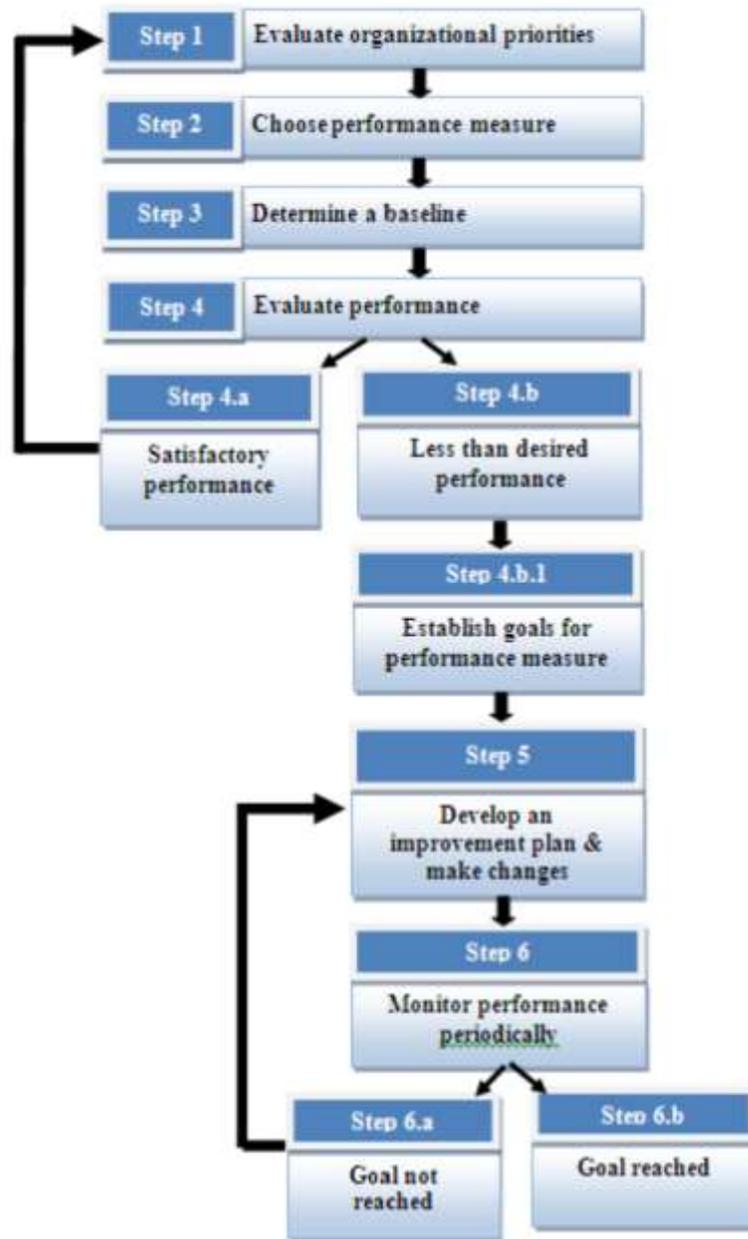
Performance Measurement and Management:

Purpose

To achieve the overall goal of effective performance management by continuously engaging in the following activities:

- Identifying and prioritizing desired results
- Establishing means to measure progress toward those results
- Setting standards for assessing how well results are achieved
- Tracking and measuring progress toward results
- Exchanging ongoing feedback among those individuals working to achieve results
- Periodically reviewing progress
- Reinforcing activities that achieve results
- Intervening to improve progress where needed

Performance Management Pathway



Community Integration - Psychosocial Rehabilitation - Children and Adolescents

Program:

Outpatient Treatment - Mental Health - Children and Adolescents

Description:

The programs providing treatment are designed for children and adolescents in areas of serious psychological distress, or to help with school performance issues, self-esteem, behavior

management, social skills and family interactions, as well as chemical or substance abuse and dependencies.

One Heartt, Inc. OMHC's specialized outpatient services are unique to both children and adolescents ages 2 to 18 and are designed to address individual concerns as well as family and school needs. We strive to maintain our mission of providing our younger clients with relationships of trust by offering an opportunity to heal and grow on an individual level both spiritually, psychologically and socially. Individual therapy, family therapy, medication management, assessment and consultative services play an integral part in the healing process.

Timely access to our services is provided by serving the surrounding Baltimore, Howard, Hartford and Carroll counties. One Heartt, Inc. OMHC's services promote hope and healing for a child or adolescent experiencing depression, anxiety, trauma, loss, behavior, Attention Deficit Disorders, eating disorders, developmental disorders, relationship issues, or family issues. One Heartt, Inc. OMHC's staff of clinicians providing services to youth represents a wide array of disciplines such as psychiatry, social work, and psychology.

Objectives:

Effectiveness Objective 1. Decrease behavioral issues that interfere with psycho-bio-social functioning.

Effectiveness Objective 2. Improve academic functioning.

Effectiveness Objective 3. Increase coping skills.

Program:

Outpatient Treatment - Mental Health – Adults

Description:

Outpatient counseling uses treatment and intervention to increase the strengths and resources of each individual served. Outpatient counseling serves individuals with mental health, substance use, and co-occurring disorders. The program empowers individuals to build skills needed to begin the recovery process. Evidence-based practices are emphasized. Services are recovery focused and based on person-centered planning and client-directed outcomes.

Objectives:

Effectiveness Objective 1. To improve mood and affect in daily living.

Effectiveness Objective 2. To improve social, familial, and social adjustment and integration.

Effectiveness Objective 3. To reduce the need for a higher level of care.

Program:

Community Integration - Psychosocial Rehabilitation – Adults

Description:

The Psychiatric Rehabilitation Program (PRP) at One Heartt, Inc. OMHC works to assist individuals with severe mental illness to reach a higher level of independence. The PRP assists consumers with accessing and coordinating resources in their communities, while ensuring that the consumer has access to the best possible treatment. Mental Health Care Coordinators provide services within the home and the community. Our MHCCs help the consumer learn and develop healthy coping mechanisms while improving daily living skills like personal hygiene, organizational skills, time management skills, nutrition, and money management. Patients must have the following diagnoses:

<u>295.90/F20.9 Schizophrenia</u> <u>295.40/F20.81 Schizophreniform Disorder</u> <u>295.70/F25.0 Schizoaffective Disorder, Bipolar Type</u> <u>295.70/F25.1 Schizoaffective Disorder, Depressive Type</u> <u>298.8/F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder</u> <u>298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder</u> <u>297.1/F22 Delusional Disorder</u> <u>296.33/F33.2 Major Depressive Disorder, Recurrent Episode, Severe</u> <u>296.34/F33.3 Major Depressive Disorder, Recurrent Episode, W/ Psychotic Features</u> <u>301.22/F21 Schizotypal Personality Disorder</u>	<u>296.43/F31.13 Bipolar I Disorder, Current or Most Recent Episode Manic, Severe</u> <u>296.44/F31.2 Bipolar I Disorder, Current or Most Recent Episode Manic Psychotic Features</u> <u>296.53/F31.4 Bipolar I Disorder, Current or Most Recent Episode Depressed, Severe</u> <u>296.54/F31.5 Bipolar I Disorder, Most Recent Episode Depressed, With Psychotic Features</u> <u>296.40/F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic</u> <u>296.40/F31.9 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Unspecified</u> <u>296.7/F31.9 Bipolar I Disorder, Current or Most Recent Episode Unspecified</u> <u>296.80/F31.9 Unspecified Bipolar and Related Disorder</u> <u>296.89/F31.81 Bipolar II Disorder</u> <u>301.83/F60.3 Borderline Personality Disorder</u>
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Objectives:

Effectiveness Objective 1. To demonstrate a 60 percent reduced PTSD symptomology as measured by scores on the Clinician Administer PTSD Scale for DSM5 (CAPS-5) or CAPS-C-5 (Clinician Administered PTSD Scale for Children DSM-5).

Effectiveness Objective 2. To demonstrate a sustained improved vocation/educational, coping, parenting, and social functioning; as well as medication compliance.

Effectiveness Objective 3. To demonstrate a sustained increased percent reduced alcohol and/or drug use as measured by Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD) over the course of 4 therapeutic sessions.

Program:

Community Integration - Psychosocial Rehabilitation - Children and Adolescents

Personnel Responsibilities:

- 100 percent of direct service staff will provide 20 billable hours per week.
- 70 percent of patients will be seen within 48 hours of service request.
- 95 percent of psychological assessments will be completed within 2 weeks of service/information request.
- 70 percent of referrals will be contacted by the Intake Coordinator or direct service staff within in 24 hours.
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One Heartt, Inc. OMHC Quality & Performance Improvement (QPI) Plan

Purpose

The mission of One Heartt, Inc. OMHC. is to empower individuals and families on their journey toward wellness and recovery by providing access to comprehensive behavioral healthcare services in our community. We recognize the inherent human worth and dignity of all persons, and strive to make our programs and services available to all without restriction; to create a healing environment where physicians, allied health professionals and staff work together to provide personalized care; to be a leader in advocating high quality health care programs and developing resources to satisfy the primary health care needs of the citizens of our service area; and to operate in an ethically and fiscally responsible manner without compromising the patient and patient care needs.

Consistent with this mission, our goal is to provide care that is One Heartt, Inc. OMHC:

- **Safe** – avoiding injuries to patients from the care that is intended to help them be:
- **Effective** – providing services based on scientific knowledge to those who would benefit, and refraining from providing services to those not likely to benefit.
- **Patient centered** – providing care that is respectful of, and responsive to, individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely** – reducing waits and potentially harmful delays.
- **Efficient** – avoiding waste, including waste of equipment, supplies, ideas and energy.
- **Equitable** – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status. To achieve this goal, all employees of One Heartt, Inc. OMHC will participate in ongoing quality improvement efforts. Our quality and performance improvement plan will focus on direct patient care delivery and support processes that promote optimal patient outcomes and effective business practices. This is accomplished through peer review, clinical outcomes review, variance analysis, performance appraisals and other appropriate performance improvement techniques. Our Performance Improvement Plan demonstrates One Heartt, Inc. OMHC's commitment to improve the quality of care we deliver. The PI Plan outlines the goals and strategies for ensuring patient safety, delivering optimal care and achieving high patient satisfaction.

Authority

The Board of Directors of One Heartt, Inc. is ultimately responsible for assuring that high quality care is provided to our patients. The board oversees and monitors outcomes that result from performance improvement activities. The CEO, Senior Leadership, managers and frontline staff are responsible for Strategic, Operational, and Tactical aspects of performance improvement.

Scope

To achieve the goal of delivering high quality care, all employees are given the responsibility and authority to participate in the quality improvement program. The Quality Improvement Program includes the following activities:

- All direct patient care services and indirect services affecting patient health and safety
- Medication therapy (includes medication errors)
- Utilization management
- Nosocomial infections
- Patient/staff/physician satisfaction surveys
- Professional staff credentialing
- Medical record review (includes active and closed record reviews)
- Risk management activities
- Patient/staff/physician satisfaction surveys
- Morbidity/mortality review
- CARF's National Patient Safety Goals

- Readmission review
- Root cause analyses
- Core clinical measures
- Preventable error

Quality Improvement Committee

The Quality Improvement Committee consists of the following individuals: The CEO, Chief of Staff/designee, the Medical Director, staff representatives, patient representative(s), Pharmacist, representative from the Board of Directors.

The members of the QI Committee are responsible for:

- Assuring that the review functions outlined in this plan are completed.
- Prioritizing issues referred to the QI Committee for review.
- Assuring that the data obtained through QI activities are analyzed, recommendations made and appropriate follow up of problem resolution is done; Incorporating internal and external sources of benchmarking data, utilizing the Clinical Outcomes Measurement System (COMS) data.
- Identifying other sources, such as CARF's National Patient Safety Goals, for incorporation into the hospital's overall quality improvement efforts.
- Reporting on ongoing findings, studies, recommendations, and trends to the Governing Board quarterly; reporting to the QI Committee and Medical Staff monthly; and reporting to hospital staff as appropriate.
- Identifying educational needs and assuring that staff education for quality improvement takes place.
- Appointing sub committees or teams to work on specific issues, as necessary.
- Assuring that the necessary resources are available.
- Coordinating activities with the local hospitals.

Leadership Responsibility

CEO and Senior leadership are to ensure that quality actions are based upon strategic plan therefore ensuring the future of quality health care for our patients and community. CEO and Senior leadership are responsible for monitoring outcomes of performance improvement and assisting with key processes when the need arises.

Medical Staff Responsibility

The treatment staff at One Heartt, Inc. OMHC participates medical record review, infection control, pharmacy and therapeutics review, utilization management, including denials issued by payers' review of transfers to other programs/ organization; credentialing and will serve, from time to time, as liaisons to Quality and Performance Improvement activities. The ultimate goal is to improve the quality and safety of care that is provided to the patients of One Heartt, Inc.

Manager/Department Staff Responsibility

Every program is responsible for implementing quality and performance improvement activities. All quality improvement initiatives are conducted as a part of agency-wide and departmental Quality and Performance Improvement. Each department manager is responsible for setting goals that give direction for process improvement. Managers and department staff identify quality indicators, collect and analyze data, develop and implement changes to improve service delivery. Ongoing monitoring assures that improvement is made and sustained. The ultimate goal is to improve the quality and safety of care that is routinely provided to the patients of One Heartt, Inc. OMHC

Confidentiality

The interviews, reports, statements, other data, proceedings and records of the Performance Improvement Team shall be privileged and confidential and shall not be subject to discovery either by subpoena or other means of legal compulsion for release to any person or entity for any reason,

including use in any judicial or administrative proceeding.

No member, consultant, advisor or person supplying information to the Performance Improvement Team or sub-committee(s) shall disclose information concerning matters submitted to, considered by, or issuing from the Performance Improvement Team or sub-committee(s). Unauthorized disclosure shall be grounds for disciplinary action, including termination of employment or termination of medical staff privileges. No disclosure of any such interview materials, reports, records, statements, memoranda, proceedings, findings or data shall be made without the authorization of One Heartt, Inc. OMHC president/CEO.

Comparative Databases, Benchmarks and Professional Practice Standards/Best Practices

One Heartt, Inc. will use comparative databases to incorporate a process for continuous assessment with similar organizations, standards and best practices. This assessment then leads to action for improvement as necessary. Databases that our hospital utilizes on an ongoing, routine basis are listed in Appendix “A.”

Scope of Review

Reviews are conducted quarterly by the CEO.

Quality Improvement Processes and Methodology

The components of this plan include:

- Plan, Do, Study, Act (PDSA)
- Rapid Cycle Improvement
- Constraints Management
- Six Sigma (DMAIC)
- Benchmarking
- Dashboards and/or Scorecards
- Patient feedback
- Outcome measures

Performance improvement teams, which may be inter or intradepartmental, that look at particular issues to identify opportunities to improve processes and outcomes.

A report, which provides summary data about selected indicators, prepared for the Board, Quality Council and Medical Staff. Outside sources/comparative databases, professional practice standards, national and state benchmarks, etc., will be used to compare our outcomes and processes with others, identifying areas to focus quality improvement efforts.

Our Methodology/process includes:

- Ongoing monitoring and data collection
- Problem identification and data analysis
- Identification/implementation of actions (90-day plans)
- Evaluation/enhancement of actions
- Measures to improve quality on a continuous basis and sustain excellence

Communication

One Heartt, Inc. Quality Council provides oversight of performance improvement activities. The Quality and Organizational Improvement Director facilitates performance improvement activities and functions as the central clearing house for quality data and information collected throughout the

facility. Data tracking, trending and aggregates from a variety of sources will be used to prepare reports for the governing board, quality council and the medical staff. Communication on organizational and departmental performance is ongoing via Balanced Score Cards.

Education

All staff are given the responsibility and authority to participate in One Heartt, Inc. OMHC Quality Improvement Plan. To fully accomplish this, all staff will be provided education regarding the QI Plan during their initial orientation, and on an annual basis thereafter. This education will include a description of the QI Plan and how they fit into the plan, based on their particular job responsibilities. It will also include education regarding the QI methodology utilized by One Heartt, Inc. OMHC.

Annual Evaluation

Our QI Plan will be evaluated on an annual basis for effectiveness in achieving the goal of assuring that the most appropriate quality of care was provided to our patients. A summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this QI Plan, will be compiled and forwarded to the Board for action.

References

Duquette, C.E. (2012). Leadership and Management. Q Solutions: Essential Resources for the Healthcare Quality Professional, (3rd ed.). National Association for Healthcare Quality: Glenview, IL.

White, S.V. (2012). Quality and Performance Improvement. Q Solutions: Essential Resources for the Healthcare Quality Professional, (3rd ed.). National Association for Healthcare Quality: Glenview, IL.

One Heartt, Inc. OMHC Policies and Procedures

1. PURPOSE

One Heartt, Inc. Outpatient Mental Health Clinic (OMHC) offers outpatient services for adults, children, and adolescents. The clinic provides psychiatric evaluation and diagnosis, consultation, psychological assessment, and medication management as well as therapy services including individual, family, couples and group therapy.

The focus of the program is to assist the client in identifying and accepting mental health barriers, to help in the establishment of new goals, to improve the understanding of feelings and attitudes, and to support independence and healthy living through the learning of new ways of dealing with problems with the use of psychotherapy and medication management.

2. PROGRAM PHILOSOPHY :

We at One Heartt, Inc. believe in a strength based holistic process of healing and recovery for a variety of persons, family systems, and organizations. The fundamental characteristics for One Heartt, Inc. serve as our guiding principles which are leadership, integrity, accountability, protection, and trust. It is in this vain that we move forward serving those in need of help, empowerment, and a desire for change.” Referrals to other appropriate community resources are provided as needed.

3. PROGRAM GOALS:

The goal of treatment is to assist an individual with his or her personal journey of treatment and recovery. This is achieved by developing an individualized treatment approach that empowers consumers to recognize their potential, set goals for themselves, and make choices about their life.

4. CLASSIFICATION OF MENTAL HEALTH DISORDERS

All categories of mental health are treated which meet DSM 5 criteria.

5. INSURANCE ACCEPTED:

One Heartt, Inc. OMHC will accept:

- Maryland Medicaid
- Medical Assistance
- Fee for service/Sliding Fee Scale
- Carefirst/ Blue Cross Blue Shield
- Cigna

6. REFERRAL SOURCES

One Heartt, Inc. accepts referrals from many sources: Self referrals; walk-ins; schools; courts; counselors; mentors; Department of Social Services (DSS); Department of Juvenile Services

(DJS); assisted living facilities; and primary care physicians.

7. SCOPE OF CARE:

One Heartt, Inc. Outpatient Mental Health Clinic provides brief or long term, multidisciplinary treatment in an outpatient setting. Clients treated at this level of care are receiving mental health services at the lowest level of care with the goal of reducing the likelihood of inpatient stays and hospitalizations. Clinical interventions available include modalities typically delivered in office-based settings such as individual, couple and family psychotherapy, group therapies, medication management, and psycho-educational services. While services are predominately provided in an office setting, services may be provided in the clients' home or school if there are barriers to receiving on site services. Active family/significant other involvement is important, unless contraindicated. Frequency should occur based on individual needs.

A. Outpatient Services includes:

- 1) Prescreening and intake services
- 2) Individual, Group and Family counseling by licensed counselors, social workers, and Psychologists; as well as supervised fellowship, practica, and internship persons.
- 3) Psychiatric evaluations, follow up care and medication management provided by credentialed providers
- 4) Referrals and linkages to alternative levels of treatment and resources
- 5) Treatment oversight by credentialed Clinical Supervisors

B. One Heartt, Inc. outpatient mental health services are designed for:

- 1) Individuals and families who have identified a behavioral health barrier that interferes with daily functioning, or social and emotional well-being.
- 2) Individuals who are seeking support to maintain community stability and social and emotional functioning after being diagnosed from a previous provider
- 3) Individuals being discharged from an inpatient setting

8. OPERATING HOURS AND SETTINGS

One Heartt, Inc. OMHC operates five days a week beginning at 10:00 a.m. and closing at 5:30 p.m., Monday through Wednesday. Is closed Thursday and Friday, and from 10:00 a.m. to 4:00 p.m. Saturday and Sunday. Services are provided to all genders and non-binary persons who are in need of mental health therapy, 2 to 75 years old. Services are provided on site in the office, in home, and in school.

9. PROGRAM OUTLINE:

At the referral stage a client is screened for eligibility of services. An Intake Specialist reviews the referral to ensure that all items indicated on the referral are completed, then processes the referral through insurance company for verification of eligibility of services. The Intake Specialist then contacts the referral source and client to inform them of receipt of referral and that a therapist will be in contact to schedule and assessment. After admission to the program, the client participates in an intake which allows for the clients to receive knowledge about their rights as a participant and the client signs all intake paperwork. At this stage, the intake worker, completes a needs assessment to identify therapeutic needs and the client is then assigned to an appropriate therapist. Once assigned, the client undergoes extensive assessments from which an individual treatment plan is formulated that will meet the clinical needs of the client. The assessments includes a full bio-psychosocial.

Based on the results of the psychosocial assessment and based on what wellness and recovery goals the client's parent and /or client wants to accomplish while receiving therapeutic services, an Individualized Treatment Plan (ITP) is created in collaboration with the client. Although the goals and objectives created will be measurable and time-specific, there is no set time for the course of treatment as the client's needs may change as time goes on and treatment goals & objectives may be modified according to the client's needs and desires.

As soon as possible after the start of treatment, we will begin to talk with the parent and/or client about various needs after discharge from our services. We want to make sure we do everything we possibly can to ensure that your recovery continues after you leave us.

10. FREQUENCY OF SERVICES AND SPECIAL TREATMENT:

Services are provided weekly, bi weekly or monthly depending on the phase of treatment that the client is in. Frequency is recommended by the treating therapist or Psychiatrist. Therapy services can be either brief or long term.

Group therapy: clients are referred to groups based on their needs assessed by their individual therapist. Groups are held on days and times that are most convenient for the participants.

Initial Psychiatry Services are provided within 30 days of referral or if being discharged from inpatient setting, within 5 days. Medication management follow up appointments occur every 3 to 4 weeks.

Special treatment interventions such as additional sessions, emergency medication, and other interventions are performed after a thorough assessment by licensed clinical staff.

11. DESCRIPTION OF SERVICES PROVIDED:

One Heartt, Inc. OMHC provides outpatient treatment with individuals, groups and families in the setting that is most conducive setting to the client and the therapeutic process. Emphasis is placed on mental health education and identification of symptoms, triggers. Individual counseling is provided at the frequency recommended by treatment team.

Cognitive/behavioral, systems theory, and reality therapy techniques are predominately utilized. The therapist directs the counseling to focus on issues relevant to the client. All clients input is necessary and strongly enforced when treatment planning and discharge planning. In therapy the goals are for the client to become more aware of self, reduce symptoms by utilizing skills learned, reduce stigmas and strengthen interpersonal relationships. For children receiving services, monthly family therapy is enforced to ensure that treatment goals and interventions are transferrable across all environments that the child frequents.

Group Therapy is provided for both adults and children. Group Therapy sessions focus on topics such as Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, utilizing techniques outside of therapy, anger management, healthy relationship, conflict resolution and many other topics that are derived from needs assessment surveys distributed to clients.

12. DRUG SCREENING SERVICES

One Heartt, Inc. does not provide drug screening services.

13. MOBILE UNIT SERVICES

One Heartt, Inc. OMHC does not provide mobile unit services.

14. ENTRY CRITERIA

Must demonstrate motivation for treatment and present with symptoms of mental illness. Services are available to participants with applicable insurance plans and uninsured eligible participants. If a person is uninsured, the program may assist with applying for Medicaid and register the person to receive temporary insurance coverage.

15. TRANSITION / EXIT CRITERIA

Discharge/transition planning occurs throughout all phases of the program. The person served has met discharge/transition criteria when the goals of the individual plan are achieved and referral to support services is completed, when appropriate. Additionally, discharge may occur if the person no longer attends regularly or chooses not to actively participate in the program.

Immediate Discharge Policy: Upon the discretion of the management team for any of the following behaviors which may in turn impact the safety and well-being of other patients and staff at any time. The behaviors that are deemed grossly negligent, threatening, unsafe or injurious to agency staff and other patients are as follows:

- Three (3) Consecutive no-shows for any agency program and failure to respond to a Reconnect Letter within 10 days
- Altering or Prescription tampering
- Prescription medication seeking behaviors
- Threatening behaviors towards staff and other patients
- Physically assaulting behaviors towards staff and other patients

- Verbal threats directed to staff and other patients
- Carrying weapons onto the premises
- Carrying illegal substances and/or drug paraphernalia onto agency property
- Inappropriate sexualized behaviors towards staff and other patients
- Destruction of agency property
- Theft of agency property

16. CRISIS INTERVENTION

Emergencies are always considered the highest priority for clinical services. An emergency is any situation where there is an actual or potential threat to oneself or others. One Heartt, Inc. has trained staff available 24 hours, 7 days a week.

17. SPECIAL POPULATIONS SERVED

One Heartt, Inc. OMHC services special populations to include individuals with trauma based and co-morbid disorders. Screening for substance abuse or use occurs at intake at which time the intake worker makes a referral to the appropriate level of service. If client requires inpatient substance abuse treatment this is coordinated with community partners. Level 1 outpatient substance abuse counseling is provided by credentialed One Heartt, Inc. counselors on site and as recommended by the treating therapist or at the client's request.

18. INELIGIBILITY

The following will make a client ineligible for services: Clients who are incarcerated; institutionalized; hospitalized for over 30 days; clients who insurance companies deem services not medically necessary; or clients who have private insurance and are not capable of paying the fee for services/sliding scale rate.

19. FACILITY POLICIES

- One Heartt, Inc. OMHC is a tobacco free site. No tobacco use is allowed on the premises.
- One Heartt, Inc. OMHC is not liable for loss, damage, destruction, or theft of personal items. All persons are responsible for their own property.

POLICY ON POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORT, AND RESTRAINT AND SECLUSION

I. Purpose

The purpose of this policy is to create an agency-wide policy regarding the use of positive behavior intervention and supports, nonviolent practices, and the limited use of restraint and seclusion.

Every effort should be made to prevent the need for the use of restraint and for the use of seclusion. The use of a non-aversive effective behavioral system such as Positive Behavioral Intervention and Supports (PBIS) shall be used to create a treatment environment that promotes the use of evidence-based behavioral interventions, thus enhancing therapeutic and social behavioral outcomes for all persons.

Restraint or seclusion shall not occur, except when there is an immediate risk of physical harm to the individual or others, and shall occur only in a manner that protects the safety of all children and adults at the facility. Every use of restraint or seclusion shall be documented and reported in accordance with the requirements set forth below.

II. Applicability

This policy applies agency-wide starting January 1, 2020.

III. Definitions:

Aversive behavioral interventions - means an intervention that is intended to induce pain or discomfort to a individual for the purpose of eliminating or reducing maladaptive behaviors, including interventions such as: application of noxious, painful and/or intrusive stimuli, including any form of noxious, painful or intrusive spray, inhalant or tastes.

Chemical Restraint – means a drug or medication used to control a individual’s behavior or restrict freedom of movement that is not:

- A. Prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional’s authority under State law, for the standard treatment of a individual’s medical or psychiatric condition; and
- B. Administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional’s authority under State Law.

De-escalation techniques – are strategically employed verbal or non-verbal interventions used to reduce the intensity of threatening behavior before a crisis situation occurs.

Functional Behavior Assessment— is a collaborative problem-solving process that is used to describe the “function” or purpose that is served by a individual’s behavior. Understanding the “function” that an impeding behavior serves for the individual assists directly in designing educational programs and developing behavior plans with a high likelihood of success.

Mechanical Restraint – means

- A. Any method of restricting a individual’s freedom of movement, physical activity, or normal use of the individual’s body, using an appliance or device manufactured for this purpose; and
- B. Does not mean devices used by trained personnel, or used by a individual, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed, including:

1. Restraints for medical immobilization;
2. Adaptive devices or mechanical supports used to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports; or
3. Vehicle safety restraints when used as intended during the transport of a individual in a moving vehicle.

Parent means:

- A. A biological or adoptive parent;
- B. A guardian generally authorized to act as the child's parent, or authorized to make decisions for the child (but not the state if the child is a ward of the state);
- C. An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare;
- D. A surrogate parent who has been appointed in accordance with rule 3301-51-05(E) of the Administrative Code; or
- E. Any person identified in a judicial decree or order as the parent of a child or the person with authority to make educational decisions on behalf of a child.

Physical escort - means the temporary touching or holding of the hand, wrist, arm, shoulder, waist, hip, or back for the purpose of inducing a individual to move to a safe location.

Physical Restraint – means the use of physical contact that immobilizes or reduces the ability of a individual to move their arms, legs, body, or head freely. Such term does not include a physical escort, mechanical restraint, or chemical restraint. Physical restraint does not include brief, but necessary physical contact for the following or similar purposes:

- to break up a fight;
- to knock a weapon away from a individual's possession;
- to calm or comfort;
- to assist a individual in completing a task/response if the individual does not resist the contact; or
- to prevent an impulsive behavior that threatens the individual's immediate safety (e.g., running in front of a car).

Positive Behavior Interventions and Support – means

- A. An agency-wide systematic approach to embed evidence-based practices and data driven decision making to improve treatment climate and culture in order to achieve improved therapeutic outcomes, and increase success for all persons, and
- B. Encompasses a wide range of systemic and individualized positive strategies to reinforce desired behaviors, diminish reoccurrences of challenging behaviors and teach appropriate behavior to persons.

Positive Behavior Support Plan – means the design, implementation, and evaluation of individual or group instructional and environmental modifications, including programs of behavioral instruction, to produce significant improvements in behavior through skill acquisition and the reduction of problematic behavior.

Prone Restraint – means physical or mechanical restraint while the individual is in the face down position.

Seclusion – means the involuntary isolation of a individual in a room, enclosure, or space from which the individual is prevented from leaving by physical restraint or by a closed door or other physical barrier.

Patient - means a child or adult aged admitted to treatment at the OMHC.

Individual personnel - means psychologists, psychiatrics, nurse practitioners, social workers, counselors, case workers, intake staff, interns, and all other staff who engage with patients.

Timeout – means a behavioral intervention in which a individual, for a limited and specified time, is separated from the class within the classroom or in a non-locked setting for the purpose of self-regulating and controlling his or her own behavior. In a timeout, the individual is not physically restrained or prevented from leaving the area by physical barriers.

IV. Policy Rationale and Philosophy:

One Heartt, Inc. OMHC believes that the school/ therapeutic environment should be one that ensures the care, safety, and welfare of all students, patients/ clients, and staff members. Efforts to promote positive interactions and solutions to potential conflict should be exhaustive. In the event a student's behavior presents a threat of imminent harm to self or others, the student's family, if present, would be the first line of contact in order to determine how best to calm child down. If the student began to threaten to hurt self or others, the police would be notified.

The use of approved physical intervention or seclusion strategies to maintain a safe environment may be used as a last resort by school personnel who have been properly trained.

PBIS means an agency-wide systematic approach to embed evidence-based practices and data- driven decision making to improve school climate and culture in order to achieve improved academic and social outcomes, and increase learning and treatment for all students. PBIS encompasses a wide range of systemic and individualized positive strategies to reinforce desired behaviors, diminish reoccurrences of challenging behaviors and teach appropriate behavior to students, patients/clients.

V. Positive Behavior Intervention and Supports

- A.** Every individual deserves to be treated with dignity, be free from abuse, and treated as a unique individual with individual needs, strengths, and circumstances. One Heartt, Inc. shall implement an evidence-based agency-wide system or framework of positive behavioral interventions and supports.
- B.** Therapeutic environments shall be structured to greatly reduce, and in most cases eliminate, the need to use restraint or seclusion. Positive Behavior Intervention and Supports (PBIS) creates structure to the environment using a non-aversive effective behavioral system. It is a decision-making framework that guides selection, integration, and implementation of evidence-based academic and behavioral practices for improving important academic and behavior outcomes for all persons.
- C.** The PBIS prevention-oriented framework or approach applies to all persons, all staff, and all settings. Research supports the conclusion that PBIS, when integrated with effective academic instruction, provides the support persons need to become actively engaged their own therapeutic success.
- D.** Components of a system of Positive Behavior Intervention and Supports include:
 1. Trained staff to identify conditions such as:
 - a. Where, under what conditions, with whom and why specific inappropriate behavior may occur.

- b. Preventative/risk assessments should include:
 - i. A review of existing data,
 - ii. Interviews with parents, family members and patients and
 - iii. Examination of previous and existing behavioral intervention plans.
 - c. With the analysis of these data One Heartt, Inc. shall develop and implement preventative behavioral interventions and teach appropriate behavior.
 - i. Modify the environmental factors that escalate the inappropriate behavior.
 - ii. Support the attainment of appropriate behavior.
 - iii. Use verbal de-escalation to defuse potentially violent dangerous behavior.
2. Staff must establish a system that will support persons' efforts to manage their own behavior; implement instructing techniques in how to self-manage behavior, decrease the development of new problem behaviors; prevent worsening of existing problem behaviors; redesign therapeutic environments to eliminate triggers and maintainers of problem behaviors. The system should include family and patient involvement as an integral part of the system.

VI. Prohibited Practices:

The following are prohibited under all circumstances, including emergency safety situations:

- A.** Prone restraint as defined in;
- B.** Corporal punishment;
- C.** Child endangerment
- D.** Seclusion or restraint of preschool aged persons;
- E.** The deprivation of basic needs;
- F.** Restraint that unduly risks serious harm or needless pain to the individual, including the intentional, knowing, or reckless use of any of the following techniques:
 - 1. Using any method that is capable of causing loss of consciousness or harm to the neck or restricting respiration in any way,
 - 2. Pinning down with knees to torso, head and/or neck,
 - 3. Using pressure points, pain compliance and joint manipulation techniques,
 - 4. Dragging or lifting of the individual by the hair or ear or by any type of mechanical restraint,
 - 5. Using other persons or untrained staff to assist with the hold or restraint, or
 - 6. Securing a individual to another individual or to a fixed object;
- G.** Mechanical or chemical restraints (which does not include devices used by trained One Heartt, Inc. personnel, or by an individual, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed, or medication administered as prescribed by a licensed physician);
- H.** Aversive behavioral interventions; or
- I.** Seclusion of persons in a locked room.

VII. Restraint

- A. Physical restraint may be used only when there is an immediate risk of physical harm to the individual or others and no other safe and effective intervention is possible, and only in a manner that is age and developmentally appropriate. Physical restraint may not be used as a punishment or discipline, or as a substitute for other less restrictive means of assisting a student in regaining control. One Heartt, Inc. personnel may use physical restraint only in accordance with local policy and the requirements of this policy.
- B. If any staff member uses physical restraint, staff must:
 - 1. Be appropriately-trained to protect the care, welfare, dignity, and safety of the individual;
 - 2. Continually observe the individual in restraint for indications of physical or mental distress and seek immediate medical assistance if there is a concern;
 - 3. Use verbal strategies and research-based de-escalation techniques in an effort to help the individual regain control;
 - 4. Remove the individual from physical restraint immediately when the immediate risk of physical harm to self or others has dissipated;
 - 5. Conduct a de-briefing including all involved staff to evaluate the trigger for the incident, staff response, and methods to address the individual's behavioral needs; and the need for staff performance review.
 - 6. Complete all required reports and document staff's observations of the individual.
- C. Functional behavioral assessment: If an individual repeatedly engages in dangerous behavior that leads to instances of restraint and/or seclusion, the organization shall conduct a functional behavioral assessment to identify the individual's needs and more effective ways of addressing those needs. If necessary, this functional behavioral assessment should be followed by a behavioral intervention plan that incorporates appropriate positive behavioral interventions.

VIII. Seclusion

- A. Seclusion may be used only when there is an immediate risk of physical harm to the individual or others and no other safe and effective intervention is possible. Seclusion shall never be used as a punishment or to force compliance. Seclusion should only be used in a manner that is age and developmentally appropriate. Agency personnel may use seclusion only in accordance with local policy and the requirements of this policy.
- B. Seclusion is a last resort safety intervention that provides an opportunity for the individual to regain self-control.
- C. A room or area used for seclusion must:
 - 1. provide for adequate space, lighting, ventilation, clear visibility and the safety of the individual; and not be locked.
- D. Seclusion shall not be used:
 - 1. for the convenience of staff;
 - 2. as a substitute for an educational program;
 - 3. as a form of discipline/punishment;
 - 4. as a substitute for less restrictive alternatives;
 - 5. as a substitute for inadequate staffing;
 - 6. as a substitute for staff training in positive behavior supports and crisis prevention and intervention; or
 - 7. as a means to coerce, retaliate, or in a manner that endangers a individual.

- E. If any staff use seclusion, staff must:
 - 1. Be appropriately trained to protect the care, welfare, dignity, and safety of the individual;
 - 2. Continually observe the individual in seclusion for indications of physical or mental distress and seek immediate medical assistance if there is a concern;
 - 3. Use verbal strategies and research based de-escalation techniques in an effort to help the individual regain control as quickly as possible;
 - 4. Remove the individual when the immediate risk of physical harm to self or others has dissipated;
 - 5. Conduct a de-briefing including all involved staff to evaluate the trigger for the incident, staff response, and methods to address the individual's behavioral needs; and the need for staff performance review
 - 6. Complete all required reports and document their observation of the individual.
- F. If a individual repeatedly engages in dangerous behavior that leads to instances of restraint and/or seclusion, the One Heartt, Inc shall conduct a functional behavioral assessment to identify the individual's needs and more effective ways of addressing those needs. If necessary, this functional behavioral assessment should be followed by a behavioral intervention plan that incorporates appropriate positive behavioral interventions. An individual may be discharged from the program at any time after a critical incident.

IX. Training and Professional Development

- A. All individual personnel shall be trained annually on the requirements of this policy and policies and procedures regarding restraint and seclusion.
 - 1. B. The OMHC shall have a plan regarding training individual personnel as necessary to implement PBIS on a system-wide basis, recognizing that this may be a multi-year process for a district that is not currently implementing PBIS on a system-wide basis.
- C. The OMHC shall ensure that an adequate number of personnel in each building are trained in crisis management and de-escalation techniques, and that their training is kept current in accordance with the requirements of the provider of the training.

X. Required Data and Reporting

Each use of seclusion or restraint shall be documented in writing and reported to the building administration immediately; reported to the parent immediately; and documented in a written report. A copy of the written report shall be made available to the patient and/or their parent or guardian within 24 hours, and the organization shall maintain a copy of the report in the individual's file. These reports are medical records subject to HIPAA, and One Heartt, Inc. is prohibited from releasing any personally identifiable information to anyone other than the parent, in accordance with the requirements of that Act.

One Heartt, Inc. shall create report concerning its use of restraint and seclusion annually.

XI. Monitoring and Complaint Processes

Periodic review of this policy shall be the responsibility of One Heartt, Inc. The agency shall make its records concerning restraint and seclusion available to staff upon request. Any person may

report concerns about whether a One Heartt, Inc. has a policy that meets the requirements applicable laws.

Staff Meeting Form

Address or Room Number

Date: Date

Time: Time

Attendees

Name	Signature

[Agenda item]

[Agenda item]

Action Items	Owner(s)	Deadline	Status
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]

SUPERVISION OF DIRECT SERVICE PERSONNEL POLICY

It is the policy of One Heartt, Inc. OMHC that direct service personnel (treatment professionals) receive ongoing clinical supervision.

PROCEDURE

A. Supervision of Direct Service Personnel

1. The supervisor is responsible for ensuring treatment professionals render treatment services in a manner consistent with:
 - a. The requirements of One Heartt, Inc.;
 - b. Funding agencies;
 - c. Maryland Department of Health, Bureau of Health Standards;
 - d. Current CARF Standards; and
 - e. In accordance with generally recognized best practices.
2. The supervisor ensures supervision of direct service personnel, including:
 - a. Staff members;
 - b. Volunteers;
 - c. Trainees;
 - d. Interns;
 - e. Contractors;

B. Clinical Supervisor - Responsibilities

1. The clinical supervisor ensures documentation of ongoing supervision addresses:
 - a. Accuracy of assessment and referral skills;
 - b. The appropriateness of the treatment or service intervention selected relative to the specific needs of each person served;
 - c. Treatment effectiveness as reflected by the person served meeting his or her individual goals;
 - d. Risk factors for suicide and other dangerous behavior;
 - e. The provision of feedback that enhances the skills of direct service personnel including information on best practices;
 - f. Issues of ethics, legal aspects of clinical practice, and professional standards, including boundaries;
 - g. Clinical documentation issues identified through ongoing compliance review;
 - h. Cultural competency issues; and
 - i. Model fidelity when utilizing evidence-based practices.

Staff Forms

One Heartt, Inc. OMHC Safety Check Form

Date of check:

Done by:

Office or facility location: _____

Smoke Alarm: Working/ in good order Not working/ not in good order

If not in working order document below how remedied and date.

Fire Extinguisher: Passed not passed

If not passed, document when serviced.

First Aid Kit: present and supplies adequate Missing or supplies low

If not adequate, document how remedied and date

Office/facility: No visible or apparent hazards Visible or apparent hazards

Refer to attached COC Work-Place Health and Safety Checklist

If any visible or apparent hazards document what they are, how they were remedies and date.

One Heartt, Inc. OMHC Safety Drill Form

Date: _____

Type of Incident Drill: Fire Bomb Threat Workplace Violence Tornado

Other: _____

Observations/Notes:

Staffing/Discussion/Feedback to staff:

Staff Signature: _____

Safety Officer Signature: _____ Date: _____

One Heartt, Inc. OMHC Health and Safety Checklist

Program Office: _____ Date: _____

- | Yes | No | NA | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. There are at least two unblocked exits to the outside from the building (can include windows) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Electrical wiring system appears in good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Electrical outlets in common areas have child-proof covers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Fuses or circuit breakers in fuse box appear in good operating condition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Cords for electrical appliances and lighting fixtures appear in good operating condition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Extension cords and surge protectors are used properly |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. There is an operable dry chemical fire extinguisher available for use in the office |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Fire extinguisher is serviced after each use and checked for proper weight at least once a year |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. An evacuation plan is posted in common areas |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Evacuation drills are practiced regularly |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. There is a method available to alert staff to a fire |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. The flooring in the office clean, and free of debris |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Stairways and aisles are clean, unblocked and well-lit |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Furniture and equipment is safe and well maintained |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Fully-stocked First-Aid kit is located in the office |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. All materials and supplies are stored safely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. All cleaning supplies are properly stored |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. Trash is cleared from the office; trash does not overflow any receptacles |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39. Kitchen areas are kept clean and in order |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40. Restrooms are kept clean, with available hand soap and towels |

Comments/Concerns:

Inspection Completed By: _____ Date: _____

Re-Inspection Due Date: _____

Submitted to COC Safety Officer By: _____ Date: _____

EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME (FIRST, MI, LAST): _____

JOB TITLE:

DEPARTMENT:

PERIOD OF EVALUATION: From: _____ To: _____

TYPE OF EVALUATION: Initial 3-Month Annual Interim

PART I – INSTRUCTIONS TO EVALUATOR

Listed below are sections for the performance evaluation of job duties, adherence to agency policies and supervisory factors that are important in the performance of the employee’s job. Performance of job duties and adherence to agency policies must be evaluated for all employees. The supervisor factors should be utilized only for employees with supervisory responsibilities. The “overall performance” evaluation should reflect the employee’s total performance, including the performance of job duties and adherence to agency policy.

NOTE: Objective comments which provide specific feedback on job performance benefit the employee. Evaluators are encouraged to provide specific, objective comments which support each rating. A rating of either Needs Improvement or Exceeds Expectations requires objective comments in support of the rating.

<p>DISTRIBUTION INSTRUCTIONS</p>	<p>Return the original form to Human Resources, Maintain one copy for your records Provide a copy to the employee</p>
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RATING SCALE:

The following rating scale guide is to be used by the evaluator in assigning the most appropriate measurement of the employees’ job duties, adherence to agency policy, and, if applicable, performance of supervisory factors.

Needs Improvement – Performance and/or adherence to policy must improve to meet expectations of the position

Meets Expectations – Competently performs job duties; requires no more guidance, training or supervision than is typically required of people in this position

1. Exceeds expectations – **Frequently performs at a level higher than the performance standard; accomplishments were made in areas other than the stated job duties**

PART II – PERFORMANCE OF JOB DUTIES & COMPETENCIES (The Supervisor should choose 5 job duties & 3 competencies from the employee’s job description to evaluate)

1. Job Duty –

Performance Standard:

- 1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments/ : _____

2. Job Duty –

Performance Standard:

- 1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

3. Job Duty –

Performance Standard:

- 1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

4. Job Duty –

Performance Standard:

- 1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Supervision Meeting Form

Address or Room Number

Date: Date

Time: Time

Attendees

Name	Signature

[Agenda item]

[Agenda item]

Action Items	Owner(s)	Deadline	Status
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]
[Action item]	[Name(s)]	[Date]	[Status, such as In Progress or Complete]

Mental Health Peer Specialist Training Policy and Procedure Manual

INTRODUCTION

Peer Support and Peer Support Services

One Heartt, Inc. uses the following definition of peer support: peer support is the act of people who have had similar experiences with mental health challenges giving each other encouragement, hope, assistance, guidance, and understanding that aids in recovery. It can be done anytime or anywhere when two or more peers are in a mutual, supportive relationship.

Peer support services are programs, discussions, events, groups, etc. within the mental health system that are led by people in recovery and based on the philosophy of peer support. They typically take place within the structure of an agency or organization and are provided as a service by a trained peer specialist.

Mental Health Peer Specialists

A One Heartt, Inc. Mental Health Peer Specialist (MHPS) is an individual who has: progressed in their recovery, taken training, and passed a certification knowledge assessment demonstrating that they have mastered a set of competencies related to peer support. An MHPS has been trained in a number of skills and areas of knowledge in order to support the recovery of other individuals, including how to effectively share their lived experiences. Mental Health Peer Specialists may work in any organizational setting – public or private mental health, peer-run organization, criminal justice, education, juvenile corrections, or veteran’s services, for example.

As in many other professions, once an individual becomes a Mental Health Peer Specialist, they are expected to take additional training in one or more areas of specialization (referred to as Endorsements) to continue developing their skills in those areas. One Heartt, Inc. offers a variety of Endorsement trainings for Mental Health Peer Specialists each year; a list of current One Heartt, Inc. Endorsement trainings can be found in the Continuing Education section of this manual.

APPLICATION PROCESS

Qualifications for Acceptance to Training

Working as a Mental Health Peer Specialist (MHPS) or a Recovery Support Peer Specialist (RSPS) can be an immensely rewarding occupation - it is a way for individuals who are in

recovery to help others experience recovery. It is not the right job for everyone, however, and individuals need to be sure they want continued employment as a peer specialist before investing their time and resources in attending the certification training.

Individuals are encouraged to work or volunteer as a peer specialist prior to applying to attend the certification training. The selection criteria described below for applications to the specialized training includes an individual's prior experience providing peer support services.

To be eligible to attend the MHPS or RSPS training, an individual must:

- Be age 18 or older;
- Be a high school graduate or have completed a G.E.D.;
- Self-identify as a person who has direct personal experience living in recovery from mental health challenges;
- If applying for MHPS training, have a primary diagnosis of a mental health condition or dual diagnosis, rather than just a substance use diagnosis, or have experienced emotional distress which significantly disrupted one's life;
- Have significant experience working on their own recovery and an ability to manage their own wellness;
- Have a desire to use their experiences to help others with their recovery; and
- Be willing to publicly identify as a person living in recovery for the purpose of educating, role modeling, and providing hope to others about the reality of recovery.

Steps in the Application Process

Following is a summary of the steps for this new training and certification process. You must complete each step, in order, to be eligible for certification.

1. Review the online orientation materials on the One Heartt, Inc. website and complete the self- assessment at the end. You must sign the acknowledgement at the end that you have reviewed the materials. This will enable you to apply for training on the Core Principles of Peer Support ("Core" training).
2. Apply for the specialized training in either mental health or substance use peer support. The training to become an MHPS is a competitive process. If you are accepted, you will be sent an invoice for payment by credit card and information about the training. The current registration fee is \$650. The specialized training is a five day, 40 hour, classroom style training held in various cities around the state. Refer to our training calendar for details.

At the end of the specialized training, you will get an email with a link to take an online

knowledge assessment. Once you complete and pass the knowledge assessment you will receive instructions for downloading and printing a confirmation that you have successfully completed all the steps in the training process. You will need this document to apply for certification

3. Apply for certification with one of the approved certification entities (University of Maryland School of Medicine). Refer to their websites for information on how to apply, what documentation is needed, and the cost. One Heartt, Inc. is not involved in this Certification process and cannot provide any additional information. The initial certification is valid for six months. During this time, you must complete 250 hours of supervised work experience. You may then apply for re-certification for a full two year certification period.

The application process is initiated through the One Heartt, Inc. website at www.oneheartt.org.

Registration Fees

There are registration fees for the core training and for the specialized training which cover the administrative time required to coordinate the trainings, the cost of the trainers, the printed materials, and lunch provided as part of training. If an individual is accepted for the specialized training, they are sent an invoice which must be paid (by the individual or their employer) prior to the training. Payments are made by credit card through the One Heartt, Inc. website.

Individuals or their employers are responsible for arranging and paying for their own transportation to the training site, lodging during the training, and for their morning and evening meals.

Scoring System for Applications

Enrollment in the specialized training is limited to a class size of twenty-four participants in order to maintain a comfortable learning environment. One Heartt, Inc. typically receives significantly more applications than there is space for each specialized training, and a scoring rubric is used to review and rank applications. The scoring system considers factors such as:

- Prior employment or volunteer experience as a peer specialist;
- Understanding of the role of a peer specialist;
- Whether the person has developed a WRAP or is a WRAP facilitator; and
- How an applicant can speak to a series of questions about the individual's recovery experience and prior training.

Self-Care

Like any job in the mental health field, employment as a Mental Health Peer Specialist can be stressful work, which is why strong daily practice around self-care is important for maintaining

personal and professional wellness. For this reason, individuals interested in becoming a MHPS or RSPS are strongly encouraged to develop a self-care practice. For example, a Wellness Recovery Action Plan (WRAP) is a simple self-help system for individuals to identify personal resources and then use those resources to maintain wellness.

Reasonable Accommodations

All One Heartt, Inc. trainings are held in handicapped accessible locations. If an individual needs a reasonable accommodation to ensure a successful training experience, they indicate that on their application and One Heartt, Inc. makes every effort to provide that accommodation.

OVERVIEW OF THE CERTIFICATION TRAINING

The Mental Health Peer Specialist training that follows the core training is a forty hour in-person intensive course, spread over five days. In addition to in-person classroom training, this course includes homework or work sessions in the evenings. Before attending the trainings, all participants are required to complete the Pre-Training Manual, which contains four independent study pre-learning modules and a set of reflective questions. Once at the training, participants are expected to:

- Attend all five days of the training with no absences from the training room (*see note below*);
- Actively participate in discussions and role plays; and
- Complete all homework assignments.

Individuals who do not meet these criteria are not eligible to take the knowledge assessment.

Note: One Heartt, Inc. OMHC expects participants to be present for the entirety of the training. However, One Heartt, Inc. recognizes that important issues may arise that require participants to miss a portion of the training, which is why a participant may have the opportunity to miss a small portion of the training without being disqualified from taking the knowledge assessment. However, if a participant needs to be absent, they must confirm with both One Heartt, Inc. and the trainers present. If a participant misses any portion of the training without prior approval from the trainers or One Heartt, Inc. OMHC, they may lose their ability to take the knowledge assessment. Furthermore, if an individual misses more than four hours of the training in total, they will not be eligible to complete the knowledge assessment at the conclusion of the training week.

Training begins at 9:00 am on Monday and ends at 5:00 pm on Friday afternoon. The knowledge assessment is administered online and is available by 9:00 am on Saturday following the training. It typically takes up to two hours but is not timed. Lunch and breaks are provided each day. The training is provided in a relaxed, casual setting. However, this is training for employment in the workplace.

Participants are expected to dress in casual but appropriate attire. No additional supplies are needed for the training; all course materials are supplied.

Overview of the Curriculum

A list of the curriculum modules follows. The Core certification training is intended to enable individuals to master the basic competencies necessary to function as an effective peer specialist. Mental Health Peer Specialists are required to take additional specialized trainings, referred to as Endorsements, to enhance their knowledge and skills and to maintain their certification.

Modules

1. MHPS Orientation
2. MHPS Core Values, Ethics and Boundaries
3. The Power of Language
4. Five Stages of the Recovery Process (as applicable)
5. Part 1: What are My Stories
6. Part 2: Stories in Practice
7. Opening the Door to New Perspectives: Stories in Practice
8. Listening, the Art of Holding Space
9. Group Facilitation & Recovery Dialogues (as applicable)
10. Power, Conflict and Integrity

Expectations for Training Participants

All One Heartt, Inc. trainings and events, including the certification training, are professional events that represent the field of peer support. Many of our events are held at host organizations in communities throughout the state. Although our events are often casual in nature, One Heartt, Inc. expects all participants to act in a manner that positively represents the peer specialist workforce. One Heartt, Inc. reserves the right to require a participant to leave a training or event early (and consider course participation incomplete) if a participant at a training or event:

- causes significant disruption (destruction of property, public intoxication, etc.);
- is disrespectful or rude to trainers, participants, event staff or other community partners;
- acts in any manner that violates the Mental Health Peer Specialist Code of Ethics (regardless of not yet having been certified); or
- demonstrates an inability to adhere to recovery-oriented behavior.

Inappropriate behavior at any One Heartt, Inc. sponsored event may result in removal from the training, a temporary or permanent bar from attending One Heartt, Inc. sponsored events, and/or referral to the certifying body of Mental Health Peer Specialists for a formal ethical violation.

Finally, although each individual is responsible for their own mental health, One Heartt, Inc. expects every participant to be mindful that their fellow participants may have different needs for their recovery and for supporting themselves throughout trainings or events. In the spirit of the Mental Health Peer Specialist Core Values, please treat all other participants with respect, mutuality, and authenticity.

KNOWLEDGE ASSESSMENT AND APPLICATION FOR CERTIFICATION

Individuals who have successfully completed the training and the knowledge assessment will be eligible to apply for an initial six-month certification. The knowledge assessment is administered online and will be available the Saturday after training; it will remain available for 3 calendar days.

Individuals who do not pass the knowledge assessment the first time offered are eligible to re-take the knowledge assessment upon request. Individuals are notified within 3 business days following the knowledge assessment whether or not they passed.

Individuals who do not pass the knowledge assessment in two attempts must reapply to take the specialized training if they want to attempt the knowledge assessment for a third time. If a person who has failed the knowledge assessment twice applies for the specialized training, their application will be reviewed with the same weight as all other applications; therefore, One Heartt, Inc. does not guarantee that a person who is applying to retake the training will be accepted. Individuals may apply to retake the training an unlimited number of times after two failed knowledge assessment attempts; however, once accepted to retake the training, you may only take the knowledge assessment one additional time (for a maximum of three (3) knowledge assessment attempts). If an individual fails the knowledge assessment for a third and final time, they must wait two years to apply for training; once the two years have elapsed, the process restarts and prior rules apply.

CONTINUING EDUCATION

Following the initial six-month certification and completion of the supervised work requirements, individuals apply for recertification. Subsequent certifications are valid for a period of twenty-four months from the date the individual is approved for certification by the certifying body. During that period the peer specialist is required to acquire a minimum of twenty (20) Continuing Education Units (CEUs).

One Heartt, Inc. provides several opportunities to earn continuing education units, primarily through our in-person endorsement trainings. We also offer online continuing education, including peer-specific training on ethics. Opportunities for CEUs can be found on our website.

GUIDING PRINCIPLES FOR MENTAL HEALTH PEER SPECIALISTS

One Heartt, Inc. OMHC's training for peer specialists assures peers, families, employers, and the public that individuals trained by One Heartt, Inc. as peer specialists are qualified and competent in a set of educational principles and experiences needed to perform the responsibilities of a Mental Health Peer Specialist. One Heartt, Inc. has adopted the following Core Values and Key Concepts, the Mental Health Peer Specialist Code of Ethics, and the Rules of Conduct listed below to ensure that each peer specialist will conform their behavior to the highest standards of ethical practice. One Heartt, Inc. OMHC's standards equal or exceed ethical standards adopted by the certification entity(ies) for the HB1486 process.

Core Values & Key Concepts

One Heartt, Inc. Mental Health Peer Specialists Core Values:

1. *Authenticity*. The work of a Mental Health Peer Specialist is based on the relationships we build with others. To be effective, our interactions with others must always reflect our true selves.
2. *Honesty*. A Mental Health Peer Specialist's willingness to be honest and straightforward about their experiences is fundamental to the authenticity which builds trusting relationships with peers.
3. *Mutuality*. In a mutual relationship between two people, no *one* person holds power over the other. In the mental health system, where every other relationship has an imbalance of power between the professional and the person receiving services, peer specialists actively work to minimize the power imbalance between themselves and the people they serve.
4. *Open-Mindedness*. Over time, systems have a tendency to become rigid and prescriptive. A Mental Health Peer Specialist's willingness to look at other ideas, points of view, and ways of doing things are critical components of who we are.
5. *Respect*. A Mental Health Peer Specialist must always have the highest regard for the individuals they serve, which should always be reflected in the language and actions in our work.

In addition, the Mental Health Peer Specialist Advisory Council also adopted the following key concepts that guide the individual and collective work of Mental Health Peer Specialists in Maryland:

1. *Hope*. Mental Health Peer Specialists instill hope in others and are living examples that change happens and recovery is real.
2. *Resiliency*. Resiliency and strength are valued and modeled by Mental Health Peer Specialists as they share their lived experience and support others on their recovery journeys.
3. *Self-Determination*. Mental Health Peer Specialists support individuals in their right to decide their own best path to recovery.
4. *Trauma-Informed Approach*. Mental Health Peer Specialists should always work to speak, act, and create environments that support people's healing instead of re-traumatizing people or ignoring their trauma histories.

These core values and key principles serve as guiding principles for Maryland MHPSs when engaging in peer relationships; they are foundational components to the One Heartt, Inc. Peer Specialist Certification Training and are woven throughout the Mental Health Peer Specialist Code of Ethics.

Code of Ethics

The principles in the following Code of Ethics guide One Heartt, Inc. OMHC Peer Specialists in their

roles, relationships and levels of responsibility in which they function professionally.

1. The primary responsibility of Mental Health Peer Specialists is to help individuals achieve their own needs, wants, and goals. Mental Health Peer Specialists will be guided by the principle of self-determination for all.
2. Mental Health Peer Specialists will maintain high standards of personal conduct. Mental Health Peer Specialists will also conduct themselves in a manner that fosters their own recovery.
3. Mental Health Peer Specialists will openly share their recovery stories, and will likewise be able to identify and describe the supports that promote their recovery.
4. Mental Health Peer Specialists will, at all times, respect the rights and dignity of those they serve.
5. Mental Health Peer Specialists will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
6. Mental Health Peer Specialists will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, gender identity, gender expression, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, military status, or any other preference or personal characteristic, condition or state.
7. Mental Health Peer Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. Mental Health Peer Specialists will respect the privacy and confidentiality of those they serve.
9. Mental Health Peer Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Mental Health Peer Specialists will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
10. Mental Health Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they support.
11. Mental Health Peer Specialists will not engage in sexual/intimate activities with those to whom they are currently providing support, or have worked with in a professional role in the past two years.
12. Mental Health Peer Specialists will not provide services to another when under the influence of alcohol or when impaired by any substance, whether or not it is prescribed.
13. Mental Health Peer Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.

14. Mental Health Peer Specialists will not accept gifts of significant value from those they serve.

Last Updated: January 2020

For more in-depth discussion of Ethics, see National Ethical Guidelines and Practice Standards: National Practice Guidelines for Peer Supporters at: <http://www.williamwhitepapers.com>.

Rules of Conduct

The following Rules of Conduct set forth the minimum standards of conduct which all One Heartt, Inc. trained Mental Health Peer Specialists (MHPSs) are expected to honor.

Professional Standards

A MHPS shall meet and comply with all terms, conditions, or limitations of the peer professional certification which they hold.

A MHPS shall not perform services outside of their area of training, expertise, competence, or scope of practice.

A MHPS shall not fail to obtain an appropriate consultation or make an appropriate referral when an individual's problem is beyond the area of training, expertise, competence, or scope of practice of the Mental Health Peer Specialist or person seeking peer certification.

A MHPS shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, gender identity, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.

A MHPS has a responsibility both to the person receiving services and/or participant(s) and to the organization within which the service is performed to maintain a high standard of ethical conduct.

The MHPS shall not discontinue peer support services to an individual nor shall the MHPS abandon the individual without facilitating an appropriate therapeutic closure of professional services for the individual.

A MHPS shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.

Sexual Misconduct

A MHPS shall not engage in any form of sexual contact/behavior with persons served. The prohibition shall apply with respect to any service user of the agency by which the MHPS is employed, regardless of whether or not the MHPS is providing peer support to the person. For the purposes of determining the existence of sexual misconduct, the MHPS-peer relationship, once established, is deemed to continue for a minimum of 2 years after the termination of services or the date of the last professional contact with the peer.

A MHPS shall not engage in sexual misconduct with any immediate family member or guardian of a person

receiving services during the period of time services are being rendered to the person, during the entire MHPS-peer relationship.

A MHPS shall not engage a supervisee in sexual misconduct during the period a supervisory relationship exists.

Fraud Related Conduct

A MHPS shall not:

- Use misrepresentation in the preparation of an application for Mental Health Peer Specialist certification or in the procurement of certification or recertification as a Mental Health Peer Specialist, or assist another in the preparation of an application for certification or in the procurement of registration, certification or re-certification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, certification, accreditation, affiliations, employment experience, educational experience, the plagiarism of application and recertification materials, or the falsification of reference.
- Use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist.
- Practice under a false name or under a name other than the name under which their certification is held (unless the name has been legally changed such as through marriage or divorce).
- Sign or issue in the professional capacity a document or a statement that the MHPS knows or should have known to contain a false or misleading statement.
- Produce, publish, create, or partake in the creation of any false, fraudulent, deceptive or misleading advertisement.
- Develop, implement, or maintain exploitative relationships with current or past service recipients.
- Misappropriate property from a service recipient.
- Enter into a relationship with a person receiving services which involves financial gain to the Mental Health Peer Specialist or person seeking peer certification or a third party resulting from the promotion or the sale of services unrelated to treatment or the therapeutic relationship.
- Promote to a person receiving services for personal gain any unnecessary, ineffective or unsafe psychoactive substance, or any unnecessary, ineffective or unsafe device, treatment, procedure, product or service.
- Solicit gifts or favors from persons receiving services.
- Offer, give, or receive commissions, rebates, or any other forms of remuneration for a referral.

Safety and Welfare

MHPSs have what is referred to as a “Duty to Warn.” In circumstances where the MHPS becomes aware, during the course of providing or supervising professional services, that a condition of clear and imminent danger exists that a person receiving services may inflict serious bodily harm on *another person or persons*, the MHPS shall, consistent with federal and state regulations concerning the confidentiality of medical records, take reasonable steps to warn any likely victims of the person's behavior.

In circumstances where the Mental Health Peer Specialist becomes aware, during the course of providing or supervising professional services, that a condition of clear and imminent danger exists that a person receiving services may inflict serious bodily harm to *themselves*, the Mental Health Peer Specialist shall, consistent with federal and state regulations concerning the confidentiality of medical records, take reasonable steps to protect that person.

Records Management

A MHPS shall not falsify, amend, knowingly make incorrect entries, or fail to make timely essential entries into the service user’s record.

A MHPS shall follow all federal and state regulations regarding service user records.

Assisting Unlicensed Practice

A MHPS shall not refer an individual to a person that the MHPS knows or should know is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

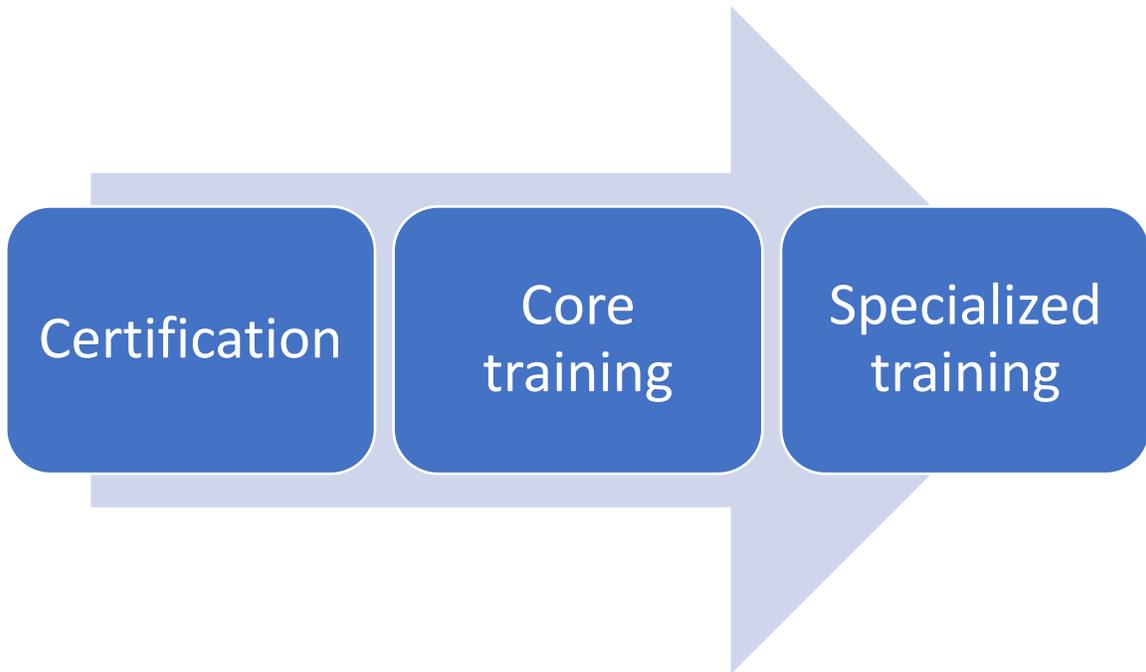
COMPLAINTS AND SANCTIONS

If an individual believes that a MHPS has violated the Code of Ethics or the Rules of Conduct, they should notify the MHPS’s employer and file a complaint with the appropriate certifying body.

ADDITIONAL QUESTIONS OR COMMENTS

If you have additional questions or comments relating to any information contained in the One Heartt, Inc. OMHC Mental Health Peer Specialist Training Manual, please contact One Heartt, Inc. at admin@oneheartt.org.

PEER SUPPORT PROCESS



INITIAL HEALTH SCREENING FORM

Tracking # _____

Screen Date _____ Screen Start Time _____ AM/PM _____ Screen Decision Time _____ AM/PM

Performed by: _____

Courtesy Screen No Yes Staff _____ Date/Time _____

Date _____ QMHP _____

<p>Name: Last _____ First _____ MI _____</p> <p>Pre-Marital Name _____ Also Known As (AKA) _____</p> <p>Street Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____</p> <p>County of Residence _____</p> <p>County of Responsibility _____</p> <p>SSN _____</p> <p>DOB _____ Age _____ Gender _____</p>	<p>Referred by _____</p> <p>Consumer Status</p> <p><input type="checkbox"/> Current Patient <input type="checkbox"/> Former Patient</p> <p><input type="checkbox"/> Other Patient <input type="checkbox"/> Never a Patient</p> <p><input type="checkbox"/> Private Provider _____</p> <p>Screening Informants</p> <p><input type="checkbox"/> Family _____</p> <p><input type="checkbox"/> OHOMHC/Private Provider _____</p> <p><input type="checkbox"/> Hospital Staff _____</p> <p><input type="checkbox"/> Contractor _____</p> <p><input type="checkbox"/> Other Agency _____</p> <p><input type="checkbox"/> Other _____</p> <p>Child Custody Status</p> <p><input type="checkbox"/> Parental <input type="checkbox"/> SRS _____</p> <p><input type="checkbox"/> JJA <input type="checkbox"/> Contractor _____</p>
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PSYCHOSOCIAL ASSESSMENT: Guardian Yes No Name/Address/Phone #: _____ This individual has others involved in helpful way (circle): Parent, Family, Friends, Case Worker, Neighbor, Landlord, Other Name/Address/Phone #: _____

Name/Address/Phone #: _____

This Individual: Has adequate support systems Has limited support systems Has no support systems

Stable living environment Unstable Living Environment Homeless Currently Incarcerated

Receiving MR/DD services – Agency/Case Worker Name/Phone #: _____

Armed Forces: Veteran Active Inactive None Period(s) of Service: _____

Additional Information/Clarification regarding psychosocial supports, conflicts, stressors concerns, housing etc. _____

FINANCIAL RESOURCES: Employed Unemployed Disabled Student Other: _____

Third Party Payer(s) Medicaid ID# _____ Pending Medicaid Medicare ID # _____

Other ID#/Group #/Responsible Party _____ VA Benefits Yes No _____

II. PRESENTING PROBLEM(S)

- Current Danger
- Current Danger
- Current Danger

- Potential Danger to SELF
- Potential Danger to OTHERS
- Potential Danger to PROPERTY

- Self Care Failure
- Psychotic Symptoms
- Mood Disorder

- Substance Abuse
- Conduct/Behavior
- Other

Consumer Statement of Concern(s) (In their own words): _____

III. RISK FACTORS

Current Danger to Self: None Ideation Plan Threat Intent with Means Intent w/o Means

Self Care Failure Gesture/Attempt Risk aggravated by substance use At Risk

Explain (Include dates, means, rescue) _____

History of Danger to Self: None Ideation Plan Threat Intent with Means Intent w/o Means

Self Care Failure Gesture/Attempt Risk aggravated by substance use

Explain (Include dates, means, rescue) _____

History of family members or significant acquaintances that attempted or completed suicide Yes No Unknown

Explain _____

Current Danger to Others: None Ideation Plan Threat Intent with Means Intent w/o Means

Gesture/Attempt Risk aggravated by substance use At Risk

Explain (Include dates, means) _____

History of Danger to Others: None Ideation Plan Threat Intent with Means Intent w/o Means

Gesture/Attempt Risk aggravated by substance use Physical Aggression

Explain (Include dates, means) _____

Current Destruction of Property: YES NO UNK History of Destruction of Property: YES NO UNK

Explain _____

Current Abuse: YES NO UNK TYPES: Physical Sexual Emotional Neglect History Reported

If yes, individual is: Victim Perpetrator Both Neither, but abuse reported in environment

Explain _____

SUBSTANCE USE/ADDICTIONS: Indication of Current/History of Substance Use Yes No Unknown

Drug/Type	Amount	Frequency	Last Use/Dose
Drug of choice:			
Secondary:			
Tertiary:			

* **GAMBLING ADDICTION:** Past Current Unk N/A **INTERNET ADDICTION:** Past Current Unk N/A

Substance Treatment History:

Type of Treatment	Agency	Month/Year
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Additional information/clarification of Substance/Addiction Concerns (Including collateral concerns, interaction of substances with mental health symptoms, etc): _____

MEDICAL: None by Client Report Self/Family Report

Physician/Nurse Report Medical Records Current Medical Conditions/Concerns (Check those that apply):

- Unknown Diabetes-Insulin Yes No Kidney Disease/UTI
 Pregnant Wks: _____ History of Dementia Diagnosis History of Traumatic Brain Injury
 Seizure Disorder Other: _____
 NKDA Drug/Food Allergies: _____

List Current Medications: Specify Name & Dosage (Include Psychiatric & Non-Psychiatric Medications)

Taking as Directed: (Y) Yes (N) No (U) Unknown	Y	N	U	Y	N	U
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Psychiatric Provider/Location: _____ Primary Care Physician/Location: _____ Comments regarding reported medical issues (i.e. Medication Compliance, Current Medical Treatment, etc): _____

***Special Medical Considerations:** N/A Self/Family Report Physician/Nurse Report Medical Records Unknown

“Do you need or use any of the following medical equipment or treatment?”

Oxygen Equipment Ventilator Wound care
 Intravenous ports or permanent venous access Surgery/Post-operative care
 IV medications, care or services Current cancer treatment

“Do you require assistance with any of the following?”

Getting out of bed Toileting Feeding Moving Using wheelchair

Comments/other: _____

IV. TREATMENT/PLACEMENT INFORMATION

Currently in treatment: Yes No Unknown Therapist/Case Manager: _____

Agency/Provider/Service(s): _____

Service Progress/Failure: _____

Previously Hospitalized: Yes No Unknown Multiple Hospitalizations: Yes x No Unknown

Last Psychiatric Hospitalization: _____ Date Admitted _____ Date Dismissed _____ AMA

Other Psychiatric Hospitalizations: _____

PRTF Treatment History (Include Dates if Known): _____

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Legal History:

Current/History of Legal Contacts/Problems: Yes No Unknown Charges Pending: Yes No Unknown

Probation x _____ Parole x _____ Incarcerations/Detention x _____

CINC x _____ JO x _____ Foster Care x _____ YRC x _____ Other _____ Not Applicable

Explain: _____

Education Status: Name of School _____ Highest Grade Completed _____

Regular Education Special Education - Category (if known): _____

v. CLINICAL IMPRESSIONS (where two choices are offered, circle appropriate choice)

General Appearance

- Appropriate hygiene/dress
- Poor personal hygiene
- Overweight Underweight
- Eccentric Seductive

Sensory/Physical Limitations

- No limitations noted
- Hearing Visual
- Physical Speech

Mood

- Calm Euthymic
- Cheerful Anxious
- Depressed Fearful
- Suspicious Labile
- Pessimistic Irritable
- Euphoric Hostile
- Guilty Apathetic
- Dramatized Hopelessness
- Elevated mood
- Marked mood shifts

Affect

- Primarily appropriate
- Primarily inappropriate
- Congruent Incongruent
- Constricted Tearful
- Blunted Flat
- Detached

Speech

- Unable to assess
- Logical/Coherent Loud
- Delayed responses Tangential
- Rambling Slurred
- Rapid/Pressured
- Incoherent/loose associations
- Soft/Mumbled/Inaudible

Thought Content/Perceptions

- Unable to assess Delusions
- No disorder noted Grandiose
- Paranoid Racing
- Circumstantial Obsessive
- Disorganized Flight of ideas
- Bizarre Blocking
- Ruminations/Intrusive Thoughts
- Auditory Hallucinations
- Visual Hallucinations
- Other hallucinatory activity
- Ideas of reference
- Illusions/Perceptual Distortions

- Depersonalization/Derealization

Insight (Age Appropriate)

- Unable to assess-
- Good Fair
- Poor Lacking

Orientation

- Unable to assess* Oriented x 4
- Impaired time Impaired situation
- Impaired place Impaired person

Cognition/Attention

- Unable to assess
- No impairment noted
- Distractibility/Poor Concentration
- Impaired abstract thinking
- Impaired judgment
- Indecisiveness

Behavior/Motor Activity

- Unable to assess
- Normal/Alert Poor eye contact
- Cooperative Uncoordinated
- Self-Destructive Catatonic
- Lethargic Tense
- Agitated Withdrawn
- Restless/Overactive Provocative
- Impulsiveness Tremors/Tics
- Aggression/Rage Repetitious
- Peculiar mannerisms
- Bizarre behavior
- Indiscriminate socializing
- Disorganized behavior
- Feigning of symptoms
- Avoidance behavior
- Increase in social, occupational, sexual activity
- Decrease in energy, fatigue
- Loss of interest in activities
- Compulsive (including gambling/internet)

Eating/Sleep Disturbance

- Unable to assess
- No disturbance noted
- Decreased/Increased appetite
- Binge eating
- Self-induced vomiting
- Weight gain/loss (lbs/time_____)
- Hypersomnia/Insomnia
- Bed-wetting
- Nightmares/Night Terrors

Anxiety Symptoms

Memory

Conduct Disturbance

- Unable to assess
- Conduct appropriate
- Stealing Lying
- Projects blame Fire setting
- Short-tempered
- Defiant/Uncooperative
- Violent behavior
- Cruelty to animals/people
- Running away Truancy
- Criminal activity Vindictive
- Argumentative
- Antisocial behavior
- Destructive to others or property

Occupational & School

Impairment

- Unable to assess
- No impairment noted
- Impairment grossly in excess than expected in physical finding
- Impairment in occupational functioning
- Impairment in academic functioning
- Not attending school/work

Interpersonal/Social

Characteristics

- Unable to assess
- No significant trait noted
- Chooses relationships that lead to disappointment
- Expects to be exploited or harmed by others
- Indifferent to feelings of others
- Interpersonal exploitiveness
- No close friends or confidants
- Unstable and intense relationships
- Excessive devotion to work
- Inability to sustain consistent work behavior
- Perfectionistic Grandiose
- Procrastinates Entitlement
- Persistent emptiness & boredom
- Constantly seeking praise or admiration
- Excessively self-centered
- Avoids significant interpersonal contacts
- Manipulative/Charming/Cunning

NOTES: _____

- Unable to assess-
- No impairment noted
- Impaired Immediate
- Impaired remote
- Impaired recent

- Unable to assess
- Within normal limits
- Generalized anxiety
- Fear of social situations
- Panic attacks
- Obsessions/Compulsions
- Hyper-vigilance
- Reliving traumatic events

Patient signature _____

Date _____

Staff signature

Date _____

Client Orientation Manual

210 E. Lexington St. Suite 400 Baltimore MD 21202 Closed Monday and Thursday

**Tuesday, Wednesday, and Friday 10am-5:30pm Saturday and Sunday: 10am To
4pm**

Welcome to One Heartt, Inc.!

You have been assigned to: __

Contact Information: Phone: _____

Email: _____

Supervisor: _____

Phone: _____

Email: _____

He/She will be your and your family members' primary contact. You will however, receive services from other staff members as indicated.

Here at One Heartt, Inc, our clients are treated with dignity and respect it is our "Customer Service Policy" that all employees will be friendly and courteous in daily interactions with all our clients, their families and other stakeholders.

STATEMENT OF CLIENT'S RIGHTS

You have the right to:

1. The confidentiality of your protected health information.
2. Privacy.
3. Freedom from:
 - a. Abuse.
 - b. Financial or other exploitation.
 - c. Retaliation.
 - d. Humiliation.
 - e. Neglect.
4. Access to:
 - a. Information pertinent to you in sufficient time to facilitate his or her decision making.
 - b. Your own records.
5. Informed consent or refusal or expression of choice regarding:
 - a. Service delivery.
 - b. Release of information.
 - c. Concurrent services.
 - d. Composition of the service delivery team.
 - e. Involvement in research projects, if applicable.
6. Access or referral to:
 - a. Legal entities for appropriate representation.
 - b. Self-help support services.
 - c. Advocacy support services.
7. Adherence to research guidelines and ethics if and when you are involved in a research project
8. Investigation and resolution of alleged infringement of rights.
9. Other legal rights as prescribed by the state and federal governments.

Person-Centered Care and Community Driven

One Healing, Educating, and Renewing Through Therapy is a (501c3) is a non-profit human service agency that provides strength based care and therapeutic services to youth and adults. It is our goal to provide the most holistic care and support to the population and community we serve.

RIGHTS YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI) AND HIPAA

1. The Right to see and Get Copies of Your PHI: In general, you have the right to see your PHI that is in One Heartt, Inc. possession, or to get copies of it; however, you must request it in writing. If One Heartt, Inc. does not have your **PHI**, but knows who does, you will be advised how you can get it. You will receive a response from One Heartt, Inc. within 30 days of receiving your written request. Under certain circumstances, One Heartt, Inc. may feel it must deny your request, but if it does, One Heartt, Inc. will give you, in writing, the reasons for the denial. One Heartt, Inc. will also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged not more than \$.83 per page and the fees associated with supplies, search fee, and postage. One Heartt, Inc. may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

2. The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask that One Heartt, Inc. limit how it uses and discloses your PHI. While One Heartt, Inc. will consider your request, it is not legally bound to agree. If One Heartt, Inc. does agree to your request, it will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that One Heartt, Inc. is legally required or permitted to make.

3. One Heartt may disclose your PHI pursuant to an administrative order or a search warrant. One Heartt, Inc. may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. One Heartt, Inc. will only do

this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.

4. Public Health Risks: One Heartt, Inc. may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.

5. Food and Drug Administration (FDA): One Heartt, Inc. may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

6. Serious Threat to Health or Safety: One Heartt, Inc. may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if One Heartt,

Inc. determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, One Heartt, Inc. may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.

7. Minors: If you are a minor (under 18 years of age), One Heartt, Inc. may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.

TO FILE A FORMAL COMPLAINT OR GRIEVANCE
WRITE TO OR CALL THE CORRESPONDING OFFICE

One Heartt, Inc. OMHC
210 E. Lexington St. Suite 400
Baltimore, Maryland 21202
Phone: 202.838.6455

8. For Research Purposes: In certain limited circumstances, One Heartt, Inc. may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.

9. For Workers' Compensation Purposes:

One Heartt, Inc. may provide PHI in order to comply with Workers Compensation or similar programs established by law.

10. Appointment Reminders: One Heartt, Inc. is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that you may need or that may be of interest to you.

11. Health Oversight Activities: One Heartt, Inc. may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess One Heartt, Inc. compliance with HIPAA regulations.

12. If Disclosure is otherwise specifically required by law.

13. Other Uses and Disclosures Require Your Prior Written Authorization: In any other situation not covered by this notice, One Heartt, Inc. will ask for your written authorization before using or disclosing medical information

CODE OF ETHICS

Overview

This Code of Ethics provides guidelines for decision-making that is reflective of the moral principles and core values of the organization. The Code is intended to promote high standards of service delivery and business conduct. One Heartt, Inc. employees are required to adhere to this Code as well as any Code of Ethics pertaining to professional affiliations. All new employees are oriented to the Code of Ethics during orientation to the agency and are given a copy of the Code. It is also available to other stakeholders upon request.

One Heartt, Inc. philosophy is based upon recognition of basic human rights and the treatment of all persons with dignity and respect. The underlying premise is that no person shall be subject to discrimination on the basis of disability (physical, developmental or mental), gender, age, race, religion, sexual orientation, ethnicity, marital status, socio-economic status, or political affiliation. Services will center on individual needs and encompass social, physical, spiritual and psychological aspects of each individual.

Definitions:

Confidentiality: information received or observed about a person served, or about an employee that is held in confidence and only disclosed when properly authorized or legally and/or professionally obligated to do so.

Ethics: the principles of conduct governing an individual or group; concerns for what is right or wrong, good or bad, and with moral duty and obligation.

Stakeholders: all those who have a vested interest in an issue. Within One Heartt, Inc. it may include the person with disabilities, their family members, advocates, staff, other agencies, funding sources, employers, regulatory bodies and the general community.

Ethical Responsibility in the Delivery of Services to People Supported

- To maintain the best interests of the person supported, and advocate for those interests as circumstances require.
- To foster self-determination and to encourage individuality accepting each person as unique and valuable.
- To maintain confidentiality.
- To be supportive and non-judgmental.
- To protect the people supported from abuse and/or neglect and avoid participation in practices that are disrespectful, degrading, intimidating, psychologically damaging or physically harmful to clients.

Ethical Responsibility to the agency

- To work towards achieving the mission of One Heartt, Inc.
- To assist One Heartt, Inc. in providing the highest quality of service, acknowledging that personal, interpersonal and societal circumstances may change.
- To be knowledgeable of, and abide by, One Heartt, Inc. policies and procedures.
- To maintain confidentiality concerning information obtained in the course of providing services, and make disclosures only with the consent of service users, or, where required to do so by the order of a court.
- To promote a positive image of One Heartt, Inc. in the community through friendly, respectful and cooperative interactions.

Ethical Responsibility in Marketing Services

- To reflect accurately the policies/positions of One Heartt, Inc. in public statements and to avoid any possible misrepresentation of personal opinion as society policy/position.

Ethical Responsibility to the Community and Taxpayer

- To foster a spirit of cooperation with other service agencies, educational programs and volunteer organizations involved in community living services.
- To maintain a commitment to high standard of service, continuing quality improvement and prudent financial stewardship.
- To deal with others, both inside and outside One Heartt, Inc., based on unquestionable integrity, open communication, social responsibility and proactive safety conscientiousness in addition to a commitment to high quality, continuing improvement and the best use of fiscal resources.
- To behave in full and complete compliance with all applicable laws and regulations: In addition, our dealings with others will be based on complete candor, cooperation, honesty and mutual respect.
- To ensure One Heartt, Inc. property or the property owned by the people we support will not be used in order to obtain personal benefit. This ethics policy prohibits employee theft, fraud, and embezzlement or misappropriation of property belonging to One Heartt, Inc. or the people supported, another employee or any associate or supplier of One Heartt, Inc.
- To report financial results in accordance with generally accepted accounting principles. Those reports will fairly present financial position and operating results.
- To purchase supplies from reputable suppliers who will treat our society and employees with respect. One Heartt, Inc. shall interact with their suppliers in an open, honest and timely manner. Such communication will create positive partnerships that will benefit the overall operation.
- To use suppliers of goods and services on the basis of price, quality and service only. In selecting suppliers, we also will be mindful of our commitment to supporting businesses that hire people with disabilities. No employee may profit personally from a relationship with a supplier.

- To be respectful corporate citizens in the community, we will participate in activities within the community for the betterment of the community.
- To acknowledge limitations in knowledge and competence.
- To not use drugs or alcohol prior to, or during work.
- To maintain standards of safety through the use of appropriate equipment, clothing and procedures.

Ethical Responsibility to Colleagues

- To establish and maintain relationships of mutual respect, trust, courtesy and cooperation with colleagues.
- To foster a culture in which excellence in practice is pursued in all activities.
- To act as a team member, supporting other members of the team by maintaining consistent standards and by offering and receiving support, especially in crises.
- To maintain clear, open communication with individuals, team members and management.
- To not engage in sexual harassment or other forms of personal harassment towards any person served, colleagues, manager or stakeholders.
- To offer both positive feedback and constructive criticism.

Ethical Responsibility in Human Resources

Pursuant to Human Rights Legislation, One Heartt, Inc. provides equal employment opportunities to qualified individuals able to fulfill the job description regardless of disability, race, ethnicity, religion, gender, socio-economic status, marital status, sexual orientation, national origin, political affiliation, age or status.

Harassment and misconduct are unacceptable behaviors for all employees of One Heartt, Inc.

- To ensure employees work time is a resource committed to service delivery and not diverted to personal pursuits.

- To ensure employees receive recognition for dedication to society and services.
- To clearly define the service that One Heartt, Inc. has the mandate and capacity to deliver.
- To maintain the overall goal of building communities that best meet the needs of people with developmental disabilities with a cooperative approach to promoting our services.
- To ensure other services are not denigrated as part of our own marketing.
- To promote a positive respectful image of people with developmental disabilities.

Ethical Responsibility to the Profession

- To maintain membership in relevant regulatory bodies and other relevant practitioner associations.
- To ensure the knowledge and skills of professional staff are used to the greatest advantage in service delivery.
- To ensure that neither the standards nor practices of the organization nor the job description and performance expectations of the profession conflict with the profession's regulatory and ethical requirements.

Ethical Responsibility as an Employee

- To maintain high personal standards of professional conduct, avoiding any acts that may bring the profession or service into disrepute or which may diminish the trust or confidence of any stakeholders
- To avoid conflict of interest situations.
- To refuse any gift, favor or compensation which might be influential or perceived to be influential in obtaining preferential consideration.
- To carry out professional duties and obligations with integrity and objectivity and to recognize how personal values, opinions, experiences, limitations and biases can affect personal judgment.
- To maintain appropriate boundaries between personal and professional relationships.
- All allegations of violations to One Heartt, Inc. ethical codes may be reported to the Clinical Director without fear of retaliation.

NON-DISCRIMINATION POLICY:

One Heartt, Inc. shall not discriminate in selection of candidates for the Board of Directors, in employment, or provision of services in practices, policies or procedures on the basis of race, sex, creed, age, national origin, marital status, political affiliation, or handicap.

One Heartt, Inc. will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant is qualified. One Heartt, Inc. agrees to comply with Title VI of the Civil Rights Act of 1964 (P.L. 88- and with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C 794) their amendments and all requirements imposed by or pursuant to these acts. One Heartt, Inc. shall offer services to adults with mental illness who have been recommended by a physician/mental health professional as appropriate for their services regardless of their ability to pay, race, creed, sex, national origin, handicap, or marital status. One Heartt, Inc. shall adhere to an affirmation action, plan. Any rejections for services by One Heartt, Inc. staff are subject to review by its Board of Directors. One Heartt, Inc. is an Equal Opportunity Employer.

TREATMENT:

One Heartt, Inc. Outpatient Mental Health Clinic (OMHC) offers outpatient services for adults, children, and adolescents. The clinic provides psychiatric evaluation and diagnosis, consultation, psychological assessment, and medication management as well as therapy services including individual, family, couples and group therapy.

The focus of the program is to assist the client in identifying and accepting mental health barriers, to help in the establishment of new goals, to improve the understanding of feelings and attitudes, and to support independence and healthy living through the learning of new ways of dealing with problems with the use of psychotherapy and medication management.

PROGRAM GOALS:

The goal of treatment is to assist an individual with his or her personal journey of recovery. This is achieved by developing an individualized treatment approach that empowers consumers to recognize their potential, set goals for themselves, and make choices about their life.

DESCRIPTION OF SERVICES PROVIDED:

One Heartt, Inc. OMHC provides outpatient treatment with individuals, groups and families in the setting that is most conducive setting to the client and the therapeutic process. Emphasis is placed on mental health education and identification of symptoms, triggers. Individual counseling is provided at the frequency recommended by treatment team.

Cognitive/behavioral, systems theory, and reality therapy techniques are predominately utilized. The therapist directs the counseling to focus on issues relevant to the client. All clients input is necessary and strongly enforced when treatment planning and discharge planning. In therapy the goals are for the client to become more aware of self, reduce symptoms by utilizing skills learned, reduce stigmas and strengthen interpersonal relationships. For children receiving services, monthly family therapy is enforced to ensure that treatment

goals and interventions are transferrable across all environments that the child frequents.

Group Therapy is provided for both adults and children. Group Therapy sessions focus on topics such as Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, utilizing techniques outside of therapy, anger management,

healthy relationship, conflict resolution and many other topics that are derived from needs assessment surveys distributed to clients.

BENEFITS OF SERVICES:

- Improving client's self-concept and self-control
- Reducing client's behavior problems, substance use, and association with antisocial peers
- Increasing parental involvement and development of more positive and effective parenting
- Making parental management of children's behavior more effective
- Improving family structure and interactions
- Improving family communication, conflict resolution, and problem solving skills

CLIENT BILL OF RESPONSIBILITIES

Upon enrollment in One Heartt's services, I expect the following client responsibilities:

1. Clients have the responsibility to be a full participant in the formulation of their Treatment Plan.
2. Clients have the responsibility to follow their Treatment Plan and take any prescribed medications in order to advance in treatment.
3. Clients have the responsibility to provide the service delivery staff with all required information to maintain proper and correct records.
4. Clients have the responsibility to keep their appointments and be on time.
5. Clients have the responsibility to treat their therapist or paraprofessional with dignity and respect.
6. Clients' performance during the treatment will be reported to the referral source including probation officers on a regular basis.
7. Clients have the responsibility to protect the confidentiality of other clients.
8. Clients have the responsibility to notify staff of any changes in life situations including changes in address and telephone number.
9. Clients have the responsibility to pay for services received (if applicable) at the agreed upon time.
10. Clients have the responsibility to overcome obstacles and strive to succeed in order to live a healthy, functional, and productive life.

ABOUT OUR PROGRAMS

One Heartt, Inc. provides mental health services for adults, children and youth who have mental health challenges that impair their day to day living.

Who will help me/ my child?

- Our intake workers will ensure that your referral for services is appropriately processed and assigned in a reasonable time frame
- The therapist assigned to you/your child will complete a thorough assessment of needs and work with you to develop a treatment plan for your course of services with us.

How will you help me/ my child?

- Your/your child's therapist will make the appropriate referrals for additional services needed to include but not limited to Psychiatric services, medication management, etc.
- Together, you and the team will decide on what works best for your life.

Where will services take place?

- This depends on you/ your child's needs and the setting where those needs could best be met. This setting may be:
- Your home
- Your community
- A foster home
- A group home
- A School

Will I /my child get good care?

- We make sure that you/ your child's care is efficient, safe, and helpful by closely monitoring all of our programs.
- If you have questions or would like to know more about our programs, please call:

IMPORTANT INFORMATION ABOUT FILING A COMPLAINT

You may file a complaint about any aspect of the services provided to you by One Heartt, Inc. The following is important information about the complaint process.

1. Filing a complaint will not result in retaliation or barriers to services.
2. How efforts will be made to resolve the complaint:
 - a. Every effort should be made to try to resolve your complaint through your therapist or primary counselor.
 - b. Beyond that, there are levels of review which are described below.
3. Levels of review:
 - a. The client may appeal to the Clinical Director
 - b. The client may appeal to the Board of Directors
 - c. The client may appeal to the County
 - d. The client may appeal to the State
4. Time frames for levels of review:
 - a. Clinical Director Response within 5 working days.
 - b. Executive Director Response after request for appeal within 5 working days.
 - c. County response per County appeals process requirements.
 - d. State response per State appeals process requirements.
5. Procedures for written notification regarding the actions to be taken to address the complaint.
 - a. Each client filing a complaint will receive a confirmation of receipt of a complaint and the actions that will be taken to address the complaint upon the formal receipt of the complaint.
 - b. Each client will receive a written notice of decision regarding the merit of each complaint.
6. The rights of each party:
 - a. The client has the right to complain without fear of retaliation or service barriers.
 - b. The client has the right to a timely investigation and resolution to the complaint.
 - c. The client has the right to representation by a third-party advocate.
 - d. The organization has the right to seek legal counsel to defend a complaint.
7. The responsibilities of each party.
 - a. The client has the responsibility to provide all necessary information regarding the complaint.
 - b. The organization has the responsibility to attend to timelines set forth in the investigatory process.
8. The availability of advocates or other assistance.
9. One Heartt shall provide clients with information related to all available advocates or assistance to clients who access this complaint process

We encourage clients and their families to provide input about the services you receive from One Heartt, Inc. OMHC. The following are just a few of the ways that you can provide input to us about any aspect of your services:

- Make suggestions to your counselor, therapist, nurse or doctor. They will be taken seriously.
- Respond to our regular satisfaction surveys. We will post a summary of the results.
- If you are dissatisfied with any aspect of the care we provide to you or your family member, please fill out and submit a complaint form. We will investigate your complaint thoroughly and will not retaliate for the filing of the complaint. We will provide you with a written response to your complaint.
- Consider joining our Advisory Board. It meets regularly to discuss issues important to all served by One Heartt, Inc. OMHC.



*****FOR OFFICE USE ONLY*****

Route to which Department Manager:

- | | | | |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Dental | <input type="checkbox"/> Health Education | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Business Office | <input type="checkbox"/> Facilities | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Finance | <input type="checkbox"/> Medical | <input type="checkbox"/> Youth & Family |
| <input type="checkbox"/> Contract Health Services | | <input type="checkbox"/> Patient Registration | |

Date Received by Health General Manager: _____ Signature: _____

Date Action letter mailed out: _____

Date Received by Department Manager: _____ Signature: _____

Followed up by: Letter Phone In-Person **Date of Follow Up/Final Letter mailed out:** _____

CONCERN CATEGORIES

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinical
Unclear Diagnosis/disagree
Unclear Therapy
HRC decision | <input type="checkbox"/> Access
Length of appointment
Excessive wait time
Prolonged date of schedule | <input type="checkbox"/> Repeated Complaint
(one incident) |
| <input type="checkbox"/> Personal Interaction
Attitude
Unprofessional Conduct | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Individual with multiple complaints |

Was issue resolved? YES or NO

Describe action taken to resolve issue: _____

If not, state reason(s) why: _____

Dept. Manager's Signature: _____ Date: _____

Health General Manager's Signature: _____ Date: _____

PLEASE SUBMIT COMPLETED FORM AND FINAL LETTER TO EXECUTIVE ASSISTANT

If you need copies for the chart, file, etc., please copy before returning.

OUR COMMITMENT TO PARTNER WITH PARENTS

We are committed to the following:

WE

- Are committed to improving the quality of service for families through active partnerships with parents.
- Will advocate for parents as partners in their child's education and treatment.
- Believe that collaboration with parents is essential.
- Will address the specific needs and concerns of parents.
- Our Goal is to help parents to become knowledgeable about evidence/science-based treatments.
- Will teach parents to assertively advocate for their children's right to effective education.
- Will go the extra mile to promote effective education and treatment.
- Help parents of newly diagnosed children gain access to accurate information and effective services.
- Are committed to increasing the number of qualified professionals.
- Have a genuine desire to use parents' perspectives, experiences, and compassion to make the journey easier for others.
- Support initiatives to help parents to access accurate information from existing resources and web links.
- Will create new resources to help parents become more familiar with child and adolescent services, how to better access such services, and how to better advocate for such services, and how to promote accountability.
- Will clearly identify, describe the nature and scope of family services

offered by schools and other community organizations.

- Parents are encouraged to ask questions about the benefits, risks, and limitations of treatment and such questions are welcomed at any point in the intervention process.
- Parents may also ask about qualifications, experiences, and certifications.
- Parents will be provided with training on an ongoing basis, not just orientation.
- Will solicit parents' input and help parents to prioritize their short - and long-term goals for their child and their family.

REQUIREMENT TO REPORT

If you were required to seek services at One Heartt, Inc. OMHC by a court or by the local Department of Social Services or Juvenile Services we are required to report to them regarding your discharge from our services regardless of the discharge outcome. While receiving services all One Heartt, Inc. staff have the obligation to report suspected or reported child abuse, elder abuse, homicidal ideations or suicidal ideations. Our professionals will always ensure that safety is first.

ADVANCE DIRECTIVES

Upon entering into services with One Heartt, Inc. we would hope that you would inform us of any advance directives that you have established with other treatment providers. Advance directives are interventions that you wish to be carried out if you were to experience a serious physical or mental illness or have a serious accident. If you would like the staff of One Heartt, Inc. to help you develop a set of advance directives we would be happy to do so.

HEALTH AND SAFETY POLICIES

Emergency Drills

One Heartt, Inc. OMHC is required to conduct emergency drills which may require evacuation from our building if you are on the premises.

Please be prepared to exit the building promptly.

Use of Seclusion or Restraint

One Heartt, Inc. OMHC forbids the use of seclusion and restraint in its programs.

Use of Tobacco Products

One Heartt, Inc. OMHC is a tobacco-free environment. The use of any tobacco product is forbidden on site.

Illegal or Legal Substances Brought Onto Premises

One Heartt, Inc. OMHC is a drug-free setting. Illegal substances are forbidden in the organization's facility. Over the counter medications may be brought on site but their presence should be reported to staff.

Prescription Medication

Prescription medications may be brought on site but their presence should be reported to staff.

Weapons

All weapons are prohibited. You may not bring weapons onto One Heartt's facility.

THE TREATMENT PROCESS

Assessment

You or your child will undergo a series of assessments at the beginning of the treatment process with One Heartt, Inc. OMHC We will be asking questions about life and family history, educational and vocational history, physical health history, any substance abuse history and living situation along with other questions about you or you or your child's background.

We will be asking you what you feel you or your child's strengths, needs, abilities and preferences are. Our nurse will conduct a nursing assessment to further evaluate your or your child's physical functioning and to make a record of any medications you or your child is taking. If indicated, our Medical Director may conduct a psychiatric exam, as well. The results of these assessments will help us to work with you to determine the course of you or your child's treatment plan.

If you wish a copy of any of the assessments, please let us know and we are obliged to provide a copy to you.

Treatment Plan

Based on the results of the assessments and based on what wellness and recovery goals you feel you or your child wants to accomplish while with us, we will create a treatment plan with you. Although the goals and objectives we create with you will be measurable and time-specific there is no set time for the course of treatment as you or your child's needs may change as time goes on and we may need to modify treatment goals and objectives according to your needs and desires.

As soon as we possibly can after the start of treatment, we will begin to talk with you about you or child's various needs after discharge from our services. We want to make sure we do everything we possibly can to ensure that your wellness continues after you leave us.

Please know that if you or your child are here because of the order of the court or the state that we will notify the referring entity as to missed appointments, progress in treatment and your ultimate discharge. We would ask that you keep us up to date on any change in your or your child's legal status.

One Heartt, Inc. OUTPATIENT MENTAL HEALTH CLINIC DISCHARGE, TERMINATION AND TRANSFER POLICY

All services provided at One Heartt, Inc. Outpatient Mental Health Clinic are voluntary. When services are no longer necessary or required, or when the therapist/counselor feels that treatment should be discontinued due to non-compliance or other reasons, our policy is as follows:

- Ø Termination of services will, whenever possible, be a collaborative effort between the client and the therapist/counselor and based on completion of treatment goals. When this decision is made, the therapist/counselor and client develop a discharge plan formulating continued service needs. The therapist/counselor will also assist the client with the necessary referrals for treatment, rehabilitation, or community support.
- Ø A client may be discharged from services if he/she has cancelled more than three appointments in a row or not shown up after a phone call. A client may also be discharged if he/she has not participated in services for a period of 30 days and has made no indication that he/she will return to treatment. If a client is unable to attend due to hospitalization or other temporary reasons, the chart will remain open until the client chooses to return.
- Ø A client who receives medication and/or other services by the agency's psychiatrist will be discharged from all services if he/she has not participated in therapy for a period of 14 days and has made no indication that he/she will return to therapy. This means that a client may not continue to receive medication and/or other services by the agency's psychiatrist if he/she is not simultaneously in therapy.
- Ø Treatment may also be terminated if the client presents a threat to the health or safety of the clinic staff or other patients.
- Ø If a therapist/counselor is leaving the agency, all efforts will be made by the therapist/counselor and the agency to make sure that sufficient time is provided for appropriate termination and/or transition to a new therapist/counselor. In some circumstances a client may request to transfer to another therapist/counselor or a therapist/counselor may feel that he/she cannot effectively work with a particular client. In these situations, all efforts will be made to involve the client and his/her family in the decision and transfer. The therapist/counselor will document in a transfer summary the reasons for transfer and other relevant information. The client's record will also be transferred to the new therapist/counselor, following the client's signed release of information.

Immediate Discharge Policy

Upon the discretion of the management team for any of the following behaviors which may in turn impact the safety and well-being of other patients and staff at any time.

The behaviors that are deemed grossly negligent, threatening, unsafe or injurious to agency staff and other patients are as follows:

- 🚩 Three (3) Consecutive no-shows for any agency program and failure to respond to a Reconnect Letter within 10 days 🚩 Altering or Prescription tampering
- 🚩 Prescription medication seeking behaviors
- 🚩 Threatening behaviors towards staff and other patients
- 🚩 Physically assaulting behaviors towards staff and other patients 🚩 Verbal threats directed to staff and other patients
- 🚩 Carrying weapons onto the premises
- 🚩 Carrying illegal substances and/or drug paraphernalia onto agency property 🚩 Inappropriate sexualized behaviors towards staff and other patients
- 🚩 Destruction of agency property Theft of agency property 🚩

Upon immediate discharge, the patient will be mailed a letter of termination of services within five (5) business days. Termination of services will be effective immediately. The agency will provide the patient with a thirty (30) day supply of medication. The patient will not be permitted to return to the agency.

Person's Name (First MI Last):		Record #:	Date of Admission:
Organization/Program Name:		DOB:	Gender: Male Female Transgender
Transition - From (Unit/Program):		To:	
Discharge			
Last Contact:		Discharge/Transition Date:	
Person's location and contact information post discharge/transition:		Address:	Unknown
Telephone:		Unknown	
<u>If discharged to shelter document efforts to prevent</u>			
Strengths, Needs, Abilities and Preferences (S.N.A.P.) and Status at Last Contact:			
Summary of Services/Treatment Provided (consider vocational, educational, financial legal, medical, behavioral, and risk status):			

Outcomes (Include qualitative and quantitative information regarding progress/gains achieved, strengths, abilities and preferences. Specify any standardized measures used):

Health and Safety Concerns (include behavioral, medical and/or substance use issues. Include risk of overdose):
 NA

This section mandatory for licensed services:

Describe the person's current vocational, educational, and financial status: Describe

the person's current legal problems: NA

Describe supports and services available to the person after discharge, provided by the licensee or by others:

Status Towards Meeting Goals (NM=Not Met, PM=Partially Met, M=Met, D/C=Discontinued)

Goal #	Keyword	NM	PM	M	D/C	Comments
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Progress In Treatment:

Person's Name (First / MI / Last):	Record#:
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<input type="checkbox"/> Diagnosis at Intake <input type="checkbox"/> DSM-IV Codes <input type="checkbox"/> DSM 5 Code <input type="checkbox"/> ICD-9 Codes <input type="checkbox"/> ICD-10 Codes			<input type="checkbox"/> Diagnosis at Discharge/Transition <input type="checkbox"/> DSM-IV Codes <input type="checkbox"/> DSM 5 Code ICD-9 Codes <input type="checkbox"/> ICD-10 Codes		
Check Primary/Billing Diagnosis	Code	Narrative Description	Check Primary/Billing Diagnosis	Code	Narrative Description
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

Reason for Discharge or Transition:	
<input type="checkbox"/> Decrease level of care <input type="checkbox"/> Increase level of care <input type="checkbox"/> Goals met, no services needed <input type="checkbox"/> Person terminated services <input type="checkbox"/> Person refused referral for other services	<input type="checkbox"/> Involuntary discharge, person informed of right to appeal <input type="checkbox"/> Person died <input type="checkbox"/> Person moved <input type="checkbox"/> Person did not return/was non-responsive to outreach attempts <input type="checkbox"/> Other:

If involuntary/administratively discharged, summary of action taken: Person Served notified of appeal process <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	<input type="checkbox"/> Not applicable
--	--

Person's Response to Treatment and Discharge/Transition:

Medications as Reported by Person at time of Discharge/Transition:			<input type="checkbox"/> None Reported
Medication Name	Dose	Plans for Change - Including Rate of Detox	Prescribed by
1			
2			
3			
4			
5			

Person's Name (First / MI / Last):		Record#:
Referred To (Agency/Program Name, Location, and Contact Information):	For (describe <u>recommended</u> services/supports, rationale, list dates/times of appointments if known):	Date(s)/Time(s) of Appts. If Known:
Aftercare Plan and Options (Include information on symptoms person should watch for, options available if these symptoms recur, additional services needed, and/or follow-up plans):		

Person's Signature (Optional, if clinically appropriate)	Date:	Parent/Guardian Signature (If appropriate):	Date:
Clinician/Provider - Print Name/Credential:	Date:	Supervisor - Print Name/Credential (if needed):	Date:
Clinician/Provider Signature:	Date:	Supervisor Signature (if needed):	Date:
Psychiatrist/MD/DO (If required):	Date:	Was person provided copy of Discharge/Transition Plan? <input type="checkbox"/> Yes, person given copy <input type="checkbox"/> Yes, Person mailed copy <input type="checkbox"/> No, person did not receive copy (explain):	

ONE HEARTT, INC. OUTPATIENT MENTAL HEALTH CLINIC REFERRAL, DISCHARGE, TERMINATION AND TRANSFER POLICY

All services provided at One Heartt, Inc. Outpatient Mental Health Clinic are voluntary. When services are no longer necessary or required, or when the treatment provider feels that treatment should be discontinued due to non-compliance or other reasons, our policy is as follows:

- Termination of services will, whenever possible, be a collaborative effort between the client and the therapist/counselor and based on completion of treatment goals. When this decision is made, the therapist/counselor and client develop a discharge plan formulating continued service needs. The therapist/counselor will also assist the client with the necessary referrals for treatment, rehabilitation, or community support.
 - A client may be discharged from services if he/she has cancelled more than three appointments in a row or not shown up after a phone call. A client may also be discharged if he/she has not participated in services for a period of 30 days and has made no indication that he/she will return to treatment. If a client is unable to attend due to hospitalization or other temporary reasons, the chart will remain open until the client chooses to return.
 - A client who receives medication and/or other services by the agency's psychiatrist will be discharged from all services if he/she has not participated in therapy for a period of 14 days and has made no indication that he/she will return to therapy. This means that a client may not continue to receive medication and/or other services by the agency's psychiatrist if he/she is not simultaneously in therapy.
 - Treatment may also be terminated if the client presents a threat to the health or safety of the clinic staff or other patients.
- If a therapist/counselor is leaving the agency, all efforts will be made by the therapist/counselor and the agency to make sure that sufficient time is provided for appropriate termination and/or transition to a new therapist/counselor.
- In some circumstances a client may request to transfer to another therapist/counselor or a therapist/counselor may feel that he/she cannot effectively work with a particular client. In these situations, all efforts will be made to involve the client and his/her family in the decision and transfer the therapist/counselor will
- document in a transfer summary the reasons for transfer and other relevant information. The client's record will also be transferred to the new therapist/counselor, following the client's signed release of information.
- Transition / Exit criteria: Discharge/transition planning occurs throughout all phases of the program. The person served has met discharge/transition criteria when the goals of the individual plan are achieved and referral to support services is completed, when appropriate. Additionally, discharge may occur if the person no longer attends regularly or chooses not to actively participate in the program.

Immediate Discharge Policy:

Upon the discretion of the management team for any of the following behaviors which may in turn impact the safety and well-being of other patients and staff at any time.

- The behaviors that are deemed grossly negligent, threatening, unsafe or injurious to agency staff and other patients are as follows:
- Three (3) Consecutive no-shows for any agency program and failure to respond to a Reconnect Letter within 10 days
- Altering or Prescription tampering Prescription medication seeking behaviors
- Threatening behaviors towards staff and other patients physically assaulting behaviors towards staff and other patients' verbal threats directed to staff and other patients

- Carrying weapons onto the premises
- Carrying illegal substances and/or drug paraphernalia onto agency property Inappropriate sexualized behaviors towards staff and other patients' destruction of agency property
- Theft of agency property
- Upon immediate discharge, the patient will be mailed a letter of termination of services within five (5) business days. Termination of services will be effective immediately. The agency will provide the patient with a thirty (30) day supply of medication. The patient will not be permitted to return to the agency.

Discharge /Termination/ Referral

Date of first assessment contact: __

ASSESSING PRACTITIONER (NAME AND DISCIPLINE):

Client/Others Interviewed: _____

I. DEMOGRAPHIC DATA & SPECIAL SERVICE NEEDS:

DOB: _____ GENDER: _____ ETHNICITY: _____ Marital Status: _____

Referral Source: _____

Non-English Speaking, specify language used for this interview: _____

Were interpretive services provided for this interview? Yes No

Cultural Considerations, specify: _____

Physically challenged (wheelchair, hearing, visual, etc.) specify: _____

Access issues (transportation, hours) specify: _____

II. REASON FOR REFERRAL / CHIEF COMPLAINT

PRECIPITATING EVENTS(S)/REASON FOR REFERRAL

CURRENT SYMPTOMS AND BEHAVIORS (INTENSITY, DURATION, ONSET, FREQUENCY) and IMPAIRMENTS IN LIFE FUNCTIONING caused by the symptoms/behaviors (from perspective of client and others):

SUICIDAL THOUGHTS/ATTEMPTS: *“Columbia Suicide Severity Rating Scale Screener (LACDMH Version)”*

Wish to be Dead: *Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.*

Within the past 30 days, have you wished you were dead or wished you could go to sleep and not wake up? Yes
No

PSYCHIATRIC HOSPITALIZATIONS: Yes No Unable to Assess

If yes, describe **DATES, LOCATIONS, AND REASONS**

OUTPATIENT TREATMENT: Yes No Unable to Assess

If yes, describe **DATES, LOCATIONS, AND REASONS.**

Past Homicidal Thoughts/Attempts (including dates, threat, intent, plan, target(s), access to lethal means, methods used)

IV. MEDICATIONS

Has the client ever taken psychotropic medications? Yes No Unable to Assess

List "all" past and present psychotropic medications used, prescribed/non-prescribed, by name, dosage, frequency. Indicate from

<u>MEDICATION</u>	<u>DOSAGE/FREQUENCY</u>	<u>PERIOD TAKEN</u>	<u>EFFECTIVENESS/RESPONSE/SIDE EFFECTS/REACTIONS</u>

General Medication Comments (include significant non-psychotic medication issues/history):

SUBSTANCE USE / ABUSE Screening and Assessment

Does the client currently appear to be under the influence of alcohol or drugs? Yes No Unable to Assess

When was the last time the client used alcohol or drugs? _____

Alcohol Screening Questions

1 Drink = 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor

In the past year, how often did you have a drink containing alcohol?

Never (0)	<input type="checkbox"/> Monthly or less	<input type="checkbox"/> 2-4 times a month	<input type="checkbox"/> 3 times a week	<input type="checkbox"/> 4+ times a week
<input type="checkbox"/>	(1)	(2)	(3)	(4)

If "Never", proceed to Drug Screening Questions.

1a. In the past year, how many drinks containing alcohol did you have on a typical day when you are drinking?

<input type="checkbox"/> 1 or 2 (0)	<input type="checkbox"/> 3 or 4 (1)	<input type="checkbox"/> 5 or 6 (2)	<input type="checkbox"/> 7 to 9 (3)	<input type="checkbox"/> 10+ (4)
--	--	--	--	-------------------------------------

1b. In the past year, how often did you have six or more drinks on one occasion?

<input type="checkbox"/> Never (0)	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly (2)	<input type="checkbox"/> Weekly (3)	<input type="checkbox"/> Daily or almost daily (4)
	(1)			

Alcohol Screening Score: ____

Low risk/abstain = score of 0-3

Moderate/high risk = score of 3-7 (women) and score of 4-7 (men)

Severe risk (provide a brief intervention) = score of 8 or more

Was a brief intervention provided? Yes No

Drug Screening Questions ("Yes" to any of the questions below indicates a positive screening)

Recently Used? (within past 6 months)

	Yes	No	Yes	No
Have you used nicotine products? (<i>Cigarettes, cigars, electronic cigarettes, smokeless tobacco</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use products containing caffeine, such as tea, coffee or high-caffeine energy drinks? (<i>Such as AMP, Monster, Red Bull or 5 Hour Energy</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used opioids? (<i>Heroin, opium, non-prescribed pain medications</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used prescription medications, over the counter medications, and/or non-prescription supplements in a manner other than prescribed? (<i>For example, to get high</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used stimulants, such as cocaine or methamphetamine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used marijuana? (smoked, edibles, wax, or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used hallucinogens? (MDMA or Ecstasy, LSD, PCP, mushrooms, or psilocin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used drugs intravenously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used other substances of abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you interested in changing your substance use patterns? Yes No N/A

Assessment/Additional Information (answer only if screening is positive)

PAST AND PRESENT USE OF TOBACCO, ALCOHOL, CAFFEINE, CAM (COMPLEMENTARY AND ALTERNATIVE MEDICATIONS) AND

OVER-THE-COUNTER, AND ILLICIT DRUGS, if not determined by screener. Be sure to include route of administration, frequency (amount), withdrawals, etc.

MEDICAL HISTORY

MD NAME: _____ **MD PHONE:** _____ **Date of Last Physical Exam:** _____

Major medical problem (treated or untreated) (Indicate problems with check: Y or N for client, Fam for family history)

Fam	Y	N		Fam	Y	N		Fam	Y	N		Fam	Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizure/neuro disorder				Cardiovascular disease/symp				Liver disease				Diarrhea
	<input type="checkbox"/>	<input type="checkbox"/>	Head trauma				Thyroid disease/symp				Renal disease/symp			<input type="checkbox"/>	Cancer
	<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorder				Asthma/lung disease				Hypertension			<input type="checkbox"/>	Sexual dysfunction
	<input type="checkbox"/>	<input type="checkbox"/>	Weight/appetite chg				Blood disorder				Diabetes				Sexually trans disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALLERGIES (If Yes, specify):												
	<input type="checkbox"/>	<input type="checkbox"/>	Sensory/Motor Impairment (If Yes, specify):												
	<input type="checkbox"/>	<input type="checkbox"/>	Pap smear If yes, date:			<input type="checkbox"/>	Mammogram If yes, date:				HIV Test If yes, date:				Pregnant If yes, due date:

Comments on above medical problems, other medical problems, and any hospitalizations, including dates and reasons.

PSYCHOSOCIAL HISTORY

Please state specifically how mental health status directly impacts each area below. Be sure to include the client's strengths in each area.

EDUCATION/SCHOOL HISTORY

Special Education: Yes No Unable to Assess Learning Disability Yes No Unable to Assess

Describe motivation, education goals, literacy skill level, general knowledge skill level, math skill level, school problems, etc:

EMPLOYMENT HISTORY, Readiness for Employment and MEANS OF FINANCIAL SUPPORT

Current Paid Employment: Yes No Unable to Assess Military Service: Yes No Unable to Assess

Describe work related problems, volunteer work, money management, source of income, longest period of employment, etc:

LEGAL HISTORY AND CURRENT LEGAL STATUS

Describe any arrests/DUI, probation, convictions, divorce, conservatorship, parole, child custody, etc.:

CURRENT LIVING ARRANGEMENT and Social Support Systems

Describe type of living setting, problems at setting, community, religious, government agency, or other types of support, etc.:

Is the client homeless? Yes No Unable to Assess

If yes, when did the client become homeless (estimated date)? _____

DEPENDENT CARE ISSUES

Number of Dependent Adults: _____ Number of Dependent Children: _____

Describe ages of children, school attendance/behavior problems of children, special needs of dependents, foster care/group home placement issues, child support, etc.:

FAMILY HISTORY / RELATIONSHIPS

History of Mental Illness in Immediate Family: Yes No Unable to Assess

Alcohol/Drug Abuse in Immediate Family: Yes No Unable to Assess

History of Incarceration in Immediate Family: Yes No Unable to Assess

Describe family constellation, family of origin, family dynamics, cultural factors, nature of relationships, domestic violence, physical or sexual abuse, home safety issues, family medical history, family legal/criminal issues

VIII. MENTAL STATUS EXAM Instructions: Check all descriptions that apply

General Description

Mood and Affect

Thought Content Disturbance

Grooming & Hygiene: Well Groomed
Average Dirty Odorous Disheveled
Bizarre

Comments:

Eye Contact: Normal for culture
 Little Avoids Erratic

Comments:

Motor Activity: Calm Restless
Agitated Tremors/Tics Posturing

Rigid Retarded Akathesis E.P.S.

Comments:

Speech: Unimpaired Soft

Slowed Mute Pressured Loud
 Excessive Slurred Incoherent

Poverty of Content

Comments:

Interactional Style: Culturally congruent
Cooperative Sensitive
Guarded/Suspicious Overly Dramatic
Negative Silly

Comments:

Orientation: Oriented

Disoriented to:

Time Place Person Situation

Comments:

Intellectual Functioning: Unimpaired
Impaired

Mood: Euthymic Dysphoric Tearful
Irritable Lack of Pleasure
Hopeless/Worthless Anxious

Known Stressor Unknown Stressor
Comments:

Affect: Appropriate Labile Expansive
 Constricted Blunted Flat Sad
 Worried

Comments:

Perceptual Disturbance

None Apparent

Hallucinations: Visual Olfactory
Tactile Auditory: Command
 Persecutory Other

Comments:

Self-Perceptions: Depersonalizations
Ideas of Reference

Comments:

Thought Process Disturbances

None Apparent

Associations: Unimpaired Loose
Tangential Circumstantial Confabulous
Flight of Ideas Word Salad

Comments:

Concentration: Intact Impaired by:
Rumination Thought Blocking

Clouding of Consciousness Fragmented

Comments:

Abstraction: Intact Concrete
Comments:

None Apparent

Delusions: Persecutory Paranoid
Grandiose Somatic Religious Nihilistic

Being Controlled

Comments:

Ideations: Bizarre Phobic Suspicious
 Obsessive Blames Others Persecutory
 Assaultive Ideas Magical Thinking
 Irrational/Excessive Worry

Sexual Preoccupation
Excessive/Inappropriate Religiosity
Excessive/Inappropriate Guilt

Comments:

Behavioral Disturbance

Behavioral Disturbances: None
Aggressive

Uncooperative Demanding Demeaning
Belligerent Violent Destructive

Self-Destructive Poor Impulse Control
Excessive/Inappropriate Display of Anger
Manipulative Antisocial

Comments:

Suicidality/Homicidality

Suicidal: Denies Ideation Only
Threatening Plan

Comments:

Homicidal: Denies Ideation Only
Threatening Target Plan

Comments:

IX. NEEDS AND REFERRAL

IMMEDIATE/SHORT TERM NEEDS:

CRISIS RESOLUTION STATEMENT *Summarize methods and procedures taken to resolve crisis*

REFERRALS:

Scope of Medication Services

If indicated medication services (i.e. prescription and education regarding medication) are provided.

Services and Limitations: One Heartt, Inc. prescribes medication and provides training and education on medications. Appropriate licensed mental health professionals shall, as clinically indicated, provide the following services: Prescription; Monitoring; and Education regarding medication.

Definitions:

- Stockpiling- the inappropriate and/or excessive accumulation of medication for later use
- Diverting medication- when a person who legally obtains a prescription subsequently transfers the medication to another person for use or distribution
- Efficacy- the ability to produce an effect, or effectiveness
- Co-pharmacy- the use of two or more medications from the same class
- Polypharmacy- the use of multiple medications to treat different conditions

Levels of Pharmacological Treatment/ Intervention:

- Level 1 is initial treatment for which there is established efficacy and relative safety for the treatment recommendations (based on replicated, large randomized controlled trials).
- Level 2 is considered if Level 1 is ineffective and/or not well tolerated. Compared to Level 1, the data on treatment efficacy and/or safety in Level 2 is less robust (based on smaller randomized controlled trials, smaller effect sizes, etc.).
- Level 3 is considered if Levels 1 and 2 are ineffective and/or not well tolerated. Treatments at this level have more limited efficacy data and/or more tolerability limitations than Levels 1 and 2.
- Level 4 is considered if Levels 1 through 3 are ineffective and/or not well tolerate however the treatments are not empirically supported at this time and are listed because of expert opinion and/or use in clinical practice

Organizational/ Administrative Services:

- Direct service staff are provided training on medication management and patient education during New Hire Orientation and annually at “Upkeep” Employee training.
 - This training encompasses:
 - Cultural competency and medication
 - Pertinent information for patients served and their families
 - Purposes of medications prescribed
 - Benefits and risks of medication
 - Contraindications
 - Missed doses and “Medication Vacations”
 - Side effects
 - Dietary implications
 - The implications of physical activity and exercise as well as physical limitations
 - Risks associated with pregnancy and medical issues
 - Importance of adhering to prescription schedules and barriers to medication adherence/ signs of non-adherence
 - Monitoring procedures (e.g., appropriate medication use, requests for refills, etc.)
 - Medication efficacy
 - Interactions with non-prescription medication
 - Instructions on patient self-administration

- Course of medication and discontinuation
- Availability of financial resources for filling prescriptions, as applicable
- The development of safety plans in the event there is concern for the individual prescribed the medication.

Patient Services:

- Patients are provided pharmacological person-centered education and training based on their age, level of understanding, functioning, needs, strengths, and abilities. When applicable, education and training will include care-givers, family members, and other support systems.
 - This education and training encompasses:
 - Pertinent information for patients served and their families
 - Purposes of medications prescribed
 - Benefits and risks of medication
 - Contraindications
 - Missed doses and “Medication Vacations”, stockpiling, and diverting medication
 - Side effects
 - Dietary implications
 - The implications of physical activity and exercise as well as physical limitations
 - Risks associated with pregnancy and medical issues
 - Importance of adhering to prescription schedules and barriers to medication adherence/ signs of non-adherence
 - Monitoring procedures
 - Medication efficacy
 - Interactions with non-prescription medication
 - Instructions on patient self-administration
 - Course of medication and discontinuation
 - Availability of financial resources for filling prescriptions, as applicable
 - The development of safety plans in the event there is concern for the individual prescribed the medication.
 - Resources for patients, parents, and caretakers on the individual medication and emergency resources
 - The availability of a resource officer 24/7 for medication consultation

Assessments used for prescribing purposes:

Mental health assessments used for the purposes of prescribing may include, but are not limited to:

- Beck Depression Inventory (BDI)
- Brief Psychiatric Rating Scale (BPRS)
- Clinical Global Impression (CGI) Scale
- Clinician-Rated Dimensions of Psychosis Symptom Severity (CRDPSS)
- Hamilton Rating Scale for Depression (HAM-D)
- Montgomery-Asberg Depression Rating Scale (MADRS)
- Patient Health Questionnaire (PHQ-9)
- Positive and Negative Syndrome Scale (PANSS)
- Quick Inventory of Depression Symptomatology (QIDS)
- Young Mania Rating Scale (YMRS)
- Minnesota Multiphasic Personality Inventory (MMPI-2)

Medication storage, handling, and disposal:

- This facility does not control, transport, store, handle, administer or dispose of medications or medical equipment (e.g., needles, etc.).
- Patients are responsible any prescribed/ OTC medication brought onto the premises.
- Facility staff (direct service providers, administrative staff, etc.) do not administer medication
- Patients are responsible for bringing any necessary emergency medication to the facility
- Facility staff do not supervise the administration of medication
- All medication (both prescribed and OTC) must be in original packaging

Prescribing Procedures:

The medical director shall ensure that appropriate staff are trained and updated on the use, effect, interactions, and potential side effects of medication used by individuals served by the program.

Appropriately licensed shall:

(a) When initially prescribing medication for an individual:

- (i) Conduct a face-to-face evaluation of the individual;
- (ii) Assess whether there are contraindications to prescription of specific medications;
- (iii) Involve the individual in the choice of medication;
- (iv) Document in the individual's medical record the rationale for prescribing the medication;
- (v) Explain the benefits and possible side effects of taking or not taking prescribed psychiatric medications and document the explanation;
- (vi) With proper consent and if appropriate, promptly notify anyone responsible for administering or monitoring medication, of the medication regimen; and
- (vii) With proper consent and if clinically indicated, notify the individual's primary care physician of medication prescription, if any; and

(b) If managing medication on an ongoing basis:

- (i) At a minimum of every 90 days, evaluate the individual face-to-face;
- (ii) Alter medications and adjust dosage as clinically indicated;
- (iii) Document the rationale for the current prescription;
- (iv) Order and monitor tests at medically recommended intervals and document results in the individual's medical record;
- (v) Educate the individual and others designated by the individual about prescribed medications, including the name of medication, dosage, frequency, proper storage, expected results, and potential side effects;
- (vi) With proper consent and if appropriate, promptly notify anyone responsible for administering or monitoring medication, of any changes in the medication regimen; and
- (vii) Notify the individual's primary care physician every 6 months of medication changes, if any.

Treatment Planning:

- Medication management is part of individualized person-centered treatment planning that involves the patient and their caretakers/ guardians
- This planning will incorporate the patients' medication history and current medications including:
 - Side effects
 - Adverse reactions
 - History
 - Alcohol, tobacco, over-the-counter medication use, and substance use
 - Education on in-home placement and storage of medication

- The expected course of medication and discontinuation
- Implications of pregnancy, when applicable
- Laboratory monitoring as needed
- Coordination with PCP
- Assessment of physiological and motor activity of individuals receiving antipsychotic medication
- Risk evaluation
- Emergency safety plan
- How to fill prescriptions/ obtain prescribed medication
- Management of biohazards associated with administration of medication
- Plans are documented in the patient chart
- Use of over the counter medication
- Use of medications by children/ youth within the home
- Special dietary needs and restrictions associated with medication use
- Any necessary laboratory tests and/or monitoring procedures necessary
- Review of medication use activities as part of the performance measurement and management
- Consultation regarding medication is available 27 hours a day 7 days a week by calling the office number.

Adjunctive psychosocial treatments will be provided as indicated. These include, but are not limited to:

- Individual and family psychoeducation
- Cognitive-behavioral therapy (CBT)
- Interpersonal psychotherapy (IPT)
- Interpersonal and social rhythm therapy (IPSRT)
- Family-focused therapy
- Group psychoeducation/ Therapy
- Social skills training (especially in schizophrenia)
- Dialectical Behavioral Therapy (DBT)

Laboratory studies, tests, and monitoring:

One Heartt, Inc. OMHC does not conduct laboratory tests, studies or monitoring. Patients will be provided appropriate referrals for these services, as needed. Laboratory screenings necessary to evaluate and monitor common comorbidities, evaluation of coexisting medical conditions, etc. will be conducted by the patient's PCP or other laboratory (e.g., LabCorp). Results of these tests will be sent to One Heartt, Inc. OMHC for prescribing purposes. Information on comorbidities are also screened using patient medical records obtained from patients PCP.

Record Review:

Medication records will be occasionally peer-reviewed for organizational quality assurance purposes. The findings of this review will be distributed to the appropriate personnel.

- Medication records are peer-reviewed at least annually by a licensed prescriber or pharmacist to assess the appropriateness of the prescribed medication. This is determined by:
 - The needs and preferences of the patient

- Dosage
 - Diagnosis for which the medication was prescribed
 - The documented periodic reassessment of primary diagnosis
 - Efficacy of the medication
- This review will determine if the following needs were properly addressed:
 - Contraindications
 - Side effects
 - Adverse reactions
 - Polypharmacy
 - Co-pharmacy
- The information gathered from this review will be reported to the appropriate personnel (e.g., Medical Director, prescriber, or/ and CEO) to improve the quality of medication management services and incorporated into the performance management system.

Crisis Intervention Policy and Procedure

To establish guidelines for and procedures for Crisis Intervention Services for One Heartt, Inc. OMHC

Crisis intervention is that process of responding to emergent situations and may include: assessment, immediate stabilization, and the determination of level of care in the least restrictive environment in a manner that is timely, responsive, and therapeutic. Crisis intervention services are available 24 hours a day, 7 days a week.

It is the policy of One Heartt, Inc. OMHC to provide effective, safe, accessible, responsive and timely service to de-escalate an individual or situation, provide hospital pre-screening and mental status evaluation, determine appropriate treatment services and coordinate the follow through of those services and referral linkages. Outcomes may include: de-escalating and or stabilizing the individual and or environment, linking the individual to the appropriate level of care and services including peer support, assuring safety, developing a crisis plan, providing information as appropriate to family/significant others, and resolving the emergent situation. Staff who provides this service will have prior training which includes but is not limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for involuntary/voluntary hospitalization. Providers shall also have first aide and cardio-pulmonary resuscitation (CPR) unless other similarly trained individuals are always present.

One Heartt, Inc. OMHC Crisis Intervention Services will always be coordinated with other local service providers and community resources when available. This includes pre hospital screening and the use of Baltimore City Police's office to assist in the process as needed.

A face to face assessment or telephone intervention will be conducted by trained staff within 1 hour of person experiencing crisis being available in a safe environment, and will include understanding the present crisis, risk assessment of lethality, propensity of violence, medical/physical conditions including alcohol/drug screen/assessment, and support systems; mental status; consumer strengths, and identification of treatment needs and level of care determination as well as a crisis plan that includes referral and linkages to appropriate services and coordination with other systems. The crisis plan should also address safety issues; follow up instructions, alternative actions/steps to implement should the crisis recur, voluntary/involuntary procedures and the wishes and preferences of the individual and parent/guardian, as appropriate.

Screenings for medical conditions are done at Mercy Hospital Emergency Room and if emergency medical services appear warranted staff should call emergency medical personnel available for that area. A staff list will be maintained as to who may perform crisis intervention service ensuring and this staff will have current CPR and First Aid certification. No staff can perform any procedure outside of those that they may be certified for, namely CPR and First Aide activities. One Heartt, Inc. will not employ the use of any standing orders in association with crisis intervention.

A separate list of Health Officers, so designated by the local mental Health Board will also be

maintained as to identify those individuals who are authorized to perform involuntary hospitalizations.

Documentation will include the elements of the overall assessment of the crisis and intervention.

Because reception is one of the first contacts clients may have with One Heartt, Inc. during a crisis, for example in the waiting room or over the phone, it is important to assess the situation correctly and have all staff familiar with the variety of situations that can occur.

If the person in crisis is in person:

1. First, assess the crisis for emergency services. Is the person or someone else hurt? Did the person overdose, or are they severely intoxicated? Are they putting the staff or other clients in danger? Do they have a weapon? If they or someone else is in immediate danger or needs emergency services, call 911. If you are unable to call emergency services in the presents of the person, call or tell another employee to call, "Dr. Green". This fictional doctor is code for "call 911".
2. Next, contact their counselor or case manager. If the client has to wait a few minutes and you are comfortable with the person in crisis you can offer them to take a seat or offer them a cup of coffee. Try to make them feel safe and comfortable while they are waiting.
3. Don't hesitate to call the police at (410) 396-2411 or 911 if necessary. Also don't hesitate to ask another staff member for help.

If the person in crisis calls over the phone:

1. First, try to get basic information from the person such as their name, who their counselor or case manager is and if possible their phone number.
2. Then, ask if they would like to talk to their counselor or case manager. If they say yes, transfer them to the correct person.
3. If the person doesn't have a counselor or case manager or refuses to talk to them assess the situation for emergency services. Does the person need medical attention? If they do tell them you are going to call emergency services for them.
4. Do this by calling 911 or the police at (410) 396-2411. You can also give them the Baltimore Crisis Response number to call at (410) 443-5255.

If the crisis happens in the evening:

1. First, assess the crisis for emergency services, and call police at (410) 396-2411 or 911 if necessary.
2. Next, contact their counselor or case manager, if possible.

If their counselor or case manager is gone for the day or not available give them the Baltimore Crisis Response number to call at (410) 443-5255.

Make sure if the client's counselor or case manager was not involved to inform them of the situation that happened.

*Do NOT give staff member's phone number out to those who are in or may be in crisis.

Date of first assessment contact: _____

ASSESSING PRACTITIONER (NAME AND DISCIPLINE): _____

Client/Others Interviewed: _____

I. DEMOGRAPHIC DATA & SPECIAL SERVICE NEEDS:

DOB: _____ **GENDER:** _____ **ETHNICITY:** _____ **Marital Status:** _____

Referral Source: _____

Non-English Speaking, specify language used for this interview: _____

Were interpretive services provided for this interview? Yes No

Cultural Considerations, specify: _____

Physically challenged (wheelchair, hearing, visual, etc.) specify: _____

Access issues (transportation, hours), specify: _____

II. REASON FOR REFERRAL / CHIEF COMPLAINT

PRECIPITATING EVENT(S)/REASON FOR REFERRAL

CURRENT SYMPTOMS AND BEHAVIORS (INTENSITY, DURATION, ONSET, FREQUENCY) and IMPAIRMENTS IN LIFE FUNCTIONING caused by the symptoms/behaviors (from perspective of client and others):

SUICIDAL THOUGHTS/ATTEMPTS: *“Columbia Suicide Severity Rating Scale Screener (LACDMH Version)”*

Wish to be Dead: *Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.*

Within the past 30 days, have you wished you were dead or wished you could go to sleep and not wake up? Yes
No

Suicidal Thoughts: *General non-specific thoughts of wanting to end one’s life/commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.*

Within the past 30 days, have you actually had any thoughts of killing yourself? Yes No

If YES to #2, ask questions 3, 4, 5, and

6 If NO to 2, go directly to question 6

Suicidal Thoughts with Method (without Specific Plan or Intent to Act): *Person endorses thoughts of suicide and has thoughts of at least one method during the assessment period.*

Have you been thinking about how you might kill yourself? Yes No

Suicidal Intent (without Specific Plan): *Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts.*

Have you had these thoughts and had some intention of acting on them? Yes No

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

Provider #:

Suicide Intent with Specific Plan: *Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.*

Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?

Yes No

Suicidal Behavior:

Have you done anything, started to do anything, or prepared to do anything to end your life?

Yes No

If yes, How long ago did you do any of these? _____

Additional comments regarding suicidal thoughts/attempts:

Self-Harm (without statement of suicidal intent) Yes No Unable to Assess

If yes, describe:

III. MENTAL HEALTH HISTORY / RISKS

PSYCHIATRIC HOSPITALIZATIONS: Yes No Unable to Assess

If yes, describe **DATES, LOCATIONS, AND REASONS**

OUTPATIENT TREATMENT: Yes No Unable to Assess

If yes, describe **DATES, LOCATIONS, AND REASONS.**

Past Homicidal Thoughts/Attempts (including dates, threat, intent, plan, target(s), access to lethal means, methods used)

TRAUMA or Exposure to Trauma: Yes No Unable to Assess

Examples include: (1) physically hurt or threatened by another, (2) raped or had sex against their will, (3) lived through a disaster, (4) combat veteran or experienced an act of terrorism, (5) severe accident, or been close to death from any cause, (6) witnessed death or violence or the threat of violence to someone else, or (7) victim of a crime

IV. MEDICATIONS

Has the client ever taken psychotropic medications? Yes No Unable to Assess

List "all" past and present psychotropic medications used, prescribed/non-prescribed, by name, dosage, frequency. Indicate from client's perspective what seems to be working and not working.

<u>MEDICATION</u>	<u>DOSAGE/FREQUENCY</u>	<u>PERIOD TAKEN</u>	<u>EFFECTIVENESS/RESPONSE/SIDE EFFECTS/REACTIONS</u>

General Medication Comments (include significant non-psychotic medication issues/history):

SUBSTANCE USE / ABUSE Screening and Assessment

Does the client currently appear to be under the influence of alcohol or drugs? Yes No Unable to Assess

When was the last time the client used alcohol or drugs? _____

Alcohol Screening Questions

1 Drink = 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor

In the past year, how often did you have a drink containing alcohol?	<input type="checkbox"/> Never (0)	<input type="checkbox"/> Monthly or less (1)	<input type="checkbox"/> 2-4 times a month (2)	<input type="checkbox"/> 3 times a week (3)	<input type="checkbox"/> 4+ times a week (4)
If "Never", proceed to Drug Screening Questions.					
1a. In the past year, how many drinks containing alcohol did you have on a typical day when you are drinking?	<input type="checkbox"/> 1 or 2 (0)	<input type="checkbox"/> 3 or 4 (1)	<input type="checkbox"/> 5 or 6 (2)	<input type="checkbox"/> 7 to 9 (3)	<input type="checkbox"/> 10+ (4)
1b. In the past year, how often did you have six or more drinks on one occasion?	<input type="checkbox"/> Never (0)	<input type="checkbox"/> Less than monthly (1)	<input type="checkbox"/> Monthly (2)	<input type="checkbox"/> Weekly (3)	<input type="checkbox"/> Daily or almost daily (4)

Alcohol Screening Score: _____
Low risk/abstain = score of 0-3
Moderate/high risk = score of 3-7 (women) and score of 4-7 (men)
Severe risk (provide a brief intervention) = score of 8 or more

Was a brief intervention provided? Yes No

Drug Screening Questions ("Yes" to any of the questions below indicates a positive screening)

Recently Used? (within past 6 months)	Yes	No	Yes	No
Have you used nicotine products? (<i>Cigarettes, cigars, electronic cigarettes, smokeless tobacco</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use products containing caffeine, such as tea, coffee or high-caffeine energy drinks? (<i>Such as AMP, Monster, Red Bull or 5 Hour Energy</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used opioids? (<i>Heroin, opium, non-prescribed pain medications</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used prescription medications, over the counter medications, and/or non-prescription supplements in a manner other than prescribed? (<i>For example, to get high</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used stimulants, such as cocaine or methamphetamine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used marijuana? (smoked, edibles, wax, or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used hallucinogens? (MDMA or Ecstasy, LSD, PCP, mushrooms, or psilocin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used drugs intravenously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you used other substances of abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you interested in changing your substance use patterns? Yes No N/A

Assessment/Additional Information (answer only if screening is positive)

PAST AND PRESENT USE OF TOBACCO, ALCOHOL, CAFFEINE, CAM (COMPLEMENTARY AND ALTERNATIVE MEDICATIONS) AND OVER-THE-COUNTER, AND ILLICIT DRUGS, if not determined by screener. Be sure to include route of administration, frequency (amount), withdrawals, etc.

MEDICAL HISTORY

MD NAME: _____ **MD PHONE:** _____ **Date of Last Physical Exam:** _____

Major medical problem (treated or untreated) (Indicate problems with check: Y or N for client, Fam for family history)

Fam	Y	N		Fam	Y	N		Fam	Y	N		Fam	Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizure/neuro disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular disease/symp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
	<input type="checkbox"/>	<input type="checkbox"/>	Head trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease/symp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal disease/symp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
	<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma/lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual dysfunction
	<input type="checkbox"/>	<input type="checkbox"/>	Weight/appetite chg				Blood disorder				Diabetes				Sexually trans disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALLERGIES (If Yes, specify):	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	Sensory/Motor Impairment (If Yes, specify):												
	<input type="checkbox"/>	<input type="checkbox"/>	Pap smear If yes, date:	<input type="checkbox"/>			Mammogram If yes, date:				HIV Test If yes, date:				Pregnant If yes, due date:

Comments on above medical problems, other medical problems, and any hospitalizations, including dates and reasons.

PSYCHOSOCIAL HISTORY

Please state specifically how mental health status directly impacts each area below. Be sure to include the client's strengths in each area.

EDUCATION/SCHOOL HISTORY

Special Education: Yes No Unable to Assess Learning Disability: Yes No Unable to Assess

Describe motivation, education goals, literacy skill level, general knowledge skill level, math skill level, school problems, etc:

EMPLOYMENT HISTORY, Readiness for Employment and MEANS OF FINANCIAL SUPPORT

Current Paid Employment: Yes No Unable to Assess Military Service: Yes No Unable to Assess

Describe work related problems, volunteer work, money management, source of income, longest period of employment, etc:

LEGAL HISTORY AND CURRENT LEGAL STATUS

Describe any arrests/DUI, probation, convictions, divorce, conservatorship, parole, child custody, etc.:

CURRENT LIVING ARRANGEMENT and Social Support Systems

Describe type of living setting, problems at setting, community, religious, government agency, or other types of support, etc.:

Is the client homeless? Yes No Unable to Assess

If yes, when did the client become homeless (estimated date)? _____

DEPENDENT CARE ISSUES

Number of Dependent Adults: _____ Number of Dependent Children: _____

Describe ages of children, school attendance/behavior problems of children, special needs of dependents, foster care/group home placement issues, child support, etc.:

FAMILY HISTORY / RELATIONSHIPS

History of Mental Illness in Immediate Family: Yes No Unable to Assess

Alcohol/Drug Abuse in Immediate Family: Yes No Unable to Assess

History of Incarceration in Immediate Family: Yes No Unable to Assess

Describe family constellation, family of origin, family dynamics, cultural factors, nature of relationships, domestic violence, physical or sexual abuse, home safety issues, family medical history, family legal/criminal issues

VIII. MENTAL STATUS EXAM Instructions: Check all descriptions that apply

General Description

Grooming & Hygiene: Well Groomed
 Average Dirty Odorous Disheveled
 Bizarre
Comments:

Eye Contact: Normal for culture
 Little Avoids Erratic
Comments:

Motor Activity: Calm Restless
 Agitated Tremors/Tics Posturing
Rigid Retarded Akathesis E.P.S.
Comments:

Speech: Unimpaired Soft
 Slowed Mute Pressured Loud
 Excessive Slurred Incoherent
 Poverty of Content
Comments:

Interactional Style: Culturally congruent
 Cooperative Sensitive
 Guarded/Suspicious Overly Dramatic
 Negative Silly
Comments:

Orientation: Oriented
 Disoriented to:
 Time Place Person Situation
Comments:

Intellectual Functioning: Unimpaired
 Impaired
Comments:

Memory: Unimpaired
 Impaired re: Immediate Remote
Recent Amnesia
Comments:

Fund of Knowledge: Average
 Below Average Above Average
Comments:

Mood and Affect

Mood: Euthymic Dysphoric Tearful
 Irritable Lack of Pleasure
 Hopeless/Worthless Anxious
 Known Stressor Unknown Stressor
Comments:

Affect: Appropriate Labile Expansive
 Constricted Blunted Flat Sad
 Worried
Comments:

Perceptual Disturbance

None Apparent

Hallucinations: Visual Olfactory
 Tactile Auditory: Command
 Persecutory Other
Comments:

Self-Perceptions: Depersonalizations
 Ideas of Reference
Comments:

Thought Process Disturbances

None Apparent

Associations: Unimpaired Loose
 Tangential Circumstantial Confabulous
 Flight of Ideas Word Salad
Comments:

Concentration: Intact Impaired by:
 Rumination Thought Blocking
 Clouding of Consciousness Fragmented
Comments:

Abstractions: Intact Concrete
Comments:

Judgments: Intact
 Impaired re: Minimum Moderate
Severe
Comments:

Insight: Adequate
 Impaired re: Minimum Moderate
Severe
Comments:

Serial 7's: Intact Poor
Comments:

Thought Content Disturbance

None Apparent

Delusions: Persecutory Paranoid
Grandiose Somatic Religious Nihilistic
 Being Controlled
Comments:

Ideations: Bizarre Phobic Suspicious
 Obsessive Blames Others Persecutory
 Assaultive Ideas Magical Thinking
 Irrational/Excessive Worry
 Sexual Preoccupation
 Excessive/Inappropriate Religiosity
 Excessive/Inappropriate Guilt
Comments:

Behavioral Disturbance

Behavioral Disturbances: None
Aggressive
 Uncooperative Demanding Demeaning
 Belligerent Violent Destructive
 Self-Destructive Poor Impulse Control
 Excessive/Inappropriate Display of Anger
 Manipulative Antisocial
Comments:

Suicidality/Homicidality

Suicidal: Denies Ideation Only
 Threatening Plan
Comments:

Homicidal: Denies Ideation Only
 Threatening Target Plan
Comments:

Other

Passive: Amotivational Apathetic
 Isolated Withdrawn Evasive

Dependent Comments:

Other: Disorganized Bizarre
 Obsessive/compulsive Ritualistic
 Excessive/Inappropriate Crying
Comments:

IX. NEEDS AND REFERRAL

IMMEDIATE/SHORT TERM NEEDS:

CRISIS RESOLUTION STATEMENT *Summarize methods and procedures taken to resolve crisis*

REFERRALS:

REFERRAL FOLLOW UP: *State date, time, whom you spoke with, and any information gathered in follow-up*

SIGNATURE

Assessor's Signature & Discipline

Date

Co-Signature & Discipline

Date

Crisis Plan

Name:

Address:

Phone #:

Birthdate:

Gender: Female Male Transgendered

Emergency Contact:

Health Needs:

Directions to Home:

Service Providers:

Pets:

Children:

Cultural Heritage/Spirituality:

Describe what crisis looks and feels like to you?

What is different in times of crisis than in other times of your life?
(Like "bad days" for instance)

Crisis:	Other times in my life:

--	--

When you've been in a crisis situation what kinds of support did you seek? What (people, places, services) things were the most helpful? Why?	
Support	What was helpful?

Crisis Plan

Name:

Address:

Phone #:

Birthdate:

Gender: Female Male Transgendered

Emergency Contact:

Health Needs:

Directions to Home:

Service Providers:

Pets:

Children:

Cultural Heritage/Spirituality:

Describe what crisis looks and feels like to you?

What is different in times of crisis than in other times of your life?

(Like "bad days" for instance)

Crisis:	Other times in my life:

When you've been in a crisis situation what kinds of support did you seek?

What (people, places, services) things were the most helpful? Why?

Support	What was helpful?

Academic Continuity for Child and Adolescent Clients

One Heartt, Inc. OMHC provides therapeutic interventions for children and adolescents. These services include medication management, psychological therapy, case management, community living skills, social skills and supports, vocational skills, and educational services. One Heartt, Inc. does not provide residential services. No services are denied to CA patients based on their juvenile justice status.

With regard to educational services, all services provided will meet applicable federal, provincial, and state requirements; including provisions for evaluation and group and individual instruction.

One Heartt, Inc. strives to provide quality educational and mental health services; and provide continuity in both services. However, there may be times when the mental health services may interrupt child and adolescent (CA) clients' educational environment and/or academic activities. In such instances, One Heartt, Inc. will make efforts to provide arrangements to ensure the continuity of educational services. These services will be provided by direct service providers; including therapists, social workers, psychiatrist, educational specialist, educators, case worker, etc. Such arrangements include, but are not limited to:

- The utilization of a facility-based school
- Offering private school educational services
- Using on-site educators from local school systems
- Coordination of home-school services
- Coordination and monitoring of educational assignment completion
- Coordination with local school systems to facilitate CA reintegration

Educational Environment

All educational physical spaces/rooms/environments/locations will be appropriate to the ages, cognitive levels, interests, developmental stages, and cultural needs. This includes all furniture, equipment, structures, materials, and the physical plant.

Comments: _____

5. Job Duty –

Performance Standard:

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

6. Competency-

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

7. Competency-

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

8. Competency-

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

PART III - ADHERENCE TO POLICY

1. Attendance – **Attends work regularly and is punctual. Personal time off and other leave is approved rather than unplanned.**

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

2. Fosters a Positive Work Environment – **Treats co-workers, clients, suppliers, vendors, members of the public, and management with courtesy and respect; willingly completes assigned work and readily assists others in the performance of their duties.**

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

3. Respects Diversity – **Treats clients and co-workers with dignity and does not discriminate against or harass clients or co-workers because of disability, race, color, gender, age, religion, ethnicity, citizenship status, sexual orientation, or sexual identity. Promptly reports use of inappropriate jokes, comments and racial, ethnic, gender or other slurs to management.**

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

4. Maintains Confidentiality – **Follows HIPPA requirements as applicable to job duties; Maintains client confidentiality, only sharing information with those with a medical need to know. Maintains confidentiality of employee and donor information, as applicable to job duties.**

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

PART IV - SUPERVISORY FACTORS

Leadership –Demonstrates effective supervisory abilities; gains respect and cooperation; inspires and motivates subordinates; directs work group toward common goal; achieves departmental goals in furtherance of the mission and agency objectives.

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

Delegation –Effectively directs others in accomplishing work; effectively selects and motivates staff; defines assignments; oversees the work of subordinates

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

Planning and Organizing –Plans and organizes work; coordinates work with others to ensure timely completion of assignments; establishes appropriate priorities; anticipates future needs and acts to meet those needs; carries out assignments effectively.

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

Administration – Performs day-to-day administrative tasks; manages time effectively; administers policies uniformly and equitably; implements procedures; maintains appropriate contact with supervisor and effectively and appropriately utilize funds, staff and equipment

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

Human Resources Management – Models appropriate behavior in support of the mission for employees; provides guidance and opportunities to staff for their development and advancement; promptly and effectively resolves work-related employee issues, concerns and deficiencies; assists subordinates in

accomplishing their work-related objectives; communicates well with subordinates in a clear, concise, accurate, and timely manner; and makes useful suggestions.

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

PART V - OVERALL PERFORMANCE

Please use this space to describe the overall performance rating. The overall rating should be a reflection of the performance factors, adherence to policy and, if applicable, supervisory factors.

1 Needs Improvement 2 Meets Expectations 3 Exceeds Expectations

Comments: _____

PART VI – GOALS AND OBJECTIVES FOR NEXT EVALAUTION PERIOD

The Supervisor and Employee agree to the following objectives and goals to be reached by the next evaluation period:

1. _____
2. _____
3. _____
4. _____
5. _____

Additional training or skills required to meet stated goals and objectives:

1. _____
2. _____
3. _____
4. _____

SIGNATURES

Supervisor: _____ Date: _____

Supervisor's Name (print): _____

Human Resources: _____ Date: _____

Comments: _____

PART VII- TO THE EMPLOYEE:

I have been advised of my performance ratings. I have discussed the contents of this review with my supervisor. My signature does not necessarily imply agreement with the ratings. My comments are attached (optional).

Signature:

Date:

The Short Assessment of Patient Satisfaction (SAPS)

Background

The Short Assessment of Patient Satisfaction (SAPS) is a short, reliable and valid seven item scale that can be used to assess patient satisfaction with their treatment. In 2006 (Hawthorne 2006, Hawthorne et al., 2006) a study was undertaken to examine a number of the leading patient satisfaction measures with urinary incontinence patients. The items from all these patient satisfaction scales were pooled and the SAPS was developed by selecting the items with best measurement properties and the most comprehensive coverage of the domains of patient satisfaction. The SAPS consists seven items assessing the core domains of patient satisfaction which include treatment satisfaction, explanation of treatment results, clinician care, participation in medical decisionmaking, respect by the clinician, time with the clinician, and satisfaction with hospital/clinic care. Responses scales are 5-point scales (see below).

The SAPS has been validated in clinical settings (Hawthorne et al., 2006; Sansoni et al., 2011) with support from the Australian Government Department of Health and Ageing. These studies have shown that the SAPS is a valid and reliable measure of patient satisfaction. Reliability is Cronbach's alpha $\alpha = 0.85$; it correlates highly with other measures of patient satisfaction, and correlates well with other indicators of treatment outcomes.

The SAPS is a generic measure of patient satisfaction. Although it was developed and validated in continence settings it can be used in any service settings with any treatment group. This means patient satisfaction scores in different treatment settings can be compared. With only 7 items the SAPS is short and simple to use and score. Most patients will only take a minute to complete it.

Why Use a Standardised Measure of Patient Satisfaction?

This means you are using the same yardstick to assess all patients. The use of such measures can provide effective feedback to clinicians concerning the patient's view of the effectiveness of their treatments, and can assist in identifying ways to improve practice and to address patient concerns. It is also useful information to demonstrate the effectiveness of your service. Continence clinics treating incontinence patients should find it easy to use as an outcome evaluation measure in routine practice.

Instructions: After reading each question, circle the answer that best describes you. The order of the answers varies between the questions, so take a moment to read each question carefully.

We know that sometimes answers may not describe you exactly, so please pick the answer that *most closely describes you*.

When you have finished, please check that you have answered all questions.

- | | |
|---|---|
| 1. How satisfied are you with the effect of your {treatment/care}? very careful to check everything when | 3. The {doctor/other health professional} was examining you. |
| <i>Satisfied.</i> | <i>Very satisfied 0</i> |
| <i>Neither satisfied nor dissatisfied.</i> | <i>Strongly agree</i> |
| <i>Dissatisfied.</i> | <i>Agree</i> |
| <i>Very dissatisfied.</i> | <i>Not sure</i> |
| | <i>Disagree</i> |
| | <i>Strongly disagree</i> |
| 2. How satisfied are you with the explanations {doctor/other health professional} has had in decisions affecting your health care? given you about the results of your {treatment/care}? | 4. How satisfied were you with the choices you the |
| <i>Very dissatisfied.</i> | <i>Very dissatisfied 0</i> |
| <i>Dissatisfied.</i> | <i>Dissatisfied.</i> |
| <i>Neither satisfied nor dissatisfied.</i> | <i>Neither satisfied nor dissatisfied.</i> |
| <i>Satisfied</i> | <i>Satisfied.</i> |
| <i>Very satisfied.</i> | <i>Very satisfied.</i> |

5. How much of the time did you feel respected {doctor/other health professional}? **7. Are you satisfied with the care you received in by the {hospital/clinic}?**

<i>All of the time</i>	0	<i>Very satisfied</i>	0	<i>Most of the time</i>	1	<i>Satisfied</i>	1
<i>About half the time</i>			2			<i>Neither satisfied nor dissatisfied</i>	2
<i>Some of the time</i>			3			<i>Dissatisfied</i>	3
<i>None of the time</i>			4			<i>Very dissatisfied</i>	4

6. The time you had with the {doctor/other health professional} was too short.

<i>Strongly agree</i>	0
<i>Agree</i>	1
<i>Not sure</i>	2
<i>Disagree</i>	3
<i>Strongly disagree</i>	4

Scoring

1. Reverse the scores for items #1, #3, #5, #7
2. Sum all scores. The score range is from 0 (extremely dissatisfied) to 28 (extremely satisfied)

Interpreting Scores

The literature on patient satisfaction shows that between 70-90% of patients are satisfied with their health care. This should be kept in mind when interpreting SAPS scores. In general, SAPS scores can be interpreted as follows:

- 0 to 10 = Very dissatisfied. To obtain a score in this range, a person must have indicated that they are dissatisfied or very dissatisfied on four or more items. Any patient obtaining scores in this range is indicating that their health care has failed them badly and that they are in need of urgent help.
- 11 to 18 = Dissatisfied. To obtain a score in this range, a person must have indicated that they are dissatisfied or very dissatisfied on at least two items (i.e. two aspects of their health care), or that they have refused to endorse being very satisfied on any item. Patients obtaining scores in this range are indicating health care failure in several areas of their health care and are in need of help in these areas.
- 19 to 26 = Satisfied. To obtain a score in this range, a person must have indicated that they are very satisfied or satisfied on over half SAPS items (4/7). These patients should be asked about those areas of health care they found unsatisfactory and efforts made to improve such areas.
- 27 to 28 = Very satisfied. To obtain a score in this range, a person must have indicated they are very satisfied or satisfied on all seven SAPS items. These patients are indicating that all aspects of their health care have met or exceeded their expectations.

In a recent study (Sansoni et al., 2011) the average score for all patients receiving incontinence treatment (N = 139) was 21.96 (SD 4.85); for females it was 21.75 and for males it was 23.09. **Further Information**

Further Information can be found at www.bladderbowel.gov.au or from the Mental Health Evaluation Unit (MHEU), Department of Psychiatry, University of Melbourne at www.psychiatry.unimelb.edu.au/centresunits/cpro/index.html. These websites have down loadable copies of the Patient Administration Form, the Registration Form and the Validation Report. The SAPS is available free of charge but permission for use should be sought from the MHEU at the web address above. Additional information can also be obtained from Associate Professor Graeme Hawthorne at graemeeh@unimelb.edu.au. **Relevant Reports**

Sansoni J, Hawthorne G, Marosszeky N, Moore K, Fleming G and Owen E. (2011), *Technical Manual and Instructions for the Revised Incontinence and Patient Satisfaction Tools*. Centre for Health Service Development, University of Wollongong

Sansoni J, Hawthorne G, Marosszeky N, Moore K, Fleming G, and Owen E (2011), *Validation and Clinical Translation of the Revised Continence and Patient Satisfaction Tools: Final Report*. Centre for Health Service Development, University of Wollongong.

Hawthorne G, Sansoni J, Hayes L M, Marosszeky N and Sansoni E (2006), *Measuring Patient Satisfaction with Incontinence Treatment*

(Final Report). Centre for Health Service Development, University of Wollongong and the Department of Psychiatry, University of Melbourne.

Study funded by the Australian Government Department of Health and Ageing as part of the National Continence Management Strategy

Page 2

Instrument Title: **The Satisfaction with Life Scale (SWL)**

Instrument Author: Pavot, W., & Diener, E.

Cite instrument as: Pavot, W., & Diener, E.. (2013) . The Satisfaction with Life Scale (SWL) . Measurement Instrument Database for the Social Science. Retrieved from www.midss.ie

Understanding Scores on the Satisfaction with Life Scale

Ed Diener

(Note: If we divide by the number of questions, rather than use the summed aggregate score, then the cutoffs below instead should be:

6-7

5-6

4-5

3-4

2-3

1-2

30 – 35 Very high score; highly satisfied

Respondents who score in this range love their lives and feel that things are going very well. Their lives are not perfect, but they feel that things are about as good as lives get. Furthermore, just because the person is satisfied does not mean she or he is complacent. In fact, growth and challenge might be part of the reason the respondent is satisfied. For most people in this high-scoring range, life is enjoyable, and the major domains of life are going well – work or school, family, friends, leisure, and personal development.

25- 29 High score

Individuals who score in this range like their lives and feel that things are going well. Of course their lives are not perfect, but they feel that things are mostly good. Furthermore, just because the person is satisfied does not mean she or he is complacent. In fact, growth and challenge might be part of the reason the respondent is satisfied. For most people in this high-scoring range, life is enjoyable, and the major domains of life are going well – work or school, family, friends, leisure, and personal development. The person may draw motivation from the areas of dissatisfaction.

20 – 24 Average score

The average of life satisfaction in economically developed nations is in this range – the majority of people are generally satisfied, but have some areas where they very much would like some improvement. Some individuals score in this range because they are mostly satisfied with most areas of their lives but see the need for some improvement in each area. Other respondents score in this range because they are satisfied with most domains of their lives, but have one or two areas where they would like to see large improvements. A person scoring in this range is normal in that they have areas of their lives that need improvement. However, an individual in this range would usually like to move to a higher level by making some life changes.

15 – 19 Slightly below average in life satisfaction

People who score in this range usually have small but significant problems in several areas of their lives, or have many areas that are doing fine but one area that represents a substantial problem for them. If a person has moved temporarily into this level of life satisfaction from a higher level because of some recent event, things will usually improve over time and satisfaction will generally move back up. On the other hand, if a person is chronically slightly dissatisfied with many areas of life, some changes might be in order. Sometimes the person is simply expecting too much, and sometimes life changes are needed. Thus, although temporary dissatisfaction is common and normal, a chronic level of dissatisfaction across a number of areas of life calls for reflection. Some people can gain motivation from a small level of dissatisfaction, but often dissatisfaction across a number of life domains is a distraction, and unpleasant as well.

10 – 14 Dissatisfied

People who score in this range are substantially dissatisfied with their lives. People in this range may have a number of domains that are not going well, or one or two domains that are going very badly. If life dissatisfaction is a response to a recent event such as bereavement, divorce, or a significant problem at work, the person will probably return over time to his or her former level of higher satisfaction. However, if low levels of life satisfaction have been chronic for the person, some changes are in order – both in attitudes and patterns of thinking, and probably in life activities as well. Low levels of life satisfaction in this range, if they persist, can indicate that things are going badly and life alterations are needed. Furthermore, a person with low life satisfaction in this range is sometimes not functioning well because their unhappiness

serves as a distraction. Talking to a friend, member of the clergy, counselor, or other specialist can often help the person get moving in the right direction, although positive change will be up the person.

5 – 9 Extremely Dissatisfied

Individuals who score in this range are usually extremely unhappy with their current life. In some cases this is in reaction to some recent bad event such as widowhood or unemployment. In other cases, it is a response to a chronic problem such as alcoholism or addiction. In yet other cases the extreme dissatisfaction is a reaction due to something bad in life such as recently having lost a loved one. However, dissatisfaction at this level is often due to dissatisfaction in multiple areas of life. Whatever the reason for the low level of life satisfaction, it may be that the help of others are needed – a friend or family member, counseling with a member of the clergy, or help from a psychologist or other counselor. If the dissatisfaction is chronic, the person needs to change, and often others can help.

Part that is common to each category

To understand life satisfaction scores, it is helpful to understand some of the components that go into most people's experience of satisfaction. One of the most important influences on happiness is social relationships. People who score high on life satisfaction tend to have close and supportive family and friends, whereas those who do not have close friends and family are more likely to be dissatisfied. Of course the loss of a close friend or family member can cause dissatisfaction with life, and it may take quite a time for the person to bounce back from the loss.

Another factor that influences the life satisfaction of most people is work or school, or performance in an important role such as homemaker or grandparent. When the person enjoys his or her work, whether it is paid or unpaid work, and feels that it is meaningful and important, this contributes to life satisfaction. When work is going poorly because of bad circumstances or a poor fit with the person's strengths, this can lower life satisfaction. When a person has important goals, and is failing to make adequate progress toward them, this too can lead to life dissatisfaction.

A third factor that influences the life satisfaction of most people is personal – satisfaction with the self, religious or spiritual life, learning and growth, and leisure. For many people these are sources of satisfaction. However, when these sources of personal worth are frustrated, they can be powerful sources of dissatisfaction. Of course there are additional sources of satisfaction and dissatisfaction – some that are common to most people such as health, and others that are

unique to each individual. Most people know the factors that lead to their satisfaction or dissatisfaction, although a person's temperament – a general tendency to be happy or unhappy – can color their responses.

There is no one key to life satisfaction, but rather a recipe that includes a number of ingredients. With time and persistent work, people's life satisfaction usually goes up when they are dissatisfied. People who have had a loss recover over time. People who have a dissatisfying relationship or work often make changes over time that will increase their dissatisfaction. One key ingredient to happiness, as mentioned above, is social relationships, and another key ingredient is to have important goals that derive from one's values, and to make progress toward those goals. For many people it is important to feel a connection to something larger than oneself. When a person tends to be chronically dissatisfied, they should look within themselves and ask whether they need to develop more positive attitudes to life and the world.

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ In most ways my life is close to my ideal.

____ The conditions of my life are excellent.

____ I am satisfied with my life.

____ So far I have gotten the important things I want in life.

____ If I could live my life over, I would change almost nothing.

31 - 35 Extremely satisfied

26 - 30 Satisfied

21 - 25 Slightly satisfied

20 Neutral

15 - 19 Slightly dissatisfied

10 - 14 Dissatisfied

5 - 9 Extremely dissatisfied

Community Integration

- I. Natural supports are the relationships we all have every day in our lives – unpaid, informal, ordinary relationships. These might be with a neighbor, a friend, someone in a local café, a family member, a housemate, a teacher or mentor etc. Some examples of natural support contributions include giving someone a ride somewhere, an introduction, companionship, listening, friendship, problem solving or even neighborly support like collecting your mail while you are away. These can be immediate family or relationships that emerge through our lives such as intimate relationships or children.

We can also have significant relationships with people we consider friends – people who you can count on and who can count on you. We also have relationships with people who share an interest or hobby, a neighborhood, or a work place. These are people who we are generally involved with due to our participation in some activity, club, workplace, study place, or even neighborhood. The last noteworthy group in our lives involves economic exchange. These are the people with whom we have a relationship with because they provide a service to us and are paid to do so. They may include, doctors, taxi drivers, retail assistants, librarians etc.

One Heart, Inc. encourages natural supports by hosting community events that include stakeholders and the community, basic living skills training, assisting in the development of familial and social bonds, vocational assistance, and encouraged social participation (e.g., clubs, groups, etc.).

Within 10 working days of the date of acceptance, the assigned PRP Caseworker will meet with the client to obtain electronic consent of the individual, inform of procedures for discharge, charges for service and establish a date for initiation of services. During the initial session, the PRP Caseworker will complete an Assessment which includes information regarding: Housing/Basic Living, Patient and Family Independent Living/Community Skills, Family Relationships, Employment/Income Management, Physical Health/Medication, Psychological/Emotional/Behavioral, Leisure/Social Supports and Community Resource Utilization. This information is obtained as a way for the PRP worker to assist the family and client in obtaining any entitlements (if needed) and provide a way to assess client's progress while enrolled in the program.

No later than 2 months from the date of initiation of services, documentation must be entered into the client's record of a physical examination and immunization records not more than one year old. Documentation should include somatic health problems, if any, including history of allergies, has not been physical examination has not been completed and waives the requirement stating the rationale, or documents a plan with a period for the obtaining of the physical examination. A yearly physical and immunization records are required to remain an active participant in the program.

Person-centered treatment planning, made in cooperation with the stakeholder may include: basic living skills training, addition to assertiveness, group therapy, community-based interventions to improve self-sufficiency, improved decision making, educational interventions to empower patients in understanding their needs and strengths, and interpersonal skills training. Within 30

calendar days of the initiation of services, the assigned PRP Caseworker will complete an Individual Rehabilitation Plan IRP in collaboration with the client, client's family, the mental health provider and significant others if consented to by the client. The IRP must include any identified health promotion and training needs. This plan is to be reviewed by the Program Director IRPs are to be signed by client, client's guardian, and the PRP Director. IRPs are completed every three months to continue to review areas of improvement and/or deficits.

Treatment providers use a variety of interventions to achieve stated treatment goals; including Dialectical Behavioral Therapy, Basic living skills training, and Cognitive Behavioral Therapy.

Targeted areas of improvement may include:

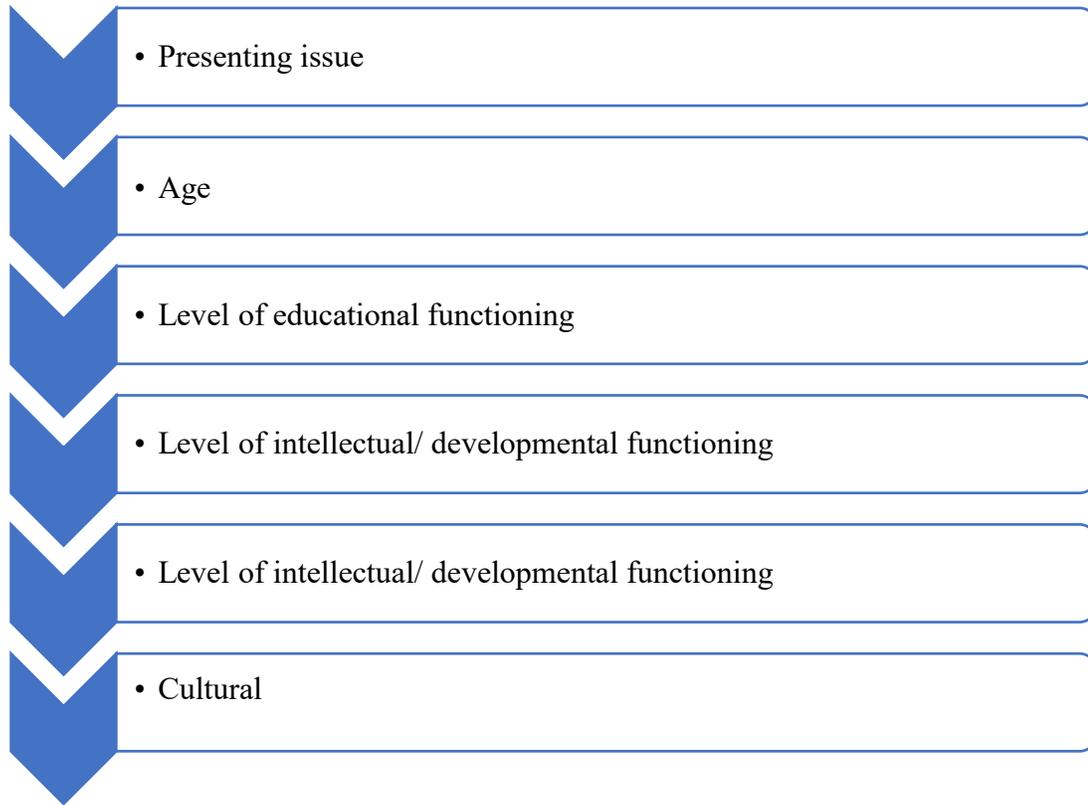
- Community Living Skills; which may include the following interventions:
 - Managing mental health symptoms to avoid crisis &/or hospitalizations
 - Maintaining a safe & clean home
 - Money management & filling out paperwork
 - Using a personal calendar
 - Utilizing public transportation & attending appointments independently
 - Connecting with community resources
 - Preparing healthy meals & establishing good personal care habits
 - Medication management
 - Paying rent on time, advocating with landlords & preparing housing inspections
 - Improving social skills such as anger management, communication practices, & interpersonal relationships.
- Recreational/ Leisure Training; which may include the following interventions:
 - Behavior modification
 - Cognitive retraining
 - Loss counseling
 - Guided imagery
 - Play/therapy skills
 - Re-motivation
 - Reality orientation
 - Sensory stimulation
 - Stress management
 - Anger management
 - Coping skills
 - Feelings/triggers
 - Relapse prevention
 - Values clarification
 - Biofeedback-based relaxation techniques
 - Family interventions
 - Group interventions
 - Leisure education

- Re-socialization
- Reminiscence
- Social skills training
- Community integration
- Wellness training
- Horticulture
- Therapeutic exercise
- Aquatic therapy
- Expressive arts
- Adapted sports
- Interpersonal Relations; which may include the following interventions:
 - Interpersonal skills training
 - Verbal communication.
 - Non-verbal communication.
 - Listening skills.
 - Negotiation skills.
 - Problem-solving.
 - Decision-making.
 - Assertiveness.
 - Leadership skills
 - Reliability
 - Active listening skills
 - Teamwork skills
- Vocational Development; which may include the following interventions:
 - Job Development
 - Job Coaching
 - Benefits
 - Entrepreneurship
 - Co-occurring Disabilities and Employment
 - Motivational Interviewing
 - Veteran's Issues
 - Reentry
 - Domestic Violence and the Workplace
 - Professional Fatigue
 - Interviewing Skills
 - Developing Employment Groups
 - Barriers to Employment
 - Social Media and Work
 - Resume Development
 - Career Counseling Techniques
 - ADA and Reasonable Accommodations
- Educational Development; which may include the following interventions:
 - Behavioral consultation services

- Educational assessment
- Training and coaching services for educators
- In-school therapy services
- Family support services
- Individualized services for children
- Development of Individualized Support Plan
- Individualized Education Plan
- Allotropic interventions
- Self-advocacy; which may include the following interventions:
 - Self-care
 - Safety practices
 - Education on mental health options
 - Assertiveness training
 - Occupational assertiveness
 - Work/ life balance
 - Overcoming barriers
 - Coping skills obtaining social resources
- Nondisability social resources; which may include the following interventions:
 - Critical thinking skills
 - Organizational skills
 - Practicing patience
 - Coordinating and collaborating with outside providers, agencies, and organizations to provide services
- II. Program participants do not work for the program/ organization while they are participating in services. Participants, as well as the general public, may apply for positions listed after their discharge.
- III. Services may be provided in the home, school, community, or agency facility. The locations and times of the services are determined in collaboration with the individual served to ensure they meet their needs.
- IV. Patients may schedule appointments or drop-in to discuss issues of mutual interest. In case of crisis, stakeholders may contact the crisis line.
- V. Treatment professionals provide referrals and resource lists to patients to assist them in meeting their basic needs. Case workers may also provide one on one support and follow-up to ensure needs are met and services are rendered. This includes individuals admitted to inpatient treatment or services in another setting. For this, patients will be requested to submit a release of information to the appropriate treatment providers.

Children and Adolescent (CA)

- I. The decision flow method is used to determine the appropriate type of assessment for each stakeholder.



- II. One Heartt, Inc. may consult with educational specialists with regard to stakeholder needs or hire a dedicated educational specialist. Educational Specialists must meet qualifications according to COMAR 13A.02-13A.04.
- III. Educational services provided are based on educational and psychosocial assessment to ensure they are appropriate to the individuals served.
- IV. External program auditors and consultants will be utilized to ensure that all applicable state, federal, and local laws, regulations, and guidelines are upheld.
- Applicable regulations include:
 - i. Federal Title 34
 - ii. COMAR Title 13A
 - iii. IDEA Act
- V. Services include:
- Evaluation- Academic evaluation will be based on federal and state requirements for each student's performance performed by Certified Education Specialists
 - Group Instruction- Group instruction will be held within a classroom environment
 - Individual Instruction- Students will be provided individual supports in the form of Individualized Education Plans and Gifted programs
 - Community Living Skills- Community living skills will include: Maintaining a safe & clean home, Money management & filling out paperwork, Using a

personal calendar, Utilizing public transportation & attending appointments independently, Financial management, Connecting with community resources, Preparing healthy meals & establishing good personal care habits, Medication management, Improving social skills such as anger management, communication practices, and interpersonal relationships.

- Social Skills- Interpersonal skills training, Verbal communication, Non-verbal communication, Listening skills, Negotiation skills, Problem-solving, Decision-making, Assertiveness, Leadership skills, Reliability, Active listening skills, Teamwork skills.
- Social Supports- collaborating with community providers and families to reinforce/ create social and community supports.
- Vocational Skills- Vocational Skills include: Resume Development, Co-occurring Disabilities and Employment Social Media and Work, Trade skills.

VI. The physical educational environment is created based on the Maryland Public School Facilities Educational Sufficiency Standards as minimal standards.

One Healing Educating and Renewing Through Therapy Inc OMHC

Child and Adolescent Supplemental Intake

Academic performance history :

List any deficits in speech functioning (If there are none write "None Known"):

List any deficits in hearing functioning (If there are none write "None Known"):

List any deficits in visual functioning (If there are none write "None Known"):

List any deficits in learning ability (If there are none write "None Known"):

List any deficits in intellectual functioning (If there are none write "None Known"):

List any deficits in peer/social functioning (If there are none write "None Known"):

Describe parent/ guardian custodial status:

Was the patient exposed to alcohol, tobacco, or other substances in utero?:

If so, list substances :

List any environmental concerns :

One Healing Educating and Renewing Through Therapy Inc OMHC

Client Orientation Handbook

Welcome to One Heartt, Inc. OMHC!

Here at One Heartt, Inc, our clients are treated with dignity and respect it is our "Customer Service Policy" that all employees will be friendly and courteous in daily interactions with all our clients, their families and other stakeholders.

CODE OF ETHICS

Overview: This Code of Ethics provides guidelines for decision-making that is reflective of the moral principles and core values of the organization. The Code is intended to promote high standards of service delivery and business conduct. One Heartt, Inc. employees are required to adhere to this Code as well as any Code of Ethics pertaining to professional affiliations. All new employees are oriented to the Code of Ethics during orientation to the agency and are given a copy of the Code. It is also available to other stakeholders upon request.

One Heartt, Inc. philosophy is based upon recognition of basic human rights and the treatment of all persons with dignity and respect. The underlying premise is that no person shall be subject to discrimination on the basis of disability (physical, developmental or mental), gender, age, race, religion, sexual orientation, ethnicity, marital status, socio-economic status, or political affiliation. Services will center on individual needs and encompass social, physical, spiritual and psychological aspects of each individual.

Definitions:

Confidentiality: information received or observed about a person served, or about an employee that is held in confidence and only disclosed when properly authorized or legally and/or professionally obligated to do so.

Ethics: the principles of conduct governing an individual or group; concerns for what is right or wrong, good or bad, and with moral duty and obligation.

Ethical Responsibility in the Delivery of Services to People Supported

NON-DISCRIMINATION POLICY:

One Heartt, Inc. shall not discriminate in selection of candidates for the Board of Directors, in employment, or provision of services in practices, policies or procedures on the basis of race, sex, creed, age, national origin, marital status, political affiliation, or handicap.

One Heartt, Inc. will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant is qualified. One Heartt, Inc. agrees to comply with Title VI of the Civil Rights Act of 1964 (P.L. 88- and with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C 794) their amendments and all requirements imposed by or pursuant to these acts. One Heartt, Inc. shall offer services to adults with mental illness who have been recommended by a physician/mental health professional as appropriate for their services regardless of their ability to pay, race, creed, sex, national origin, handicap, or marital status. One Heartt, Inc. shall adhere to an affirmation action, plan. Any rejections for services by One Heartt, Inc. staff are subject to review by its Board of Directors. One Heartt, Inc. is an Equal Opportunity Employer.

TREATMENT:

One Heartt, Inc. Outpatient Mental Health Clinic (OMHC) offers outpatient services for adults, children, and adolescents. The clinic provides psychiatric evaluation and diagnosis, consultation, psychological assessment, and medication management as well as therapy services including individual, family, couples and group therapy.

The focus of the program is to assist the client in identifying and accepting mental health barriers, to help in the establishment of new goals, to improve the understanding of feelings and attitudes, and to support independence and healthy living through the learning of new ways of dealing with problems with the use of psychotherapy and medication management.

PROGRAM GOALS:

- To maintain the best interests of the person supported, and advocate for those interests as circumstances require.
- To foster self-determination and to encourage individuality accepting each person as unique and valuable.
- To maintain confidentiality.
- To be supportive and non-judgmental.
- To protect the people supported from abuse and/or neglect and avoid participation in practices that are disrespectful, degrading, intimidating, psychologically damaging or physically harmful to clients.

Ethical Responsibility to the agency

- To work towards achieving the mission of One Heartt, Inc.
- To assist One Heartt, Inc. in providing the highest quality of service, acknowledging that personal, interpersonal and societal circumstances may change.
- To be knowledgeable of, and abide by, One Heartt, Inc. policies and procedures.
- To maintain confidentiality concerning information obtained in the course of providing services, and make disclosures only with the consent of service users, or, where required to do so by the order of a court.
- To promote a positive image of One Heartt, Inc. in the community through friendly, respectful and cooperative interactions.

Ethical Responsibility in Marketing Services

- To reflect accurately the policies/positions of One Heartt, Inc. in public statements and to avoid any possible misrepresentation of personal opinion as society policy/position.

Ethical Responsibility to the Community and Taxpayer

- To foster a spirit of cooperation with other service agencies, educational programs and volunteer organizations involved in community living services.
- To maintain a commitment to high standard of service, continuing quality improvement and prudent financial stewardship.
- To deal with others, both inside and outside One Heartt, Inc., based on unquestionable integrity, open

The goal of treatment is to assist an individual with his or her personal journey of recovery. This is achieved by developing an individualized treatment approach that empowers consumers to recognize their potential, set goals for themselves, and make choices about their life.

DESCRIPTION OF SERVICES PROVIDED:

One Heartt, Inc. OMHC provides outpatient treatment with individuals, groups and families in the setting that is most conducive setting to the client and the therapeutic process. Emphasis is placed on mental health education and identification of symptoms, triggers. Individual counseling is provided at the frequency recommended by treatment team.

Cognitive/behavioral, systems theory, and reality therapy techniques are predominately utilized. The therapist directs the counseling to focus on issues relevant to the client. All clients input is necessary and strongly enforced when treatment planning and discharge planning. In therapy the goals are for the client to become more aware of self, reduce symptoms by utilizing skills learned, reduce stigmas and strengthen interpersonal relationships. For children receiving services, monthly family therapy is enforced to ensure that treatment goals and interventions are transferrable across all environments that the child frequents.

Group Therapy is provided for both adults and children. Group Therapy sessions focus on topics such as Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, utilizing techniques outside of therapy, anger management, healthy relationship, conflict resolution and many other topics that are derived from needs assessment surveys distributed to clients.

BENEFITS OF SERVICES:

- Improving client's self-concept and self-control
- Reducing client's behavior problems, substance use, and association with antisocial peers
- Increasing parental involvement and development of more positive and effective parenting
- Making parental management of children's behavior more effective

communication, social responsibility and proactive safety conscientiousness in addition to a commitment to high quality, continuing improvement and the best use of fiscal resources.

- To behave in full and complete compliance with all applicable laws and regulations: In addition, our dealings with others will be based on complete candor, cooperation, honesty and mutual respect.

- To ensure One Heartt, Inc. property or the property owned by the people we support will not be used in order to obtain personal benefit. This ethics policy prohibits employee theft, fraud, and embezzlement or misappropriation of property belonging to One Heartt, Inc. or the people supported, another employee or any associate or supplier of One Heartt, Inc.

- To report financial results in accordance with generally accepted accounting principles. Those reports will fairly present financial position and operating results.

- To purchase supplies from reputable suppliers who will treat our society and employees with respect. One Heartt, Inc. shall interact with their suppliers in an open, honest and timely manner. Such communication will create positive partnerships that will benefit the overall operation.

- To use suppliers of goods and services on the basis of price, quality and service only. In selecting suppliers, we also will be mindful of our commitment to supporting businesses that hire people with disabilities. No employee may profit personally from a relationship with a supplier.

- To be respectful corporate citizens in the community, we will participate in activities within the community for the betterment of the community.

- To acknowledge limitations in knowledge and competence.

- To not use drugs or alcohol prior to, or during work.

- To maintain standards of safety through the use of appropriate equipment, clothing and procedures.

Ethical Responsibility to Colleagues

- To establish and maintain relationships of mutual respect, trust, courtesy and cooperation with colleagues.

- To foster a culture in which excellence in practice is pursued in all activities.

- Improving family structure and interactions
- Improving family communication, conflict resolution, and problem solving skills

CLIENT BILL OF RESPONSIBILITIES

Upon enrollment in One Heartt's services, I expect the following client responsibilities:

1. Clients have the responsibility to be a full participant in the formulation of their Treatment Plan.
2. Clients have the responsibility to follow their Treatment Plan and take any prescribed medications in order to advance in treatment.
3. Clients have the responsibility to provide the service delivery staff with all required information to maintain proper and correct records.
4. Clients have the responsibility to keep their appointments and be on time.
5. Clients have the responsibility to treat their therapist or paraprofessional with dignity and respect.
6. Clients' performance during the treatment will be reported to the referral source including probation officers on a regular basis.
7. Clients have the responsibility to protect the confidentiality of other clients.
8. Clients have the responsibility to notify staff of any changes in life situations including changes in address and telephone number.
9. Clients have the responsibility to pay for services received (if applicable) at the agreed upon time.
10. Clients have the responsibility to overcome obstacles and strive to succeed in order to live a healthy, functional, and productive life.

ABOUT OUR PROGRAMS

One Heartt, Inc. provides mental health services for adults, children and youth who have mental health challenges that impair their day to day living.

Who will help me/ my child?

Our intake workers will ensure that your referral for services

- To act as a team member, supporting other members of the team by maintaining consistent standards and by offering and receiving support, especially in crises.
- To maintain clear, open communication with individuals, team members and management.
- To not engage in sexual harassment or other forms of personal harassment towards any person served, colleagues, manager or stakeholders.
- To offer both positive feedback and constructive criticism.

Ethical Responsibility in Human Resources

Pursuant to Human Rights Legislation, One Heartt, Inc. provides equal employment opportunities to qualified individuals able to fulfill the job description regardless of disability, race, ethnicity, religion, gender, socio-economic status, marital status, sexual orientation, national origin, political affiliation, age or status. Harassment and misconduct are unacceptable behaviors for all employees of One Heartt, Inc.

- To ensure employees work time is a resource committed to service delivery and not diverted to personal pursuits.
- To ensure employees receive recognition for dedication to society and services.
- To clearly define the service that One Heartt, Inc. has the mandate and capacity to deliver.
- To maintain the overall goal of building communities that best meet the needs of people with developmental disabilities with a cooperative approach to promoting our services.
- To ensure other services are not denigrated as part of our own marketing.
- To promote a positive respectful image of people with developmental disabilities.

Ethical Responsibility to the Profession

- To maintain membership in relevant regulatory bodies and other relevant practitioner associations.
- To ensure the knowledge and skills of professional staff are used to the greatest advantage in service delivery.

is appropriately processed and assigned in a reasonable time frame

- The therapist assigned to you/your child will complete a thorough assessment of needs and work with you to develop a treatment plan for your course of services with us.

How will you help me/ my child?

- Your/your child's therapist will make the appropriate referrals for additional services needed to include but not limited to Psychiatric services, medication management, etc.
- Together, you and the team will decide on what works best for your life.

Where will services take place?

- This depends on you/ your child's needs and the setting where those needs could best be met. This setting may be:

Our facility • Your home • Your community • A foster home • A group home • A School

Will I/my child get good care?

- We make sure that you/ your child's care is efficient, safe, and helpful by closely monitoring all of our programs.

• If you have questions or would like to know more about our programs, please call: One Heartt, Inc. Office: 443.955.0807

IMPORTANT INFORMATION ABOUT FILING A COMPLAINT

You may file a complaint about any aspect of the services provided to you by One Heartt, Inc. The following is important information about the complaint process.

2. How efforts will be made to resolve the complaint:
 - a. Every effort should be made to try to resolve your complaint through your therapist or primary counselor.
 - b. Beyond that, there are levels of review which are described below.
3. Levels of review:
 - a. The client may appeal to the Clinical Director
 - b. The client may appeal to the Board of Directors
 - c. The client may appeal to the County
 - d. The client may appeal to the State

- To ensure that neither the standards nor practices of the organization nor the job description and performance expectations of the profession conflict with the profession's regulatory and ethical requirements.

Ethical Responsibility as an Employee

- To maintain high personal standards of professional conduct, avoiding any acts that may bring the profession or service into disrepute or which may diminish the trust or confidence of any stakeholders
- To avoid conflict of interest situations.
- To refuse any gift, favor or compensation which might be influential or perceived to be influential in obtaining preferential consideration.
- To carry out professional duties and obligations with integrity and objectivity and to recognize how personal values, opinions, experiences, limitations and biases can affect personal judgment.
- To maintain appropriate boundaries between personal and professional relationships.
- All allegations of violations to One Heartt, Inc. ethical codes may be reported to the Clinical Director without fear of retaliation.

OUR COMMITMENT TO PARTNER WITH PARENTS

WE

- Are committed to improving the quality of service for families through active partnerships with parents.
- Will advocate for parents as partners in their child's education and treatment.
- Believe that collaboration with parents is essential.
- Will address the specific needs and concerns of parents.
- Our Goal is to help parents to become knowledgeable about evidence/science-based treatments.
- Will teach parents to assertively advocate for their children's right to effective education.
- Will go the extra mile to promote effective education and treatment.
- Help parents of newly diagnosed children gain access to

4. Time frames for levels of review: a. Clinical Director Response within 5 working days. b. Executive Director Response after request for appeal within 5 working days. c. County response per County appeals process requirements. d. State response per State appeals process requirements.

5. Procedures for written notification regarding the actions to be taken to address the complaint. a. Each client filing a complaint will receive a confirmation of receipt of a complaint and the actions that will be taken to address the complaint upon the formal receipt of the complaint. b. Each client will receive a written notice of decision regarding the merit of each complaint.

6. The rights of each party: a. The client has the right to complain without fear of retaliation or service barriers. b. The client has the right to a timely investigation and resolution to the complaint. c. The client has the right to representation by a third-party advocate. d. The organization has the right to seek legal counsel to defend a complaint.

7. The responsibilities of each party a. The client has the responsibility to provide all necessary information regarding the complaint. b. The organization has the responsibility to attend to timelines set forth in the investigatory process.

8. The availability of advocates or other assistance.

9. One Heartt shall provide clients with information related to all available advocates or assistance to clients who access this complaint process.

We encourage clients and their families to provide input about the services you receive from One Heartt, Inc. OMHC. The following are just a few of the ways that you can provide input to us about any aspect of your services:

- Make suggestions to your counselor, therapist, nurse or doctor. They will be taken seriously.
- Respond to our regular satisfaction surveys. We will post a summary of the results.
- If you are dissatisfied with any aspect of the care we provide to you or your family member, please fill out and submit a complaint form. We will investigate your complaint thoroughly and will not retaliate for the filing of the complaint. We will provide you with a written response to your complaint.
- Consider joining our Advisory Board. It meets regularly to

accurate information and effective services.

- Are committed to increasing the number of qualified professionals.
- Have a genuine desire to use parents' perspectives, experiences, and compassion to make the journey easier for others.
- Support initiatives to help parents to access accurate information from existing resources and web links.
- Will create new resources to help parents become more familiar with child and adolescent services, how to better access such services, and how to better advocate for such services, and how to promote accountability
- Will clearly identify, describe the nature and scope of family services offered by schools and other community organizations.
- Parents are encouraged to ask questions about the benefits, risks, and limitations of treatment and such questions are welcomed at any point in the intervention process.
- Parents may also ask about qualifications, experiences, and certifications.
- Parents will be provided with training on an ongoing basis, not just orientation.
- Will solicit parents' input and help parents to prioritize their short - and long-term goals for their child and their family.

REQUIREMENT TO REPORT

If you were required to seek services at One Heartt, Inc. OMHC by a court or by the local Department of Social Services or Juvenile Services we are required to report to them regarding your discharge from our services regardless of the discharge outcome. While receiving services all One Heartt, Inc. staff have the obligation to report suspected or reported child abuse, elder abuse, homicidal ideations or suicidal ideations. Our professionals will always ensure that safety is first.

THE TREATMENT PROCESS

Assessment

You or your child will undergo a series of assessments at the beginning of the treatment process with One Heartt,

discuss issues important to all served by One Heartt, Inc. OMHC.

ADVANCE DIRECTIVES

Upon entering into services with One Heartt, Inc. we would hope that you would inform us of any advance directives that you have established with other treatment providers. Advance directives are interventions that you wish to be carried out if you were to experience a serious physical or mental illness or have a serious accident. If you would like the staff of One Heartt, Inc. to help you develop a set of advance directives we would be happy to do so.

HEALTH AND SAFETY POLICIES

Emergency Drills

One Heartt, Inc. OMHC is required to conduct emergency drills which may require evacuation from our building if you are on the premises. Please be prepared to exit the building promptly.

Use of Seclusion or Restraint

One Heartt, Inc. OMHC forbids the use of seclusion and restraint in its programs.

Use of Tobacco Products

One Heartt, Inc. OMHC is a tobacco-free environment. The use of any tobacco product is forbidden on site.

Illegal or Legal Substances Brought Onto Premises

One Heartt, Inc. OMHC is a drug-free setting. Illegal substances are forbidden in the organization's facility. Over the counter medications may be brought on site but their presence should be reported to staff.

Prescription Medication

Prescription medications may be brought on site but their presence should be reported to staff.

Weapons

All weapons are prohibited. You may not bring weapons onto One Heartt's facility.

Inc. OMHC We will be asking questions about life and family history, educational and vocational history, physical health history, any substance abuse history and living situation along with other questions about you or you or your child's background. We will be asking you what you feel you or your child's strengths, needs, abilities and preferences are. Our nurse will conduct a nursing assessment to further evaluate your or your child's physical functioning and to make a record of any medications you or your child is taking. If indicated, our Medical Director may conduct a psychiatric exam, as well. The results of these assessments will help us to work with you to determine the course of you or your child's treatment plan.

Enter text here if you wish a copy of any of the assessments, please let us know and we are obliged to provide a copy to you.

Treatment Plan

Based on the results of the assessments and based on what wellness and recovery goals you feel you or your child wants to accomplish while with us, we will create a treatment plan with you. Although the goals and objectives we create with you will be measurable and time-specific there is no set time for the course of treatment as you or your child's needs may change as time goes on and we may need to modify treatment goals and objectives according to your needs and desires.

As soon as we possibly can after the start of treatment, we will begin to talk with you about you or child's various needs after discharge from our services. We want to make sure we do everything we possibly can to ensure that your wellness continues after you leave us.

Please know that if you or your child are here because of the order of the court or the state that we will notify the referring entity as to missed appointments, progress in treatment and your ultimate discharge. We would ask that you keep us up to date on any change in your or your child's legal status.

Signing below is an acknowledgement of receipt of this booklet

One Healing Educating and Renewing Through Therapy Inc OMHC

Consent for Mental Health Treatment

I am requesting and give permission to One Heartt, Inc. OMHC to provide onsite and/or offsite mental health services to myself/minor/my child. These mental health services may include individual, family, and/or group therapy services, medication management and/or buprenorphine maintenance services. I agree to a diagnostic evaluation to determine the most appropriate treatment for myself/my child. I understand that receiving mental health services may have benefits and may also entail uncomfortable feelings. In agreeing to receive services at One Heartt, Inc. OMHC I understand that I shall assist in developing and following the individualized treatment plan that will be created. All information given to or obtained by One Heartt, Inc. OMHC will be used only for treatment/rehabilitation and administration of the program. Information may be released for the purpose of treatment or rehabilitation services or if required by federal law or in response to legal investigations and court order. Information requested about my records for any other purpose can only be released by my written consent. I agree to allow One Heartt, Inc. OMHC to attain authorization for services and bill my insurance accordingly for the reimbursement for initial evaluations, individual, family or group therapies until services are terminated. I understand that there are no fees for services.

Unless specifically stated otherwise, this consent expires upon completion of these services from One Heartt, Inc. OMHC I understand that I am free to withdraw consent for services at any time.

I understand that my enrollment in services may be temporarily suspended pending a review of pertinent information, and that service may be discontinued and OMHC Referrals given if indicated. I agree to receive services of the type and frequency defined in my Individual Treatment Plan.

I understand that if I am the legal guardian of the above mentioned client I am responsible for providing One Heartt, Inc. OMHC with copies of legal documentations in the form of court order or custody agreement.

Attendance Policy

One Heartt, Inc. OMHC requires that you commit to regular attendance for all appointments including therapy, medication management and suboxone. As such you agree to do the following:

1. Make and keep doctors/nurse practitioners appointment at least once per month (unless otherwise agreed upon)
2. Make and keep weekly, bi-weekly or monthly therapy appointments as agreed upon between you and your therapist

Therapy is a requirement for enrolling in One Heartt's outpatient mental health services and consumers must be seen by a therapist as frequent as documented on his or her treatment plan.

I understand that if I miss 3 consecutive appointments (therapy and/or medication management), that I will be discharged immediately. Additionally, if a pattern of appointment non-compliance arises, I will be discharged immediately. I also understand that I cannot receive medication management without therapy. Any attempts to meet with the therapist without keeping regular therapy appointments will call for immediate discharge from One Heartt, Inc. OMHC.

It is considered a No Show or Missed Appointment if you:

- 1) Give less than 24 hours' notice for an appointment you are not going to attend
- 2) Are more than 15 minutes late for an appointment
- 3) Are not at the agreed upon meeting place and do not respond to attempts to contact you

4) Do not show up for your scheduled appointment

Referral, Discharge, Termination, and Transfer

- Termination of services will, whenever possible, be a collaborative effort between the client and the therapist/counselor and based on completion of treatment goals. When this decision is made, the therapist/counselor and client develop a discharge plan formulating continued service needs. The therapist/counselor will also assist the client with the necessary referrals for treatment, rehabilitation, or community support.
- A client may be discharged from services if he/she has cancelled more than three appointments in a row or not shown up after a phone call. A client may also be discharged if he/she has not participated in services for a period of 30 days and has made no indication that he/she will return to treatment. If a client is unable to attend due to hospitalization or other temporary reasons, the chart will remain open until the client chooses to return.
- A client who receives medication and/or other services by the agency's psychiatrist will be discharged from all services if he/she has not participated in therapy for a period of 14 days and has made no indication that he/she will return to therapy. This means that a client may not continue to receive medication and/or other services by the agency's psychiatrist if he/she is not simultaneously in therapy.
- A client who receives medication and/or other services by the agency's psychiatrist will be discharged from all services if he/she has not participated in therapy for a period of 14 days and has made no indication that he/she will return to therapy. This means that a client may not continue to receive medication and/or other services by the agency's psychiatrist if he/she is not simultaneously in therapy.
- If a therapist/counselor is leaving the agency, all efforts will be made by the therapist/counselor and the agency to make sure that sufficient time is provided for appropriate termination and/or transition to a new therapist/counselor. In some circumstances a client may request to transfer to another therapist/counselor or a therapist/counselor may feel that he/she cannot effectively work with a particular client. In these situations, all efforts will be made to involve the client and his/her family in the decision and transfer the therapist/counselor will document in a transfer summary the reasons for transfer and other relevant information. The client's record will also be transferred to the new therapist/counselor, following the client's signed release of information.

Immediate discharge:

- The behaviors that are deemed grossly negligent, threatening, unsafe or injurious to agency staff and other patients are as follows:
 - Three (3) Consecutive no-shows for any agency program and failure to respond to a Reconnect Letter within 10 days
 - Altering or Prescription tampering Prescription medication seeking behaviors
 - Threatening behaviors towards staff and other patients physically assaulting behaviors towards staff and other patients verbal threats directed to staff and other patients
 - Carrying weapons onto the premises
 - Carrying illegal substances and/or drug paraphernalia onto agency property Inappropriate sexualized behaviors towards staff and other patients destruction of agency property
- Upon immediate discharge, the patient will be mailed a letter of termination of services within five (5) business days. Termination of services will be effective immediately. The agency will provide the patient with a thirty (30) day supply of medication. The patient will not be permitted to return to the agency.

Patient Rights and Responsibilities

Patient Rights:

1. A patient has the right to respectful care given by competent workers. 2. A patient has the right to know the names and the jobs of his or her caregivers. 3. A patient has the right to privacy with respect to his or her medical condition. A patient's care and treatment will be discussed only with those who need to know. 4. A patient has the right to have his or her medical records treated as confidential and read only by people with a need to know. Information about a patient will be released only with permission from the patient or as required by law. 5. A patient has the right to request amendments to and obtain information on disclosures of his or her health information, in accordance with law and regulation. 6. A patient has the right to know what facility rules and regulations apply to his or her conduct as a patient. 7. A patient has the right to have emergency procedures done without unnecessary delay. 8. A patient has the right to good quality care and high professional standards that are continually maintained and reviewed. 9. A patient has the right to make informed decisions regarding his or her care and has the right to include family members in those decisions. 10. A patient has the right to information from his or her doctor in order to make informed decisions about his or her care. This means that patients will be given information about their diagnosis, prognosis, and different treatment choices. This information will be given in terms that the patient can understand. This may not be possible in an emergency. 11. A patient given the option to participate in research studies has the right to complete information and may refuse to participate in the program. A patient who chooses to participate has the right to stop at any time. Any refusal to participate in a research program will not affect the patient's access to care. 12. A patient has the right to refuse any drugs, treatment or procedures to the extent permitted by law after hearing the medical consequences of refusing the drug, treatment or procedure. 13. A patient has the right to have help getting another doctor's opinion at his or her request and expense. 14. A patient has the right to care without regard to race, color, religion, disability, sex, sexual orientation, national origin, or source of payment. 15. A patient has the right to be given information in a manner that he or she can understand. A patient who does not speak English, or is hearing or speech impaired, has the right to an interpreter, when possible. 16. Upon request, a patient has the right to access all information contained in the patient's medical records within a reasonable timeframe. This access may be restricted by the patient's doctor only for sound medical reasons. A patient has the right to have information in the medical record explained to him or her. 17. A patient has the right not to be awakened by staff unless it is medically necessary. 18. A patient has the right to be free from needless duplication of medical and nursing procedures. 19. A patient has the right to treatment that avoids unnecessary discomfort. 20. A patient has the right to be transferred to another facility only after care and arrangements have been made and the patient has been given complete information about the hospital's obligations under law. 21. A patient has the right to a copy of his or her bills. A patient also has the right to have the bill explained. 22. A patient has the right to request help in finding ways to pay his or her medical bills. 23. A patient has the right to help in planning for his or her discharge so that he or she will know about continuing health care needs after discharge and how to meet them. 24. A patient has the right to access people or agencies to act on the patient's behalf or to protect the patient's right under law. A patient has the right to have protective services contacted when he or she or the patient's family members are concerned about safety. 25. A patient has the right to be informed of his or her rights at the earliest possible time in the course of his or her treatment. 26. A patient has the right to make advance directives (such as a living will, health care power of attorney and advance instruction for mental health treatment) and to have those directives followed to the extent permitted by law. 27. A patient has the right to personal privacy and to receive care in a safe and secure setting. 28. A Medicare/ Medicaid patient has the right to appeal decisions about his or her care to a local Medicare/ Medicaid Review Board. The Facility will provide the name, address, and phone number of the local Medicare/ Medicaid Review Board and information about filing an appeal. 29. A patient has the right to be free from all forms of abuse or harassment. 30. A patient has the right to be free from the use of seclusion and restraint, unless medically authorized by the physician. Restraints and seclusion will be used only as a last resort and in the least restrictive manner possible to protect the patient or others from harm and will be removed or ended at the earliest possible time. 31. A patient has the right to designate visitors who shall receive the same visitation privileges as the patient's immediate family members, regardless of whether the visitors are legally related to the patient. 32. A patient

has the right to pastoral care and other spiritual services. 33. A patient has the right to be involved in resolving dilemmas about care decisions. 34. A patient has the right to have his or her complaints about care resolved. 35. A patient and his or her family have the right to request assistance from the ad hoc ethics committee for ethical issues, such as starting or stopping treatments to keep patients alive, differences of opinion or when advance directives cannot be honored. 36. The patient has the right to appropriate pain management. 37. A patient has the right to be free from financial exploitation by the health care facility.

Children and Adolescents

1. The family/guardian of a child or adolescent patient has the right and responsibility to be involved in decisions about the care of the child. A child or adolescent has the right to have his or her wishes considered in the decision-making as limited by law. 2. A child or adolescent patient has the right to expect that care and the physical environment will be appropriate to his or her age, size, and needs. 3. A child or adolescent patient whose treatment requires a long absence from school has the right to education services. These services will be arranged with the local school system.

Patient Responsibilities

1. Patients are responsible for providing correct and complete information about their health and past medical history. 2. Patients are responsible for reporting changes in their general health condition, symptoms, or allergies to the responsible caregiver. 3. Patients are responsible for reporting if they do not understand the planned treatment or their part in the plan. 4. Patients are responsible for following the recommended treatment plan they have agreed to, including instruction from nurses and other health personnel. 5. Patients are responsible for keeping appointments. 6. Patients are responsible for treating others with respect. 7. Patients are responsible for following facility rules regarding smoking, noise, and use of electrical equipment. 8. Patients are responsible for what happens if they refuse the planned treatment. 9. Patients are responsible for paying for their care. 10. Patients are responsible for respecting the property and rights of others.

Crisis Procedure

If you are having an Emergency that jeopardizes your life or personal property, call 911 FIRST! For all nonlife threatening psychiatric crises you can contact us during normal business hours at 443-955-0807

You may also contact any of the following hotlines:

Baltimore City Crisis Response: 410-433-5175

Baltimore County Crisis Response: 410-931-2214

Anne Arundel Crisis Hotline: 410-768-5522

Prince George's Crisis Hotline: 301-429-2185

Mo. County Crisis Hotline: 240-777-4000

Howard County Crisis Hotline: 410-531-6677

Eastern Shore Mobile Crisis Hotline: 888-407-8018

The following list outlines examples of critical incidents that classify as emergencies and must be reported immediately:

•Personal / property injury •Police contact / arrest •Medical emergency •Substance Abuse •Theft •Physical / Sexual / Other Abuse Allegations •Aggression / Assault •Runaway / Curfew Violations •Sexual Misconduct •Fire Setting •Suicidal Ideation / Threat / Gesture / Attempt •Homicidal Ideation / Threat / Attempt

All other Emergencies or Critical Incidents should be reported to your assigned Mental Health Therapist. The Mental Health Therapist will assess whether the incident warrants telephone support or in-person community support.

Minors/Guardian: I am the legal guardian of the above named child/adult and am legally authorized to provide permission for treatment.

Please indicate which form of documentation proving legal guardianship will be provided. :

Consent expires: One year from date signed, unless otherwise noted.

I have been informed of, understand and agree to the Consent of Mental Health Treatment explained above. *

One Healing Educating and Renewing Through Therapy Inc OMHC

Consent for Psychological Assessment

Informed Consent to Perform a Psychological Evaluation

Welcome to One Heartt, Inc. OMHC. This form will provide information about our services and about your rights and responsibilities as a client. Please be sure to discuss any questions with your clinician or his/her Supervisor. Your signature at the bottom indicates that you understand the information and freely consent to participate in this assessment.

TESTING: Psychological assessments are conducted for a variety of reasons, including diagnostic clarification, qualification for services, and treatment recommendations. A psychological assessment seeks to provide information about a specific question pertaining to psychological, cognitive, or emotional functioning, using standardized and empirically validated tools chosen by the clinician. The results can be of great value in accessing specialized services, qualifying for educational or occupational accommodations, clarifying the nature of emotional or cognitive symptoms, and designing treatment interventions. The assessment process generally involves an informational interview followed by the administration of one or more educational and/or psychological tests. Although it is sometimes possible to complete the testing procedure in one sitting, it is common for people to be asked to return for another session to finish the assessment battery. Once testing is completed, the data will be analyzed and a report will be written. You will then have the opportunity to meet with your clinician to discuss the results and receive a copy of the report. My general turnaround time for completed reports is about 1-2 weeks. There can be no guarantees about the outcome of a psychological assessment. Throughout the assessment process you have the right to inquire about the nature or purpose of all procedures. You also have the right to know the test results, interpretations, and recommendations. Further, undergoing a psychological assessment may involve discussing unpleasant aspects of your life and may lead to unanticipated results and/or conclusions you find to be discomforting. The doctor attempts to minimize these risks by thoroughly reviewing the nature and purpose of the testing with you, providing well-supervised and trained clinicians, and explaining the results in language you can understand.

EMERGENCY SERVICES: One Heartt, Inc. OMHC provides emergency or on-call services. Your clinician may not be available to you during an emergency, but the doctor will make every effort to respond to phone messages in a timely way. In emergency situations, patients who need emergency services should contact 911 or your local emergency response team. If you access emergency services, it may be important to contact your doctor so she can provide assistance or records relevant to your condition.

TYPES OF EVALUATIONS

Full Psychological Evaluation. The purpose of this evaluation is to provide an in-depth study of the cognitive processes, neurological functioning, and/or personality functioning of an individual. This evaluation can also be used to diagnose learning, behavioral, and psychiatric disorders.

Learning, Neurological, or Personality Screening. The purpose of this evaluation is to provide an assessment of cognitive, academic, or personality functioning that may be contributing to academic or behavioral problems. The results will indicate whether a more in-depth study is necessary.

Diagnostic Evaluation. The purpose of this evaluation is to diagnose behavioral or emotional disorders such as ADHD.

TYPES OF MEASURES

Cognitive Testing – to assess overall intellectual ability, as well as strengths and weaknesses in verbal comprehension,

perceptual reasoning, working memory, and processing speed.

Memory Testing – to assess overall intellectual ability, as well as strengths and weaknesses in verbal comprehension, perceptual reasoning, working memory, and processing speed.

Achievement Testing – may be in the areas of word reading, phonics, reading comprehension, written language, math reasoning and calculations, and academic fluency. Measures of oral language may also be obtained.

Diagnostic Interview and Developmental History – to obtain information about the examinee outside of the testing situation, and to obtain a comprehensive history in order to make a more reliable diagnosis.

Behavior Rating Scales and/or on-site behavioral observation at school in order to get a sample of behavior which occurs outside the office setting.

Social Emotional Assessment (Projective Testing) – to obtain information of the individual pertaining to psychiatric diagnosis, interpersonal relationships, self-concept, etc.

Interviews with teachers, other family members, physicians, or other relevant individuals (Note: interviews will only be performed with written consent).

FEEDBACK

The type(s) of feedback you/your child will receive may include:

A comprehensive written report that provides findings for each measure, an integrative summary, and recommendations for treatment and/or other interventions.

A brief, written summary report (approximately one page) that provides an overview of findings and recommendations.

In-person, verbal feedback.

FEE AND PAYMENT POLICY

I accept cash, checks, credit/debit cards, or money orders. Questions concerning the fee or the payment policy should be discussed with your clinician before the assessment process begins. Patients are liable for any costs not covered by insurance. All past due accounts are subject to 2% interest per month and collections. If sent to collections, collection fees apply.

A fee of \$60 per scheduled hour will be charged for arriving a minimum of 15 minutes late or missed appointments. This fee must be paid prior to rescheduling, and if not paid it will be subject to collections, and collection fees apply.

I agree (If you do not agree to this speak with your clinician before completing this form)

I am aware that, if paying out of pocket, full payment for the assessment must be paid in full no later than the last day of testing (if you do not agree to this speak with your clinician before completing this form):

I am aware that I am liable for balances not covered by insurance (If you do not agree to this speak with your clinician before completing this form):

REQUEST FOR ACCOMMODATIONS

For clients requesting accommodations, such as Learning Disability or Attention Deficit Disorder, we will only release

these records after you have signed a consent form. Should the agency request specific information (such as a particular report format or an additional form), this will be provided at an additional cost. At least two weeks' notice is required to complete any additional forms.

RELEASE OF RECORDS

Written records are released only after a consent form is signed by the client or their Parent/Legal Guardian.

INFORMED CONSENT

I understand that the information obtained in this evaluation is confidential and will not be released to any person or organization without my written permission. (This release is available in the office or may be completed with any individual whom you wish to give such access, and then provided to us.) The only exceptions to this policy are rare situations in which you are required by law to release information with or without my permission. These are: 1) if there is evidence of physical and/or sexual abuse of children or abuse to the elderly; 2) if you judge that I am in danger of harming myself or another individual; 3) if my records are subpoenaed by the court; and 4) if I have agreed to this assessment for employment purposes in which case my employer has ordered this assessment. In the rare event of any of these situations, you would attempt to discuss your intentions with me before an action is taken, and you would limit disclosure of confidential information to the minimum necessary to ensure safety.

I understand that if the doctor deems that additional or alternative testing be necessary, the doctor will describe the reasons for this testing and will advise me of any additional costs. I understand that I have the right to discontinue the evaluation process at any time. However, I understand that One Heartt, Inc. OMHC may be unable to provide feedback of the test results if testing is terminated, and that I will still be responsible for payment of any testing, scoring, and evaluation time provided up until that point.

****The forensic consent should only be completed if you are receiving forensic assessment****

FORENSIC ASSESSMENT

Forensic evaluations include Social Security examinations, competency and sanity evaluations in criminal cases, independent psychological evaluations, court-ordered psychological testing and child custody evaluations. These examinations may not be covered by insurance and are billed at \$450 per hour out-of-pocket for assessment, composition, and record review. Services supplemental to forensic assessment (e.g., testimony, declaration letter, etc.) are billed separately, and are not covered by this agreement.

INFORMED CONSENT FOR FORENSIC ASSESSMENT

by signing below, acknowledge and agree to the following:

1. CONSENT - I agree and consent to an examination by One Heartt, Inc. OMHC staff, for legal or administrative purposes to which I am a party. I understand that the examination will consist of a personal interview. I understand and agree to additional repeat "follow up" or "update" sessions with designated staff if needed to complete the evaluation. I understand that they will be part of the same evaluation and will follow all the rules stated below.

2. ACKNOWLEDGEMENT OF NON-TREATMENT - I acknowledge and agree that this examination is not treatment of any ailment or condition of any kind. I understand that although My examiner is a clinician/trainee, they are not acting as my personal therapist by conducting this evaluation; I also understand that I am not a patient, because of this evaluation. My examiner and I do not have a psychologist-patient relationship based upon this evaluation. My examiner will not provide

any medical or psychological treatment, nor will she suggest any treatment to me or for me. This evaluation is for administrative or legal purposes only and is not to guide clinical diagnosis or treatment.

3. COMPLIANCE WITH THE EVALUATION -I understand that I may refuse to complete any part of the evaluation and I acknowledge that my refusal to comply with any part of this evaluation will be documented and may be reflected in the final report.

4. WAIVER OF CONFIDENTIALITY – I understand that this evaluation is being conducted for a legal or administrative purpose to which I am a party or have an interest. I acknowledge that I have no expectation of privacy as to any communication or information I provide to my examiner. Further, I agree to waive any right to confidentiality I may have regarding any information I disclose to my examiner during the evaluation process.

5. DISCLOSURE – I am aware that this examination is being done at the request of a third party, I understand and I authorize One Heartt, Inc. OMHC to disclose any information necessary and appropriate to explain and/or discuss the evaluation results to that third party. This includes but is not limited to Judges, attorneys, probation officers, school officials, police officers, insurance companies, employers, administration, or other individual associated with my legal case.

6. NON-BIASED WITNESS AND REPORT - My examiner has explained to me and I understand that the written report and/or testimony in court may be favorable or unfavorable to my case and that this will be discussed with my attorney and a written report will be prepared at his/her request :

8.HIPAA – I understand and agree that I am not receiving healthcare services from One Heartt, Inc. OMHC and that this is not a “covered entity” under the Health Insurance Portability and Accountability Act. I further understand that I will not have access to any records created by One Heartt, Inc. OMHC as a result of this evaluation and will not require any accounting of disclosures of my information made by One Heartt, Inc. OMHC.

9. INCOMPETENCY HEARING – If this is an examination for incompetency due to criminal charges I understand that pursuant to 50 Pa. C.S. 7402e(3) I am entitled to have counsel present with me and am not required to answer any questions or to perform tests unless my counsel has moved for or agreed to the examination. If this is an examination for incompetency due to criminal charges I understand that nothing said or done by me during this examination may be used as evidence against me in any criminal proceedings on any issue other than that of my mental condition.

10. SELF INCRIMINATION – I am aware that other than as described in section 9, any self-incriminating statements made by me during this examination may be reflected in the report and result in criminal charges or civil complaint being filed against me. My examiner has provided me the opportunity to ask questions regarding this consent and has answered all of my questions:

By my signature, I acknowledge that I consent to a psychological evaluation by One Heartt, Inc. OMHC, that I have been informed of the policies regarding evaluations at, the consent form, and that I agree to all of the payment arrangements outlined in this form. I fully understand my rights and obligations as a client and I freely agree to this assessment.

One Healing Educating and Renewing Through Therapy Inc OMHC

Credit / Debit Card Payment Consent

Client name:

(Card holder) Name on card if different than client:

Card Type:

Last 4 digits of card number:

Expiration Date :

I authorize One Heartt, Inc to charge my credit/debit/health account card for professional services 24 hours before our scheduled appointment or anytime after scheduled appointment for amounts due. If I do not cancel before 24 hours, I recognize that One Heartt, Inc. will charge my card as a late cancel or no show if I do not show up for the appointment. I will be billed for the full session charge.

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.

Client Initials:

Card holder Initials (If different than client):

Date:

Signature:

One Healing Educating and Renewing Through Therapy Inc OMHC

Discharge Summary/Transition Plan

Transition - From (Unit/Program)::

To::

Discharge

Strengths, Needs, Abilities and Preferences (S.N.A.P.) and Status at Last Contact::

Summary of Services/Treatment Provided (consider vocational, educational, financial legal, medical, behavioral, and risk status)::

Outcomes (Include qualitative and quantitative information regarding progress/gains achieved, strengths, abilities and preferences. Specify any standardized measures used)::

Health and Safety Concerns (include behavioral, medical and/or substance use issues. Include risk of overdose)::

This section mandatory for licensed services:

Describe the person's current vocational, educational, and financial status: :

Describe the person's current legal problems::

Describe supports and services available to the person after discharge, provided by the licensee or by others::

Status Towards Meeting Goals (NM=Not Met, PM=Partially Met, M=Met, D/C=Discontinued)

Goal 1 :

Goal 1 Status :

Goal 2 :

Goal 2 Status :

Goal 3 :

Goal 3 Status :

Goal 4:

Goal 4 Status :

Goal 5 :

Goal 5 Status :

Overall Progress in Treatment :

Diagnosis (include code and description)

Intake Code Type :

Primary diagnosis at intake:

Other diagnoses at intake:

Discharge/ Transition Code Type:

Primary diagnosis at discharge/transition:

Other diagnoses at discharge/transition:

Reason for Discharge or Transition:

Other: :

If involuntary/administratively discharged, summary of action taken::

Person Served notified of appeal process:

Medications as Reported by Person at time of Discharge/Transition: (ist medication and dosage):

Plan for prescriber/medication transition:

Referral

Referred To (Agency/Program Name, Location, and Contact Information)::

For (describe recommended services/supports, rationale, list dates/times of appointments if known)::

Date(s)/Time(s) of Appts. If Known::

Check if patient is not available to sign

One Healing Educating and Renewing Through Therapy Inc OMHC

GAD-7 Scale

Generalized Anxiety Disorder 7-item Scale (GAD-7)

Patient Name:

Date of Visit:

Client Questions

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Feeling nervous, anxious, or on edge:
2. Not being able to stop or control worrying:
3. Worrying too much about different things:
4. Trouble relaxing:
5. Being so restless that it's hard to sit still:
6. Becoming easily annoyed or irritable:
7. Feeling afraid as if something awful might happen:

Questionnaire Score

Add up the all the numbers for answers 1-7 above.

Total Score:

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?:

One Healing Educating and Renewing Through Therapy Inc OMHC

Grievance Policy

One Heartt, Inc. OMHC, team is committed to providing you with excellent care and high quality services. However, we understand that some concerns may arise from time to time. Your constructive feedback is essential to ensuring that you receive optimal psychiatric treatment and rehabilitation services.

STEP 1: Make a verbal complaint to your assigned Therapist or prescribing Physician/Nurse Practitioner.

STEP 2: The Clinical Manager will investigate your complaint within 3 business days. The investigation may require that he or she has a direct conversation with you, your parent/guardian, or other involved service providers.

STEP 3: Within 3 business days, the Clinical Manager will report his or her findings to the Program Director and your Therapist.

STEP 4: If we are unable to resolve your documented Complaint or Grievance within 5 business days, the Program Director will schedule a meeting with you and any other party involved. The purpose will be to make an appropriate decision regarding how we will respond to your Complaint or Grievance.

STEP 5: If the One Heartt, Inc. OMHC team is unable to resolve your Grievance via the steps described above, you will receive information on how to contact the local Core Service Agency who will support you with your Complaint & Grievance at a higher programmatic level.

One Healing Educating and Renewing Through Therapy Inc OMHC

HIPAA Agreement

A Summary of Your Privacy Rights Under HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) ensures that a consumer's personal health information is protected from unauthorized invasions of privacy. This law adds to confidentiality of your sessions, which is apart of the Maryland Code of Regulations for Psychologists.

HIPAA is a federal effort to ensure that consumers have rights when it comes to health information that is being used to file insurance claims and in the conducting of business with managed care companies. This notice informs you of your rights and our duties under HIPAA. In general, our policy is to disclose only the minimum information necessary for the insurance company to process a claim and for the managed care company to review the need for continuing care.

HIPAA does not change the confidential nature of mental health services. However, in the interest of empowering the consumer by full and open disclosure, details are provided here about when personal information can be disclosed, even without your authorization.

- 1. The Right to see and Get Copies of Your PHI:** In general, you have the right to see your PHI that is in One Heartt, Inc. possession, or to get copies of it; however, you must request it in writing. If One Heartt, Inc. does not have your PHI, but knows who does, you will be advised how you can get it. You will receive a response from One Heartt, Inc. within 30 days of receiving your written request. Under certain circumstances, One Heartt, Inc. may feel it must deny your request, but if it does, One Heartt, Inc. will give you, in writing, the reasons for the denial. One Heartt, Inc. will also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged not more than \$.83 per page and the fees associated with supplies, search fee, and postage. One Heartt, Inc. may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- 2. The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask that One Heartt, Inc. limit how it uses and discloses your PHI. While One Heartt, Inc. will consider your request, it is not legally bound to agree. If One Heartt, Inc. does agree to your request, it will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that One Heartt, Inc. is legally required or permitted to make.
- 3. One Heartt may disclose your PHI pursuant to an administrative order or a search warrant.** One Heartt, Inc. may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. One Heartt, Inc. will only do his if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
- 4. Public Health Risks:** One Heartt, Inc. may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.
- 5. Food and Drug Administration (FDA):** One Heartt, Inc. may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- 6. Serious Threat to Health or Safety:** One Heartt, Inc. may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if One Heartt, Inc. determines in good

faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, One Heartt, Inc. may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.

7. Minors: If you are a minor (under 18 years of age), One Heartt, Inc. may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.

8. For Research Purposes: In certain limited circumstances, One Heartt, Inc. may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.

9. For Workers' Compensation Purposes: One Heartt, Inc. may provide PHI in order to comply with Workers Compensation or similar programs established by law.

10. Appointment Reminders: One Heartt, Inc. is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that you may need or that may be of interest to you.

11. Health Oversight Activities: One Heartt, Inc. may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess One Heartt, Inc. compliance with HIPAA regulations.

12. If Disclosure is otherwise specifically required by law.

13. Other Uses and Disclosures Require Your Prior Written Authorization: In any other situation not covered by this notice, One Heartt, Inc. will ask for your written authorization before using or disclosing medical information

Right to Amend – You have the right to request an amendment of health information for as long as it is in my records. We may deny your request. On your request, we will discuss with you the details of the amendment process. Right to an Accounting – You generally have the right to receive an accounting of disclosures of health information. On your request, we will discuss with you the details of the accounting process.

We are required by law to maintain the privacy of health information and to provide you with a notice of any legal duties and privacy practices with respect to personal information you provide. If we revise policies and procedures, we will ensure that you will be provided with the new policy to the extent that it is possible.

Final Comment One Heartt, Inc. OMHC reserves the right to change the terms of this notice and make the new notice provisions effective for all the records we maintain. We will make a good faith effort to provide you with a revised statement in a timely manner. Of course, if you have any questions about this notice or issues about privacy, let me know. If our discussions do not resolve the concern, you can contact the Maryland Board of Examiners or write to the Secretary of the U.S. Department of Health and Human Services.

ONE HEARTT, INC. OMHC NOTICE OF PRIVACY RIGHTS HIPAA CONSENT AND ACKNOWLEDGEMENT FORM

I consent to the use or disclosure of my Protected Health Information (PHI) by One Heartt, Inc. OMHC to any person or organization for the purpose of carrying out treatment, obtaining payment, or conducting certain healthcare operations. I understand that further information regarding how One Heartt, Inc. OMHC will use and disclose my information can be found in One Heartt, Inc. OMHC Notice of Private Practices which may be amended from time to time.

I understand and acknowledge the following: I have read and understand this consent I understand that my Protected Health Information may be used or disclosed for treatment, payment, and healthcare operations, which include fundraising communications. I understand that I may request restrictions on the use and disclosure of my Protected Health Information. I have had the opportunity to ask any questions regarding my rights relating to the use and disclosure of my Protected Health Information. I have received One Heartt, Inc. OMHC Notice of Privacy Practices currently in effect and understand that it may change at any time with respect to my Protected Health Information.

One Healing Educating and Renewing Through Therapy Inc OMHC

Intake

Handedness :

Presenting issues and goals:

Current issues and concerns :

Goals:

- Depressed Mood
- Unable to enjoy activities
- Sleep pattern disturbance
- Loss of interest
- Deficits in concentration
- Deficits in forgetfulness
- Change in appetite
- Excessive guilt
- Fatigue
- Increase/ Decrease in libido
- Racing Thoughts
- Impulsivity
- Anxiety
- Hallucinations
- Delusions

Other:

Suicidality/ Self-harm

Have you tried to harm yourself before:

Medical History

Allergies :

Current Height :

Current Weight:

List all current medications and dosage Ex. Gabapentin (5mg):

Over the counter medications:

Current medical issues :

Past medical problems, nonpsychiatric hospitalizations, and/ or surgeries: :

Have you ever had an EKG:

What were the results (e.g., normal, abnormal):

Have you ever had a brain scan:

If so, what were the results (e.g., normal, abnormal):

Are you physically active:

Date of last physical:

FOR WOMEN ONLY

Have you tried to harm yourself before:

Do you currently want to kill or harm yourself:

**If NO, please skip to the next section.
If the answer is yes dial 911 immediately.**

How often do you have these thoughts:

When was the last time you had thoughts of dying :

Has anything happened recently to make you feel this way:

Have you ever thought about how you would like to commit suicide:

Is the method you would use readily available :

Have you planned a time for this:

Presenting issues: Comments/ Notes: :

Psychiatric History

Have you had Mental Health treatment in the past :

If so, at what type of facility did you receive treatment :

If YES, list the reason, dates treated, and provider:

Family psychiatric history

Has anyone in your family been diagnosed or treated for:

Bipolar Disorder

Depression

Date of last menstrual period :

Are you currently pregnant or do you think you might be pregnant :

Are you planning on getting pregnant in the near future:

How many times have you been pregnant:

How many live births:

Birth control method :

Personal and family medical history. For family history please specify family member below. Please only include parents, siblings and children

Thyroid Disease :

Anemia :

Liver Disease :

Kidney Disease :

Chronic Fatigue :

Diabetes :

Asthma/ Respiratory Problems :

Gastrointestinal Issues :

Heart Disease :

Epilepsy or Seizures:

- Schizophrenia
- Anxiety Disorder
- Posttraumatic Stress Disorder
- Alcohol/ Substance Abuse
- Other Disorder

If you answered yes to any of the above, please specify which family member had each issue :

Substance Use

- Methamphetamine
- Cocaine
- Heroin
- Hallucinogens
- Marijuana
- Pain killers (off label)
- Methadone (off label)
- Tranquilizers (off label)
- Stimulants (off label, e.g., Ritalin)
- Alcohol
- MDMA
- Other substances (specify below)

Do you currently use any substances:

If so how much per day and how often per day.

How many caffeinated beverage do you drink per week:

Have you ever smoked or chewed tobacco products? If so, how many per day and for how many years:

High Blood Pressure:

Traumatic Brain Injury :

Medical Comments/Notes::

Birth and Development

Where there any complications during your birth or your mothers' pregnancy :

Check the developmental milestones you met on time

- Walking (1-1.5 years)
- Talking (first words 1-1.5)
- Cognitive (understanding basic commands by 1.5 years old)
- Social interest by 3 years
- Fine motor (holding a crayon or utensil by 2 years)

Please note any delays in development:

Family and Childhood History

Please check below if you were ever adopted and/or raised in foster care

- Foster care
- Adopted

If so, at what age did you leave the care of your biological parent, by whom were you raised, and did you have more than one placement? :

List your siblings and their ages (include any deceased siblings):

Father's occupation (if patient is a minor):

Have you ever been treated for alcohol or substance abuse:

If yes, answer the following questions

For which substances:

Name of treatment program, dates of treatment, and length of treatment:

Substance Use Notes/ Comments: :

Educational History

Highest grade completed :

Attend college?

If so please list all colleges attended and your major at each:

Highest Degree or educational level attained:

Occupational History

Are you currently (check all that apply):

Working

Seeking Work

Student

Unemployed

Retired

Receiving disability

Current/ Most Recent Employer:

Current/ Most Recent Job Title:

Mother's occupation (if patient is a minor):

Briefly describe your father and your relationship with him:

Briefly describe your mother and your relationship with her :

Check if you parents were ever married

Check if your parents divorced

How old were you when you began to live independently? :

Have you ever been physically, sexually, emotionally abused, or witnessed violence? :

Current Relationship/ Family

Current relationship status :

How long have you had this relationship status:

Do you have any prior marriages:

If so how many:

Sexually active?

How do you identify your sexual orientation

Queer

Asexual

Heterosexual

Fluid

Homosexual

Amount of time at your current/ most recent job:

Unsure/Curious

If other please describe:

Level of work satisfaction 0-5 (with 0 being very dissatisfied and 5 being very satisfied):

List your children, gender, and ages:

Check if you have served in the military or armed forces

Briefly describe your relationship with your children:

If so, please provide the details below:

List anyone else that resides in your residence with you:

Legal History

Additional Information:

Have you ever been arrested:

Do you have any current legal issues:

If you answered yes, provide the the details below:

Spiritual History

Do you currently belong to a particular religious or spiritual group:

Level of Engagement :

Any relevant cultural or religious history :

One Healing Educating and Renewing Through Therapy Inc OMHC

Liability Waiver

I hereby agree to release and hold harmless from any liability, One Heartt, Inc., including its paid and volunteer staff, members or its Board of Directors, Chief Executive Officer, and their heirs, executors and administrators, and any other agents or representatives of, One Heartt, Inc. , for any claim or cause of action of any kind, including specifically, personal injury which may occur while participating in any program or activity of any kind conducted, approved, organized, or sponsored by One Heartt, Inc., or its representatives, these programs or activities including but not limited to field trips and transportation to and from said programs and activities.

I understand that records kept will be held in strict confidentiality as required by COMAR regulations and the State of Maryland. In case of a medical emergency, I authorize One Heartt, Inc. OMHC to transport me or dependent to the nearest Emergency medical treatment center and contact mine or the child's emergency contact.

I have been informed of, understand and agree to the Consent of Mental Health Treatment explained above. *

One Healing Educating and Renewing Through Therapy Inc OMHC

PHQ-2 Questionnaire

Patient Health Questionnaire 2 (PHQ-2)

Patient Name:

Date of Visit:

Client Questions

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:

2. Not being able to stop or control worrying:

Questionnaire Score

Add up the all the numbers for answers 1-2 above.

Total Score:

One Healing Educating and Renewing Through Therapy Inc OMHC

PHQ-9 Questionnaire

The Patient Health Questionnaire 9 (PHQ-9)

Patient Name:

Date of Visit:

Client Questions

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:
2. Feeling down, depressed or hopeless:
3. Trouble falling asleep, staying asleep, or sleeping too much:
4. Feeling tired or having little energy.
5. Poor appetite or overeating:
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down:
7. Trouble concentrating on things, such as reading the newspaper or watching television:
8. Moving or speaking so slowly that other people could notice. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual:
9. Thoughts that you would be better off dead or of hurting yourself in some way.

Questionnaire Score

Add up the all the numbers for answers 1-9 above.

Total Score:

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?:

One Healing Educating and Renewing Through Therapy Inc OMHC

Patient Safety Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be:

Step 2: Internal coping strategies – Things I can do to take my mind off my problems:

Step 3: People and social settings that provide distraction:

Person 1: Name :

Person 1: Phone number :

Person 2: Name :

Person 2: Phone number :

Place 1: :

Place 2: :

Step 4: People whom I can ask for help:

Enter names and phone numbers :

Step 5: Professionals or agencies I can contact during a crisis:

Clinician Name :

Clinician Phone number :

Local urgent care phone number :

Local urgent care address :

Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe::

One Healing Educating and Renewing Through Therapy Inc OMHC

Release of Information

I authorize the following individual(s)/agency to release and receive written and/or verbal information regarding myself.

Addressee :

Addressees Agency :

Phone Number :

Fax Number :

Mailing Address :

I freely give my consent to One Heartt, Inc., OMHC and the addressee to exchange the information presented below. This information is to be kept confidential and may not be released to any other agency without my consent.

The purpose of this release is to provide continuity of care and to assist One Heartt, Inc. OMHC and the addressee in planning and providing services to me. In no way will this information be used to discriminate against me or deny me service at One Heartt, Inc. OMHC

This authorization includes release of the following information:

- Demographic Information
- Social Assessment/ History
- Psychiatric Evaluation
- Medication Record
- Treatment Plan and Reviews
- Transfer/ Discharge Summary
- Psychological Evaluation
- After-Care Plan
- Drug/ Alcohol Treatment Records
- Psychotherapy Notes
- Educational Records

Other (please list):

Authorization expires: One year from date signed, unless otherwise noted.

One Healing Educating and Renewing Through Therapy Inc OMHC

Telehealth Consent

Telehealth allows my treatment professional to diagnose, consult, treat and educate using interactive audio, video or data communication regarding my treatment. I hereby consent to participating in psychotherapy via telephone or internet with One Heartt, Inc. OMHC clinicians.

I understand I have the following rights under this agreement:

I have the right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person treatment. Any information disclosed to me during the course of my treatment, therefore is generally confidential.

There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make toward a reasonably identifiable person. I also understand that if I am in such a mental or emotional condition to be a danger to myself or others, my treatment professional has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent.

I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all patients will be effective. Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.

I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions or other communication by my treatment professional to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Telehealth treatment is different from in-person therapy and that if my treatment professional believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to in-patient treatment.

I have read and understand the information provided above. I have the right to discuss any of this information with my treatment professional and to have any questions I may have regarding my treatment answered to my satisfaction.

I understand that I can withdraw my consent to Telehealth communications by providing written notification to One Heartt, Inc. OMHC. My signature below indicates that I have read this Agreement and agree to its terms.

One Healing Educating and Renewing Through Therapy Inc OMHC

Video/Audio Tape Consent

Applicable to office visits using video conferencing technology where patients may be located at either office and the One Heartt, Inc. OMHC clinician is located at an offsite office. It allows for improved access to care by enabling a patient to remain within the facility and obtain services from providers at distant sites.

You will be introduced to the provider and anyone else who is in the room with the provider. You may ask questions of the provider or any telemedicine staff in the room with you, if you are unsure of what is happening. If you are not comfortable with seeing a provider on video conference technology, you may reject the use of the technology and schedule a traditional face-to-face encounter at any time. Safety measures have been implemented to insure that this video conference is secure, and no part of the encounter will be recorded without your written consent.

Possible Risks:

There are potential risks associated with the use of telemedicine which include, but may not be limited to:

In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

1. I understand that the laws that protect privacy and confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.

2. I understand that I have the right to withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

3. I also understand that if the provider believes I would be better served by a traditional face-to-face encounter, they may, at any point stop the telemedicine visit and schedule a face-to-face visit.

4. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

I have been informed of, understand and agree to the information provided regarding telemedicine. *

