

PathwayS
CENTER

For Behavioral & Developmental Growth

Employee Handbook

Welcome to Pathways Center for Behavioral and Developmental Growth! We are pleased that you have chosen Pathways Center as the place for your employment. Your skills in working with and your concern for those with behavioral health issues are both very important to our services here at Pathways Center.

Pathways Center provides mental health, developmental disabilities, and addictive disease services in ten counties—Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup, and Upson—and employs more than 300 people! For us to provide the highest quality services possible, we need to be able to work well together.

We proudly proclaim that CARF...The Rehabilitation Accreditation Commission, awarded us a three-year accreditation, the highest level of accreditation achievable! CARF is the nation's accreditation authority in the fields of medical rehabilitation, behavioral health and employment and community support services. There is a lot to learn in an organization as large as Pathways Center.

This handbook has been developed for you—the employee. You will find portions that deal with your job and benefits that you receive as an employee. Another section is to inform you of particular rules that we must live by. Other sections will let you know of opportunities that you are afforded as an employee of Pathways Center. Please read and reference this guide and let your supervisor, the Human Resources Department, or any member of the management team know if you have questions.

We at Pathways Center are excited about what we are doing and what we hope to be able to do in the future. We want you to join in this excitement. Our employees are our most valuable resource and we want you to know that we are excited to have you here!

Again, Welcome to Pathways!

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Note: This employee handbook is provided as a reference and shall not constitute a contract. Pathways Center reserves the right to make changes to the policies, procedures, benefits, and other statements made in this employee handbook. This handbook was developed by Pathways Center management and may be revised or canceled at any time, at the agency's sole discretion

"We love what we do and we're getting better at it everyday."

Our Vision

We are a team of unique individuals caring deeply about each other and those we serve. Integrity and respect are our highest values. We empower our consumers to take charge of their lives and accomplish their dreams. We spearhead a powerful community partnership to continuously improve health, quality of life, and satisfaction.

Our Mission

Pathways Center provides services that are family centered, culturally and consumer responsive, and that lead to empowerment, self-sufficiency, and an improved quality of life for persons affected by serious and persistent mental, developmental, and behavioral challenges.

State of Georgia Affiliation

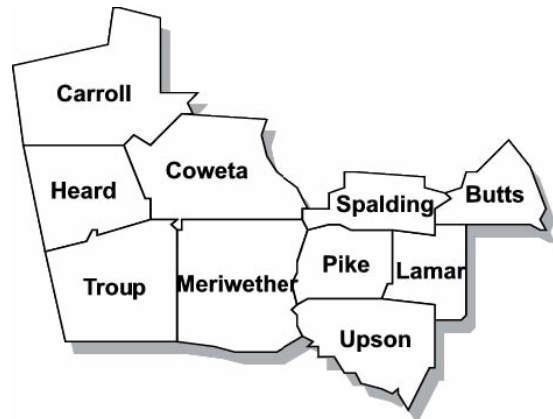
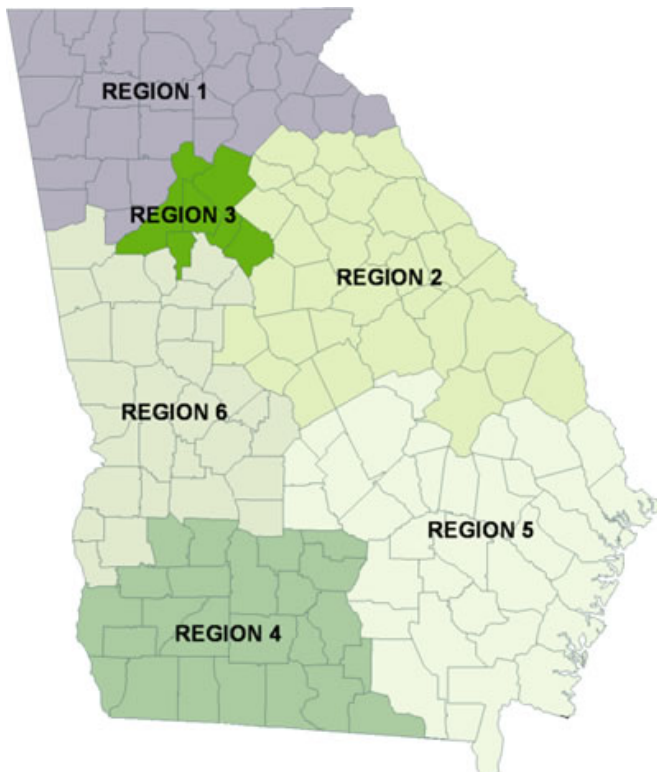


Georgia Department of
Behavioral Health and Developmental Disabilities

The Department of DBHDD provides treatment and support services to people with mental illnesses and addictive diseases, and support to people with mental retardation and related developmental disabilities. DBHDD serves people of all ages with the most severe and likely to be long-term conditions, including consumers with forensic issues.

Services are provided across the state through contracts with 25 community service boards, boards of health and various private providers, and through state-operated regional hospitals.

Pathways Center for Behavioral and Developmental Growth is a community service board in Region 6 serving 10 Georgia Counties: Carroll, Heard, Coweta, Troup, Meriwether, Spalding, Butts, Pike, Lamar, and Upson.



Serving Community Needs

Pathways Center for Behavioral and Developmental Growth is a human service agency serving over 8,000 people throughout Butts, Carroll, Coweta, Heard, Lamar, Meriwether, Pike, Spalding, Troup and Upson Counties. Our managers, service providers and support staff work as a team in collaboration with consumers, families and communities to provide individualized rehabilitation and/or treatment for those challenged with mental health, addictive disease or developmental disability issues.

ADULT MENTAL HEALTH

OUTPATIENT SERVICES

Our Outpatient Treatment Program provides services that are comprehensive, coordinated, and vary in level of intensity based upon the needs of the consumer. Outpatient services address a variety of issues such as stress, family and interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions, and the needs of victims of abuse and/or trauma.

DAY PROGRAMS

Our Day Programs are designed to help consumers increase their ability to live, function, and achieve maximum integration in the community. Services focus on the development of daily living skills through structured programming and activities.

SUPPORTED EMPLOYMENT

Our Supported Employment Program provides an active opportunity for consumers to receive help in obtaining work. Services assist those individuals with mental health issues in the areas of pre-application training, application and interview skills training and on-going support.

RESIDENTIAL

Our Residential Programs provide a variety of supports to consumers who live in the community. The programs are designed to provide an array of support services to maintain independent living while concurrently working toward a transition to greater independence.

CRISIS STABILIZATION / EMERGENCY RECEIVING FACILITY

Our Crisis Stabilization Program seeks to ensure that individuals experiencing severe psychiatric crisis situations are able to receive services in their local community. The program operates 24 hours a day and is a medically managed, short term residential program that accepts voluntary and involuntary referrals.

ADDICTIVE DISEASES

OUTPATIENT SERVICES

Outpatient Services utilize a variety of strategies to assist individuals in achieving goals related to addiction and in developing the tools to maintain recovery, prevent relapse and obtain abstinence. Services are individualized and include an array of therapeutic interventions, including participation in group training and/or group therapy.

DETOXIFICATION

Our Sub-acute Detoxification Program utilizes an interdisciplinary approach to the medical monitoring of substance withdrawal and the effective detoxification of consumers from alcohol and other drugs. The program focuses on the rapid stabilization of a consumer's physiological condition and subsequent linkage to a treatment and recovery continuum, while concurrently emphasizing individual responsibility and the importance of family/significant others in initiating behavior change.

SUPPORTED EMPLOYMENT

Our Supported Employment Program provides an active opportunity for consumers to receive assistance in obtaining work. Services assist individuals with addictive diseases in pre-application training, application and interview skills training, and on-going support.

CHILD AND ADOLESCENT

OUTPATIENT SERVICES

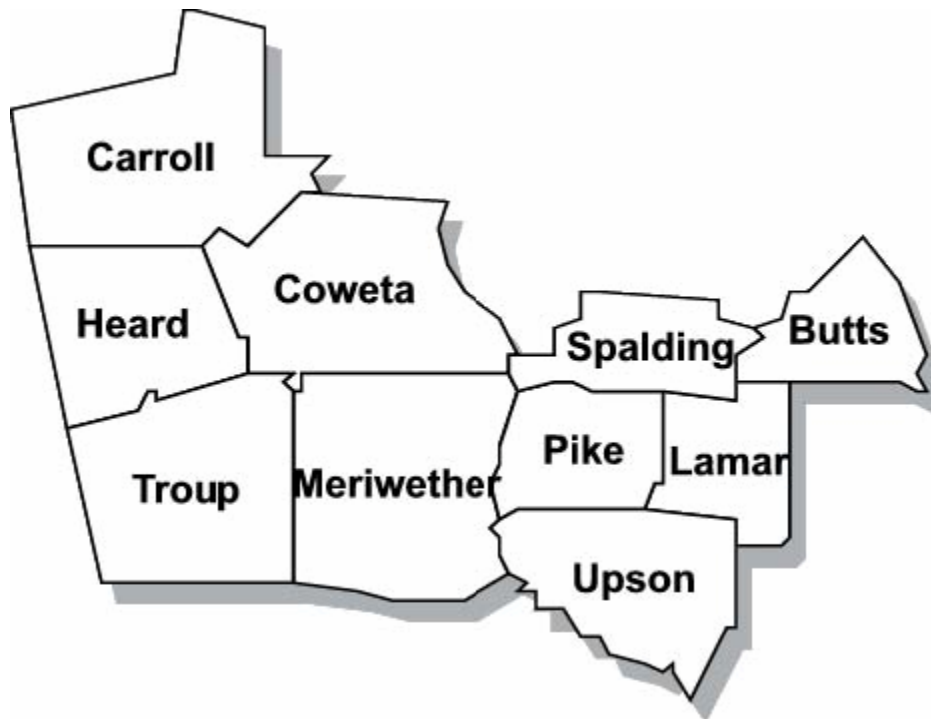
Our Outpatient Treatment Program provides services that are goal oriented and designed to restore and maintain appropriate developmental functioning. Services are offered in a manner that is respectful of the child's individual growth and development and varies in intensity based upon the needs of the consumer. Outpatient services address a variety of issues such as family functioning, social and peer relationships, self esteem, anxiety reduction, identifying and expressing feelings and anger management. Services may be clinic-based, school-based or community-based depending upon needs.

RESIDENTIAL

Our Residential Program provides a variety of supports to consumers who require assistance to remain with family in the community. The programs are designed to provide an array of support services to maintain independent living and prevent out-of-home placement. Services also include group home residential supports for those who require intensive out-of-home placement.

DEVELOPMENTAL DISABILITIES

Our Developmental Disability Program is committed to supporting persons with mental retardation or other developmental disabilities to participate fully in the mainstream of life in their community. Services include day and residential programs with assistance to each consumer in developing an individualized plan to reach the goals of their choice. Consumers are assisted in areas including supported employment, organizational work, and participation in community or social activities of their choice. Our goal is to help each individual achieve their own goals for a quality life.



Senior Executive Committee

Jade Benefield, Executive Director

Kay Hill, Deputy Director

Patrick Finnegan, Chief Financial Officer

Deana Smith, Director – Program Development

Pathways Center History

Pathways Center for Behavioral and Developmental Growth has been providing services in West Georgia since 1972, although until 1996 we were known as Chatt-Flint Mental Health, Developmental Disabilities, and Addictive Disorders. Until July 1, 1994, Pathways Center operated as a state facility. At that time, Community Service Boards came into existence as a result of the Georgia Legislature's desires. Pathways Center is one of twenty-five community service boards in the State of Georgia.

Employment Practices

An Equal Opportunity Employer

Pathways Center is an Equal Opportunity Employer and provides equal opportunity for employment, promotion, pay, discharge, training and other terms and conditions of employment to all persons regardless of race, color, age, gender, religion, national origin, physical or mental handicap, political affiliation, or perception of the same by the employer.

Exempt and Non-Exempt FLSA Classifications

Employees are designated as either *nonexempt* or *exempt* under the Fair Labor Standards Act (FLSA) for purposes of compensatory time. Compensatory time is defined as time given to employees who work more than 40 hours per week. Compensatory time calculated at one and one half times (1 ½) any hours worked over 40 hours in one week. For example, one hour worked in overtime means the employee receives one hour and 30 minutes of compensatory time in their "bank". *Nonexempt* employees are entitled to compensatory time.

Overtime (Non-Exempt Employees)

Nonexempt employees may, due to special circumstances, be approved by the supervisor to work in excess of 40 hours per week. In the event that overtime occurs, nonexempt employees will be given compensatory time at the rate of time and a half (1.5 hours). Overtime must be kept to a minimum and approved in advance by your supervisor

Your Hours of Work

Full-time employees of Pathways Center work a 40-hour week and Part-time hourly employees work as directed. Due to the many programs and services offered by Pathways Center, work schedules may vary, depending upon the needs of your facility. Work schedules may change because of changing needs of the agency.

Lunch breaks are generally offered from thirty minutes to one hour, depending on the needs of the facility. An additional break, one in a four hour work period, may be scheduled by supervisors as conditions permit. Employees are not allowed to leave the worksite during these work breaks.

Time Sheets

Non-Exempt full-time and part-time employees are required to record their number of hours worked daily. Your supervisor will explain how to complete your time sheet. This time sheet is the basis upon which you are paid; it is a legal document and it must be completed legibly and in ink.

If you falsify your time sheet you will be subject to disciplinary action. Do not erase or use correction fluid when correcting a mistake on your time sheet. Instead, cross out the mistake and initial the change. When it is necessary to make substantial changes or correct multiple errors, you should complete a new, corrected time sheet.

Payday

Pathways employees are paid twice each month, on the 15th and the last work day of the month. If a payday falls on a Saturday or Sunday, paychecks are issued on the preceding Friday. ***Employees hired January 1, 2009 and later are paid in arrears, meaning when they receive a check it is for the previous work period, not the current work period.***

Direct deposit is available at Pathways and you are encouraged to take advantage of the opportunity to have your check deposited automatically into your savings or checking account.

With the exception of taxes, there are two types of payroll deductions: Voluntary and Involuntary.

Voluntary deductions are those requested by you to purchase your benefits. Involuntary deductions take place either because you were overpaid in a previous pay period, or because your wages have been attached by a creditor. It is your responsibility to maintain your personal affairs in such a way as to not involve Pathways. Two or more garnishments may be cause for disciplinary action and administrative fees.

Personnel Files

All related employment records shall be kept in the Human Resources Department to ensure privacy and confidentiality as allowed by law. Some information in your personnel file may be accessed through a request under the Open Records Act. Employees who wish to review their own file should contact the Human Resources Department.

Any changes in your name, address, telephone number, emergency contact, marital status, number of dependents, or changes in beneficiaries should be promptly reported to the Human Resources Department.

Performance Management

Performance management is a process, not an event

Performance management is not just a once-a-year evaluation and planning session. It is a year-around process in which the employee executes on the performance plan and the manager provides ongoing coaching and development.

The State has developed a competency framework. All employees will be evaluated on five core competencies:

1. Customer Service,
2. Teamwork and Cooperation,
3. Accountability,
4. Results Oriented,
5. Judgment & Decision making.

These have been identified as critical to the state as a whole. In addition, people managers (those who supervise others) will be evaluated on two additional leadership competencies: Talent Management and Transformers of Government.

Performance reviews are provided to all employees in May/June of each year which follows our fiscal year which begins on July 1 and ends on June 30. Simultaneous with annual performance reviews is a goal setting process for the upcoming year.

Five-Point Rating Scale

Rating	Definition
Exceptional Performer (5)	Employee exceeded all performance expectations. Employee was an exceptional contributor to the success of his/her department and the state of Georgia. He/she demonstrated role model behaviors.
Successful Performer Plus (4)	Employee met all and exceeded most (more than 50%) of the established performance expectations.
Successful Performer (3)	Employee met all performance expectations and may have exceeded some (less than 50%). Employee was a solid contributor to the success of his/her agency, department, and the state of Georgia.
Successful Performer Minus (2)	Employee met most (more than 50%), but failed to meet some (less than 50%) performance expectations. Employee needs to further improve in one or more areas of expected job results or behavioral competencies.
Unsatisfactory Performer (1)	Employee did not meet all or most (more than 50%) of the established performance expectations. Employee needs significant improvement in critical areas of expected job results or behavioral competencies.
Not Rated (NR)	At the agency's discretion, a new hire or transfer within five months of the end of the performance period may or may not receive a performance rating.

Training Requirements

All Pathways Center **employees who service consumers** in any outpatient and/or developmental disabilities program must complete the following training initially and ongoing.

After Hire	Time Frame	# of Hours
New Employee Orientation	Within 30 Days of hire	8.00
CPR & First Aid	Prior to consumer contact	8.00
Crisis Prevention Intervention (CPI)	Prior to consumer contact	8.00
Defensive Driving (transports consumers or drives an agency vehicle)	Within 30 Days	8.00
Essential Learning Online Courses		
Abuse, Neglect, and Incident Reporting for Paraprofessionals	Within 60 days of hire	1.00
Case Management for Paraprofessionals	Within 60 days of hire	3.00
Co-Occurring Disorders: An overview for Paraprofessionals	Within 60 days of hire	1.50
Corporate Compliance and Ethics for Paraprofessionals	Within 60 days of hire	1.00
Crisis Management for Paraprofessionals	Within 60 days of hire	3.00
Cultural Diversity for Paraprofessionals	Within 60 days of hire	1.50
Essential Components of Documentation for Paraprofessionals	Within 60 days of hire	6.00
Mood Disorders in Adults: A Summary for Paraprofessionals	Within 60 days of hire	1.00
Overview of Medications for Paraprofessionals	Within 60 days of hire	2.00
People with Serious Mental Illness for Paraprofessionals	Within 60 days of hire	3.00
Suicide Prevention	Within 60 days of hire	2.00
Therapeutic Boundaries for Paraprofessionals	Within 60 days of hire	2.50
Understanding Schizophrenia for Paraprofessionals	Within 60 days of hire	2.00
Understanding the Addictive Process: An Overview for Paraprofessionals	Within 60 days of hire	2.00
Welcome to Essential Learning	Within 60 days of hire	0.00
WRAP: One on One	Within 60 days of hire	3.00
	Total	66.50
Ongoing		
CPR	Annually	4.00
Crisis Prevention Intervention (CPI Refresher)	Annually	4.00
Fire Safety, Emergency and Disaster Plans & Procedures	Annually	2.00
Essential Learning Online Courses		
Client Rights & Responsibilities: Abuse, Neglect, and Incident Reporting for Paraprofessionals	Annually	1.00

Cultural Issues in Mental Health Treatment for Paraprofessionals	Annually	3.00
Corporate Compliance and Ethics for Paraprofessionals	Annually	1.00
Essential Components of Documentation for Paraprofessionals	Annually	6.00
Depressive Disorder in Children & Adolescents	Annually	3.00
Path to Recovery	Annually	2.00
Mental Health Issues in Older Adults for Paraprofessionals	Annually	2.00
Supported Employment – Evidenced Based Practices	Annually	6.00
	Total	34 total
Defensive Driving (transports consumers or drives an agency vehicle)	Three Years	8
First Aid	Three Years	4

All Pathways Center **employees who work in the 24-hour child and adolescent program providing direct service** must complete the following training initially and ongoing.

After Hire	Time Frame	# of Hours
New Employee Orientation	Within 30 Days of hire	8.00
CPR & First Aid	Prior to consumer contact	8.00
Crisis Prevention Intervention (CPI)	Prior to consumer contact	8.00
Seclusion & Restraint	Prior to consumer contact	2.00
Defensive Driving (transports consumers or drives an agency vehicle)	Within 30 Days	8.00
Essential Learning Online Courses		
Abuse, Neglect, and Incident Reporting for Paraprofessionals	Within 60 days of hire	1.00
Case Management for Paraprofessionals	Within 60 days of hire	3.00
Co-Occurring Disorders: An overview for Paraprofessionals	Within 60 days of hire	1.50
Corporate Compliance and Ethics for Paraprofessionals	Within 60 days of hire	1.00
Crisis Management for Paraprofessionals	Within 60 days of hire	3.00
Cultural Diversity for Paraprofessionals	Within 60 days of hire	1.50
Essential Components of Documentation for Paraprofessionals	Within 60 days of hire	6.00
Mood Disorders in Adults: A Summary for Paraprofessionals	Within 60 days of hire	1.00
Overview of Medications for Paraprofessionals	Within 60 days of hire	2.00
People with Serious Mental Illness for Paraprofessionals	Within 60 days of hire	3.00
Suicide Prevention	Within 60 days of hire	2.00
Therapeutic Boundaries for Paraprofessionals	Within 60 days of hire	2.50
Understanding Schizophrenia for Paraprofessionals	Within 60 days of hire	2.00
Understanding the Addictive Process: An Overview for Paraprofessionals	Within 60 days of hire	2.00

Welcome to Essential Learning	Within 60 days of hire	0.00
WRAP: One on One	Within 60 days of hire	3.00
CAFAS (Child & Adolescent Functional Assessment Scale)	Within 180 Days	12
	Total	80.50
Ongoing		
CPR	Annually	4.00
Crisis Prevention Intervention (CPI Refresher)	Annually	4.00
Fire Safety, Emergency and Disaster Plans & Procedures	Annually	2.00
Essential Learning Online Courses		
Client Rights & Responsibilities: Abuse, Neglect, and Incident Reporting for Paraprofessionals	Annually	1.00
Cultural Issues in Mental Health Treatment for Paraprofessionals	Annually	3.00
Corporate Compliance and Ethics for Paraprofessionals	Annually	1.00
Essential Components of Documentation for Paraprofessionals	Annually	6.00
Depressive Disorder in Children & Adolescents	Annually	3.00
Path to Recovery	Annually	2.00
Bipolar Disorder in Children & Adolescents	Annually	1.00
Alcohol and the Family for Paraprofessionals	Annually	2.50
	Total	28.50 total
Defensive Driving (transports consumers or drives an agency vehicle)	Three Years	8
First Aid	Three Years	4

All Pathways Center **employees who work in the 24-hour adult crisis stabilization program providing direct service** must complete the following training initially and ongoing.

After Hire	Time Frame	# of Hours
New Employee Orientation	Within 30 Days of hire	8.00
CPR & First Aid	Prior to consumer contact	8.00
Crisis Prevention Intervention (CPI)	Prior to consumer contact	8.00
Seclusion & Restraint	Prior to consumer contact	2.00
Defensive Driving (transports consumers or drives an agency vehicle)	Within 30 Days	8.00
Essential Learning Online Courses		
Abuse, Neglect, and Incident Reporting for Paraprofessionals	Within 60 days of hire	1.00
Case Management for Paraprofessionals	Within 60 days of hire	3.00
Co-Occurring Disorders: An overview for Paraprofessionals	Within 60 days of hire	1.50
Corporate Compliance and Ethics for Paraprofessionals	Within 60 days of hire	1.00
Crisis Management for Paraprofessionals	Within 60 days of hire	3.00

Cultural Diversity for Paraprofessionals	Within 60 days of hire	1.50
Essential Components of Documentation for Paraprofessionals	Within 60 days of hire	6.00
Mood Disorders in Adults: A Summary for Paraprofessionals	Within 60 days of hire	1.00
Overview of Medications for Paraprofessionals	Within 60 days of hire	2.00
People with Serious Mental Illness for Paraprofessionals	Within 60 days of hire	3.00
Suicide Prevention	Within 60 days of hire	2.00
Therapeutic Boundaries for Paraprofessionals	Within 60 days of hire	2.50
Understanding Schizophrenia for Paraprofessionals	Within 60 days of hire	2.00
Understanding the Addictive Process: An Overview for Paraprofessionals	Within 60 days of hire	2.00
Welcome to Essential Learning	Within 60 days of hire	0.00
WRAP: One on One	Within 60 days of hire	3.00
	Total	80.50
Ongoing		
CPR	Annually	4.00
Crisis Prevention Intervention (CPI Refresher)	Annually	4.00
Fire Safety, Emergency and Disaster Plans & Procedures	Annually	2.00
Essential Learning Online Courses		
Client Rights & Responsibilities: Abuse, Neglect, and Incident Reporting for Paraprofessionals	Annually	1.00
Cultural Issues in Mental Health Treatment for Paraprofessionals	Annually	3.00
Corporate Compliance and Ethics for Paraprofessionals	Annually	1.00
Essential Components of Documentation for Paraprofessionals	Annually	6.00
Defining Serious Persistent Mental Illness and Recovery	Annually	2.00
Path to Recovery	Annually	2.00
Understanding the Addictive Process: An Overview for Paraprofessionals	Annually	2.00
Alcohol and the Family for Paraprofessionals	Annually	2.50
	Total	29.50 total
Defensive Driving (transports consumers or drives an agency vehicle)	Three Years	8
First Aid	Three Years	4



All Pathways Center **employees who do not provide direct service** must complete the following training initially and ongoing.

After Hire	Time Frame	# of Hours
New Employee Orientation	Within 30 Days of hire	8.00
Defensive Driving (transports consumers or drives an agency vehicle)	Within 30 Days	8.00
Ongoing		
Defensive Driving (transports consumers or drives an agency vehicle)	Three Years	8

Mileage Reimbursement

All employees on travel status are eligible for reimbursement for travel related expenses.

The supervisor should give careful consideration when approving travel. Travel should be limited to the amount considered essential to the operation and training of each unit and budget funds must be available.

The county manager/program manager or designee will approve travel reimbursement for all employees within their area. Care should be taken to verify that all charges are reasonable and in accordance with policy.

First priority for travel should be given to using State-owned vehicles if available. When possible, employees should attempt to travel together to the same destination in one vehicle.

Pathways Center allows an amount per mile for reimbursement related to transportation expenses incurred using personally owned vehicles. Pathways Center reserves the right to change these reimbursement rates at its sole discretion. Reasonable parking and toll fees may be paid in addition to the mileage rate.

Travel reimbursement checks will only be processed once a month, on the 15th of the month. Travel vouchers submitted to the accounting office by the 10th of each month will be included in the mid-month payment. Travel vouchers submitted after the 10th of the month will be processed in the next month's payments. Travel over 60 days old will not be reimbursed.

HR Policies and Procedures

Drug Free Work Place

Staff are not allowed to use, possess, distribute, manufacture, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs, or the unauthorized use of prescription drugs, on or off the job or on company premises or any location at which agency business is conducted, including agency vehicles and any private vehicle parked on Pathways' premises or work sites.

Staff are not allowed to report to work under the influence of or while possessing in his/her body, blood or urine, illegal drugs in any detectable amount.

Staff are not allowed to report to work under the influence or impaired by alcohol.

Pathways Center conducts pre-employment, random, post-accident and reasonable suspicion drug testing at a minimum. (Pre-employment and random drug testing will apply to staff responsible for consumer care, staff who transport consumers or drive agency vehicles, staff who are involved in the management of Pathways' or consumers' funds, persons who control or manage employee information, staff in safety sensitive positions, and staff who perform job duties without direct oversight during the performance of their duties).

Pathways Center may conduct searches of a person's work space and property for suspicion of drugs in the workplace.

According to the Drug-Free Workplace Act of 1988, as a condition of employment, employees must abide by this policy and must notify Pathways Center in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

Drug testing, not conducted by a certified lab, must be verified through a certified lab, in compliance with established regulations, if the testing results are positive.

Sexual Harassment

Pathways Center will not tolerate sexual harassment of its employees or non-employees by anyone - co-workers, management/supervisors, non-managers, consumers, or anyone doing business with the Agency.

PROCEDURE:

All complaints of sexual harassment will be taken seriously, whether the complaint be from or against an employee or non-employee. All allegations will be thoroughly investigated.

Any complainant who believes that he or she is a victim of sexual harassment must report it to either the Executive Director or the Agency EEO Representative, or file a complaint under the Agency EEO Complaint Procedure. Failure to report such an incident will be grounds for disciplinary action for failure to follow established policy.

The Agency Representative receiving the complaint shall obtain a written, signed and dated complaint whenever possible. The complainant will be assured of appropriate confidentiality; however, the complainant shall recognize that allegations may be disclosed to the extent necessary to conduct an investigation or take corrective action.

The Agency Representative investigating the complaint must seek to resolve all such complaints. Work areas may be observed unannounced and other persons may be interviewed in order to substantiate the complaint.

If the allegations are confirmed, appropriate action must be taken to ensure the work environment is free of all forms of sexual harassment. Where appropriate, the harasser, as well as those management/supervisory personnel involved, should be advised that no retaliatory action be taken with the complainant or anyone assisting with the investigation. Disciplinary action will be quickly administered to the harasser. Disciplinary action will be determined on a case by case basis up to and including termination as well as transfer or demotion.

The Agency EEO Representative shall maintain for three (3) years a confidential file containing the written complaint, note of observation, interviews, note of disposition, and copies of all warnings pertaining to the incident.

Equally serious are false accusations of sexual harassment. Unwarranted accusations are demoralizing and slanderous. Such accusations can expose the accuser and Pathways Center to litigation and damages. Furthermore, false accusations undermine the purpose of this policy. Disciplinary action, up to and including dismissal will be taken with any employee who falsely accuses someone of sexual harassment.

DEFINITIONS:

Verbal: Sexual innuendo, suggestive comments, threats, insults, jokes about gender-specific traits, sexual proposition.

Nonverbal: Making suggestive or insulting noises, obscene gesture, whistling, leering.

Physical: Touching, pinching, brushing body, coercing sexual intercourse, assault.

Visual: Display of sexually oriented materials including pinup type calendars of either sex.

Workers Compensation/Risk Management

All work related accidents/injuries must immediately be reported to the employee's immediate supervisor (no later than 24 hours).

If the employee is in need of medical care, the supervisor of the injured employee must call The Network at 877-656-7475 to report the claim. To find a facility approved for treatment, call AmeriSys Managed Care at 800-900-1582. If emergency care is needed as a result of a work related injury or illness, the employee should proceed to the nearest medical care facility or call 911 for assistance. Following the emergency admission, service or procedure, the employee must notify AmeriSys Managed Care (800-900-1582) of the injury.

If the incident does not require medical attention, the supervisor should document the incident by completing the First Report of Accident (WC-1) and forward to Human Resources within 48 hours of notification of incident by employee.

The Human Resources Department will maintain documentation on each incident.

Follow-up correspondence, doctor statements, etc. should be forwarded to the Human Resources Department for processing.

Outside Employment

Employees must request, in writing, through his/her supervisor permission to be employed with any other entity. Additionally, this policy will apply to persons engaged in private practice.

PROCEDURE:

1. Any employee desiring to work any outside employment must make his/her request in writing using form (18-HR-F) and submit to his/her supervisor. Approval at all levels must be obtained prior to the employee going to work.
2. Employees must consider their employment with the agency their place of primary employment. Their request for outside employment must clearly demonstrate their understanding that they must not have work hours or interests which would conflict or interfere with the agency.
3. Employees and contracted staff will not be permitted to refer consumers to their private practice of mental health, mental retardation, or substance abuse services while employed with the agency.
4. Contracted physicians providing specific and limited medical services may be exempt from the restriction in #3 if the service is not otherwise available and provided that the physician does not refer to his practice from the agency.

Nepotism/Employment of Relatives

Pathways Center may employ persons who are related to current employees to work in the same program component, but may require that these do not:

- work in a direct line of supervision with related employees;
- work where there is a potential for conflict of interest or other abuses of position.

Pathways Center will not employ persons who are related to Community Service Board members or Regional Board staff or members.

PROCEDURE:

1. Persons applying for agency positions will be asked, prior to being offered a position, if they are related to agency employees. Relations are defined as spouse, parent, children, stepchildren, siblings, siblings-in-law, grandparents, parents-in-law, guardians, or legal wards. If so, it must be determined if any of the following conditions are met:
 - a) Will the applicant be working in a direct line of supervision with the person with whom they are related?
 - b) Will the applicant be working where there is a potential for conflict of interest or other abuses of position with the person with whom they are related?
 - c) Is the applicant related to a member of the Community Service Board of Directors or Regional Board staff or members?
2. If any of the above questions may be answered yes, the applicant will not be considered for the position unless the Executive Director or designee makes an exception to this policy. (See Procedure #5)
3. Employees related by the above definitions prior to the effective date of this policy are not affected concerning their status of employment; however, relatives of these employees as defined by this policy will be ineligible for hire within the agency.
4. Any person misrepresenting themselves or providing false information about any relationship to a Pathways Center employee will be subject to disciplinary action up to and including dismissal.
5. The Executive Director, or his/her designee, shall make determinations as to exceptions to this policy and to further restrictions of the hiring of other relatives not noted in this policy.

Health and Safety

Pathways Center will maintain an active Health and Safety Program for all of the facilities controlled by the organization that will include communication with the chief executive, designated staff members, and persons served. There will be designated managerial and supervisory staff members who are responsible for implementing appropriate Health and Safety policies and procedures. The daily operations of the organization shall be managed with an awareness of the need to maintain a safe environment. Staff demonstrates their competency in safety practices by participating in drills, self-inspections, evacuation procedures, emergency procedures, and identifies and reports critical incidents.

PROCEDURE:

1. Each site in Pathways Center shall designate a Site Safety Officer (SSO) who will be responsible for maintaining the health and safety requirements set forth by the agency, regulatory agents, and local health and safety codes. The agency will also designate a Program Safety Officer (PSO) to work with the various Site Safety Officers. The PSO shall maintain a record of inspections and drills and send out timely notice when these are due according to Pathways Center policy. The PSO shall also be a part of the agency's Risk Management Committee.
2. Each Pathways Center site shall be self-inspected semi-annually on each shift using the Facility Self Inspection Checklist. Additionally, operated residential sites shall be required to use the Residential Facility Inspection Form Supplement. Each site shall also be inspected by a qualified external authority each year (e.g. Health Department, Food Service and Fire Department). If food service is provided, the site must also be inspected by the health department.
3. The Executive Director is informed of any deficiencies in any health and safety areas and correspondence is initiated from that office to correct those deficiencies. A report is sent from the particular site to the PSO upon identification and correction of the deficiency. All deficiencies will be corrected in a timely manner. Copies of all inspection reports and checklists, and any corrective actions necessary, shall be maintained at each site as well as by the PSO, who will routinely report the status of all site inspections to the Risk Management Committee.
4. Pathways Center will maintain an active accident and incident reporting process that includes reporting any consumer deaths as outlined in Policy 17-HST.
5. Pathways Center will maintain an active vehicle inspection process to insure that agency vehicles are inspected semi-annually and any noted deficiencies are corrected.
6. Pathways Center also maintains an active Risk Management Committee that meets routinely to review items of health, safety, and risk to the agency consumers and employees.

Organizational Ethics

Code of Organizational Ethics

It is Pathways Center policy to hold accountable those who perform services for the agency to an organizational code of ethics. Pathways Center holds its staff accountable to an exacting code of ethics. Agency employees are trained in this code of ethics. The code of ethics is shared with consumers in their orientation to services. Areas covered in Pathways Center's ethical codes include conduct in 1) business, 2) marketing, 3) service delivery, 4) professional responsibilities, and 5) human resources.

PROCEDURE:

Employees may not engage in outside activity which may enhance themselves or his/her family financially as a result of knowledge, information, or action taken in their official capacity as an employee of the program. Family, for purposes of this policy is defined as spouse, child, parent, brother, sister, or in-laws.

Any employee who engages in an activity that may impact negatively on the agency needs to be reported immediately to their supervisor.

Employees shall not be voting members of any organization which governs or is related to the agency such as the Community Service Board, Regional Board, DHR Board, etc.

No employee may buy or sell to the agency.

No employee will engage in practices that restrain trade or open and restrain competition in transactions with the Regional or Community Services Board.

No employee may act as a dealer, agent, or broker or in any other matter in connection with the sale of goods or services to the program.

Pathways Center shall as part of its corporate citizenship engage in activities that promote the self-determination and self advocacy of its consumers. Pathways Center promotes community integration for consumers and activities to reduce stigma and isolation often associated with mental health, mental retardation and substance abuse issues.

Code of Personal/Professional Ethics (Standards of Conduct)

It is Pathways Center policy to have all of its employees observe high moral and ethical standards in official relationships and conduct while on the job in compliance with Federal and State laws, the State of Georgia Code of Ethics for Government Service (attached), Rules of the State Personnel Board, applicable sections of the Official Code of Georgia, and the Pathways Center Code of Organizational Ethics. Written guidelines that are explicit in covering all phases of an employee's conduct are not possible. This policy provides general guidance and specific examples that establish a framework of principles to assist employees in performing their job in a professional manner. The organization reserves the right to take appropriate disciplinary action, to decline to appoint or promote an applicant/employee and to reassign an employee in order to avoid or eliminate the appearance of conflict of interest based on employee/employee or employee/person served relationships. Employees receive a review of Pathways Center Corporate Compliance practices at orientation.

- A. **Persons served** will be informed and assured of the ethical environment of the agency by review with them the code of ethics. The code of organizational ethics shall be shared with persons served during orientation to services and documented in the persons served record. This Code of Ethics can be shared with the person served either verbally or in writing with the distribution of the organizational code of ethics.

- B. **Non-Work Times** - In general, the organization is not concerned with the non-work time of employees. Off-duty conduct becomes a legitimate concern, however, when it affects the organization's operations or reflects unfavorably on the organization. Such off-duty conduct may result in appropriate disciplinary actions against the employee(s) involved. Employees, independent contractors, interns, or volunteers must report any charge or arrest for violation of federal law, state law, county or municipal law, regulation, or ordinance (including traffic violations) to their supervisor within 24 hours of the aforementioned charge or arrest. The supervisor then reports this information to the Human Resource Director.

- C. **Conditions of Employment** - Employees must comply with the terms and conditions of employment specified in policies, rules and laws which are applicable to all employees. Examples include, but are not limited to:
 - 1. Personal appearance and appropriate dress.
 - 2. Professional relationships with co-workers and supervisors.
Seeking, accepting and completing assignments with deadlines.

Maintaining a courteous, professional demeanor in the presence of consumers, the general public and other employees. Giving clear and accurate information in a professional manner. Using appropriate telephone courtesy.

3. Punctuality in reporting to work. Observing appropriate call-in procedures for late arrival and/or absence. Observing provisions of Fair Labor Standards Act. Observing policies on break and lunch periods. Using work time for work related activity.
4. Appropriate use of leave including timely requests and provision of documentation for use of leave when requested.
5. Observance of established policies on health, safety, security and sanitation. Notification to supervisors of circumstances or situations that present potential health hazards.
6. Observance of rules and policies as prescribed within these standards of conduct and others specifically related to job responsibilities.

D. Use of Privileged or Confidential Information

1. Financial or Other Advantage: Many employees are exposed to privileged or confidential information through their knowledge of official plans and programs which are of significant interest to the public. Privileged or confidential information cannot be used by employees to gain advantage for themselves or for their relatives, friends or acquaintances.
2. Release of Information: Privileged or confidential information (e.g., contract bids, certain financial, personnel or consumer information, etc.) is to be released only to authorized persons. The release of any privileged or confidential information, financial or otherwise, is not authorized to any person who does not have a legitimate need to know.
3. Use of Computer Information: Use of computers to obtain information concerning consumers, other employees, or third parties for non-work related reasons is strictly prohibited.

E. Use of State/Organization Property

1. Employees are responsible for reporting suspected criminal or administrative misconduct including fraud, waste and abuse relating to any State/Organization program or operation. Negligent use and/or destruction of State/Organization property is prohibited.

2. Employees are not to use or permit the use of State/Organization property for other than official activities. Any form of communication (e.g., voice-mail, E-mail, or fax transmittals) should convey only professional, business-like messages. State property includes but is not limited to:
 - a. Telephones (local calls of infrequent, short duration are permitted)
 - b. Automobiles
 - c. Office equipment
 - d. Supplies of all kinds.

F. Personal Appearance During Work Hours (Dress Code)

Employees must ensure their clothing is suitable for the type of environment and activities they are expected to undertake during the course of their work.

Employees must ensure that their attire does not present difficulties in relation to health and safety: moving & handling, personal protective clothing, security.

It is important that staff maintain a high level of personal hygiene presenting a clean, neat and tidy appearance at work.

Jewelry, if worn, should be consistent with health and safety, and professional standards. Jewelry type should reflect the potential risks associated with working in that area; no hoop earrings, long neck chains etc in areas where aggressive behaviors could be displayed.

It is important, so as not to offend or put oneself at personal risk, and as such body piercing should be appropriate to your job duties.

Tattoos and body piercing should be covered where practicable

Items of clothing should not be worn which would be reasonably considered to be revealing, offensive or provocative to consumers or co-workers.

Footwear should be sensible and comply with work conditions for safety purposes.

The agency recognizes the growing popularity of casual business dress and the positive effects of this shift to boost employee morale, improve quality, encourage more open communication and increased productivity, therefore, creating a more comfortable work environment. As a result, casual business attire will be permitted on Fridays. The agency reserves the right to continue, extend, revise or revoke this policy at its discretion.

Enforcement of this guideline is the responsibility of all supervisors and managers throughout Pathways Center.

The key point to sustaining an appropriate casual business attire program is the use of common sense and good judgment, and applying a dress practice that Pathways Center deems conducive to the business and clinical environment.

If you question the appropriateness of the attire, it probably isn't appropriate.

Requests for advice and assistance in administrating or interpreting these guidelines should be directed to Human Resources.

G. Activities During Work Hours

1. Employees are expected to maintain a professional and businesslike relationship with fellow employees. Pathways will not tolerate acts and threatened acts of violence in the work place. Reports of threats and acts of violence will be taken seriously and thoroughly investigated by management. Examples of prohibited behavior are:
 - a. Argumentative behavior, whether directed toward a supervisor, consumer, co-worker, or any other party while on duty or while acting under color of office;
 - b. Fighting;
 - c. Unprofessional behavior such as sexual-related conversations, inappropriate touching of another employee (e.g., kissing, hugging, massaging, sitting on laps, etc.), racial or ethnic jokes and slurs.
2. Employees are required to cooperate and provide assistance, when appropriate, with any type of investigation regarding alleged criminal or administrative misconduct. This includes activities such as cooperating in interviews, answering questions related to the performance of official duties, producing requested documents, handwriting analysis and polygraph examinations.

3. Employees are not to engage in activities other than official business during working hours. Prohibited activities include, but are not limited to:
 - a. Lending or borrowing money;
 - b. Gambling;
 - c. Conducting an outside business while on duty by any means of communication, such as wearing beepers,
 - d. Being on call for other employment.
4. Employees are not authorized to tape record conversations/meetings at work unless specifically approved by the Executive Director or designee.
5. Employees are prohibited from falsifying records (i.e., time cards, sign in-out sheets, case management and/or consumer records) or any other documents prepared during the course of business.
6. Employees are forbidden to carry weapons (e.g., knives, firearms, or explosive devices) while at work.
7. Possession or consumption of alcohol or illegal drugs and/or reporting to work or being on duty while under the influence of drugs or alcohol is prohibited.
8. In order to minimize interference with normal operations and to avoid potential hazards and liability for the agency, visitors (e.g., children, other relatives, friends or acquaintances of employees) in the work place during work hours are discouraged. Babysitting of children by employees while on duty is prohibited. Work units may establish specific prohibitions in accordance with work-related needs.
9. Offices, workstations and office furniture are state/organization property and are reserved for work-related activities. This does not preclude the occupant of an office or workstation from placing personal items in the office or work station, consistent with a business environment and standards of reasonableness. Examples include family photographs, certificates, diplomas, small discreet, decorative or inspirational items intended for the comfort and enjoyment of the occupant. Such items must not be offensive or inflammatory, or otherwise inconsistent with the organizational work setting. The organization at all times reserves the right to require removal of a particular item or items from the office or workstation. The organization also reserves the right to open and have access to any of its property as needed including desks, credenzas, file cabinets, etc.

H. Activities and Relationships with Non-Employees

1. Employees must be alert in conducting business with non-employees to avoid even the appearance of misconduct, personal or financial gain or conflict of interest.
2. Employees are prohibited from accepting personal favors or benefits under circumstances which may be reasonably construed as influencing or giving the appearance of influencing the employee's official activities. Such favors and benefits may not be accepted by the employee on behalf of other individuals.
3. Employees are prohibited from involvement in official activities in which a consumer/applicant/recipient of the organization's services or financial assistance is a relative or in-law. Employees are prohibited from involvement in unofficial activities in which a consumer/applicant/recipient of the organization's services or financial assistance is a personal acquaintance when the relationship creates a conflict or perception of conflict of interest.
4. Employees are required to report such circumstances to their supervisors to avoid the appearance of giving unjustified preference or conflict of interest.
5. Employees are encouraged to discuss the above circumstances with their supervisors if there are any questions concerning relatives, in-laws, or acquaintances with regard to this policy.
6. Employees must conduct themselves in a positive and courteous manner toward consumers. Mistreatment of consumers in any form is a matter of concern at all supervisory levels and will not be tolerated. Prohibited activities include, but are not limited to:
 - a. Procuring alcohol or illegal drugs for or from consumers;
 - b. Receiving gifts or favors from consumers or from relatives, friends, acquaintances of consumers;
 - c. Gambling, buying, selling, trading, borrowing or lending goods or money with consumers;
 - d. Using relationships with, or clinical information obtained, on current or former consumers to take unfair advantage of the consumer, their relatives, friends, or personal acquaintances;
 - e. Engaging in sexual relationships, physical sexual conduct, or inappropriate verbal sexual conduct with consumers, or otherwise taking sexual advantage of consumers.

- f. Engaging in sexual relationships, physical sexual conduct, or inappropriate conduct with consumers who have been discharged from Pathways Center services within the previous two years, at a minimum.
7. Employees are prohibited from membership on the Board of Directors of any private or private non-profit agency with which the organization contracts.

Corporate Compliance

It is Pathways Center's intention to conform to the expectations outlined in the U.S. Sentencing Guidelines as articulated in the Federal Sentencing Reform Act of 1984 and any subsequent revisions. Pathways Center has a commitment to provide employees with a process to report any potential issue or allegation of improper or illegal conduct regarding fraud, waste and abuse. It is Pathways Center's intention to follow the actions, policies, procedures, reviews, audits, prevention strategies, corrective actions, modifications, staff training efforts, and reporting systems outlined in the "Ethics and Corporate Compliance Program"

Corporate compliance does not include employee complaints or grievances as defined elsewhere in Pathways Center's policies.

The Ethics and Corporate Compliance Officer (CCO) has the responsibility for the collection of any report or allegation concerning possible unethical or illegal practices. Policy L-06 establishes protocols for how the CCO receives, documents, and handles all reports.

Reports can be made in person, by mail, by submission of the "Corporate Compliance Report Form" or by use of the Pathways Center dedicated phone number. All ethics and corporate compliance cases are handled in a manner which protects the privacy of the person reporting the allegation. Overall responsibility for ethics and compliance within Pathways CSB belongs to the Board and the Executive Director.

It is Pathways Center's intention to comply with all legal requirements and regulations of all governmental authorities and legally authorized agencies under whose authorities it operates, including but not limited to abuse reporting requirements, contractual requirements, and confidentiality requirements.

Cultural Competence and Diversity

It is the policy of Pathways Center to recruit, manage, develop and retain appropriate personnel who meet the needs of the persons served and contribute to the organization's mission. Pathways Center will hire, promote, compensate and assign duties or place of work without regard to race, color, religion, creed, gender, age, political persuasion, national origin, sexual orientation, ancestry, disability, or veteran status

Pathways Center will respond to the diversity of its stakeholders with respect to:

- a. Culture
- b. Age
- c. Gender
- d. Sexual Orientation
- e. Spiritual beliefs
- f. Socioeconomic status
- g. Language

Pathways Center will recognize outstanding employees, promote employee satisfaction and promote employee involvement in organizational decisions.

It is Pathways Center policy to enhance the quality of consumer services through employment of staff who are highly trained in the performance of their duties and reflect the cultural/ethnic diversity of the community/population served; and

Pathways Center will continually upgrade the competency, productivity and morale of staff through training, education, career development and communication.

Cultural Diversity

What is Diversity?

Attitudes, beliefs, and expectations about others and gaining comfort with differences

Includes everyone...young and old, homeless and affluent, immigrant and native, white and black....and goes beyond race and gender

Recognizes we are both perpetrators and victims of discrimination and stereotypes

How are we Diverse?

Ethics, Morals, Goals, Age, Ideas, Beliefs, Needs, Size, Views, Work, Politics, Talents, Religion, Abilities, Friends, Sex, Values, Accent, Rural, Skills, Dress, Style, Hair, Urban, Class, Title, Income, Clothing, Health Experiences, Opinions, Purpose, Food, Manners

Diversity is About.....

The value and dignity of each person

Awareness and sensitivity toward differences

Working together free from bias and harassment

Integrity and respect for the individual (from Pathways Vision Statement)

Pathways Center Diversity Statement

Pathways Center for Behavioral and Developmental Growth values the benefits in diversity and is committed to creating a program which recognizes the inherent value and dignity of each person. Pathways actively promotes an awareness of and sensitivity toward differences of race, gender, ethnicity, national origin, culture, sexual orientation, religion, age, and disabilities among consumers, staff, boards and partnering agencies. Commitment to diversity requires the creation of a program that fosters and advocates the understanding of the impact of differences on ourselves and our services. An essential feature of this program is an environment in which all are able to receive services and work together free from bias and harassment. Such an environment contributes to the growth and development of each member of the community. The acceptance and understanding of human differences are parts of Pathways' Mission and are embodied in our Vision in that our highest values are *integrity and respect for the individual*. Consequently, all members of Pathways Center are expected to participate in our diverse community in a manner consistent with our Cultural Diversity Policy.

Time Off Benefits

Vacation Benefits (Annual Leave)

The accrued time off schedule for all regular, qualified, full-time employees is as follows:

Years of Employment	Accrued Time Off
0 – 5	10 hours per month
6 – 10	12 hours per month
11 +	14 hours per month

Accrued time off may be taken at any time with your supervisor's approval. Any hours accrued over 360 hours are forfeited

Sick/Disability Leave

Full-time employees earn ten hours of sick leave per month which may be used for personal illness or for illness in their immediate family, (subject to supervisor's approval). Qualified part-time employees earn sick leave at a prorated rate based on their hours of service. Medical documentation may be required by your supervisor at any time of prolonged or repeated absences due to illness or injury. Unused sick leave is not reimbursable at any time.

Personal Leave

If you have over 120 hours of sick leave, you can convert up to 24 hours in excess of 120 hours to personal leave. Once converted, your personal leave can be used anytime during the calendar year, subject to supervisor's approval. If personal leave is not used by the end of that calendar year, it is forfeited without compensation to you.

Blood Donation Time

You are allowed up to two hours to donate blood four times per year. Only that time required for donating blood is allowed.

Court/Jury Leave

If you are a regular employee and required to serve on jury duty, you may request court leave by providing a copy of the subpoena or other court documents to your supervisor as soon as possible. You are responsible for coordinating your work time with your supervisor if not on jury duty for a full day.

Family Leave

Pathways Center complies with the FMLA Act of 1993 and provides eligible employees up to 12 weeks of leave for the care of a child after birth or adoption or placement with the employee for foster care, the care of a family member (spouse, child, or parent) with a serious health condition, in the event of an employee's own serious health condition, to take care of an immediate family member who has been injured while serving on active duty, or to get family affairs in order as a result of an immediate family member being ordered to active military duty. To be eligible, you must have completed twelve months and at least 1250 hours of employment with Pathways Center. Pathways Center requires employees to use accrued, unused annual and/or sick leave during the leave period. Once the benefits are exhausted, the balance of the leave will be without pay.

Holidays

Full-time employees are eligible for the twelve paid holidays listed below:

New Year's Day	January 1
Martin Luther King, Jr's Birthday	January, 3 rd Monday
Robert E. Lee's Birthday	Observed in November
Washington's Birthday	Observed in December
Confederate Memorial Day	April 26
National Memorial Day	May, last Monday
Independence Day	July 4
Labor Day	September, 1 st Monday
Columbus Day	October, 2 nd Monday
Veterans Day	November 11
Thanksgiving Day	November, 4 th Thursday
Christmas Day	December 25

Depending on program needs, you may be required to work a holiday. However, in such an event, your supervisor will grant you commensurate time off.

Leave Donation

Eligible employees may donate or request to receive donated leave when certain circumstances exist and requirements are met. If you are interested in the details of this program, please contact the Human Resources Department.

Military Leave

A military leave of absence will be granted to eligible employees who are ordered to military duty or required to attend service schools.

Voting Time

You will be allowed paid time off to vote in general elections, if your scheduled hours of employment don't allow adequate time for voting while the polls are open.

Ethics and Corporate Compliance

Purpose

- to establish an organizational culture
- promotes **prevention,**
- **detection,**
- and **resolution** of **instances of conduct** that do not conform to federal and state law; and federal, state, and private payor healthcare program requirements, as well as the organization's ethical and business policies.

The Ethics and Corporate Compliance Program of Pathways exercises due diligence in seeking to prevent and detect criminal conduct by its employees and other agents

What are the rules?

The practice of Pathways is to undertake reasonable steps to respond to each of the Seven Elements of the U.S. Sentencing Commission's *Guidelines for Organizations*..

Element I: Pathways CSB has established written ethics and compliance standards and policies that are reasonably capable of reducing criminal conduct that must be followed by all employees.

Examples of standards and policies include:

- Pathways Center Code Of Ethics
- Code of Organizational Ethics
- Code of Personal/Professional Ethics
- Acting On Code Of Ethics Violations
- Safeguarding Of Confidential Records
- Legal Requirements
- Sexual Harassment/Discrimination
- Conflict Of Interest
- Progressive Discipline

Element II: Ethics and Corporate Compliance monitoring efforts have been assigned to a designated Ethics and Corporate Compliance Officer

Stephanie Ellis (706)298-7854 Direct Line

Element III: Comprehensive training and education on Ethics and Corporate Compliance are held annually for all employees....For all new employees during orientation.....And more frequently for areas designated as high risk.

Element IV: The high-risk areas are determined through auditing and monitoring functions. Pathways conducts internal monitoring and auditing focusing on **high-risk billing**, and **documentation** issues through performance of periodic audits.

Element V: Pathways Board and leadership recognize that mistakes will occur. Employees have ethical duty to come forward and report fraudulent or erroneous conduct so that it may be corrected. A dedicated phone number provides a procedure to respond appropriately to detected violations through the investigation of allegations and the disclosure of incidents.

In addition, other lines of communication are available to keep employees updated regarding ethics and corporate compliance activities. Examples:discussions at staff meetings regarding fraudulent or erroneous conduct issues The Pathways web site Pathways Newsletter

Element VI: Disciplinary standards are enforced by making it clear and ensuring employees that compliance is treated seriously. Violations will be dealt with consistently and uniformly. Employee hiring and retention will be monitored

Element VII: Credit balances and paybacks will be documented and logged. Coding and Billing competencies will be audited and monitored on a regular basis for reasonable and necessary services.

HIV, AIDS, and Infectious Diseases

What is HIV?

H-Human (man, woman, child) I-Immunodeficiency (decreased, deficient immune system) V-Virus (germ there is no cure for). HIV is the virus that causes AIDS.

What is AIDS?

A-Acquired (to receive) I-Immune your system that fights germs) D-Deficiency (Decrease in or lack of)..... AIDS is the last stage of the disease process when the immune system can no longer fight off infection, the CD4 count is usually less than 200.

How do I become infected with HIV?

From having unprotected sex (without a condom) with a person who is HIV infected.

IVDU (sharing a needle for injecting drugs), tattoos, body piercing with un-sterile equipment

Vertical transmission, from mother to baby during the birth process

The virus can enter your body from infected person's blood entering your open cuts or wounds.

HIV Myths

You become infected with HIV by:

- Hugging, contact with bathrooms and toilets,
- holding hands, water fountains, telephones,
- eating foods prepared by an HIV infected person,
- working alongside a person infected with HIV,
- through their sweat, saliva, or tears,
- donating blood

HIV Truths

The most common way to acquire HIV is through sex acts--any sex act where you come in contact with vaginal fluids, semen or blood.

The second most common route of transmission is IVDU, needle sharing. When the needle goes in the vein a small amount of blood remains in the syringe when the next person uses it

HIV Protection

Abstinence, no sex or having sex with one uninfected partner for life, never share a needle, no blood to blood contact

A latex condom for all sex acts! Always use a new condom with each sex act, use only latex (Animal Skin--the pores are too large and can allow the virus to pass through.), store properly (not in extreme heat or cold), check expiration date, open packages carefully to prevent tearing condom

Remember: The use of drugs or alcohol will impair your judgment and highly increase your risk for contraction HIV

Is there a Cure?

No, but there are several new medications that can slow down the attack on your immune system, and help people feel better and remain more healthy. A person can feel great and be infected with the virus, it can take as long as ten years or longer until AIDS develops, it is extremely important to be tested for HIV and get proper medical treatment as soon as possible to help your immune system

Signs and Symptoms

Here are some signs and symptoms that can be caused by HIV or other illnesses that need to be checked by a physician as soon as possible!

- A fever that won't go away
- A white coating on your tongue and in your mouth
- Dry nagging cough
- Swollen glands in the neck, armpit, or groin
- Shortness of breath
- Night sweats
- A big weight loss without dieting
- Loss of appetite
- Frequent diarrhea that lasts more than a week
- Sores or rashes that won't go away
- Vaginal sores, discharge or irritation

- Yeast infections that won't go away
- Thrush, oral lesions, peritonitis, gingivitis
- Spots, purple sores on the roof of the mouth
- Changes in vision and memory, difficulty in concentration, short-term memory loss
- Pain in the extremities, especially the feet
- Sensitivity to light
- Headaches that won't go away
- Weakness or numbness in arms or legs
- Genital warts
- Herpes simplex, oral, genital, rectal, Herpes Zoster

Other Problems

There are more than 20 diseases that can take advantage of a low T4 cell count called opportunistic infections. They are common in the AIDS stage of the HIV infection and many can be treated and cured with advancement of knowledge and medications.

Universal Precautions

Wear gloves when touching blood or body fluids, mucous membranes, or non-intact skin; Handling items or surfaces soiled with blood or body fluids and performing venipuncture. Gloves should be changed after contact with each patient.

Wear **masks and protective eye wear** during procedures that could generate splashes of blood or body fluids

Take precautions to prevent needle sticks, handle with care during procedures, cleaning and disposal

Hand washing is the single most effective way to prevent infection. Take off all jewelry when washing hands. Use **soap, warm water**, and lots of friction on hands and wrists. Dry hands well on **paper towels** or use blow dryer.

Use **elbows or paper towels to turn off** faucets and opening the door
Our policy states to wash hands **fifteen** seconds. **Always wash your hands** before and after work, before and after using the toilet or blowing your nose, before eating, drinking or handling food, and always after removing gloves

Dispose of any blood or body secretions in a red biohazard bag.

Don't share toothbrushes or razors. STDS such as Syphilis, Gonorrhea, and Chlamydia increase the risk of becoming HIV infected; Genital Herpes increases the risk 100 times!

HIV can live outside the body about an hour. Clean blood contaminated surfaces with **1:10 solution of diluted bleach and water**. Wash hands thoroughly with soap and water

Health & Safety

Tornado Drills

Tornado drills occur quarterly at each location with the exception of our residential programs which occur monthly.

We have designated areas in each site.

- The site safety officer or his/her designee will activate the natural disaster drill signal (will vary from site to site).
- Persons served and personnel will be instructed to report to the designated area of the site and wait for further instructions.
- Designated personnel will insure that all persons are clear of their rooms and are accounted for.
- The personnel in charge will be responsible for ensuring that the emergency information is protected and available for use in the event of evacuation.
- All personnel and persons served will remain in the area until the all-clear is given by the site safety officer

Fire Drills

Fire drills in all locations including residential occur monthly. We are required to evacuate the buildings.

- The site safety officer will activate the fire alarm (will vary from site to site).
- Persons served and personnel will be instructed to leave the building through the nearest exit and proceed to a designated area.
- The site safety officer will insure that all persons served/personnel are out of the building by actual head counts.
- The site safety officer or his/her designee will be responsible for getting the emergency information out of the site.
- The site safety officer will give the all-clear to return to the building.

Bomb Threat

In the event of a Bomb Threat, you will need to evacuate building. See the emergency evacuation plans at your job site.

- Upon receipt of the Bomb Threat, all Pathways Center staff are encouraged to remain calm and to obtain as much information as possible from the caller.
- Take notes, recording the exact wording the caller uses, if possible. Ask the caller to repeat the message.
- Ask questions and attempt to keep the caller talking. Use the Bomb Threat Checklist as a reference for obtaining additional information. If the caller does not indicate the location of the bomb or the time of detonation, ask the caller for that information.
- Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
- Pay particular attention to peculiar background noises such as motors running, background music, or other noises which may give law enforcement officers clues to the caller's location.
- Listen closely to the voice (male, female), voice quality (calm, excited), accents, and speech mannerisms or impediments.
- After the caller hangs up, report this information immediately to the police by dialing 9+911. When possible, do not make the call from the threatened facility. Do not make any unnecessary phone calls from the threatened location, and do not use cell phones in the area. Bombs can be constructed to detonate by radio transmission.
- Follow all directions given by the 911 operator, and be prepared to evacuate the building if directed to do so by local law enforcement. Do not announce the evacuation over the phone/intercom system. If requested to evacuate, clear everyone of the building according to the fire evacuation plan, maintaining a minimum safe distance of at least 300 feet from the building.
- After notifying the authorities, staff will notify the appropriate site supervisors, county managers and members of the SEC of the situation

Incident Reporting

For serious incidents which are suspected rape or forcible sodomy, consumer injury requiring hospitalization or other high visibility serious incidents staff should call:

1. 911 or other emergency services;
2. Local law enforcement;
3. Guardian or next of kin of the consumer;
4. The attending physician;
5. Report the incident immediately to the Pathways Center Executive Office and send the completed serious incident form by fax to that office; and
6. Pathways Center Executive Office will immediately call the Regional Office to report the incident.

For serious incidents that involve the death of a consumer the staff should:

1. Immediately call local law enforcement and the coroner/medical examiner if law enforcement has not called the coroner/medical examiner.
2. Call the guardian, if any, and/or next of kin of the deceased after authorization from the coroner/medical examiner
3. Call the attending physician
4. Report the incident immediately to the Pathways Center Executive Office and send the completed incident form by fax to that office

Incidents include but are not limited to the following:

- Medication Errors (all)
- Seclusion or Restraint
- Communicable Disease
- Infection Control
- Violence or Aggression
- Weapons
- Sentinel (Catastrophic) Events
- Elopement and/or Wandering
- Transportation
- Biohazardous Materials
- Licit/Illicit Substances
- Injury
- Incident requiring medical inpatient treatment
- Criminal Conduct by Consumer
- Incident requiring treatment by a physician)
- Suicide/Attempt
- Death

- Violation of Clients' Rights (including allegations of physical or verbal abuse or neglect, sexual assault or exploitation)

Tell where incident occurred:

- Name of the site
- State Facility
- Crisis Stabilization
- Other Crisis Residential
- In Community or State-supported Residence or Personal Residence
- Day Program or Other
- You will enter a brief description of the incident
- You will describe the extent of injury and enter a brief description of the injury
- You will describe services provided by the reporting agency
- And, you will list who, when and how others were notified.

See Policy HST 10 and the instructions in the Administrative Policy Manual.

Safety Codes

Dr. Strong to the reception area!

That means help is needed in the reception area. Remember run to the area, walk through the door.

Dr. Dodge to the reception area!

That means get out of the building and don't go by the area stated.

Out of Office/Work Location Safety Procedures

Be aware of potential danger when assessing consumers who are having an episode of behavior that could lead to any violent or threatening behavior

Staff should never attempt to go in a consumer's home when there is such a threat or a potential threat.

Should any threatening behavior be noted in the assessment of the consumer, the local sheriff's office should be contacted for assistance.

Supervisors will discuss with staff any liability issues regarding the provision of out of office services.



Staff providing out of office services will be provided communication devices for use in case of emergency

When an emergency occurs, the staff member should first make an attempt to get out of the house and to a safe place

And don't forget to notify your supervisor and, if needed, 911

Documentation

Our services are provided to consumers based upon their individual needs, strengths and abilities.

We use our screening, assessment and history forms to help us identify our consumers' current and past issues and concerns.

This information is then restructured into an Individualized Resiliency/Recovery Plan (IRP) which specifically identifies:

- the consumer's needs, strengths and abilities
- the consumer's goals...a global view of the issue
- the consumer's objectives...specific, measurable and time-limited tasks to help the consumer manage an issue
- the staff's interventions...specific services and/or techniques that staff will use to help the consumer achieve his or her objectives and goals
- the target dates...timeframes in which certain objectives and/or goals are expected to be met
- the transition plan...what the consumer should achieve in order to move to another program/service

Good Documentation Habits

- 1) Write in **blue ink** or **black ink**
- 2) Write legibly (If it can't be read, it serves no purpose)
- 3) For each service provided, identify:
 - The date the service was provided.
 - The service provided.
 - The number of units provided.
 - The staff interventions.
 - The consumer's response to the interventions.
 - Other pertinent information.
 - Your name (signature) and title.
- 4) Ensure that services provided reflect and relate to the goals and objectives on the consumer's Individualized Resiliency/Recovery Plan.
- 5) Document services in the record within the timeframe identified for that service.

The “Don’ts” of Documentation

Do not use white out or any other method of removing or covering up information in the record.

Do not scribble or scratch through errors when they occur in the record. Simply draw one line through the error, then write “error”, the date and sign your initials.

The error should look similar to this:

John participated actively in our Socialization Group today, initiating conversation with three (error 08-03-08 jbl) two peers with minimal prompting...

Do not write other consumers’ names in records.

Do not use abbreviations unless approved for use in the Policy and Procedure manual.

Client Rights

Rules and Regulations of Department of Human Resources Division of Mental Health, Developmental Disabilities, and Addictive Diseases

Chapter 290-4-9

Client's Rights Table of Contents

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290-4-9-.06 Notification of Rights

Chapter 290-4-9 can be found on the Rules and Regulations by Georgia Secretary of State website.

http://rules.sos.state.ga.us/cgi-bin/page.cgi?g=DEPARTMENT_OF_HUMAN_RESOURCES%2FMENTAL_HEALTH_MENTAL_RETARDATION__SUBSTANCE_ABUSE%2FCLIENTS__RIGHTS%2Findex.html&d=1

290-4-9-.01 Purpose, Implementation, and Definitions

(1) Purpose. The purpose of these regulations is to safeguard the rights of persons treated pursuant to O.C.G.A. Chapters 37-3, 37-4, 37-5, and 37-7.

(2) Applicability. These regulations shall apply to all area community mental health, mental retardation and substance abuse programs, as defined in O.C.G.A. Chapters 37-2, 37-5, and 26-5, which are operated by the Boards of Health or Community Service Boards or funded through contracts with the Boards of Health, the Regional Boards, the Community Service Boards, or the Department of Human Resources, including licensed Personal Care Homes which are under contract with the Department, Boards of Health, Regional Boards or Community Service Boards to receive clients who have mental illness, mental retardation, or are substance abusers. These regulations shall in general

apply to all persons served in such programs without regard to the type or source of entry into the program. When the client is a minor or an adult with a legally appointed guardian, the regulations are applicable to that parent or guardian, with certain exceptions, as specifically stated in various parts of the regulations. For persons being served by virtue of a court order related to a criminal matter, the regulations are applicable to the extent that they do not violate the provisions of the order nor the need to provide for the safety of the individual or of others.

(3) Implementation. Each Mental Health, Mental Retardation, and Substance Abuse Program shall instruct each staff member in the contents of these regulations. Each Program shall also provide, at the beginning of each client's treatment, the client or his parent or guardian, if applicable, a written summary of the rights and remedies contained in these regulations and their applicability to him. Insofar as is possible, notifications shall be done in such a manner commensurate with the individual's abilities and capabilities of comprehension and understanding and shall be documented in the client's record. Further, prior to the restriction of any client's rights (as permitted in these regulations), a staff member shall again inform the client, or his parent or guardian if applicable, of his right to administrative complaint of that restriction, except in cases where the client's condition makes this impractical, and in such cases the client shall be informed at the time when his condition permits.

(4) Definitions. Unless a different meaning is required by the context, the following terms as used in these regulations shall have the meanings hereinafter set forth:

(a) "Abuse" means any unjustifiable intentional or grossly negligent act, exploitation or series of acts, or omission of acts by a staff member which causes physical or mental injury, or endangers the safety of a client, including but not limited to verbal abuse, assault or battery, failure to provide treatment or care, or sexual harassment;

(b) "Care" means diagnostic services; therapeutic services, including the administration of drugs; habilitation; and any other service for the treatment or habilitation of an individual pursuant to O.C.G.A. Chapters 37-2, 37-4, 37-5, and 26-5;

(c) "Chief Medical Officer" means the physician designated by the Program Director with overall responsibility for client treatment or habilitation at the facility receiving the client;

(d) "Client" means any person who receives treatment or habilitation for alcohol or drug abuse, mental illness, or mental retardation pursuant to

O.C.G.A. Chapters 37-2, 37-4, 37-5, and 26-5 or any person accepted for evaluation;

(e) "Court" means, in the case of an individual who is 17 years of age or older, the probate court for the county of residence of the client or the county in which such client is found, and, in the case of an individual who is under the age of 17 years, the juvenile court for the county of residence of the client or the county in which such client is found;

(f) "Department" means the Georgia Department of Human Resources and includes its duly authorized agents and designees;

(g) "Director" means the Director of the Division of Mental Health, Mental Retardation and Substance Abuse of the Department of Human Resources;

(h) "Division" means the Division of Mental Health, Mental Retardation and Substance Abuse of the Department of Human Resources;

(i) "Guardian" means an individual appointed as provided by law to be legally responsible for the person of an adult or of a minor. Whenever the word "client" is used in these regulations, a guardian is entitled to exercise the client's rights on behalf of his ward;

(j) "Individualized Service/Program Plan" 1."Individualized Service/Program Plan": An organized statement of the proposed treatment/habilitation process to guide the service provider and client throughout the duration of service at the Program. 2. Each plan shall clearly include but is not limited to:

- a. A statement of the goals or desired outcomes, based upon and related to a proper evaluation of the nature of the specific problem and the specific needs of the client, which can be reasonably expected to be achieved;
- b. The kinds of services to be provided to obtain these goals and the frequency of services;
- c. Identification of professional personnel who planned these services, including appropriate medical or other professional involvement by a physician;
- d. Documentation of client involvement and, if applicable, the client's accordance with the individualized service/program plan;
- e. Compliance with the Program's written Quality Improvement Plan;

(k) "Mental Health, Mental Retardation and Substance Abuse Program (Program)" shall mean an organized program for the care and treatment of persons with mental illness, mental retardation, or individuals with an alcohol or drug dependence or addiction operated by a County Board of Health or Community Service Board or funded through contracts with a County Board of Health, Regional Board, Community Service Board or the Department of Human Resources.

(l) "Mental Health, Mental Retardation and Substance Abuse Program Director" shall mean the Director of a Mental Health, Mental Retardation and Substance Abuse Program.

(m) "Physical Restraint" means any mechanical device used to restrict a person's physical movement, except for those devices which are applied for protection from accidental injury or required for the medical treatment of the client's physical condition or for supportive or corrective needs of the client. These latter devices used in such situations must be authorized and applied in compliance with the Program's policies and procedures. The use of such devices shall be documented in the client's record;

(n) "Physician" means any person duly authorized to practice medicine in this State pursuant to O.C.G.A. Chapter 43-34;

(o) "Psychologist" means any person duly authorized to practice applied psychology in this State pursuant to O.C.G.A. Chapter 43-39.

(p) "Professional staff" means staff members who are psychiatrists, psychiatric nurses, physicians, social workers, clinical chaplains, psychologists, or persons who have met Division requirements for Mental Health Professional Equivalency or Mental Retardation Professional.

(q) "Quality Improvement Plan" means a written description of a clearly defined, organized program that is designed to promote quality client care through peer review and ongoing objective and systematic assessment of client care and the correction of identified problems. The plan describes the authority and responsibilities of program staff responsible for review of client's rights, mechanisms for choosing representatives from individuals served or their representatives, and individuals not otherwise affiliated with the program to serve on the Quality Improvement Clients' Rights Subcommittee;

(r) "Regional Executive Director/Designee" means the person with overall responsibility for the Mental Health, Mental Retardation and Substance Abuse Services.

(s) "Representative" means the person appointed, pursuant to section 290-4-9-.02(1)(h) of these regulations, to receive notices;

(t) "Staff member" means, for the purpose of Chapter 290-4-9 only, any person who is an employee, independent contractor, or other agent of the Department or of a County Board of Health, Regional Board or Community Service Board who provides services to persons with mental illness, mental retardation, or who are substance abusers. The use of "Staff member" in these regulations for such persons shall in no way alter the legal relationship of such persons and the Department, or subject the Department to any liability to which it is not otherwise subject;

(u) "Time-out" means a behavior modification procedure whereby a person is removed from the environment, or stimuli within the environment, which reinforces the undesired behavior which needs to be modified, and to an unlocked area where the client's movement is not restrained.

Authority O.C.G.A. Sec. 37-1-23; Chap. 37-2; 37-3, Article 6; 37-4, Article 5; 37-7, Article 6; 37-8, Article 3; 37-5; 26-5. **History.** Original Rule entitled "Purpose, Implementation and Definitions" was filed on January 9, 1987; effective January 29, 1987. **Repealed:** New Rule of same title adopted. F. Aug. 18, 1994; eff. Sept. 16, 1994, as specified by the Agency.

290-4-9-.02 Treatment or Habilitation

(1) Appropriateness.

(a) General. Each client shall receive care that is suited to his needs in the least restrictive environment available offering appropriate care and treatment or habilitation. All clients have the right to a humane treatment or habilitation environment that affords reasonable protection from harm, exploitation or coercion. No client, whether voluntary or involuntary, shall be deprived of any civil, political, personal, or property rights or to be considered legally incompetent for any purpose without due process of law. Temporary restriction or denial of a client's rights may occur only when specific justification is documented, per these regulations. Protection of the client's well-being shall be of primary concern to all staff under all circumstances.

(b) Individual Service/Program Plans.

1. The development of an individualized service/program plan shall be governed as follows:

1. Each client shall be evaluated and assessed by the staff as soon as possible after admission but within the time limits contained in the Community Service Board's Quality Improvement Plan or Division/Department minimum requirements, as appropriate.
2. Each individualized service/program plan shall be reviewed at regular intervals as specified in the community Service Board's Quality Improvement Plan or Division/Department minimum requirements, as appropriate, to determine the client's progress toward the stated goals and to determine whether the plan should be modified because of the client's present condition. These reviews should be based upon relevant progress notes in the client's record and upon other related information.

(c) Receipt of Service (Day Services).

1. Each client shall have the right to receive prompt treatment services on a voluntary, confidential basis including:

- (i) The right to care despite inability to pay;
- (ii) The right to receive services in the least restrictive environment available;

- (iii) The right to review and obtain copies of his service record, unless determined by the physician or such other staff as designated by the governing authority to be responsible for the client's treatment or habilitation to be contraindicated. Such determination shall be noted in the client's records along with the specific reason for any denial. A determination that a client may not review or obtain copies of his record shall expire after 30 days. Upon any new request after expiration, a new determination must be made and documented in the client's record. After any denial of his right to review or obtain copies of his record, a client may file a complaint under the procedures outlined in 290-4-9-.04. A client who is permitted to obtain copies of his record may be required to pay a reasonable fee to cover the costs of such copies.
- (iv) The right to a written individualized service/program plan;
- (v) (v) The right to be involved in, to the extent possible, his own plan of care;
- (vi) (vi) The right to refuse service, unless it is determined by a physician or licensed psychologist that the client is unable to care for himself, dangerous to himself or others, or mandated by a court.

(d) Receipt of Service (Residential Services).

1. Each client shall have the right to retain his own personal effects, clothing, and money.
2. Each client shall have the right to converse privately, have convenient and reasonable access to the telephone and mails, and to see visitors, except if denial is necessary for treatment or habilitation, as documented in the client's record by a physician or licensed psychologist.
3. Each client shall have the right to exercise the civil, political, personal, and property rights to which he is entitled.
4. Each client shall have the right to pursuit of employment, education, and religious expression.

(e) Restriction of any client's rights:

1. A client's rights may be restricted/denied only on a temporary basis and in order to protect the health and safety of the client or others;
2. If restriction, abridgement, or denial of a client's rights are instituted, other than those pursuant to 290-4-9-.02(1)(c)1.(iii) of these regulations, the nature, extent and reason shall be entered in the client's record as a written order approved by a physician or licensed psychologist. Review of such restriction will occur in the approved treatment or habilitation review process. Any continuing denial or restriction shall be reviewed every 15 calendar days and shall be entered into the client's treatment or habilitation record. Such restriction, abridgement, denial of a right must be reviewed by the staff responsible for review of client rights as specified in the Program's Quality Improvement Plan.

(f) Physical Restraints and Time-out Utilization.

1. Physical restraints shall not be used in any program governed by these rules and regulations; provided, however, that emergency receiving, evaluating and treatment facilities may use restraints in accordance with Rules and Regulations for Patients' Rights, Chapter 290-4-6. For the purposes of this subsection, those devices which restrain movement, but are applied for the protection of accidental injury or required for medical treatment of the client's physical condition or for supportive or corrective needs of the client, shall not be considered physical restraints. However, such devices used in such situations must be authorized and applied in compliance with the Program's policy and procedures. The use of such devices shall be a part of the client's Individual Service/Program Plan.
2. Time-out procedures shall be used solely for the purpose of providing effective treatment and protecting the safety of the client and other persons and shall not be used as punishment or for the convenience of staff. It shall be documented in the client's record, prior to the use of time-out procedures, that less restrictive methods of modifying the problem behavior have been systematically tried and found to be ineffective.
3. The use of time-out shall be governed as follows:

- (i) Every use of time-out shall be under the supervision and observation of the Program's professional staff and limited to no more than 15 minutes per episode.
- (ii) Every use of time-out shall be conducted in a unlocked well lighted, heated or cooled, ventilated area with a means of observation available. The area(s) to be used for time-out shall be identified in the Program's policy and procedure for time-out utilization.
- (iii) Every use of time-out shall be documented in the client's record. Such documentation shall include but is not limited to:
 - a. the reasons and justification for time-out utilization;
 - b. the signature of the person authorizing the time-out.

(g) Medications.

1. The attending physician is responsible for assuring, and documenting in the client's record, that the benefits, side effects, and risks of psychotropic medication are explained to the individual, commensurate with the individual's abilities of comprehension and understanding.
2. All medications shall be administered or prescribed solely for the purpose of providing effective treatment or habilitation and/or protecting the safety of the client and other persons and shall not be used as punishment or for the convenience of staff.
3. If not judicially declared incompetent, all adults shall give signed consent to the administration of medication. If an adult client has been judicially determined to be incompetent to give signed consent or to make decisions of a similar nature, signed consent to the administration of medication shall be obtained from the client's guardian with capacity to make such decision. If the client is a minor, such signed consent shall be obtained from the minor's parent or legal guardian.

4. Only in cases of emergency, where the physician determines that immediate intervention is necessary to prevent the death of or serious consequences to a client and where delay in obtaining signed consent would be unsafe for the client or others then immediate essential intervention may be administered without the consent of the client or other person. In such emergency cases, a record of the determination of the physician shall be entered into the client's record, and this will be the prior consent for such intervention. An attempt to expeditiously resolve the emergency situation must then be demonstrated.

(h) Participation of representatives for persons ordered to receive involuntary outpatient treatment at a mental health center on an outpatient basis is governed by the Rules of the Department of Human Resources Rule 290-4-6-.02(3).

Authority O.C.G.A. Chap. 37-2; 37-3, Article 6; 37-4, Article 5; 37-7, Article 6; 37-8, Article 2; 37-5; 26-5.

History. Original Rule entitled "Treatment of Habilitation" was filed on January 9, 1987; effective January 29, 1987. **Repealed:** New Rule of same title adopted. F. Aug. 18, 1994; eff. Sept. 16, 1994, as specified by the Agency.

290-4-9-.03 Treatment or Habilitation Environment

(1) General. The individual dignity of each client shall be respected at all times and upon all occasions. The provision of all services shall be offered in an environment, which is designed to assure the health and safety of all clients.

(2) Abuse and Sexual Activity.

(a) Abuse of any client is prohibited. A staff member shall use force only if necessary to prevent a client from threatening imminent harm or committing harm to himself or others. Such force as may be needed to prevent a client from threatening imminent harm or committing harm to self, staff, or others shall not constitute abuse. An incident report of such activity shall be filed with the Program Director and with the Clients' Rights program staff.

(b) No staff member shall engage in any sort of sexual activity with any client, or allow sexual activity between or among clients while the client remains under the care or supervision within a program operated or contracted by a County Board of Health, Regional Board, Community Service Board or the Department.

(c) No staff member shall abuse any client through physical or verbal attack, exploitation, or coercion.

(d) A staff member who witnesses an incident of such abuse or sexual activity shall report the incident to the Program Director within 24 hours, and to the Program Clients' Rights staff as specified in the Program's Quality Improvement Plan as soon as possible, which staff shall notify the Personal Advocacy Unit of the Division within 5 working days. Upon receiving such a report, the Program Clients' Rights Subcommittee shall assist the reporting staff or the client (or his guardian or parent, if applicable) in initiating a complaint pursuant to Section 290-4-9-.04 of these regulations. If the Program Director has reasonable cause to believe that the incident constitutes criminal conduct, he shall notify the Regional Executive Director. If the Regional Executive Director concurs, he shall report the incident to the appropriate law enforcement agency. A staff member who fails to comply with the applicable requirements of this Section 290-4-9-.03(2) shall be subject to adverse action in accordance with personnel procedures of the Department or the governing authority.

(e) If a staff member of a program has reasonable cause to believe that a parent or caretaker of a minor has inflicted physical injuries other than by accident, has neglected, exploited sexually or assaulted the child, then the staff member shall notify the program's director or his delegate who in turn shall report the allegation to the appropriate County Department of Family and Children Services by telephone, as soon as possible, followed by a written report. The report shall include the names of the parent(s) or caretaker(s), the name of the client, his age, nature and extent of injuries including evidence of previous injuries and other pertinent information on the cause of injury and the identity of the perpetrator. Abuse or neglect of adult clients shall be reported in accordance with the provisions of O.C.G.A. 30-5-1 through 30-5-8.

Authority O.C.G.A. Chap. 37-2; 37-3, Article 6, Part 2; 37-4, Article 4, Part 2; 37-7, Article 6, Part 2; 37-8, Article 2; 37-5; 26-5; Secs. 19-7-5; 30-5-1, et seq.

History. Original Rule entitled "Treatment of Habilitation Environment" was filed on January 9, 1987; effective January 29, 1987. **Repealed:** New Rule of same title adopted. F. Aug. 18, 1994; eff. Sept. 16, 1994, as specified by the Agency.

290-4-9-.04 Remedies for Violations

(1) Complaint Procedures. Any client (or his guardian or parent of a minor client, if applicable) or his representative or any staff member may file a complaint alleging that a client's rights under these regulations or other applicable law have been violated by staff members or persons under their control. Such complaints shall be governed by the procedure established in this Section 290-4-9-.04. A person who considers filing such a complaint is encouraged to resolve the matter informally by discussing it first with the staff members or other persons involved or Program Clients' Rights staff as specified in the Program's Quality Improvement Plan. The client is not required to use the procedures established by this Section 290-4-9-.04 in lieu of other available remedies, including the right to directly contact the Personal Advocacy Unit at the Division of Mental Health and Mental Retardation and Substance Abuse or to submit a written complaint to the Regional Executive Director or Program Director or Governor's Advisory Council as provided in O.C.G.A. Chapter 37-2-4.

(a) General. In order to ensure that such internal quality improvement investigations and monitoring activities are completed fully and in an in-depth manner, to encourage candid evaluations, and to ensure that adequate corrective action is taken in all cases, review actions taken and documentation made in furtherance of this Section 290-4-9-.04 shall remain confidential.

(b) Client complaint procedures in Programs funded directly or indirectly by the Department shall be governed as follows:

1. Each Program Director shall appoint a Clients' Rights Subcommittee to review the rights of the clients receiving services from programs contracted by the Department, a Regional Board, or a Community Service Board either directly or indirectly. The Clients' Rights Subcommittee functions as a part of the program's ongoing quality improvement program, as described in the Program's Quality Improvement Plan.

(i) The Clients' Rights Subcommittee staff is chosen from those staff responsible for the Program's Quality Improvement peer review system; and is a subcommittee of the Quality Improvement Committee. Members shall be composed primarily of professional staff and shall also include a service consumer or his representative or person not otherwise affiliated with the program.

- (ii) The Clients' Rights Subcommittee shall have the authority to investigate complaints, use whatever means are available and appropriate to resolve complaints, and consult with Program management on the development of policies and procedures to safeguard the rights of clients served in the Program.
- (iii) The Quality Improvement Clients' Rights Subcommittees in the Programs conduct their activities under the auspices of the Program Quality Improvement Committee, and all reports will be channeled through the Quality Improvement Committee to the appropriate Program Director/designee for appropriate corrective action. A copy of all reports will also be channeled to the Division Quality Improvement Committee through the Division Personal Advocacy Unit.

(2) First Step.

(a) The complaint shall be filed with the Clients' Rights Subcommittee of the client's Program, and it may be filed on a form provided by the Program. If the client states the complaint orally, specific assistance should be given in proceeding with the complaint and completing the form. Complaints may be made by telephone to clients' rights staff persons, who will complete the form. Staff members whose alleged conduct gave rise to the complaint may be informed of the complaint.

(b) As soon as possible, but within seven working days after the complaint is filed, the Clients' Rights Subcommittee shall investigate the complaint, resolve it if possible, complete a disposition report, and file it with the Quality Improvement Committee's records. If after interviewing the complainant, however, it is found that the complaint does not state an allegation that, if true, would constitute a violation of these regulations or other applicable law, the complaint may be rejected in writing. In cases of such rejection, the original of the rejection notice shall be filed in the Quality Improvement Committee's records, and a copy shall be sent to the complainant. In all investigated complaints, the staff shall employ the investigatory method deemed most suitable to determine the facts. This method may include, but is not limited to, personal interviews, telephone calls, review of documents, and correspondence. The Quality Improvement Committee and its designees shall have access to all files, documents, records, and personnel of the Program deemed by the Committee to be relevant to its investigation. The Committee shall resolve

the complaint through mediation and conciliation whenever possible. The client whose rights are alleged to have been violated or someone in his behalf may appear before the committee.

(c) The Program's Quality Improvement Committee shall complete a brief disposition report on each investigated complaint and forward it to the Program Director for approval. The report shall state the parties involved, the gist of the complaint, and whether the complaint was resolved or not. The original report shall be filed on forms provided by the Division in the Committee records, and a copy shall be sent to the Regional Executive Director, the Director of the Program, and to the Division Quality Improvement Committee through the Personal Advocacy Unit. The complainant shall be notified of the action taken by the Committee.

(3) Second Step.

(a) If the complaint is rejected or is not resolved by the Committee to the satisfaction of the client (or his guardian or parent of a minor client, if applicable) or the complainant, either the client (or his guardian or parent of a minor client, if applicable) or the complainant may file with the Program Director a written request for a review of the complaint. The request shall be filed no later than 15 working days after the person filing the request receives a copy of the rejection notice or the disposition report of the Committee, which report includes notice of the necessity to file for review within 15 working days. The Program Director may reject the request in writing without a review if either the complaint or the request for review is not filed in a timely fashion, or if the complaint does not state an allegation that, if true, would constitute a violation of these regulations or other applicable law. The original of the rejection shall be filed in the Program Director's records, and a copy shall be sent to the complainant and to the Regional Executive Director. In all other cases, the Program Director shall designate a staff member who is a member of the Quality Improvement Committee and has no connection with the complaint to conduct a review of the complaint.

(b) The person conducting the review of the complaint shall review all reports and documents which were utilized in Section 290-4-9-.04(2). In addition, the reviewer may interview any person who may have information related to the complaint. The complainant, shall be given an opportunity to discuss the complaint directly with the reviewer and present any information relevant to the complaint. Any staff member(s) whose alleged conduct gave rise to the complaint shall also be given an opportunity to discuss the complaint with the reviewer and present any

information relevant to the complaint. This review process is designed to be an informal process and not a formal hearing. The reviewer shall document his findings. The review shall be completed as soon as possible, but within 10 working days after the request for review is filed.

(c) Within five working days after the conclusion of the review, the reviewer shall submit to the Program Director a written report of the review. The report shall contain a list of the pertinent provisions of these regulations or other applicable law, and a recommendation for disposition. Within three working days after receiving the reviewer's report, the Program Director shall issue a written decision disposing of the complaint. The Program Director's decision, in addition to the disposition, may incorporate by reference those lists contained in the reviewers report. In this decision, the Program Director may accept, reject, or modify the reviewer's recommendation, or he may return the case to the reviewer for further proceedings. If the Program Director returns the case to the reviewer, the Program Director shall specify the matters to be addressed in the further proceedings and shall specify the period within which those proceedings shall be concluded. In no event shall the period for completing the further proceedings, including the reviewer's submission of an additional report to the Program Director and the Program Director's issuance of a decision, exceed 10 working days. The original of the Program Director's decision shall be filed on forms provided by the Division in the Program Director's records, and a copy shall be sent to the Regional Executive Director, to the complainant, and the Division Quality Improvement Committee through the Division Personal Advocacy Unit.

(4) Third Step.

(a) The client (or his guardian or parent of minor client, if applicable) or the complainant may appeal the Program Director's rejection or other decision by filing a written request for review with the Regional Executive Director or his/her designee. The request for review shall be filed no later than 10 working days after the person filing the request receives a copy of the Program Director's rejection or other decision. Upon the filing of such a request, the Program Director shall be notified, and the Program Director shall immediately transmit to the Regional Executive Director a copy of the Program Director's rejection or decision, together with a copy of the reviewer's recommendations, the Program Director's decision, and other documents utilized in the review, if any.

(b) Within 10 working days of the filing of the request for review the Regional Executive Director, or his/her designee, shall issue a decision

disposing of the appeal. The Regional Executive Director may reject the request in writing without a review if either the complaint or the request for review is not filed in a timely fashion, or if the complaint does not state an allegation that, if true, would constitute a violation of these regulations or other applicable law. The original of the rejection shall be filed in the Regional Executive Director's records and a copy sent to the complainant. In all other cases, the Regional Executive Director shall review the pertinent facts, reports, and reviews which were in Section 290-4-9-.04(2) and 290-4-9-.04(3), and issue a written decision disposing of the complaint. The original of the Regional Executive Director's decision shall be filed on forms provided by the Division in the Regional Executive Director's records, and a copy shall be sent to the complainant and to the Division Quality Improvement Committee through the Division Personal Advocacy Unit.

(5) Fourth Step.

(a) The client (or his guardian or parent of a minor client, if applicable) or the complainant may appeal the Regional Executive Director's rejection or other decision by filing a written request for review with the Director of the Division of Mental Health, Mental Retardation and Substance Abuse. The request for review shall be filed no later than 10 working days after the person filing the request receives a copy of the Regional Executive Director's rejection or other decision. Upon the filing of such a request, the Regional Executive Director shall be notified, and the Regional Executive Director shall immediately transmit to the Director a copy of the Regional Executive Director's rejection or decision, together with a copy of the previous reviewer's recommendations, the Program Director's decision, and other documents utilized in the review, if any.

(b) Within 10 working days of the filing of the request for review; the Director or his designee shall issue a decision disposing of the appeal. This decision of the Director or his designee shall be based upon a review of the request for review and the documents forwarded by the Regional Executive Director; no evidentiary hearing shall be conducted by the Director or his designee. In the decision, the Director or his designee, may affirm, reverse, or modify the Regional Executive Director's rejection or other decision, or he may return the case to the Regional Executive Director for further proceedings. If the Director or his designee returns the case to the Regional Executive Director, the Director or his designee shall specify the matters to be addressed in the further proceedings and shall specify the period within which those proceedings shall be concluded. In no event shall the period for completing the further proceedings, including

the reviewer's submission of an additional report, the Regional Executive Director's issuance of another rejection or other decision, and the Director's or his designee's issuance of a decision, exceed 14 working days. The original of the Director's or his designee's decision shall be filed in the Director's records, and copies shall be sent to the Regional Executive Director and to the complainant. The decision of the Director shall be final.

(6) General Provisions.

(a) Whenever the Program's Clients' Rights staff or the Division's Personal Advocacy Unit becomes aware of a situation that appears to require immediate action to protect the welfare and safety of any client, the Program's Clients' Rights staff or the Personal Advocacy Unit shall immediately notify the nearest available staff member with authority to correct the situation.

(b) In any situation that requires immediate action to protect a client's welfare or safety, the Regional Executive Director may be notified instead. If adequate corrective action is not taken by that staff member, the Clients' Rights staff or the Personal Advocacy Unit shall immediately notify the Regional Executive Director, or, if necessary, the Division Director or the Commissioner of the Department.

(c) No person shall be subject to any form of discipline or reprisal solely because he has sought a remedy through or participated in the procedures established by this Section 290-4-9-.04.

(d) Obstruction of the investigation or disposition of a complaint by any person shall be reported to the Program Director, who shall take action to eliminate the obstruction. Staff members are subject to adverse action for engaging in such obstruction, in accordance with personnel procedures of the Department or the personnel procedures of the governing authority.

(e) Time limits designated in this Section 290-4-9-.04 may be extended by the decision maker at each step for good cause only.

(f) This complaint procedure does not replace or invalidate any other Department policy or procedure pertaining to reporting requirements, disciplinary matters, or the like.

(g) Staff members who are involved in a complaint shall not be involved in the processing of that complaint.

Authority O.C.G.A. Chap. 37-2; Secs. 37-1-20; 37-1-22; 37-3-149; 37-4-109; 37-7-149. **History.** Original Rule entitled "Remedies for Violations" was filed on January 9, 1987; effective January 29, 1987. **Repealed:** New Rule of same title adopted. F. Aug. 18, 1994; eff. Sept. 16, 1994, as specified by the Agency.

290-4-9-.05 Confidentiality

(1) A service record for each client shall be maintained. The record shall include data pertaining to admission and such other information as may be required under regulations and standards of the Department. The service record shall not be a public record and no part of it shall be released except:

(a) Service records of clients treated for alcohol and drug abuse shall be maintained in accordance with Volume 42 of the Code of Federal Regulations 42, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," as now or hereafter amended. Volume 42 of the Code of Federal Regulations Part 2 and O.C.G.A. 37-7-166 control the disclosure provisions for clients treated for alcohol and drug abuse;

(b) When the chief medical officer of the Program where the record is kept deems it essential for continued treatment or habilitation, a copy of the record or parts thereof may be released upon consent of the client to physicians or licensed applied psychologists when and as necessary for the treatment of or habilitation of the client;

(c) A copy of the record may be released to any person or entity as designated in writing by the client or, if appropriate, the parent of a minor, the legal guardian of an adult or minor, or a person to whom legal custody of a minor patient has been given by order of a court;

(d) When a client is admitted to a Program, a copy of the record or information contained in the record from another facility, community program, or a private practitioner may be released to the admitting Program. When the service/program plan of a client involves transfer of that client to another Program or hospital, a copy of the record or information contained in the record may be released to that Program or hospital;

(e) A copy of the record or any part thereof may be disclosed to any employee or staff member of the Program when it is necessary for the proper treatment of the client;

(f) A copy of the record shall be released to the client's attorney if the attorney so requests and the client, or the client's legal guardian, consents to the release;

(g) In a bona fide medical emergency, as determined by a physician treating the client, the chief medical officer may release a copy of the record to the treating physician or to the client's psychologist;

(h) The record shall be produced by the entity having custody thereof at any hearing held under O.C.G.A. Chapters 37-1, 37-3, 37-4, 37-5, or 37-7 at the request of the client, the client's legal guardian, or the client's attorney;

(i) A copy of the record shall be produced in response to a valid subpoena or order of any court of competent jurisdiction, except for matters privileged under the laws of this State; provided, however, that disclosure of alcohol abuse or drug abuse client information shall be produced in response to a court order issued by a court of competent jurisdiction pursuant to a full and fair show cause hearing;

(j) Notwithstanding any other provision of law to the contrary, a law enforcement officer in the course of a criminal investigation may be informed whether a person with mental illness or mental retardation is or has been a client in a Program as well as the client's current address, if known; provided, however, that disclosure of alcohol abuse or drug abuse client information is not authorized by this paragraph.

(k) Notwithstanding any other provision of law to the contrary, a law enforcement officer in the course of investigating the commission of a crime on the premises of a Program or against Program personnel or a threat to commit such a crime may be informed as to the circumstances of the incident, including whether the individual allegedly committing or threatening to commit a crime is or has been a client in the Program, and the name, address, and last known whereabouts of any alleged client perpetrator.

(2) Any disclosure authorized by this section or any unauthorized disclosure of confidential or privileged client information or communication shall not in any way abridge or destroy the confidential or privileged character thereof, except for the purpose for which such authorized disclosure is made. Any person making a disclosure authorized by this section shall not be liable to the client or any other person notwithstanding any contrary provision of O.C.G.A. Section 24-9, Article 2, as now or hereafter amended.

Authority O.C.G.A. Chap. 37-2; Secs. 37-1-53; 37-3-166 through 168; 37-4-125 through 127; 37-7-166 through 168; 37-8-50. **History.** Original Rule entitled "Confidentiality" was filed on January 9, 1987; effective January 29, 1987.

Repealed: New Rule of same title adopted. F. Aug. 18, 1994; eff. Sept. 16, 1994, as specified by the Agency.

290-4-9-.06 Notification of Rights.

In addition to the provision of these Regulations Paragraph 290-4-9-.01(3), each Program shall display a notice in a prominent place of the availability and accessibility of these regulations Chapter 290-4-9 at each appropriate service site.

Authority O.C.G.A. Chap. 37-2; Secs. 37-1-23; 37-3-2; 37-4-3; 37-7-2. **History.** Original Rule entitled "Notification of Rights" was filed on January 9, 1987; effective January 29, 1987. **Repealed:** New Rule of same title adopted. F. Aug. 18, 1994; eff. Sept. 16, 1994, as specified by the Agency.