

**Section:** Rights of Individuals Receiving Services  
**Policy:**  
**Policy No:** RI 01  
**Effective:**  
**Revised/Approved:**

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Reserved for future use

**Section:** Rights of Individuals Receiving Services  
**Policy:** Access to Telephone  
**Policy No:** RI 02  
**Effective:** 03/02/1988  
**Revised/Approved:** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) that all persons receiving services in a residential setting shall have access to a telephone and private communication.

**PURPOSE:** To ensure that people receiving services have access to telephone contact with immediate family members

**PROCEDURE:** A telephone shall be available to people receiving services in each residential facility. Reasonable telephone hours shall be posted at a highly visible location in the facility. Each day, during the posted telephone hours, people receiving services will have access to the telephone. To ensure that all people have equal access to the telephone, telephone calls are scheduled based on specific program guidelines, unless previously arranged with the Program Coordinator or his/her designee. Time may be limited based on program guidelines in an effort to allow all individuals access to daily phone communication. It is expected that the person making the phone call can do so in private unless clinically contraindicated and documented in the person's record. Telephone calls outside these posted hours shall be pre-arranged with the Program Coordinator or his/her designee. People receiving services may also use the telephone during unstructured time with authorization from the Program Coordinator or his/her designee. If a scheduled activity interferes with the posted telephone hours for a given day, alternative times will be made available on that day.

Guidelines for Telephone Access: Access to the telephone may be denied by the Program Coordinator to a person receiving services if clinically contraindicated. In these situations, the reason for the denial must be documented in the person's case record. Any individual restriction on private telephone use must be reviewed at a minimum daily. People receiving services have the right to private communication. If the person wants to add or delete anyone on his/her visitation/telephone agreement form, he/she should request to discuss with their therapist and update the form as necessary. The Program Coordinator can restrict contact to an individual listed on the visitation/telephone agreement form if clinically contraindicated and/or results in a safety concern for the person and/or the facility. Any restriction must be documented, including the reason for the restriction, and reflected in the person's case record. If a person receiving services becomes verbally abusive or threatening while talking on the telephone, a staff member will terminate the telephone call. Such actions will be documented in the medical record and the person's clinician will be notified so it can be addressed in therapy sessions. Communication rights must not be withheld as punishment and may not be limited in ways that unreasonable infringe on the person's rights to communication. Long distance calls may be made **only** by utilizing a telephone credit card or charging the call to a third party.

Mississippi DMH Operational Standards addressed: Rule 14.1A19

**Section:** Rights of Individuals Receiving Services  
**Policy:**  
**Policy No:** RI 03  
**Effective:**  
**Revised/Approved:**

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Reserved for future use

**Section:** Rights of Individuals Receiving Services  
**Policy:** Grievances of Individuals Receiving Services  
**Policy No:** RI 04  
**Effective:** 01/01/1995  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services (CCS) to ensure that each person receiving services has the right to initiate a complaint or grievance and to seek resolution of the complaint or grievance without retribution. The appropriate County Administrator, Director or A&D Clinical Coordinator will work with the person to try and resolve the grievance.

**PURPOSE:** To provide persons receiving services a fair and impartial process for reporting and resolving any concerns they may have relative to their involvement and/or the involvement of their families with CCS.

**PROCEDURE:** It is the responsibility of the Human Resources Department to ensure that there are written policies and procedures for implementation of a process through which a person's grievance(s) can be reported and addressed. These policies and procedures ensure that people receiving services have access to a fair and impartial process for reporting and resolving grievances. People are informed and provided a copy of the local procedure for filing a grievance and of the procedures/timelines for resolving of grievances at intake and annually thereafter. Documentation is maintained in each person's record validating that a copy of the procedures has been given to the person receiving services and/or the parent/legal guardian. If grievances are not resolved at the local provider level, people receiving services and/or parent(s)/legal guardian(s) are informed of the procedures for reporting/filing a grievance with Department of Mental Health (DMH), including the availability of the toll-free number. CCS posts at each site/facility, the Office of Consumer Support (OCS) informational poster containing procedures for filing a grievance with DMH.

It is the responsibility of the County Administrator, Director and A&D Clinical Coordinator to ensure that each person receiving services is informed of the grievance procedure and receives a copy of the CCS Grievance/Complaint Notice which describes the person's rights to make a complaint, access to a fair and impartial process for reporting and resolving grievances and complaints, and the procedure for doing so. In addition, people receiving services and/or parent(s)/legal guardian(s) shall be informed of the procedures for reporting suspicions of abuse or neglect in accordance with state reporting laws to include, but not limited to, the Vulnerable Persons Act and Child Abuse or Neglect Reporting requirements. A grievance is defined as a written or verbal statement made by an person alleging a violation of rights or policy. Included in the Grievance/Complaint Notice is the assurance that all grievances will be resolved without retribution and contains DMH's toll-free number and the procedure for filing a complaint with the DMH.

During the admission process and annual thereafter, the person receiving services and/or his/her legal guardian(s) will receive a copy of the Grievance/Complaint Notice which outlines the procedures and timelines for resolution of a complaint, as well as, a Complaint Form. Receipt is documented by the signature of the person receiving

services or his/her legal guardian on the Rights of Individuals Receiving Services/Acknowledgment of Grievance/Consent for Services form. In addition to the grievance procedures, staff will explain the rights and responsibilities of a person receiving services from CCS during the intake process and annually thereafter. Day programs (i.e., Psychosocial Rehabilitation, Day Services - adult) and community living programs (i.e., supervised living, residential programs) have regular meetings to discuss the rights of people receiving services and any concerns that need to be addressed.

**Initiating a Grievance:** Each person/parent/legal guardian has the option of addressing a grievance with any staff member, who will take immediate steps to try to resolve the grievance. The person receiving services/parent(s)/legal guardian(s) may make a verbal statement of grievance to any staff member, who if unable to resolve, will immediately inform the County Administrator, Program Director, A&D Clinical Director. If it is impossible to resolve the grievance at this stage, then a more formal, written process can be initiated by the person receiving services/parent/legal guardian utilizing the form provided at intake. If the provided form is not available, complaint forms will be available from the Office Manager in each CCS county office and from any Program Supervisor.

**Process for resolution of a grievance after submission of a formal complaint/grievance:**  
**Level I:** In the event that a complaint form is presented to a staff member, the staff member who receives the complaint form will give the form to his/her County Administrator, Director or A&D Clinical Coordinator within twenty-four (24) hours or the next working day of receiving the Complaint Form. (If the person presented the grievance to a service provider in a verbal statement, that service provider shall produce a written document containing the nature of the grievance.) The County Administrator, Director or A&D Clinical Coordinator will try to resolve the complaint by responding to the person/parent/legal guardian within five (5) working days from the date the form is received. If at this time the grievance is resolved, no further action will be necessary. Both parties sign the bottom of the Complaint Form to that effect, and it is filed in the Administrative Office of CCS. If the resolution is not satisfactory, the person may proceed to Level II

**Level II:** If the person receiving services/parent/legal guardian is not satisfied with the Administrator's recommendation for resolution, within twenty-four (24) hours the County Administrator, Director or A&D Clinical Coordinator will notify the Executive Director, who will study the statement of complaint and the proposed resolution. The Executive Director will render a decision and respond within five (5) days of the Executive Director's receipt of the Complaint Form. The Executive Director will inform the County Administrator, Director or the A&D Clinical Coordinator of his/her decision, and that individual will inform the person/parent/guardian of the Executive Director's decision within twenty-four (24) hours. If at this time the grievance is resolved, no further action will be necessary. Both the complainant and the County Administrator, Director or A&D Clinical Coordinator sign the bottom of the Complaint Form to that effect, and it is filed in the Administrative office of CCS. If the resolution is not satisfactory, the person may proceed to Level III.

**Level III:** Should the person receiving services/parent/legal guardian remain unsatisfied with the decision of the Executive Director, he/she is entitled to a hearing before the

Region VII Mental Health/Intellectual Disabilities Commission. The person must request this hearing in writing to the Executive Director. The Commission will establish a review panel which includes members of the Commission, and a representative appointed by the complainant. This may be a friend, minister, parent, or other party. The panel can request information from the Executive Director, staff members, or other sources (including legal counsel) as needed. The Executive Director will notify the person/parent/legal guardian in writing of the date and time of the review hearing (within ten {10} days of the written request). After the hearing, the Commission will notify the person/parent/legal guardian of the decision in writing within five (5) days of the hearing. Actions or recommendations by the Review Panel will be final. Complete documentation of the Review Panel process, including the dates, names of Panel members and decision will be attached to the Complaint Form and placed in the Administrative office of CCS.

Further Reporting: Every person receiving services and/or his/her legal guardian will be informed at intake and annually thereafter of the procedures for reporting/filing a grievance with DMH, including the toll-free telephone number. The number and procedures for filing a grievance with DMH is posted in all county offices and all program locations of CCS.

Compliance with timelines: It is the responsibility of the Executive Director, or his/her designee, to ensure that CCS complies with the Grievance Procedure timelines for reporting and resolving complaints/grievances. The Executive Director or his/her designee shall ensure that the agency complies with the timelines issued by the DMH's Office of Consumer Support in resolving complaints initially filed with the DMH.

Other: In cases of abuse/neglect, the standard procedure will be by-passed, and the person receiving services (and/or program staff members) shall report the incident through the Incident Reporting process, notifying all appropriate programs and agencies of the incident as mandated by law.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Privacy of Individuals Receiving Services  
**Policy No:** RI 05  
**Effective:** 01/01/1997  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services (CCS) that every effort be made to protect the right of every person receiving services to confidentiality and privacy.

**PURPOSE:** To ensure that privacy is provided to all people who are receiving services and that each person's right to privacy is protected by CCS.

**PROCEDURE:** Names of persons receiving services are not to be posted in public areas of any CCS facility. No information (including confirmation of admission) regarding any person receiving services may be given to anyone without the consent of the person or his/her parent/legal guardian or a valid court order. Staff members are prohibited from discussing, identifying, or acknowledging any people receiving services from CCS with any person not authorized to receive information about people receiving services. People receiving services must not be identified by full name when paging systems are used. Within residential/community living programs, paging systems shall use identification numbers only when summoning a person receiving services.

**Other:** In residential/community living programs, people (including staff) must always knock on a resident's door before entering. It is expected that all people respect the rights of other residents' privacy, safety, health, and choices. People receiving services should keep the noise level to a minimum to avoid disturbing other people receiving services and are prohibited from recording or photographing activities of others.

In day programs and community living programs, people have the right to personal privacy with respect to visitors to the extent that it is possible. Maintenance staff, vendors, reviewers, etc. have to come to the programs/facilities to carry out specific tasks and functions. If possible, people receiving services will be notified ahead of time of their presence. When someone is scheduled to come to a program or facility, such as a guest speaker, people receiving services will be notified ahead of time and will have the choice to be present or not for the activity/event. For programs that serve children/youth, a parent/legal guardian must be contacted or notified in writing so that a decision can be made as to whether or not they want their child to participate in the activity/event. All non-CCS employee visitors will be expected to sign a confidentiality statement which states their responsibility to keep the identity of people receiving services private.

<b>Section:</b>	Rights of Individuals Receiving Services
<b>Policy:</b>	Rights of Individuals Receiving Services
<b>Policy No:</b>	RI 06
<b>Effective:</b>	02/16/1993
<b>Revised/Approved:</b>	06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to acknowledge individual human dignity and the protection of all people receiving services and their family members. Every effort is made to safeguard the legal and civil rights of people receiving services and to ensure that they are kept well informed of their rights. Staff members at CCS recognize and respect the individuality of each person receiving services and their family members and carry out their duties in a manner that preserves and enhances the self-respect and privacy of the person receiving services and the members of his/her family.

**PURPOSE:** To ensure that CCS has made every effort to safeguard the rights of all persons with respect to their rights and responsibilities as participants in the treatment process

**PROCEDURE:** To ensure that the rights of people receiving services are protected, CCS maintains written documentation in the record that each person receiving services and/or parent(s)/legal guardian(s) is informed of his/her rights while served in the program at intake and at least annually thereafter if he/she continues to receive services. The person receiving services and or parent(s)/legal guardian(s) are also given a written copy of the rights, which are listed later in this document. These rights are applicable to all people receiving services except for people that have been civilly committed.

Upon admission, a staff member explains the rights of the person receiving services and his/her responsibilities to the person and/or his/her parent(s)/legal guardian(s). A Rights of Individuals Receiving Services/Acknowledgement of Grievance/Consent to Receive Services form is signed acknowledging receipt and understanding of the rights of the person receiving services. A copy of the form is given to the person receiving services or his/her legal guardian(s). At the time of annual review, the primary service provider again explains the rights of the person receiving services, obtains the signature of the person receiving services/legal guardian on the form, and gives a copy to the person receiving services or his/her legal guardian(s). The service provider shall ensure that the rights of the have been adequately explained and give a written copy of these rights, which at a minimum, include:

- The services within the program and other services available regardless of cultural barriers and limited English proficiency
- The right to access services that support a person to live, work and participate in the community to the fullest extent of the person's capacity
- The right to services and choices, along with program rules and regulations that support recovery/resiliency and person-centered services and supports
- The right to be referred to other providers, services, and supports in the event the provider is unequipped or unable to serve the person

- The right to refuse treatment/services
- The right to ethical treatment including but not limited to the following shall be discussed:
  - The right not to be subjected to corporal punishment
  - The right to be free from all forms of abuse or harassment
  - The right to be free from any restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff members
  - The right to considerate, respectful treatment from all employees and volunteers of the provider program
- The right to voice opinions, recommendations, and to file a written grievance which will result in program review and response without retribution
- The right to personal privacy as well as privacy with respect to facility visitors in day programs and residential programs as much as physically possible
- The right not to be discriminated against based on HIV infection or AIDS status
- The right to have reasonable access to the clergy and advocates and access to legal counsel at all times
- The right of the person being served to review his/her records, except as restricted by law
- The right to participate in and receive a copy of his/her individual plan including, but not limited to:
  - The right to make informed decisions regarding his/her care and services, including being informed of his/her health status, being involved in care/services planning and treatment and being able to request or refuse treatment/service(s). This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate
  - The right to access information contained in his/her clinical records within a reasonable time frame. (A reasonable time frame is within five {5} days; if it takes longer, the reason for the delay must be communicated.) The provider must not frustrate the legitimate efforts of people receiving services to gain access to their own medical records and must actively seek to meet these requests as quickly as the record keeping system permits. (State statute MCA 41-21-102(7) does allow for restriction to access to records in certain circumstances where it is medically contraindicated.
  - The individual also has the right to be informed of any hazardous side effects of medication prescribed by staff medical personnel
- The ability to retain all Constitutional rights, except as restricted by due process and resulting court order
- The right to have a family member or representative of his/her choice notified promptly of his/her admission to a hospital
- The right to receive care in a safe setting and in an environment that promotes recovery
- The right to involve or not to involve family and/or others is recognized and respected
- The right to engage in planning, development, delivery and the evaluation of the services he/she is receiving.

- The right to have visitors of his/her choosing at any time, to the greatest extent possible. Visitation rights cannot be withheld as punishment or in any other manner that unreasonably infringes on the person's stated rights
- The right to daily private communication without hindrance unless clinically contraindicated (see policy RI 02)
- The right to information about individual rights in a manner that is understandable to people receiving services who have challenges with vision, hearing, or cognition.

People receiving services have the option of speaking privately to the County Administrator, Director, or any other Administrator about any matter which causes them concern. They also have the option of utilizing the formal Grievance Procedure for people receiving services (see policy RI 04).

General: People receiving services or their parent(s)/legal guardian(s) have the right to receive individualized treatment which includes psychiatric, psychological, residential or rehabilitative care and treatment in the least restrictive setting, in addition to, being involved in the development and implementation of their Individual Service Plan. Updates and progress of the person receiving services should be communicated regularly. Upon admission, discharge planning shall begin. The person receiving services or their parent(s)/legal guardian(s) are a critical component to the discharge planning process. All efforts should be made to include them in this process and keep them informed of progress or lack thereof. If a person receiving services is unable to make decisions about his/her treatment, the person legally authorized to act for him/her may receive the report of the condition, treatment and progress of the person receiving services and make decisions for him/her as allowed by court documents.

All people receiving services have the right to confidential care and treatment. To the extent permitted by law, the records of people receiving services are treated as confidential by the staff of CCS. Photographs, videos and audio recordings of people receiving services may not be used without their consent. Every person receiving services has the right to privacy with respect to facility visitors in day programs and residential programs to the extent possible (see policy RI 05). In a residential placement setting, written consent must be obtained from the person receiving services or his/her legal guardian prior to acknowledging his/her presence in the facility to visitors/callers. Such consents must be contained in the case record of the person receiving services.

All people receiving services have the right to privacy in the care of personal needs and possessions. However, if at any time during treatment it is suspected that a person receiving services has drugs, alcohol, weapons, or other dangerous items in his/her possession, the person receiving services and his/her personal possessions may be searched (see policy RI 09).

All people receiving services have the right to be informed that when services are not available by CCS a referral for services will be made with the written consent of the person and/or his/her legal guardian.

If a person receiving services is in a residential program, he/she has the right to:

- Be visited by parents, family and other visitors

- Receive private telephone calls from family members or have access to a telephone, subject to program rules
- Send and receive mail unopened unless the Program Coordinator determines that it is not in the best interest of the person receiving services and is clinically contraindicated.

All people receiving services have the right not to be subjected to corporal punishment or unethical treatment, including but not limited to:

- Any type of physical hitting or any type of physical punishment inflicted in any manner upon the body
- Physical exercises such as running laps or performing push-ups, when used solely as a means of punishment
- Punishment which subjects the individual to verbal abuse, ridicule, or humiliation
- Withholding of any meal

Responsibilities of the person receiving services: A person receiving services has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her mental health, as well as, to report unexpected changes in his/her condition to his/her therapist or community support specialist. A person receiving services is also responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected from him/her. In addition, the person receiving services is responsible for following the individual service plan developed with his/her treatment team.

The person receiving services and/or his/her parent(s)/legal guardian(s) is responsible for the following areas:

- Keeping appointments, and when he/she is unable to do so for any reason, for notifying the responsible therapist or CCS well in advance.
- Assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- Following all CCS rules and regulations affecting the care and conduct of all people receiving services
- Being considerate of the rights of other people receiving services and CCS personnel, as well as, being respectful of the property of other persons and of CCS
- Upholding the law and can be held legally responsible if he/she hurts another person receiving services, an employee or any other person. The person receiving services can be held legally responsible for destroying or stealing property
- Not interfering with the care and treatment of other people receiving services
- Keeping confidential all information regarding other people receiving services

Interpretation of the Rights of Persons Receiving Services: CCS will provide services to all people regardless of age, race, sex, disability, creed, or national origin. All of the staff members of CCS will work to treat each person receiving services and/or his/her family with respect and not discuss the participation of any person receiving services in CCS programs with anyone who does not need to know that he/she is receiving treatment. The primary therapist or community support specialist will be honest and share with

each person receiving service what he/she needs to do/accomplish in order to complete treatment successfully, including what services he/she will receive and how much it costs to receive the services recommended in his/her plan of care.

**Assignment of Work for People Receiving Services:** People receiving services will not be expected to work for CCS with the exception of assigned routine community duties such as keeping the therapeutic environment and/or the living area of the person receiving services clean. People receiving services may be required to prepare food and keep the food preparation area clean as a part of their treatment responsibilities. If a person receiving services does any work for CCS which is comparable to that for which compensation would be earned in a non-therapeutic environment, he/she will be compensated in accordance with local, state and federal requirements.

**Trainings on Rights of People Receiving Services:** It is the joint responsibility of the Department of Human Resources and each Supervisor to ensure that all newly hired and existing staff members and interns receive regular training in the rights of people served by CCS and in their roles in maintaining those rights. New Hire Orientation addresses the rights of people receiving services and the skills needed to uphold the duty of all members of the CCS staff to actively protect the rights of people receiving services. Ongoing training addresses specific rights and how each right is to be explained to the person receiving services in a manner that is understandable to the person and/or family member/legal guardian. All training received by staff members is documented in the staff member's personnel file. It is the responsibility of each County Administrator and all supervisors to ensure that all staff members and interns under his/her supervision shall understand his/her responsibility and actively protect the right of people/family members served by CCS.

**Refusal of Treatment/Services:** If a person receiving service entered his/her treatment program voluntarily, he/she can leave treatment at any time. If the person receiving services is a child, his/her parent(s)/guardian(s) can ask that treatment be discontinued if they feel that it is no longer needed. If the person receiving services did not enter his/her treatment program voluntarily but was court-ordered, and he/she wants to leave, staff will make sure the person is aware that a report will have to be made to the appropriate court of jurisdiction.

**Conservator/Representative Payee:** A record of any person for whom the provider/staff member of CCS is the representative payee must be on file with supporting documentation. For programs serving as representative payee, the following must take place: a) a record of sums of money received for/from each person and all expenditures of such money must be kept up to date and available for review, b) the person and/or his/her legal representative must furnish a receipt, signed by the lawful agent(s) of the program, for all sums of money received and expended at least quarterly or more often if requested. For staff that serves in this function, they will be expected to complete the Social Security Administration Representative Payee Interdisciplinary Training and submit documentation for maintenance in his/her personnel file.

**Community Inclusion/Participation:** It is the responsibility of each County Administrator/Supervisor to ensure that when planning and implementing services that offer people the opportunity for community participation, providers shall recognize that:

- People retain the right to assume risk. The assumption of risk is required to consider and balance the person's ability to assume responsibility for that risk and a reasonable assurance of health and safety.
- Each person makes choices during the course of the day about his/her everyday life, including daily routines and schedules.
- People have the opportunity to develop self-advocacy skills.
- People must be afforded the same access to the community as people who do not have a mental illness, intellectual/developmental disability, or substance use disorder.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Screening for Prohibited/Illegal Substances  
**Policy No:** RI 07  
**Effective:** 3/28/2017  
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**POLICY:** It is the policy of Community Counseling Services (CCS) to conduct screenings for prohibited/illegal substances in substance use programs (IOP and Structured Intervention), community living programs, and those under court order by department of corrections.

**PURPOSE:** To ensure individuals enrolled in substance use programs are complying with program rules and probation terms or parole.

**PROCEDURE:** It is the policy of CCS to conduct drug screens in substance use programs/community living programs, as well as, for people court ordered by department of corrections. (Staff members may not screen for prohibited/illegal substances in Supported Living settings unless there is reason to believe that a crime has been committed; in which case law enforcement should be contacted immediately).

Drug screens will be conducted under the following circumstances: a) within 7 days of admission to any substance use community living program, b) randomly during the time the person is enrolled in any substance use program, c) after returning from a pass of greater than 8 hours from a substance abuse community living program, d) in accordance with timeframes outlined in a person's court order/terms of probation or parole, and e) when there is reason to suspect that a person has used a prohibited/illegal substance.

Process for screening for prohibited/illegal substance: If one of the aforementioned conditions are met, staff is authorized to conduct a drug screen. If the reason for the screening is due to suspicion that a person has used a prohibited/illegal substance or is currently under the influence, a supervisory staff member or his/her designee must be notified and give approval. Once approval is received, the person receiving services should be notified that they need to present for a drug screen. If the person presents as requested, the drug screen will be performed following chain of custody protocols (see below). The person has the right not to present or agree to the drug screen. In these situations, the results of the drug screen will be presumed to be positive.

Collection and Testing Procedures: Staff who has been trained in drug screen collection procedures will collect the specimen, while strictly adhering to the recommended testing procedures from the company that supplies the collection device(s). Specimens will be sent to a certified laboratory for screening and confirmation of all positive screens.

Consequences of positive screening of prohibited substances: Consequences for positive results vary by program. They include, but are not limited to, a) report to court/probation or parole officer (with appropriate releases), b) time extended in treatment program, and c) discharge from the program/facility. CCS does not condone the abuse of alcohol, prescription drugs, and/or use of illegal drugs; however, CCS does recognize that addiction to drugs and/or alcohol can be treated. If people voluntarily

report the use of prohibited substances prior to being screened, the treatment team will discuss with the person next steps and evaluate the most appropriate treatment program/setting.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Property of Individuals Receiving Services  
**Policy No:** RI 08  
**Effective:** 01/01/1995  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services (CCS) to provide a safe and secure area for the valuables and property of people receiving services in residential facilities.

**PURPOSE:** To ensure that the property of all people receiving services is safeguarded while they are receiving treatment.

**PROCEDURE:** Upon admission to all residential programs, a personal belongings inventory is completed to verify items the person receiving services brings to the facility. Upon discharge, the inventory is reviewed to account for all items. All people receiving services being admitted to CCS residential programs are requested not to bring valuables with them. A secured area will be provided for valuables when they cannot be sent to the home of the person receiving services. In addition, it is encouraged for people receiving services not to keep cash on their persons.

**Storage and access:** If for any reason cash or valuables cannot be sent to the home or placed with the family of the person receiving services, program staff will lock these valuables in a secure location. If it becomes necessary for people receiving services to leave valuables in the secured area, they will have access to their valuables at the time of discharge. Residential programs will implement use of a personal items log which lists items placed in the secured area and is to be signed by a staff member and the person receiving services at time of receipt and discharge. A person's cash can also be stored in the secure area. Cash will be stored by the person's name and a cash log will be maintained to accurately reflect the amount of cash for each person. If it becomes necessary for people receiving services to access their money, this will be done in accordance with program guidelines and at established times. A cash log will be maintained that reflects any deposits or withdrawals. Each entry must be signed by the person receiving services and a designated staff member. Access to the secure location to store valuables or cash will be limited to designated staff. CCS will not accept liability when people receiving services keep cash or valuables on their persons.

All vehicles must be parked in the spaces designated. Keys to the vehicle must be kept in the administrative office or with the valuables of the person receiving services. Keys will be returned to the person receiving services only upon discharge from the program or at approved times in accordance with program guidelines.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Search and Seizure  
**Policy No:** RI 09  
**Effective:** 3/28/2017  
**Revised/Approved:**

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**POLICY:** It is the policy of Community Counseling Services (CCS) to conduct searches of a person receiving services' room, person, and/or possessions when conditions warrant, ensuring the safety of all people and maintaining a safe and secure program environment.

**PURPOSE:** To ensure that the programs and facilities operated by CCS take reasonable steps to ensure the safety of all people and to prohibit dangerous and/or illegal items or substances from our programs and facilities. To protect people receiving services right to privacy, dignity, and freedom from unreasonable search and seizure.

**PROCEDURE:** A search of a person's room, person, and/or possession may be conducted under the following conditions: 1) a personal inventory search at the time of admission to a community living program to have an accurate record of items brought to the facility and identify restricted items not allowed on the premises; 2) upon return to a community living program after a pass (as designated) 3) when the person is wanting to bring additional personal belongings into the facility; 4) when there is reason to believe that an person receiving services has in his/her possession a weapon, contraband, or any other dangerous and/or illegal item or substance; and 5) when it is determined that privacy, health, or safety of residents/people receiving services are at risk. Nothing in this policy precludes the inventorying of the person's possessions upon admission.

Process for conducting search: If staff determines the need to conduct a search based on the aforementioned conditions, approval must be received from a supervisory staff member or his/her designee. Once approval is received, the person receiving services should be told that a search is being conducted of his/her room, person, and/or possession and the person's right to be present during the search. The search should be conducted in a reasonable manner with respect for the person's dignity and privacy. Unannounced searches can be conducted when there are exigent circumstances and there is immediate concern for the health and safety of people receiving services.

When a search is warranted and subsequently approved, the specific reason for the search must be documented. Staff must describe, in detail, all aspects of the search. This shall include the reason for the search, type of search conducted, and the specific location (room, building, program area, other). If any items were seized during the search, staff must list all items seized and the source/location of items seized. Acceptable types of searches include person, room, locker, and/or possessions. Search of person should be unobtrusive, limited in scope, and should not involve touching or patting any private areas. Appropriate examples of search of person include, but are not limited to, asking the person to show/empty pockets, asking a person to take off their shoes, or asking them to pull up their sleeve/pant leg. Strip searches are strictly prohibited by all CCS staff.

Consequences: If during the search contraband and/or illegal items are identified, the treatment team will determine consequences of the discovery which shall include, but are not limited to, the following: a) loss of points/level, b) loss of privileges, c) report to family (if a minor), d) report to law enforcement (if illegal item(s) is identified), and e) possible discharge from the program/facility depending on associated risk to others due to the items seized. For residential substance use treatment facilities, identification of drugs and/or alcohol on the unit will result in discharge for the person who brought the items on the unit.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Photographing, Videoing, Recording of IRS  
**Policy No:** RI 10  
**Effective:** 02/16/1993  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services (CCS) to protect the rights of a person receiving services to refuse to be photographed, videotaped, or have conversations recorded.

**PURPOSE:** To ensure that people receiving services understand their rights to confidentiality and to ensure that those rights are not violated during their treatment at CCS.

**PROCEDURE:** Prior written consent must be obtained from people receiving services and/or their parent/guardian before a person receiving services can be photographed, videotaped, or recorded. Prior approval from the County Administrator/Program Supervisor must be obtained before any of the above are implemented.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Non-Discrimination  
**Policy No:** RI 11  
**Effective:** 01/01/1991  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services (CCS) to admit and offer equal access to all persons who meet eligibility criteria without discrimination regarding disability, race, creed, sex, age, or national origin. Persons who are HIV-positive will have equal access to treatment and services for which they may be otherwise eligible.

**PURPOSE:** To ensure that all persons requesting services from CCS have equal opportunity to receive services without discriminatory concern

**PROCEDURE:** There is no distinction in eligibility of, or in provision of, any service provided by CCS with regard to disability, race, creed, sex, age or national origin and financial responsibility for treatment is uniform for all people receiving services. This is communicated during the orientation process for all new hires and it is the responsibility of the County Administrator/Supervisor to ensure this is enforced. Persons seeking services through CCS may request a specific treatment provider; however, assignment to this individual is not guaranteed. If there is no request, the person receiving services will be assigned to a treatment provider(s) who is best qualified to resolve the presenting problems of the person receiving services and whose office is in the service location of the person seeking services. If someone is interested in receiving services in a county other than where they reside, this must be approved by the County Administrator. In these situations, the person must be informed that they may not be eligible to receive certain services (i.e., community support services) if receiving services in a county other than where they reside and they must accept this provision.

In furtherance of our nation's commitment to end discrimination on the basis of disability, and in accordance with the provisions of Section 504 of the Rehabilitation Act of 1973 and all regulations properly issued there under to protect the rights of people with disabilities, it is the policy of CCS that no program or activity administered by CCS which receives Federal financial assistance shall exclude from participation, deny benefits to, or subject to discrimination, any individual solely by reason of his/her disability.

ID/DD Waiver: CCS will not refuse to admit/serve a person who has chosen CCS as the provider solely on the basis of his/her support needs if an appropriate placement is available. If an appropriate placement is not available and CCS is unable to admit/serve the person, written justification will be submitted to the Support Coordinator.

Mississippi DMH Operational Standards addressed: Rule 16.2B3,10

**Section:** Rights of Individuals Receiving Services  
**Policy:** Physical Limitations  
**Policy No:** RI 12  
**Effective:** 06/01/1995  
**Revised/Approved:** 02/26/2013

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**POLICY:** It is the policy of Community Counseling Services (CCS) that any person desiring services who cannot participate in program activities due to physical limitations shall be identified and reasonable accommodations in his/her therapeutic program will be pursued.

**PURPOSE:** To ensure that each person receiving services will be able to participate in his/her plan of care regardless of physical limitations and that the plan of care will be individualized to accommodate any known physical limitations.

**PROCEDURE:** A physician is responsible for documenting the physical limitations of the person receiving services and their implications on the receipt of services. The treatment team shall develop an individualized service plan, with input from the medical staff and other treatment team members, which addresses these limitations into the plan of care. A person receiving services who cannot tolerate group recreation and/or the exercise program in a residential facility shall have individual recreation/exercise planned to meet his/her needs based upon his/her physical abilities under the recommendation of a physician.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Time Out  
**Policy No:** RI 13  
**Effective:** 10/01/2002  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services that programs/staff will not use time-out as defined by the DMH Operations Standards. Quiet time/sit-outs may be used as a behavior management technique.

**PURPOSE:** To ensure quite time/sits outs are used to allow individuals to calm themselves and regarding control of their behavior and not used as a form of punishment, coercion or for staff convenience

**PROCEDURE:** A “*time out*” is a behavior management technique which removes a person from social reinforcement into a non-locked room, for the purpose of calming. As stated above, CCS does not utilize time-out. “*Quiet time*” is a behavior management technique that is part of an approved treatment program and may involve the separation of a person from the group, for the purpose of calming. Quiet time is not time out.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Mechanical/Chemical Restraint/Seclusion  
**Policy No:** RI 14  
**Effective:** 10/01/2002  
**Revised/Approved** 06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) to refrain from the use of mechanical restraints, chemical restraints, and seclusion in all Department of Mental Health certified programs, except as follows: a) use of seclusion in certified Crisis Stabilization Units (see policy RI 18).

**PURPOSE:** To ensure that safeguards are in place regarding the prohibition of mechanical, chemical restraints, and seclusion with people receiving services (except as indicated above).

**PROCEDURE:** It is the responsibility of all Administrator/Directors/Supervisors and the CSU Director to ensure that mechanical chemical restraints, and seclusion are not used with people receiving services or in any CCS program/facility (except as indicated above).

**Definitions:** A **mechanical** restraint is the use of a mechanical device, material, or equipment attached or adjacent to the individual's body that he/she cannot easily remove that restricts freedom of movement or normal access to one's body and is prohibited in all programs/facilities. A **chemical** restraint is a drug or medication that is used as a restraint to manage behavior or restrict the individual's freedom of movement that is not a standard treatment for the individual's medical or psychiatric condition. **Seclusion** is defined as a behavior control technique involving locked isolation.

In an effort to use the least restrictive approach in maintaining a person's safety, staff working directly with people receiving services will be trained and certified in Crisis Prevention Intervention (see policy RI 15)

<b>Section:</b>	Rights of Individuals Receiving Services
<b>Policy:</b>	Physical Intervention/Escort Crisis Prevention Intervention
<b>Policy No:</b>	RI 15
<b>Effective:</b>	10/01/2002
<b>Revised/Approved:</b>	06/22/2021

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**POLICY:** It is the policy of Community Counseling Services (CCS) that physical escort and/or intervention is used when the safety of the person demonstrating challenging behaviors or others are in imminent danger and all other less restrictive alternatives have been determined to be ineffective to protect the individual or others from harm.

**PURPOSE:** To ensure that safeguards are in place regarding physical escort and intervention to protect the rights of all people receiving services and ensure utilization of these techniques are only as a last resort, when the person is a danger to self or others, and the risk of the physical intervention is less than the risks associated with the acting out behavior.

**PROCEDURE:** Physical interventions are procedures used in conditions where the safety of the person with challenging behaviors, or others is in imminent danger. A physical escort is the temporary holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a person who is acting out to walk to a safe location.

**Training:** It is the responsibility of each County Administrator/Supervisor in collaboration with the HR Department to ensure that all staff members who may utilize physical escort/intervention successfully complete training and hold certification in Crisis Prevention Intervention, a nationally recognized certification that focuses on de-escalation skills and strategies first, with physical intervention as a last resort. It is the responsibility of the HR Department to maintain a listing of all supervisory or senior staff members who have successfully completed training in Crisis Prevention Intervention and demonstrate competency in utilization of physical intervention.

**Utilization:** Physical escort/intervention may be utilized in emergency situations only when it is determined to be crucial to protect the person from injuring himself/herself or others. "Emergency" is defined as a situation where the person's behavior is violent or aggressive and where the behavior presents an immediate and serious danger to the safety of the person being served, other people served by the program, staff members, or others. Physical escorts/interventions may only be used when all other less restrictive alternatives have been determined to be ineffective to protect the person or others from harm and the risk of the physical intervention is less than the risks associated with the acting out behavior.

- Physical escort/intervention must be implemented in the least restrictive manner possible
- Physical escort/intervention must be in accordance with safe, appropriate restraining techniques based on techniques taught as part of certification in a behavior management technique
- Physical escort/intervention must be ended at the earliest possible time (i.e., when the individual's behavior has de-escalated and that individual is no longer in danger of harming him/herself or others). Additionally, individuals must not

be restrained for more than fifteen (15) minutes. A face-to-face assessment must take place while the individual is being restrained

- Physical escort/intervention must not be used as a form of punishment, coercion, or staff convenience

A clinical/program supervisor or CPI Instructor with training and demonstrated competency in physical intervention(s) who is competent to conduct a face-to-face assessment will conduct such an assessment of the person's mental and physical well-being as soon as possible but not later than within one (1) hour of initiation of the physical intervention. Such supervisor or CPI Instructor must be certified in CPI and shall monitor the situation for the duration of the intervention. When a physical intervention is being implemented, another staff member present shall contact a clinical/program supervisor or CPI Instructor so an assessment of persons involved in physical intervention can take place. The staff member(s) involved in a physical intervention should complete an Incident Report prior to leaving his/her work site for the day and forward to his/her supervisor for appropriate routing.

Staff members shall record by the end of the working day an account of the use of physical escort/intervention in the person's case record. Documentation shall include when the physical intervention began, behavior warranting utilization of physical intervention, type of physical escort/intervention that was utilized during the intervention, documentation of less restrictive alternative methods of managing behavior which have been determined to be ineffective in the management of the person's behavior, and time that the physical intervention ended.

In situations when staff is not safely able to manage a person's behavior, other staff trained in CPI techniques will be summoned to assist in the physical intervention. If the team members involved cannot safely manage the person's behavior, other available staff will be directed to contact the M-CeRT Coordinator and/or the police for assistance and support. At all times, the least restrictive alternative will be utilized.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Cultural Competence/Limited English Proficiency Services  
**Policy No:** RI 16  
**Effective:** 03/22/2011  
**Last Revision:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services (CCS) to make culturally sensitive/culturally competent services available to all eligible residents of Region VII, including those Limited English Proficient individuals. Cultural competence is the ability to effectively deliver services that meet the social, cultural, and linguistic needs of individuals served. A culturally competent system can help improve outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities.

**PURPOSE:** To ensure appropriate, culturally competent service is available to all eligible residents seeking services through Region VII.

**PROCEDURE:** It is the responsibility of the Human Resources Department to provide/assign training on Cultural Competency during the new hire orientation process. This is accomplished by assigning Relias Learning courses related to cultural sensitivity, competency, and/or diversity. It is the responsibility of each County Administrator/Supervisor to ensure that each staff member under his/her supervision is adequately equipped and delivers culturally competent services to all people on his/her caseload.

**Limited English Proficiency Services:** It is the responsibility of the Department of Human Resources to compile and maintain a list of CCS staff members who are bilingual and consider themselves competent to serve as interpreters and to make that list available to all County Administrators/Supervisors as necessary. CCS makes all reasonable efforts to assure the competence of the language assistance. Each interpreter shall sign a "Competence of Language" statement indicating his/her ability to serve as an interpreter and this will be maintained in the HR Department.

It is the responsibility of each County Administrator/Supervisor to ensure language assistance services, including bilingual staff members and interpreter services, are available at no cost to people with Limited English Proficiency at all points of contact with the person while he/she is receiving services. Friends and family members of the person receiving services shall only be utilized to provide interpreter services when requested by the person receiving services. At the time of intake, the person is asked if he/she prefers a family member/friend to serve as an interpreter or if he/she prefers an interpreter provided by CCS. Language assistance services shall be offered in a timely manner during all hours of operation. Verbal offers and written notices of the right to receive language assistance services are provided to the person receiving services in his/her preferred language and posted in each office.

The only language group commonly represented in Region VII is people who speak English. Should another language group begin to utilize the services of CCS, easily understood consumer-related materials and appropriate signage will be developed and

utilized within one (1) calendar month of initial intake of any person requiring language assistance services.

**Section:** Rights of Individuals Receiving Services  
**Policy:** Assistance for Individuals with Sensory Impairments  
**Policy No:** RI 17  
**Effective:** 08/25/2015  
**Revised/Approved:**

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**POLICY:** It is the policy of Community Counseling Services (CCS) that necessary steps will be taken to ensure that qualified persons with disabilities, including those with impaired sensory or speaking skills, shall receive effective notice/communication concerning benefits, services, written materials, waivers of rights, and consent to treatment.

**PURPOSE:** To ensure all people, including people with sensory impairments, have a means of communication and is aware of communication aides available.

**PROCEDURE:** For Persons with Hearing Impairments: CCS will provide a qualified sign-language interpreter for persons who are deaf/hearing impaired and who use sign-language as their primary means of communication when requested. When it is determined that a person needs a qualified sign-language interpreter for communication, the staff member aware of this need will contact his/her County Administrator/Supervisor. The County Administrator/Supervisor will work with local educational systems and vocational rehabilitation to identify a qualified sign-language interpreter. If requested by the individual/family, family members and friends can be used as interpreters if the following two conditions have been met. 1) The person has been made aware of the availability of qualified sign-language interpreter at no additional cost, and without any coercion or pressure, chooses the services of family member or friends. 2) If no interpreters are available in your community (within 30 miles of provider/vendor).

For Persons with Hearing Impairments: CCS will communicate the content of any written materials concerning benefits, services, waivers of rights, and consent to treatment by reading them out loud to visually impaired persons as requested. In addition, all written material can be provided in large print.

For Persons with Speech Impairments: CCS will provide writing materials and computer access to facilitate communication concerning program services and benefits, waiver of rights, and consent to treatment forms as requested. All aids needed to provide this notice are provided without cost to the person been served.

<b>Section:</b>	Rights of Individuals Receiving Services
<b>Policy:</b>	Seclusion
<b>Policy No:</b>	RI 18
<b>Effective:</b>	12/18/2018
<b>Review/Approved:</b>	12/18/2018

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**Policy:** It is the policy of Community Counseling Services (CCS) that the Crisis Stabilization Unit will utilize seclusion in emergencies to protect people from injuring themselves or others.

**Purpose:** Seclusion is utilized when a person's behavior is violent or aggressive, presenting an immediate and serious danger to the safety of the person being served, other people served in the program, staff, or others.

**Procedure:**

**General:** The Crisis Stabilization Unit uses seclusion as a behavioral control technique, which involves locked isolation. The Crisis Stabilization Unit is inspected by DMH and written approval of the use of such room is obtained from the DMH Review Committee prior to its use. The seclusion room allows visual and auditory supervision of the individual, is at least 48 square feet, is suicide resistant and has break resistance glass in the door to the room. Seclusion is used only when all other less restrictive alternatives are ineffective to protect the person from self-harm or harm to others. This is documented in the person's case record. Seclusion is used in accordance with safe, appropriate techniques, and ended at the earliest possible time. Seclusion is not used as a form of punishment, coercion, or staff convenience.

**Use and Implementation:** Seclusion is used in accordance with the order of a physician or other licensed independent practitioner, permitted by State licensure rules/regulations governing the scope of practice, and the order is documented in the case record. Orders for seclusion are never written as a standing order or on a prn basis. The treating physician is consulted as soon as possible if the seclusion is not ordered by the person's treating physician. A physician or other licensed independent practitioner will see and evaluate the need for seclusion within one (1) hour after the initiation of seclusion. A written order for seclusion is limited to four (4) hours. After expiration of the original order, a physician or licensed independent practitioner will see and assess the person in seclusion before issuing a new order. Seclusion is in accordance with a written modification to the individual service plan. Staff having direct contact with people in seclusion, will have ongoing education and training in the proper, safe use of seclusion. Trained staff observe the person at intervals of fifteen (15) minutes or less and record the observations in a behavior management log in the case record. An original authorization order for seclusion may only be renewed for up to a total of twenty-four (24) hours.

**Chemical Restraints:** Chemical restraints are not used. Therapeutic agents may be used to treat behavioral symptoms during a crisis with a person to calm agitation, help with concentration, and help the person be more accessible to interpersonal intervention. Medication administration during a crisis is preceded by appropriate clinical assessment and documentation in the case record. A prn prescription for a

therapeutic agent at admission for all people is not allowed. If after the completion of the clinical assessment at admission the use of a therapeutic agent is indicated, then it may be administered with verbal approval for the use of a therapeutic agent by the psychiatrist or psychiatric nurse practitioner and subsequently documented in the case record.