

**Section:** Administration  
**Policy:** Administrator On-Call  
**Policy No:** AD 01  
**Effective:** 11/25/1994  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services to provide administrative support twenty-four hours per day, 365 days per year.

**PURPOSE:** To ensure that Community Counseling Services staff members have administrative support and assistance for making decisions relative to care of individuals receiving services, policy interpretation, and commitment of Community Counseling Services resources.

**PROCEDURE:** The following individuals will be issued a CCS cellular telephone and are available 24 hours per day/365 days per year to respond to situations that arise during the work day, as well as, outside of normal working hours:

- County Administrators/Supervisors
- Personnel Officer
- Chief Financial Officer
- Chief Operations Officer
- Executive Director

These cell phone numbers will be provided to staff that report directly to these individuals, as well as, listed on the summary of Community Counseling Services' Office locations. A roster of Administrators and their numbers will be published and placed in the *Emergency On-Call Instruction Manual*. Each County Administrator/Supervisor will be available to provide administrative support and consultation regarding decision-making and crisis situations for the service providers who work in his/her county. The County Administrator/Supervisor must utilize his/her cell phone or provide a telephone number where he/she can be reached at all times. If the County Administrator/Supervisor is unavailable (illness, vacation, business trip, etc.), he/she shall leave instructions in his/her county office(s) regarding who is assuming the responsibility during his/her absence. The remaining County Administrators/Supervisors and members of the Executive Leadership Team (Personnel Officer, Chief Financial Officer, Chief Operations Officer) will assume responsibility for support/consultation in the event that the appropriate County Administrator/Supervisor is not available.

Administrator On-Call responsibilities include, but are not limited to, to be available and provide administrative support for programs and staff members at all times, to provide administrative support to the emergency on-call staff members as needed, to provide administrative support for non-emergency occurrences which require the use of Community Counseling Services resources, and to provide administrative support to Community Counseling Services staff when contact with the media or other community groups, agencies, or departments is necessary. Employee responsibilities include identifying when additional support is needed and contacting his/her Administrator/Supervisor for guidance and direction. If the employee Administrator/Supervisor is not available, it is the employee's responsibility to contact another Administrator On-Call for assistance.

**Section:** Administration  
**Policy:** Consultation/Contracts for Service  
**Policy No.:** AD 02  
**Effective:** 04/29/1980  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services that consultant services will be utilized to assist with program development, service delivery implementation, staff development or to provide other services deemed necessary by the Region VII Mental Health/Mental Retardation Commission.

**PURPOSE:** To enable Community Counseling Services to have access to knowledge and experience resources

**PROCEDURE:** Consultants will be selected on the basis of their specific knowledge and skills relating to the needs of Community Counseling Services. If contractual services are utilized, there must be a current written contractual agreement in place that addresses, at a minimum, the following:

1. Roles and responsibilities of both parties identified in the agreement
2. Procedures for obtaining necessary informed consent, including consent for release and sharing of information
3. Assurances that DMH Operational Standards will be met by both parties identified in the agreement
4. An annual review of the contractual agreement by both parties

Authorization to engage and reimburse consultants must be issued by the Executive Director and will be outlined in the signed contract. Consultants will be required to submit a written report/invoice prior to payment which must include a statement/summary of services rendered and the charges for those services to be reimbursed. A contract folder will be maintained at the Human Resources office for all contractual employees (non-service provision/non-program related contract employees excluded) which will include at a minimum:

- Current resume/vita
- Verification/copy of degree as applicable for services be rendered
- Verification/copy of current MS license or certification for all licensed or certified personnel
- A copy of a valid driver's license and insurance for all designated drivers
- Applicable background checks
- A signed agreement which includes an outline of services to be rendered, effective dates of contract, roles of both parties, procedures for receiving informed consent, including consent for release of information, and assurances that DMH Operational Standards will be met as applicable

Mississippi DMH Operational Standards addressed: Rule 10.5B4, 11.2

**Section:** Administration  
**Policy:** Leadership Team Benefits  
**Policy No:** AD 03  
**Effective:** 03/14/1997  
**Revised/Approved:** 1/24/2017

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**POLICY:** It is the policy of Community Counseling Services to annually reward each member of the Leadership Team with a contribution to a tax sheltered annuity account, payable in January of each year, as well as a cost of living salary increase, payable in October of each year, to promote longevity with the agency. This contribution will be made for designated members of the Leadership Team.

**PURPOSE:** To encourage longevity of employment and therefore stability in the Leadership Team of Community Counseling Services. The Leadership Team consists of the Executive Director, Chief Financial Officer, Personnel Officer, Chief Operations Officer, County Administrators, and County Supervisors. To reward attainment of performance goals for the Leadership Team and to motivate the Leadership Team to strive for maximum efficiency and effectiveness of the clinical programs and fiscal operation of Community Counseling Services.

**PROCEDURE:**

**Eligibility:** An individual must be a member of the Leadership team for a period of one year to be eligible for Leadership Team benefits.

**Budgeting:** The benefits indicated in this policy will be included in the annual budget for each member of the Leadership Team.

**Benefits:** These amounts shall stand as such until amended by the Board of Commissioners.

1) A contribution will be made to a tax sheltered annuity in January of each year or at the one year anniversary, at the discretion of the Executive Director, for new members of the Leadership Team. The amounts contributed will be as follows:

- Executive Director: To be determined by the Commission. Effective January 2017, the annual contribution for the Executive Director is in the amount of \$25,000.
- All Others: Up to \$15,000 as determined by the Executive Director

2) A one percent (01%) cost of living increase will be added annually to the salary of each member of the Leadership Team and will be awarded each October.

**Section:** Administration  
**Policy:** Policy and Procedure Manual  
**Policy No:** AD 04  
**Effective:** 10/16/1979  
**Revised/Approved:** 04/22/2014

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**POLICY:** It is the policy of Community Counseling Services that a Policy and Procedure Manual shall be available which addresses all applicable administrative rules and standards in Title 24 Mental Health Part 2 of the MS Administrative Code for all services provided, including the Mississippi Department of Mental Health Operational Standards. Community Counseling Services will also develop agency specific policies, procedures, and standards to establish guidelines for best practices and agency expectations. It is also the policy of CCS that all policies will be reviewed and approved at least annually and updated as appropriate by the governing authority as documented in governing authority minutes. It is also the policy of CCS that the agency and all its programs, services and employees will comply with all policies/procedures therein.

**PURPOSE:** To comply with all standards applicable to policy review and the updates to policies required by changing program and accreditation standards, to ensure that all critical aspects of program operation are included, to ensure that the governing authority, staff members and public are aware of the functioning of the program, and to ensure that all changes are approved by the governing authority before they are instituted.

**PROCEDURES:** It is the responsibility of the Executive Director and/or his/her designee to ensure that a comprehensive Policy and Procedure Manual which addresses all applicable administrative rules and standards in Title 24 Mental Health, Part 2 of the MS Administrative Code for all services is maintained, appropriately updated, distributed, and is reviewed annually by the governing authority and that review will be documented in the minutes of the governing authority. Community Counseling Services will also develop agency specific policies, procedures, and standards to establish guidelines for best practices and agency expectations. All additions to the Policy and Procedure Manual shall be reviewed by the governing authority before their implementation and that review documented in the minutes of the Governing Authority. Revisions must reflect the date approved and last date of revisions.

These written Policies and Procedures must give details of provider/agency implementation and documentation of the DMH Operational Standards for MH/IDD/SA Community Service Providers so that a new employee or someone unfamiliar with the operation of the program would be able to carry out the duties and functions of his/her position and perform all operations required by the organization, its services and programs. The Policy and Procedure manual shall include a copy of the agency's organizational chart(s).

Policy and Procedure manuals will be readily accessible to all employees via the agency website, with a paper copy in the Administrative Office and in the Department of Human Resources. (A computer accessible to all employees is located in each

county office so that an employee may access the Policy and Procedure Manual at any time.) All new employees are required to review the Policy and Procedure Manual within thirty (30) days of the beginning of employment and must document that review in writing to the Department of Human Resources.

All staff members will be notified of any major changes to the Policy and Procedure Manual through the agency newsletter, and/or notification from their immediate supervisor of changes which impact them specifically and/or their particular program/service area. Staff members being impacted by changes to the policies and procedures must review applicable changes; this review will be documented. All staff members must document their review of the Policy and Procedure Manual at the time of annual review and documentation of the review will be maintained in each employee's personnel file.

The policy manual will be made available to the public upon request by contacting the Human Resources Department located at the administrative office, 1032 Highway 50 West, West Point, MS. Policy and Procedure manuals are the exclusive property of Community Counseling Services and will not be duplicated without the written consent of the Executive Director.

#### Additions and Revisions:

The Policy and Procedure Manual shall be revised to comply with any changes in standards, guidelines and/or regulations issued by the Mississippi Department of Mental Health, other regulatory standards, or specific grant requirements. The Policy and Procedure Manual may also be revised as needed to address additions of programs, changes in programs, or other needs of the agency. Proposed policies/revisions shall be sent to the Department of Human Resources for preparation or inclusion in the Policy and Procedure Manual if they are already in draft form. The Department of Human Resources shall review the proposed policy/revision with appropriate persons, create document in policy format, and forward the new/revised policy to the Executive Director for his/her approval and subsequent presentation/approval of the Governing Authority. Once approved, it will be the responsibility of the Human Resources Department to insert the revised policy and remove the old policy from the Policy and Procedure Manual maintained at the Administrative Office. The Department of Human Resources will also ensure that all additions/changes to the manual are updated on the version maintained on the agency website.

**Section:** Administration  
**Policy:** Policy Development  
**Policy No:** AD 05  
**Effective:** 10/15/1994  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services to utilize a standard format for each policy and procedure in the development, revision, approval and distribution process.

**PURPOSE:** To ensure that all policies and procedures will be in the same physical format following a specific procedure for implementation, review and distribution to Community Counseling Services staff and service locations.

**PROCEDURE:** Each policy will be written in the format defined as follows:

Policy Name: Will be brief but comprehensive to indicate contents of policy

Policy Number: Each policy will be assigned a letter designation indicating the section of the manual in which it is located. Each policy is also assigned a number from the master index of policies. The number format is: (XX = a number).

Organizational Chart	
Governing Authority	GA XX
Administration	AD XX
Operations/Fiscal Management	OFM XX
Medical Records	MR XX
Clinical Issues	CI XX
Environment/Safety	ES XX
Infection Control	IC XX
Ethical Issues	EI XX
Community Relations	CR XX
Rights of Individuals Receiving Services	RI XX
Crisis/Emergency Services	CES XX
Medical Services	MS XX
Medication Control/Monitoring	MC XX
Children's Mental Health	CMH XX
Adult Mental Health	AMH XX
Substance Abuse	SA XX
Developmental Disabilities	DD XX
Residential Services	RS XX
Human Resources/Personnel	HR XX
General Services	GS XX

Effective Date - The date the policy was initially approved for use.

Revised/Approved Date: Date the revisions to the policy became effective/approved

Additional information:

Definitions for the body of the Policy and Procedure:

**Policy:** All policy statements must be clearly written with statements which describe the exact nature of the policy. Rationale or clarification does not have to be provided for policy statements, but will be accomplished in the statement of purpose.

**Purpose:** This paragraph will define the reason the policy has been developed. The explanation does not require excessive detail, but it must present a broad rationale of the scope of the policy and procedure.

**Procedure:** This section will define exactly how the policy will be accomplished. The procedure statements will address all of the conditions for which the policy will provide guidance and direction. Procedure statements must be written in clear and concise language.

**Section:** Administration  
**Policy:** Annual Operational Plans  
**Policy No:** AD 06  
**Effective:** 04/29/1980  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services that an Annual Operational Plan be completed each year and submitted for review to the Department of Mental Health.

**PURPOSE:** To comply with the Department of Mental Health Operational Standards and assure that a comprehensive plan is development and reviewed each year to reflect the array of services and geographical area served by Region VII.

**PROCEDURE:** It is the responsibility of the President of the Governing Authority and the Executive Director or his/her designee to review annually the Annual Operational Plan and reflect programmatic/service changes. It shall be submitted to the Department of Mental Health (DMH) no later than July 1 of each year or at the time of the DMH's request. The Annual Operational Plan will address the following:

- A listing of the core services provided by CCS, the geographical area in which these services are provided identified by each service and county, and projected funding by major funding source (federal, state and local) for each of the core services provided
- Any core services the agency does not intend to provide
- A listing of services outside the core services provided by CCS, the geographical area in which these services are provided identified by each service and county, and projected funding by major funding source (federal, state and local) for each service provided outside of the core services

The Leadership Team of Community Counseling Services will review all services provided (both core and non-core services) during the annual budget planning process. New service areas and possible program growth will be evaluated. The Governing Body shall review and evaluate the agency Operational Plan in conjunction with the review of the annual budget. Review of the Annual Operational Plan will be documented in Governing Authority minutes.

Members of the Executive Leadership Team (Chief Financial Officer, Chief Operations Officer, Personnel Officer) will ensure that the Annual Operational Plan is reviewed for accuracy and make necessary changes to reflect accurately services provided by Community Counseling Services. Upon completion, the plan will be submitted to the Executive Director for review. The Chief Financial Officer shall prepare the written Operational Plan which shall be submitted to the Governing Authority. The Annual Operational Plan will be submitted to DMH prior to July 1, or at the time requested, by the President of the Governing Authority and the Executive Director.



<b>Section:</b>	Administration
<b>Policy:</b>	Service Delivery Expectations
<b>Policy No:</b>	AD 07
<b>Effective:</b>	07/01/1998
<b>Revised/Approved:</b>	02/26/2013

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**POLICY:** It is the policy of Community Counseling Services that all staff positions are created and maintained based on the needs of the individuals in the counties we serve. Each position is subject to funding which may be derived from one or more payer sources. Each employee has a role in generating the funding for his/her position. Community Counseling Services has determined service delivery expectations for direct service delivery positions to meet the needs of the identified individuals receiving services as well as to maintain the financial viability of each position and the agency. Each staff member is expected to comply with the service delivery expectations of his/her position.

**PURPOSE:** To ensure the financial viability of the agency and a level of service delivery that meets the needs of the clients served.

**PROCEDURE:** The Executive Leadership Team of Community Counseling Services will establish minimum service delivery expectations for positions providing billable services (non-grant positions) within the agency. These positions include, but are not limited to: Outpatient Therapists, Community Support Specialists, Targeted Case Managers, PSR Program Leaders, Senior PSR Program Managers, Day Treatment/PSR Assistants, and County Administrators/Supervisors.

Service Delivery Expectations will be communicated to staff at time of hire, during orientation, upon review of the employee's specific job description, and through the employee's County Administrator/Supervisor upon reporting to the work site. Each employee will review his/her level of performance relative to service delivery expectations with his/her County Administrator/Supervisor monthly during his/her first six months of his/her current position and on a regular basis thereafter. County Administrators/Supervisors will review the service delivery/program census of employees/programs under their supervision on a regular basis to identify areas of concern to be addressed with the employee once identified. Employees having difficulty meeting service delivery expectations and/or managing their time to meet requirements are expected to seek assistance from his/her direct supervisor in an effort to implement practices and/or skills to meet job expectations. Only revenue received is considered towards an employee's/programs service delivery expectation.

Service delivery expectations will be evaluated based on the agency's fiscal year, commencing with October of each year and ending with September of the following year. Failure to meet minimum service delivery expectations is a job performance issue and will result in disciplinary action up to and including termination from employment. Consideration will be given for FMLA, compassionate leave, jury duty, service duty, and assignments authorized by the County Administrator/Supervisor or the Executive Leadership Team and documented in writing.

Incentive Program: In an effort to reward those employees that go above and beyond minimum expectations in providing necessary services to those individuals on their caseload/program participants as outlined on their job description, as well as, supervisory staff that provides support and direction for these individuals/programs, certain positions are eligible to participate in Community Counseling Services incentive program. Positions eligible for participation in the incentive program are as follows:

- Outpatient Therapist (fee for service)
- Outpatient Therapist with day treatment (fee for service)
- Community Support Specialist (fee for service)
- Targeted Case Manager
- PSR Program Leader
- Senior PSR Program Manager
- Program Assistants
- County Administrator/Supervisor
- Chief Financial Officer
- Chief Operations Officer
- Personnel Officer
- Executive Director

During the budget process each year, additional positions will be considered for participation in the incentive program based on the financial contribution made by the position/program, as well as, the current financial status of the agency.

<b>Section:</b>	Administration
<b>Policy:</b>	Comprehensive Mental Health Center Core Service Elements
<b>Policy No:</b>	AD 08
<b>Effective:</b>	09/01/1998
<b>Revised/Approved:</b>	03/28/2017

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**POLICY:** It is the policy of Community Counseling Services to maintain an array of service elements which allow it to maintain the status of a full-service community mental health center.

**PURPOSE:** To comply with all appropriate areas of the current Department of Mental Health Operational Standards Minimum Standards for Community Mental Health, Intellectual/Developmental Disabilities, and Substance Use Disorders Community Service Providers, as well as other special guidelines and/or regulations issued by the Department of Mental Health for the operations of programs and services

**PROCEDURE:** Because Community Counseling Services is a designated and approved Community Mental Health Center (DMH/C) operated under the authority of a regional commission which meets the DMH requirements of and are determined necessary by DMH, it provides the following core services in each county of the entire catchment area:

- Outpatient Therapy (Adult, C/Y, SU)
- Community Support Services (Adult, C/Y)
- Psychiatric/Physician Services (Adult, C/Y, SU)
- Crisis Response Services (Adult, C/Y, SU, IDD)
- Psychosocial Rehabilitation (Adult)
- Day Treatment (C/Y)
- Inpatient Referral (Adult)
- Pre-Evaluation Screening for Civil Commitment (Adult, C/Y)
- Making a Plan (MAP) Teams (C/Y)
- Peer Support Services (Adult, C/Y, SU)
- Targeted Case Management Services (Adult, C/Y, SU)
- Support for Recovery/Resiliency Oriented Services (Adult, C/Y, SU)
- Prevention Services (SU)

Adult – Adult MH Services; C/Y = Children/Youth MH Services; SU = Substance Use Disorder Services)

Because Community Counseling Services is a designated and approved Community Mental Health Center operated under the authority of a regional commission which meets the DMH requirements of and are determined necessary by DMH, it provides the following core services for individuals in need of substance use disorder treatment and rehabilitation services residing in the catchment area:

- Primary Residential Treatment Services (adults)
- DUI Assessment Services
- Recovery Support Services

It is the responsibility of the Executive Director and the Governing Authority to ensure that Community Counseling Services provides essential service elements necessary for classification as a full-service community mental health center. It is also the responsibility of the Executive Director to ensure that all services and programs provide the level of staffing needed to ensure the health, safety, and welfare of the individuals served, and provide essential administrative and service functions.

Services available through the ID/DD Waiver (1915i) include (services offered by CCS are marked with an asterisk (\*)):

1. Support Coordination
2. Home and Community Supports\*
3. In-Home Nursing Respite
4. In-Home Respite
5. Day Services – Adult\*
6. Prevocational Services\*
7. Supported Employment\*
8. Supported Living\*
9. Shared Supported Living
10. Supervised Living\*
11. Host Homes
12. Community Respite
13. Crisis Intervention
14. Crisis Support\*
15. Behavior Support
16. Job Discovery\*
17. Transition Assistance

Services available through the ID/DD Waiver (1915c) include (services offered by CCS are marked with an asterisk (\*)):

1. Day Habilitation\*
2. Prevocational Services\*
3. Supported Employment\*

**Section:** Administration  
**Policy:** Quality Management Team  
**Policy No:** AD 09  
**Effective:** 01/01/1998  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services to have a plan for ongoing quality assurance.

**PURPOSE:** To ensure that services offered by Community Counseling Services are provided to individuals receiving services in the most effective, safe, recovery focused, and culturally sensitive manner

**PROCEDURE:** It shall be the responsibility of the Executive Director to develop a Quality Management Team. The responsibilities of the Quality Management Team include at a minimum the following:

- Oversight of collection and reporting of DMH required performance measures
- Review and written analysis of serious incident reports
- Periodic analysis of DMH required client level data collection
- Review of agency wide Recovery and Resiliency Activities
- Oversight for the development and implementation of DMH required plans of compliance
- Collect demographic data to monitor and evaluate cultural competency and the need for Limited English Proficiency services

The Quality Management Team will consist of staff members from various departments and areas of expertise/knowledge. The team will meet at least quarterly and more frequently as needed to review/address the above indicated items, as well as, other areas identified as needing attention. Minutes of the quarterly and called meetings will be kept in a binder labeled "Quality Management Team Minutes" and maintained at the Administrative Office.

**Section:** Administration  
**Policy:** Utilization of Volunteers  
**Policy No.:** AD 10  
**Effective:** 10/01/2002  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services that “not regularly scheduled” volunteers utilized by Community Counseling Services programs shall be carefully chosen, assigned to duties appropriate for their abilities and the needs of individuals receiving services. Volunteers must complete approved/required training before beginning volunteer hours and must be carefully supervised by Community Counseling Services staff members. Practicum/Intern students are not considered to be volunteers under this policy. (See policy HR 45 regarding practicum/internship placement.)

**PURPOSE:** To ensure that volunteers are appropriately trained before beginning to provide volunteer services and that they are appropriately supervised

**PROCEDURE:** Any program which utilizes direct service, “not regularly scheduled” volunteers shall include in the Policy and Procedure section for that program, a) the scope and objectives of the volunteer service, b) roles and activities of volunteers, and c) plans for the supervision of volunteers by staff members. Volunteers will be required to complete any training determined necessary by the Personnel Officer and/or the Program Coordinator/Supervisor (i.e., confidentiality) based on the activities that will be done during volunteer hours.

For volunteers that are “not regularly scheduled” volunteers and are performing roles with limited interaction with individuals served (i.e., assisting with birthday celebrations, assisting with community awareness activities), they are not required to complete orientation in order to perform these volunteer services, nor are they required to complete background checks unless recommended as identified below.

In no instance will volunteers be left alone with individuals receiving services unsupervised by program staff. All volunteers are required to comply with agency policy and maintain the confidentiality of individuals receiving services. In addition, they are required to complete background checks, at their own expense, as recommended by the Personnel Officer and/or the specific Program Coordinator/Supervisor that is allowing the volunteer services/hours. In all situations, a list of “not regularly scheduled” volunteers will be maintained, as well as, dates/times of volunteer hours maintained. “Not regularly scheduled” volunteers will never be used to replace an employee or perform work that is of benefit for the employer and would require compensation.

**Section:** Administration  
**Policy:** County Support  
**Policy No:** AD 11  
**Effective:** 11/01/2002  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services to solicit from the Board of Supervisors of each county in the catchment area the level of financial support required by law in order to continue to receive funding from the Department of Mental Health, to document the receipt of those funds, and to report their receipt to the Department of Mental Health.

**PURPOSE:** To comply with all provisions of the MS State statute and standards of the Department of Mental Health in order to maintain certification and funding

**PROCEDURE:** The Department of Mental Health appropriation bill contains the following provision:

“Provided, however, that none of the funds appropriated for the support of community mental health services shall be made available to any Regional Mental Health/Mental Retardation center which does not receive from each of its participating counties a dollar amount equivalent to what the proceeds of a three-fourths (3/4) mill tax on all taxable property in the county in Fiscal Year 1982 would have been or the amount of funds contributed to the center by the county in Fiscal Year 1984, whichever shall be greater.”

As part of each counties annual budget planning process and in accordance with the time line established by each Board of Supervisors, the Executive Director or his/her designee shall send a letter to the Chancery Clerk of each county in the catchment area to request the allocation of funds as required by the Department of Mental Health and MS State statute. The Chief Financial Officer will monitor the receipt of fund from each county. Upon receipt of at least the minimum level of support from each county, the Executive Director shall ensure that all required documentation is completed and submitted to the Department of Mental Health as requested.

During the month of May, the Executive Director or his/her designee and the Commissioner for each county, will contact the respective County Board of Supervisors and request to be placed on the May agenda to provide information regarding CCS activities, programs, services, and county budget.

**Section:** Administration  
**Policy:** Certificates of Operation  
**Policy No.** AD12  
**Effective:** 01/01/2014  
**Revised/Approved:** 04/22/2013

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**POLICY:** It is the policy of Community Counseling Services to maintain and display DMH Certificates of Operation in each certified site for public view.

**PURPOSE:** To comply with all Department of Mental Health regulations and to inform the public that CCS and its programs are certified by the Department of Mental Health.

**PROCEDURE:** It is the responsibility of the County Administrators to ensure that each program in his/her county displays a valid Certificate of Operation for public view which states:

- Dates of certification
- Service or program certified
- Physical location
- Site capacity if appropriate
- Certificate number

It is the responsibility of the County Administrators to ensure that site capacities do not exceed the number identified on the Certificate of Operation. Certification for any established period, service or program is contingent upon the program's continual compliance with current Operational Standards for Mental Health, Intellectual/Developmental Disabilities and/or Substance Use Disorders Community Service Providers.

Certificates of Operation are not transferable. The process outlined in the DMH Operational Standards should be utilized to report service/program changes or request a new service addition. Certificates for closed services and/or programs must be removed from the site and returned to the Department of Mental Health within fifteen (15) days of the last day individuals were served.