

HOPE COMMUNITY SERVICES, INC.

MEETING OF THE BOARD OF DIRECTORS

April 25, 2024, at 5:30 p.m.

6100 S. Walker Ave., OKC, OK 73139

I. WELCOME	Walter		
II. BOARD MEMBER RESIGNATION			
A. Jenna Howard	Walter	1	Accept
III. BOARD OFFICER APPOINTMENT - Secretary	Walter	2	Approve
IV. MINUTES			
A. January 25, 2024 Minutes	Walter	3	Approve
V. FINANCIAL BUSINESS			
A. FY23 Financial Statement	Kyle	4	Approve
B. FY24 Sole Source Contract Amendment – Flex Funds – Housing – State - \$0.00	Heather	5	Approve
VI. UNFINISHED BUSINESS			
A. ECHO update	Heather	6	Info Only
VII. NEW BUSINESS			
A. Policy and Procedure Update			
1. Section 2 Revisions	Michael	7	Approve
i. 2.01.00 Catastrophic Emergency Program			
ii. 2.02.00 Emergency Preparedness Plan			
iii. 2.03.00 Employee in Emergency/Dangerous Situations			
iv. 2.06.00 First Aid Policy			
2. Section 3 Revisions			
i. 3.06.00 Code of Ethics	Michael	8	Approve
ii. 3.07.00 Appearance (Dress Code)	Shelley	9	Approve
iii. 3.08.04 Clinical Licensure Supervision	Michael	10	Approve
iv. 3.09.02 Executive Compensation Policy	Shelley	11	Approve
v. 3.10.01 Absences and Tardiness – Time Records	Shelley	12	Approve
vi. 3.18.00 Separation	Shelley	13	Approve
vii. 3.28.00-3.28.05 Information Management	Michael	14	Approve
3. Section 4.06.00 Fixed Assets	Kyle	15	Approve
4. Section 5 Revisions	Michael	16	Approve
i. 5.00.00 General Program Statement and Overview			
ii. 5.02.00 Admission to Services			

- iii. 5.02.05 Treatment Advocate
- iv. 5.03.00 Outpatient Therapy Services
- v. 5.03.01 Individual and Group Rehabilitation Services
- vi. 5.04.00 Medication Services
- vii. 5.08.00 Consumer Rights and Appeals
- viii. 5.11.00 – Critical Incident Reporting and Debriefing
- ix. 5.14.00 Case Management
- x. 5.15.00 Emergency Services
- xi. 5.16.00 Clinical Supervision
- xii. 5.17.00 Community Living Programs
- xiii. 5.18.00 General Services Provisions

B. Strategic Plan 2024	Heather	17	Approve
C. Amendment to By-laws	Heather	18	Approve
D. Technology Plan	Heather	19	Approve
E. Check Signers Update - Watermark	Heather	20	Approve

VIII. CEO REPORT Heather 21 Info Only

IX. CITIZENS TO BE HEARD 22

X. EXECUTIVE SESSION Heather 23 Approve

Next Board Meeting: Thursday, June 27, 2024, at 5:30pm
 Please RSVP (405-510-3757) by noon Wednesday, June 26, 2024

HOPE Community Services, Inc.
Preliminary Balance Sheet Before Audit
For the Twelve Months Ending Friday, June 30, 2023

CURRENT ASSETS		
Checking Account	\$5,398,310.94	
Credit Card Deposit Account	45,488.63	
Tenant Security Deposit Account	7,605.00	
Petty Cash	2,100.00	
Total Cash	<u>2,100.00</u>	5,453,504.57
Accounts Receivable-Grants	5,975,224.39	
Accounts Receivable-Medicare	52.50	
Title XIX Allowance for Doubtful Accounts	(64,917.74)	
Total Receivables	<u>(64,917.74)</u>	5,910,359.15
Prepaid Expenses	485,329.54	
Utilities Deposits	40.00	
Construction in Progress	5,886,182.97	
Pharmacy Investment	492,838.00	
Total Other Current Assets	<u>492,838.00</u>	6,864,390.51
FIXED ASSETS		
Land and Buildings	8,599,143.87	
Accumulated Depreciation-Buildings	(1,956,508.50)	
Furniture, Fixtures, & Equipment	93,272.04	
Accumulated Depreciation-Furn., Fixtures, & Equip.	(97,826.62)	
Vehicles	263,802.76	
Accumulated Depreciation-Vehicles	(246,450.06)	
Computer and Equipment	245,588.84	
Accumulated Depreciation-Computer and Equipment	(198,292.68)	
Total Fixed Assets	<u>(198,292.68)</u>	6,702,729.65
TOTAL ASSETS		<u><u>24,930,983.88</u></u>
LIABILITIES		
Accounts Payable	(25,932.23)	
Accrued Expenses	870,644.00	
Accrued Salaries Payable	400,465.22	
Accrued Vacation Payable	312,915.61	
Donations-LaBoon Client Assist	26,774.42	
Donations-Don Hall Ed Fund	10,142.63	
FICA and FWH Taxes Payable	(357.53)	
Payroll Deductions-United Way	5.00	
Payroll Deductions-Credit Union	40,733.35	
Payroll Deductions-Mutual of America Loans	(13,217.66)	
Payroll Deductions-Other	1,766.48	
Payroll Deductions-Tax Deferred Annuities	(94,164.64)	
Client Funds Payable	(168.87)	
Tenant Security-Sunset VA	14,699.19	
Mortgage Payable	763,734.57	
Watermark-Loan for 8125	3,883,508.33	
Simmons-Loan for 416 SW 79	815,922.94	
Deferred Revenue-Discharge Planning Housing Sub	12,000.00	
Total Liabilities	<u>12,000.00</u>	7,019,470.81
NET ASSETS		
Unrestricted Net Assets	17,504,897.79	
Reserve Operating Fund	200,000.00	
Current Earnings	206,615.28	
Total Equity	<u>206,615.28</u>	17,911,513.07
TOTAL LIABILITIES & NET ASSETS		<u><u>24,930,983.88</u></u>

HOPE Community Services, Inc.
Preliminary Income Statement Before Audit- Summary of All Units
For the Twelve Months Ending Friday, June 30, 2023

REVENUE	
DMHSAS	\$10,967,331.17
HCA - Medicaid	10,936,490.03
Other Service Fees	86,633.37
Community Living Program Grants	1,780,672.96
Other Contract Income	73,068.62
Rental Income	42,886.57
Interest Income	44,350.30
Other Income/Donations	159,857.38
Total Revenue	<u>24,091,290.40</u>
EXPENSES	
Staffing Expense	17,310,013.74
Legal Expense	23,722.40
Accounting & Audit	89,488.45
Liability Insurance	307,367.24
Facilities	932,538.66
Depreciation	258,189.85
Medication Clinic	461,554.77
Consumer Assistance/Supplies	2,354,900.38
Transportation	77,574.05
Office/Communication	1,104,300.85
Management Information	572,082.87
Marketing	64,602.68
Interest & Finance Charges	316,366.58
Miscellaneous	11,972.60
Total Expenses	<u>23,884,675.12</u>
Net Income	<u>206,615.28</u>

HOPE COMMUNITY SERVICES, INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2023

1 DMHSAS funding:

On October 25, 2023 we were notified about an amendment to our Fixed Rate Contract and the amount for Enhanced Outcome Payment Measures that was available for the quarter ending June 30, 2023. The amendment increased our Fixed Rate contract by \$2,054,027.55 and has been included in revenue. The amount for Enhanced Outcome Payment Measures was \$1,145,404.77 and has been included in revenue.

On April 12, 2024, ODMHSAS notified HOPE that our CCBHC PPS rate for FY'23 Medicaid was recalculated at a higher amount and HOPE will be paid the difference for all eligible Medicaid claims for the fiscal year. This amount has not yet been determined and is not included in the financial statements.



SERVICES WITHIN REACH

Allie Friesen | Interim Commissioner

Kevin Stitt | Governor

**To: Heather Helberg, Executive Director
HOPE Community Services, Inc.**

**Re: FY24 Sole Source Contract Amendment
PO #4529066471**

Date: February 14, 2024

The Oklahoma Department of Mental Health and Substance Abuse Services amends your FY24 contract by a total of **\$0.00**.

Contract Line	CFDA #	SOW http://www.odmhsas.org/arc.htm	Amendment Amount	FY24 Total Contract Amount
Flex Funds - Housing - State	n/a	Same	\$0.00	\$134,750.00

The changes to your contract are as follows:

Section IV (Compensation), subsection A for a total of **\$0.00** with appropriate adjustments to the applicable sections.

This amendment should be made a part of your contract.

Please indicate your acceptance of these conditions by your approval at your earliest convenience.

Thank you,

LaToya Mitchell

LaToya Mitchell, CPO
Contract Officer III

ECRW # 19344



ADDRESS
2000 N Classen Blvd.
Oklahoma City, OK 73106
Ste. 2-600



PHONE
1 (800) 522-9054



WEBSITE
oklahoma.gov/odmhsas

HOPE COMMUNITY SERVICES, INC.
HEALTH, SAFETY, AND TRANSPORTATION POLICIES AND PROCEDURES

Last Review: August 17, 2022

Last Revision: August 17, 2022

2.01.00 CATASTROPHIC EMERGENCY PROGRAM

This emergency plan has been developed for the purpose of ensuring the continuity of care in the event of a catastrophic emergency involving HOPE's facilities.

HOPE will assure the safe and orderly evacuation of staff and clients in the event of fire and will provide shelter to those in the building during the threat of tornado or severe weather.

A Safety Officer is appointed by the Chief Executive Officer to prepare and document compliance with an emergency preparedness program, and ensure that the facility and grounds provide a safe environment for clients, staff, and visitors.

It is the responsibility of the Safety Officer to post diagrams noting emergency evacuation routes in case of fire and the shelter locations in case of severe weather. In-service training is held annually by HOPE to update and remind staff of the preparedness program and evacuation routes. Diagrams noting emergency routes to be used in case of fire and severe weather are posted in each building operated by the organization. The Safety Officer will also be responsible for educating staff and to know the exact location, contents, and use of first-aid supply kits and fire-fighting equipment. All first-aid kits and fire-fighting equipment will be properly maintained in each building by maintenance personnel.

The Safety Officer will appoint building monitors (and alternates to act in their absence) who, in the event of fire or severe weather, will make sure all areas of their assigned buildings are evacuated, and staff are accounted for, or notify staff and clients of severe weather. Clinicians are responsible for any and all visitors and clients that they may be meeting with at the time of the emergency. Front desk staff will take sign in sheets for reference to account for all staff. See below for specific instructions on common emergency situations requiring evacuation or shelter.

IN THE EVENT OF FIRE:

The principal danger to occupants will result from panic and the spread of smoke and fumes; the following procedures will be followed:

- Staff will remain calm at all times. If smoke or fire is seen, alert the front desk reception staff, who will use the paging system to announce "This is not a drill- Repeat this is not a drill; there is a fire located at _____". Front desk reception staff will then alert the Fire Department calling 911. Upon hearing this announcement staff will assist clients to the nearest exit.
- Clinical staff will assist front desk reception staff in clearing the waiting room.
- Gather outside the building away from the smoke and fumes carried by the wind and remain a safe distance from the building until the Safety Officer or ~~firemen~~ **firefighters** have declared the facility is safe.

In the event of fire, there are an adequate number of fire extinguishers located throughout the facility and clearly identified, and included on a regular maintenance program. A record of maintenance shall be maintained by the Safety Officer. Instruction for use of equipment and under what circumstances is included in the annual in-service training. All exits are marked with lighted exit signs.

The "Buddy System" will be implemented in the event there is a client, staff or visitor that is deaf or hearing impaired or other physical condition that requires they be assisted in the event of an evacuation. Each such client, staff, or visitor will have a staff person identified as their "Buddy" and this person is

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responsible for safely assisting the ~~handicapped individual~~ **person with a disability** individual out of the building to safety.

SEVERE WEATHER OR TORNADO WARNING:

Administrative support staff positions are designated by the Safety Officer to monitor radio information when severe weather threatens the area. In the event of a tornado warning in the area of the facility(ies) the following procedures will be followed:

- Staff will remain calm at all times. The Safety Officer and/or designated person(s) will be responsible for monitoring severe weather/tornado reports. If a severe weather/tornado warning is issued, the designated person will contact the front desk reception staff. Reception staff will use the paging system and announce "Tornado Warning - please move to shelter areas immediately."
- Staff and clients will proceed to the designated shelter areas clearly marked on diagrams posted in each building.
- Front desk reception staff will escort any clients in the waiting room to the designated shelter area. Building monitors, appointed by the Safety Officer, will check all rooms in their buildings for staff and/or clients unaware of the warning.
- Staff/clients will remain in the designated shelter until threatening weather has left the area. This will be announced by the Safety Officer.

The shelter area will have access to a telephone and the designated staff monitoring the reports of severe weather should have access to a battery back-up radio or weather radio for continued monitoring of the situation.

BOMB THREAT:

In the event of a bomb threat, the following procedures will be followed:

Staff will remain calm. The front desk reception staff will be notified immediately and will notify 911, Chief Executive Officer/Chief Operating Officer, and the Safety Officer. Reception staff will announce using the paging system "We have a bomb threat, please evacuate the building."

Staff/clients are to exit the building using the nearest exit and move to a point farthest away from the building to await further instructions from the Safety Officer or police.

EXPLOSION:

In the event of an explosion, the following procedures will be followed:

- Call the Switchboard Operator or 911 and the Safety Officer
- Be prepared for possible additional explosions
- Crawl under a table or desk; stay away from windows, mirrors, overhead fixtures, filing cabinets, bookcases, and electrical equipment.
- Watch for falling objects
- Feel closed doors for heat before opening, then open the door carefully
- If requested, assist individuals with disabilities
- Do not use matches or lighters
- Limit use of telephone calls to emergency services
- Once outside the facility, evacuate the building to an area farthest and upwind from the building

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Response: The following steps should be taken by staff, clients, and visitors.

Evacuate - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help clients and other staff escape, if possible
- Prevent individuals from entering an area where the active shooter/assailant maybe
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

Hide out - If evacuation is not possible, find a place to hide where the active shooter/assailant is less likely

Direct clients and staff into offices or other rooms, close the door and attempt to barricade the door.

- Your hiding place should:
- Be out of the active shooter/assailant's view
- Provide protection if shots are fired in your direction (i.e., locating into a bathroom and locking the door, stay as low to floor as possible and remain quiet and still)
- Not trap you or restrict your options for movement

To prevent an active shooter/assailant from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter/assailant is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter/assailant's location
- If you cannot speak, leave the line open and allow the dispatcher to listen
- Take action against the active shooter/assailant - As a last resort, and only when your life is in imminent danger, attempt to:

Disrupt and/or incapacitate the active shooter/assailant by:

- Acting as aggressively as possible against ~~him/her~~ them
- Throwing items and improvising weapons
- Yelling
- Committing to your actions.

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2.02.00 EMERGENCY PREPAREDNESS PLAN

The agency's Disaster Preparedness Plan will be utilized to respond to internal and external disasters and/or natural disasters and man-made disasters. External disasters include, but are not limited to, tornadoes, flash floods, snow/ice storms, earthquakes, flash fires, medical emergency, explosions (e.g. gas line and water heater), violent/active shooter, and chemical spills. Man-made disasters can include but are not limited to, failure of technology, engineering failures, transport failures, environmental disasters, criminal acts (e.g. bombs and vandalism), riots, and war.

The agency's Disaster Preparedness Plan will be maintained and updated annually and will be available to all personnel. In addition, Local Disaster Preparedness Plans will be maintained and updated no less than annually for each facility and will be readily available to all personnel. Agency staff shall follow the emergency plans that detail the appropriate actions of staff and management at all locations to ensure the safety of staff, persons served, and visitors. Emergency equipment shall be available at each location (i.e., first aid kits, flashlights, extra batteries, whistle, etc.).

In the case of an emergency, appropriate staff shall have access to information contained in personnel files, in the records of persons served or other sources that is needed during agency emergencies. As necessary during an emergency, the agency will evacuate and accommodate the necessary shelter of evacuees and notify the proper authorities. Emergency evacuation routes shall be posted on the walls of the facilities at regular intervals. These routes shall be location specific and designate the quickest exit to be used. Provision of services shall continue to the maximum extent possible.

Local disaster preparedness plans will include alternative locations and sources for continuation of services. Staff will be encouraged to develop and maintain a family or home emergency plan. In the event of an emergency, staff shall be responsible for canceling and rescheduling appointments as necessary. The CEO or designated individual shall determine when to close the agency or delay the start time and this time shall be charged to alternative leave time. Supervisors shall ensure that staff are aware of work expectations during an emergency.

HOPE shall provide emergency counseling and referral services to residents residing within ~~Service Area 19~~ our catchment area in case of catastrophic circumstances. These services are meant to ensure the continuity of client care in the event HOPE's facilities are lost or damaged ~~as a result~~ because of a catastrophic event. The following procedures will be followed:

- ~~Chief Executive Officer (CEO), Chief Operating Officer (COO), or designee of HOPE will appoint response team(s), as necessary, utilizing existing organization staff.~~ The Chief Executive Officer (CEO) will assemble Incident Command.
- The CEO, ~~COO,~~ or ~~designated individual~~ designee will contact Incident Command members and appropriate officials to determine the base of operations.
- ~~The appointed team~~ Incident Command will report to the base of operations site. ~~The team will begin emergency counseling,~~ Incident Command will establish emergency services, make appropriate referrals, and assess the need for further on-site behavioral health crisis coverage and other needs and services.
- The Incident Command will determine the need for additional resources as needed.

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- As soon as the crisis/disaster has been stabilized, individuals in need of continued crisis counseling, behavioral health service, etc. will be referred on to the organization for continued services.
- In the event of a catastrophic disaster, the CEO or ~~designated individual~~ designee may contact the local radio and television stations to announce the emergency services available. Announcements of alternative service locations may be submitted to the local newspapers for publication as well as to local law enforcement agencies.
- All other staff not assigned to ~~the crisis team~~ Incident Command, both clinical and administrative, will report to the HOPE facilities (~~6100 S. Walke Ave~~) designated by the Incident Command team and work will be directed from that site. Medical records staff will immediately report and secure client records at all sites.
- ~~In the event that one~~ If one of the buildings ~~on this site~~ at 6100 S. Walker is destroyed, or damaged, as to disrupt normal services, all staff not assigned to the crisis team will report to work and services will be continued at the remaining building. In the event both buildings are destroyed or damaged as to disrupt normal services, staff will be instructed to report to: ~~6100 S Walker parking lot~~ to either 8125 S. Walker or 416 S.W. 79th St.
- In the event the Compass Program Apartment is destroyed or damaged, those clients in need of lodging will be placed in one of HOPE's residential properties, if available, otherwise, they will be placed in local motels/hotels/apartments as appropriate.
- Essential services will be provided to consumers and will include, at a minimum, crisis intervention, medication services, and case management. Other services will be assessed based on consumer needs and agency resources available to meet these needs.

Incident Command will include key leadership positions in the agency such as:

- Chief Executive Officer;
- Chief Clinical Officer;
- Chief Financial Officer;
- Director of Human Resources;
- Facilities Operation Coordinator;
- Chief Compliance Officer; and
- Director of CCBHC

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2.03.00 EMPLOYEE IN EMERGENCY/DANGEROUS SITUATIONS

HOPE strives to ensure a safe work environment for employees, and to provide guidelines to be followed by staff in potentially dangerous situations.

When an employee recognizes that **he/she they are** in a potentially volatile or dangerous situation with an angry, possibly out of control individual in the organization, the following procedures should be initiated:

In order not to alert the individual that is considered a threat, the employee in danger will call the switchboard operator and say "Will you bring me a cup of coffee, please?".

The Switchboard Operator will then page the distress code "Safety Team report to _____'s office" (using the name of the individual needing assistance). Upon hearing this page, available staff should immediately report to the office specified in the page (if they are unsure which office, check with the receptionist).

The type of assistance may be simply another employee standing near or checking into the room where the volatile atmosphere is present.

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2.06.00 FIRST AID POLICY

HOPE's policies and procedures for handling first aid will be reviewed with all organization personnel during new employee orientation and no less than annually, thereafter during Fire and Safety Training. The procedures will be posted in each building. All designated staff will be trained and are required to pass First Aid Training and maintain current certification.

The following procedures are not all inclusive and are meant as a guide for employees. Staff members are cautioned to use logic and remain calm should an emergency occur that requires first aid. Only staff members who are First Aid Certified by Red Cross shall administer first aid in accordance with their training. If a First Aid Certified employee of HOPE should have to render first aid for injuries, these steps should be followed:

UNIVERSAL PRECAUTIONS:

The basic universal precautions of wearing latex gloves when dealing with any medical emergency where body fluids are present should be foremost in every employee's response actions to a medical emergency in order to reduce potential of further health and safety issues.

Any Serious Emergency:

- Remain calm
- Call for medical help immediately
- Bring help to the victim; do not bring the victim to the help
- Do not move the injured person unless it is necessary to the safety of his/her their life
- Know where the first aid kits are kept
- Check to see if the victim is breathing
- Do not use medication without a doctor's supervision
- If you are not sure what to do, wait for medical assistance
- Complete an incident report and send to Quality Assurance Director.

3.06.00 CODE OF PROFESSIONAL ETHICS

Any activity which would create a conflict of interest between a HOPE employee/professional contractor or board member and a client or another business (including marketing activities) which results in actual, apparent or perceived private gain or loss of impartiality by the employee/professional contractor or board member is prohibited.

Employees/professional contractors will not misrepresent the efficacy of professional services or professional credentials when providing marketing services for the organization. Employees/professional contractors shall abide by all applicable licensing/certification board regulations including code of conduct and ethics.

There shall be no financial connections or business dealings (professional or personal) between HOPE clients, board members, and employees/professional contractors except activities conducted as a part of organization or program operations. No employee/professional contractor shall witness power of attorney, guardianship, or advanced directive documentation without the approval of the Clinical Director or designee.

Employees/professional contractors shall be responsible for securing their own personal property in a locked cabinet/office. Clients are encouraged to remain with their personal property at all times. No employee/professional contractor shall take possession of a client's personal property without permission from the Clinical Director or designee with the exception of any licit or illicit substances and/or weapons. See policy 5.04.05.

No staff, board member, or client will utilize HOPE workspace or work time for selling of items for outside organizations or personal gain (i.e., school or sports fund-raising items, Avon, Tupperware, Home Interiors, etc.). These types of activities may be conducted during break times in areas only accessible to employees/professional contractors. Employees/professional contractors shall not sell items for personal gain or outside organization to persons served.

Employees/professional contractors shall not purchase items for personal gain or outside organization from clients.

No employee/professional contractor, or board member will be given medication samples from the medication clinic operations of the organization without prior written authorization of the Chief Executive Officer and the staff physician's approval.

Employees/professional contractors shall not engage in an intimate or social relationship with vendors or contractors of HOPE or relationships that could be perceived as a conflict of interest without making written disclosure to the Chief Executive Officer.

GIFTS:

The exchange of gifts between HOPE employees/professional contractors, board members, and clients is prohibited except under the following guidelines:

While being mindful of ethical and cultural implications, the value and significance of the gift, the effect on the therapeutic relationship, and motivation should be considered. The gift should be in the best interest and or serve the client. This should be discussed up front to avoid such situations.

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PERSONNEL POLICIES AND PROCEDURES

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If a gift is accepted, the acceptance of such a gift should in no way be counter-therapeutic or in any way appear to be exploitative. Caution should be utilized, considering both ethical standards, and potential legal ramifications when navigating the terrain of therapeutic gift giving.

No employee/professional contractor or board member shall accept a gift from a client. ~~other than of nominal value (not exceeding \$10 in cash value) and then only if the acceptance of such a gift would in no way be counter-therapeutic or in any way appear to be exploitative.~~

No employee/professional contractor or board member shall accept gifts or gratuities from any person or business that is seeking or has a business or professional relationship with HOPE that could affect job performance or influence actions or decisions.

HOPE COMMUNITY SERVICES, INC.

PERSONNEL POLICIES AND PROCEDURES

Last Review: January 26, 2023

Last Revision: March 11, 2024

3.08.04 CLINICAL LICENSURE SUPERVISION

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice. Clinical supervision is a vital component of the provision of quality treatment. Clinical supervision is provided for those delivering direct services and is provided by individuals knowledgeable of clinical services as determined by the program and/or type of services provided. HOPE has established written policies and procedures, operational methods, and documentation for the provision of clinical supervision for all direct treatment and service staff. Clinical supervision will be in the form of clinical consultation from a qualified service provider in the same related field.

Credentials for Clinical Supervision of Licensed or Under Supervision – The clinical supervisor will have a minimum of a master’s degree in a mental health and/or substance use related field with current licensure (i.e., LADC, LPC, LCSW, LMFT, etc.) and one-year experience in the provision of substance abuse and mental health treatment in a residential, outpatient, or other clinical setting.

Credentials for Clinical Supervision of Case Managers and PRSS – The clinical supervisor will have a minimum of a bachelor’s degree in a mental health related field with current certification as a Case Manager II and one-year experience in the provision of substance abuse and mental health treatment in a residential, outpatient, or other clinical setting or a Case Manager I with three-years’ experience in the provision of substance abuse and mental health treatment in a residential, outpatient.

Frequency of Case Reviews – Case reviews can be conducted with clinical staff during weekly treatment team meetings, scheduled case consultations, and as needed, individually with treatment and service providers.

Method and Time Frames for Supervision – LBHPs, master’s level under supervision for licensure and case managers will receive weekly supervision from a clinician qualified to be a clinical supervisor. Supervision can occur in weekly treatment team meetings, daily huddles, shift change meetings, weekly individual supervision, and case consultations as needed.

The supervision of case managers and peer recovery support specialists can occur through monthly group trainings, weekly treatment team meetings, shift change meetings, daily huddles, and individual case consultations as needed.

Auxiliary services (maintenance, transportation, receptionists, housekeeping, etc.) will receive group in-services that includes education and consultations, as needed.

Clinical supervision is documented on the Clinical Supervision Form and sign-in sheets. Documentation of clinical supervision is maintained by the Clinical Director.

Ongoing clinical supervision will address:

- Accuracy of assessment or referral skills;
- The appropriateness of treatment selected for the patient, which may include but is not limited to, theoretical orientation, type of service, and technique of service;
- Treatment effectiveness as reflected by the patients meeting their individual goals;
- Risk factors for suicide and other dangerous behaviors;
- Issues related to ethics, legal aspects of clinical practice or professional standards;
- Clinical documentation issues;

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- Ethnic and cultural issues; and
- The provision of feedback that enhances the clinical skills of service providers. Feedback may be in the form of education, role modeling, etc.

Clinical supervision will fulfill the following functions:

- Teacher: Assist in the development of counseling knowledge and skills by identifying learning needs, determining therapist's strengths, promoting self-awareness, and transmitting knowledge for practical use and professional growth;
- Consultant: Case consultation, monitoring performance and assessing therapists;
- Coach: Providing support and encouragement; and
- Mentor: Teaching through role modeling and facilitating professional development.

The Chief Clinical Officer and Clinical Director are responsible for ensuring supervision and oversight of clinical staff at all locations.

The Chief Clinical Officer's work schedule will allow for the following:

- 6100 S. Walker Avenue – 5 days weekly

The Clinical Director's work schedule will allow for the following:

- 8125 S. Walker Avenue – 3 days weekly
- 416 SW 79th Street – 2 day weekly
- 1116 SW 59 Street – 1 day weekly

Should either the Chief Clinical Officer or Clinical Director be out of the office (sick, vacation, etc.), a designated licensed mental health professional with no less than one-year experience in the provision of substance abuse and mental health treatment in a residential, outpatient, or other clinical setting can be used to provide temporary coverage.

24 Hour Access to Clinical Supervision and Consultation – HOPE will have a clinical supervisor on-call 24 hours a day, seven days a week. Should clinical issues arise during times in which clinical staff are not at the facility, employees will immediately contact the on-call clinical supervisor. The on-call clinical supervisor schedule will be posted on SharePoint and updated regularly by the Clinical Director.

Clinical Supervision for Licensure

HOPE Community Services, Inc. (HOPE) will provide qualified supervision and/or license fee assistance needed to obtain license (LPC, LCSW, LMFT, LADC, etc.) HOPE Chief Executive Officer (CEO) and/or Chief Operating Officer (COO) will have the final approval of the designated supervisor.

HOPE shall provide to the employee supervision for their designated licensing requirement at a rate approved by the CEO that is fair market value. Employees that choose to take advantage of this program will be required to agree and sign an agreement with HOPE that specifies the terms.

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FINANCIAL AND RISK MANAGEMENT POLICIES AND PROCEDURES

Last Review: August 17, 2022

Last Revision: Feb 28, 2024

4.06.00 FIXED ASSETS

As approved by the governing body, any repairs or purchases of buildings, vehicles, furnishings, or equipment used in the operation of the organization will be considered a fixed asset, if it meets:

Criteria #1 **AND** at least one of Criteria #2, #3, or #4 outlined below:

1. Must have a purchase value equal to or exceeding ~~\$1,000~~ **\$3,000**
AND
2. Must have a useful life expectancy beyond two years;
or
3. Must increase the value of an existing fixed asset;
or
4. Must increase the life expectancy of an existing fixed asset by at least two additional years.

Any item that does not meet the criteria requirements above will be considered an expense item and coded to the appropriate expense account and will not be carried as a fixed asset. Items that do meet the requirements above will be considered fixed assets and coded to the appropriate fixed asset account and added to the depreciation schedule. The asset value and depreciation shall be reflected on the monthly Income/Expense Report.

All material, tangible/intangible assets of HOPE shall be adequately protected from loss due to misuse, theft, fire, water or other known hazards. Adequate insurance coverage shall be obtained and annually the governing body shall review the extent of such coverage.

Any legal restrictions placed on material assets by donors, lenders, or other parties shall be communicated and adhered to by those having access to or responsibility for those assets.

The purchase, sale, retirement, renovation, or lease of fixed assets shall be done according to the procedures approved by the Board of Directors and funding source contractual provisions.

Fixed asset records shall be maintained on a current basis. A record of each asset shall contain, as applicable, the inventory tag number, accounts payable voucher number or journal entry number, acquisition date, description, cost (fair market value, if donated), location, serial number, funding source (if required), expected useful time, depreciation method, depreciation rate, and accumulated depreciation. The record containing this information will be the depreciation schedule and fixed asset inventory report.

A physical inventory of the fixed assets shall be taken annually and reconciled to the fixed asset records (the depreciation schedule). Upon completion of the reconciliation of the fixed asset records to the physical inventory, the fixed asset records shall be reconciled with the general ledger balances annually.

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Last Review: March 11, 2024

Last Revision: March 11, 2024

3.08.04 CLINICAL SUPERVISION

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

Clinical supervision is a vital component of the provision of quality treatment. Clinical supervision is provided for those delivering direct services and is provided by individuals knowledgeable of clinical services as determined by the program and/or type of services provided. HOPE has established written policies and procedures, operational methods, and documentation for the provision of clinical supervision for all direct treatment and service staff. Clinical supervision will be in the form of clinical consultation from a qualified service provider in the same related field.

Credentials for Clinical Supervision of Licensed or Under Supervision – The clinical supervisor will have a minimum of a master’s degree in a mental health and/or substance use related field with current licensure (i.e., LADC, LPC, LCSW, LMFT, etc.) and one-year experience in the provision of substance abuse and mental health treatment in a residential, outpatient, or other clinical setting.

Credentials for Clinical Supervision of Case Managers and PRSS – The clinical supervisor will have a minimum of a bachelor’s degree in a mental health related field with current certification as a Case Manager II and one-year experience in the provision of substance abuse and mental health treatment in a residential, outpatient, or other clinical setting or a Case Manager I with three-years’ experience in the provision of substance abuse and mental health treatment in a residential, outpatient.

Frequency of Case Reviews – Case reviews can be conducted with clinical staff during weekly treatment team meetings, scheduled case consultations, and as needed, individually with treatment and service providers.

Method and Time Frames for Supervision – LBHPs, master’s level under supervision for licensure and case managers will receive weekly supervision from a clinician qualified to be a clinical supervisor. Supervision can occur in weekly treatment team meetings, daily huddles, shift change meetings, weekly individual supervision, and case consultations as needed.

The supervision of case managers and peer recovery support specialists can occur through monthly group trainings, weekly treatment team meetings, shift change meetings, daily huddles, and individual case consultations as needed.

Auxiliary services (maintenance, transportation, receptionists, housekeeping, etc.) will receive group in-services that includes education and consultations, as needed.

Clinical supervision is documented on the Clinical Supervision Form and sign-in sheets. Documentation of clinical supervision is maintained by the Clinical Director.

Ongoing clinical supervision will address:

- Accuracy of assessment or referral skills;
- The appropriateness of treatment selected for the patient, which may include but is not limited to, theoretical orientation, type of service, and technique of service;
- Treatment effectiveness as reflected by the patients meeting their individual goals;
- Risk factors for suicide and other dangerous behaviors;
- Issues related to ethics, legal aspects of clinical practice or professional standards;
- Clinical documentation issues;
- Ethnic and cultural issues; and
- The provision of feedback that enhances the clinical skills of service providers. Feedback may be in the form of education, role modeling, etc.

Clinical supervision will fulfill the following functions:

- **Teacher:** Assist in the development of counseling knowledge and skills by identifying learning needs, determining therapist's strengths, promoting self-awareness, and transmitting knowledge for practical use and professional growth;
- **Consultant:** Case consultation, monitoring performance and assessing therapists;
- **Coach:** Providing support and encouragement; and
- **Mentor:** Teaching through role modeling and facilitating professional development.

The Chief Clinical Officer and Clinical Director are responsible for ensuring supervision and oversight of clinical staff at all locations.

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Clinical Supervision for Licensure

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HOPE shall provide the employee with access to their designated licensing requirement at a rate approved by the CEO that is fair market value. Employees that choose to take advantage of this program will be required to agree and sign an agreement with HOPE that specifies the terms

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Last Revision: April 23, 2024

3.28.00 INFORMATION MANAGEMENT

PURPOSE:

To safeguard clinical record information against unauthorized use and to protect protected health information against unauthorized disclosure.

POLICY:

HOPE will provide and administer safeguards to ensure the protection of confidential client and agency information. Additionally, HOPE will have a disaster recovery plan in place to minimize the loss of client and agency information.

PROCEDURES:

Safeguards

Safeguards to protect both the records of persons served and confidential administrative records, both current and closed, include:

Consumer records shall be maintained in the agency's administrative office in the location where the individual is being treated or served.

Consumer records shall be managed in an organized, systematic fashion.

Confidential medical/clinical records shall be stored in a secure location in metal cabinets to reduce the risk of damage by fire, water and other damage, and to prevent unauthorized access. Consumer records shall be only accessible to authorized personnel and remain locked when unattended by authorized personnel.

Only authorized staff, as determined by agency policy, shall have access to confidential records, either clinical or administrative.

The release of clinical records is governed by applicable state and federal laws governing confidentiality of clinical records and clinical information

Responsibilities include ensuring the completeness, confidentiality, proper storage/safety of and limited access to medical/clinical records of persons served, and compliance with the Health Insurance Portability and Accountability Act (HIPAA) as applicable. Methods of ensuring these policies and procedures may include selected, periodic monitoring.

Electronically generated documents, including facsimiles or electronic mail shall be treated with the same confidentiality and privacy considerations as traditional consumer records and sensitive administrative documents.

Other responsibilities include ensuring privacy and security of records and billing data.

The Director of Medical Records will be designated by the agency to function as the security officer for safeguarding the records and billing data.

The Director of Medical Records will be designated by the agency to ensure compliance with all HIPAA and 42CFR requirements.

The agency HR Director, or his or her designee, is responsible for over-seeing proper management of

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personnel and credentialing/privileging files. These files are considered confidential and must be managed according to applicable state and federal laws concerning the privacy of such records. Responsibilities include ensuring the completeness, confidentiality, proper storage/safety of and limited access to these records. Methods of ensuring these policies and procedures may include both routine and periodic monitoring as determined by the Human Resources and Credentialing/Privileging policies.

Disaster Recovery

In the event of a disaster in which confidential clinical records are at risk for damage, the Director of Medical Records, or his/her designee, shall ensure records are manually secured in locked boxes and removed to a confidential location not at risk for further damage. The location will be determined by the agency director, and must be secured, locked, and inaccessible to non-authorized personnel. In the case of temporary office space, records may be maintained in the main (permanent) office and transported in locked boxes or vehicle trunks to and from temporary offices until permanency is restored.

Retention and Destruction of Records under Confidential Conditions

Retention and destruction of records shall be conducted as follows:

- Clinical Records, with the exception of Contacts, will be stored through Underground Vaults and Storage then retained according to the following schedule:
- Adults: Clinical records shall be retained for at least ten (ten) years;
- Juveniles: Clinical records shall be retained for ten (10) years after their 18th birthday;
- Contacts must be retained for at least seven (7) years;
- Personnel records shall be retained for seven (7) years; and
- Credentialing/Privileging records shall be retained seven (7) years.

Electronic Records

HOPE developed a plan in conjunction with the Information Technology (IT) Contractor, and ECHO.

The plan addressed the following areas:

- An ongoing review of goals and barriers;
- Hardware enhancement;
- Software enhancement;
- Security processes;
- Confidentiality procedures;
- Virus protection;
- Data Backup;
- Disaster recovery preparedness;
- Emergency Mode Operation;
- Assistive technology for all electronic functions;
- New developments in electronic media; and
- Retention and Destruction of records

An outside contractor, ECHO provides the clinical record and billing technology system. ECHO is responsible for the upkeep, maintenance, security, and recovery of all electronic information related to

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clinical record and billing information. The implementation of the identified processes for security and recovery are the responsibility of HOPE supervisory staff. The destruction and retention will be directed by the administrator, director of IT and ECHO and other assigned designee. Records must be destroyed in a manner that prevents reconstruction. Records will be destroyed in the following manner:

- Paper incinerating, shredding, or pulverizing;
- Computerized data reformatting, magnetization, or physical destruction;
- Tapes/films shredding or pulverizing;
- Laser disks (WORM) pulverizing; and
- Microfilm/fiche shredding or pulverizing

HOPE in conjunction with Milan ECO and other contractors and vendors or designee has dedicated services that manage billing, accounting, business related documents, and emails for the organization. Back 40 hosts our websites.

Encrypted email, spreadsheets, and word documents protected with passwords are used for the communication of Protected Health Information (PHI) via email.

Records documenting the destruction of the legal medical record must be maintained permanently. They should include the following:

- Date of destruction;
- Method of destruction;
- Description of the destroyed records;
- Inclusive dates covered;
- Statement that the records were destroyed in the normal course of business; and
- Signatures of the individuals supervising and witnessing the destruction

Security

Security of client and staff information is assured through controlling access, implementing storage and backup procedures. Virus protection, spyware protection, and staff training:

Access codes are established through the IT consultant or designated individual; and

Sharing of passwords between staff members is forbidden. New or change of current passwords is available upon request

Workstation Use

In offices with no servers, employees must set up their workstations to automatically log off after a predetermined time of inactivity (i.e., a screensaver with a password)

In offices with servers, group policy will be utilized to enforce the use of screensavers.

Hardware and software firewalls are used to protect from potential hackers.

Virus protective software is updated routinely on the servers with the latest version of virus protective

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software.

Spyware protective software is updated routinely on the servers with the latest version of virus protective software.

Training

Staff training occurs initially when computer equipment is received;

Instructional or problem-solving technical training is available upon request from the appropriate IT Contract staff or their representatives.

HIPAA compliance is maintained through encrypted email options.

Disaster Recovery

The IT Contractor(s) or designee carries out disaster recovery in collaboration with the Resource Team.

The server will be backed up nightly by CrashPlan backup and recovery software. Backups will be stored offsite by CrashPlan.

Emergency Mode Operation

In case of destruction of the servers, a new server or servers would need to be purchased and set up and all data restored.

Personal Computers

PHI or other HOPE files kept on staff member's personal computers must adhere to the following guidelines:

- The retention and destruction of information is a joint responsibility of the individual creating the information and HOPE;
- HOPE requires deletion of all files according to company policy;
- Client data in computer files shall be protected from any unauthorized disclosure and is subject to the same federal laws and agency policies;
- Confidential information on computers should be when the information is no longer needed;
- The computer should limit access to such files by password;
- When a staff member terminates employment, it is their responsibility to report to HOPE the destruction of files, and sign a document attesting to these actions or to ask HOPE to perform the destruction of such files; and
- An internet security suite, i.e. Norton McAfee, Trend, etc. must be maintained and functional on all computers used for company business *. "Assistance is available from the IT department to meet all a/the mandatory requirements.

Website

Website development, maintenance and hosting is contracted to an outside agency (Back 40) and overseen by the Chief Executive Officer or designate person. Coordination and management is the responsibility of the IT Contractor or designee. The website has two (2) functions, and they are:

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- Employees Support Website – The intent of the employee website is to provide staff from a wide area knowledge of current policies and procedures, clinical record forms, human resources and other operational forms, training materials, self-testing materials, and educational resources; and
- Public Website – The public website is for employment opportunities, description of services provided, and assistance for potential recipients of services.

Administrative Records

Administrative, Human Resources and Financial records for all sites are primarily centralized in the Oklahoma City Central office. Some daily and short-term records are kept at each location.

Personnel Records

Storage System: All active personnel records of employees are kept in our personnel office at the Oklahoma City Central office locked in the Human Resources File office. Once a file becomes inactive because an employee leaves service with HOPE, their file is transferred to the inactive employees file system.

Inactive employee files are stored and maintained for a period of 4 years after termination of the employee, or from tax due date or payment of tax, whichever is later. This is done in accordance with federal guidelines as defined in the following acts:

- Social Security Act;
- FLSA-Equal Pay Act;
- ADEA; and
- Americans with Disabilities Act

Responsible staff: Human Resources Liaison

Procedure for limiting access: Personnel records may be reviewed in accordance with personnel policy. Supervisors may review records and employees may review their records at the central office personnel office location with oversight by authorized Human Resources Personnel. Any request by an outside authority must be accompanied with a subpoena.

Procedures for securing, storing, protecting, and destruction of records and electronic back up: Except for personnel documents addressed elsewhere in this policy; the following will be maintained in permanent storage unless conversion is made to electronic maintenance system at some future time:

- Payroll records and summaries;
- Retirement plan records;
- Time records; and
- Employment applications

Ransomware

The IT contractor will conduct an annual risk assessment and threat analysis. This will include the following:

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- Identifying the types of ransomware attacks that are most likely to occur; and
- Identifying which systems and data are most at risk.

Should Hope to determine there is a ransomware attack, such as files are encrypted or locked, the agency will immediately assemble the Incident Command Team and the agency's IT contractor will take immediate steps to contain the attack and mitigate potential damage and liabilities. This may include the following:

- Isolating infected systems;
- Disabling network access from the affected systems;
- Quarantining infected files; and
- Contacting law enforcement and government agencies for assistance, which includes but is not limited to the following:
 - Cybersecurity and Infrastructure Security Agency at 1-888-282-0870;
 - FBI Internet Crime Complaint Center
 - Ic3.gov
 - 3301 W. Memorial Rd.
 - Oklahoma City, Oklahoma 73134-7098
 - 405-290-7770; and
 - Oklahoma Office of Management & Enterprise Services at
 - <https://oklahoma.gov/omes/divisions/information-services/cyber-command/report-an-incident.html>

Once the Ransomware attack has been contained, Hope and its IT contractor will begin responding to the event. This may include, but is not limited to the following:

- Restoring systems and data from backup;
- Removing ransomware infections; and
- Continued cooperation with law enforcement and government agencies.

The CEO and/or designated individual(s) will maintain clear communication and coordination with all relevant stakeholders within and outside the agency throughout the response process.

Once the ransomware attack has been contained and dealt with, Hope and the IT contractor will complete a post-mortem analysis of the ransomware attack. This will include, but is not limited to, the following:

- How the attack occurred;
- Identifying any weakness or gaps in security posture that may have contributed to the attack; and
- Making recommendations for improvements.

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3.28.01 INFORMATION TECHNOLOGY RESOURCES

PURPOSE:

Information technology resources constitute an asset, managed accordingly to ensure their integrity, security, and availability for treatment, service delivery, and business activities. Carrying out this mission requires Eagle HOPE to establish basic information security policies and standards and to provide both access and reasonable security at an acceptable cost. The HOPE information Technology Policies and Procedures facilitate and support authorized access to agency information.

POLICY:

The HOPE information Policies and Procedures will establish an agency-wide Protocol for information security. HOPE will identify and prevent the compromise of information security and the misuse of agency information technology resources. Policies will protect the reputation of HOPE and allow HOPE to satisfy its legal and ethical responsibilities regarding its information technology resources. HOPE will respond to complaints and queries about real or perceived non-compliance with HOPE information Technology Policies and Procedures.

Information technology resources constitute an asset, managed accordingly to ensure their integrity, security, and availability for treatment, service delivery, and business activities. Carrying out this mission requires HOPE to establish basic information security policies and standards and to provide both access and reasonable security at an acceptable cost. The HOPE information Technology Policies and Procedures facilitate and support authorized access to agency information.

PROCEDURES:

Authorized users of HOPE's information teleology resources are personally responsible for complying with all agency policies, procedures, and standards relating to information security, regardless of campus center or location and are personally accountable for any misuse of these resources.

Unauthorized Use

All Unauthorized users are prohibited from using HOPEs information technology network for any purpose whatsoever. Authorized users are prohibited from using HOPE information technology network in any way that exceeds the limits of their individual authorization.

Enforcement

Unauthorized users may be subject to criminal prosecution and/or civil suits in which HOPE seeks damages and/or other legal and/or equitable remedies. Unauthorized users who are employees of HOPE may also be subject to disciplinary action, up to and including termination of employment. Unauthorized users who are program participants at HOPE may also be subject to disciplinary action, up to and including termination from HOPE.

Guest User

HOPE promotes sharing and learning within the community. In doing so, HOPE often grants agency

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guests and visitors the right to use its information technology resources in compliance with HOPE information Technology Policies and Procedures. Such authorized persons are Guest users and are authorized users to the extent of their authorization.

A Guest user is an authorized user when utilizing HOPE's information technology resources in compliance with HOPE information Technology Policies and Procedures if the use remains within the limits of the Guest user's individual authorization.

The Guest user may use computers in HOPE's computer labs and selected software. The Guests may be permitted to selected areas of HOPE's information technology network.

Enforcement

Any authorized user found to be in violation of this policy is an unauthorized user, and as such are subject to disciplinary action.

Confidentiality

Confidential information may be developed or obtained by agency employees and/or Contractors because of that person's relationship with HOPE.

All authorized users who have contact with and access to confidential information must keep such information confidential. Confidential information includes, but is not limited to, the following types of information:

- Program Participant and employee information, such as address, telephone number, social security number, birth date and other private information;
- Operations manuals, agency practices, marketing plans, techniques and materials, development plans, and financial information; and
- Program Participant or applicant lists, diagnoses, personnel and payroll records, records regarding vendors and suppliers, records and files of HOPE, and other information concerning the business affairs or operating practices of HOPE.

Confidential information must never be released, removed from HOPE premises, copied, transmitted, or in any other way used by the authorized user for any purpose outside the scope of their agency employment or contract, nor revealed to non-agency persons, without express written consent

Information stored on HOPE information technology network is confidential and may not be distributed outside HOPE except during HOPE's business or as otherwise authorized by management personnel. Authorized users may not remove or borrow from HOPE premises any computer equipment, disks, or related technology, product or information unless authorized to do so.

Enforcement

Any authorized user found to be in violation of this policy is an unauthorized user, and as such are subject to disciplinary action.

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Acceptable Use

General Use and Ownership

Data created by authorized users that are on HOPE information technology network is the property of HOPE. There is no guarantee that an employee's information that is not work-related and is stored on HOPE information technology network device will be confidential.

Authorized Use includes reasonable personal use of HOPE information technology network by authorized users. Agency departments are responsible for creating guidelines concerning personal use of HOPE information technology network. In the absence of such guidelines, employees should consult their supervisor, manager, or the information security guidelines; program participants should consult the program director.

Any information that an authorized user considers sensitive or vulnerable should be encrypted.

Authorized agency employees may monitor HOPE network traffic at any time, in accordance with the audit policy.

HOPE reserves the right to audit networks and systems on a periodic basis to ensure compliance with HOPE information Technology Policies and Procedures.

Authorized users are required to classify the user interface for information contained on HOPE information technology network as "confidential" or "not confidential," as defined by agency confidentiality guidelines. Confidential information includes, but is not limited to: agency private data, specifications, program participant information, and research data. Employees are required to take all necessary steps to prevent unauthorized access to this sensitive information.

Authorized users are responsible for the security of their passwords and accounts, must keep passwords confidential, and nor share accounts.

Authorized users are responsible for logging out of all systems and accounts when they are not in use or unattended.

All laptops and workstations that are part of or connected to HOPE information technology network are required to be secured with a password-protected screen saver with the automatic activation feature set at 10 minutes or less, or by logging-off when the device will be unattended.

Encryption of information complies with the latest standards

Authorized users are required to exercise special care to protect laptop computers that are part of or connected to HOPE information technology network in accordance with the "Laptop security guidelines."

Postings by authorized users from an agency Email address must contain a disclaimer stating that the opinions expressed are strictly those of the author and not necessarily those of HOPE, unless posting has been done during agency business.

All computers used by authorized users connected to HOPE information technology network, whether

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owned by the individual or HOPE must be continually executing approved virus-scanning software with a current virus database.

Authorized users must use extreme caution when opening e-mail attachments received from unknown senders, which may contain viruses, e-mail bombs, or Trojan Horse codes.

Unacceptable Use of HOPE Information Technology Network

The following activities are prohibited, although agency employees who are authorized users may be exempted from these restrictions during the performance of their legitimate job responsibilities. Under no circumstances is an authorized user permitted to engage in any activity that is illegal under local, state, Federal or international law while utilizing HOPE information technology network. Unacceptable use includes, but is not limited to the following activities:

Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of copyrighted or other software products that are not licensed for use by HOPE.

Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which HOPE or the authorized user does not have an active license is strictly prohibited.

Exporting software, technical information, encryption software, or technology, in violation of international or regional export control laws, is illegal. Agency management is consulted prior to export of any material that is in question.

Introduction of Malicious software into HOPE information technology network (e.g., viruses, Worms, Trojan Horses, e-mail bombs, etc.).

An authorized user's revelation of that person's account password to others or allowing use of an authorized user's account by others, including family and other household members when an authorized user's computer is connected to HOPE information technology network from home or other non-agency locations.

The use of a component of HOPE information technology network or other computing asset to actively engage in procuring or transmitting material that violates sexual harassment or hostile workplace laws or that violates any agency policy. Pornographic material is a violation of sexual harassment policies.

Making fraudulent offers of products, items, or services originating from any agency account or otherwise made from a computer connected to HOPE information technology network.

Causing security breaches or disruptions of communication over HOPE information technology network. Security breaches include, but are not limited to, accessing data or other communications of which the authorized user is not an intended recipient or logging into an account that the authorized user is not expressly authorized to access. For purposes of this section, "disruption" includes, but is not limited to,

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network sniffing, traffic floods, packet spoofing, denial of service, etc.

Port Scanning or security scanning is expressly prohibited unless prior notification to information security is made.

Executing any form of network monitoring which will intercept data not intended for the authorized user is expressly prohibited unless this activity is a part of the authorized user's normal job/duty.

Circumventing user Authentication or security of any device, network, or account.

Interfering with or denying service to any user other than the individual's host (for example, a denial-of-service attack).

Using any program/script/command, or sending messages of any kind, with the intent to interfere with or disable a user's terminal session, via any means locally or remotely.

Providing information about, or lists of, agency employees or program participants to non-agency parties.

Sending unsolicited Email messages, including the sending of "junk mail" or other advertising material to individuals who did not specifically request such material.

Any form of harassment via email, instant messenger, telephone, or pager, whether through language, frequency, or size of messages.

Unauthorized use, or forging, of email header information.

Solicitation of Email for any other Email address, other than that of the authorized user's own account, with the intent to harass or to collect replies.

Creating or forwarding Chain email, Phishing, or other scams of any type.

Use of HOPE's name on behalf of, or to advertise, any service or product without the explicit written permission of HOPE.

Posting the same or similar non-business-related messages to large numbers of Usenet newsgroups (newsgroup SPANI)

Enforcement

Any authorized user found to be in violation of this policy is an unauthorized user, and as such are subject to disciplinary action up to and including termination.

Electronic Communication

Electronic communications systems that utilize HOPE information technology networks are not an open forum, but rather are owned and operated by HOPE to promote teaching and learning, and to conduct official agency business. Authorized users may use these systems only within the scope of agency information Technology Policies and Procedures. Electronic communication systems include but are not limited to, all electronic mail and Instant Messaging systems, electronic bulletin boards, web content, and

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Internet access.

HOPE Email system is not used for the creation or distribution of any disruptive or offensive messages, including but not limited to offensive comments about race, gender, disability, age, sexual orientation, religious belief and practice, political belief, or national origin. Individuals who receive any electronic communications with objectionable content should report the matter to their supervisor or to information security/technology contractors immediately.

Authorized users may use a reasonable amount of agency resources for personal Email. However, non-work-related Email shall be saved in a separate folder from work related Email. Sending chain Email or joke email from an agency email account is prohibited. These restrictions also apply to the forwarding of email received by an authorized user.

Mass email over HOPE information technology network from HOPE must be approved by a department head or director before sending. The approval must be noted at the bottom of the Email and must include the name of the approving individual and the date of approval. Emergency mass email may be sent with director approval. Examples of mass email include, but are not limited to, sending to the "All email users" group or any group of program participants, Email sent by faculty members who are authorized users to their current program participants are permitted.

Signatures in emails and other electronic messages may contain some or all of the following only: name, title, department name, name of agency, and workplace contact information {phone number, fax number, confidentiality statement, mailing address, Email address}. Quotations, such as proverbs, scriptural or religious statements, witticisms, etc., are not allowed in signatures.

Authorized users of agency accounts shall have no expectation of anything they store, send or receive in an agency's information technology network. HOPE may monitor communication on HOPE information technology network without prior notice but is not obliged to do so.

Enforcement

Any authorized user found to be in violation of this policy will be considered an unauthorized user, and as such are subject to disciplinary action

Password Policy

Passwords are essential to computer security. They are the front line of protection for authorized user accounts. A poorly chosen password can result in the compromise of the entire agency information technology network. All authorized users are responsible for taking the actions outlined below, to select and secure their passwords.

All system-level passwords (e.g. the "root" account on UNIX-based Operating Systems, the "enable" functionality of Routers, the Windows "administrator" account, application administration accounts, etc.) must be changed on at least a quarterly basis.

All system-level passwords on all equipment must be part of HOPE Password Management System.

All user-level passwords (e.g. Email, web, desktop computer, etc.) must be changed at least every sixty

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days.

Authorized user accounts that have system-level privileges granted through group memberships or programs such as "sudo" or "SU" must have a unique password that is different from all other accounts held by that authorized user.

Passwords must not be included in email messages, phone conversations, or other forms of electronic communication.

Where Simple network Messaging Protocol (SNMP) is used, the community strings must be defined as something other than the standard default s ("public," "private," or "system") and must be different from the passwords used to log in interactively. A keyed hash must be used where available (e.g. SNMP version 2).

Poor, weak passwords have the following characteristics:

- The password contains less than eight characters;
- The password is a word found in a dictionary (English or foreign);
- The password is a common usage word, such as: names of family members, pets, friends, co-workers, fictional characters, etc.;
- Computer terms and names, commands, sites, companies, Hardware and software terms;
- Birthdays and other personal information, such as addresses and phone numbers;
- Word or number patterns like aaabbb, qwerty, xyz:zy, 123321, etc; and
- Any of the above spelled backwards

Strong passwords have the following characteristics:

- The password contains both upper and lower case characters (e.g. a-z, A-Z);
- The password has digits and punctuation characters as well as letters, if possible;
- The password is at least eight alpha-numeric characters long;
- The password is not a word in any language, slang, dialect, jargon, etc; and
- The password is not based on personal information, names of family, etc.

Passwords must never be written down or stored on-line. Passwords should be created so that they can be easily remembered while still having strong password characteristics.

Password Protection Standards

Authorized users must not use the same password for agency accounts as for other non-agency access (e.g. personal ISP account, option trading, benefits, etc.). Wherever possible, the same password must not be used for various agency access needs.

Agency passwords must not be shared with anyone, including administrative assistants or secretaries. All passwords are to be treated as confidential agency information. Group accounts (an account shared among two or more users) are prohibited.

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Passwords must not be revealed or hinted at over the phone to anyone without proper verification, in an Email message which includes the username, to any supervisors or co-workers, on questionnaires or security forms, or to family members.

The "Remember Password" feature of applications (e.g. Outlook, or Windows Messenger) must not be used.

If someone demands a password, they should be referred to this document or they should call information security/technology contractors.

Again, passwords must not be written down and stored anywhere by the authorized user. Passwords must not be stored in a file on ANY computer system (including smart phones or similar devices) without Encryption.

If an account or password is suspected to be compromised, the incident must be reported, and the password must be changed immediately.

Password cracking or guessing may be performed on a periodic or random basis by information security/technology contractors. If a password is guessed or cracked during one of these scans, the user will be required to change it.

Remote Access Policy

HOPE applies to Remote Access connections used to do work on behalf of HOPE, including but not limited to Email correspondence, electronic medical record (EMR), and accessing Intranet web resources.

Remote Access implementations that are covered by this policy include, but are not limited to: Frame Relays, Integrated services Digital network (ISDN) connections, Digital Subscriber Line (DSL) connections, Cable Modems, etc.

Authorized users with Remote Access privileges to HOPE information technology network must ensure that their Remote Access connection complies with HOPE information Technology Policies and Procedures and treat it with the same consideration as their on-site connection to HOPE.

General access to the Internet through HOPE information technology network, for reasonable recreational use by immediate household members of the agency on personal computers, is permitted. Each authorized user is responsible for ensuring that the family members comply with HOPE information Technology Policies and Procedures, does not perform illegal activities, and does not use the access for outside business purposes. Each authorized user bears responsibility for any consequences of misuse.

Authorized users must review the following policies to determine how to protect information when accessing HOPE information technology network via Remote Access methods, and for acceptable use of HOPE information technology network.

For additional information regarding HOPE's Remote Access connections, authorized users should contact the Information Technology provider.

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Secure Remote Access must be strictly controlled. Control will be enforced via one-time password authentication or public I private keys with strong Pass- phrases. For information about how to create a strong Passphrase, authorized users should refer to the Password policy.

Authorized users must not provide their login identification to HOPE information technology network or its resources to anyone, not even family members.

Authorized users who, as an agency employee or affiliates with Remote Access privileges, must ensure that agency-owned or personal information technology resources are not connected to any other network at the same time they are connected to HOPE information technology network (except for personal networks that are under the complete control of the authorized user).

Authorized users who, as an agency employee or affiliates with remote authorized user access privileges to HOPE information technology network must not use non-- agency Email accounts (e.g. Hotmail, Yahoo, and AOL) or other external resources to conduct agency business, thereby ensuring that official business is never confused with personal business.

Routers for dedicated ISDN lines configured for access to HOPE information technology network must meet the minimum authentication requirements of the Challenge Handshake Authentication Protocol (CHAP).

Reconfiguration of an authorized user's home equipment for the purpose of Spli-Tunneling or Dual Homing is not permitted.

Frame Relay must meet the minimum authentication requirements of Data-Link Connection Identifier (DLCI) standards.

Non-standard Hardware configurations must be approved by information Technology services personnel, and information security/technology contractors must approve security configurations for access to Hardware.

All hosts that are connected to HOPE information technology network via Remote Access technologies, including personal computers, must use the most recent corporate -standard Anti-virus software. Third-party connections to HOPE infom lation technology network must comply with requirements as stated in the Third-Party Agreement documentation.

Personal equipment that is used to connect to HOPE information technology network must meet the same requirements applied to agency-owned equipment for Remote Access.

Organizations or authorized users who wish to implement non-standard Remote Access solutions to HOPE information technology network must obtain prior written approval from the information technology services contractor(s).

Enforcement

Any authorized user found to be in violation of this policy will be considered an unauthorized user, and as such are subject to disciplinary action up to and including termination.

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3.28.02 VIRTUAL PRIVATE NETWORK (VPN)

PURPOSE:

This policy provides standards for Remote Access by authorized users to HOPE information technology network via Virtual Private network (VPN) connections, using the IP security (IPSec) or Layer 2 Tunneling Protocols.

POLICY:

Remote access to the HOPE network should normally be made through the HOPE VPN service. This service is available to authorized users.

The VPN service is considered an extension of the HOPE Network. As such, systems being used from off-campus locations to connect to the VPN service shall be considered part of the HOPE Network. HOPE Policies shall therefore apply. Use of the VPN service should only occur from trusted computer systems. This excludes Internet cafes and other such public access computers.

The HOPE VPN service is managed and operated by IT contractor(s) as part of the overall HOPE network infrastructure. Access to the HOPE VPN service shall be via authenticated login utilizing the HOPE Authentication System. Access shall only be granted for approved users. Users of the HOPE VPN service are bound by HOPE Computer Regulation and Policies. These include but are not limited to the policies listed as related policies in the following section.

VPN users must not allow other users to access HOPE devices or systems with their account, nor allow other users to route traffic through their VPN connection.

PROCEDURES:

Authorized users who are reviewed by the information technology services contractor(s) may utilize Virtual Private networks. A VPN is a "user-managed" service, in which the user is responsible for selecting an Internet service Provider (ISP), coordinating installation of the service as well as any required software, and paying all fees. Further details may be found in the Remote Access policy documentation.

It is the responsibility of the authorized VPN user to ensure that unauthorized users are not allowed access to HOPE information technology network.

Authorized users must be following the Password policy.

When actively connected to HOPE information technology network, the VPN software forces all traffic to and from the user's information technology resource over the VPN tunnel. All other traffic is dropped.

Dual (or split) tunneling is not permitted. Only one network connection is allowed.

VPN gateways must be set up and managed by information Technology Contractor services personnel.

All information technology resources connected to HOPE information technology network by authorized

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users via VPN or any other technology must use the most recent corporate-standard Anti-virus software.

Authorized VPN users are automatically disconnected from HOPE information technology network after thirty minutes of inactivity. The authorized VPN user must then log on again to reconnect to HOPE information technology network. Pings or other artificial network processes must not be used to keep the connection open. Special consideration for campus centers will be granted.

The VPN concentrator is limited to an absolute connection time of 24 hours.

Authorized users of information technology resources that are not owned by HOPE must configure their resources to comply with HOPE's VPN and network policy documentation.

Only VPN clients utilized by authorized users and approved by appropriate information.

Security/technology contractors can be used.

By using VPN technology with personal equipment, authorized users must understand that their machines are a de-facto extension of HOPE information technology network, and as such are subject to the same rules and regulations that apply to equipment owned by HOPE (i.e. their machines use the configured to comply with agency information Technology Policies and Procedures documentation).

HOPE utilized multi-factor authentication (MFA) which includes Duo Mobile Application allowing secure access from a smartphone.

2FA apps utilize push notifications, which require identity verification with a non-biometric tap of the screen. Some 2FA apps, like Duo Mobile, combine location-based identity verification with push verification, sending users a reading of their location and the option to tap the screen to confirm.

Any authorized user found to be in violation of this policy will be considered an unauthorized user, and as such are subject to disciplinary action up to and including termination.

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3.28.03 PHYSICAL SECURITY

PURPOSE:

The purpose is to provide environmental safeguards for, and controlling physical access to, equipment and data on HOPE information technology network in order to protect information technology resources from Unauthorized Use, in terms of physical Hardware and data perspectives.

POLICY:

HOPE will establish standards for granting, monitoring, and terminating physical access to HOPE information technology network and to protect equipment on HOPE information technology network from environmental factors.

PROCEDURES:

Environmental Safeguards

Adequate air conditioning must be operational in agency information technology network facilities that house information technology resources, to prevent long- term heat damage and equipment failure.

All agency information technology network facilities must have adequate fire extinguishing devices present in the office area. These devices must be inspected by agency Public Safety personnel.

All agency information technology network information technology resources must be fitted with effective Surge Protectors to prevent power spikes and subsequent damage to data and Hardware.

Critical agency information technology network information technology resources must each be connected to an Uninterrupted Power Supply (UPS) to prevent power spikes, brownouts, and subsequent damage to data and Hardware.

Electrical outlets must not be overloaded by connecting too many devices. Proper and practical usage of extension cords are to be reviewed annually.

Physical Access

All agency information technology network physical security systems must comply with all regulations, including, but not limited to, building codes and fire prevention codes.

Physical access privileges to all agency information technology network facilities must be documented and managed by administration.

All facilities that house agency information technology network information technology resources must be physically protected in proportion to the importance of their function.

Access to agency information technology network restricted facilities will be granted only to agency staff and affiliates whose job responsibilities require access to that facility.

The processor granting card or key access to agency information technology network facilities must include approval from a HOPE Program Director.

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Secured access devices (e.g. access cards, keys, combinations, etc.) must not be shared with or loaned to others by authorized users.

Secured access devices that are no longer needed must be returned to HOPE and logged appropriately before they are re-allocated to another authorized user.

Lost or stolen agency information technology network secured access devices must be reported immediately, and a CIR completed and submitted to management as soon as possible.

HOPE employees responsible for agency information technology network facilities must remove the secured access device rights of individuals that no longer require access.

Agency visitors and other invitees must be escorted and monitored while in restricted agency information technology network facilities.

Agency employees/contractors responsible for agency information technology network facilities must review access records and visitor logs for the facility on a periodic basis and investigate any unusual access.

All spaces housing information technology resources must be kept locked when not occupied by an agency employee/contractor, to reduce the occurrence of unauthorized entry and access.

Any piece of agency information technology network equipment which resides in a public access area must be secured to a piece of furniture, counter-top, or other suitably deterrent object with a theft-inhibiting device. Portable computers that are part of HOPE information technology network should also be secured with theft-inhibiting devices.

Enforcement

Any authorized user found to be in violation of this policy will be considered an Unauthorized user, and as such are subject to disciplinary action.

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3.28.04 INFORMATION TECHNOLOGY OPERATIONS

PURPOSE:

The agency seeks to enhance its operations and planning capabilities through continued investment in and maximum utilization of a computerized information system to aid in the collection, analysis and use of information. The integrity of the computerized information system and its databases shall remain intact for optimum operations.

POLICY:

Computing and networking play increasingly important roles in client care, research, and administration at HOPE. We anticipate many benefits from the use of technology by our staff. We have formulated a set of guidelines on the appropriate use of computing and networking facilities to ensure the proper use of these resources.

The intent of these guidelines is to allow the greatest use of our computing facilities. Access to computer systems and networks owned or operated by HOPE imposes certain responsibilities and obligations and is granted subject to company policies, and local, state, and federal laws. Appropriate use always is ethical and shows restraint in the consumption of shared resources. It demonstrates respect for intellectual property, ownership of data, system security mechanisms, and individuals' rights to privacy and to freedom from intimidation, harassment, and unwarranted annoyance. This document contains the HOPE Guidelines for the Appropriate Use of Computer Systems.

PROCEDURES:

Corrections to Database Information

Corrections in the database shall be initiated at the lowest level possible and ideally by the individual responsible for the error. (This includes personal review by data processing staff before the end of the month or a more formal review after the end of the month.) The information technology services contractor and Chief Executive Officer must approve all changes after the end of the month.

Data Back-up

Multiple current copies of the main computerized information system data shall be kept on-site and off-site to facilitate recovery of the database in the event of equipment failure, software failure or a general disaster. The back-up process shall be accomplished outside of normal business hours as much as possible.

Security of Computerized Information System

Agency policy on confidentiality applies to all information processed on the computer. Access to the computerized information system database shall be on a need-to-know basis.

Staff requiring access to the information system shall be assigned authorization levels that limit access yet permit staff to accomplish their duties.

The HR Director or designee shall review individual authorization levels semi-annually for appropriateness.

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Instructions in use of the information system, including the personal password, shall be periodically reviewed with staff.

Obtaining access to unauthorized information or using one's authorization to access or change information outside of one's duties shall be considered a breach of confidentiality and grounds for immediate dismissal.

Individual Computer Workstations/Office Personal Computers

Every employee will have access to a computer as needed for their job. No outside software may be installed on agency computers.

Inquiries concerning the interpretation of this Appropriate Use of Computer Facilities Guidelines should be directed to the Chief Information Officer.

Subject to the overall supervisory authority of the Chief Executive Officer, the information technology services contractor shall be responsible for maintaining the security procedures, standards and guidelines necessary to implement and enforce these guidelines. Included in that responsibility shall be the duty to provide appropriate training, guidance, and information to authorized users.

Guidelines

All HOPE employees, agents, consultants, contract staff and other authorized users have a duty to use, preserve, protect, and maintain the computer facilities and information in compliance with these guidelines. The HOPE computer systems shall be used only by authorized users and for the business of HOPE.

In these guidelines, the term, "Computer Systems" is defined to include computers, computer networks (wired or wireless), connections to external computer networks, inbound remote connections, and subscriptions to external computer services. "Licensed Software" collectively refers to copyrighted and proprietary programs, data, and documentation. "Software" collectively refers to the programs, data, and documentation developed by HOPE. "PHI" refers to protected health information.

In making appropriate use of resources, you must:

- Use resources only for authorized purposes;
- Protect your User IDs and passwords from unauthorized use. You are responsible for all activities on your User ID or system;
- Access only files and data that are your own, that are publicly available, or to which you have been given authorized access;
- Use only legal versions of copyrighted software in compliance with vendor license requirements; and
- Be considerate in your use of shared resources. Refrain from monopolizing systems, overloading networks with excessive data, or wasting computer time, connect time, disk space, printer paper, manuals, or other resources.

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Unacceptable Use

The following activities involving use of Computer Systems are prohibited:

- Transmitting or receiving copyrighted materials (software, music, movies, etc.) not legally obtained;
- Unauthorized transmissions of HOPE owned information or PHI;
- Using another person's User IDs or passwords;
- Using another person's files, system, or data without permission;
- Communicating any information concerning any password, identifying code, personal identification number or other confidential information;
- Using computer programs to decode passwords or access control information;
- Attempting to circumvent or subvert system security measures;
- Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data to which the employee is not an intended recipient or logging into a server or account that the employee/ is not expressly authorized to access. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, ping floods, packet spoofing, denial of service, and forged routing information for malicious purposes;
- Executing any form of network monitoring which will intercept data not intended for the employee;
- Engaging in any activity that might be harmful to systems or to any information stored thereon, such as creating or propagating viruses, disrupting services, or damaging files;
- Transmitting information that contains obscene, indecent, or lewd material or other material that explicitly or implicitly refers to sexual conduct;
- Creating, modifying, executing or retransmitting any computer program or instructions intended to obscure the true identity of the sender of electronic mail or electronic messages, collectively referred to as "Messages," including, but not limited to, forgery of Messages and/or alteration of system and/or user data used to identify the sender of Messages;
- Using mail or messaging services to harass, intimidate, or otherwise annoy another person, for example, by broadcasting unsolicited messages or sending unwanted mail;
- Creating, modifying, executing, or retransmitting any computer program or instructions intended to gain unauthorized access to, or make unauthorized use of, a Computer System, Software or Licensed Software;
- Port scanning or security scanning is expressly prohibited;
- Making unauthorized copies of copyrighted materials, such as licensed software, music, movies, etc.;
- Using HOPE systems for personal gain, for example, by performing work for profit in a manner not authorized by HOPE;
- Violating any laws or participating in the commission or furtherance of any crime or other unlawful or improper purpose; and
- Using the Computer Facilities in a manner inconsistent with any published HOPE policy.

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Federal and State Law also regulates unauthorized access to Computer Facilities, Software and Licensed Software. A summary of Federal Law relevant to this issue follows.

It is a violation of Federal Law intentionally (1) to access a computer without authorization and thereby to obtain classified information; (2) to access a computer without authorization and thereby to obtain financial records of a financial institution; (3) to access any U. S. Government computer without authorization if such conduct affects the use of the Government's operation of the computer; (4) to access a Federal computer without authorization with the intent to defraud; (5) to access a financial institution or U. S. Government computer without authorization and thereby alter, damage, or destroy information which causes losses to others of a value exceeding \$1,000 or more during any one year or which modifies or impairs medical diagnosis, treatment, or care; or (6) with intent to defraud to traffic in passwords or similar information through which a computer may be accessed if the trafficking affects interstate commerce or the computer is used by the U. S. Government. The penalty can be a fine as much as 20 years in the Federal penitentiary for certain of these violations. (18 USCA sec. 1030)

Copyright is a constitutionally conceived property right which is designed to promote progress of science and the useful arts by securing for an author the benefits of his/her original work for a limited time (US Constitution Art. I, Sec.8). Congress has passed the Copyright statute (17 USCA sec. 101 et seq) to implement this policy by balancing the author's interest against the public interest in the dissemination of information affecting areas of universal interest.

HOPE considers any violation of appropriate use principles or guidelines to be a serious offense and reserves the right to copy and examine any files or information residing on any computer or system within the HOPE network allegedly related to inappropriate use. Violators are subject to disciplinary action and/or termination of employment. Offenders also may be prosecuted under laws including (but not limited to) the Privacy Protection Act of 1974, The Computer Fraud and Abuse Act of 1986, The Computer Virus Eradication Act of 1989, Interstate Transportation of Stolen Property, and the Electronic Communications Privacy Act.

The Computer Systems shall not be used for any illegal purpose, nor shall it be used in a manner that would violate HIPAA.

HOPE reserves the right to monitor, or otherwise intercept employee e-mail and/or Internet access to further the orderly, efficient, operation of the company.

All information in the computer system is the property of HOPE and privacy should not be expected. Personal information should not be revealed because the user has no expectation of any privacy rights. Computer records reveal not only what is retained in storage, but also removal of certain items and the date and time such removal was affected.

Mobile Computing and Communication Devices

The device may only be synchronized with HOPE owned Computer Systems (synchronization with home PCs is not permitted). Only devices provided and maintained by IT may be connected to Computer Facilities. Personal devices should not be synced to HOPE computer systems.

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Users must take extreme care to secure PHI data stored on devices.

Users must take extreme care to physically protect the device.

Users should immediately contact the IT Department to report stolen or lost equipment.

Hardware & Software Use

The IT contractor must review and approve all hardware that will be attached to the computer network, including hardware to be used at remote locations. This includes all wireless networking devices that may, either directly or indirectly, attach to the network or possess the ability to possibly interfere with normal network operations. This is to maintain the integrity of the computer network, to avoid duplication of purchases, to avoid unnecessary expenditures, to ensure quality performance of the computer network and all related components, and to avoid the use of sub-standard, undesirable, or unnecessary hardware.

Only the IT Contractor is authorized to move equipment. To maintain HOPE inventory records, all hardware moves must be coordinated through the Department.

The IT Contractor coordinates all Hardware and Licensed Software purchases. All purchase requisitions submitted to the IT Contractor are forwarded to the Chief Executive Officer for review and approval. All Licensed Software purchases are logged into a software tracking system maintained by the IT Contractor. This ensures that software license records are current and adequately maintained.

IT Contractor must keep an original copy of Licensed Software and a copy of the Software License in a protected area.

Only the IT Contractor is authorized to install any software on HOPE equipment. The IT Contractor will review all software requests for usefulness, interoperability, and installation issues.

The IT Contractor will provide any reasonable assistive technology necessary to accommodate staff with disabilities that need to access HOPE Computer Systems.

Maintenance & Repair

HOPE's IT Contractor shall be responsible for the maintenance and repair of all Computer Systems, including the equipment installed at remote locations. Authorized users shall not attempt maintenance or repair work and shall not allow others to do so, except as directed by authorized personnel of the IT Contractor. Upon request, authorized users shall allow IT Contractor or their authorized representatives reasonable access to the Computer Systems located at remote locations.

Privacy of Communications

The Appropriate Use of Computer Systems Guidelines is designed to provide appropriate security and to protect against unauthorized use and disclosure of information in the Computer Systems. However, due to the nature of the Computer Systems, there can be no expectation of absolute privacy as to communications that are sent through the electronic mail system. By communicating through the electronic mail system, or any other technology system, a user shall be deemed to have waived any claim for invasion of privacy as to that communication. PHI shall not be sent through the electronic mail system

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unless appropriate measures have been taken to encrypt this information.

PHI should only be emailed if the email has been encrypted.

Privileged Communications

Communications and information protected from disclosure by any law governing privileged or confidential communications shall not lose that protection by being sent through or stored in the Computer Facilities. Use of the computer system for such privileged or confidential communications shall not be deemed a waiver of any legal privilege or protection against disclosure.

Violations/Unauthorized Use

Violation of any provision of this Appropriate Use of Computer Systems Guidelines, or of any applicable law, may be unauthorized use of the Computer Systems. Unauthorized use may be grounds for the imposition of additional use restrictions, the suspension or revocation of use authorization, and/or disconnection from the Computer Systems. Unauthorized use by a HOPE employee may be grounds for appropriate disciplinary action, including dismissal. Unauthorized use at or from a remote location may be grounds for removal of all HOPE computer equipment at the remote location. The appropriate supervisor shall be responsible for determining the appropriate action to be taken. Violations of the Appropriate Use of Computer Systems Guidelines may also include disciplinary action up to and including termination.

E-mail and Internet System Guidelines

The Internet provides a source of information that can benefit every professional discipline at HOPE. Also, many applications now used at HOPE are now Internet based. This guideline sets forth acceptable use of the Internet and E-mail systems by HOPE employees, contract staff, agents, consultants, and other authorized users. The IT contractor and HOPE reserves the right to monitor and control all E-mail and Internet access. HOPE Computer Systems are for business and not for personal use, however, when certain criteria are met, users are permitted to engage in the following activities:

- During business hours, access job-related information, as needed, to meet the requirements of their jobs;
- During working hours, participate in news groups, chat sessions, and E-mail discussion groups (list servers), provided these sessions have a direct relationship to the user's job with HOPE;
- During personal time, retrieve non-job-related text and graphics information to develop or enhance Internet-related skills;
- During personal time, retrieve non-job-related e-mail from personal e-mail accounts; and
- During personal time, use the HOPE E-mail system to send and receive personal e-mail. Staff should be considerate and conscious of overusing the e-mail system for personal use. Abuse of the system could lead to disciplinary action.

The following uses of the Internet during working hours or personal time, using HOPE Computer Systems are not allowed:

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- Access, retrieve, or print text and graphics information, which exceed the bounds of generally, accepted standards of good taste and ethics;
- Engaging in any unlawful activities or any other activities which would bring discredit on HOPE;
- Engaging in personal commercial activities on the Internet, including offering services or merchandise for sale or ordering services or merchandise for on-line vendors;
- Using the E-mail system to send "Spam" to E-mail accounts in the HOPE Computer Systems or any parties outside HOPE;
- Engaging in any activity, which would compromise the security of any HOPE computer or computer system; and
- Engaging in any fund-raising activity, endorse any product or services, participate in any lobbying activity, or engage in any active political activity not expressly authorized by HOPE management.

Security and Anti-Virus Guidelines

The IT Contractor shall be responsible for developing, implementing, and maintaining all hardware and software security and anti-virus systems on HOPE Computer Systems. Only the IT Contractor is authorized to install, configure, or remove any security/anti-virus software or hardware. The IT Contractor shall maintain the following:

Physical Security

The IT Department shall ensure the physical security of all critical systems and data. All servers shall be kept in locked rooms with adequate ventilation and any necessary fire protection devices. If a secured area is not available at a remote location the server or equipment will be in a locked enclosure. Will ensure any removable media containing critical data is stored in a secure location.

WAN/LAN Firewalls and VPN Connections

Provide and maintain an Internet Firewall to prevent un-authorized access from the Internet or Local Area Network.

Provide Intrusion Detection systems to ensure the security of HOPE's private networks have not been compromised.

Provide secure and reliable VPN systems to allow authorized remote access to Computer Systems.

Anti-Virus Protection

Provide and maintain up to date anti-virus software on all Computer Systems.

IT Contractor will manage all anti-virus software centrally to not depend on users to keep their systems up to date.

Re-act quickly to avoid loss of data or interruptions in services during virus events.

System Backup and Disaster Recovery Guidelines

The IT Contractors shall ensure that all critical systems and data are backed up daily. The core client and business data backups shall be removed to a remote location daily. The IT Contractors shall be

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responsible for providing a disaster recovery plan in the event of an emergency. All user files and client data should be stored in the appropriate location on a HOPE Computer System Server and not on the user's local PCs. Only the Server systems are backed up on a nightly basis. It is the responsibility of the IT Contractor to train staff on the proper storage procedures for files. It is also the responsibility of staff to ensure that they follow these procedures.

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3.28.05 WIRELESS COMMUNICATION POLICY

PURPOSE:

This policy defines the standards that govern the use of wireless communication equipment to access HOPE information technology network.

POLICY:

This policy covers all wireless data communication devices, including, but not limited to, personal computers, cellular phones, and wireless access points (CN APs) connected to HOPE information technology network. This includes any form of wireless communication device capable of transmitting packet data. Wireless devices or networks that do not connect to HOPE information technology network are not subject to this policy. Agency Computer Lab Wireless networks fall under HOPE Computer Lab Wireless policy.

PROCEDURES:

Use of Wireless Equipment

Authorized users may only access HOPE information technology network via wireless systems that meet the criteria set forth by the agency unless they have been granted a written waiver by information security/technology contractors.

Register Access Points and Cards

All WAPs and base stations connected to HOPE information technology network must be registered with and approved by the information security/technology contractor. Use of these devices by authorized users subjects the devices to periodic penetration tests and audits by information security. All Wireless network interface cards used in resources owned by HOPE must be registered with the information technology services contractor.

Approved Technology

All wireless Local Area network (LAN) access must use vendor products and security configurations approved by information security/technology contractors before being connected to HOPE information technology network.

VPN Encryption and Authentication

All computers with wireless LAN devices intended for connection to HOPE information technology network for the purpose of conducting agency business must utilize a Virtual Private network (VPN) configured to drop all unauthenticated and unencrypted traffic and must be approved by information security/technology contractors before being connected to HOPE information technology network.

Authorized users must use wireless implementations that maintain point-to-point Hardware Encryption of at least 128 bits. All implementations must support a Hardware address that can be registered and cracked (e.g. a Media Access Control address). All implementations must support and employ strong user Authentication.

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Setting the SSID

The authorized user must configure the service Set Identifier (SSID) so that it does not contain any identifying information about HOPE, such as HOPE name, division title, employee name, or product identifier.

Enforcement

Any authorized user found to be in violation of this policy will be considered an unauthorized user, and as such are subject to disciplinary.

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4.06.00 FIXED ASSETS

As approved by the governing body, any repairs or purchases of buildings, vehicles, furnishings, or equipment used in the operation of the organization will be considered a fixed asset, if it meets:

Criteria #1 **AND** at least one of Criteria #2, #3, or #4 outlined below:

1. Must have a purchase value equal to or exceeding ~~\$1,000~~ \$3,000
AND
2. Must have a useful life expectancy beyond two years;
or
3. Must increase the value of an existing fixed asset;
or
4. Must increase the life expectancy of an existing fixed asset by at least two additional years.

Any item that does not meet the criteria requirements above will be considered an expense item and coded to the appropriate expense account and will not be carried as a fixed asset. Items that do meet the requirements above will be considered fixed assets and coded to the appropriate fixed asset account and added to the depreciation schedule. The asset value and depreciation shall be reflected on the monthly Income/Expense Report.

All material, tangible/intangible assets of HOPE shall be adequately protected from loss due to misuse, theft, fire, water or other known hazards. Adequate insurance coverage shall be obtained and annually the governing body shall review the extent of such coverage.

Any legal restrictions placed on material assets by donors, lenders, or other parties shall be communicated and adhered to by those having access to or responsibility for those assets.

The purchase, sale, retirement, renovation, or lease of fixed assets shall be done according to the procedures approved by the Board of Directors and funding source contractual provisions.

Fixed asset records shall be maintained on a current basis. A record of each asset shall contain, as applicable, the inventory tag number, accounts payable voucher number or journal entry number, acquisition date, description, cost (fair market value, if donated), location, serial number, funding source (if required), expected useful time, depreciation method, depreciation rate, and accumulated depreciation. The record containing this information will be the depreciation schedule and fixed asset inventory report.

A physical inventory of the fixed assets shall be taken annually and reconciled to the fixed asset records (the depreciation schedule). Upon completion of the reconciliation of the fixed asset records to the physical inventory, the fixed asset records shall be reconciled with the general ledger balances annually.

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5.00.00 GENERAL PROGRAM STATEMENT AND OVERVIEW

The mission of HOPE Community Services, Inc. (HOPE) is to be a progressive leader in the community providing innovative and supportive mental health and addiction programs that are responsive, efficient, and effective in delivering trauma and recovery focused services that improve the quality of life for children, families, and adults in our community.

HOPE shall promote education and involvement of the communities served to improve integration and social acceptance of individuals with a behavioral health disorder, co-occurring disorder, or emotional/behavioral disturbance. HOPE supports and promotes a service environment for individuals in need of behavioral health and/or co-occurring services that is recovery focused, welcoming, and attentive to the needs of individuals who may have experienced trauma in their lives. Clinical programs and services are designed to provide a scope of quality services to meet the need of clients. Services are client centered and allow maximum opportunity for self-determination of the client in their recovery process. HOPE's team consists of highly skilled and qualified professionals who attend annual core competency training in relationship to the services they provide and the needs of all HOPE clients.

HOPE assures that no person shall, as provided by Federal and State Civil Rights Laws, be excluded from participation in, be denied the benefit of, or be subjected to discrimination in any program or activity. HOPE further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

Basic services are targeted to any individuals residing in Service Area 19 who have a behavioral health and/or co-occurring disorder and for any individuals seeking services which HOPE provides. The frequency of services will be determined based upon the individual's assessment. Specialized services (i.e. housing) will serve areas dictated by funding sources. HOPE assists with referral options for those individuals seeking services unavailable at HOPE. Services are prioritized according to the following criteria:

1. Individuals who pose a danger to self or others
2. Individuals being released from state psychiatric inpatient facility, OCCIC, private psychiatric programs, or Oklahoma Correctional Institutes
3. Individuals at risk for hospitalization
4. Individuals who are designated as target populations to be served per specialized funding sources
5. Other individuals seeking needed services

All individuals receiving services at HOPE will be treated with respect and dignity, and will be provided with information on the rights and opportunities to which they are entitled and which exist as expressed in the Consumer Rights and Responsibilities.

HOPE will provide a variety of best practices treatment methods to best meet the needs of the clients; additional services or methods will be implemented based on need assessments.

Based on the Needs Assessment, HOPE will have a fully staffed management team as appropriate for the size and needs of the clinic and staff plan. The management team could include: CEO, COO, Clinical Director, Project Director and a psychiatrist as Medical Directors. Additional members can be appointed

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as needed with changes to the clinic. The Medical Director will ensure the medical component of care and the integration of behavioral health and primary care.

Required Core Community Mental Health Services

- 1) Hope Community Services provides, at a minimum, the following services:
- 2) Screening, assessment and referral services;
- 3) Emergency services;
- 4) Outpatient therapy;
- 5) Case management services;
- 6) Psychiatric rehabilitation services;
- 7) Medication clinic services;
- 8) Service to homeless individuals;
- 9) Peer Support Services, and
- 10) Wellness Activities and Support.

Availability of Services

HOPE core services are available to individuals regardless of their work or school schedule. All services provided on an outpatient basis are routinely available at least forty (40) hours per week and will include evenings or weekends as requested by the population serviced. HOPE provide for hours in addition to 8:00 AM - 5:00 PM based the needs of the population serviced. This applies to the main CMHC location at 6100 S. Walker and the other following locations: 8125 S. Walker, 416 S.W. 79Th Street, and 1116 S.W. 59th Street. HOPE hours of operation are conspicuously posted on the front doors of all locations.

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5.02.00 ADMISSION TO SERVICES

All services provided on an outpatient basis would be available for at least 40 hours per week including evenings and weekends. Hours of operation of various programs are based upon the cultural, linguistic, and treatment needs of the client and community needs assessment completed every 3 years. The frequency of services will be determined based upon the individual's and family/caregiver input, assessment and preference. Based on the needs of the client(s) services will be offered in the agency, home or community. HOPE accepts a variety of payer sources including but not limited to:

- ODMHSAS
- DOC
- Medicaid
- Medicare
- Private Insurance
- Self-Pay

All fees and copays are due at the time services are rendered. New clients will meet with Welcoming Unit to verify insurance eligibility and any associated fees or copays.

A scope of program services are designed to offer a continuum of care to improve the community functioning and behavioral health and/or co-occurring issues of clients and their families. Clinical decision support mechanisms will be implemented following nationally published evidence-based guidelines for a mental health or substance abuse disorder, a chronic medical condition, an acute condition, a condition related to unhealthy behaviors, and well child or adult care.

Core services offered are Therapy/Supportive Counseling, Aftercare, Case Management, Youth Services, Psychiatric Rehabilitation, Peer Support Services, Wellness Services/Health Promotion, Care Coordination and Medication Clinic.

Persons admitted must have a diagnosable behavioral health and/or co-occurring disorder according to the ICD 10 and/or Diagnostic and Statistical Manual (DSM 5). The following populations are given priority for mental health services:

1. Persons who pose a danger to self or others
2. Persons being released from state psychiatric inpatient facility or OCCIC
3. Persons at risk for hospitalization
4. Individuals who are assessed as seriously mentally ill or identified as the target population to be served in the ODMHSAS contract
5. Other persons, as funding permits

The following populations are given priority for substance abuse services:

- Pregnant injecting drug users
- Pregnant substance abusers
- Injecting drug users
- Women with dependent children
- Persons with HIV/AIDS or Hepatitis C

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Individuals outside of the above listed priorities will be admitted on a service/space available basis or referred as appropriate.

HOPE reserves the right to deny services to otherwise eligible individuals/clients as follows:

1. Individuals/clients who are actively abusing drugs and/or alcohol to a degree that indicates a need for medical detox
2. Individuals/clients who are a danger to other clients and/or employees

Persons not accepted for admission or who do not meet eligibility criteria will be provided with referrals to other community agencies. No individual will be denied services, including but not limited to crisis management services, because of an individual's inability to pay. Behavioral health services will not be denied because of place of residence or homelessness or lack of permanent address.

PROCEDURES

Persons seeking services will initially be assessed in a face-to-face screening conducted by an Access Counselor to determine program eligibility. During the screening process, basic demographic information will be obtained (see request for services ICS Part I). In a face-to-face screening the staff shall make a complete assessment including behavioral, emotional, addictions, physical, social, recreational, vocational and clinical needs of the person requesting services. Information will be obtained from the consumer and with the consent of the consumer from other family members, significant other and/or other social service agencies. The facility will ensure children receive age-appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age appropriate screening and preventive interventions. Individuals shall be screened for tobacco use, and all tobacco users shall be educated on the benefits of quitting tobacco use. FDA approved tobacco cessation treatments shall be recommended to all consumers willing to quit tobacco use. A progress note shall be recorded for each visit or phone contact. Screening and access services shall include a complete assessment of each client including substance use, abuse, and dependence. The admission/screening paperwork will include the results of this assessment.

The individual completing the screening will ensure that all persons seeking services who have a co-occurring disorder are scheduled for an Addiction Severity Index (ASI) 5th edition or a more recent edition (or a TASI if applicable). All staff members responsible for determining level of care for co-occurring consumers will utilize the ASAM assessment tool. (See clinical privileging definitions for academic and training requirements) Persons who are in an emergency situation will be seen immediately and given priority over other persons. Every effort will be made to meet the person's needs on an outpatient basis. Persons who are a potential danger to themselves or others, or who are actively psychotic, will be referred for inpatient treatment. Emergency Orders of Detention will be initiated as appropriate.

The individual completing the screening will ensure that the consumer obtains, whether directly provided by the CCBHC or through a DCO, required primary care screening and monitoring of key health indicators and health risk provided by the facility shall not include but not limited to the following, as applicable:

1. Adult Body Mass Index (BMI) Screening and Follow-Up;
2. Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents;
3. Weight assessment and counseling for nutrition and physical activity for children/adolescents;
4. Blood pressure;

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5. Tobacco Use: screening and cessation intervention;
6. Screening for clinical depression and follow up plan;
7. Unhealthy alcohol use;
8. Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications;
9. Diabetes care for people with serious mental illness;
10. Metabolic monitoring for children and adolescents on antipsychotics;
11. Cardiovascular health screening for people with schizophrenia;
12. Adherence to mood stabilizers for individuals with Bipolar I Disorder;
13. Adherence to antipsychotics medications for individuals with Schizophrenia;
14. And Antidepressant medication management.

Children will receive Primary Screening and monitoring, at age 12 or older, unless a need is determined. Older adults will receive appropriate and preventative interventions.

If it is determined that an individual is ineligible for admission for services, the person will be given an explanation and be linked with appropriate services in the community. When appropriate, referral sources will be notified if the person requesting services is found ineligible for services. If it is determined that an individual is in need of medical services, linkage with routine medical care will be arranged.

Interim services are available for all individuals awaiting the formal access process. Services available include arrangement to continue prescribed psychiatric medications, a rehabilitation/support group offered Monday – Thursday, with individual services provided after the group as needed.

For the substance abuse population, referrals to agencies to provide counseling, information and education about HIV/AIDS, Hepatitis C, and tuberculosis (TB) are provided during the screening and intake. These agencies will also provide education regarding the risks of needle-sharing, the risks of transmission to sexual partners and infants, and education regarding steps that can be taken to ensure that HIV/AIDS, Hepatitis C, and TB transmission does not occur.

For pregnant women in the substance abuse population, referrals shall also include agencies who will provide counseling on the effects of alcohol and drug use on the fetus. Referrals for prenatal care will also be provided.

An assessment update, to include date, identifying information, source of information, present needs, present life situation, current level of functioning, and what consumer wants in terms of service, is acceptable only on re-admissions within one (1) year of previous admission.

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5.02.05 TREATMENT ADVOCATE

It is the policy of HOPE Community Services, Inc. to accommodate a request from each adult client receiving behavioral health and/or co-occurring treatment services to designate an individual external to HOPE as a treatment advocate for the client.

A treatment advocate is an adult the client has named to participate in their treatment planning and discharge planning. Treatment advocates are not employed with HOPE and may be a family member, friend, or other concerned individual (this may include individuals from organizations such as NAMI, DBSA, OCARTA, etc.).

All adult mental health clients being served by HOPE Community Services is informed by the LMHP or designated person that the client has the right to designate a family member or other concerned individual as a treatment advocate. The client will not be coerced, directly or indirectly, into naming or not naming a Treatment Advocate or choice of Treatment Advocate or level of involvement of the Treatment Advocate. Any individual so designated will at all times act in the best interests of the client and comply with all conditions of confidentiality. No limitation may be imposed on a client's right to communicate by phone, mail or visitation with his or her Treatment Advocate, except to the extent that reasonable times and places may be established. The Treatment Advocate may participate in the treatment planning and discharge planning of the person being served to the extent consented to by the client and permitted by law. The client and Treatment Advocate will be notified of treatment and discharge planning meetings at least 24 hours in advance. HOPE uses a Treatment Advocate Designation form that minimally includes:

- 1) the client's choice to name or not name a Treatment Advocate;
- 2) identify any specifically named person;
- 3) indicate the level of involvement the identified Treatment Advocate will have.
- 4) a space where the Treatment Advocate will indicate his or her intention of serving according to the client's specifications;
- 5) an agreement that the Treatment Advocate will comply with all standards of confidentiality; and
- 6) both the signature of the client and the Treatment Advocate.

Verbal confirmation of the written information proposed in the completed form is permitted until such time as the Treatment Advocate can be present to sign the designated form. The client may change or revoke the designation of a treatment advocate at any time and for any reason. A copy of the completed is given to the client and the treatment advocate. The original is maintained in the client's electronic record. The Treatment Advocate form is reviewed with the client at each point of treatment planning and treatment planning review to afford the client an opportunity for review and amendment.

PROCEDURE

HOPE will inform each client upon admission that they have the right to designate a treatment advocate, by sending home written information.

HOPE shall utilize the form "Designation of a Treatment Advocate" to document whether or not the client wants to identify an advocate:

IF the client does not wish to name an advocate:

- A note is made on the form and the client is asked to sign it.
- The original goes in the clinical record and a copy is given to the client upon request.

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5.03.00 OUTPATIENT THERAPY SERVICES

MISSION

To provide insight and behavioral oriented therapy for adults and youth to facilitate their recovery by resolution or reduction of emotional, behavioral, relationship and/or other substance abuse issues, or traumatic events that make their lives more challenging.

PHILOSOPHY

The program is designed for children and adult consumers who have all or most of their basic needs met and are willing to make appropriate changes to improve their quality of life. As such, the program shall be co-occurring disorder capable and facilitate a process for dual recovery for these individuals. HOPE supports and promotes a service environment for individuals in need of behavioral health and/or co-occurring that is recovery focused, culturally competent, welcoming, and attentive to the needs of individuals who may have experienced trauma in their lives. In the event that specialized services outside the expertise of the facility are required for purposes of outpatient treatment, the facility will make them available through referral or other formal arrangement with other providers or, where necessary and appropriate, through the use of telemedicine services. Therapy Program services are provided in the agency as well as client homes, schools, and other community facilities that have private areas to meet.

1. Evidence based or best practices could include, but not be limited to the following:
2. Cognitive Behavior Therapy (CBT);
3. Trauma Focused Cognitive Behavior Therapy (TF-CBT);
4. Collaborative Assessment and Management of Suicidality (CAMS);
5. Chronic Care Disease Management; and
6. Motivational Interviewing

SCOPE OF SERVICES

1. Individual Therapy
2. Group Therapy
3. Family Therapy
4. Psychological/psychometric evaluations or testing
5. Psychiatric assessments
6. Crisis Intervention
7. Initial Intake/Screening services
8. ASI assessments

Individuals requiring psychological/psychometric evaluations or testing, and psychiatric assessment will be referred to appropriate community resources.

The frequency of services will be determined based upon the individual's assessment and preference.

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5.03.01 INDIVIDUAL AND GROUP REHABILITATION SERVICES

PHILOSOPHY

Rehabilitation Services provide a safe physical and emotional environment in which individuals are treated with respect and dignity. Consumers can learn or enhance skills and behaviors aimed at recovery and allowing personal empowerment in all areas of their life. HOPE supports and promotes a service environment for individuals in need of behavior health and/or co-occurring services that are recovery focused, welcoming, and attentive to the needs of all individuals who participate in the program. Services are designed to address the unique needs of each individual and HOPE constantly strive to improve services offered. Cultural values, norms and ethnicity play an important role in recovery and are sources of strength and enrichment for the members. Staff makes conscious and consistent efforts to eliminate labeling and discrimination, particularly discrimination based upon a disabling condition. The involvement and partnership of persons receiving services and family members is an essential ingredient in the process of rehabilitation and recovery.

IDENTITY OF THE PROFESSIONAL STAFF THAT PROVIDE THESE SERVICES

Staff are trained on evidenced based practices for dealing with special populations. Staff are knowledgeable of community resources and services that serve specific populations.

PROGRAM GOALS

Goal: Education to enhance the understanding of the consumer regarding their psychiatric disorder or behavior health needs, and enhance the quality of life for each person receiving services.

Goal: Re-develop social skills via activities which encourage interaction, communication, and interpersonal skills to re-establish roles in the community.

SERVICES to be provided to achieve the program objectives:

- Medication education;
- Self-management education;
- Community integration services;
- Recovery support services including Illness Management
- Financial management education;
- Dietary and wellness education;
- Face to face interaction between members and staff
- Group Rehabilitation
- Psycho educational classes (14:1 Member: Staff Ratio) Crisis Intervention
- Individual Rehabilitation
- and other services referenced in the CCBH Manual.

Evidence based and best practices include but not be limited to: (1) Individual Placement and Support (IPS) supported employment; (2) Illness Management & Recovery (IMR) and Enhanced Illness Management & Recovery (EIMR); (3) Housing First Philosophy; and (4) Matrix model components, including contingency management.

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The provision of behavioral health rehabilitation services meet the requirements set forth in OAC 450:17-3 Part 15 and are made available to all consumers, as appropriate and identified in the individual service plan

ADMISSION CRITERIA

- Adult and children who have a mental illness, who have co-occurring disorders or who have special behavioral health needs
- Clients who have limited social support systems
- Clients who need to develop social skills

EXCLUSIONARY CRITERIA

Those individuals who are currently violent, aggressive, or disruptive in their behavior or who cannot benefit from the program may be excluded in participation until such behavior issues are resolved or treatment is sought.

MEDICATION IN THE PSYCHIATRIC REHABILITATION SERVICES

All members attending the program are encouraged to take their medications as prescribed. It is understood that at times this may mean that the consumer will need to take medication during program hours. It is the responsibility of consumer to bring any needed medications to the program and to take the medication at the correct time. Staff may prompt members to take needed medications, but they will not dispense or administer any medication to the members.

For individuals coming from a Residential Care Facility, the Residential Care Facility is responsible for sending any medications that the members will need to take during the time that the member is attending the program.

These medications will be stored in a locked container until such time as the medications are to be taken. A staff member will prompt the residential care facility members to pick up and take their medications. At this time the locked container where the medications are being kept will be unlocked by the PSR staff and the residential care members will retrieve their specific medications from the locked container. A staff member who is familiar with the members' identities will observe the retrieval of the medications to ensure that the members retrieve the correct medications. At no time will the staff person dispense or administer any medications to the members. Once prompted, it is the members' responsibility to take their medications as prescribed.

CORE PRINCIPLES

1. Recovery is the ultimate goal of psychiatric rehabilitation.
2. Psychiatric rehabilitation practices help people re-establish normal roles in the community and their integration into community life.
3. Psychiatric rehabilitation practices facilitate the development of personal support networks.
4. Psychiatric rehabilitation practices facilitate an enhanced quality of life for each person receiving services.
5. People have the capacity to learn and grow.
6. People receiving services have the right to direct their own affairs, including those that are related to their psychiatric disability.

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5.04.00 MEDICATION SERVICES

Medication clinic services ensure that clients are being treated with behavioral health medications through assessment of the individual's condition and needs, and assessment of the effectiveness of current medications. HOPE supports and promotes a service environment for individuals in need of behavioral health and/or co-occurring services that is recovery focused, welcoming, and attentive to the needs of individuals who may have experienced trauma in their lives.

SCOPE OF SERVICES

1. Physician, Physician Assistant, and/or Nurse Practitioner review and prescribe medication(s) based on knowledge of treatment guidelines and state of the art pharmacotherapy and co-occurring disorders
2. Provide information to the individual on the risks and benefits of specific medication in order for the individual to make informed decision (consent) to take the medications
3. Coordination with other health care providers – both in organization and community at large
4. Ordering of lab work as indicated based on medications prescribed
5. Crisis intervention
6. Diagnosis, treatment planning and review
7. Referral to Primary Care Physician or other resources for health and wellness related issues
8. Education of client, family/significant other, and staff, as indicated, regarding medications including:
 - The biological principles associated with pharmacotherapy
 - The risks associated with each medication
 - The intended benefits
 - Side effects
 - Contraindications
 - Appropriate knowledge of adverse interactions between multiple medications and food/exercise
 - Risks associated with pregnancy
 - The importance of taking medications as prescribed
 - The need for laboratory monitoring
 - The rationale for each medication
 - Alternatives to the use of medications
 - Alternative medications
 - Early signs of relapse
 - Signs of non-adherence of medications prescriptions
 - Potential drug reactions when combining prescription and non-prescription medications, including alcohol, tobacco, caffeine, illicit drugs, and alternative medications
 - Instructions on self-administration, when applicable
 - The availability of financial supports and resources to assist the persons served with handling the costs associated with medications
 - Health factors including review of tobacco use and referrals for prevention and cessation programs
 - Screen and evaluate for co-existing medical disorders

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The frequency of services will be determined based upon the individual's assessment.

Medication clinic staff provide evaluation and assessment of medication prescribed and/or administered, medication errors, and drug reactions. Staff work in conjunction with the client, and their family/significant other, and primary clinician to develop a pharmacological plan that allows the client to function while decreasing symptoms and this plan is integrated into the client's overall recovery plan (treatment plan).

PROCEDURES

Medication clinic will be operated on a regular basis by staff physician(s), physician's assistant, or nurse practitioner (referred to as physician through remainder of the policy). All clients must be seen a minimum of once every four months or more often as indicated.

Medication appointments are scheduled through the appropriate administrative support staff. Primary clinicians are notified of any failed appointments in order to follow up with the client to encourage and facilitate their compliance, and assist in rescheduling the client.

All applicable local, state, and federal laws and regulations pertaining to medications and controlled substances are adhered to.

On admission to HOPE, information on past medication use, co-existing medical conditions, and use of alcohol or illicit drugs is obtained maximizing recognition of the prevalence of co-occurring disorders. This information is updated as indicated.

The physician will evaluate the client for side effects, educate the client on the benefits and side effects of medication. Client's verbal consent is obtained and documented prior to starting any non-neuroleptic medications. A signed Informed Consent for Treatment with Medications is obtained prior to beginning any medications, and yearly thereafter. Clients on neuroleptic medications are evaluated for abnormal involuntary movements at initiation of treatment and each subsequent visit.

Vital signs are taken at each appointment with the physician and recorded in the client chart. Laboratory tests will be ordered by the physician, as indicated. Results are maintained in the client chart. Medication clinic staff will collaborate with the primary clinician in linking the client with services for any medical problems/conditions.

The physician is available for consultation 24-hours per day, seven days a week. In case of a medication error or drug reaction, the physician will be notified and the incident report will be completed. In emergency situations related to the use of medications the client is referred to the nearest emergency room.

No over-the-counter medications are provided to clients, including ASA, Tylenol, etc. for headaches.

Women of childbearing age are informed of the risk to the fetus if they become pregnant and encouraged to let the physician know if they plan to become pregnant. Women who are on medications and are pregnant are scheduled to see the physician in order to determine whether or not to continue medications. Any medications provided during pregnancy will only be prescribed after the client has been informed of the risk to the fetus and signed an informed consent.

All areas where medication is stored, administered, or prescribed will post the poison control number by the telephone.

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Medication clinic, error rates

Hope performance improvement program specifically, objectively, and systematically monitors medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of consumer care. Medication administration errors are monitored through critical incident reports and reviewed monthly, quarterly, and annually. When a medication error is identified through quality improvement, this is reviewed for antecedents and an action plan is developed through the Safety Committee.

Pharmacy Services

HOPE provides specific arrangements for pharmacy services to meet clients' psychiatric needs. Provision of services may be made through agreement with another program, through a pharmacy in the community, or through the HOPE's own Oklahoma licensed pharmacy.

5.08.00 CONSUMER RIGHTS AND APPEALS

The client's personal dignity shall be recognized and respected in the provision of all treatment and related services. All clients receiving outpatient services shall have and enjoy all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process of law by a court of competent jurisdiction. Each facility either operated by, or certified by, or under contract with ODMHSAS providing outpatient behavioral health or substance abuse services shall insure clients have the rights specified below.

HOPE assures that no person shall, as provided by Federal and State civil rights laws, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. HOPE Community Services, Inc. further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

All clients are provided with a synopsis of their rights as set forth in OAC 450:15-3-6 through OAC 450:15-3-27, and if requested the full Mental Health and Drug or Alcohol Abuse Services Bill of Rights, OAC 450:15-3-25. If the client cannot understand the language in the synopsis, an oral explanation of the synopsis will be given to the client in a language the person can understand. The synopsis is included in the client handbook, which is given to all new clients, and a copy is also given to each client annually thereafter.

Notification of the Bill of Rights

(a) Each client, upon admission to a HOPE Community Services, is notified of rights guaranteed by the Bill of Rights.

(1) If the consumer is a minor, his parent or legal guardian will also be informed.

(2) If the client has a court ordered guardian, the guardian will be informed.

(b) Notification shall be accomplished by:

(1) Providing the client with a synopsis, as set forth in OAC 450:15-3-27 and, if requested, the full Mental Health and Drug or Alcohol Abuse Services Bill of Rights, OAC 450:15-3-6 through 450:15-3-25. If the consumer cannot understand the language in the synopsis, an oral explanation of the synopsis shall be given in a language the person can understand; and the provision of the Mental Health and Drug or Alcohol Abuse Services Bill of Rights shall be documented in the consumer's record and signed by the person giving the synopsis or explanation; and

(2) Posting the synopsis of, or the full Mental Health and Drug or Alcohol Abuse Services Bill of Rights, in a conspicuous place in each consumer living area, and in area(s) of the facility receiving consumers, visitors and the public.

(c) HOPE will not have internal operating procedures more restrictive than the Mental Health and Drug or Alcohol Abuse Services Bill of Rights. Every client will be notified of HOPE's procedures with which he or she is expected to comply, and consequences for non-compliance. (d) Employees and volunteers are oriented regarding clients' rights and the constraints outlined in the Bill or Rights.

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5.11.00 CRITICAL INCIDENT REPORTING AND DEBRIEFING

Any sentinel event, incident, or occurrence outside the normal operations of the organization that is potentially, or in fact, of a libelous nature will be reported and documented in writing to ensure a proper course of action is taken. It is also policy that prior to involving law enforcement, media, and/or third parties where litigation may result against a consumer, a staff member or the organization, that the Chief Executive Officer must be involved prior to reporting the incident to outside agencies so that proper legalities may be set in place.

HOPE Community Services will maintain written policies and procedures requiring documentation and reporting of critical incidents and analysis of the contributors to the incident to ODMHSAS.

The documentation of critical incidents contain, at a minimum:

- a) Facility name and signature of the person(s) reporting the incident;
- b) Names of the consumer(s), and/or staff member(s) involved;
- c) Time, date, and physical location of the incident;
- d) Time and date incident was reported and name of person within the facility to whom it was reported;
- e) Description of incident;
- f) Severity of each injury, if applicable. Severity shall be indicated as follows:
 - No off-site medical care required or first aid care administered on-site;
 - Medical care by a physician or nurse or follow-up attention required; or
 - Hospitalization or immediate off-site medical attention was required;
- g) Resolution or action taken and date resolution or action was taken; and
- h) Signature of the HOPE's Chief Executive Officer, or designees of the CEO. Designees shall be identified in the facility's policy and procedures.

Critical incidents are reported to ODMHSAS with specific timeframes, as follows:

- 1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax, or ODMHSAS designated electronic system, to ODMHSAS within seventy-two (72) hours of the incident.
- 2) Critical incidents involving allegations constituting a sentinel event or consumer abuse shall be reported to ODMHSAS immediately via telephone or fax, but within not more than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours of the incident.

Critical Incidents include, but are not limited to the following:

<i>Unexplained Death</i>	The cause of death does not seem to be natural or immediately explainable
<i>Natural Death</i>	The death appears to be the result of a medical emergency or known pre-existing physical condition
<i>Accidental Death</i>	The death does not appear to be the result of natural causes, but the cause seems explainable. For example, the client is fatally injured in a fall.

5.14.00 CASE MANAGEMENT

Case Management Services

Hope is responsible for high quality targeted case management (TCM) services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. TCM will include supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an emergency department or psychiatric hospitalization, as outlined in the provider's suicide care pathway. The provision of TCM meet the requirements set forth in OAC 450:17-3 Part 11 and are made available to all consumers as appropriate and identified in the individual service plan.

Philosophy

Case Management serves persons identified as needing active assistance in accessing community resources due to a mental health disorder, co-occurring disorder and/or substance use problems. Case Management efforts shall empower the clients to access and use needed services and meet self-determined goals. Receipt of this service will decrease the level of impairment and improve the quality of the individual's life.

Service Description

Case management efforts will empower HOPE clients to access, and use needed services and meet self-determined goals. These services include resource skills development and client advocacy provided in various settings based on client need.

Case management services are offered to all adults who have a Serious Mental Illness and, to each Child (or their parent/guardian) with Serious Emotional Disturbance.

Case management are co-occurring disorder capable and culturally appropriate.

Case management services are planned referral, linkage, monitoring and support, and advocacy assistance provided in partnership with a client to support that client in self-sufficiency and community tenure.

Case management activities include:

- 1) Completion of strengths-based assessment for the purpose of assisting in the development of an individual plan of care;
- 2) Development of case management care plan, which can be integrated into the existing individual plan of care;
- 3) Referral, linkage and advocacy to assist with gaining access to appropriate community resources;
- 4) Contacts with other individuals and organizations that influence the recipient's relationship with the community, i.e., family members, law enforcement personnel, landlords, etc;
- 5) Monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress;
- 6) Follow-up contact with the client if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and

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- 7) Crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist clients(s) from progression to a higher level of care.

Case Management Services, Local and Frequency

Case management services are provided within community settings; the residence of the client; or any other appropriate settings, based on the individual needs of the client. Contact with clients shall be made on at least a monthly basis unless otherwise specified in the service plan.

Case management services for clients admitted to higher levels of care

HOPE case managers maintain contact with existing CMHC/CCBHC clients and establish contact with newly referred persons who are receiving services in inpatient psychiatric settings, Community Based structured Crisis Centers, (CBSCC), Urgent Recovery Centers (URC), or 24-hour settings providing substance use disorder treatment.

HOPE assigns at least one (1) staff member who is responsible for linkage between psychiatric inpatient units, CBSCCs, and/or the substance use disorder treatment facility and the CMHC/CCBHC. Linkage shall include, but not limited to, the following activities, pursuant to appropriately signed releases and adherence to applicable privacy provisions:

- 1) Regular visits or communication with the psychiatric inpatient unit, CBSCC, and/or substance use disorder treatment facility to monitor progress of those clients hospitalized and/or in facility-based substance use disorder treatment from the CMHC/CCBHC's service area.
- 2) Provide knowledge and communication to other CMHC/CCBHC staff regarding psychiatric inpatient unit admission, CBSCC and/or substance use disorder treatment facility and discharge procedures.

Case managers from HOPE to which the client will be discharged assist the client and psychiatric inpatient unit, CBSCC, and/or substance use disorder treatment facility with discharge planning for clients returning to the community.

Individuals discharging from an inpatient psychiatric unit setting, CBSCC, and/or substance use disorder treatment facility, who have not already been engaged, are offered case management and other supportive services. This occurs as soon as possible but shall be offered no later than seventy-two (72) hours post-discharge.

Case management services, staff credentials

HOPE clinicians providing case management services must be a LBHP, licensure candidate, CADC or certified as a behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

Hope case manager supervisors are a certified behavioral health case manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50 if this person directly supervises the equivalent of two (2) or more FTE certified behavioral health case managers who provide case management services as part of their regular duties. A facility supervisor certified as a behavioral health case manager prior to becoming a HOPE supervisor will meet this requirement if acceptable documentation of certification has been provided to the ODMHSAS.

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Serving Individuals and Families with Co-Occurring Disorders

It is HOPE's goal to be highly responsive to the multiple and complex needs of persons and their families experiencing co-occurring mental health and substance use disorders, in all levels of care, across all treatment programs, and throughout all phases of the recovery process (e.g., engagement, screening, assessment, treatment, rehabilitation, discharge planning, and continuing care). When appropriate client's family will be an active participant in the screening, intake, and assessment process.

Trauma Informed Services

- 1) HOPE subscribed to the following trauma informed principles:
- 2) Provide an environment that ensures physical, emotional and interpersonal safety;
- 3) Engage the client as an equal partner;
- 4) Promote client empowerment;
- 5) Have employees that are knowledgeable and trained in the trauma-informed model;
- 6) Provided services in a holistic, contextual, and strengths based manner;
- 7) Be integrated on an individual, system-wide, policy, and funding level;
- 8) Educate stakeholders and the community at large about the needs of trauma survivors.

Goals/Objectives

Clients will increase level of functioning as evidenced by the ability to meet basic needs in vocational and residential environment and the development of a social support network. This service will decrease psychiatric hospitalizations and/or residential substance abuse treatment, and therefore, increase days-per-year that the client is in the community.

- 1) 50% will show an improvement in their #9 CAR Score.
- 2) Reduce number of crisis interventions.
- 3) 20% increase in the number of clients receiving case management.
- 4) 85% positive rating on survey indicators.
- 5) Case Managers will meet agency productivity standards.

Special Populations

HOPE's case management services serve individuals with mental health, substance abuse or co-occurring mental health and substance abuse disorders who are at varying stages throughout their life span. Services are specific to the developmental stage and needs of the individual. HOPE provides treatment in the office as well as home, schools and other settings in the community. This is done with an emphasis on a welcoming environment and conveying a recovery oriented hopeful message. HOPE has resources available to assist in meeting the accessibility needs of special populations (e.g., hearing or visually impaired, physically disabled). During the initial contact with the agency, persons seeking services are asked if they need special accommodations. If, during the course of treatment, a client indicates a need not previously identified, the clinician documents the new information in the chart and helps the client obtain the appropriate service. Clients will not be denied services based solely on the presence of current or recent substance use.

Resources

HOPE ensures that the appropriate resources are available to carry out the goals of the case management program. Each case manager will have a private office, appropriate materials, and adequate time to carry out their duties according to the needs of the clients.

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Supplies needed for the continuous operation of case management are ordered through the HOPE purchasing office and financial office.

Admissions Criteria

Case Management services shall be co-occurring disorder capable and made available to all HOPE clients who have a serious mental illness or severe emotional disturbance.

Exclusionary Criteria

Those who are functioning at a level that does not require assistance are not eligible for Case Management services. HOPE will not place barriers to entry based solely on the presence of current or recent substance use.

Service Planning

Case managers develop a case management service plan based on the completion of strengths-based assessment and the needs of the individual and family when appropriate. The Case Manager encourages active involvement of the client in treatment plan development and monitoring for an ongoing determination of needed services. The service plan incorporates needed referral services to address identified client needs; be developed jointly with the client and addresses the frequency of case management services. Progress toward goals and objectives are continually monitored with a planned review of treatment at a minimum every 6 months. The service plan can be reviewed at any time if significant events or changes have occurred which need to be addressed. Contact with the client shall be made on at least a monthly basis unless otherwise specified in the service plan.

Case Management Activities

- 1) Accept referral forms from other programs for Case Management specifics. When received, contact the consumer to assess case management needs and develop a plan with the consumer based on the completion of strengths-based assessment.
- 2) Provide a referral network of services within the community for consumers and families.
- 3) Act as an advocate with consumers in obtaining needed resources, including transportation if needed.
- 4) Develop discharge/transition plan with the consumer when discharging from HOPE including referral to appropriate agencies and follow up on these referrals.
- 5) Complete all required paperwork.
- 6) Attempt to meet with the consumer at least one time per month, unless otherwise noted in the service plan to monitor progress or provide case management services.
- 7) Document in the case record of the consumer, the inability to make face-to-face contact with consumer, including all phone calls and attempted home visits.
- 8) Provide for emergency services and emergency assistance.
- 9) Provide outreach/support to engage persons served in participating in the development of their individual plans and involvement in recommended services.
- 10) Provide coordination/assistance in crisis intervention/stabilization, as needed.
- 11) Assist persons served to achieve their objectives and maximize their independence and productivity through support and training in the use of personal and community resources.
- 12) Assist persons served in securing safe housing which is appropriate for their preference, abilities, and level of functioning
- 13) Assist persons served in exploring employment or other meaningful activity

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- 14) Assist in development of community linkages.
- 15) Assist persons served in increasing social support networks of relatives, significant others, friends and/or volunteer organizations that ameliorate life stresses from their psychiatric disabilities.
- 16) If necessary, accompany persons to activity sites or assist them in arranging for needed transportation.
- 17) Assist persons served with daily living activities including, but not limited to, budgeting, meal planning, personal care, housekeeping, financial services, home maintenance and other identified needs.
- 18) Coordinate with schools when needed.
- 19) Coordinate and collaborate with medical services received by the consumer, as needed.
- 20) Provide consumer and family with information about local advocacy and consumer groups.
- 21) Provide educational materials/resources for consumers and family members regarding medications, mental illness, substance abuse and related issues.
- 22) Follow-up contact with the consumer if they miss any scheduled appointments.
- 23) Crisis diversion to assist consumer from progression to a higher level of care.

Training

Case Managers must meet the training requirements as determined by their supervisor and the Human Resources Director. In addition, the following training requirements apply:

- 1) Case Managers will receive in-service training as provided by the agency.
- 2) Case Managers will complete required annual CEUs to renew certification.
- 3) Case Managers will receive periodic review of safety issues.
- 4) Case Managers will receive periodic review of procedures for handling crisis situations.
- 5) Case Managers will receive training regarding the needs of special populations and those with multiple disabilities/disorders.
- 6) Case Managers will follow the Rules of Professional Conduct.

Treatment Team Meetings

Program-staff meet on a regular basis to coordinate on services, discuss individual member needs, program outcomes, and ways to improve the program. Disposition/Treatment Teams are available to staff problematic cases. Supervision of program staff is available to address treatment/service effectiveness and treatment/service intervention.

Safety Guidelines for Home Visits

Always call the client before going to the appointment if possible and feasible. While talking on the phone:

- 1) Listen for the mood of the client;
- 2) Listen for background noise or conversation; and,
- 3) Be sure to confirm who will be at the home when you arrive.

Check out the neighborhood, drive around the block once or twice to familiarize yourself with the area. Be alert to what neighbors are home and be alert to strange cars at the client's home.

Park your car in the street, not in the driveway. Park your car just before or just after the client's home. This gives you a chance to observe the home before you approach. You may wish to lock your purse or belonging in the trunk of your car.

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As you approach the client's home, be alert to loud voices coming from the house. You do not want to walk into a conflict. If you hear loud voices or noises, you may wish to return to your car and use your cellular phone and call the client's home to check out the situation. If for any reason you feel uncomfortable, reschedule the appointment or ask the client to meet you in a neutral setting. Call your Program Supervisor or fellow co-worker for consultation if you are unsure how to proceed.

As you approach the front door of the home, stand to the side of the door. If someone runs out of the door, you do not want to be in his/her path. Knock or ring the bell, never just walk in regardless of how familiar you are with the client. Wait for the client to escort you in, even if they call you to come in.

Once in the home, wait for the client to direct you to a seat, or ask where they would like you to sit. Try to sit where you can see the whole room, with your back to the wall. Once seated, look around the home to notice who is where and what objects are in your path to the door. Notice the layout of the house; you may feel more comfortable noting exits and entrances to the room where you are seated.

If the television or radio is on, do not turn it off. Ask if it can be turned down or off during your visit. Remember, you are the guest.

If an argument begins or a situation arises when you begin feeling unsafe, you are under no obligation to remain. However, you may feel the need to defuse a situation, so here are some tips. Stay cool. State verbally that you wish members to stay calm. Separate members, if possible. You might ask a member to accompany you outside. Be clear with all members, stating your intention of taking a member with you and why. If violence or the threat of violence occurs, you can state you will phone the police if necessary. You may want to leave and phone the police and phone your Program Supervisor for a consultation. Always take every precaution to protect yourself.

If the case manager believes there are illicit drugs in the home, the worker is to notify the Program Supervisor immediately.

If any client/family member has threatened suicide/homicide ask parents or other family member about the availability of weapons or access to means of ending life. You may ask that no weapons be kept in the house. Suggest that the family decide to lock up or store weapons away from the house. Ask if medications that could be used in a suicide be locked up.

HOPE's mobile crisis team can be contacted should a crisis develop or escalate.

5.15.00 EMERGENCY SERVICES

Emergency services

- 1) HOPE provides, on a twenty-four (24) hour basis, accessible co-occurring disorder capable services for substance use disorder and/or psychiatric emergencies.
- 2) This service includes the following:
 - a) 24-hour assessment and evaluation, including emergency examinations;
 - b) Availability of 24-hour inpatient/crisis center referral and crisis diversion/intervention;
 - HOPE staff are actively involved in the emergency services and referral process to state-operated psychiatric inpatient units, crisis centers and urgent recovery clinics.
 - Referral to state-operated psychiatric inpatient units by HOPE occur only after all other community resources, including crisis centers and urgent recovery clinics, are explored with the individual and family if family is available.
 - Prior notification to and approval from the state-operated psychiatric inpatient unit of all referrals from HOPE is required.
- 3) HOPE provides availability of assessment and evaluation in external settings unless immediate safety is a concern. This includes but not be limited to schools, jails, and hospitals;
- 4) HOPE provides referral services, which include actively working with local sheriffs and courts regarding the appropriate referral process and appropriate court orders (43A O.S. §§ 5-201 through 5-407);
- 5) Should HOPE to serve multiple counties, we will provide or arrange for face-to-face assessment of persons taken into protective custody [43A O.S. § 5-206 et seq.] in each county;
- 6) HOPE's emergency telephone response time shall be less than fifteen (15) minutes from initial contact, unless there are extenuating circumstances;
- 7) Face-to-face strength-based assessment, unless there are extenuating circumstances, addressing both mental health and substance use disorder issues which, if practicable, include a description of the client's strengths in managing mental health and/or substance use issues and disorders during a recent period of stability prior to the crisis;
- 8) Intervention and resolution; and
- 9) Access to an evaluation. No barriers to access of an evaluation based on active substance use or designated substance levels will be implemented unless HOPE is provided written justification approved by ODMHSAS Provider Certification.

Emergency examinations

HOPE provides or otherwise ensures the capacity for performing emergency examinations. This capacity is available 24 hours per day, seven days a week.

Emergency examinations, staffing

HOPE ensures that staff providing emergency examinations is an LMHP as defined in 43A O.S. § 1-103 and meets the Hope's privileging requirements for the provision of emergency services, which includes core competency in emergency evaluation of co-occurring disorders.

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5.16.00 CLINICAL SUPERVISION

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

Clinical supervision is a vital component of the provision of quality treatment. Clinical supervision is provided for those delivering direct services and is provided by individuals knowledgeable of clinical services as determined by the program and/or type of services provided. HOPE has established written policies and procedures, operational methods, and documentation for the provision of clinical supervision for all direct treatment and service staff. Clinical supervision will be in the form of clinical consultation from a qualified service provider in the same related field.

Credentials for Clinical Supervision of Licensed or Under Supervision – The clinical supervisor will have a minimum of a master’s degree in a mental health and/or substance use related field with current licensure (i.e., LADC, LPC, LCSW, LMFT, etc.) and one-year experience in the provision of substance abuse and mental health treatment in a residential, outpatient, or other clinical setting.

Credentials for Clinical Supervision of Case Managers and PRSS – The clinical supervisor will have a minimum of a bachelor’s degree in a mental health related field with current certification as a Case Manager II and one-year experience in the provision of substance abuse and mental health treatment in a residential, outpatient, or other clinical setting or a Case Manager I with three-years’ experience in the provision of substance abuse and mental health treatment in a residential, outpatient.

Frequency of Case Reviews – Case reviews can be conducted with clinical staff during weekly treatment team meetings, scheduled case consultations, and as needed, individually with treatment and service providers.

Method and Time Frames for Supervision – LBHPs, master’s level under supervision for licensure and case managers will receive weekly supervision from a clinician qualified to be a clinical supervisor. Supervision can occur in weekly treatment team meetings, daily huddles, shift change meetings, weekly individual supervision, and case consultations as needed.

The supervision of case managers and peer recovery support specialists can occur through monthly group trainings, weekly treatment team meetings, shift change meetings, daily huddles, and individual case consultations as needed.

Auxiliary services (maintenance, transportation, receptionists, housekeeping, etc.) will receive group in-services that includes education and consultations, as needed.

Clinical supervision is documented on the Clinical Supervision Form and sign-in sheets. Documentation of clinical supervision is maintained by the Clinical Director.

Ongoing clinical supervision will address:

- Accuracy of assessment or referral skills;
- The appropriateness of treatment selected for the patient, which may include but is not limited to, theoretical orientation, type of service, and technique of service;
- Treatment effectiveness as reflected by the patients meeting their individual goals;
- Risk factors for suicide and other dangerous behaviors;

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- Issues related to ethics, legal aspects of clinical practice or professional standards;
- Clinical documentation issues;
- Ethnic and cultural issues; and
- The provision of feedback that enhances the clinical skills of service providers. Feedback may be in the form of education, role modeling, etc.

Clinical supervision will fulfill the following functions:

- Teacher: Assist in the development of counseling knowledge and skills by identifying learning needs, determining therapist's strengths, promoting self-awareness, and transmitting knowledge for practical use and professional growth;
- Consultant: Case consultation, monitoring performance and assessing therapists;
- Coach: Providing support and encouragement; and
- Mentor: Teaching through role modeling and facilitating professional development.

The Chief Clinical Officer and Clinical Director are responsible for ensuring supervision and oversight of clinical staff at all locations.

The Chief Clinical Officer's work schedule will allow for the following:

- 6100 S. Walker Avenue – 5 days weekly

The Clinical Director's work schedule will allow for the following:

- 8125 S. Walker Avenue – 3 days weekly
- 416 SW 79th Street – 2 day weekly
- 1116 SW 59 Street – 1 day weekly

Should either the Chief Clinical Officer or Clinical Director be out of the office (sick, vacation, etc.), a designated licensed mental health professional with no less than one-year experience in the provision of substance abuse and mental health treatment in a residential, outpatient, or other clinical setting can be used to provide temporary coverage.

24 Hour Access to Clinical Supervision and Consultation – HOPE will have a clinical supervisor on-call 24 hours a day, seven days a week. Should clinical issues arise during times in which clinical staff are not at the facility, employees will immediately contact the on-call clinical supervisor. The on-call clinical supervisor schedule will be posted on SharePoint and updated regularly by the Clinical Director.

Clinical Supervision for Licensure

HOPE Community Services, Inc. (HOPE) will provide qualified supervision and/or license fee assistance needed to obtain license (LPC, LCSW, LMFT, LADC, etc.) HOPE Chief Executive Officer (CEO) and/or Chief Operating Officer (COO) will have the final approval of the designated supervisor.

HOPE shall provide the employee with access to their designated licensing requirement at a rate approved by the CEO that is fair market value. Employees that choose to take advantage of this program will be required to agree and sign an agreement with HOPE that specifies the terms.

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5.17.00 COMMUNITY LIVING PROGRAMS

(a) HOPE's Community living programs are co-occurring disorder capable and include at least one of the following two types of supportive housing options for persons not in crisis who need assistance with obtaining and maintaining an independent living situation:

- (1) Transitional housing; or
- (2) Permanent Supported housing;

(b) HOPE's Community living programs maintain staffing numbers, composition, training, and expertise to sufficiently supervise, provide, and maintain the services as defined in the program's goals and objectives and to ensure the safety of residents. A community living program shall have written policies and procedures specifying how, and by whom, the following services shall be performed:

- (1) Medical treatment for residents on both emergency and routine bases;
- (2) Mental health and substance use disorder services on both emergency and routine bases;
- (3) Daily living, social and occupational evaluation and progress planning;
- (4) Daily living and social skills training;
- (5) Occupational and vocational training;
- (6) Assistance to residents in locating appropriate alternative living arrangements as clinically indicated or requested by resident or as part of program completion or graduation;
- (7) A mechanism for orientation and education of new residents, which shall include, at least:
 - (A) Emergency procedures including fire, health and safety procedures;
 - (B) Resident rights and responsibilities; and
 - (C) Program expectations and rules; and
- (8) Assistance to residents in accessing community resources including but not limited to rental assistance and other benefits.

(c) HOPE will maintain documentation indicating that each resident has received orientation and education on emergency procedures, resident rights and responsibilities, and program expectations and rules.

(d) To ensure a safe and sanitary environment for residents, HOPE ensures the following for all owned and/or managed housing facilities:

- (1) The apartment or house and furnishings will be in good repair, and free of unpleasant odors, and insect and rodent infestations.
- (2) The apartment or house will contain safe heating and air conditioning systems, which are in proper working condition. Each apartment or house shall have an annual fire and safety inspection by the State or local Fire Marshal's office.

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5.18.00 GENERAL SERVICE PROVISIONS

(a) As a CCBHC, HOPE will provide the following services:

- (1) Screening, assessment and treatment planning;
- (2) Crisis Services (24/7 walk-in crisis clinic or urgent care);
- (3) Outpatient behavioral health services;
- (4) Outpatient primary care screening and monitoring;
- (5) Case management;
- (6) Psychiatric rehabilitation;
- (7) Peer and family supports;
- (8) Intensive community-based outpatient behavioral health care for members of the US Armed Forces and veterans;
- (9) Coordination and services for persons discharging from jail and, when possible, persons discharging from prison;
- (10) Extensive outreach and intensive community-based outpatient behavioral health care for historically disadvantaged populations and older persons to ensure consumers served are representative of the communities served; and
- (11) Individual Placement and Support (IPS) Services.

(b) Certain services may be provided either directly by HOPE or through formal relationships with other providers. Whether directly supplied by HOPE or by a Designated Collaborating Organization (DCO) through a formal arrangement, HOPE is ultimately clinically responsible for all care provided. HOPE will ensure DCO-provided services for HOPE's clients meet the same quality standards as those provided by agency.

Strategic Plan Update

Date 2024



Hope Mission:

To empower an engaged workforce to provide great access to holistic behavioral healthcare in our community.

Vision for 2024:

To create efficiency in every aspect of our business using technology and leadership initiatives.

Risks:

- Workforce issues continue to be an issue, specifically hiring therapists.
- Managed care starts in April 2024. This could cause a change in our funding.
- Our Electronic Health Records conversion happens in the first quarter of 2024. This could also delay payments.
- Changes in our CFO position has caused our accounting department to run behind on audits and EOY closeouts.

Ongoing Strategic Yearly Deadlines

Due	Task
12-2024	Send out Stakeholder Surveys
12-2024	Provide 4 Cultural Competency trainings
2-2024	Develop Operating Budget
4-2024	Capital improvement plan/budget, Accessibility plan, Risk Assessment, and Technology Plan will be developed, and board approved
12-2024	Safety Committee will meet eight times
Ongoing	Strategic Plan and Program Monitors reviewed quarterly in Leadership team
7-2024	Conduct Employee Survey

Strategic Goal #1 Increase Employee Engagement and Decrease Turnover by 10%

Key Initiatives	Responsible Party	Tasks	Priority
A. Restructure Employee Orientation and Training to implement by 6-1-24.	Director of Learning and Development	Training committee will meet weekly to develop a comprehensive orientation and onboarding plan	High Mandatory Priority
B. Develop and implement clinical and administrative supervision plan promoting employee engagement through improved communication and consistent feedback by 9-30-24.	Chief Clinical Officer	Committee will meet to complete and implement new plan	Moderate Mandatory Priority
C. Enhance the capabilities and effectiveness of our leadership team by investing in leadership training for at least 50% of our mid to senior level managers by 12-31-24.	Chief Executive Officer	Research and enroll in leadership trainings. Allocate sufficient resources, including time and budget, to develop and deliver training program(s).	Moderate Optional Priority
D. Restructure Employee Council to help refine recognition and appreciation initiatives by 12-31-24	Director of Consumer Services	Work as advisor to the council to shore up calendar for the year	Moderate Mandatory Priority
E. Develop a benefits program that aligns with the evolving needs of our diverse workforce, promotes employee well being, and enhances our competitive position in the market 12-31-24.	Senior Leadership Team	Conduct employee survey, identify areas for improvement, make modifications based on employee response.	High Mandatory Priority
F. Build a robust cultural awareness and involvement initiative aimed at strengthening connections and fostering a greater sense of belonging by 12-31-24.	Director of Strategic Vision	Form committee to define initiatives and implement an action plan.	Moderate Optional Priority

Strategic Plan Update

Date 2024



Strategic Goal #2 Improve Access to Care through restructuring workflows.			
Key Initiatives	Responsible Party	Tasks	Priority
A. Implement new intake strategies to streamline processes in new Electronic Health Record, Echo Vantage by 3-31-24	Director of Access and Engagement	Launch Echo Vantage with Enhancements	High Mandatory Priority
B. Define and Implement new front desk protocols for co-pays, scheduling, and eligibility checks by 12-31-24.	Director of Clinical Compliance, Revenue Cycle Manager, Administrative Officer	Form committee to define steps to goals	Moderate Mandatory Priority
C. Rethinking processes and workforce issues in Community Support and Community Living to accommodate more clients with less staff by 12-31-24.	Clinical Leadership	Survey staff for buy in and move forward to implement plans	Moderate Mandatory Priority

Strategic Goal #3 Improve Internal and External Marketing			
Key Initiatives	Responsible Party	Tasks	Priority
A. Develop and implement internal and external marketing strategy that aligns our organization's messaging, strengthens brand identity, and maximizes our market presence by 8-31-24.	Director of Strategic Vision	Utilize marketing staff, employee council, and leadership for feedback	Moderate Mandatory Priority
B. Strengthen community engagement through the development of campaigns focused on raising awareness and fostering deeper connections with community members and stakeholders. 8-31-24.	Director of Strategic Vision	Increase presence by participating in local events,	Moderate Mandatory Priority
C. Develop new Mission and Vision statements for the agency by 12-31-24.	Senior Leadership Team	Survey staff and create plan to implement	Moderate Mandatory Priority

BY-LAWS OF HOPE COMMUNITY SERVICES, INC.
a nonprofit corporation

ARTICLE 1: NAME AND LOCATION

SECTION 1 - NAME

The name of this corporation shall be HOPE Community Services, Inc. (HOPE).

SECTION 2 - LOCATION

The principal office of the corporation in the State of Oklahoma shall be within the area designated as Service Area 19, Oklahoma County, and shall be located at 6100 S. Walker, Oklahoma City, Oklahoma 73139. The corporation may have other offices as the board of directors may determine or as the affairs of the corporation may require.

The corporation shall have and continuously maintain a registered office, located 6100 S. Walker, Oklahoma City, Oklahoma 73139, and a registered agent, ~~Jeanette Moore~~ Heather Helberg, whose office is identical with such registered office.

ARTICLE 11 - PURPOSES AND FUNCTIONS

This corporation is a nonprofit entity and is maintained to provide a variety of mental health services.

ARTICLE 111 - MEMBERS/BOARD OF DIRECTORS

SECTION 1 - MEMBERS

The board members of the corporation shall be the individuals serving as directors of the corporation. Each member shall have one vote on each matter submitted to the members. Membership is not transferable or assignable.

Board Member Emeritus

There shall be a category of Board-member known as a Board-Member-Emeritus who is nominated and elected by the Board of Directors. Board members emeritus shall be selected from those board members who have served on the Board of Directors with distinction and excellence. Emeritus members shall serve three (3) year renewable terms for as long as they remain active in the work of HOPE Community Services, and may end their term at any time. Emeritus member candidates will have served the board with distinction and considered deserving of same for outstanding service. Emeritus member candidates may also keep office-held designation (such as: President Emeritus).

A board member emeritus shall be: (1) entitled to receive all written notices and information which are provided to the Board of Directors, (2) to attend all Board of Directors meetings, (3) to participate in meetings of the committees in which they serve, and (4) encouraged to attend all other events conducted by HOPE Community Services.

A Board member emeritus shall not be: (1) subject to any attendance policy, (2) counted in determining if a quorum is present at a meeting, (3) entitled to hold office, or (4) entitled to vote at any board meeting.

Eligibility: In order to be considered for designation as a board member emeritus, a person must be a current or former member of the HOPE Community Services Board of Directors who:

1. Has served the HOPE Community Services Board of Directors with distinction
2. Held an important leadership role, and has made or continues to make significant contributions such as participation in one (1) or more HOPE Community Services activities (e.g., events, volunteerism, fund-raising, government relations, networking, etc.)
3. Engaged in major volunteer or advocacy activities in his or her service on the board
4. Completed the term(s) for which he or she was appointed

HOPE Technology Roadmap 2024

This roadmap incorporates the technology needs that need to be refreshed or replaced. It also aims to provide a few needed resources for HOPE's success and security.

Current HOT items in progress backlog

- Docuware setup for Medical Records.
- Full Migration to Entra/Azure (this will significantly reduce on-premise gear costs est. 100k or more)
- Revamp of training and Burns room.

Password Manager for all staff:

With the number of passwords required to work daily, a password manager would be a secure and valuable tool for daily work. One key benefit is the ability to run weekly reports to see how many users have known compromised passwords that have shown up on black sites that most password managers will check and report on. Also, password managers are part of most security ISO platforms like HIPPA/SOCII and others.

The cost per user is – 8\$ per user. Negotiating to get pricing down with 501.3c I was able to negotiate it down to 50% off for HOPE.

Workstation fleet replacement:

Currently, 150 workstations need to be replaced due to age and use.

Cost per unit \$1500 - \$1900. Pricing can be negotiated with larger orders versus 10-20 units per order.

Firewall replacement for Walker 6100:

The current firewall (Installed in 2018) is approaching EOL on the 1st of 2026 when it will stop receiving Firmware updates. This device replacement will secure the entry point and VPNs for HOPE 6100. \$9,180

Server Refresh for 6100:

Current estimates are around 170K. This has been evaluated, and with a complete migration to Entra, we should be able to significantly reduce the cost of on-premise gear to a single DNS server for around 35-50k.

Firewall replacement for 416:

The current firewall (Installed as a discounted item due to availability and still under licensing) is approaching EOL, 1st quarter of 2026, and it will stop receiving firmware updates. This device replacement will secure the entry point and VPNs for that site. \$9,180

Upgrade Alarm controllers to Total Connect or equivalent:

To create broad visibility to the state of things and a way to easily on or off-board staff. This would allow all sites to be viewed from a single app and tie each staff member to a unique password. This would also log the opening and closing of buildings for liability purposes. In the case of an event, mgmt. Would be notified with clear information on the location of the incident after hours. I would suggest this as contracts run out or reach a buy point that justifies it—\$ 1200 per building conversion with \$35 per month monitoring.

Recommendations:

HIPPA ISO Certified

This would be the foundation for policy and Procedure with governance on handling all data. This would then be audited by a third party for Validity.

Data for the Framework 15k EST

3rd Party Partner for Audit 5-15k EST

Verkada or Avigilon Conversion.

This would create a single place to manage everything for Security, Access control, and Cameras.

Over the next five years, as things come up for replacement, choose a single platform-agnostic to the service provider. This would bring in tools that leadership could be a part of instead of only specialized contractors and high-level tech. This would also break down the siloed system into a single management platform for insights, management, and review.