

Custodial Employees

REQUIRED POLICIES AND PROCEDURES

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- ☐ Code of Conduct
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MILEAGE REIMBURSEMENT

SECTION:	Financial
PAGE:	1 of 2
SUBJECT:	Mileage Allowance
EFFECTIVE DATE:	5/07
REVISION DATE:	2/2012

POLICY

Davis Behavioral Health will reimburse employees using personal vehicles for actual miles driven to conduct agency business. Employees will be reimbursed at a rate established by the DBH Finance Department using a formula derived from IRS business and charitable reimbursement rates.

PURPOSE

To establish a comprehensive policy regarding auto mileage allowances, provide for periodic adjustment of the allowance amount, and to establish reimbursement procedures for employees and volunteers.

PROCEDURES

1.0 In order to receive an auto mileage reimbursement, procedures must be followed.

1.1 The requestor must be an employee or volunteer of Davis Behavioral Health and be recommended for mileage reimbursement by his/her supervisor, based on expected out-of-office responsibilities.

1.2 An employee must have a valid Utah driver's license and insurance when driving a vehicle on agency business. An employee must be able to provide proof of the same, if requested to do so by a supervisor or administrator.

1.3 An employee whose driving privilege is revoked or whose automobile liability insurance is not in effect may not drive in the line of duty for the agency.

1.4 Supervisors will verify the accuracy of the mileage report and approve the reimbursement request.

2.0 Mileage Allowance

2.1 Employees shall be reimbursed at the approved rate for miles driven in private vehicles on agency business.

2.2 Reimbursable mileage begins at the first location where work for the agency is performed.

2.3 The Finance Department shall be responsible for processing legitimate reimbursement requests under this policy.

2.3.1 To receive mileage reimbursement under this policy, the employee must submit a Travel Reimbursement Request Form.

2.3.3 If any reimbursement is due upon an employee's termination from eligibility under this policy, or termination from employment, the employee is responsible to submit a Travel Reimbursement Request Form for processing.

2.4 Davis Behavioral Health may withhold payment of mileage reimbursement if such payment is in violation of this policy.

3.0 Accident Procedure

3.1 In the event that an employee is involved in an automobile accident while on agency business in his/her private vehicle, an Incident Report must be filed with the Corporate Compliance Officer.

OFFICE OF LICENSING CODE OF CONDUCT AND CLIENT RIGHTS

STATEMENT OF PURPOSE

The Office of Licensing is statutorily required to monitor minimum standards in safety and client care in the programs we license. Our rules are designed to ensure the physical safety of programs and guard against abuse, neglect, mistreatment, harm, exploitation or fraudulent behavior. This Code of Conduct outlines minimum client rights and program conduct standards that protect clients and promote the public trust across all categories of DHS Licensure.

DEFINITIONS R501-1-1

(for reference in the following code of conduct rule)

(1) "**Abuse**" includes, but is not limited to: (a) attempting to cause harm; (b) threatening to cause harm; (c) causing non-accidental harm; (d) unreasonable or inappropriate use of a restraint, medication, confinement, seclusion or isolation that causes harm; (e) sexual exploitation, as defined in 78A-6-105; (f) sexual abuse, including sexual contact or conduct with a client, or as defined in 78A-6-105; (g) a sexual offense, as described in Title 76 Chapter 5; or (h) domestic violence or domestic violence related to child abuse. (i) "Abuse" does not include the reasonable discipline of a child, or the use of reasonable and necessary force in self-defense or the defense of others, as such force is defined in 76-2-4.

(6) "**Critical Incident**" means an occurrence that involves: (a) abuse; (b) neglect; (c) exploitation; (d) death; (e) an injury requiring medical attention beyond basic first aid; (f) an injury that is a result of staff or client assault, restraint or intervention; (g) the unlawful or unauthorized presence or use of alcohol or substances; (h) the unauthorized departure of a client from the program; (i) outbreak of a contagious illness requiring notification of the local health department; (j) the misuse of dangerous weapons; or (k) unsafe conditions caused by weather events, mold, infestations, or other conditions that may affect the health, safety or well-being of clients.

(8) "**Exploitation**" includes, but is not limited to: (a) the use of a client's property, labor, or resources without the client's consent or in a manner that is contrary to the client's best interests, or for the personal gain of someone other than the client; such as expending a client's funds for the benefit of another; or (b) using the labor of a client without paying the client a fair wage or without providing the client with just or equivalent non-monetary compensation, where such use is consistent with therapeutic practices; or (c) engaging or involving a client in any sexual conduct; or (d) any offense described in 76-5-111(4) or Section 76-5b-201 and 202.

(10) "**Fraud**" means a false or deceptive statement, act, or omission that causes, or attempts to cause, property or financial damages, or for personal or licensee gain. Fraud includes the offenses identified as fraud in Utah Code Title 76 Chapter 6.

(11) "**Harm**" means physical or emotional pain, damage, or injury

(15) "**Licensee**" is defined in 62A-2-101 and includes the person or persons responsible for administration and decision making for the licensed site or program. The term licensee may be used to describe a person or entity that has caused any of the violations described in 62A-2-112 that are related to the human services program.

(18) "**Mistreatment**" means emotional or physical mistreatment: (a) emotional mistreatment is verbal or non-verbal conduct that results in a client suffering significant mental anguish, emotional distress, fear, humiliation, or degradation; and may include demeaning, threatening, terrorizing, alienating, isolating, intimidating, or harassing a client; and (b) physical mistreatment includes: (i) misuse of work, exercise restraint, or seclusion as a means of coercion, punishment, or retaliation against a client, or for the convenience of the licensee, or when inconsistent with the client's treatment or service plan, health or abilities; (ii) compelling a client to remain in an uncomfortable position or repeating physical movements to coerce, punish, or retaliate against a client, or for the convenience of the licensee; (iii) physical punishment.

(19) "**Neglect**" means abandonment or the failure to provide necessary care, which may include nutrition, education, clothing, shelter, sleep, bedding, supervision, health care, hygiene, treatment, or protection from harm.

(23) "**Penalty**" means the Office's denying, placing conditions on, suspending, or revoking a human services license due to noncompliance with statute or administrative rules, may include penalties outlined in 62A-2-112. A penalty does not include corrective action plans as used in this rule.

(31) "**Staff**" means direct care employees, support employees, managers, directors, supervisors, administrators, agents, volunteers, owners, and contractors.

(33) "**Violation**" means an act or omission by the licensee, or any person associated with the licensee, contrary to any administrative regulation, or local, state, or federal law applicable to the program.

R501-1-12-1 Licensing Code of Conduct and Client Rights.

(1) Licensees and staff shall:

(a) accurately represent services, policies and procedures to clients, guardians, prospective clients, and the public;

(b) create, maintain, and comply with a written policy that addresses the appropriate treatment of clients, to include the rights of clients as outlined in this section;

(c) not abuse, neglect, harm, exploit, mistreat, or act in a way that compromises the health and safety of clients through acts or omissions, by encouraging others to act, or by failing to deter others from acting;

(d) not use or permit the use of corporal punishment and shall only utilize restraint as described in R501-2;

(e) maintain the health and safety of clients in all program services and activities, whether on or offsite;

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- (f) not commit fraud;
- (g) provide an insurer the licensee's records related to any services or supplies billed, upon request by an insurer or the Office;
- (h) require that any licensee or staff member who is aware of, or suspects abuse, neglect, mistreatment, fraud, or exploitation shall ensure that a report is made to the Office and applicable investigative agencies as outlined in R501-1-10-2, and in compliance with mandatory reporting laws, including 62A-4a-403 and 62A-3-305;
- (i) any licensee or staff member who is aware of, or suspects a violation of this rule, shall ensure that a report is made to the Office of Licensing at **801-538-4242** or directly to the licensor of the specific program or site; and
- (j) provide services and supervision that is commensurate with the skills, abilities, behaviors, and needs of each client.

501-1-10(d): Critical incidents (as defined herein) shall be reported by the program to the Office of Licensing by the end of the following business day, to legal guardians of involved clients, and to any other agencies as required by law, including: (i) Child and Adult Protective Services; or (ii) Law Enforcement

501-1-12-2 Clients have the right to:

- (a) be treated with dignity;
- (b) be free from potential harm or acts of violence;
- (c) be free from discrimination;
- (d) be free from abuse, neglect, mistreatment, exploitation, and fraud;
- (e) privacy of current and closed records;
- (f) communicate and visit with family, attorney, clergy, physician, counselor, or case manager, unless therapeutically contraindicated or court restricted;
- (g) be informed of agency policies and procedures that affect client or guardian's ability to make informed decisions regarding client care, to include:
 - (i) program expectations, requirements, mandatory or voluntary aspects of the program;
 - (ii) consequences for non-compliance;
 - (iii) reasons for involuntary termination from the program and criteria for re-admission; (iv) program service fees and billing; and

(v) safety and characteristics of the physical environment where services will be provided.

501-12-3 clients shall be informed of these rights and a copy signed by the client or guardian shall be maintained in the client file record.

R501-12-4 requires that **licensees shall train all staff annually on agency policies and procedures, Licensing rules, and the Licensing Code of Conduct. A document verifying this training shall be individually signed and dated by the trainer and staff member and maintained in the staff personnel file.**

The following acknowledgment and signature section may voluntarily be adopted for use by programs in order to comply with rule. If programs opt not to use this specific form, it is expected that they create something comparable. OL recognizes the need for flexibility for programs to document proof of training when HR and recording practices aren't conducive to hard-copy files, please discuss with your licensor if necessary.

ACKNOWLEDGMENTS

- I have read and been provided with a personal copy of the OL Code of Conduct and Client Rights rule.
- I understand this Code of Conduct and Client Rights rule and I agree to comply with it.
- I have been trained and understand agency policies and procedures and agree to comply with them
- I have been trained and understand Licensing rules and agree to comply with them
- I had the opportunity to ask questions and received clarification about the Code of Conduct and Client Rights, Agency Policies and Procedures and Licensing rules.
- I am aware of my responsibility to report any violations of this Code Rules to the Office of Licensing to the program licensor or to the highlighted phone number listed in section 1(i).

Employee Signature_____

Date_____

Printed name of Employee_____

- I provided a personal copy of the OL Code of Conduct and Client Rights rule to this employee.
- This employee has been provided training on Agency policies and procedures and Licensing rules.
- I offered this employee the opportunity to ask questions and provided clarification to all questions.

Trainer Signature_____

Date_____

Printed name of Trainer_____

Program/Site Name_____

**Continuity & Coordination of
Client Employees & Clinical Services**

SECTION:	Clinical Policies
PAGE:	1 of 2
SUBJECT:	Continuity & Coordination of Client Employees
EFFECTIVE DATE:	10/2008
REVISION DATE:	6/2013

Overview:

Many barriers to successful employment may result from, or be exacerbated by, behavioral health issues. In addition, identification and consideration of employment opportunities and issues is important in the treatment of behavioral health disorders.

_Effective coordination of all care is dependent upon clear and timely collaboration and communication among the providers and facilities that care for patients.

_Effective communication allows better decision-making regarding treatment interventions, and decreases the potential for fragmentation of treatment and/or negative outcomes.

Therefore

Policy: Exchange of Information

Davis Behavioral Health requires that clinical providers, client employee specialists, job coaches, protective payees, case managers, and other providers caring for the same individual, share relevant information (as permitted by applicable confidentiality policies and laws) regarding the member's diagnosis and treatment as needed to ensure effective coordination of care.

Procedure:

Behavioral Health Providers Role and Supportive Employment Specialists Role:

Since Davis Behavioral Health consumers may initiate behavioral health services through self referral, Supportive Employment Specialists play a major role in ensuring that the appropriate exchange of information is coordinated.

_Client Employee Specialists are expected to routinely ask potential consumer employees to complete an authorization for release of information to the Recovery Coordinator (and other treating providers as appropriate for the individual situation) when being considered for employment.

_Similarly, treating behavioral health providers are expected to routinely ask consumers who are employed in DBH/DEO provided or referred services, to complete an authorization for release of relevant clinical information to the Employment Supervisor and/or Job Coach. Meetings with the treatment providers and Job Coach must include the consumer whenever possible. Documentation in the consumer's record will note the reason that the consumer was unable to attend the interdisciplinary meeting.

_The authorization forms must state clearly whether the employee/consumer agrees to or declines the release of information; the documents must be maintained in the treatment and/or employment records.

_If the consumer/employee consents to the release of information, the behavioral health provider or recovery coordinator is responsible for providing relevant information (including diagnosis, medication, and employment recommendations for hours worked, time of work and functional capabilities, and medication that may impair their workability) to the supportive employment specialists and such communication must be documented in the treatment record.

_Employment Specialists and Job Coaches are responsible to inform treatment providers of job expectations, including work hours, normal time schedules and travel or other job restrictions. Periodic updates are to be given whenever reasonably feasible, if significant changes in work effort or normal scheduling are anticipated.

CORPORATE COMPLIANCE

SECTION:	Corporate Compliance
PAGE:	1 of 5
SUBJECT:	Corporate Compliance Policy
EFFECTIVE DATE:	1/28/2003
REVISION DATE:	12/2015

I. POLICY

Davis Behavioral Health Inc. (DBH) will consistently maintain the highest level of professional, legal and ethical standards in the conduct of its business. DBH places the greatest importance upon its reputation for quality patient care, honesty, integrity and high ethical standards.

II. PURPOSE

To achieve and sustain ethical practices through the actions and conduct of all personnel, including management employees of DBH, and to prevent fraud, waste, and abuse in health care. Employees and agents who ignore or disregard the principles of this Policy will be subject to appropriate disciplinary or contractual action. Employees, volunteers, contractors and agents of DBH must be knowledgeable of standards imposed by applicable federal and state laws and regulations that impact its documentation, coding, billing, and competitive practices, as well as day-to-day activities. Contractors and agents are responsible for having policies & procedures regarding the prevention of fraud, waste, abuse, and the False Claims act. In particular, and without limitation, this Policy prohibits DBH and each of its employees, agents, and Medicaid members from directly or indirectly engaging or participating in any of the following:

A. Improper Claims

Presenting or causing to be presented to Davis County, the State of Utah, and/or the United States Government or any other healthcare payor, a claim for an item or service that was not provided as claimed.

B. False Statement in Determining Rights to Benefits

Making, using, or causing to be made or used, any false record, statement or representation of a fact to determine rights to any benefit or payment under any healthcare program.

C. Conspiracy to Defraud

Conspiring to get a healthcare payor to pay or allow a false claim.

D. False Statement to Conceal Obligation to Pay

Knowingly using or causing to be used a false record or statement to conceal, avoid, or decrease an obligation to pay money or transmit property.

E. Patient Dumping

Refusing to treat, transferring, or discharging any emergency patient without first providing for an appropriate mental health screening to determine whether or not an emergency condition

exists, and if it exists, stabilizing the condition or appropriately transferring the patient in accordance with policy.

F. Provision of Care to Contract-to-Contract Patients

Failing to provide covered services or necessary care to residents of Davis County or other patients when a contractual duty exists due to Medicaid or Medicare contracts, private insurance contracts, or direct service contracts.

G. Health Care Fraud/False Statements Relating to Healthcare Matters Executing, or attempting to execute, a scheme to defraud any healthcare benefit program.

H. Anti-Referral

Presenting a claim for reimbursement to any individual, third party payor, or other entity for health services because of a referral by a physician who has a financial relationship with DBH, unless the reimbursement is for health services that were provided within the physician's employment or contractual duties with DBH for service provided to a patient of DBH.

I. Anti-Kickback

Knowingly and willfully soliciting or receiving any remuneration in return for:

- a) referring an individual for services;
- b) purchasing any goods, facility, service, or item; or,
- c) offering or paying any remuneration in cash or in-kind to induce someone to refer an individual for services, or to purchase any goods, facility, service, or item.

J. Conflict of Interest

Using their position at DBH or any influence, power, authority or confidential information they receive in their position, or DBH time, equipment, property, or supplies for private gain.

K. Antitrust

Engaging in any activity, which is in restraint of trade or monopolizes interstate commerce.

L. Failure to Report Violations to Compliance Officer

Not promptly reporting any issues of non-compliance with the provisions of this Policy to the DBH Corporate Compliance Officer as described in Section V of this Policy.

III. PROCEDURE

A. The Compliance Officer

In an effort to ensure compliance with this Policy, the DBH Board of Directors is adopting a formal Compliance Program. To oversee and implement this program, DBH has appointed a Compliance Officer. The Compliance Officer will provide education and training programs for employees and volunteers, respond to inquiries from any employee regarding appropriate billing, documentation, coding and business practices, and investigate any allegations of possible impropriety.

B. Compliance Committees

The Compliance Officer will have one or more committees to advise and assist in the implementation of the Compliance Program. The current committee meets 2x a month and includes all members of DBH's executive leadership team. If another committee needs to be

established there will be consultation from the DBH executive team and may have one or more members, each of whom may have varying responsibilities within DBH.

C. Reporting by Compliance Officer

In general, recommendations from the Compliance Officer regarding compliance matters will be directed to the appropriate DBH officer or manager. In no case will DBH employees or managers endeavor to conceal any noncompliance.

D. Reporting Procedure

The Compliance Officer shall have an "open door" policy with respect to receiving reports of violations or suspected violations of the law or the Policy and with respect to answering any questions concerning adherence. Suspected or actual violations may be reported to the Compliance Officer by:

- (i) completing the Corporate Compliance Reporting Form and submitting it to the Compliance Officer via e-mail, inter-office mail, or registered mail;
- (ii) directly phoning the Compliance Officer on the dedicated, confidential Corporate Compliance phone line; or
- (iii) the Intranet; located under "Administrative Forms" on the DBH homepage.

E. Whistleblower Rights

All information being reported will be kept confidential to the full extent of the law. Under no circumstances shall the reporting of any such information or possible impropriety serve as a basis for any retaliatory action that may be taken against any employee, patient or other person making the report to the Compliance Officer, as long as such reporting was done in good faith. An individual who has personal knowledge and evidence of a fraud against the federal government can file a "qui tam" lawsuit on behalf of the government and, if successful, can receive a portion of any recovery. It is not sufficient for the whistle blower (also known as the "relator") to merely report the alleged fraud to the government; he or she must actually initiate a lawsuit by filing a complaint in federal district court in order to be eligible for "recovered funds". The complaint must be filed under seal (i.e., the contents of the complaint are not available to the public). The case will remain under seal while the government investigates the case, in order to allow the government to determine the strength of the charges. This confidentiality serves both to protect the whistleblower and the company while the case is being investigated. While a case is under seal, the government may conduct interviews and even issue search warrants, but it will not disclose the name of the whistleblower or the exact nature of its investigation.

F. Personnel Actions

Upon receiving a report of a suspected or actual violation, the Compliance Officer will take steps to ensure the appropriate investigation and resolution of the report. The Compliance Officer may also request immediate suspension of an employee with or without pay pending the completion of an investigation. In conjunction with the Executive Team and the Compliance Committee, the supervisor will prepare a corrective action plan to address and correct the identified problem. The compliance committee will monitor the implementation of the plan in consultation with the supervisor.

Any personnel actions taken will be in compliance with DBH policies and procedures. Any lost wages will be restored if the employee is exonerated. If the alleged violation was committed by the Chief Executive Officer, the Corporate Compliance Officer shall immediately consult with legal counsel and the Board of Directors to determine the appropriate action. If the alleged

violation was committed by the Local Mental Health Authority, the Corporate Compliance Officer shall immediately consult with the Davis County Attorney, legal counsel, Chief Executive Officer, and the Board of Directors.

IV. Educational Program

The Educational Program is intended to provide each DBH employee and volunteer with an appropriate level of information and instruction regarding ethical and legal standards including, without limitation, standards for documentation, pertinent laws, coding, billing and competitive practices, and with the appropriate procedures to carry out the Policy. DBH will make available appropriate educational and training programs and resources to ensure that all employees and volunteers are thoroughly familiar with those areas of law that apply to and impact upon the conduct of their respective duties. Education on the Corporate Compliance Policy will be provided to all employees at New Employee Orientation and at least annually thereafter. Ongoing training includes identification and explanation of unacceptable practices and improper activities; explanation of the legal penalties for improper activities and the institutional penalties for failure to comply; explanation of the Compliance program, its elements, investigation protocols, and reporting procedures; and client confidentiality. The Human Resources department will maintain a system to document the training received.

All training and educational materials will explain the obligation to report compliance issues and who to report them to. Education information and training will be available to board members, employees, contractors, and other affiliates of the organization. Training is mandatory for staff on at least an annual basis DBH will make every effort to provide appropriate compliance information to all employees and volunteers; it is not possible to anticipate every situation. Responsibility for compliance with this Program, including the duty to seek guidance when in doubt, rests with each DBH employee and volunteer.

V. Employee/Agent Obligations

A. Reporting Obligation: Employees and agents must immediately report to the Compliance Officer any suspected or actual violation (whether or not it is based on personal knowledge) of applicable law or regulations by DBH, any of its employees, or agents.

B. Acknowledgment Statement: Each employee as part of their new employee orientation or annual performance evaluation, or agent upon entering a contract, contract renewal or contract review must complete and sign an Acknowledgment Statement to the effect that they fully understand the DBH Compliance Program and acknowledge their commitment to comply with the Program as an employee or agent of DBH.

C. Employee Violation of Applicable Policy or Regulation: Violation of the Compliance Policy will be considered a violation of the DBH code of conduct. Violators will be subject to corrective action, up to and including termination of employment.

D. Agent Violation of Applicable Policy and Regulation: Violation of the Compliance Policy will be considered a breach of contract and the contract will be terminated for cause.

VI. Non-Employment or Retention of Sanctioned Individuals

DBH shall not knowingly employ any individual; accept as a volunteer or contract with any person or entity, who has been convicted of a criminal offense related to healthcare, or who is listed by a federal agency as debarred, excluded or otherwise ineligible for participation in

federally funded healthcare programs. In addition, until resolution of such criminal charges or proposed debarment or exclusion, any individual who is charged with criminal offenses related to healthcare or proposed for exclusion or debarment shall be removed from direct responsibility for, or involvement in documentation, coding, billing or competitive practices.

VII. Response to Reports of Violations

DBH shall promptly respond to and investigate all allegations of wrongdoing by employees, volunteers, contractors, individuals in the community, or agents, whether such allegations are received via telephone or in any other manner. Upon the discovery that a material violation of the law or of the Policy has occurred, DBH shall take immediate action to rectify the violation, to report the violation to the appropriate regulatory body if necessary, and to sanction the culpable employee(s) or agent. DBH will notify law enforcement if the case warrants this protocol.

VIII. Auditing and Monitoring

A. Importance of Auditing and Monitoring

It is critical, for compliance with this Policy, to conduct regular auditing and monitoring of the activities of DBH, its employees and contractors in order to identify and promptly rectify any potential barriers to such compliance. In addition to investigating specific complaints, the Compliance Officer will monitor ongoing agency operations and internal controls. In addition, the Executive Director may select specific areas for review based on recommendations from the Compliance Committee, Board of Directors, or other groups. The Compliance Committee and members of the Executive Team will work with the Compliance Officer in competing all monitoring activities.

The Compliance Officer will seek advice and consult with the DBH's legal counsel whenever a potential legal question is raised. The Compliance Officer will immediately report to the Executive Director and Legal Counsel any suspected criminal or civil violations of the law. The Executive Director, in consultation with Legal Counsel and the Compliance Officer, will refer the investigation to law enforcement, federal, or state authorities, as appropriate.

B. Regular Audits

Regular audits shall be conducted at the Board of Directors or Compliance Officer's direction. Such audits shall evaluate DBH compliance with this Policy and determine what, if any, issues exist. Such audits shall be designed and implemented to ensure compliance with this Policy and all applicable federal and state laws.

C. Duty to Report Potential Medicaid Fraud

If DBH becomes aware of potential fraud, waste, or abuse we will report the incident within 15 calendar days to the Office of Inspector General of Medicaid Services or The Medicaid Fraud and Control Unit (MFCU) and to the Department. If DBH becomes aware of potential enrollee fraud related to the enrollee's eligibility for Medicaid, we will report the incident to DWS. All other types of potential enrollee fraud or abuse will be made to the OIG.

D. Compliance with Applicable Fraud Alerts

The Compliance Officer shall regularly and periodically monitor the issuance of fraud alerts by the Office of the Inspector General of the Department of Health and Human Services.

E. Retention of Records and Reports

All records and reports created in conjunction with DBH adherence to the Regulatory Compliance Policy are confidential and shall be maintained by DBH.

This Regulatory Compliance Program has been adopted by the DBH Board of Trustees on the 28th day of January, 2003. First Revision effective on the 26th day of October, 2005, second revision effective on the 1st day of January, 2007, third revision on the 22nd day of June, 2010, fourth revision on the 26th day of October, 2011.

CRITICAL INCIDENTS/ SENTINEL EVENTS

Policies & Procedures



SECTION:	Administrative
PAGE:	1 of 2
SUBJECT:	Critical Incidents/Sentinel Events
EFFECTIVE DATE:	5/2005
REVISION DATE:	9/2011

POLICY

It is the policy of DBH to protect its clients, patients, property and staff from harm or threat of harm and, When possible, to act quickly and decisively at the point of occurrence to prevent or mitigate any harm or threat of harm. All critical incidents/sentinel events will be reviewed to determine the need for quality improvement activities on the part of the agency.

PURPOSE

To set up procedures to report, investigate and resolve where possible adverse incidents, which occur at DBH in order to insure safety of all consumers and staff.

PROCEDURES

1.0 Critical Incidents are those incidents that cause or threaten to cause physical and/or personal harm to clients, staff, and property.

Examples of critical incidents which are covered by this procedure are: threats of suicides, assaults, fire, theft, accidents, overdoses, self-destructive acts, missing or misused medication.

Sentinel events are those events that have resulted in the serious incapacitation or death of the consumer (suicide) or the serious incapacitation or death of another (homicide).

1.1 All critical incidents/sentinel events will be handled and stabilized to the extent possible at the point and time of the incident. Where needed, assistance should be obtained from the Program Director, the AOC, or from whomever the program director deems necessary.

1.2 In the event of a sentinel event, notification should be made to the AOC at the earliest available opportunity. The AOC has the responsibility for notifying the CEO and in-house legal counsel.

1.3 All sentinel events involving a death of an active client are required to be reported to the State Division of Mental Health and Substance Abuse. The corporate compliance officer is charged with the responsibility of making the mandatory report to the State Division of Substance Abuse and Mental Health. The corporate compliance officer is responsible for convening the Critical Incident/Sentinel Event Review Committee which is comprised of the medical director, a member of the Board of Directors, the corporate compliance officer, the

CEO, the clinical director, the program director, and legal counsel. The purpose of the review committee is two-fold:

- a.) to aid and support in the de-briefing of staff involved
- b.) to determine what, if any quality improvement actions might be recommended.

1.4 A licensed mental health professional, in the event of a critical incident, will determine:

- (a) If the client is currently stable,
- (b) What additional follow-up, if any, is necessary.
- (c) If the incident arises to a level that requires notification to the Program Supervisor. Within two regular working days after the incident is addressed and stabilized, the Program Supervisor will report the incident to the Program Director on the Incident Report Form. The Incident Report Form will not be entered into the clinical record of the client involved.

1.5 The Program Director will determine:

- (a) Whether an investigation should be undertaken
- (b) If any procedures should be changed
- (c) If the file should be closed or reviewed by the Executive Leadership Team. If a review is indicated, the Program Director will send the Incident Report Form and recommendations to the ELT.

1.6 The Critical Incident/Sentinel Event Review Committee will review the Program Director's recommendations and make the following decisions:

- (a) Whether additional follow-up is necessary.
- (b) Whether further investigation is necessary.
- (c) Whether the incident should be reported to our insurance company, the corporate attorney, and/or governmental authorities.

CULTURAL COMPETENCY PLAN



Policies & Procedures



SECTION:	Human Resources
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SUBJECT:	Cultural Competency Plan
EFFECTIVE DATE:	2017/18
REVISION DATE:	May 2018

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Commitment to Cultural Competence

Davis Behavioral Health, Inc. (DBH) believes that the pursuit of equality in healthcare must be in the forefront of all our efforts to serve the many individuals that seek our services. DBH places significant important on providing services that are of the highest quality available. In addition, DBH is committed to accommodating the unique needs of individuals and families who cultural perspectives and linguistic differences are significantly dissimilar from the main stream culture in Davis County, Utah.

CLAS Standards

DBH has adopted the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care as the foundation for implementing cultural competence as a core element in the delivery of services.

As defined by the U.S. Department of Health and Human Services Office of Minority Health, The National CLAS Standards aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

The National CLAS Standards are outlined below:

Principal Standard

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability

9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
14. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Cultural Competency Work Plan

The DBH Executive Leadership Team (ELT) have the authority and responsibility to integrate cultural competence through all levels of the organization. The Human Resources Director has been specifically tasked with leading cultural competence effort, including the organization and direction of the DBH Cultural Competency Committee.

Cultural Competency Committee

Davis Behavioral Health has established a Cultural Competency Committee composed of a minimum of 4 individuals, including a Chair and three committee members. Responsibilities and assignments are delegated to all committed members.

The role of the Committee shall be:

- To promote cultural competency among staff and in all services provided by DBH

- To develop and recommend the annual Cultural Competency Plan to the Executive Leadership Team (ELT) and to make relevant recommendations to the Quality Assurance and Performance Improvement (QAPI) committee. The Cultural Competency Plan will be presented to ELT in the first executive each July
- Attend available statewide workshops and training
- Compile, maintain, and disseminate information on internal and external resources for staff serving diverse populations
- Coordinate with Human Resources Department to ensure that annual staff training pertaining to cultural competency is completed
- Served as primary contact and educators for all cultural competency issues or concerns that arise at DBH

Meetings

The Cultural Competency Committee will meet at least quarterly on a date determined by the committee. Special meetings may be called at the discretion of the Chair to conduct business within the scope of the standing rules and/or to carry out the annual plan.

A member of the Committee will be assigned to take minutes at each meeting and send follow-up communication to the other committee members.

Cultural Competency Plan

The Cultural Competency Plan is reviewed and/or updated annually and will include one or more of the following components:

- Goals and implementation
- Delivery of services
- Conflict and grievance resolution for consumers
- Strategic partnerships with local community groups
- Recruitment and retention of staff
- Legal considerations
- Cultural competency training

Goals and Implementation

To make the annual Cultural Competency Plan an effective tool for DBH, the Cultural Competency Committee will create 1-2 short-term and long-term goals each year during the review and revision process for the annual Plan. Short-term goals will be focused on areas that can be completed within the 12-month scope each plan, have relevant and practical applications for immediate improvement, and are attainable with available resources.

2017/18 Goals

Short-term Goals

1. Improve staff awareness of cultural competency by initiating cultural competency training.

Long-term Goals

Long-term goals will remain focused on DBH's efforts to meet the CLSW principle standards of providing high quality culturally competent services to persons with diverse cultural health beliefs, practices, and languages.

Delivery of Services

Treatment staff at DBH are encouraged to perform assessments, treatment, and discharge planning in what that, when possible, take into consideration holistic approaches, cultural beliefs and values, family and other natural support systems, community resources, and any communication barriers that may be present. DBH will use a system of care approach that encourages wraparound services that meet the needs of families and include those in a consumer's natural culture. DBH will promote the delivery of services in a culturally competent manner, to all members including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.

Interpreters and Written Materials

DBH will make every effort to provide services to consumers in their preferred language. In the absence of qualified and competent bilingual staff, interpreters (language, ASL, etc.) may be offered to overcome communication barriers on an as needed basis. In such instances, interpreters are required to maintain confidentiality, while providing complete and accurate interpretation. Family members, particularly children, will not be used as interpreters in mental health assessments, treatment, or other situations where impartiality is critical. Additionally, the same interpreter should be utilized over the course of treatment, whenever possible. Please refer to Attachment I for the "Language Interpreter and Translator Code of Professional Conduct" used by DBH.

DBH will continue to comply with PMHP contract requirements to make interpreter services available to assist those with limited English proficiency to access services.

Interpreters may not be limited to prevalent languages in the catchment area, but shall apply to all non-English languages.

DBH will make interpretation services for all non-English languages available free of charge and notify members that oral interpretation is available for any all language and written translation is available in prevalent languages, including the use of auxiliary aids such as TTY/TDY and American Sign Language (ASL). Further, DBH will instruct members how to access these services.

DBH Human Resources Department will include all non-English languages spoken by staff in the human resource information system (HRIS), which is currently administered by Paylocity. This information will be used to track potential internal interpreter sources.

A list of names and phone numbers of interpreters and staff fluent in a 2nd language will be kept on the internal DBH website.

DBH intake staff will complete the Clinical Information/Demographic Form as part of the intake process, whether consumers request and receive either interpreter services or services in a preferred language other than English.

DBH will provide written materials that are critical to obtaining services in prevalent non-English languages in its service areas. DBH has identified Spanish as the sole prevalent non-English language in its service area in which critical written material will be provided. Critical materials include: provider directories, member handbooks, appeal and grievance notices, and denial and termination notices.

DBH agree to meet the following criteria for all written material:

- Use easily understood language and format
- Use a font size no smaller than 12 point
- Be available in alternative formats and through provision of auxiliary aids and service that takes into consideration the special needs of members with disabilities or limited English proficiency.
- Include taglines in large print (18 point) and prevalent non-English languages describing how to request auxiliary aids and services, include written translation or oral interpretation and the toll-free and TTY/TDY customer service number, and availability of materials in alternative formats.

Documentation

DBH will maintain documentation of activities conducted by the agency and its staff. When requested, DBH will submit the written cultural competency plan and or documentation of the activities to the State of Utah Department of Human Services.

Conflict and Grievance Resolution for Consumers

The DBH Cultural Competency Committee will collaborate with the Corporate Compliance Officer and Executive Leadership Team (ELT) to ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by consumers.

Strategic Partnerships with Local Community Groups

DBH staff members will strive to participate in community committees to ensure that the community needs are being met in a culturally sensitive manner. DBH believes that it is essential to gain trust by finding natural leaders from within the minority community as this helps clarify needs and how services need to be adapted to fit the needs of individuals.

Recruitment and Retention of Staff

The Cultural Competency Committee will work with the Human Resources Department to provide supervisors with resources related to the recruitment and retention of staff with diverse cultural and language backgrounds.

Conflict and grievance resolution processes will be addressed in a culturally sensitive manner to help identify, prevent, and resolve cross-cultural conflicts or complaints by staff or consumers.

Cultural competency training will be included in all new employee orientation meetings and material.

Legal Considerations

DBH complies with any other federal and State laws that pertain to member rights including Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45CFR part 91; the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 (regarding education programs and activities), Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

Title VI of the Civil Rights Act of 1964

Title VI declares that no person shall be subject to discrimination based on race, color or national origin under any program or activity that receives federal financial assistance.

What is the penalty for non-compliance with Title VI?

- Loss of federal funds
- Loss of future federal and state funding
- Subject to legal actions from NC DHHS, legal services organizations and private individuals.
- Possible “Informed Consent” issues which could lead to medical malpractice charges for both the public and private sector.

Age Discrimination Act of 1975

The Age Discrimination Act of 1975 prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance. The Act, which applies to all ages, permits the use of certain age distinctions and factors other than age that meet the Act's requirements. The Age Discrimination Act is enforced by the Civil Rights Center.

Rehabilitation Act of 1973

The Rehabilitation Act of 1973, as Amended (Rehab Act) prohibits discrimination on the basis of disability in programs conducted by federal agencies, in programs receiving federal financial assistance, in federal employment and in the employment practices of federal contractors.

The standards for determining employment discrimination under the Rehab Act are the same as those used in Title I of the ADA; it protects “qualified individuals with disabilities.” An “individual with a disability” is a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. “Qualified” means the person satisfies the job-related requirements of the position he or she holds (or is applying for) and can perform its essential functions, with or without a reasonable accommodation.

Title IX of the Education Amendments of 1972

Title IX is a comprehensive federal law that prohibits discrimination on the basis of sex in any federally funded education program or activity. The principal objective of Title IX is to avoid the use of federal money to support sex discrimination in education programs and to provide individual citizens effective protection against those practices. Title IX applies, with a few specific exceptions, to all aspects of federally funded education programs or activities. In addition to traditional educational institutions such as colleges, universities, and elementary and secondary schools, Title IX also applies to any education or training program operated by a recipient of federal financial assistance.

Americans with Disabilities Act (ADA)

The landmark Americans with Disabilities Act (ADA) enacted on July 26, 1990, provides comprehensive civil rights protections to individuals with disabilities in the following areas:

Title I Employment

Business must provide reasonable accommodations to protect the rights of individuals with disabilities in all aspects of employment. Possible changes may include restructuring jobs, altering the layout of workstations, or modifying equipment. Employment aspects may include the application process, hiring, wages, benefits, and all other aspects of employment. Medical examinations are highly regulated.

Title II Public Services

Public services, which include state and local government instrumentalities, the National Railroad Passenger Corporation, and other commuter authorities, cannot deny services to people with disabilities participation in programs or activities which are available to people without disabilities. In addition, public transportation systems, such as public transit buses, must be accessible to individuals with disabilities.

Title III Public Accommodations

All new construction and modifications must be accessible to individuals with disabilities. For existing facilities, barriers to services must be removed if readily achievable. Public accommodations include facilities such as restaurants, hotels, grocery stores, retail stores, etc., as well as privately owned transportation systems.

Title IV Telecommunications

Telecommunications companies offering telephone service to the general public must have telephone relay service to individuals who use telecommunication devices for the deaf (TTYs) or similar devices.

Title V Miscellaneous

Includes a provision prohibiting either (a) coercing or threatening or (b) retaliating against the disabled or those attempting to aid people with disabilities in asserting their rights under the ADA.

Section 1557 of the Patient Protection and Affordable Care Act

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. Section 1557 extends nondiscrimination protections to individuals participating in:

- Any health program or activity any part of which received funding from HHS
- Any health program or activity that HHS itself administers
- Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.

Cultural Competence Training

DBH has established a robust cultural competence training program for staff to complete on an annual basis. Components of the program include:

- Annual review and acknowledgement of the cultural competency policy and cultural competency plan
- Twelve (12) individual video training modules to be completed annually
 1. TedxMileHigh – Bobby Lefebre – Social Worker
 2. Cultural Humility
 3. Challenges & Rewards of a Culturally-Informed Approach to Mental Health
 4. Why Cultural Diversity Matters
 5. Everything You Wanted to Know About Culture
 6. What is Culturally Competent Healthcare?

7. Youth Cultural Competency
 8. An Emptiness in My Heart: Coping with Mental Illness in a Foreign Land
 9. Why Culturally and Linguistically Appropriate Services (CLAS) Matter
 10. Overview of CLAS Standards 1 of 2
 11. Overview of CLAS Standards 2 of 2
 12. What is Cultural Competence and Why is it Important?
- Voluntary completion of the Culturally Competent Care: A Cornerstone of Caring training offered by the U.S. Department of Health & Human Services Office of Minority Health is also encouraged for DBH employees.
 - This training provides up to nine (9) continuing education credits for licensed social workers at DBH.
 - <https://ccnm.thinkculturalhealth.hhs.gov/default.asp>

Participation and completion of the required annual training is logged in Paylocity, the Human Resource Information System (HRIS) utilized by DBH.

Attachment I – Interpreter Code of Ethics

Interpreter Code of Ethics

Language Interpreter and Translator Code of Professional Conduct

Accuracy

Interpreters/translators shall always thoroughly and faithfully render the source language message, omitting or adding nothing, considering linguistic variations in both source and target languages, conserving the tone and spirit of the source language message.

Cultural Sensitivity and Courtesy

Interpreters/translators shall be culturally competent, sensitive, and respectful of the individual(s) they serve.

Confidentiality

Interpreters/translators shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written material.

Disclosure

Interpreters/translators shall not publicly discuss, report, or offer an opinion concerning matters in which they are or have been engaged, even when that information is not privileged by law to be confidential.

Proficiency

Interpreters/translators shall meet a minimum proficiency standard.

Compensation

The fee schedule agreed to shall be the maximum compensation accepted.

Interpreters/translators shall not accept additional money, compensation, or favor for services reimbursed under contract.

Non-Discrimination

Interpreters/translators shall always be neutral, impartial, and unbiased. Interpreters/translators shall not discriminate on the basis of gender, disability, race, color, national origin, age, socioeconomic or educational status, or religious or political beliefs, or sexual orientation.

Self-Evaluation

Interpreters/translators shall accurately and completely represent their proficiency, experience, and training.

Impartiality

Interpreters/translators shall disclose any real or perceived conflict of interest which would affect their objectivity in the delivery of service.

Professional Demeanor

Interpreters/translators shall be punctual, prepared, and dressed in a manner appropriate and not distracting for the situation.

Scope of Practice

Interpreters/translators shall not counsel, refer, give advice, or express personal opinions to individual for whom they are interpreting/translating, or engage in any other activities which may be construed to constitute a service other than interpreting/translating.

Reporting Obstacles to Practice

Interpreters/translators shall assess at all times their ability to interpret/translate. Should interpreters/translators have any reservations about their competency, they should notify the parties and offer to withdraw without threat of retaliation. Interpreter/translator may continue until more appropriate interpreters/translators can be secured.

Ethical Violations

Interpreters/translators should withdraw from service provision they perceive as a violation of any part of this Code. Any violation of the Code of Professional Conduct may cause termination of the contractual relationship.

Professional Development

Interpreters/translators should develop their skills and knowledge through professional training, continuing education, and interaction with colleagues and specialists in related fields.

I agree to abide by the Davis Behavioral Health, Inc. Interpreter Code of Ethics.

Name

Date

POLICY HANDBOOK
Davis Behavioral Health

No.	Policy	Effective Date:	Revision Date:
102	Employment Relationship	4/2/2007	-
103	Employee Acknowledgement	4/2/2007	-
201	Equal Employment Opportunities	4/2/2007	-
202	Employment Status and Categories	4/2/2007	3/29/2011
203	Personnel Information	4/2/2007	-
204	Discipline	4/2/2007	-
205	Performance Appraisals	4/2/2007	-
206	Promotions and Transfers	4/2/2007	-
207	Nepotism	4/2/2007	3/29/2011
208	Problem and Complaint Procedure	4/2/2007	-
209	Standards of Employee Conduct	4/2/2007	-
210	Confidentiality and Loyalty	4/2/2007	-
211	Use of Communication Instruments & Facilities	4/2/2007	-
212	Use of Cellular Phones and Other Wireless	4/2/2007	-
213	Conflicts of Interest	4/2/2007	-
214	BCI Screening	4/2/2007	-
215	Credited Service	4/2/2007	3/29/2011
300	Work Schedule	3/29/2011	3/29/2011
301	Attendance and Punctuality	4/2/2007	-
302	Paid Holidays	4/2/2007	3/29/2011
303	Vacation Benefits	4/2/2007	3/29/2011
304	Sick Leave Benefits	4/2/2007	3/29/2011
305	Family and Medical Leave	4/2/2007	-
306	Unpaid Leave	4/2/2007	-
307	Other Special Leaves	4/2/2007	-
308	Leave Donation	4/2/2007	3/20/2011
309	Employees Serving as Witnesses	4/2/2007	-
310	Protected Disabilities	4/2/2007	-
401	Payroll & Timekeeping	4/2/2007	-
402	Overtime	4/2/2007	-
403	Insurance Benefits	4/2/2007	9/22/2011
404	Educational Assistance	4/2/2007	-
405	Business Travel Expenses	4/2/2007	-

406	Garnishments	4/2/2007	-
407	401 (k) Pension/Profit-Sharing Plan	4/2/2007	-
408	Cafeteria Benefit Plan	4/2/2007	-
409	Employee Assistance Plan	4/2/2007	-
410	Employee References	4/2/2007	-
501	Sexual & Other Unlawful Harassment	4/2/2007	-
502	Drug & Alcohol Abuse	4/2/2007	-
503	Drug & Alcohol Testing Policy	4/2/2007	-
504	Solicitation	4/2/2007	-
505	Accuracy of Billing Records; False Claim Act;	4/2/2007	-
506	Dress Code	4/2/2007	-
507	No Smoking Policy	4/2/2007	-
508	Visitors	4/2/2007	-
509	Workplace Violence Prevention	4/2/2007	-
510	Identification Badges	4/2/2007	-
601	Terminations	4/2/2007	-
602	Layoffs - Reductions if Force	4/2/2007	-
603	Severance	4/2/2007	-
604	COBRA	4/2/2007	-

Employment Relationship

Policy No. 102

Effective Date: 4/2007

Review Date: 10/2015

This Employee Handbook is intended only as a helpful guide. Neither this Handbook nor any of its provisions are intended to bind DBH in any way beyond its sole obligation to pay wages earned and benefits vested through the employee's last day worked. No contract, either express or implied, respecting the procedures, terms, conditions, or duration of employment is created by this Handbook or any of the guidelines contained herein. Employment at DBH is on an at-will basis, which means that your employment may be terminated by you or by DBH at any time, for any reason or for no reason, with or without notice, and without any procedure or formality. The at-will nature of your employment is not affected by any of the guidelines of this Handbook and cannot be modified by any oral promise from any supervisor or DBH representative or by any other writing unless duly executed by the employee and the CEO of DBH.

DBH reserves the right to change, replace, withdraw, or deviate from any of the guidelines contained in this Handbook without prior notice. Employees may be asked to sign separate agreements covering such matters as alternative dispute resolution or protecting confidential and proprietary information of DBH. If you have any questions or wish to have further information about any particular guideline in this Handbook, please contact the Human Resource Director.

Employee Acknowledgement

Policy No. 103

Effective Date: 1/2007

Review Date: 10/2015

I acknowledge receipt of a copy of DBH's Employee Handbook. I understand that the guidelines contained in the Handbook are not a contract and impose no legal obligation of any kind on DBH. I further acknowledge that my employment with DBH is at will, and may be terminated by me or by DBH without prior notice, at any time, without any procedure or formality, for any reason or for no reason, and with DBH's sole obligation being payment of wages earned and benefits vested through the last day worked. I also understand that, should termination be the result of a reduction-in-force, DBH will select employees for termination based on DBH's present and future needs, as determined in the sole discretion of DBH, and any other factors DBH, in its discretion, finds relevant. DBH will implement the reduction in any manner that, in its judgment, best meets existing conditions.

I further acknowledge that all prior DBH guidelines and procedures, and also understand that DBH may change, replace, withdraw, or deviate from any or all of the guidelines contained in the Employee Handbook without prior notice. I further acknowledge my responsibility to read and follow any modifications or additions to the guidelines distributed to me for inclusion in my copy of the Employee Handbook without signing an additional acknowledgment of receipt of such additions or modifications. In the event of any conflict between this Acknowledgment and any other statements, oral or written, present or future, concerning the terms and conditions of employment, I understand and agree that the at-will relationship confirmed by this acknowledgment will control.

Date

Employee Signature

Printed Name

Equal Employment Opportunities

Policy No. 201

Effective Date: 4/2007

Review Date: 10/2015

DBH is an equal employment opportunity employer. DBH prohibits any discrimination based on race, gender, pregnancy, color, national origin, religion, age, disability, or any other status or characteristic protected by law. Discrimination is prohibited throughout all phases of your employment -- including being interviewed, hired, promoted, compensated, and provided benefits.

DBH forbids retaliation against anyone who reports prohibited discrimination. DBH's policy is to investigate any complaints of unlawful discrimination and to take any necessary corrective action, up to and including termination. It is also DBH's policy to ensure against and to take corrective action against any employees who harass, embarrass, or retaliate in any respect against anyone who has made a complaint regarding unlawful discrimination. Any complaints concerning unlawful discrimination or retaliation for having raised a complaint should be immediately directed to the Human Resource Director.

Employment Status and Categories

Policy No 202

Effective Date: 4/2007

Revision Date: 10/2015

Employment Status

Davis Behavioral Health, Inc. (DBH) classifies all employees as either *exempt* or *non-exempt* under the Fair Labor Standards Act (FLSA) and other State and Federal laws for payroll purposes.

Non-Exempt

Employees whose positions do not meet certain legal requirements necessary for exemption from the FLSA are classified as non-exempt. Non-exempt employees are paid overtime rates for all hours worked over 40 in a workweek. The workweek at DBH runs Friday through Thursday. Overtime pay is calculated at 1 ½ times the employee's base hourly rate. Non-exempt employees are paid for each hour worked.

DBH adheres to a strict policy of prohibiting off-the-clock work, as required by Federal and State employment law. Disciplinary action, up to and including termination of employment, may be initiated if an employee does not report work hours accurately on time records or if a manager or other employee instructs an employee to work off the clock. Any violations of this nature should be reported to the Human Resources Director immediately.

Employees are prohibited from working unauthorized overtime, as outlined in Policy 402 – Overtime.

Exempt

Employees whose positions meet the necessary legal requirements for exemption from the FLSA are classified as exempt. Such employees are exempt from the overtime provisions of the FLSA and do not receive overtime pay, even though they may work in excess of 40 hours in a workweek.

Exempt employees are paid on a salaried basis and are paid to do a job, regardless of hours worked. Exempt employees typically perform work that is executive, managerial, administrative, or professional in nature. DBH reserves the right, in its sole judgment, to determine whether or not an employee should be classified as exempt or non-exempt in accordance with the FLSA.

Categories of Employment

DBH recognizes four basic types of employment categories:

Full-time

DBH recognizes two (2) categories of full-time employees for the purpose of benefit program eligibility and participation:

1. **Regular full-time.** Regular full-time employees are those regularly scheduled to work at least 40 hours per week. Regular full-time employees may participate in the benefit programs for which eligibility requirements are satisfied.
2. **3/4 full-time.** Three-quarter (3/4) full-time employees are those regularly scheduled to work between 30 and 40 hours per week. 75% full-time employees may participate in the benefits programs for which eligibility requirements are satisfied. Premiums, holiday pay, vacation leave accrual, and sick leave accrual for employees in this category are pro-rated.

Part-time

Part-time employees are those who work less than 30 hours per week. Part-time employees who are regularly scheduled to work between 20 and 30 hours per week are eligible to receive 4 hours of holiday pay, as outlined in Policy 302 – Paid Holidays, and participate in the 401 (k) retirement benefit. Employees who are regularly scheduled to work less than 20 hours per week or who work on an as needed basis are not eligible to participate in the benefit programs or receive holiday pay.

Transitional

Transitional employees are those hired to participate in DBH supported employment programs. Transitional employment helps consumers who have no work history or previous work failures to access job placement and gain beneficial work experience. These jobs are usually designed for individuals with one or more barriers to employment (i.e., criminal history, homeless, substance abuse, mental illness, etc.). The goal of transitional employment is to give individuals work experience so they are able to transition into other jobs that will enhance their self-sufficiency. Transitional employment positions are temporary in nature and last between six (6) and twelve (12) months.

Temporary

Temporary employees are those hired for a specific task or for a specific length of time and are regularly scheduled to work at least 40 hours per week. Temporary full-time employees are not eligible for DBH's non-wage benefits, including paid vacation, sick, and holiday leave.

Independent Contractors

Individuals who have a formal independent contractor relationship with Davis Behavioral Health are not considered to be employees of the agency.

Change in Status

If a temporary employee is offered a regular full-time position and assumes that position without a lapse in employment, the length of service credit will begin on the date a regular full-time position is assumed.

Re-Employment

Individuals who obtain re-employment with DBH will be classified in one of the two following categories:

Re-hired Employees

Individuals who obtain re-employment with DBH will be classified as re-hired employees if they voluntarily terminate their employment or if they are laid off from employment and are re-employed more than 45 days after their termination date. Re-hired employees are considered new employees and will accumulate seniority and benefit eligibility from their most recent date of hire.

Reinstated Employees

Individuals whose employment is terminated in connection with a layoff or reduction in force, and who return to employment within 45 days after their termination date are considered reinstated employees. The seniority and eligibility for paid time off of a reinstated employee relates back to the reinstated employee's original date of hire. Eligibility for medical and other benefits of reinstated employees is determined in accordance with the governing provisions of the applicable medical or other benefit plan.

Personnel Information

Policy No 203

Effective Date 4/2007

Revision Date: 10/2015

Employment Application

The employment application is an important phase of the hiring procedure and becomes a part of your employee record. All information submitted on the application form is subject to verification. DBH reserves the right of immediate dismissal upon discovering misrepresentations or omissions on an employee's application.

Personnel Data Changes

Each employee is responsible to promptly notify DBH of any changes in the employee's personnel data. Personal mailing addresses, telephone numbers, number and names of dependents, individuals to be contacted in the event of an emergency and other such status reports should be accurate and current at all times. If any personnel data has changed since originally provided to DBH, the employee is obligated to notify the Human Resource Director.

Access to Personnel Files

DBH maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel files are the property of DBH and access to the information they contain is restricted. Generally, only HR staff, supervisors and management personnel of DBH who have a reason to review information in a personnel file are allowed to do so. Employees who wish to review their own file should contact the Human Resource Director. With reasonable advance notice, and without imposing undue inconvenience, employees may be permitted to review their own personnel files in DBH's offices and in the presence of an individual appointed by DBH to maintain the files.

Discipline

Policy No. 204

Effective Date: 4/2007

Review Date: 10/2015

DBH's supervisors and managers are responsible for the discipline of persons whom they supervise. When an employee's attendance or performance becomes unsatisfactory, or when an employee engages in inappropriate conduct, DBH may provide the employee with notice of the concern and an opportunity to improve. However, DBH retains sole discretion to determine whether the misconduct or degree of unsatisfactory performance warrants immediate termination without notice. DBH's supervisors and managers have several discipline options available, which may include, but are not limited to, verbal warnings, suspensions without pay, or discharge. Different versions or combinations of these or other forms of discipline may be used. However, there is no plan, policy or procedure of "progressive discipline" which DBH is obligated to follow. Rather, any of the available forms of disciplinary options may be levied for any particular violation based upon DBH's discretion.

When an employee is subjected to discipline and feels that a mistake has been made, the employee may request review of the discipline by a higher level of DBH's management. Depending on the circumstances, DBH may, in its sole discretion, grant or deny the request for review. DBH has no obligation to permit review. However, if review of the discipline is allowed, DBH will typically discuss the matter with the employee and/or the supervisor or manager concerned. An employee who does not request review of discipline within two working days after receiving notice of discipline is deemed to have accepted the discipline issued as appropriate.

The discipline guidelines in this policy are not a contract and do not alter the at-will status of employment, nor do these guidelines create a requirement that employees be disciplined or terminated only for adequate or just cause. DBH reserves its right to use its sole discretion in determining what discipline is appropriate and in resolving any challenges to discipline.

Performance Appraisals

Policy No. 205

Effective Date 4/2/2007

Revision Date: 10/2015

The job performance of each employee may be formally evaluated at least once every year. The appraisal is normally conducted by your immediate supervisor. Its purpose is to provide a formal opportunity for your supervisor to evaluate your work and give you feedback. It also gives you a chance to express any concerns you have about your work with DBH. As important as this written performance appraisal is, it is not meant to substitute for on-going discussion between your supervisor and you about your performance.

Salary increases are not automatic with performance evaluations, but are based on several factors: your performance, changes in responsibilities, attendance and economic factors, among others.

If at any time you believe that your performance appraisal is overdue, you are responsible for setting up a review with your supervisor. Records of performance appraisals are generally maintained as part of your personnel file. Receipt of a favorable performance appraisal does not modify the at-will status of your employment relationship with DBH.

Promotions and Transfers

Policy No. 206

Effective Date: 4/2007

Revision Date: 10/2015

While DBH reserves the right to hire or promote at its discretion in order to meet changing business conditions and staffing needs, DBH prefers to fill vacant positions from within. Employees who are qualified and interested in a posted position should contact the Human Resource Director.

Promotion decisions may be made on the basis of the applicant's qualifications for the open position and on the recommendations of applicant's supervisors. Consideration may be given to such factors as seniority, past performance, creative ability, training, experience, cooperation, and initiative, among others. Employees currently on a formal corrective action or other disciplinary plan are considered to be ineligible for promotions and possibly transfers until terms and duration of the plan have been met successfully.

All positions at DBH are assigned pay grades, ranges, and starting wages. Employees who choose to apply or transfer to a position at DBH that falls in a lower pay grade may be compensated at a lower wage that fits the established compensation system. Wages may be adjusted for employees who are reassigned to a position with a lower pay grade due to disciplinary action. Employees who are reassigned to a lower paying position at the discretion of management may not have their wages reduced due to the new assignment.

Employment of Family Members

Policy No. 207

Effective Date: 4/2007

Revision Date: 10/2015

Davis Behavioral Health believes that close relationships within the work environment often gives rise to claims of favoritism, ill feelings, and suspicion by fellow workers. In order to avoid these concerns, no employee may hire or supervise, directly or indirectly, individuals in the following close relationships:

- Father	- Sister	- Father-in-law
- Mother	- Uncle	- Brother-in-law
- Husband	- Aunt	- Sister-in-law
- Wife	- Nephew	- Son-in-law
- Son	- Niece	- Daughter-in-law
- Daughter	- First cousin	- Cohabitant
- Brother	- Mother-in-law	

No prospective employee who has a close relationship with another employee at DBH will be hired without approval from the Executive Leadership Team (ELT).

Employees are required to disclose any relationship or circumstance which may be subject to this policy. A "Close Relationship Disclosure Form" must be submitted to the Human Resources Department to be stored in the employee's personnel file. Failure to comply with the required disclosure may constitute grounds for disciplinary action, up to and including termination of employment.

[Close Relationship Disclosure Form](#)

Problem and Complaint Procedure

Policy No. 208

Effective Date: 4/2/2007

Review Date: 10/2015

It is DBH's desire to provide pleasant working conditions and to make the work a rewarding experience. Employees are encouraged to communicate all questions, complaints and suggestions to their supervisor. If the matter cannot be resolved with the employee's supervisor, the employee is urged to report the matter to the Human Resource Director.

Standards of Employee Conduct

Policy No. 209

It is expected that employees will conduct themselves in accordance with high standards of fairness to each other and to DBH. Observing reasonable standards of conduct allows us to work together harmoniously and enables DBH to maintain efficient operations. It is important that all employees adhere to a consistent set of guidelines relative to, but not limited to, attendance at work, punctuality, and work performance. Failure to observe principles of good social and business practice is contrary to the best interest of all concerned. Therefore, employees not complying with the expected standards of conduct may be subject to disciplinary action, which may include involuntary termination with or without prior notice. Listed here are some of the major offenses to our conduct standards. The list is not all-inclusive. Any act contrary to prudent conduct on DBH premises is prohibited. These standards are not intended to alter the at-will status of your employment with DBH. Either you or DBH may terminate the employment relationship at any time with or without cause and with or without prior notice. DBH reserves the right to terminate any employment relationship without resorting to any formal or informal disciplinary procedure.

Personal Conduct

The following are examples of inappropriate personal conduct which may result in immediate discipline up to and including termination:

- *Fighting or engaging in horseplay on company premises.
- *Acting in such a manner or using language at work that is abusive, threatening or demeaning.
- *Stealing or willfully damaging employee or company property.
- *Removing or transferring company property without written authorization from the responsible manager.
- *Falsifying oral or written information.
- *Making entries on another employee's time card without supervisory approval.
- *Appearing on company premises while under the influence of narcotics, marijuana, alcohol or any illegal drug.
- *Possessing or appearing to possess or use firearms, explosive materials or any dangerous weapon while on company premises.
- *Possessing, selling or using alcoholic beverages or controlled substances on company premises.
- *Using company telephones unreasonably for personal matters.
- *Conducting personal business during work hours.
- *Gambling of any kind on the premises.

Job Conduct

The following are examples of inappropriate conduct which may result in immediate discipline up to and including termination:

- *Failing to perform work assignments or disobeying any direction given by your direct manager.
- *Failing to meet acceptable quality and quantity work standards.
- *Being absent without approval from work (this includes, but is not limited to, failure to return from leave of absence or paid time off when scheduled without notification), walking off the job or interfering with another employee's work.
- *Discourteous or rude conduct towards any co-worker, client, client's family members or direct support relationships, other treatment professionals, or suppliers that would affect the company's goodwill.

Safety

The following are examples of inappropriate conduct which may result in immediate discipline up to and including termination:

- *Performing an unsafe act on company premises, including parking lots, in a company vehicle or while engaged in company-sponsored/paid activities.
- *Failing to use safety devices provided or to adhere to safety regulation procedures, including using vehicles, equipment, machines or materials without approval
- *Using any company motor vehicles unsafely.
- *Failing to report any accident no matter how minor, to management;

Honesty

Dishonesty in your dealings with DBH, its officers, representatives or co-workers is grounds for termination. Because dishonesty is a broad category, it covers a wide range of behavior. Some specific examples of dishonesty include:

- *Software piracy or the use of unlicensed software.
- *Accessing a file server, internet or other repository of company information without a legitimate business purpose.
- *Submitting altered or falsified receipts for reimbursement from the travel reimbursement fund.
- *Not adhering to company policies.
- *Falsifying hours.

Miscellaneous

Engaging in any other behavior that is unethical, dishonest, immoral, reckless, damaging or disruptive to the conduct of business which may include, but not be limited to, the following:

- *Endangering employees because of known safety violations.
- *Disclosing confidential client or business information.
- *Engaging in willful, reckless or grossly negligent conduct that results in damage to company property or personal property on company premises.
- *Possessing, using, selling or being under the influence of intoxicants or any other non-prescribed mind-altering substance while on company property or while engaged in company-sponsored/paid activities.
- *Performing any immoral, indecent or other generally unacceptable act on company premises.
- *Repeating the same type of unsatisfactory employee performance or conduct that has resulted in a prior warning.
- *Displaying other intolerable conduct deemed to be equally as serious as the above.

Confidentiality and Loyalty

Policy No. 210

Effective Date: 12/2014

Confidentiality

Each employee is responsible for safeguarding confidential information obtained in connection with his or her employment. Employees may be required to sign a confidentiality agreement and/or non-compete agreement as a condition of employment or continued employment with DBH. From time-to-time, these agreements may be altered and DBH may ask that all existing employees cooperate in the execution of these agreements.

In the course of your employment, you may receive or be exposed to information regarding DBH, co-workers, clients, suppliers, vendors, margins, sales profits, business plans, financial information, and other information which DBH considers proprietary and/or confidential. You are required to maintain strict confidentiality with

respect to information pertaining to DBH's business and operations and any such information regarding its clients. Such information should not be discussed with anyone other than DBH's employees with a legitimate need to know.

Employees may not remove or make copies of any DBH records, reports or documents without prior management approval. Inappropriate disclosure of proprietary and/or confidential information or removal of records may result in disciplinary action up to and including dismissal, whether or not the employee personally benefits from the disclosure of such information.

Loyalty

Employees have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. This policy establishes only the framework within which DBH wishes the business to operate. The purpose of these guidelines is to provide general direction so that employees can seek further clarification on issues related to the subject of acceptable standards of operation. Contact the Human Resources Director for more information or questions about conflicts of interest. It is the duty of the employee to notify DBH if conflicts of interest occur.

Use of Communication Instruments & Facilities

Policy No. 211

Effective Date: 4/2007

Personal Use of Computers and Facilities

DBH equipment such as computers, printers, phones, copy machines, the Internet and other equipment are provided for legitimate business-related uses. The use of DBH equipment or resources for projects which result in personal gain, wages or pay is prohibited and may result in disciplinary action. This equipment may only be used for personal purposes or community service with your supervisor's permission. DBH's equipment and resources may not be used for personal reasons during the employee's regular working hours. You may use a personal computer after hours for personal purposes (i.e. papers for school, keeping a personal journal, etc.) if you have made prior arrangements for the use of a particular computer.

Outside Software and Games

All outside software (including shareware or other software brought in across the Internet) must be pre-approved by your immediate manager and must be work-related. Verification must be made that outside software is virus free before it can be installed on any company computer. Under no conditions will DBH condone the use of unlicensed or pirated software for any reason or at any time. Any employee that is found to have unauthorized software on their computer will face disciplinary action up to and including immediate termination.

Personal Telephone Use

Every employee should limit personal calls made from or received at DBH as much as possible. Unnecessary personal telephone calls during working hours are not only disruptive to your productivity, but in many cases are also disruptive to the people around you. If a personal call cannot be avoided, it should be as brief as possible. This includes calls made during your lunch break, as it is important not to tie up the phone lines for personal reasons. You are prohibited from receiving personal long distance calls on the 800 lines. Long distance calls for personal reasons should never be made unless approved by management and should be reimbursed to the DBH. Abuse of this policy can result in disciplinary action.

Monitoring of Communication Instruments and Facilities

DBH may provide employees with use of electronic and other information systems such as the telephone system, cellular telephone, computer system, e-mail, the Internet, voice mail, and other ("Communication Systems"). DBH's Communication Systems are intended for your use as a DBH employee for business-related purposes. However, DBH's confidentiality and business interests require DBH to reserve the right to access and, when appropriate, disclose information created or sent on, or deleted from its Communication Systems. You should therefore refrain from using DBH's Communication Systems for personal communications which you consider confidential.

With respect to the use of voice mail, e-mail and the Internet, DBH employees are prohibited from using unauthorized codes, passwords or other means to gain access to voice mail boxes or e-mail of others. All Communication Systems must be used in a professional and appropriate manner and with courtesy. Communicating on these Communication Systems should be treated the same as distribution of a written document. Rude, inappropriate or offensive messages with racial, sexual, religious or other harassing content are strictly prohibited.

Use of Cellular Phones and Other Wireless

Policy No. 212

Effective Date: 4/2007

The use of a cellular phone or other wireless device while driving may present a hazard to the driver, other employees, and the general public. All employees must take care to ensure the safe operation of company vehicles and the operation of private vehicles during work hours and while conducting business. DBH encourages the safe use of cellular phones and other wireless devices by employees who use such devices to conduct business for DBH.

Employees must follow all federal, state, and local rules and regulations concerning the use of cellular phones and other wireless devices while driving.

Employees should remember that while driving their primary responsibility is driving and obeying the rules of the road. Employees will need to take extra caution when using cellular phones while driving. It is strongly recommended that the employee safely pull off the road and come to a complete stop before using a cellular phone or other wireless device while driving.

Unless otherwise authorized, company provided cell phones must be used only for business purposes. In addition, employees should use a company provided cell phone only when a less costly alternative does not exist. Employees must fully reimburse DBH for any personal use of a company provided cell phone.

Violation of this policy may subject an employee to disciplinary action up to and including termination.

Conflicts of Interest/Secondary Employment

Policy No. 213

Effective Date: 4/2007

In order to preserve the common corporate interest in a continued, efficient and profitable operation and to protect DBH and its employees' reputation for integrity, a statement of policy is needed to:

- Define clearly the rights and responsibilities of DBH's employees in their direct or indirect business relationships with outside individuals, companies and organizations; and
- Establish an effective procedure for disclosure of transactions or situations in which there may be actual or potential conflicts with DBH's interests.

Definitions

Conflict of Interest

DBH defines a conflict of interest as any situation in which financial, professional, or personal interests, including the interests of immediate family members, may compromise one's professional judgment or professional or business obligations.

Conflicts of Interest can occur in one of three ways:

- **Dual Employment.** Conflicts of interest can occur when DBH employees and/or subcontractors are also employed by the State of Utah or by another of DBH's representatives.
- **Related-Party Transactions.** Conflicts of interest occur when DBH makes payments to a related party using money obtained from DHS/DSAMH through this contract. Conflicts of interest also occur when transactions, which affect the performance of this Contract, are made between DBH and a related party, whether or not payments are involved.
- **Independent Judgment Impaired.** Conflicts of interest occur when DBH's employees or subcontractors participate in any transaction on DBH's behalf and have a significant relationship of shared interest with another party to the transaction, which could affect a representative's ability or willingness to exercise independent judgment, and which may affect the performance of the Contract.

Statement of Policy

It is the policy of DBH to recognize and respect the rights of its employees to engage in outside financial, business or other activities which they may deem proper and desirable PROVIDED that: (1) such outside activities are legal; (2) such activities do not impair or interfere with the conscientious performance of DBH duties; (3) such activities do not involve the misuse of DBH's influence, facilities or other resources; and (4) such activities do not discredit the good name and reputation of DBH. Accordingly, for all business relationships with outside individuals and organizations and for all personal business undertakings, all DBH employees should:

- Act in accordance with the law, established DBH standards and their own good consciences.
- Consider the rights, interests and responsibilities of DBH, its subsidiaries, outside individuals and organizations and themselves.
- Protect professional reputations and the interests of DBH against actual or potential conflicting interests with outside parties.
- Not hold investments or any other direct or indirect financial interest in the business of a supplier or client of DBH, or in any enterprise to which financing accommodations are, or may be extended by DBH. (Investments are not intended to include ownership of securities in a publicly owned company if the investment by the employee or his/her immediate family is less than 1% of the outstanding stock of such company, except with respect to employees in a position to influence or affect the business relationship between the company and such publicly owned company). Investments in non-public, competing companies are prohibited.
- Avoid any attempt to preempt or usurp a corporate opportunity as, for example, to purchase or sell land or intellectual property rights in which DBH has or may have an interest.

- Avoid any interest in or relationship with an outside organization or individual having business dealings with DBH if this interest or relationship might tend to impair the ability of the employee to serve the best interests of DBH.
- Avoid doing business with a relative (or a company with which a relative is associated) on behalf of DBH unless the facts are disclosed and authorized approval is received in advance.
- Not accept any loan, gift or favor from a supplier or client or other source that has business relations with DBH. However, employees may accept gifts or favors of nominal value or casual entertainment that meet all standards of ethical business conduct.
- Not have a counseling practice in addition to their DBH employment to which clients may be referred from DBH.

Disclosure

This policy requires all DBH employees and subcontractors to submit a Conflict of Interest/Secondary Employment Disclosure Statement to the DBH Human Resources Department stating all existing, potential, and contemplated conflicts of interest that arise. This is to be submitted upon hire and when a conflict of interest arises (and prior to undertaking any activity that may raise potential conflict of interest). DBH Employees and subcontractors are required to submit an updated Conflict of Interest/Secondary Employment Disclosure Statement annually thereafter.

The Human Resources Director and Corporate Compliance Officer will review all disclosure statements for potential conflicts of interest. Factors being considered during this review include, but are not limited to, the following criteria:

- Whether the DBH employee or subcontractor or immediate family member is a party to, or may directly or indirectly benefit from, a proposed agreement or transaction involving DBH;
- Whether the DBH employee's or subcontractor's desire for, or expectation of, direct or indirect external economic advantage could distort a DBH activity;
- Whether the DBH employee or subcontractor or immediate family member is engaging in an activity, business, or transaction in which DBH is likely to engage;
- Whether the DBH employee's or subcontractor's outside activities may conflict with rights of, of their obligations to, DBH or DBH's clients;
- Whether there is an appearance of a conflict of interest.

Secondary Employment

DBH employees may hold outside jobs as long as they meet the performance standards of their job with DBH. All employees will be judged by the same performance standards and will be subject to DBH's scheduling demands, regardless of any existing outside work requirements. Any outside employment shall be disclosed to Human Resources Department on the Conflict of Interest/Secondary Employment Disclosure Statement. Similar to the guidelines established for reporting potential conflicts of interest, secondary employment is to be reported upon hire and when a conflict of interest arises (and prior to undertaking any activity that may raise potential conflict of interest).

If DBH determines that an employee's outside work interferes with performance or the ability to meet the requirements of DBH as they are modified from time to time, the employee may be asked to terminate the outside employment if he or she wishes to remain with DBH.

Outside employment that constitutes a conflict of interest is prohibited. Employees may not receive any income or material gain from individuals outside DBH for materials produced or services rendered while performing their jobs.

BCI Screening

Policy No. 214

Effective Date: 4/2/2007

The Department of Human Services, Office of Licensing requires all persons associated with DBH who have access to vulnerable adults or children to submit information for background clearances. All staff members with access to these protected populations must successfully pass an annual background screening in order to maintain their positions at DBH. The Human Resources Department or designated staff will initiate this action through notification of appropriate DBH supervisors and supply the necessary forms and instructions. DBH supervisors shall ensure their staff properly complete the forms and provide necessary documentation to the Human Resources Department in a timely manner.

When an employee is notified by the Office of Licensing that additional criminal background screening information is needed, such as fingerprinting, it is the responsibility of the employee to comply with all requirements and deadlines. Failure to provide the fingerprint card and fee within ten days may result in the application being denied, and the employee will not be eligible to participate in the program in any capacity until clearance procedures are completed. If not resolved, this may also result in termination of employment.

DBH will reimburse the processing fee paid to the Office of Licensing for a more extensive background screening. The employee is to complete an "In-State Travel and Expense Voucher," listing the expense in "Reimbursement for Other Expenses" and attach a receipt. The form is to be signed by the employee and the employee's supervisor and forwarded to Accounts Payable. The employee will be responsible to pay the fingerprinting charge.

Credited Service

Policy No. 215

Effective Date: 4/2007

Revision Date: 3/2011

Credited service is used to determine:

- Eligibility for accrual rates for Vacation and Sick Leave (refer to Policy 303 – Vacation Benefits)
- Calculation of service recognized for service awards

Credited service is calculated from the original date of hire. The original hire date for employees returning to work at DBH under the terms of re-hire or reinstatement is defined in Policy 202 – Employment Status and Categories.

One month of service is accrued for each calendar month you work as an active employee.

Absences resulting from leaves for military service or approved medical leave will not be considered a break-in-service and will count toward credited service.

Change in Status

When an employee has a change in status without a break-in-service, from part-time or temporary employment to regular full-time, the date of employment of the part-time or temporary position will be used as the basis for the credited service.

Credited Service for Employee Benefits

The service requirements for all benefit plans are defined by the individual plan documents. Whereas the original date of employment is used as the basis for determining credited service for vacation and sick leave benefits, the day an employee becomes eligible for benefit participation will serve as the start date for credited service for retirement and other benefits.

Work Schedules

Policy No. 300

Effective Date: 3/2011

Work schedules at Davis Behavioral Health are established to meet the needs of our consumers and the agency. Program Supervisors, with the approval of Program Directors, determine the specific schedules for their assigned departments.

Standard Work Week

The standard work week for timekeeping purposes is 12:01 am on Friday through 12:00 midnight on the following Thursday.

Standard Work Schedules

Davis Behavioral Health defines a standard work schedule as five (5) 8-hour shifts per week for regular full-time staff and five (5) 6 to 8-hour shifts per week for 75% full-time staff. Schedules for regular full-time and 75% full-time employees should not exceed five (5) days in a standard work week.

Shift Differential

Non-exempt employees who work at the Crisis Recover Unit (CRU), Men's Recovery Center (RMC), and Women's Recovery Center (WRC) are eligible to received shift differential pay as outlined below:

Shift	Start Time	End Time	Differential
Swing	5:00 pm	12:00 am	2%
Graveyard	12:00 am	6:00 am	3%

Shift differentials are added to the hourly wages for employees for all hours worked during the defined periods.

Alternative Work Schedules

Davis Behavioral Health may accommodate alternative work schedules (AWS) for its employees. DBH has determined that the following alternative work schedules may be available for its employees:

Schedule	Hours						Comments
	Day 1	Day 2	Day 3	Day 4	Day 5	Total	
4 x 10	10	10	10	10	--	40	
4 x 9; 1 x 4	9	9	9	9	4	40	
3 x 13 1/3	13 1/3	13 1/3	13 1/3	--	--	40	Residential Nurses Only

Individual employees may be permitted, with the consent of their supervisor and the approval of appropriate management to work alternative schedules. Approval of alternative work schedules for individual employees

will be based upon sound business judgment, consideration of the employee's job performance, special needs, employee's attendance and timeliness, and any disciplinary issues. Certain positions may not be eligible for an alternative work schedule due to program needs or the job duties assigned to the position.

Employee requests to work an alternative work schedule other than the three (3) schedules outlined above must be approved by members of the Executive Leadership Team (ELT).

Employees interested in working an alternative work schedule must complete an "Alternative Work Schedule Request Form" and submit it to their immediate supervisor. The form will then be submitted to the Program Director for review and approval. All approved alternative work schedule requests will go through a 90-day trial period after which the schedule will be reviewed and a decision made whether or not to continue the alternative schedule. No alternative work schedule will be implemented that results in an employee working less than the positions budgeted hours.

Employees on probation at DBH are not eligible to work an alternative work schedule until the probationary period is successfully completed.

Alternative work schedules are not an entitlement or right at Davis Behavioral Health.

Termination of Alternative Work Schedule

Alternative work schedules are subject to periodic review and may be subject to termination based on business needs and my performance. If possible, DBH will provide 30 days' notice in advance of ending or changing an arrangement, business needs permitting. In some instances, a resumption of the original work schedule may no longer be possible.

Lunch and Break Periods

Lunch

Program supervisors may require employees to take a non-compensated lunch period. When required, lunch periods should be between 30 minutes and one (1) hour in length. Lunch periods extending beyond one hour should be approved beforehand by the employee's immediate supervisor.

Breaks

Employees may take a 15-minute compensated break for every four (4) hours worked. Breaks cannot be used at the beginning or end of an employee's shift or accumulated to accommodate a shorter work day or longer lunch period.

[Alternate Work Schedule \(AWS\) Request Form](#)

Attendance and Punctuality

Policy No. 301

Effective Date: 1/2013

Excessive absenteeism causes problems in providing an adequate qualified workforce to meet DBH's work load. If you find it necessary to be absent from work, you must notify your supervisor as far in advance as possible, and under no circumstances later than the scheduled beginning of your work shift. If you are absent on consecutive days, you must call in each day of your absence to enable your supervisor to adjust the work

schedule of your department. A note from a medical provider is required on the third consecutive day an employee is absent from work due to illness. This note must be given to the employee's immediate supervisor, who will then forward it to the Human Resources Department to be added to the employee's personnel file.

If an employee is absent for two consecutive days without notifying his or her supervisor, the employee will be deemed to have voluntarily terminated employment with DBH.

Paid Holidays

Policy No. 302

Effective Date: 4/2007

Revision Date: 12/2018

Paid Holidays

Policy No. 302

Effective Date: 4/2007

Revision Date: 12/2013

Davis Behavioral Health provides eligible employees up to eleven paid holidays during the calendar year. The current paid holidays are:

- New Year's Day – **Premium Holiday**
- Martin Luther King Jr. Day (3rd Monday in January) – Regular Holiday
- Presidents' Day (3rd Monday in February) – Regular Holiday
- Memorial Day (Last Monday in May) – Regular Holiday
- Independence Day – **Premium Holiday**
- Pioneer Day – Regular Holiday
- Labor Day (1st Monday in September) – Regular Holiday
- Veterans' Day (November 11) – Regular Holiday
- Thanksgiving (4th Thursday in November) – **Premium Holiday**
- Day After Thanksgiving – Regular Holiday
- Christmas – **Premium Holiday**

Working on Holidays

Employees working in residential, day treatment and other departments at DBH may be required to work on a scheduled company holiday to provide continuous care for clients. Employees who meet the paid holiday benefit eligibility requirements outlined above and are scheduled to work on a paid holiday may submit an advance request for leave, but this does not guarantee leave will be granted. For employees required to work on company holidays compensation for the worked holiday is defined below:

Full-time and Part-time Non-exempt Employees

Premium Holidays

All employees required to work on a premium holiday will be compensated at double pay for all hours worked on the calendar day of the holiday, beginning at 12:00 am at the beginning of the holiday and terminating at 12:00 am at the end of the 24-hour period. In the instance when an employee's shift overlaps the start time and end time of a premium holiday, all hours worked outside of the 24-hour holiday will be compensated at the employee's regular pay rate.

Regular Holidays

All employees required to work on a regular holiday will be compensated at time and a half pay for all hours worked on the calendar day of the holiday, beginning at 12:00 am at the beginning of the holiday and terminating at 12:00 am at the end of the 24-hour period. In the instance when an employee's shift overlaps the start time and end time of a regular holiday, all hours worked outside of the 24-hour holiday will be compensated at the employee's regular pay rate.

Employees required to work on any company holiday who receive the holiday pay premium will not receive an additional paid day off at a later time for that holiday.

Full-Time Exempt Employees:

- No change in the rate of pay for the worked holiday.
- If **required** to work on a regular holiday, may "flex" the worked holiday to a different day.
- If **required** to work on a premium holiday, may "flex" the worked holiday to a different day and receive an additional paid day off.
- If opting to work on a holiday may do so with supervisor permission. Employee must "flex" the worked holiday to a different day.

Rescheduled holiday leave must be used during the fiscal year in which the regular holiday falls, ending June 30th each year. All rescheduling of holiday leave should be communicated to supervisors at the employee's earliest convenience.

Vacation Benefits

Policy 303

Effective Date: 4/2007

Revision Date: 3/2011

Vacation time off with pay is available to eligible employees to provide opportunities for rest, relaxation, and personal pursuits. Employees in the following employment classification(s) are eligible to earn and use vacation time as described in this policy:

- Regular full-time employees
- 75% full-time employees

The amount of paid vacation time employees receive each year increases with the length of their employment as shown in the following schedule:

	Regular Full-Time		75% Full-Time	
Year	Days per Year	Hours per Pay Period	Days Per Year	Hours Per Pay Period
0-5	13	4	9.75	3
6-10	16	4.92	12	3.69
11-15	19	5.85	14.25	4.38
16+	22	6.77	16.5	5.08

Employees classified as 75% full-time must work at least 60 hours per pay period to be eligible to accrue vacation leave. If an employee in this classification is approved to work beyond scheduled 60 hours, leave will be accrued on a per-hour basis per hours worked up to 80 hours in a pay period.

Credited service guidelines are outlined in Policy 215 – Credited Services.

Once employees enter an eligible employment classification, they begin to earn paid vacation time according to the schedule. They can request use of vacation time after it is earned. Employees who are on an approved "Leave of Absence" will not accrue paid vacation leave during that period of time. Accruals will resume once an employee returns from leave.

To take vacation, employees should request advance approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and staffing requirements.

Vacation time off is paid at the employee's base pay rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

As stated above, employees are encouraged to use available paid vacation time for rest, relaxation, and personal pursuits. In the event that available vacation is not used by the end of the calendar year, employees may carry unused time forward to the next calendar year. Unused vacation leave may accrue up to 360 hours. After the processing of the last pay check of the calendar year, any accrued and unused vacation leave in excess of 360 hours will be forfeited. The Human Resources Director may approve exceptions to forfeiture if business requirements do not allow the employee to use annual leave. Forfeiture of accrued vacation leave in excess of 360 hours will occur before conversion of accrued unused sick leave.

Upon termination of employment, employees will be paid for unused vacation time that has been earned through the last day of work.

Former employees rehired after military service or reinstated from reduction in force status shall assume the same eligibility for vacation accrual they had before their termination.

An employee cannot sell his/her vacation time back to DBH while they are still working.

To donate vacation time to another for use as sick leave (See policy 308).

Saturdays, Sundays, and legal holidays occurring during a period in which vacation leave has been granted shall not be charged against accrued vacation leave.

Sick Leave Benefits

Policy No. 305

Effective Date: 4/2007

DBH provides paid sick leave benefits to all eligible employees for periods of temporary absence due to illnesses or injuries. Employees in the following employment classification(s) are eligible to earn and use vacation time as described in this policy:

- Regular full-time employees
- 75% full-time employees

Eligible employees will accrue sick leave benefits at the rate of 12 days per year (1 day for every full month of service). Sick leave benefits are calculated on the basis of a "benefit year," the 12-month period that begins when the employee starts to earn sick leave benefits. Employees working less than forty (40) hours per week shall accrue sick leave on a prorated basis.

	Regular Full-Time		75% Full-Time	
	Days per Year	Hours per Pay Period	Days Per Year	Hours Per Pay Period
Accruals	12	3.7	8	2.775

Employees classified as 75% full-time must work at least 60 hours per pay period to be eligible to accrue sick leave. If an employee in this classification is approved to work beyond scheduled 60 hours, leave will be accrued on a per-hour basis per hours worked up to 80 hours in a pay period

Paid sick leave can be used in minimum increments of one hour. An eligible employee may only use sick leave benefits for an absence due to his or her own illness or injury, or that of a child, parent, or spouse of the employee.

Paid sick leave cannot be used for vacation or other related personal leave.

Employees who are unable to report to work due to illness or injury should notify their direct supervisor before the scheduled start of their workday if possible, but no later than one hour after normal starting time. The direct supervisor must also be contacted on each additional day of absence. If an employee is absent for three or more consecutive days due to illness or injury, a physician's statement may be provided verifying the disability and its beginning and expected ending dates. Such verification may be requested for other sick leave absences as well and may be required as a condition to receiving sick leave benefits. Before returning to work from a sick leave absence of 30 consecutive days or more, an employee may be asked to provide a physician's verification that he or she may safely return to work. Such proof shall be furnished within 5 calendar days of request.

Sick leave benefits will be calculated based on the employee's base pay rate at the time of absence and will not include any special forms of compensation, such as incentives, commissions, bonuses, or shift differentials. Employees who are on an approved "Leave of Absence" will not accrue paid sick leave during that period of time. Accruals will resume once an employee returns from leave. Unused sick leave benefits will be allowed to accumulate indefinitely.

Sick Leave Incentive Program

Employees who accrue and maintain 120 hours of sick leave will become eligible to participate in the sick leave incentive program. During a fiscal year in which an employee is eligible, one-third (1/3) of unused sick leave which accrued during the year (not the total accrued balance) may be converted to a corresponding amount of either pay or vacation leave after the processing of the last pay check of the year. After subtracting the converted sick leave, the remaining unused annual sick leave shall be accrued for future use. Conversion shall occur after vacation leave in excess of 360 hours has been forfeited.

Sick leave benefits are intended solely to provide income protection in the event of illness or injury, and may not be used for any other absence. Unused sick leave benefits will not be paid to employees while they are employed or upon termination of employment except as noted in the following:

Retirement

Employees who meet the retirement guidelines of the Utah State Retirement System and who apply and are approved to receive retirement payments or employees who terminate with ten (10) or more years of service with DBH shall be eligible to be paid for one-third (1/3) of all accrued unused sick leave. Employees discharged from DBH shall not be eligible for this benefit.

See Leave Donation Policy (308)

An employee whose status changes so that he/she is no longer eligible for sick leave shall have his/her balance maintained in their payroll file but shall not be eligible to use it. If the employee returns to a status eligible to receive sick leave, the balance will be restored and available for use.

Family and Medical Leave

DBH complies with the Family and Medical Leave Act of 1993, which protects employees' jobs and benefits in the event of a medical or family circumstance which requires the employee to take time off from work without pay. Family and medical leaves are granted as follows:

Eligibility

Employees are eligible for family and medical leave if they have been employed at least 12 months and have worked at least 1,250 hours in the 12-month period preceding the leave. Additionally, the employee must work at a DBH facility where at least 50 employees are employed by DBH within 75 miles of the facility.

Circumstances Permitting Family and Medical Leave

DBH will provide up to 12 weeks of leave without pay within any 12-month period to an eligible employee for any of the following reasons:

- * Birth of an employee's child (within 12 months after birth)
- * Adoption of a child by an employee (within 12 months after placement)
- * Placement of a child with the employee for foster care (within 12 months after placement)
- * Care of a child, spouse or parent having a serious health condition
- * Incapacity of the employee due to a serious health condition.

A "serious health condition" entitling an employee to FMLA leave means an illness, injury, impairment, or physical or mental condition that involves in-patient care or continuing treatment by a health care provider. Leaves may be limited to the duration of the serious health condition up to 12 weeks. DBH will require a physician to certify the necessity of any medical leave and DBH may require a second opinion concerning the need for a medical leave. When a second opinion is required by DBH, it will be obtained from an independent provider at DBH's expense. The "Medical Certification" form can be obtained from the Human Resources Department. Please return it as soon as possible, but no later than 15 days after DBH requests a certification. If you fail to return a requested certification, you may lose your protection under the FMLA and therefore be considered absent without a valid excuse.

DBH will grant intermittent or reduced-schedule leave if a health care provider certifies that it is medically necessary. Whenever possible, medical treatments should be scheduled so as not to disrupt DBH operations. To better accommodate your intermittent or reduced-schedule leave, we may temporarily transfer you to another job with equivalent pay and benefits.

Length of Leave

No leave or combination of leaves under this policy may exceed 12 weeks in a 12 month period. The 12 month period is the 12 month period measured forward from the date your first FMLA leave begins. Spouses who both work for DBH may be limited to a combined total leave of 12 weeks in the 12 month period for the birth or placement of a child or to care for a parent with a serious health condition.

Coverage

Eligible employees can take up to 12 weeks of leave each calendar year. Upon completion of leave, the employee will be allowed to return to the same position the employee held when leave commenced, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment.

During an approved family or medical leave, the employee will not suffer loss of insurance benefits. The employee will be required to pay his/her share of the monthly insurance premiums which will be due on the first day of each month during the leave period. Should the employee elect not to return to work and continue working for at least 30 days after the medical or family leave has expired, the employee will be required to reimburse DBH for all insurance premiums paid during the FMLA leave. Upon return from an approved leave, the employee will return with the benefits and seniority they had before the leave commenced.

Employees are not permitted to work for another employer during family and medical leave without prior approval of DBH.

Leave Requests and Notice Requirements

To apply for family and medical leave, the employee must fill out specific forms and follow particular procedures. If you believe a family or medical leave is required, please contact the Human Resources Department to obtain appropriate forms and information so that your request for leave can be appropriately processed.

You must complete a written "Request for Leave" at least 30 days before you begin FMLA leave. This form is available from and must be returned to the Human Resources Department. If 30 days notice is not possible, you must notify us as soon as you can, no more than two business days after you learned that you would need leave. Otherwise, your leave may be delayed for 30 days following notice of your need for leave. For unexpected leave, you must contact your supervisor directly either before work or as soon after your starting time as possible. You must complete a "Request for Leave" form as soon as you can. If you are unable to give us notice yourself, a responsible person or family member must call.

If you are absent from work and do not comply with the procedures in this policy, we will apply our usual attendance policy rules. An unexcused absence may result in disciplinary action, up to and including termination.

While on leave, you must periodically contact your supervisor about your status, including your intent to return to work. A call-in schedule will be arranged after you notify your Supervisor of your need for FMLA leave. Failure to follow the schedule will result in discipline, up to and including termination.

Substitution of Paid Time Off

Earned paid time off must be used at the same time as your unpaid FMLA leave. Substitution of paid leave will be allowed to the extent the circumstances meet DBH policy requirements for use of that type of paid leave. If you are already receiving payment under workers' compensation or a temporary disability plan, you cannot use accrued paid leave at the same time. The use of paid time off and any other paid leave does not extend the 12-week maximum for FMLA leave.

Return from Leave

If leave is due to your own serious health condition, you must provide timely medical certification of fitness-for-duty before returning to work. Employment restoration may be delayed or denied if you fail to provide a fitness-for-duty certification.

If you do not return to work or contact the Human Resources Department within 24 hours of your agreed-upon return date, we will assume that you have voluntarily resigned.

Upon return from leave, you will normally be reinstated to the same job or a job with equivalent pay, benefits and working conditions. Please note, however, that you have no greater rights to a job when you return than if you had continued to work during the leave period. When you return from FMLA leave, you will have the same benefits you had when you began leave, minus any benefits used during leave.

If you are a key employee, we may deny you reinstatement if it will cause DBH substantial and grievous economic harm. A key employee is a salaried FMLA-eligible employee who is among the highest-paid ten percent of all DBH's workers within 75-miles of the employee's worksite.

Unpaid Leave

Policy No. 306

Effective Date: 4/2007

Taking a day off without pay may be allowed only in extremely exceptional circumstances when available PTO has been exhausted. Days without pay must be arranged through your supervisor in advance of use, and must be approved in writing by the Chief Executive Officer. Neglecting to get advance approval will result in the absence being treated as unexcused and may result in disciplinary action. Please be aware of the number of PTO you have accrued and allow a cushion for unplanned emergencies.

Other Special Leave

Policy No. 307

Effective Date: 4/2007

Military Leave

DBH employees who have military reserve obligations of less than two weeks will be given the appropriate amount of time off without pay to perform such duty. Employees with such military obligations may opt to use PTO for such absences.

DBH employees who are absent on military leave for a period of more than two weeks will be entitled to reemployment upon the conclusion of military leave as governed by the Uniform Services Employment and Reemployment Rights Act of 1994 and any other applicable law. An individual reemployed upon the conclusion of military leave does not lose any seniority credit earned for employment prior to the military leave.

Bereavement Leave

DBH full-time employees may receive up to five days of paid bereavement leave in the event of the death of an immediate family member and up to three hours for other relatives or close friends to travel, make funeral arrangements, and to attend the funeral services. An immediate family member is a spouse, child, parent, son or daughter-in-law, parent-in-law, grandchild, brother, sister or brother or sister-in-law or, with supervisor pre-approval, another person whose association with the employee was similar to such relationship.

Jury Leave

DBH full-time employees required to serve on a jury may, with proof of attendance, receive paid leave (less any amount received for jury service) for the period of jury service up to 5 days. Employees performing jury service

will continue to accrue credit for seniority and paid time off. No adverse employment action will be taken against any employee as a result of the employee's fulfillment of this important civic obligation.

Leave Donation

Policy No 308

Effective Date: 3/2011

Davis Behavioral Health established a leave donation program to help employees who have a short-term need and have used up all of their paid sick and vacation leave. Employees must complete a "Leave Donation Request Form" with their immediate supervisor to initiate the leave donation process. Request forms should be submitted to the Human Resources Director who will take the request to the Executive Leadership Team for approval.

The Human Resources Department will communicate approval/denial to the employee and will send an e-mail to all DBH employees requesting donations for all approved requests.

This policy is intended to allow employees to elect to provide additional support to an employee for a definable period of time until long-term disability or some other source of income can come into effect.

Only *vacation leave* hours may be donated to a specific individual for a specific event. Donated vacation leave is converted to sick leave when transferred to another employee. As outlined in Policy 304 – Sick Leave Benefits, sick leave benefits can only be used for an absence due to his or her own illness or injury, or that of a child, parent, or spouse of the employee. All Leave donations are transferred as hour units and do not carry a specific monetary value.

Employees can only donate leave when an approved request is in place. Employees cannot donate vacation leave that would normally be lost at the end of the calendar year unless it is possible for the donating employee to take the annual leave before the calendar year ends.

Employees must exhaust all personal accrued leave before leave donations will be available for use. Donations are directly associated with a specific event and time period. All unused leave donations will be returned to the donating employee(s).

[Leave Donation Request Form](#)

Employees Serving as Witnesses

Policy No. 309

Effective Date: 4/2007

All subpoenas or requests for expert witnesses, court appearances, depositions, document productions, etc. are to be presented to the Subpoena Officer for DBH. Only the Subpoena Officer of DBH will authorize staff to appear as witnesses after consulting with legal counsel.

Appearances of Behalf of DBH

DBH encourages employees to appear in court for witness duty when subpoenaed to do so. If employees have been subpoenaed or otherwise requested to testify as witnesses by DBH, they will receive paid time off for the entire period of witness duty and will be reimbursed for mileage at prevailing DBH rates. Witness and mileage fees paid to employees in connection with such appearance shall be remitted to DBH.

The subpoena should be shown to the employee's supervisor and the DBH Subpoena Officer immediately after it is received so that operating requirements can be adjusted, where necessary, to accommodate the employee's absence. The employee is expected to report to work whenever the court schedule permits.

In appropriate cases, DBH may charge an expert witness fee for appearances by DBH employee, which will include all travel time to and from the destination, appearance as witness, and incurred expenses. The fee will be determined by the President/CEO.

Requests which are not the result of a subpoena must be accompanied by sufficient information to allow DBH to bill for employee appearances.

Appearances for a Private Party of Interest

A request shall be made in writing to the Subpoena Officer of DBH to authorize an employee to act as an expert witness for a private party or interest. DBH will not pay remuneration to any employee for the time such employee spends with respect to act as an expert witness. Authorization to act as an expert for a non-DBH interest must be in writing. In the event a fee is received by the employee for time acting as an independent expert, such pay may be retained by the employee.

The employee must fully describe to the DBH Subpoena Officer the nature of the case, the opinions to be rendered, and the relation, if any, of the case to DBH employment. It is the employee's responsibility to insure that the DBH Subpoena Officer is fully informed of any potential conflicts of interest at the time authorization is requested.

Employees will be granted unpaid time off to appear in court as a witness when requested by a party other than DBH. Employees are free to use any available paid leave benefit to receive compensation for the period of this absence.

Protected Disabilities

Policy No. 310

Effective Date: 8/2012

Davis Behavioral Health is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal opportunity in employment for qualified persons with physical or mental disabilities. All employment practices and activities are conducted on a non-discriminatory basis.

Hiring procedures provide persons with disabilities meaningful employment opportunities. Pre-employment inquiries are made only regarding an applicant's ability to perform the essential functions of the position.

DBH will make reasonable accommodation(s) to the known physical or mental limitations of qualified applicants or employees with disabilities to enable them to perform the essential job duties, unless such accommodation(s) would impose an undue hardship on the operation of the agency. All accommodation requests will be made through the Human Resources office.

Qualified individuals with disabilities are entitled to equal pay and other forms of compensation (or changes in compensation) as well as in job assignments, classifications, organizational structures, and position descriptions. Leave of all types will be available to all employees on an equal basis.

DBH is also committed to not discriminating against any qualified employees or applicants because they are related to or associated with a person with a disability. The agency will follow any state or local law that provides individuals with disabilities greater protection than the ADA.

This policy is neither exhaustive nor exclusive. DBH is committed to taking all other actions necessary to ensure equal employment opportunity for persons with disabilities in accordance with the ADA and all other applicable federal, state, and local laws.

DBH reserves the right to make exceptions from any of the guidelines contained in this Handbook in order to implement or satisfy the reasonable accommodation requirements imposed by the Americans with Disabilities Act.

Payroll & Timekeeping

Policy No. 401

Effective Date: 4/2007

Payroll checks to all employees are distributed biweekly for the previous period. Payroll is distributed by direct deposit (wire transfer). Should payday fall on a holiday, checks will be issued the day before. Every effort is made to avoid paycheck errors. Please report any error to your supervisor or to the Payroll Office at once so that it can be corrected.

Hourly employees are required to record their hours manually. Federal and state laws require DBH to keep an accurate record of time worked in order to calculate employee pay and benefits. Time worked is all the time actually spent on the job performing assigned duties.

All employees are required to complete and turn in a bi-weekly time sheet by 9:00 a.m. on the Friday after the end of the pay period. Employees who have scheduled leave shall make arrangements to turn in their time sheet in advance of this deadline. Employees away due to illness or emergency shall contact their supervisor as soon as possible after the submission deadline.

Overtime work must always be approved, in writing, before it is performed. Employees are responsible to clearly communicate hours worked and leave taken and to have followed appropriate policies regarding overtime and leave. Payroll will only process those time sheets, which are submitted according to policies and procedures. Circumstances that are different from the usual work schedule must be explained in the "Comments" column.

Exempt employees must record approved PTO hours on time sheets.

Time cards must reflect your actual hours of work. Each employee is responsible for his/her own timecard. Employees may not record the start or stop time for another employee. Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.

It is the employees' responsibility to sign their time records to certify the accuracy of all time recorded. The supervisor will review and then sign the time record before submitting it for payroll processing. In addition, if

corrections or modifications are made to the time record, both the employee and the supervisor must verify the accuracy of the changes by initialing the time record.

Hours worked and leave taken will be reported to employees on a pay stub which will reflect the official records.

Overtime

Policy No. 402

Effective Date: 1/2015

From time-to-time, it may be necessary to have our employees work extra hours in order to meet a deadline or accomplish an important goal. Exempt employees do not receive overtime compensation (money or time) under normal circumstances. They are expected to work all hours necessary to perform their assigned duties.

If you fall into the category of non-exempt, you will receive overtime pay for all hours actually worked in excess of 40 during the work week. PTO or other leaves do not count as hours worked for purposes of overtime. No overtime is to be worked without prior approval from your direct Supervisor. Working overtime hours without proper authorization will result in disciplinary action up to and including termination.

Multiple Pay Rates

On occasion, employees may be approved to work in additional capacities at DBH that result in having multiple rates of pay. If an employee who has been approved to work in this manner works over 40 hours in a work week and becomes eligible for overtime earnings, the overtime will be calculated at one and a half times the regular rate associated with the job that caused the overtime to occur, as allowed under section 207 (g) (2) of the Fair Labor Standards Act ([29 CFR 778.419](#)). Please refer to the following example:

Regular earnings for full-time core position (Job A):

- \$15.00 per hour

Earnings for additional capacity (Job B):

- \$10.00 per hour (regular)
- \$15.00 per hour (overtime)

	Job A		Job B	
	Hours	Earnings	Hours	Earnings
Friday	8	\$120.00	--	--
Saturday	--	--	--	--
Sunday	--	--	--	--
Monday	8	\$120.00	12	\$180.00
Tuesday	8	\$120.00	--	--
Wednesday	8	\$120.00	12	\$180.00
Thursday	8	\$120.00	--	--
Total	40	\$600.00	--	\$360.00

Insurance Benefits

Policy No. 403

Effective Date: 4/2007

Revision Date: 9/2011

DBH provides several benefit programs to employees. The general terms of some of the benefit programs provided are outlined below. Keep in mind that the terms of all benefit programs are established and governed by the terms of the appropriate policy or plan. The information contained below is intended only to identify the general benefits available, but does not establish any of the terms or conditions of benefit programs. Any specific questions regarding the terms and conditions of benefit programs should be referred to the Payroll Department.

Medical Insurance

Davis Behavioral Health offers participation in the medical insurance program for the following classes of employees:

- Regular Full-Time – 40 hours per week
- 75% Full-Time – 30-39 hours per week

New employees joining DBH will be eligible for enrollment in the plan as of the Friday following the end of the previous pay period. DBH assists with payment of the medical insurance premium. Currently, premiums for the two eligible classes are as follows:

CLASS	DBH	EMPLOYEE
Regular Full-Time	82%	18%
75% Full-Time	58%	42%

Employees who reduce their hours below those assigned to their assigned class for two (2) consecutive pay periods will be reclassified to the lower class and premiums will be adjusted to the levels outlined above. In order to return to the previous class, the employee must work the required amount of hours for two (2) consecutive pay periods.

Dental Insurance

Davis Behavioral Health offers participation in the dental insurance program for the following classes of employees:

- Regular Full-Time – 40 hours per week
- 75% Full-Time – 30-39 hours per week

New employees joining DBH will be eligible for enrollment in the plan as of the Friday following the end of the previous pay period. DBH assists with payment of the medical insurance premium. Currently, premiums for the two eligible classes are as follows:

CLASS	DBH	EMPLOYEE
Regular Full-Time	50%	50%

75% Full-Time	25%	75%
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Employees who reduce their hours below those assigned to their assigned class for two (2) consecutive pay periods will be reclassified to the lower class and premiums will be adjusted to the levels outlined above. In order to return to the previous class, the employee must work the required amount of hours for two (2) consecutive pay periods.

Life Insurance

DBH provides a basic life insurance plan for full time employees and part-time employees who work at least 30 hours per week. This benefit pays two times the employees annual salary, rounded to the nearest \$1000. This benefit will begin to reduce at age 64 and further reduce as the employee becomes older. Additional supplemental and/or dependent life insurance coverage may also be purchased. Eligible employees may participate in the life insurance plan subject to all terms and conditions of the agreement between DBH and the insurance carrier.

Long-Term Disability

DBH provides a long-term disability benefit for its employees. Under the current plan contract, employees who are approved for long-term disability will receive 60% of their current wages after 90 days through the benefit provider while they remain eligible for the benefit. The employment status of employees who are approved to receive long-term disability benefits will be terminated once eligibility is met and/or FMLA leave is exhausted. For business purposes and the treatment of the consumers served by DBH, positions will not be held beyond this timeframe.

Employees who receive medical clearance to return to work may apply for current openings at DBH at that time.

Workers Compensation

Workers Compensation benefits are available to all employees who are injured on the job. The entire cost of the benefit is borne by DBH. All accidents must be reported to the Payroll Office immediately (no later than 24 hours after the occurrence). DBH must file a report with the State as soon as possible following the accident in order to not jeopardize payment of medical costs.

Unemployment Insurance

Taxes based on your pay are paid by DBH to provide partial income replacement for you in the event you are laid off or terminated through no fault of your own. If you quit work without cause or are terminated for just cause, you may be ineligible for unemployment benefits.

Social Security

Social Security taxes are paid partially by DBH and partially through deductions from your pay. In addition to providing some retirement income, the program helps your dependents in the event of your death and provides help with medical bills after retirement.

Educational Assistance

Policy No. 404

Effective Date: 4/2007

Updated: 4/2017

The skills and knowledge of DBH employees are critical to its success. DBH's educational assistance program

encourages personal development through formal education so that employees can maintain and improve job-related skills or enhance their ability to compete for reasonably attainable jobs within DBH.

DBH provides educational assistance to eligible employees who have completed 180 calendar days of service in an eligible employment classification as DBH funds are available. To maintain eligibility employees must remain on the active payroll and be performing their job satisfactorily through completion of each course. Employees in the following employee classification(s) are eligible for educational assistance:

* Full-time employees

*Part-time employees with a regular schedule of more than 30 hours per week

*Consulting professionals (with approval by the President and CEO)

Individual courses or courses that are part of a degree, licensing, or certification program must be related to the employee's current job duties or a foreseeable future position in the organization in order to be eligible for educational assistance. DBH has the sole discretion to determine whether a course relates to an employee's current job duties or a foreseeable future position. Employees should contact the Human Resource Director for more information or questions about educational assistance.

1. Full-time DBH employees who have been accepted into the DBH Educational Assistance Program will not receive payment for the practicum hours at DBH since the agency is paying a large portion of the tuition for the graduate program.
2. Participants are expected to continue their full-time positions at DBH and complete their practicum hours in addition to the required 40 hours of work.
 - a. Employees will maintain their status as a full-time, benefitted employee.
3. If participants would like to work a reduced or modified schedule compared to that they are currently working, they must submit an Alternative Work Schedule Request Form for approval (attached).
 - a. Any request that results in a reduction to the 40-hour full-time workweek will also influence benefits coverage, eligibility, and premiums. (i.e.: an approved request to work a 30-hour work week will result in insurance premiums and accruals moving to the 75%-full-time employee rates)

While educational assistance is expected to enhance employees' performance and professional abilities, DBH cannot guarantee that participation in formal education will entitle the employee to automatic advancement, a different job assignment, or pay increases.

Clinical staff and Support staff are eligible for DBH scheduled training to be arranged from time to time.

Funds available for individual training will be allocated at the beginning of the fiscal year (July 1 through June 30). Program Directors in consultation with the Human Resources Department will be responsible for determining how the money will be utilized best in promoting individual training at DBH, subject to budget requirements and other needs.

DBH personnel who attend workshops and use training funds may be asked to make in-service training presentations at quarterly general staff meetings and at training sessions held at the unit or program level.

Business Travel Expenses

Policy No. 405

Effective Date: 4/2007

DBH will reimburse employees for reasonable business travel expenses incurred while on assignments away from the normal work location. All business travel must be approved in advance by the employee's supervisor and

the Finance Department. Employees whose travel plans have been approved should make all travel arrangements through DBH's travel department.

Employees who are involved in an accident while traveling on business must promptly report the incident to their immediate supervisor. Vehicles owned, leased, or rented by DBH may not be used for personal use without prior approval.

When travel is completed, employees should submit completed travel expense reports within 30 days to their supervisor for approval and transmittal to the Finance Department. Reports should be accompanied by receipts for all individual expenses.

Garnishments

Policy No. 406

Effective Date: 4/2007

It is expected that each employee will meet his/her financial obligations without involving DBH. Wage attachments, garnishments, etc., are looked upon with disfavor. However, as required by applicable law, no employee will be discharged because earnings have been garnished in connection with any one judgment. The excessive amount of bookkeeping creates an unnecessary burden and additional expense for DBH.

DBH is required by law to honor any wage assignments served exactly as presented and will not enter into modifying agreements of any kind unless specifically instructed to do so by the court.

401(k) Pension/Profit-Sharing Plan

Policy No. 407

Effective Date: 4/2007

DBH has a 401 (k) profit sharing plan for full-time employees which has been established under the provisions of the Internal Revenue Code.

After you start work, and have completed the required eligibility requirements, you can enter the plan on the next entry date. To be eligible to become a participant in the plan, you must (i), have attained the age of 21, and (ii) work at least 20 hours per week (1,000 hours per year).

The terms of the 401 (k) profit-sharing plan are governed by the terms of the plan itself. The information contained in this Handbook is intended only to identify the general benefits available, but does not establish any of the terms or conditions of the plan. Any specific questions regarding the terms and conditions of the plan should be referred to the Payroll Office.

Employees who meet the retirement guidelines of the Utah State Retirement System and who apply and are approved to receive retirement payments or employees who terminate with ten (10) or more years of services with DBH shall be eligible to be paid for one third (1/3) of all accrued unused sick leave. Payout of this retirement incentive may be made as taxable income or deposited into an eligible retirement account. The standard one-third (1/3) conversion rate may be increased with Board of Directors approval to reward employees who are nearing retirement and have demonstrated increased loyalty to DBH during their years of service. Employees discharged from DBH shall not be eligible for this benefit.

Cafeteria Benefit Plan

Policy No. 408

Effective Date: 4/2007

DBH has a Cafeteria Benefit plan for full-time and part-time employees which has been established under the provisions of the Internal Revenue Code. The provisions allow each employee to choose from a menu of qualified benefits with the employee cost of selected benefits paid on a pre-tax basis. Examples of qualified benefits are health insurance, anticipated medical expenses, dependent child care and other insurance.

The terms of the Cafeteria Benefit Plan are governed by the terms of the plan itself. The information contained in this Handbook is intended only to identify the general benefits available, but does not establish any of the terms or conditions of the plan. Any specific questions regarding the terms and conditions of the plan should be referred to the Payroll Office.

Employee Assistance Plan

Policy No. 409

Effective Date: 4/2007

DBH cares about the health and well-being of its employees and recognizes that a variety of personal problems can disrupt their personal and work lives. While many employees solve their problems either on their own or with the help of family and friends, sometimes employees need professional assistance and advice.

Through the Employee Assistance Program (EAP), DBH provides confidential access to professional counseling services for help in confronting such personal problems as alcohol and other substance abuse, marital and family difficulties, and emotional distress. The EAP is available to all employees offering problem assessment, short-term counseling, and referral to appropriate community and private services.

The EAP is generally confidential and is designed to safeguard your privacy and rights. Information given to the EAP counselor may be released only if requested by you in writing. All counselors are guided by a Professional Code of Ethics.

Personal information concerning employee participation in the EAP is maintained in a confidential manner. No information related to an employee's participation in the program is entered into the personnel file.

There is no cost for employees to consult with an EAP counselor. If further counseling is necessary, the EAP counselor will outline community and private services available. The counselor will also let employees know whether any costs associated with private services may be covered by their health insurance plan. Costs that are not covered are the responsibility of the employee.

Information on EAP services is available through the Human Resources Director.

Generally, EAP will pay for up to 3 sessions with an appropriate mental health therapist who is not an employee of DBH, helping the employee to then take advantage of our insurance benefit for further needs.

Employee References

Policy No. 410

Effective Date: 4/2007

All requests for references must be directed to the Human Resource Director. No other manager, supervisor or employee is authorized to release references for current or former employees.

Sexual & Other Unlawful Harassment

Policy 501

Effective Date: 4/2007

DBH is committed to providing a work environment free of discrimination and unlawful harassment. Actions, words, jokes, or comments which exhibit disrespect or are demeaning to an individual's gender, race, ethnicity, age, religion, disability, veteran or marital status will not be tolerated.

DBH will not tolerate sexual harassment directed toward any person, irrespective of gender. Sexual harassment includes, but is not limited to, any of the following:

*Verbal, physical, or visual conduct of a sexual nature or suggestion which is unwelcome. Such conduct has the effect of unreasonably interfering with an individual's work performance, affects tangible job benefits, and may create an intimidating, hostile, or offensive work environment.

*Explicit sexual propositions, sexual innuendos, suggestive jokes, jokes about gender-specific traits, foul or obscene language or gestures, display of foul or obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another's body.

*A circumstance where submission to or rejection of such conduct is used as the basis for decisions relating to employment.

*A circumstance where submission to or rejection of such conduct is a condition of employment, whether spoken or implied.

Examples of Sexual Harassment may include any of the following:

Verbal

Referring to an adult as a girl, hunk, doll, babe, honey, etc. or other demeaning terms

Whistling at someone; cat calls

Making sexual comments or innuendoes

Telling sexual jokes or stories

Asking personal questions about social or sexual life

Repeatedly asking out a person who is not interested

Loud, public, foul or abusive language

Non-Verbal

Looking a person up and down

Staring at someone

Displaying sexually suggestive visuals

Making sexual gestures with hands or body movements

Physical

Touching a person's clothing, hair or body

Giving a massage around the neck

Standing close or brushing up against a person

Grabbing

Pinching

Caressing

If you feel that you have been subjected to harassing conduct, contact the Human Resource Director immediately, or contact a member of management. Harassment is extremely serious misconduct, as is filing a

false statement that harassment has occurred, and may result in discipline, up to and including termination. Harassment may also subject the harasser to personal legal and financial liability.

DBH's practice is to fully investigate any complaints of harassment and to keep such complaints confidential to the extent practicable. However, DBH cannot promise anonymity to persons who report harassment. If DBH determines that sexually harassing conduct has occurred, appropriate remedial action may be taken up to and including termination.

DBH forbids retaliation in any form against anyone who has reported unlawful harassment. DBH will take corrective action up to and including termination against employees who harass, embarrass or retaliate in any respect against one who has made a complaint regarding unlawful harassment.

Drug & Alcohol Abuse

Policy No. 502

Effective Date: 4/2007

Sale, purchase, use, consumption, or possession of alcohol or a controlled substance or drug paraphernalia is prohibited during work hours or on DBH property, as is reporting to work under the influence of these substances so as to impair your ability to work. "Controlled substance" includes prescription drugs. Such drugs may be used only with a physician's prescription when your physician has granted you permission to use the drug at work. Violating this guideline may result in discipline up to and including termination.

DBH employees may be required to submit to appropriate drug testing during work hours, in accordance with DBH's Drug Testing Policies. Any failure or refusal to submit to testing, attempt to alter the result, or test results indicating an employee was working or on DBH premises under the influence of prohibited substances, or failure to report to management a violation or suspected violation of this guideline, warrants the imposition of discipline, up to and including termination.

DBH employees are required to notify DBH's Human Resource Director if they are convicted of any illegal drug violation within five days of such conviction. DBH asks all employees to make a good-faith effort to maintain a drug-free work place for the benefit of all concerned. DBH may periodically distribute information concerning drug education and awareness programs.

Solicitation

Policy No. 504

Effective Date: 4/2007

No employee is permitted to conduct any type of solicitation during working time including, for example, canvassing, collecting funds, soliciting pledges, circulating petitions, soliciting memberships in any organization or any other such activity undertaken for any purpose. Solicitations include but are not limited to efforts to raise or collect money for or support charitable or other causes, or to sell products or services.

No employee is permitted to distribute any non-company literature or other materials, such as leaflets, letters, petitions or any other written materials during working time or in working areas. As used in the guidelines, "working time" includes the time of the employees doing the soliciting or distribution and also the working time of the employee or employees to whom the soliciting or distributing is directed. No employee is permitted to distribute any such literature or other materials at any time in any DBH public area.

Persons not employed by DBH are not permitted, at any time or in any manner, on any DBH property to conduct any form of solicitation or to distribute any literature or other materials to any employee of DBH or to any visitor of DBH.

Accuracy of Billing Records; False Claim Act

Policy No. 505

Effective Date: 4/2007

Accuracy of Billing Records; False Claims Act; Whistle Blower Rights

It is the duty of every employee and contract provider engaged by DBH to help ensure that DBHs service and billing records are accurate in every respect.

The False Claims Act (31 U.S.C. 3729-3732) prohibits (1) knowingly presenting or causing to be presented to the Federal Government a false or fraudulent claim for payment; (2) knowingly using or causing to be used a false record or statement to get a claim paid by the Federal Government; (3) conspiring with others to get a false or fraudulent claim paid by the Federal Government; and (4) knowingly using or causing to be used a false record or statement to conceal, avoid, or decrease an obligation to pay money or transmit property to the Federal Government. The False Claims Act is aimed only at fraud committed against the Government. It does not provide a remedy for waste or mismanagement that does not rise to the level of fraud. A company or individual that has made a false claim may be liable for triple damages, a civil fine of \$5,500 to \$11,000 per false claim, plus attorney fees.

Any DBH employee who has knowledge of any act that could constitute fraud in violation of the False Claims Act should report it immediately through the Silent Whistle link on the DBH homepage or through the DBH Corporate Compliance hotline.

An individual who has personal knowledge and evidence of a fraud against the federal government can file a qui tam lawsuit on behalf of the government and, if successful, can receive a portion of any recovery. It is not sufficient for the whistle blower (also known as the relator) to merely report the alleged fraud to the government; he or she must actually initiate a lawsuit by filing a complaint in federal district court. The complaint must be filed under seal (i.e., the contents of the complaint are not available to the public). The case will remain under seal while the government investigates the case, in order to allow the government to determine the strength of the charges. This confidentiality serves both to protect the whistleblower and the company while the case is being investigated. While a case is under seal, the government may conduct interviews and even issue search warrants, but it will not disclose the name of the whistleblower or the exact nature of its investigation.

An employee may not be discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against by his or her employer in the terms and conditions of employment because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed the False Claims Act.

Utah also has a state False Claims Act (Section 26-20-1 et seq, Utah Code) that prohibits making or causing to be made a false statement or false representation of a material fact in an application for medical benefits or in determining rights to receive or continue to receive a medical benefit. The Act also prohibits soliciting, offering, paying, or receiving a kickback or bribe in connection with the furnishing of goods or services for which payment is or may be made in whole or in part pursuant to a medical benefit program, or paying or receiving a rebate of a fee or charge for referring an individual to another person for the furnishing of goods or services. Violations can result in civil and/or criminal penalties.

For more detailed information on DBHs policies and procedures related to detecting and/or preventing fraud, abuse and w

Dress Code

Policy No. 506

Effective Date: 4/2007

At all time you are expected to maintain appropriate standards of grooming, personal hygiene, and dress during working hours and on DBH property. All wearing apparel, personal grooming, and hygiene should not distract others or create a safety hazard to you or your co-workers. Your supervisor will answer any questions you have about appropriate dress or grooming for your department. All applicable federal or state safety and health laws pertaining to dress and grooming will be observed by each employee.

Casual Days

Each Friday will be a designated casual day. Employees may wear casual business wear on designated casual days. Casual business wear means clean, neat, professional clothing. It is never appropriate to wear stained, wrinkled, frayed, or revealing clothing to the workplace. If you are considering wearing something and you are not sure if it is acceptable, choose something else or inquire first.

Listed below is a general overview of acceptable casual business wear as well as a listing of some of the more common items that are not appropriate for the office. Obviously, neither group is intended to be all inclusive. Rather, these items should help set the general parameters for proper casual business wear and allow you to make intelligent judgments about items that are not specifically addressed.

Examples of acceptable casual business wear include:

- * Slacks
- * Jeans
- * Casual dresses and skirts
- * Casual shirts and blouses
- * Loafers
- * Deck shoes
- * Boots
- * Athletic shoes
- * Flats
- * Dress sandals

Examples of inappropriate clothing items that should not be worn on casual days include:

- * Warm-up or jogging suits and pants
- * Shorts
- * Short shorts
- * Spandex or other form fitting pants
- * Miniskirts
- * Tank tops
- * Halter tops
- * Visible undergarments
- * Baggy low-rider pants

No Smoking Policy

Policy No. 507

Effective Date: 4/2007

Revision Date: 5/2012

In accordance with the Utah Indoor Clean Air Act, DBH maintains nonsmoking facilities company wide. Smoking is not permitted within any building or permanent facility maintained by DBH. DBH may designate a smoking location out-of-doors to accommodate those who smoke during authorized breaks and lunch periods. In consideration of the therapeutic process, employees and contractors of DBH are not allowed to smoke with clients.

Visitors

Policy No. 508

Effective Date: 4/2007

To provide for the safety and security of employees and the facilities at DBH, only authorized visitors are allowed in the workplace. All visitors should enter DBH at the reception area. Authorized visitors will receive directions or be escorted to their destination. Employees are responsible for the conduct and safety of their visitors. If an unauthorized individual is observed on DBH's premises, employees should immediately notify their supervisor or, if necessary, direct the individual to the reception area.

Workplace Violence Prevention

Policy No. 509

Effective Date: 4/2/2007

Revision Date:

DBH is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society in general, DBH has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur during business hours or on its premises.

All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to others. Firearms, weapons, and other dangerous or hazardous devices or substances are prohibited from the premises of DBH without proper authorization.

Conduct that threatens, intimidates, or coerces another employee, a client, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, or local law.

All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible to your immediate supervisor or any other member of management. This includes threats by employees, as well as threats by clients, vendors, solicitors, or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible.

All suspicious individuals or activities should also be reported as soon as possible to a supervisor. Do not place yourself in peril. If you see or hear a commotion or disturbance near your work station, do not try to intercede or see what is happening.

DBH will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. In order to maintain workplace safety and the integrity of its investigation, DBH may suspend employees, either with or without pay, pending investigation.

Anyone determined to be responsible for threats of (or actual) violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

DBH encourages employees to bring their disputes or differences with other employees to the attention of their supervisors or the Human Resources Director before the situation escalates into potential violence.

Identification Badges

Policy No. 510

Effective Date: 4/2007

When you commence employment with Davis Behavioral Health you will be issued employee identification badge that includes your photograph, name, and other identifying information. It identifies you as an employee of DBH and serves as your pass into our facilities and offices.

If you lose your ID, it is your responsibility to notify the Human Resources Department immediately so that arrangements can be made to cancel your lost badge, take another photograph of you, and issue you a new badge. The cost for an initial replacement badge will be borne by DBH; however, if you lose your ID more than once, it may be your responsibility to pay for a replacement badge.

The best protection for our workplace is conscientious, security-minded employees. If you observe anyone in our facilities without an ID or who appears to be engaging in suspicious activity, please notify your supervisor or human resources immediately.

Terminations

Policy No. 601

Effective Date: 4/2007

Nothing contained in this manual should be considered a contract or guarantee of employment. Employment at DBH is entirely on an at-will basis both for you and for DBH. Employees have the right to terminate employment at any time for any reason, and DBH has the same right. However, should you decide to leave DBH, when possible, we would like two weeks advance notice. Not only does this demonstrate professional courtesy, but it gives your supervisor the opportunity to adjust plans with the least amount of interruption to the company work schedules.

DBH will consider an employee to have voluntarily terminated his or her employment if the employee:

1. Elects to resign from DBH, or
2. Fails to return from an approved leave of absence on the date DBH specified, or
3. Fails to report to work without notice to DBH for two consecutive days.

If your DBH employment ends for any reason, you may be asked to participate in an exit interview. This interview is intended to give you an opportunity to communicate your views concerning your work with DBH. At the time of the interview, you are expected to return all DBH-furnished property, such as tools, equipment,

software, ID cards, keys, credit cards, documents and handbooks. Arrangement for clearing any outstanding debts with DBH and for receiving final pay also will be made at this time.

Layoffs - Reductions if Force

Policy No. 602

Effective Date: 4/2007

DBH reserves the right to terminate any employee because of changing business conditions, for any other reason, or for no reason. If a reduction in work force becomes necessary, DBH will select employees for termination based on DBH's present and future needs, as determined in the sole discretion of DBH. DBH will implement termination, whether or not part of a reduction in force, in the manner that best meets the requirements of DBH at that time. If a reduction in force becomes necessary, DBH may consider seniority, along with numerous other factors, including but not limited to skills, performance and staffing needs, in determining which employees will be laid off. Any employee who is laid off in connection with a reduction in force and who is recalled within 45 days after their termination date is considered a reinstated employee. The seniority and eligibility for leave accumulation of a reinstated employee relates back to the reinstated employee's original date of hire. Eligibility for medical and other benefits of reinstated employees is determined in accordance with the governing provisions of the applicable medical or other benefit plan. In determining former employees to be recalled from a layoff, DBH may consider the same variety of factors evaluated in selecting people for reductions in force.

Severance

Policy No. 603

Effective Date 4/2007

DBH employees have no entitlement to severance pay or compensation for accrued but unused PTO or paid leave upon termination. If, at its discretion, DBH decides to grant severance pay, such payments will be determined by DBH at the time of separation based on current business conditions and other factors.

Should DBH decide to offer severance pay or payment of accrued PTO to any employee, eligibility for receipt of such severance will require the employee to sign a legal release giving up the right to bring any legal action against DBH contesting the termination or any other aspects of the employment relationship.

If an employee is terminated for poor performance or violations of DBH guidelines, severance pay is generally not offered.

COBRA

Policy No. 604

Effective Date: 4/2007

The Federal Consolidated Omnibus Reconciliation Act ("COBRA") gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under DBH's health plan when a

"qualifying event" would normally result in the loss of eligibility. Some common qualifying events are resignation, termination of employment, or death of an employee; a reduction in an employee's hours or leave of absence; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

Under COBRA, the employee/beneficiary pays the full cost of coverage at DBH's group rates plus an administration fee. DBH provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for continued coverage under DBH's health insurance plan. The notice contains important information about the employee's rights and obligations.

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POLICIES & PROCEDURES

SUBJECT: Emergency Disaster Plan

PAGES: 2

SECTION: Administrative

EFFECTIVE DATE: 12/2005

REVISION DATE: 10/2011

PURPOSE

To ensure that Davis Behavioral Health has a written plan of action in the event of Disaster or Emergency..

POLICY

A. Each individual Unit shall have an *Emergency Preparedness and Disaster Plan*, which shall include fire evacuation plans, medical emergency plans, and floor plans indicating exits and the location of emergency equipment.

B. The *Emergency Preparedness and Disaster Plan* will be kept on file at the Administrative Office, and shall include copies of each individual unit's *Emergency Preparedness and Disaster Plan*.

C. All *Emergency Preparedness and Disaster Plans* will be reviewed by the Executive Leadership Team annually.

SCOPE

All Davis Behavioral Health Employees

PROCEDURES

1.0 The Facilities Director will develop an overall *Emergency Preparedness and Disaster Plan* for Davis Behavioral Health , which shall include:

1. Organizational response to internal and external disaster
2. Designation of Authority and Staff Assignments
3. Oversight and Review Procedures

2.0 Program Managers will develop individual unit Emergency Preparedness and Disaster plans that include:

1. Emergency information, including telephone numbers and location of emergency facilities
2. Fire and Evacuation Plans



POLICIES & PROCEDURES

SUBJECT: Emergency Disaster Plan

PAGES: 2

SECTION: Administrative

EFFECTIVE DATE: 12/2005

REVISION DATE: 10/2011

3. Medical Emergency Plans

4. Floor plans or diagrams indicating evacuation routes and exits

3.0 Copies of all Emergency Preparedness and Disaster Plans will be kept current, and on file in each Unit, and at the Administrative Office.

4.0 Each Unit will provide training for all staff, and in the day treatment programs and in housing, all tenants and participants shall be informed how to respond in the event of fire or emergency.

EMPLOYEES WITH INFECTIOUS DISEASE

SECTION:	Administrative
PAGE:	1 of 2
SUBJECT:	Employees with Infectious Disease
EFFECTIVE DATE:	12/2005
REVISION DATE:	9/2012

POLICY

Davis Behavioral Health employees will follow the infectious disease guidelines in the “procedures” section of this policy, in order to prevent the spread of common disease to other staff and clients.

PURPOSE

The purpose of this policy is to control and prevent the spread of communicable diseases from employees to other employees or clients. This will minimize health risks as well as maintain a disease free environment. The proceeding guidelines on communicable diseases will be followed to determine when an employee is free of a communicable disease and may return to work.

PROCEDURE

- 1.0 Employees should consult with their primary care provider or Health Department regarding receiving vaccinations as deemed appropriate. This may include, but is not limited to, Hepatitis A, Hepatitis B, Pertussis, Tetanus, Chicken Pox, and Influenza.
- 2.0 Employees with a respiratory illness will not work during the infectious stages (fever >100.5, rhinitis, sore throat)
- 3.0 If a supervisor identifies an employee with draining cold sores, boils, shingles, wounds, or with symptoms of communicable diseases such as coughing, fever, infections, vomiting, diarrhea, skin eruptions, etc., the employee should have no direct client contact, or work in food preparation.
- 4.0 An employee may NOT work during the known communicable periods at any of the Davis Behavioral Health sites for the following diseases:

Infectious Process	Duration of Restriction
Chicken pox	Until all vesicles have crusted and scabbed
Chicken pox exposure if you have not had chicken pox or been vaccinated	From day 10-21 post exposure
Diarrhea caused by Amebiasis, Cholera, Cryptosporidiosis, E. coli O-157, Giardia, Salmonella, Shigella	Employee may not work in food services if any vomiting or diarrhea illness, regardless of pathogen. Asymptomatic carriers are restricted from working in food services as well.
Draining wound caused by Staphylococcus aureus (both MRSA/MSSA)	Until draining wounds are covered, bodily fluids are contained, and the employee can observe good hygienic practices.
Hepatitis A	Until the fever is gone <u>and</u> at least 1 week after the onset of jaundice. Asymptomatic carriers are restricted from working in food services.

Impetigo	Until 24 hours after antibiotic treatment has been started, until sores are dried, or until sores can be covered with a bandage.
Influenza	Until fever has resolved
Lice	Until after the first treatment with a medicated head lice product, such as pyrethrin (Rid® and/or other medicated head lice product. Employee <i>must</i> be retreated in 7-10 days in order to kill remaining nits. Follow the manufacturer's directions carefully.
Measles	Until at least 4 days after the rash appears.
Mumps, active	Until at least 9 days after swelling first occurs or until swelling is gone.
Mumps exposure, if you have not had mumps or been vaccinated	Until at least 26 days after exposure, or until vaccinated.
Pink eye – conjunctivitis	For bacterial infections, 24 hours after treatment is started. For viral infections, until the watery, white or yellow discharge has ceased.
Resistant organisms colonized such as MRSA, VRE, others	No restriction necessary unless clearly implicated with disease transmission. If implicated, culture employee, restrict from work, treat, reculture. Employee may return to work when culture negative and clinically well. Routine culturing is not recommended.
Rubella	Until 7 days after the onset of rash.
Scabies	Until 24 hours after treatment is started.
Shingles	Until vesicles have crusted and scabbed.
Shingles exposure, if you have not had chicken pox or been vaccinated against chicken pox	From day 10-21 post exposure.
Strep Throat caused by Group A Streptococcus	Until 24 hours after antibiotic treatment is started.
Tuberculosis (TB)	Until symptoms have improved clinically (for example, they are coughing less and they no longer have a fever); and after compliant with an adequate treatment regimen for 2 weeks or longer and after three consecutive negative acid fast bacilli sputum smears collected in 8- to 24-hour intervals (at least one being an early morning specimen);
Diphtheria	Usually 4 days after initiation of antibiotic
Meningitis caused by Neisseria meningitis	Until adequately treated.
Typhoid Fever	Until stool cultures are negative
Whooping cough	Until 5 days after start of antibiotic therapy or until symptoms are no longer present.

www.cdc.gov
health.utah.gov
www.fda.gov

GRIEVANCES

SECTION:	Grievance Process
PAGE:	1 of 3
SUBJECT:	Grievances
EFFECTIVE DATE:	
REVISION DATE:	10/2018

POLICY:

Davis Behavioral Health (DBH) will appoint a person to receive and be responsible for grievances. All grievances, as defined above, received by DBH will be directed to this individual for proper processing and handling.

A **grievance** is defined as an expression of dissatisfaction about any matter other than an Adverse Benefit Determination, as “Adverse Benefit Determination” is defined in Davis Behavioral Health’s Adverse Benefit Determination policy. The term is also used to refer to the overall system that includes grievances and appeals handled by Davis Behavioral Health which includes access to the State Fair Hearing process.

PROCEDURE:

- 1.0 The Enrollee, his/her legally authorized representative (including the legal representative of a deceased enrollee’s estate) or a provider acting on behalf of the Enrollee as an authorized representative, may file a Grievance at any time.
- 2.0 The Grievance may be filed either orally or in writing.
- 3.0 DBH will give enrollees any reasonable assistance in completing required forms for submitting a written Grievance or taking other procedural steps. Reasonable assistance includes, but is not limited to, auxiliary aids & services upon request, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. From anywhere in Davis County the Enrollee may call toll-free (801)447-8887 and ask for the Grievance Officer. For TTY/TTD the Enrollee may call 711 or call 1-888-346-3162 for Spanish. If an Enrollee needs interpreter services or other assistance, the Enrollee may contact any DBH facility or call the Grievance Officer at (801)447-8887 and request an interpreter or other assistance.
- 4.0 DBH will acknowledge the receipt of the Grievance either orally or in writing in a format & language that is easily understood by the enrollee.
- 5.0 DBH will ensure that the individuals who make the decision on Grievances are individuals who:

- 5.1 Take into account all comments, documents, records, & other information submitted by the member or their representative without regard to whether such information was submitted or considered in the initial Adverse Benefit Determination.
 - 5.2 Were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance.
 - 5.3 If deciding on a Grievance regarding denial of a request for an expedited resolution of an Appeal; or a Grievance that involves clinical issues, are health care professionals who have the appropriate clinical expertise, that is, they have the appropriate level of clinical licensure and expertise in treating the Enrollee's condition or disease.
 - 5.4 Grievances that involve quality of care concerns will be reviewed by our Clinical Director to ensure that appropriate measures are taken to resolve the grievance.
- 6.0 DBH will notify the affected parties of the disposition of the Grievance either orally or in writing in a format & language that is easily understood by the enrollee.
- 7.0 DBH will maintain complete records of all Grievances and submit semi-annual reports summarizing Grievances using reporting templates specified by the Utah Department of Health.
- 8.0 DBH will maintain documentation for **Oral** grievances including, but not limited to:
- 8.1 Date the oral Grievance was received and documented.
 - 8.2 The name of the person taking the oral Grievance.
 - 8.3 A summary of the nature of the Grievance, including the name of the Provider or other staff or individual involved/named in the Grievance, if it involves a person.
 - 8.4 Copies of written notices when extending the time frame for adjudicating oral Grievances when DBH initiates the extension.
 - 8.5 The date of resolution, and summary of the resolution of the oral grievance. This information may be documented in a written Notice of Grievance Decision if DBH chooses to inform the Enrollee of the Grievance decision in writing.
 - 8.6 The name of the individual(s) resolving the oral Grievance will ensure that the individuals who make the decision on grievances are individuals who were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance. Grievances that involve quality of care concerns will be reviewed by our Clinical Director to ensure that appropriate measures are taken to resolve the grievance. If the Grievance is regarding denial of a request for an expedited resolution of an Appeal or involves clinical issues, the title and credentials of the individual(s) who made the decision on the Appeal to demonstrate that they are individuals who:
 - a. were not involved in any previous level of review or decision-making and
 - b. are health care professionals who have the appropriate clinical expertise, that is, they have the appropriate level of clinical licensure

and clinical expertise as determined by the Utah Department of Health, in treating the Enrollee's condition or disease.

(If DBH chooses to inform the Enrollee of the Grievance decision in writing, the information in 8.6 above may be documented in the Notice of Grievance decision)

- 8.7 The date the Enrollee was notified of the grievance resolution and how the enrollee was notified (either orally or in writing). If the Enrollee was notified of the Grievance resolution in writing, DBH will maintain a copy of the written Notice of Grievance Decision.
 - 8.8 For oral Grievances not resolved within the required time frames, copies of Adverse Benefit Determination letters informing Enrollees that they may file an appeal.
 - 8.9 Any other pertinent documentation needed to maintain a complete record of all oral Grievances and to demonstrate that they were adjudicated according to the Contract provisions governing Grievances.
- 9.0 DBH will maintain documentation for written Grievances including, but not limited to:
- 9.1 Date the written Grievance was received.
 - 9.2 Date and method of acknowledgement (e.g. Orally or in writing).
 - 9.3 Copies of written notices when extending the time frame for adjudicating oral Grievances when DBH initiates the extension.
 - 9.4 The date of resolution and summary of the resolution. This information may be documented in a written Notice of Grievance Decision if DBH chooses to notify the Enrollee of the Grievance decision in writing.
 - 9.5 The name of the individual(s) resolving the Grievance to ensure that the individuals who make the decision on Grievances are individuals who were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance. If the Grievance is regarding denial of a request for an expedited resolution of an Appeal or involves clinical issues, the title and credentials of the individual(s) who made the decision on the Appeal to demonstrate that they are individuals who:
 - a. were not involved in any previous level of review or decision-making, if applicable to the nature of the Grievance, and
 - b. are health care professionals who have the appropriate clinical expertise, that is, they have the appropriate level of clinical licensure and clinical expertise, as determined by the Utah Department of Health, in treating the Enrollee's condition or disease.(If DBH chooses to inform the Enrollee of the Grievance decision in writing, the information in 9.5 above may be documented in the Notice of Grievance Decision)
 - 9.6 The date the Enrollee was notified of the grievance resolution. This information may be documented in the written Notice of Grievance Decision if DBH chooses to inform the Enrollee of the Grievance decision in writing.
 - 9.7 Copies of all written Notices of Grievance Decision to affected parties.

- 9.8 For written Grievances not resolved within the required time frames, copies of Notices of Grievance Decision informing Enrollees that they may file an Appeal.
- 9.9** Any other pertinent documentation needed to maintain a complete record of all written Grievances and to demonstrate that they were adjudicated according to contractual provision governing Grievances.

PROCUREMENT

SECTION:	Financial
PAGE:	1 of 2
SUBJECT:	Procurement
EFFECTIVE DATE:	8/2012
REVISION DATE:	3/2016

1. The purpose of the procurement policy is to assure that DBH is getting the best value for the money spent and that there are appropriate approvals.
2. In order to assure that the purchase is necessary and that budgeted funds are available to cover the purchase, the following procedures are required:
 - a. The Chief Procurement Officer is responsible for the purchasing of all goods and services by DBH.
 - i. The Chief Procurement Officer can require centralized purchasing for goods and services where it will be more efficient and cost effective.
 - ii. Where appropriate the Chief Procurement Officer or their Finance Department supervisor may delegate authority to purchase specific items or classes of items. This delegation should be in writing and include the job title, the goods and services to be included in the delegation and the value range of purchasing authority.
 - b. Purchase requests are to be approved by the program manager or other employee who is accountable for the budget where the purchase will be charged. The approval will be documented in a form specified by the Chief Procurement Officer for the category of item requested. Program managers may delegate the authority to authorize approval of purchases if done so in writing.
 - c. Vendor invoices, along with delivery receipts and other proof-of-purchase documentation are to be submitted and matched to the original approval form (which will indicate the method of approval by the Chief Procurement Office appropriate for the item being purchased) and sent to the accounting department for payment.
3. The Chief Procurement Officer will be responsible for the following:
 - a. Supervise the execution of this policy.
 - b. Prepare procedures and forms for the efficient operations of the procurement process.

- c. Determine the most cost effective suppliers when items are not on a statewide contract and publish this information to those in DBH needing the information.
 - d. Manage the process of issuing RFP's and evaluating bids.
4. "Preferred Providers"
- a. After having been approved by DBH through a competitive bid process to determine suitability based on price, quality of goods and/or services and timely responsiveness, a supplier may be designated as a "preferred provider". The Chief Financial Officer or their designee will keep a written list with documentation in support of DBH "Preferred Providers" currently approved and authorized.
 - b. "Preferred Provider" status should be reviewed periodically – NO LESS frequently than every two years.
5. Where possible, purchases are to be made from suppliers that are on state procurement contracts or from "Preferred Provider" vendors. If a contract or "preferred provider" is not available the following policy is to be followed:
- a. For non P-Card purchases of \$1,000.00 or less verbal approval of the procurement officer, a clinical department manager or a finance department manager should be requested. Bids are not required.
 - b. For purchases of \$1001.00 - \$5000.00, 2 telephone bids are required. The bids are to be documented.
 - c. For purchases of \$5001.00 - \$50,000.00, three bids are required to be obtained in writing from qualified suppliers.
 - d. For purchases of \$50,001.00 or higher a formal, written RFP is required to be prepared and sent to qualified suppliers. Bids received are to be evaluated based on a pre-determined, written criteria. Documentation of the evaluation criteria, as applied to the bids, is to be retained.
6. Items for personal use should not be purchased with items purchased for DBH.
7. Personal items are not to be purchased with DBH-issued P-cards or DBH sponsored credit cards. Refer to P-card policy.

Travel approval and reimbursement is specified through a separate travel policy.

DAVIS BEHAVIORAL HEALTH PROFESSIONALISM STANDARDS

SECTION A CONDUCT

Paragraph 1. General Provisions. DBH employees are prohibited from engaging in activities that might have an unfavorable effect upon the DBH. Every employee has a duty to safeguard DBH facilities, equipment, and supplies and to help ensure that DBH Work sites are safe and free of illegal and other activities, which might reflect negatively upon the DBH or its employees. Each employee has an obligation to report incidents, accidents, wrong doing, and any other activity, which might have a negative impact upon the DBH, to their immediate supervisor, or Program Director as soon as possible but at least within 48 hours of occurrence. If further action is needed or if the employee is unable to reach immediate supervisor, the employee shall report the information to the President/CEO, her/his administrative assistant or the Human Resource Director. Each employee shall read and sign a Professionalism Standards upon hire.

Paragraph 2. Violations. Violation of any of the provisions of DBH policies or standards shall constitute just cause for disciplinary action, including dismissal. No employee shall be excused from the provisions of this standard or any DBH policies.

SECTION B STANDARDS OF CONDUCT

Paragraph 1. Employees are expected to apply themselves fully to their assigned duties during the work schedule for which they are being compensated.

Paragraph 2. Employees shall meet the performance standards established for their positions and shall report to their supervisors conditions or circumstances that would prevent them from performing their jobs effectively or from completing their assigned duties. Employees shall also bring to their supervisors' attention any unclear instructions or procedures that are not completely understood.

Paragraph 3. Employees are expected to make prudent and frugal use of DBH funds, equipment, vehicles, buildings, and supplies.

Paragraph 4. Employees shall observe all work rules and comply with all policies and regulations.

Paragraph 5. Unprofessional behavior such as horseplay, grabbing, and tickling are not allowed in any form.

Paragraph 6. Racial or other slurs or actions will not be tolerated.

Paragraph 7. Appropriate titles and names of staff members are to be used when talking to clients in reference to another staff member.

Paragraph 8. Loud talking and joking are not allowed in waiting room areas. Inappropriate jokes, swearing, and profanity are not allowed in any DBH facility or at any DBH function.

Paragraph 9. Children of staff are not allowed in DBH facility or meetings without prior approval.

Paragraph 10. No employee shall receive or take any equipment, property, or supplies for personal benefit regardless of whether item is considered to have value or to be surplus without permission of the President/CEO.

Paragraph 11. Personal use of the telephone for long-distance and toll calls is not permitted. Employees should practice discretion when making local personal calls and may be required to reimburse DBH for any charges resulting from their personal use of the telephone.

Paragraph 12. Employees shall refrain from using their work address for personal mail. DBH stationery and letterheads shall not be used for personal or unauthorized correspondence. DBH postage meters shall not be used for the mailing of personal correspondence.

Paragraph 13. To maintain a safe and productive work environment, DBH expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on DBH. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their supervisor as soon as possible in advance of the anticipated tardiness or absence. Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action, up to and including termination of employment. Timely attendance is an essential job function of all DBH employment positions.

Paragraph 14. Computers, computer files, the e-mail system, and software furnished to employees are DBH property intended for business use. Employees should not use a password, access a file, or retrieve any stored communication without authorization. DBH prohibits the use of computers and the e-mail system in ways that are disruptive, offensive to others, or harmful to morale. For example, the display or transmission of sexually explicit images, messages, and cartoons is not allowed. Other such misuse includes, but is not limited to, ethnic slurs, racial comments, off-color jokes, or anything that may be construed as harassment or showing disrespect for others. E-mail may not be used to solicit others for commercial ventures, religious or political causes, outside organizations, or other non-business matters. DBH purchases and licenses the use of various computer software for business purposes and does not own the copyright to this software or its related documentation. Unless authorized by the software developer, DBH does not have the right to reproduce such software for use on more than one computer. Employees may only use software on local area networks or on multiple machines according to the software license agreement. DBH prohibits the illegal duplication of software and its related documentation.

Paragraph 15. If employees eat food prepared for clients, they should pay for the food they consume.

Paragraph 16. Legal questions are to be directed to the President/CEO with appropriate detail. The President/CEO will obtain legal counsel to questions.

Paragraph 17. Employees cannot work hours in excess of their approved status without approval from their supervisor.

SECTION C EMPLOYEE CONDUCT

Paragraph 1. Communication. Each employee shall keep unit secretaries and receptionists informed all times of his/her: location, travel destination, time leaving and time returning. Employees unable to be contacted during regular office hours may be placed on leave-without-pay.

Paragraph 2. Involvement with Clients. Relationships between employees and clients must be developed and maintained at a professional level and in accordance with professional ethics and

standards. Sexual contact is prohibited. All dual relationships with clients are prohibited. Employees shall disclose all relationships with ex-clients whose therapy ended within previous three years. Employees shall not hug or otherwise inappropriately touch clients.

Paragraph 3. Therapists cannot accept gifts from a client, enter into business with a client, or write a contract with a client without the written permission of the President/CEO. A client is someone who is a current client of the DBH or within two years after the formal documented termination of the professional client relationship.

Paragraph 4. Working Evenings. Evening clients (groups and individuals) need to be made aware that there are others in the building during evening hours. Employees need to leave the building at the same time as the individuals in the group (s)he is conducting if there is no other staff in building. Employees should not provide services to clients unless there is another employee or authorized volunteer in the building.

SECTION D – EMPLOYEE CONDUCT IN COMMUNITY

Paragraph 1. Convictions. Conviction of a felony will be grounds for dismissal. Conviction of a misdemeanor may also result in termination.

SECTION E – APPEARANCE

Paragraph 1. Dress Standards. During business hours or when representing DBH, you are expected to present a clean, neat, and tasteful appearance. You should dress and groom yourself according to the requirements of your position and accepted social standards. This is particularly true if your job involves dealing with clients or visitors in person.

Your supervisor or department head is responsible for establishing a reasonable dress code appropriate to the job you perform. If your supervisor feels your personal appearance is inappropriate, you may be asked to leave the workplace until you are properly dressed or groomed. Under such circumstance, you will not be compensated for the time away from work. Consult your supervisor if you have questions as to what constitutes appropriate appearance. Where necessary, reasonable accommodation may be made to a person with a disability.

SECTION F CONTROLLED SUBSTANCES

Paragraph 1. Drug Free Workplace It is DBH's desire to comply with the Drug Free Workplace Act of 1988 and the Omnibus Transportation Employee Testing Act of 1991 and provide a drug-free, healthful, and safe workplace. This applies to all applicants, employees, and volunteers. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

No employee having an illegal substance in their system; possessing alcohol, or have used alcohol within the last four hours, shall be allowed to start or remain on duty.

While on DBH premises and while conducting business-related activities off DBH premises, to include off duty on call paid status, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair

an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace. Abuse of a prescription drug and unauthorized use without a prescription from a licensed physician is prohibited.

Employees shall pursue and complete rehabilitation, if the employee has an alcohol or drug abuse problem; report to his/her immediate supervisor any use of prescription medication which may affect the employee's judgment, performance or behavior before beginning the work shift; and not refuse to take any test which is requested in accordance with current policy.

Violations of the drug free policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences. Any conviction by a law enforcement agency for illegal drug or substance activity may be cause for immediate dismissal from employment.

SECTION G CONFIDENTIALITY

The protection of confidential client information and employee information is vital to the interests and the success of DBH. Such confidential information includes, but is not limited to, the following examples:

- * compensation data
- * computer processes
- * computer programs and codes
- * client lists
- * client information
- * financial information
- * privileged information

Employees who improperly use or disclose confidential information will be subject to disciplinary action, up to and including termination of employment and legal action, even if they do not actually benefit from the disclosed information.

In addition, DBH has a legitimate interest in insuring that the integrity of its services and client base is protected from others. Accordingly, DBH employees may not be employed by or provide services for any person, entity or organization that provides mental health services during the term of employment with DBH without written permission from the CEO or HR Director to do so. Violation of this provision shall be considered a material breach of the contract of employment and shall justify immediate termination of employment for cause.

SECTION H OUTSIDE EMPLOYMENT AND OUTSIDE COMPENSATION

Paragraph 1. Employees may hold outside jobs as long as they meet the performance standards of their job with DBH. All employees will be judged by the same performance standards and will be subject to DBH's scheduling demands, regardless of any existing outside work requirements. Any outside employment shall be disclosed to ELT representative and H.R. Office.

If DBH determines that an employee's outside work interferes with performance or the ability to meet the requirements of DBH as they are modified from time to time, the employee may be asked to terminate the outside employment if he or she wishes to remain with DBH.

Outside employment that constitutes a conflict of interest is prohibited. Employees may not receive any income or material gain from individuals outside DBH for materials produced or services rendered while performing their jobs.

Paragraph 2. Employees shall not accept outside compensation including cash, gifts, favors, gratuities, special accommodations, or any other similar benefits for performance of their duties without approval of the President/CEO.

SECTION I WORKPLACE SAFETY AND ON-THE-JOB INJURIES

DBH provides information to employees about workplace safety and health issues through regular internal communication channels such as supervisor-employee meetings, bulletin board postings, memos, or other written communications.

Each employee is expected to obey safety rules and to exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or, where appropriate, remedy such situations, may be subject to disciplinary action, up to and including termination of employment.

In the case of accidents that result in injury, regardless of how insignificant the injury may appear, employees should immediately notify their supervisor who will then notify the Human Resources Director. Such reports are necessary to comply with laws and initiate insurance and workers' compensation benefits procedures.

SECTION J – SEXUAL HARASSMENT

DBH is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristic will not be tolerated.

Sexual harassment is defined as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser

If you experience or witness sexual or other unlawful harassment in the workplace, report it immediately to your supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, you should immediately contact the Human Resources Director or any other member of management. You can raise concerns and make reports without fear of reprisal or retaliation.

All allegations of sexual harassment will be quickly and discreetly investigated. To the extent possible, your confidentiality and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, you will be informed of the outcome of the investigation.

Sexual harassment as set forth in DBH Policy 703 is a cause, which may warrant immediate termination of employment.

SECTION K – OVERTIME

When operating requirements or other needs cannot be met during regular working hours, employees will be given the opportunity to volunteer for overtime work assignments. All overtime work must receive the supervisor's prior authorization. Overtime assignments will be distributed as equitably as practical to all employees qualified to perform the required work.

Overtime compensation is paid to all nonexempt employees in accordance with federal and state wage and hour restrictions. Overtime pay is based on actual hours worked. Time off on sick leave, vacation leave, or any leave of absence will not be considered hours worked for purposes of performing overtime calculations.

Compensatory time for exempt employees shall be approved in advance. Exempt compensatory time shall accrue at the rate of 1 for 1 - straight hour for hour.

CERTIFICATE OF UNDERSTANDING AND COMPLIANCE.

I understand there is a copy of DBH Policies and Procedures (Handbook) available in my unit and/or on the DBH website, which I may consult.

I agree to submit to a physical examination, if required. I agree that no contract exists between David Behavioral Health and myself with respect to length of employment, salary ranges, movement within salary ranges, employee benefits, or other conditions of employment.

I acknowledge that I have read and understand the DBH Professionalism Standards (revision 03/01/02) and I agree to comply with all of its provisions. I agree to be responsible for DBH property and equipment issued to me and to pay for property and equipment not returned.

Employee Signature

Date

This signed "Certificate of Understanding and Compliance" will be placed in the signer's personnel file.

PURCHASING CARD (P-CARD)

Policies & Procedures



SECTION:	<u>Financial Policies</u>
PAGE:	<u>1 of 2</u>
SUBJECT:	<u>Purchasing Card (P-Card)</u>
EFFECTIVE DATE:	<u>12/2007</u>
REVISION DATE:	<u>3/2016</u>

PURPOSE

To more efficiently pay for programmatic goods and services and to reduce the costs associated with procurement, DBH will use Purchasing Cards (P-Cards) to make payment on purchases that are not easily planned for in advance.

POLICY

Employees given authority to purchase program materials and services will be issued a purchasing card. The P-Card is the preferred method of paying for purchases that are not purchased using an established vendor account.

Except in limited circumstances [e.g. an emergency, travel or other occasional situations that dictate immediate action] purchases for DBH should NOT be made with an employee's personal credit card.

PROCEDURES

1. P-Card purchases must be made in accordance with the DBH procurement policy. Examples of purchases that may be made with a program P-Card are: subscriptions, seminars, books, video tapes, activities and entertainment.
2. The P-Card may not be used for the following purchases:
 - a. Any merchant, product, or service normally considered to be an inappropriate use of DBH funds
 - b. Personal items
 - c. Any items that are subject to the centralized procurement procedure, unless the P-Card holder is the centralized procurement agent
 - d. Purchases above the P-Card's credit limit
3. Obtaining a P-Card

P-Cards will be issued with the approval of the Chief Financial Officer, upon written request from a Program Director. The Program Director's request shall include the following:

- a. The employee's name
- b. The program the charges are to be billed to

- c. The reason the employee needs a P-Card
- d. The recommended amount of credit available to the employee
- e. Prior to being issued the P-Card, the employee must sign an acknowledgement that they have read and understand the DBH Procurement Policy

4. Using a P-Card

- a. Each P-Card holder is personally responsible for every transaction associated with the P-Card. Keep it safe.
- b. To transfer financial responsibility to DBH, each transaction must be supported by an itemized receipt and documented on a DBH P-Card Log.
- c. The P-Card holder will be e-mailed a monthly statement identifying all transactions charged to the card during the previous monthly billing cycle. The e-mailed statement should be attached to the Log along with original receipts for each transaction. These documents must be approved by the cardholder's supervisor and forwarded to the accounts payable employee responsible for processing payments for P-Card transactions within 3 working days of the cardholder receiving the mailed statement. [For cardholder protection, it is suggested that a copy of the statement, Log and associated attachments be retained by the cardholder until the next billing cycle as backup for the submission to Finance].

5. Termination of P-Card

- a. The employee is responsible for the security of the P-Card as well as each transaction made with the card. The card is issued in their name and all purchases made with the card must be made solely by that employee. Failure to comply with this policy and enumerated procedures may result in disciplinary action, which may, in extreme circumstances, include termination of employment.
- b. Failure to follow DBH P-Card procedures regarding timely submission of monthly support documentation may result in loss of the card.
- c. When an employee is terminated or transferred to another job assignment within DBH, the card must be retrieved by the cardholder's supervisor and the card sent to the Chief Financial Officer for destruction.

REIMBURSABLE EXPENSES WHILE HOSTING A GUEST

SECTION:	Finance
PAGE:	1 of 2
SUBJECT:	Reimbursable Expenses While Hosting Guests
EFFECTIVE DATE:	5/11/05
REVISION DATE:	10/1/11

PURPOSE

To provide guidelines and limits on charges, including reimbursable expenses incurred by Davis Behavioral Health while hosting officials and guests of the agency on a recurring or one-time basis.

POLICY

Davis Behavioral Health will, in special circumstances, reimburse employees/guests' expenses for meals purchased while conducting official business.

PROCEDURES

1.0 Functions for which meal cost reimbursement is permissible are:

- 1.1 Meetings of the Board, Committees of the Board, or Local Authority.
- 1.2 Functions of an exigent nature that could not be anticipated, where food costs must be incurred in the line of duty.
- 1.3 Meetings at conventions, conferences and seminars where an employee is representing the agency.
- 1.4 Other functions or situations specifically authorized by the CEO and CFO, such as meetings involving food costs with individuals who are or are not paid agency employees.

2.0 Specific approval criteria for functions incurring charges:

2.1 The meeting must have an agency purpose and be authorized by the Executive Leadership Team (ELT) for the benefit of Davis Behavioral Health.

2.1.1 The primary purpose may not be merely good will.

2.1.2 The nature must be of a clear agency nature and not for the purpose of furthering personal or social relationships between the employee(s) and guest(s) or the agency and guest(s).

2.1.3 Expenditures will not be paid when the meeting between Davis Behavioral Health and guest(s) or the employee(s) and guest(s) occurs where there is a little or no probability of engaging in the active conduct of agency business, such as meetings at nightclubs, sporting events or other essentially social gatherings.

2.2 On-going authorized Boards, Local Authority, or Committees where food is provided and where expenditures will be requested must receive prior approval from the ELT to provide food. The organization staffing said Board, Council, Task Force, or Committee will be responsible for requesting approval (See 5.0.).

3.0 Specific approval criteria for guests/employees incurring charges include:

3.1 All Board, Local Authority members, or committee members must be serving without compensation or per diem expense that would normally cover meals.

3.2 Employees attending conferences, seminars, or conventions must not be receiving per diem expenses that would normally cover meal costs.

4.0 Limits on Expenditures:

4.1 Unless otherwise approved as an exception by the ELT, the allowable cost of meals will be consistent with agency guidelines.

4.2 No charges relating to serving or consumption of alcoholic beverages may be included in payment requests.

5.0 Procedures to obtain prior approval:

5.1 To obtain prior approval (as specified in 2.2) the requesting individual should submit an explanation of the function at which food will be made available including frequency of the meetings, locations, type of meeting (breakfast, lunch, dinner), purpose, attendees, and the agency organization responsible for arranging the meeting. Once ongoing functions are approved in concept, payment requests will be submitted directly to the Purchasing Coordinator.

5.2 If the requesting organization cannot anticipate the charge before the function takes place, "after the fact" approval will be subject to the policy requirements as explained in 6.1.

6.0 Processing payment requests:

6.1 All requests for payment, including reimbursements from petty cash accounts, will be submitted to Personnel/Purchasing for ELT approval with a check request that contains:

1. The date of the meeting
2. The location of the meeting
3. The type of meeting, i.e., breakfast, lunch or dinner
4. The purpose of the meeting
5. A list of the agency employees and guests attending
6. The total number of attendees
7. The total payment amount requested
8. The signature of the person submitting the request
9. The date the request was signed
10. The signature of the manager or executive approving the request
11. The date approved by the official
12. A copy of the bill or receipt

6.2 If the group of guests is large, the names of the officers of the group will be considered adequate identification.

SAFETY PLAN

SECTION:	Administrative
PAGE:	1 of 5
SUBJECT:	Safety Plan
EFFECTIVE DATE:	11/2017
REVISION DATE:	

Davis Behavioral Health promotes a safe and secure environment and does not tolerate aggressive or threatening behaviors. This policy covers how to deal with aggressive or threatening behavior on the part of clients, people associated with clients or the public. Staff, clients and others do not have to tolerate such behavior and should report it immediately. Zero tolerance of aggressive or threatening behavior extends to all Davis Behavioral Health locations including school, home and community settings.

Policy Objectives:

- To ensure adequate processes are in place for the protection of staff, clients and others participating in treatment or in the vicinity of aggressive or threatening behavior at DBH locations.
- To ensure staff are fully aware of their responsibilities when dealing with violent or aggressive patients.
- To ensure that staff are fully aware of their rights when dealing with such incidents.

A series of steps can be taken to ensure a safe and secure work environment including:

- Physical precautions in the work setting to prevent or safeguard against aggressive or threatening behavior
- Safety precautions in advance of problems including minimum coverage and case review in advance of an interaction with a high-risk client
- Limiting, refusing or withdrawing service in the face of aggressive or threatening behavior
- Using co-leadership for groups where there may be safety issues
- Implementing Credible alerts or email alerts for clients who pose a safety concern
- Managing aggressive or threatening behavior.

Every effort will be made to ensure that clients are not stigmatized by inaccurate information. However, in ambiguous situations the safety needs of staff, volunteers, clients and others must take precedence.

DEFINITION

Aggressive or threatening behavior can include:

- Menacing, angry, loud and/or abusive language

- Communicating a threat of bodily harm or injury to property, either verbally or through physical behavior
- Brandishing any object as a weapon
- Any threat, real or implied
- Any behavior that makes a staff person, client or volunteer feel unsafe
- Destruction of property or theft

The aggressive or threatening behavior may be exhibited by the client or by someone associated with the client (e.g., a partner, relative or friend).

SCOPE

All Davis Behavioral Health staff, volunteers and clients are covered by this policy.

PROCEDURES

1. Precautions to take PRIOR to interacting with individuals or groups who pose a safety risk or concern

1.1 Review client file and determine which safety precautions to take, including:

- Using an alternative interview room rather than personal office
- Reviewing the phone alert System at your location. If you're not sure of which button on your phone requests assistance, be sure to contact the office manager for assistance.
- Speaking with the referral source in advance of the initial meeting with the client
- Scheduling the appointment with the client or group session at peak staffing level periods to ensure the availability of support and back-up
- Advising your supervisor, support staff or administration of the time and location of the appointment with the client or group session
- Preparing the room for safety (e.g., clear out objects that could be used as weapons, leave the door ajar)
- Arranging to have staff colleagues monitor the interview room
- Bringing a second staff member to assist in the interview.

1.2 Provide service, to the greatest extent possible, in a safe interview room that:

- Does not have objects that can be thrown or used as weapons
- Provides the option of leaving the door and/or window blinds open
- Allows staff to easily leave the room.

1.3 Ensure minimum staff coverage for any service provided to a client who poses a safety risk (i.e., Service Alert on his/her file related to problematic behavior, concern based on clinical experience). A supervisor or one other staff must be in close proximity to the office location while the interview is underway and aware of the situation.

1.4 Develop a support plan with your supervisor to include alternate safety strategies such as utilizing the phone alert system, notifying the front desk to alert staff to a specific client, having the supervisor or support staff "call-in" during the service, have a co-worker participate in the service with you, etc.

2. Precautions to take DURING and AFTER an interaction with individual client or group session

- Staff should position themselves/furniture so that they may easily exit the room if required.
- Negotiate a contract with the client at the beginning of the service regarding unwanted behaviors and resulting consequences.
- Utilize the phone alert system.
- Escort client out of the building if possible.
- Request to be observed or accompanied when leaving the building.

3. WHEN the client is aggressive or threatening

- If staff, clients or volunteers feel they are not safe at any point in providing service, follow the principle of **safety first**. Do not minimize a situation that may be getting out of control. Trust your gut feelings.
- Terminate the interview and ask the individual to leave the office.
- If the person is willing to do so, escort him/her out of the building (if possible).
- If the person is unwilling to leave, becomes volatile, disruptive or unpredictable, leave the room immediately (if possible).
- Activate the phone alert system to summon help from other staff.
- If necessary, create noise and disturbance to attract the attention of other staff.
- If necessary, secure the building by asking support staff to lock the entrances if the aggressive client has left the building.

4. ONCE the Phone Alert System has been activated

4.1 Staff directly involved in the incident must advise the program manager of the situation. If the program manager is not available, assume the role of crisis manager or find another staff person to do so.

4.2 Upon hearing the safety alert system:

- Staff who are not directly involved in the incident should follow the safety alert system for their location (e.g., stay in office or leave their office and proceed to the predefined area).
- If there are other patients/clients in the vicinity, then there is a duty to protect them. If possible, remove them to another part of the building away from the situation.

4.3 Those receiving the phone alert message must immediately determine the location of the disruption and whether any contact has been made with the staff who activated the system. Responders are identified for each location and should immediately respond to the notification.

4.4 If no contact has been made, the responder:

- Knocks on the door and asks the therapist to step into the hallway
- If no answer at the door, phones into the office where the incident is occurring. If possible and if it makes sense, ask the staff to pick up the phone then ask if they're safe.
- If there is still no answer, listens to what is happening in the office to determine what to do (may need to use a key to open the office, or call 911).

4.5 Once contact has been made, the responder will determine the best course of action. Arrange to call 911 as needed.

5. Call 911 (if necessary)

- Dial 911 and request police, fire, ambulance or a combination.
- Inform the 911 operator if there is an immediate threat of harm. Such calls are higher priority and receive a fast police response.
- Identify yourself and the office location where the incident is occurring.
- Advise administrative staff at the first available opportunity.

6. AFTER the aggressive or threatening behavior

6.1 Staff involved should document the behavior in the client chart.

6.2 The aggressive or threatening incident should be reported within the "Alert" tab in the electronic record.

6.3 If there is reason to believe the aggressive or threatening behavior will continue, an organization-wide alert should be issued by email (DBH-AII).

6.4 Debrief on the situation with your supervisor and administration. Determine whether follow-up or support is required (e.g. EAP debriefing services etc.).

If other clients/patients witness the event, debrief this with them as soon as possible. Offer additional supports as appropriate.

6.5 If required, obtain additional supports for staff, volunteers, students and/or clients involved in the aggressive or threatening incident (e.g., EAP debriefing, outside counselling, legal assistance, financial reimbursement or time off). *A one to one discussion with the staff member that was affected should be done in private and as informally as possible.*

- The staff member should be encouraged to talk about the incident from their perspective and encouraged to write it down. When appropriate, this can be used to complete an incident report.
- Ask the staff member what support they feel they need to help them deal with the situation.
- When appropriate, a group session should be provided to those affected by the situation. This can be for clients together, staff together or combination when appropriate.

6.6 Complete an *Incident Report* once the situation has abated and submit to your supervisor. Supervisor reports to administration.

6.7 Determine if service to the client should be limited or withdrawn.

A determination regarding the continuation of services for a client who has been aggressive, violent or threatening will be made by the clinical directors committee. Incident reports should be made/presented to the clinical committee. This committee will decide the conditions of continued care, if any, and will communicate that decision to the client in writing (see example letter at the end of this policy).

If there are repeated incidents from a particular client, then the agency should provide written communication to let them know that no other incidents will be tolerated and the patient will be no longer be able to be treated at DBH.

When appropriate, efforts will be made to assist the client to find another agency or provider that is willing to provide treatment.

7. Criminal Charges

7.1 In cases of aggressive and/or threatening behavior, the police may decide to press charges against the client. In such cases, staff are expected to cooperate fully.

7.2 Affected managers and staff may ask the Corporate Compliance Officer, Shelly Tanner, for approval to seek legal counsel through the organization's legal counsel.

Example letter:

Dear Tom,

This letter is to remind you about our policy of zero tolerance of both verbal and physical acts of aggression and violence. At DBH we take this policy very seriously for your safety, the safety of our staff and others in our clinic.

On your visit to our clinic on Thursday, July 27, 2017, you became very upset about the denial of a medication script and threatened staff. Your behavior was witnessed by several other staff members and clients in the waiting room. Your behavior caused fear and anxiety for several people that were in the vicinity.

If you desire to continue receiving treatment at DBH, you will need to meet with your provider to discuss the matter in a calm and respectful manner.

You will develop a written plan and contract for how you are going to deal with future frustration and anger.

It may be that a decision will be made that you will need to seek treatment from another clinic or agency. If this is the case, we can assist you in trying to find other resources that are willing to treat you.

If a decision is made that you are authorized to continue with treatment at DBH, an important part of your plan may include writing an apology letter to staff members that were witness to this behavior. It may also include writing an apology letter that will be given confidentially to others that witnessed your behavior.

We are sure that you can understand the need to keep yourself and others safe

It is our hope that you are able to continue to be seen at DBH.

Sincerely,

SMOKE & TOBACCO-FREE ENVIRONMENT

SECTION: Clinical
PAGE: 1 of 2
SUBJECT: Smoke & Tobacco-Free Environment
EFFECTIVE DATE: 1-1-12
REVISION DATE:

PLEASE NOTE: This policy supersedes all agency policies referencing tobacco or smoking.

PURPOSE:

As a healthcare provider, DBH is committed to health and safety. To promote this commitment, all DBH facilities, campuses, company-owned vehicles, and properties are to be tobacco-free environments as of January 1, 2012. No smoking, use of tobacco products in any form, or e-cigarettes will be permitted in facilities or on properties of DBH on or after that date.

A ban on tobacco does not take away an individual's rights as there is no "right to smoke" in Utah. DBH does not require staff, consumers or visitors to stop using tobacco. It is required that people do not smoke or use other tobacco products on any of DBH's physical properties, except for client housing.

POLICY:

This policy is applicable to all persons on DBH properties and is effective immediately for the Main Street Clinic in Layton Utah. All other DBH properties are to be tobacco-free on or before January 1, 2012.

DEFINITIONS:

Tobacco or Nicotine Delivery Products – Cigarettes, pipes, pipe tobacco, tobacco substitutes (e.g. clove cigarettes), chewing tobacco, cigars, e-cigarettes.

Tobacco Paraphernalia – combustible material is contraband unless authorized

Nicotine Paraphernalia – e.g., gum, patches, lozenges, inhalers

Workplace – workplace means facilities or properties including but not limited to patient care buildings, clinics, facilities, office buildings, parking lots, DBH-owned vehicles, or property leased or rented out to other entities. This policy applies regardless of whether a DBH facility or property is owned and whether or not the other tenants follow similar guidelines. Employees and clients at off-site patient activities shall not use tobacco products.

ACCOUNTABILITY:

It is the responsibility of all staff members to enforce the organization's tobacco-free environment policy by encouraging their colleagues, clients, visitors and others to comply with the policy. Supervisors are more particularly responsible for implementing and enforcing DBH Smoke & Tobacco-Free Environment Policy.

PROCEDURE:

The community, staff, clients and visitors will be informed of the policy through a variety of communication methods.

GENERAL POLICY PROVISIONS

1. No tobacco products or related paraphernalia such as lighters and matches shall be used, sold or bartered anywhere on a DBH campus.
 2. Signs declaring this campus “tobacco free” shall be posted at the DBH campus entrances and other conspicuous places.
 3. DBH employees and other employees who work on the DBH campus will be advised of the provisions of this policy during New Employee Orientation.
 4. DBH will post this policy in employee common areas and in the DBH Employee Handbook.
- A. Employees, Volunteers, Physicians, Students and Contracted Workers
1. Respectful enforcement of this policy is the responsibility of all DBH employees.
 2. Employees, students, medical staff, volunteers, vendors, lessees and contractors are expected to comply with this policy.
 3. Job announcements for all positions on the DBH campus will display a notice that DBH has a tobacco-free work environment policy.
 4. Employees who encounter tobacco policy violators are encouraged to politely explain the policy to the violator.
 5. Staff who fail to adhere to this policy or supervisors who fail to hold their employees accountable are subject to disciplinary action as defined in DBH Human Resources policy.
- B. Clients or Consumers
1. Residential and outpatient clients are prohibited from smoking or using tobacco on campus.
 2. All clients admitted to DBH will be assessed for history of tobacco use and the need for interventions related to tobacco addiction including nicotine replacement and cessation education.
 3. Employees who encounter clients who are violating the tobacco policy are encouraged to politely explain the policy, and report the violation to the client’s treatment team.
 4. Violation of this policy by clients is a treatment issue to be addressed by the treatment team.
- C. Visitors
1. Signs will be posted at campus entrances and in selected locations inside and outside the facility.
 2. Employees who encounter a visitor who is violating the tobacco policy are encouraged to politely explain the policy to the visitor.
 3. Visitors who become agitated or unruly or repeatedly refuse to comply when informed of the tobacco-free campus policy may be reported to DBH administration. Administrators will respond to the situation as appropriate, according to their professional judgment and need to maintain a safe environment.
- D. Outside Groups
- Outside groups who use DBH facilities for meetings will be advised of this policy. Violation of the policy will result in the rescinding of approval for the group to meet on this campus.

TIME FRAMES FOR
GRIEVANCES

SECTION:	Grievance Policies
PAGE:	1 of 1
SUBJECT:	Time Frames for Grievances
EFFECTIVE DATE:	
REVISION DATE:	10/2018

POLICY

DBH will resolve grievances within required time frames.

PROCEDURE

- 1.0 When an Enrollee, his/her authorized representative, or a provider with the Enrollee's consent files a Grievance, DBH will dispose of the Grievance with written notice to all affected parties as expeditiously as the Enrollee's health condition requires, but not to exceed 45 days from the day DBH receives the Grievance. An extension of up to 14 calendar days for disposition of a grievance is allowed if:
 - 1.1 the Enrollee requests an extension, or
 - 1.2 DBH can justify (to the Utah Department of Health upon request) the need for additional information
 - 1.3 DBH states how the extension is in the Enrollee's interest
- 2.0 If there has been no Adverse Benefit Determination identified by staff to resolve the matter within one week, supervisors will be notified to take on resolution.
- 3.0 If DBH extends the time frame, and the Enrollee did not request the extension, DBH will give the Enrollee written notice of the reason for the delay within 2 calendar days. In addition, reasonable efforts to give the member prompt oral notice of the delay will be attempted.
- 4.0 If DBH does not resolve a Grievance within the required time frame, DBH will give the Enrollee an Adverse Benefit Determination letter at the time DBH determines the required time frame will not be met.
- 5.0 By declaring DBH's failure to provide resolution of the Grievance within the required time frame is an Adverse Benefit Determination, the Enrollee may now file an Appeal.

TRAVEL POLICY

Policies & Procedures



SECTION:	Finance
PAGE:	1 of 4
SUBJECT:	Travel
EFFECTIVE DATE:	4/2007
REVISION DATE:	12/2018

Summary

All travel and training must be approved in advance. The specific guidelines which follow this paragraph must be complied with in order to receive reimbursement for travel. Only actual, economical transportation and lodging expenses will be reimbursed. A per diem amount for meals will be paid for authorized meals. Reimbursement will be made within fifteen days of the submission of an approved Travel Reconciliation Report. Travel expenses for a companion are not reimbursed. Questions concerning the interpretation of the DBH travel policy should be addressed by the Controller.

Travel Approval

All travel must be pre-approved by the employee's immediate supervisor and their program director. Incidental travel and non-overnight travel required to perform the employee's day-to-day duties does not require prior approval.

A completed Travel Request Form must be submitted to the travel coordinator for all travel/training 15 days prior to the date of travel/training. Travel requiring airfare purchase should be to the travel coordinator 30 days in advance of departure. Exceptions must be approved by the Executive Leadership Team.

Most Economical Form of Travel

The most economical form of travel is the DBH standard. DBH may limit total reimbursement amounts for travel and training in order to stay within budgeted amounts. Employees may be reimbursed a set amount for specific travel and training as determined by the Executive Leadership Team prior to the travel.

Travel Arrangements

Travel Coordinator Arranged Travel:

All travel arrangements listed below may be made by the travel coordinator. Once a Travel Request Form has been approved, the travel coordinator will make arrangements for the following areas on the DBH travel credit card:

- Conference Registration
- Hotel, Condo, House Rental Accommodations
- Airfare (Coordinator will provide employee flight time options)
- Car Rental

Employee Arranged Travel:

Employees are allowed to make their own travel arrangements and pay for their travel with a personal credit card. If an employee wishes to make their own travel arrangements, they should first check with the travel coordinator to determine reimbursement rates paid by DBH. After the travel has been completed, the employee must submit receipts for reimbursement on the travel reconciliation form.

While an employee is allowed to make their own travel arrangements with a personal credit card, they may not make travel arrangements for other employees with their personal credit card.

Meal Reimbursement

Meals are reimbursed for 1) business oriented overnight travel, and 2) business related entertainment (employee meal purchases made when business is being conducted throughout the meal).

Meals that are provided complimentary of the conference, hotel or association are not considered reimbursable.

Overnight travel meal reimbursement is determined by the time of day the traveler leaves “home base” (the location the employee leaves from and/or returns to), the number of days at the location, and the time of day the traveler returns the home base. Tips and tax on meals are included in the per diem.

Leave Home Base:

1st quarter: Leaves between 12:01am and 7am
2nd quarter: Leave between 7:01am and 1pm
3rd quarter: Leaves between 1:01pm and 6pm
4th quarter: Leave between 6:01pm and midnight

Per Diem Reimbursement for:

B-L-D
L-D
D
0

Returns to Home Base:

1st quarter: Arrives between 12:01am and 6am
2nd quarter: Arrives between 6:01am and noon
3rd quarter: Arrives between 12:01pm and 6pm
4th quarter: Arrives between 6:01pm and midnight

Per Diem Reimbursement for:

\$0
B
B-L
B-L-D

Lodging

DBH reimburses for lodging if the conference is more than 75 miles from the DBH offices at 934 South Main Street, Layton Utah.

Hotel room service, movies and other charges are the responsibility of the employee.

If a traveler stays with friends or relatives rather than in a hotel, uses a personal camper/trailer, or rents a home/condo the travel is reimbursed as follows:

- \$25 per day (stays with family or friends, no receipt required)
- Actual cost up to \$50 per day with receipt (campground, trailer park)
- Home/Condo rental (rental will be reimbursed for actual cost up to the amount of hotel lodging costs determined by the travel coordinator).

Transportation

Mileage reimbursement will be the lesser of mileage or airfare. Mileage is calculated at the IRS approved business travel reimbursement rate. For travel/training budget reasons, DBH may reduce the amount reimbursed for mileage for specific conferences prior to the conference. Rental cars are not reimbursable for in-state travel; however, an employee can use the mileage reimbursement to pay for the rental car. Travel time taken for driving or flying during the employee's normal work week may count as time worked, but cannot be considered overtime.

- Use of private vehicle: IRS or DBH rate for business travel
- Private motorcycle: ½ the IRS or DBH rate for business travel

Incidental Travel Expenses

Travelers will be reimbursed for actual out-of-pocket expenses for incidental items such as baggage, baggage tips, taxi's/tips, shuttle service, other ground transportation, long term

airport parking and toll fees.

A receipt is required for each incidental travel expense over \$25. For incidental travel expenses under \$25 the traveler must indicate on the travel reimbursement form the type of incidental expense and dollar amount.

Fall Substance Use Conference

Each year ELT will determine the total reimbursable amount allowed for this conference. This amount will cover hotel, transportation/mileage and food costs per diem. Employees are responsible to check with the travel coordinator to determine the reimbursable amount allowed by ELT prior to the conference.



POLICIES & PROCEDURES

SUBJECT: VEHICLE OPERATIONS

SECTION: Administrative

PAGES: 2

EFFECTIVE DATE: 12/2005

REVISION DATE: 10/2011

POLICY

All Davis Behavioral Health Vehicles are to be operated in a safe and proper manner. All persons driving Davis Behavioral Health Vehicles will meet the standards set forth by our insurance carrier and Davis Behavioral Health.

SCOPE

All Davis Behavioral Health Staff and Volunteers

OVERSIGHT

- A. Unit Responsibility: The Transportation Coordinator will ensure that all staff and volunteers who operate cars or vans belonging to Davis Behavioral Health are in compliance with this policy.
- B. Administrative Responsibility: The Transportation Coordinator will cause a list to be kept of all drivers, approved by our insurance carrier, that have completed all necessary training requirements.
- C. Vehicle Use: The Transportation Office will develop and maintain records that track the use of DBH vehicles; see that vehicles are serviced in accordance with manufacturer recommendations; keep vehicles fueled when possible; and schedule the use of vehicles not assigned to a Program.

PROCEDURES

A. Driver Qualifications

- 1. Must be at least 22 years of age or have 6 years of driving experience.
- 2. Have a current valid Utah Driver's license.
- 3. As verified by a Department of Motor Vehicles Driver's Record Service Report through our insurance carrier
 - a. Have *no* record of DUI, Reckless Driving, or license suspension in the last five years,
 - b. Have not been involved in more than two *at fault* accidents in the past three years,
 - c. Have no more than two moving citations in the past three years.
- 4. Prior to assuming driving duties, new drivers must receive orientation from the Transportation Coordinator regarding the use of the vehicles and the policies and procedures relating to vehicles and drivers.

B. Driver Disqualifications

- 1. Failure to maintain qualifications as described above.
- 2. Driver's License Suspension by any state Department of Motor Vehicles.
- 3. A driver may re-qualify for driving status in some instances by attending the *Defensive Driving Course* offered by the County. [does not apply to disqualification for a DUI citation]

C. Accident Procedures

- 1. The police must be called and an accident report obtained.

2. The driver's supervisor should be notified.
3. Within two working days of the accident, an incident report must be filed with Human Resources regardless of the amount of damages or injury.
4. All vehicle related incidents must be reported to the Chief Operations Officer by Human Resources.

D. Limits on Use

1. Drivers will be advised that permission from the Davis Behavioral Health Executive Committee must be received prior to overnight trips, and trips exceeding the mileage limit imposed by our insurance carrier.
2. Insurance extensions must be obtained for each van traveling more than 300 miles from Salt Lake City, and for each truck traveling more than 150 miles from Salt Lake City.
3. Each program assigned a vehicle must notify the Transportation Office within 24 hours of any damage or observable vehicle deficiencies. Each Program will also make assigned vehicles available for servicing when notified of scheduled maintenance.

E. Records

1. A current list of all authorized drivers including their driver's license number, birth date, and status. [HR]
2. A current list of all vehicles including the License Plate number, purchase date, Vehicle Identification Number (VIN), and assigned program. [Finance, Transportation Office]
3. Each program assigned vehicles will keep records of vehicle use, a trip log, and a passenger log in a format requested by the Transportation Office. Copies of trip records must be submitted to the Transportation Office within one week of each month end date. A summary of trip records is to be submitted to Finance quarterly. [Transportation Office and Program Directors; Finance]