



Building Hope for Recovery through Education, Support and Advocacy

VOLUNTEER Handbook

September 2012

WELCOME to NAMI Stark County!

We are pleased to have you join us.

To assist you in achieving success, we are particularly committed to explaining why your responsibilities are so important and how to perform your duties with maximum effectiveness. At the same time, we remind you that in any volunteer position, a pleasant, positive attitude toward our customers, employees and volunteers is crucial.

This volunteer handbook is one example of our desire to guide you toward a successful and enjoyable experience. We encourage you to read it completely and keep it for future reference whenever you want to better understand our policies. Occasionally circumstances will require us to change policies, and you will receive periodic updates to this handbook regarding those changes. If you ever do not understand information about our policies, please ask the Executive Director for clarification.

Thank you for taking this step in helping others impacted by mental illness. We are proud to have you on the NAMI Stark County team.

Jane James

Jane James
Executive Director
NAMI Stark County

121 Cleveland Ave SW
Canton, Oh 44702
P: 330-455-6264
F: 330-455-6265
jjames@namistarkcounty.org
www.namistarkcounty.org

TABLE OF CONTENTS

1.0 Introduction		6
	Who We Are	8
	History and Overview	8
2.0 Volunteerism at NAMI Stark County		9
	Job Requirements of Education/Support Programs	9
	Volunteer Expectations of Conduct	10
	Equal Volunteer Opportunity	11
	Background Checks	13
	Reasonable Accommodations for Volunteers and Clients	14
	Volunteer Relations	17
	Complaint Resolution Procedure/Open Door Policy	18
	Grievance Procedure	18
	Disciplinary Procedures/Progressive Disciplinary	19
	If Your Leave NAMI'S Volunteerism	19
3.0 Outcomes		20
	Outcome Review	20
4.0 Supply Requisition		21
5.0 Leaves of Absence		22
	Military Leave	22
6.0 Program Environment		23
	Harassment Policy	23
	Non-Violent Workplace	24
	Weapons	25
	Bomb Threat	26
	Fire Procedures	26
	Robbery	26
	Tornado and/or Severe Storm Plan	27
	Safety & Security	27
	Abuse	28
	Infection Control	29
	Universal Precautions for Infection Control	29
	Universal Precautions/Infection Control Guidelines	30
	Hazardous Materials	32
	Drug and Alcohol Free Workplace	33
	Non-Smoking	33

7.0 Expectations and Standards of Conduct	34
Confidentiality of Client and Caregiver Information	34
Adherence to Program Training	34
Business Ethics	34
E-Mail, Internet and Computer Information Systems	35
Attendance and Punctuality	35
Cameras and Camera-Equipped Cellular Phones	35
Standards of Conduct and Corrective Action Procedure	36
Cancellation of Programming	36
8.0 Other Important Information	37
Media Inquiries	37
Personal Belongings	37
Personal Relationships with Clients, NAMI Volunteers or Employees	37
Continuous Education	37
NAMI Stark County Policy Manual Access	37
Branding	38
Handling "Hot Potatoes"	38
Communication Strategies	39

APPENDIX

Acknowledgment of Receipt Form	43
Expense Reimbursement Form	45
Confidentiality Form	47
Incident Reporting Form	49
Support Group Reporting Form	51
Outcomes Reporting On-line	55
Volunteer Hours Log Form	57
Volunteer Application	59

ABOUT THIS HANDBOOK

This handbook is not a contract, express or implied, and does not guarantee volunteerism for any specific period of time. Although we hope that your volunteerism relationship with us will be long term, either you or NAMI Stark County may terminate this relationship at any time, for any reason, with or without cause or notice. Please understand that no representative of NAMI Stark County, other than the Executive Director, has the authority to make any promises or commitments to you or to enter into any agreement with you that changes your at-will relationship.

1.0 INTRODUCTION

This handbook contains important information regarding procedures and policies related to your volunteerism at NAMI Stark County. These procedures and policies are defined in more detail in the sections that follow. This handbook will be updated periodically to communicate changes.

Your suggestions on how to improve our organization are always welcome and should be discussed with the Executive Director. NAMI Stark County looks forward to a mutually beneficial relationship. This handbook is one step toward achieving that goal.

Who We Are

NAMI, The National Alliance on Mental Illness, was established in 1979 as a support, education and advocacy organization by and for families with a loved one with a mental illness. Years of frustration borne of misunderstanding about mental illnesses and the lack of a unified voice were responsible for the formation of a nationwide network of informed and educated family members who banded together to inform and educate others, as well as to advocate on behalf of better care for their loved ones. Over the past 25 plus years, NAMI has been an important source of public policy and public relations efforts in the mental illness field. From efforts to increase funding at the National Institute of Mental Health for research into serious mental illness; to the establishment of a national Helpline and website; to the development of signature programs, such as the Family to Family Education Program; to their signing of the Mental Health Parity Act of 1996; NAMI has been at the forefront of education and advocacy regarding mental illness.

NAMI's Peer-to-Peer Recovery Education Program will be expanding in 2005 as the result of support from AstraZeneca Pharmaceuticals. The Peer-to-Peer program is a 10-week experiential education course in which people who are in recovery from mental illness teach coping strategies to others pursuing recovery.

"Recovery for people living with mental illness is our goal; this grant allows our successful program to grow. We are grateful to AstraZeneca for this support in helping clients," says NAMI national executive director, Michael Fitzpatrick.

The program was piloted in four states in 2000 and has grown to date to 15 states overall. It currently is operating in Arizona, California, Florida, Iowa, Illinois, Indiana, Maryland, Mississippi, Missouri, Montana, Nevada, New York, Pennsylvania, Washington State and Wisconsin. The next phase of expansion will involve approximately 10 states in consultation with NAMI state leaders.

The program is taught by teams of three "mentors," focusing on:

Treatment and coping strategies,

Relapse prevention plan and identifying "triggers,"

Advance directives for mental health care decision making; equivalent to a durable power of attorney, and

Awareness to increase focus, attention and calm in managing an illness.

In addition to developments at the national level, NAMI retained its grass roots spirit by encouraging the development of local affiliates across the country. NAMI affiliates attract membership and involvement at the local level which also confers membership benefits in the state and national organizations.

NAMI Stark County is a membership organization, with 200 peer, family members, professionals, and organizational members. Although support and education programs are offered at locations throughout Stark County, the administrative office is centrally located in downtown Canton across from the Mental Health and Recovery Services Board of Stark County.

Mission Statement

The mission of NAMI Stark County, Inc. is to (a) empower and provide hope for recovery to people impacted by mental illness, their families, and the wider community through mutual support, education, referral, and advocacy activities; and (b) advocate for policies which improve the quality of life, care, and legal rights of people with mental illness and their families at local, state, and national levels.

To accomplish this mission we shall:

1. Establish and promote NAMI support groups and education programs.
2. Provide information and referral services to peers, their families and mental health professionals for the purpose of improving recovery and access to care.
3. Advocate for an adequately funded public health system that creates safe and affordable housing and employment opportunities, and provides recovery orientated health care, social services and other supports for persons with mental illness.
4. Educate the public and professional community by increasing understanding and eliminating the stigma of mental illness.
5. Encourage NAMI Stark County members to become involved in organizations that serve persons who have mental illness.
6. Support research into the cause and treatment of mental illness.
7. Advocate for individuals and families impacted by mental illness.

Vision Statement

Building Hope for Recovery through Education, Support and Advocacy

History & Overview of NAMI Stark County

It all began in 1981 when two desperate mothers of children with mental illness needed support - needed someone to listen and care. They called the Stark County Association and spoke with Barbara Greavu, the Educational Coordinator, who saw their anguish and put an ad in the newspaper in 1981. A group of people came together and formed "A Reason for Hope" and thus we were first formed, with one monthly meeting being offered.

In 1996, the first "Family to Family" course was offered when we became NAMI Stark County. Two classes were offered that first year and from that point on classes have been regularly offered to capacity. We are currently offering four or five "Family to Family" programs per year. "Peer to Peer" was introduced in 2005 and is offered at least twice a year. In 2006, "Hand to Hand" was first offered, and was switched to NAMI National Basics Program Education. A weekly support group was started in 2005, and in 2006 a bi-weekly support group was added. Since 2008, support groups have been added regularly to meet community need and we are currently offering 12 support groups in Canton, Massillon, Alliance and North Canton. These programs are sustained through trained volunteers. NAMI Stark County utilizes over 90 volunteers yearly.

NAMI Stark County officially became a non-profit organization in 2007, acquiring a 501c3 non-profit status at which time we received our first grant. In 2008 we received funding from the Mental Health and Recovery Services Board of Stark County, opened our 1st office and employed our 1st part-time Executive Director. In 2012 the Executive Director position became full time and we hired a second full time employee and began the Family Involvement Engagement Program.

Each year we provide a variety of community educational programs/trainings and activities through participation in health fairs, library displays, speaking engagements to area schools, universities, religious organizations, service providers, various employment locations, community organizations and more. In addition we collaborate with area universities and service providers for community educational programs and anti-stigma activities during Mental Illness Awareness Week and Mental Illness Month. Additionally, NAMI Stark County participates twice a year with the Crisis Intervention Training (CIT) collaborative. We offer a quarterly membership meeting and a monthly newsletter.

We advocate for persons and families impacted by mental illness with local and state legislators on issues impacting mental health. In addition, NAMI Stark County offers advocacy for individuals including service linkage, IEP guidance and support, court appearances and team meeting attendance.

2.0 VOLUNTEERISM AT NAMI STARK COUNTY

Job Requirements of Education/Support Programs (Volunteer Description)

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI models
- ✓ Commitment to co-teach a minimum of two classes or lead/co-lead a support group for a minimum of one year
- ✓ Ability to complete and turn in class and/or support group reports as required
- ✓ Willingness to identify potential new teacher/facilitators from your groups
- ✓ Positive regard for, or personal experience with peer/family support
- ✓ Be or become a member of NAMI
- ✓ Able to show respect and empathy for client
- ✓ Able to put client needs first
- ✓ Be a good listener
- ✓ Willing to self disclose but understand the focus is on the client, not on own experience or "story"
- ✓ Must be comfortable speaking to group
- ✓ Able to handle "hot potatoes"
- ✓ Able to read aloud fluently
- ✓ Able to tolerate other points of view respectfully
- ✓ Dress in clean, appropriate attire for setting
- ✓ Able to adhere to NAMI Stark County policies/procedures
- ✓ Dependable, reliable, on-time
- ✓ Able to be prepared in advance of duty

Volunteer Expectations of Conduct

This agency provides a client-centered, peer support environment in which clients receive education, support and advocacy. It is the policy of NAMI Stark County that all volunteers view themselves as role models within this environment and dress and conduct themselves appropriately. Dress is not to interfere with the execution of job duties and should be a reflection of one's professionalism as an advocate within our community.

1. Compliance of public law when at work and while performing the job duties is expected.
2. No borrowing/taking of corporation, staff, volunteer or client property, assets, or supplies without prior approval.
3. Having direct personal knowledge of dishonest acts requires the reporting of such acts.
4. No dishonesty of corporation property, funds, and information.
5. No usage of during volunteer duty or reporting to volunteer duty after using alcohol or illegal drugs.
6. Every effort to report to volunteer duty as usual will be made. If unable to report, notify the program coordinator or director.

Volunteer will be timely notified of inappropriate action/behavior which may be subject to discipline or termination.

Equal Volunteer Opportunity

To provide equal volunteer, employment and advancement opportunities to all individuals, employment decisions at the organization are based on merit, qualifications, and abilities. We do not discriminate in employment, volunteer opportunities, decisions or practices on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or any other characteristic protected by law.

We will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to the organization. This policy governs all aspects of volunteerism, including selection, job assignment, discipline, termination, and access to training.

NAMI Stark County respects the religious beliefs and practices of all volunteers and will make, upon request, an accommodation for such observances when a reasonable accommodation is available that does not create an undue hardship on the organization's business.

Any volunteer with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of the Executive Director or the Board President. Volunteers can raise concerns and make reports without fear of reprisal.

Engaging in any type of unlawful discrimination or harassment of another volunteer, employee, contractor, client or visitor will be cause for corrective action, up to and including termination of volunteerism.

It is the policy of NAMI Stark County to treat all volunteers without regard to race, color, national origin, disability, age, sex or religion. It is the policy of this agency to take affirmative action in accordance with all applicable federal and state laws, rules, regulations and guidelines. Discrimination against employees, volunteers and applicants due to race, color, religion, sex (including sexual harassment), national origin, disability or age (40 years or more) is illegal.

NAMI Stark County is dedicated to the proposition that the full realization of equal volunteer and employment opportunities shall result from the collective efforts of the agency. The full and equal integration of all qualified persons, regardless of race, color, religion, sex, age, national origin, sexual orientation, or disability is a principle to which this agency is committed. As an equal opportunity volunteerism and employer, it is the policy of NAMI Stark County, from recruitment through the various aspects of volunteerism and employment, to provide equal opportunity to all qualified applicants volunteer and employees, without regard to race, color, religion, sex, age, national origin, sexual orientation, or disability, as provided by law. The agency has long advocated that it would be inconsistent with its roles as a mental health provider to condone or participate in unlawful discriminatory practices. The application and implementation of these principles and policies shall be accomplished through continuous affirmative action programming.

Any person who feels they have been discriminated against because of their race, color, national origin, disability, age, sex or religion, has the right to file a complaint. The Director is the designated EEO Officer and is also designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973 for all employees. Section 504 of the Rehabilitation Act prohibits discrimination based on disability. The attached policy statement is distributed to all employees on an annual basis.

Additional assistance in filing a complaint may be obtained from:

Ohio Department of Alcohol and Drug Addiction
Services Civil Rights Office
30 W Spring St
Columbus, Ohio 43215-2537
Telephone: (614) 466-9011
TDD: (614) 644-9140

Office for Civil Rights
Department of Health & Human Services
30 East Broad Street
8th floor Columbus, Ohio 43215-3430
(614) 466-2333 or TDD (614) 752-9696

Ohio Department of Mental Health
30 East Broad Street
8th floor Columbus, Ohio 43215-3430
(614) 466-2333 or TDD (614) 752-9696

Mental Health and Recovery Services Board of Stark County
800 Market Ave. N. Suite 1150
Canton, OH 44702
(330) 455-6644

Background Checks

It is the policy of NAMI Stark County to perform a background check as one of the reference checks for all potential volunteers. The background check will be used to check for any arrests and/or convictions of abuse and to protect our clientele from persons with known violent tendencies. Background checks will be kept on file for those potential volunteers who failed this check.

A prior conviction, taken by itself, will not necessarily disqualify a candidate. NAMI Stark County may inquire into a volunteer's criminal record and base a decision on that record only when circumstances of the charge(s) substantially relate to the functions of the volunteer job or activity.

REASONABLE ACCOMODATIONS for Volunteers and Clients

It is the policy of NAMI Stark County to take affirmative action in accordance with all applicable federal and state laws, rules, regulations and guidelines. Discrimination against volunteers and employees and applicants due to race, color, national origin, sex (including sexual harassment), disability, religion or age (40 years or older) is illegal. Legislation requires NAMI Stark County to make reasonable accommodations. A reasonable accommodation may include, but is not limited to:

A. Modifications or adjustments to a job application process that enables a qualified applicant with a disability to be considered for the position such applicant desires, or

B. Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position, or

C. Modifications or adjustments that enable a covered entity's employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.

D. Accommodations to the known physical or mental illness of otherwise qualified applicants or employees unless it creates an undue hardship on NAMI Stark County. All decisions concerning undue hardship will be made in conjunction with NAMI Stark County Board and Executive Director.

The term “reasonable accommodation” means:

- A. Making existing facilities used by employees readily accessible to and usable by individuals with disabilities.
- B. Job restructuring, part-time or modified work schedules; reassignment to a vacant position; acquisition or modifications of equipment or devices; appropriate adjustment or modifications of examinations, training materials or policies; provision of qualified readers or interpreters; and other similar accommodations for individuals with disabilities.

The term "disabled individual" means a person with a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of such an impairment or being regarded as having such an impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

"A record of such impairment" means having a history of or being misclassified as having a mental or physical impairment that substantially limits one or more major life activities.

"Regarded as having an impairment" means:

- A. Has a physical or mental impairment that does not substantially limit major life activities but that is treated by a public entity as having such a limitation.
- B. Has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others.

"Undue hardship" means that the alterations in the workplace or in the duties of the position needed to accommodate a qualified individual with a disability are unduly burdensome to the program. The following factors are to be used in making this determination:

- A. The overall size of the program, number of employees, number and type of facilities, size of budget, etc.
- B. The type of operation, composition and structure of the workforce.
- C. The nature and cost of the accommodation needed. The Executive Director shall be responsible for the documentation of decisions regarding refusal to hire or promote because of undue hardship. All decisions concerning reasonable accommodation versus undue hardship will be determined by the Executive Director and the Board.

"Auxiliary aids and services" includes:

- A. Qualified interpreters, note takers, transcription services, written materials, telephone handset, amplifiers, assisted living devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons (TDD's), videotext displays, etc. Available from Trillium.

- B. Qualified readers, taped texts, audio recordings, Braille materials, large print materials or other effective methods of making visually delivered materials available to individuals with visual impairments. Available from Philomatheon Society.

NAMI Stark County has designated the Executive Director to coordinate its efforts to comply with and carry out its responsibilities which include any investigations or any complaint communicated to its alleging any actions that would be prohibited.

Volunteer Relations

People are a key ingredient in the success of NAMI Stark County. We believe that each volunteer deserves the full respect and trust of the organization. We also believe that each volunteer should have the opportunity to grow and develop to their full potential, and that this goal can best be achieved by developing sound person-to-person relationships among all volunteers.

The management team at NAMI Stark County will make every effort to:

- Maintain open lines of communication and help you understand what is expected of you to be a successful, contributing member of the organization;
- Provide safe and healthy working conditions;
- Maintain a working environment that recognizes individual differences, encourages individual initiative, and provides opportunities for personal growth and development.
- Provide periodic training on infection control, safety, cultural sensitivity

In return, we expect that you will:

- Approach your work here with team spirit and a sense of cooperation;
- Follow organization rules and procedures;
- Support the key values and goals of the organization;
- Assume accountability for your actions;
- Participate fully in efforts to continually improve your performance, and the organization's performance;
- Continually learn and improve and share your ideas so that others can do the same.
- Attend trainings as are held
- Report client complaints, concerns, and suggestions to Executive Director within 48 hours.
- Maintain a level of professional conduct with clients

Complaint Resolution Procedure/Open Door Policy

NAMI Stark County is committed to responding to the concerns of its volunteers. You should bring your suggestions or problems to our attention **within 48 hours**. If you have a complaint, here is the procedure to follow:

1. Explain the complaint to the Executive Director. Generally, you and the Executive Director will be able to resolve this.
2. If you do not get the complaint resolved by the Executive Director, see the Board President to discuss it. Concerns may be expressed in person or in writing.

If you are unable to resolve your complaint through this informal procedure, you may request review through the formal grievance procedure.

Grievance Procedure

1. The consideration of misunderstanding or grievances is an important part of volunteer management. Grievances should be presented within twenty (20) calendar days from the date of incident giving rise to an alleged grievance. The procedure shall be as follows:
 - A. If the director's verbal answer is not satisfactory, the volunteer may, within three (3) working days following receipt of the director's answer, file a written grievance with the director, setting forth the nature of the grievance and the remedy sought. The Executive Director shall give a written answer within ten (10) working days after receipt of the written grievance.
 - B. If the grievant is not satisfied, he/she shall, within ten (10) working days, appeal in writing to the Board President. A meeting between the volunteer, the Board President, the Executive Director, will be held at a mutually agreeable time. The Board President will give his/her response in writing within fifteen (15) working days from the meeting.

Disciplinary Procedures/Progressive Discipline

NAMI Stark County (NSC) makes every attempt to ensure that disciplinary actions are prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the volunteer for satisfactory service in the future.

Although volunteerism with NSC is based on mutual consent and both the volunteer and the company have the right to terminate at will, with or without cause or advance notice, the company may use progressive discipline at its discretion.

Disciplinary action may call for any of the following four steps: verbal warning, written warning, suspension, or termination of volunteerism, depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed.

Progressive discipline means that, with respect to most disciplinary problems, these steps will normally be followed: a first offense may call for a verbal warning; the next offense may be followed by a written warning; another offense may lead to a suspension; and, still another offense may then lead to termination.

If You Leave NAMI's Volunteerism

Volunteers resigning from the organization are urged to notify us in writing at least two weeks in advance to allow enough time find a replacement to ensure continuity of services. This notice should be given in writing to the Executive Director. All property of NAMI Stark County in your possession (e.g. keys, credit cards, tools, supplies purchased by NAMI/NAMI re-imbursement) must be returned on or before your last day of volunteerism.

3.0 OUTCOMES

Outcome Review

For positions of support facilitation and mentors/ educators and advocating, at minimum yearly meetings/progress evaluation will be conducted to assess program outcome/success. Your attendance and input at these meetings is valued and expected.

Support facilitator volunteers are encouraged to contact at least monthly the NAMI Stark County office/director regarding the status of the support group. Contact can be made via email (jjames@namistarkcounty.org) for Jane James or namistark@namistarkcounty.org for the office. NAMI Stark County's office phone number is 330-455-6264 (NAMI). Fax number is 330-455-6265. Jane James' cell phone number is 330-447-3844. NAMI Stark County address is 121 Cleveland Ave SW, Canton, OH 44702.

Support facilitators are trained by NAMI Ohio to utilize the training manual and format provided by NAMI Ohio. Support facilitators are not to be expected to problem solve for participants, but rather, to facilitate the group in communication and support for one another. Facilitators are to complete and submit the Support Group Reporting Form to the office/director/on-line survey tool within 7 days of holding the group. The form is to be filled out as best you can while respecting the right to dignity and privacy of participants. At the close of each support group session, ask the outcomes questions (or distribute the form to attendees and ask them to complete and submit) and record on the report form.

It is highly encouraged that you complete the forms on the internet via the Survey Monkey tool.

See appendix for the Support Group Reporting Form and directions. Please direct any questions/concerns about facilitation or the group dynamics to the Executive Director.

4.0 SUPPLY ACQUISITION

For supplies costing more than \$50.00 within a one month period, please seek approval from the Executive Director before purchasing. Should supplies be needed contact the NAMI Stark County office to provide or purchase the needed supplies. If it is necessary to purchase supplies, submit receipt and completed Expense Reimbursement Form to director/NAMI Stark County office. NAMI Stark County employees will then submit the form to the treasurer. The treasurer will mail you a reimbursement check. See appendix for Expense Re-imbursement Form

In an effort to manage costs more efficiently, when the following supplies are needed for your support groups and/or education program, replenish your supplies from the office storage room rather than purchasing and submitting for reimbursement. We are able to purchase items tax exempt and in bulk which saves the organization money. The items include:

coffee/drink cups

plates

napkins

forks/spoons

cream, sugar, tea, hot chocolate, stirrers

binders

paper

copying

If you are using supplies on a regular basis that are not listed, please let office/Executive Director know and we can obtain them for you.

5.0 LEAVES OF ABSENCE

In the event that a leave of absence is needed, NAMI Stark County will attempt to hold the volunteer position/role if requested, but will ensure that client needs/programming is maintained.

Military Leave

It is the policy of NAMI Stark County to provide military leaves of absence for those volunteers required to attend mandatory training and/or service in the United States Armed Forces, United States Armed Forces Reserves or National Guard.

6.0 PROGRAM ENVIRONMENT

Harassment Policy

NAMI Stark County is committed to maintaining a program environment in which everyone is treated with respect. NAMI Stark County **does not tolerate** harassment based on sex (including gender-based harassment of a person of the same sex), race, religion, national origin, marital status, age, mental or physical disability, veteran status, or any other unlawful basis, whether it is by a volunteer, employee or non-employee (vendor, visitor, client, temporary hire or independent contractor). Harassment is **prohibited** while on business involving NAMI Stark County or during work related functions, or while on NAMI Stark County property.

Harassment Defined

Harassment is defined as offensive or intimidating conduct of a verbal, physical, emotional, sexual nature, which has the purpose or effect of unreasonably interfering with another's right to dignity and respect, working conditions or performance; creates a hostile, intimidating, or offensive environment; or otherwise adversely affects volunteer or client opportunities. Sexual harassment is a particular type of harassment characterized by **unwelcome sexual or romantic advances**, requests for sexual favors, or other verbal or physical conduct of a sexual nature where this conduct explicitly or implicitly affects an individual employment, that unreasonably interferes with an individual's performance or creates an intimidating, hostile or offensive environment.

Sexual or other harassment may include:

- Jokes, derogatory expressions or comments, display or circulation of graphics, cartoons or objects of a sexual nature or involving race, religion, gender, national origin, marital status, age, mental or physical disability, or veteran status;
- Filming or photographing
- Unwelcome intentional touching of another person or other unwanted intentional physical contact (e.g. patting, pinching, or brushing against another person's body) or whistling, staring, photographing or leering at another person;
- Asking unwelcome questions or making unwelcome comments about another person's sexual activities, dating, personal or intimate relationships, or appearance; or expressing unwanted interest in another repeatedly
- Statements or threats which imply a link between a person's sexual conduct and his or her volunteer status or participation status.

Basing a volunteer or participant decision such as hiring, promotion, retention, or compensation on whether an employee or applicant submits to sexual advances.

Harassment Complaint Procedure

If you believe that you have been harassed, you are expected to report the incident immediately and according to the following procedure so that your complaint can be resolved quickly and fairly.

1. When possible, promptly confront the harasser. Tell the person that their conduct is unwelcome, and ask the person to stop the conduct. You are not required to complain first to the person harassing you. You may go directly to the next step.
2. Provide a written (if possible) or verbal complaint to the Executive Director or you may submit your complaint directly to the Board President. Do this as soon as possible after the incident. Include details of the incident(s), names of individuals involved, and the names of any witnesses. NAMI Stark County will not retaliate against you for filing a complaint in good faith and will not tolerate or permit retaliation by co-workers or non-employees.
3. All harassment complaints should be directed, first, to the Executive Director or, if necessary, to the Board President. A representative will immediately undertake a prompt, thorough, and impartial investigation of the harassment allegations, in as confidential a manner as possible. Allegations of harassment will be investigated even if no formal complaint is filed or if the complaining individual refuses to cooperate in an investigation.
4. A determination will be made by appropriate management members regarding the resolution of the complaint. If warranted, corrective action, up to and including termination, will be immediately imposed. Other appropriate actions will be taken to correct problems caused by the conduct.

If you have any questions about NAMI Stark County's policy against harassment or the complaint procedure, contact the Executive Director.

Non-Violent Workplace

NAMI Stark County is committed to maintaining a workforce environment which is safe and free from any type of violence. The organization prohibits and will not condone any acts or threats of violence by any employee, volunteer, contractor client or visitor against any other employee, contractor, client or visitor, on or off the premises, with whom they are engaged in business on behalf of the organization.

As an volunteer of NAMI Stark County, you have a responsibility to warn management of any suspicious workplace situations, threats or violent incidents of which you are aware that appear violence-prone or potentially harmful which involve other employees or volunteers, former employees, contractors, clients or visitors.

To ensure that the objectives of this policy are met, the organization will take prompt corrective action, up to and including immediate termination, against any employee, or other action appropriate to contractors, volunteers, clients and visitors, engaging in any threatening behavior or acts of violence.

Weapons

In the interest of maintaining an environment that is safe and free of violence for its employees clients and visitors, NAMI Stark County prohibits the wearing, transporting, storage, presence or use of dangerous weapons on NAMI Stark County property, or while engaged in business with or on behalf of the organization, regardless of whether or not the person is licensed to carry the weapon. Any volunteer who violates this policy is subject to disciplinary action, up to and including termination of volunteerism. A client, contractor or visitor who violates this policy may be removed from the property and reported to police authorities. This policy does not apply to any law enforcement personnel or security personnel engaging in official duties.

“Organization property” covered by this policy includes all organization-owned or leased in-kind and donated buildings and surrounding areas, such as sidewalks, walkways, parking lots, and driveways under NAMI Stark County’s ownership, usage or control. Furthermore, this policy applies to all organization-owned or leased vehicles and all vehicles that come onto NAMI Stark County’s property or property in use for NAMI Stark County purpose.

“Dangerous weapons” include, but are not limited to, handguns, firearms, explosives, knives and other weapons further defined by state statute and/or local ordinance.

NAMI Stark County reserves the right at any time, and at its discretion, to search all organization-owned or leased vehicles and all vehicles, packages, containers, briefcases, purses, lockers, desks and persons entering its property, for the purpose of determining whether any dangerous weapon has been brought onto its property or premises in violation of this policy.

If you have a question regarding whether an item is covered under this policy, contact the Executive Director. You have the responsibility to make sure that any item that you have in your possession is not prohibited by this policy.

BOMB THREAT

To ensure client and staff safety in the event of a bomb threat, a safety plan has been developed. If a bomb threat is made to the agency or to any individual (whether client/employee/volunteer) the plan for the site facility's site will be followed.

NAMI VOLUNTEERS must know where the nearest fire extinguisher and evacuation map are located. Review evacuation route at the beginning of each scheduled programming.

CALL 911 THEN SAFETY OFFICER is Executive Director: Jane James: 330-455-6264

FIRE PROCEDURES

To ensure client, staff and visitor safety in case of a fire, the following procedure must be followed. Clients and staff will follow the site facility's plan already in place.

NAMI VOLUNTEERS must know where the nearest fire extinguisher and evacuation map are located. Review evacuation route at the beginning of each scheduled programming.

CALL 911 THEN Safety Officer is Executive Director: Jane James; 330-455-6264

ROBBERY

To ensure client and staff safety in the event of a robbery the following procedure is to be carried out. If a robbery should occur, the first consideration is for client/employee/volunteer safety.

1. What to do in the event of a robbery:

- a. Remain calm. Don't provoke a robber. Comply with demands
- b. b. Avoid defending yourself with a weapon when you're already facing a firearm.
- c. Notice descriptions and mannerisms of suspects. When trying to determine age, height, weight and appearance, make comparisons between them and yourself or someone you know.
- d. Note type and color of clothing.
- e. Be able to describe size and color of weapon.
- f. Note anything they touch so that your may preserve it for evidence.

- g. Note the direction, description and license of escape vehicle.
2. What to do after the robber leaves:
- a. Notify the police immediately. CALL 911
 - b. Lock the doors and touch nothing until the police arrive.
 - c. Do not discuss the robbery among client/employees/volunteers or other witnesses until the police arrive and have an opportunity to interview all those involved.

3. Notify the Executive Director and fill out an adverse action report.

CALL 911 THEN Safety Officer is Executive Director; Jane James: 330-455-6264

TORNADO AND/OR SEVERE STORM PLAN

To ensure client and staff safety in the event of a tornado or severe storm, a safety plan has been developed. The procedure for the site facility will be followed.

NAMI VOLUNTEERS must know where the nearest fire extinguisher and evacuation map are located. Review evacuation route at the beginning of each scheduled programming.

Safety Officer is Executive Director: Jane James: 330-455-6264

Safety & Security

Your co-workers depend on you to practice good housekeeping, use safe practices, and use sound judgment in your work. You are urged to report any hazardous conditions to the Executive Director so that corrective action can be immediately taken.

You should also report all on-the-job injuries and Adverse Incidents to the Executive Director who is the Safety Officer immediately: 330-455-6264 or 330-447-3844.

A. Adverse Incidents include: any death, attempted suicide, injury, alleged abuse, neglect, threat of physical violence, fire, alleged theft, fall, damage to property, infection control issue, or violation of confidentiality that occurs with a client, visitor or volunteer while at NAMI Stark County's programs or NAMI Stark County's business.

B. Reporting:

1. Volunteers should complete residential/community notification incident report and submit to NAMI Stark County within 24 hours of the incident. Volunteers involved must also complete an Adverse Incident Report Form before they leave and submit to the director within 24 hours. All volunteers have the responsibility and obligation to report adverse incidents. (See Appendix)
2. After completing the Adverse Incident Report the director will review the report and determine if it requires external notification and will report to the board within 24 hours.
3. External incident reporting done by the director.

In the event of an medical or psychiatric emergency

In the event of a medical or psychiatric emergency, CALL 911 AND SEEK ASSISTANCE. REFER POTENTIALLY SUICIDAL PERSONS TO THE CRISIS CENTER: 330-452-6000. ADDRESS: 2421 13TH ST NW, CANTON, OHIO OR SEEK 911 ASSISTANCE TO TRANSPORT TO CRISIS CENTER

ASK FOR CIT OFFICER WHEN CALLING 911

REMEMBER, YOU ARE NOT A PROFESSIONAL WHILE IN A VOLUNTEER CAPACITY FOR NAMI AND CANNOT ADMINISTER PROFESSIONAL PSYCHIATRIC TREATMENT. Follow adverse incident procedure for documenting.

Abuse

NAMI Stark County wants to ensure that all clients are treated with dignity and respect and are afforded a NAMI environment free from harm and abuse.

When an incident that is required to be reported to ODMH, the volunteer will contact the director to report and complete a NAMI incident reporting form. The agency will complete form DMH-LIC-015 and will forward this completed form (via fax or electronic transmission) to:

- 1) The Ohio Department of Mental Health, and
- 2) The County Board of Residence (Note: there is no need to report incidents involving private pay / non-publicly funded or Out procedure of State clients to the County Board of Residence).

ODMH will review the submitted incident form and will forward (via fax or electronic transmission) within 24 business hours of having received the completed incident form to the Stark County Mental Health Board.

*NOTE: OACBHA will be responsible for providing an initial / accurate list of mental health board fax numbers to ODMH.

Infection Control

Universal Precautions for Infection Control

- A. The Executive Director is responsible for the implementation of the Exposure Control Plan (ECP).
- B. The Executive Director will maintain and update the ECP annually and as needed to include or modify new tasks/procedures.

Volunteer Exposure Determination

All Staff/volunteers have minimal occupational potential for exposure to bloodborne pathogens or other potentially infectious materials.

Each NAMI program site should have the following supplies:

1. Hand Sanitizer
2. First Aid Kit
3. Kleenex
4. Garbage Bags
5. Disposable gloves

Universal Precautions/Infection Control Guidelines

The potential for the transmission of parasitic and infectious diseases is constantly present in the general environment. Infectious viruses/agents may be present at any time in the bodily secretions and fluids (saliva, perspiration, blood, urine, feces, semen) of anyone. Good personal hygiene is the basis for protection from contagious disease. The Centers for Disease Control in Atlanta, Ga. states "hand washing is the single most important means of preventing the spread of infection". Practicing good hygiene and anticipating potential contact with infectious materials in routine situations is everyone's responsibility and essential to prevent the spread of infection.

The following universal precautions are to be included in your work routine:

1. Wash your hands frequently during the day; especially after restroom usage, before eating, after blowing your nose, touching door-knobs or other potentially contaminated surfaces.
2. Use a Kleenex for coughs/sneezes.
3. Refrain from touching your face: eyes, nose, and mouth.
4. Avoid sharing pens/pencils.
5. Avoid placing pens/pencil and other inanimate objects in your mouth.
6. Avoid personal contact with other's bodily fluids.
7. Personnel/volunteers cleaning any spill of bodily fluids must wear disposable gloves and wash hands thoroughly when finished. It is advisable to scrub hands with soap and water for at least 15 seconds.
8. Cleaning dishes and eating utensils should be cleaned using the 3 pan method for washing and sanitizing:
 - Use plenty of hot, soapy water
 - Rinse in solution of household bleach and water (2oz. bleach to 2 gallons water)
 - Thoroughly rinse again and allow to air dry
9. Keep all open cuts covered.
10. Immediately report any accidental exposure to blood or bodily fluids to the Executive Director See adverse Incident procedure.

11. Use sanitizer for infectious material spills
- 12 .Use garbage bags – 2– to double bag any blood spillage
13. If you have any questions regarding specific situations, contact the Executive Director.

The Centers for Disease Control and Prevention (CDC) advise the use of "universal precautions" to prevent the spread of blood borne pathogens, or disease. The universal precautions minimize exposure of persons to blood, and recommend that the blood of all patients be treated as if it is infectious. Doing so protects you by minimizing the risk of contagion.

Bloodborne Pathogens

1. Bloodborne pathogens are microscopic organisms (or microorganisms) that can cause illness in people. They are found in the blood or other body fluids. Human immunodeficiency virus (HIV) which causes AIDS, and hepatitis B virus (HBV), are two of the most common bloodborne pathogens.

Routes of Transmission

2. HIV, HBV and other diseases can be transmitted if they come in contact with mucous membranes of the nose, eye, or mouth or through a break in the skin. They can also be transmitted by a puncture wound, such as a needle stick, or from a cut from a scalpel or razor. Sexual contact is another way for transmission to occur.

Protective Barriers

3. One of the main lines of defense against these pathogens is using protective barriers and clothing. CDC guidelines recommend using gloves whenever blood or other body fluid may be present.

Hand Washing

4. CDC guidelines specify that health care workers wash their hands before and after dealing with each patient. Any time the worker put on or takes off gloves, she should wash her hands. Hand washing is one of the best ways to prevent the spread of disease. Each hand wash should take a minimum of 10 seconds, with medical-grade soap. .

Remember

5. Never leave food or [drinks](#) in areas where infectious material may be.

Read more: [CDC Guidelines for Bloodborne Pathogens | eHow.com
http://www.ehow.com/about_5498566_cdc-guidelines-bloodborne-pathogens.html#ixzz1G9muOOel](http://www.ehow.com/about_5498566_cdc-guidelines-bloodborne-pathogens.html#ixzz1G9muOOel)

Hazardous Materials

NAMI Stark County does not utilize hazardous materials

Drug and Alcohol Free Workplace

To maintain the safety of our employees, volunteers, operations, and assets, as well as the communities in which we operate the use of and/or the possession or sale of alcohol or drugs (i.e. controlled substances) while on the job is strictly prohibited.

Under no circumstances are you permitted to be under the influence of alcohol and/or drugs while working, with the exception of proper use of substances legally prescribed to you by your health care provider.

To ensure a drug and alcohol-free workplace, the organization will take all necessary actions, which may include the following:

Random drug testing.

Non-Smoking

In keeping with the organization's policy to provide a safe and healthy work environment, smoking in the workplace is prohibited. Smokers are responsible for keeping the designated (outdoor) smoking areas clean.

This policy applies equally to all employees, contractors, clients and visitors.

7.0 EXPECTATIONS AND STANDARDS OF CONDUCT

Confidentiality of Client and Caregiver Information

As a volunteer of NAMI Stark County, you may be exposed to a great deal of confidential information. None of this information is to be repeated or discussed with anyone outside the organization without express written authorization. That written authorization should be submitted to the director. **You are** also responsible for internal security of such information. No confidential information should be emailed or text etc. Notify the Executive Director immediately of any breach of confidentiality may expose the organization to liability and cause hardship to others. This could lead to litigation and can result in corrective action, up to and including termination of volunteerism. NAMI Stark County volunteers do not maintain confidential client information. Please see release of information form in appendix.

Adherence to Program Training

Because of the nature of information divulged in NAMI Stark County programming and the nature of our customer base it is imperative that program mentors, educators and facilitators maintain focus on the client/s. While it is important for program mentors, educators and facilitators to share their experience, the focus and corresponding allotted program time must be given the program participants, for whom the programming is for. Inability to do so may result in discipline up to termination of volunteerism.

Business Ethics

NAMI Stark County was built on the basic understanding that the organization and its employees and volunteers should, at all times, conduct their business affairs in an honest and ethical manner, as well as to avoid any conflict of interest with the organization.

A conflict of interest arises when the interests of the organization are in conflict with an employee's/ volunteer's personal interests, and this must be avoided. For instance, a potential conflict of interest exists if, in your capacity with NAMI, you refer clients to your own private practice or to another agency that you are employed by. When communicating with others while representing NAMI Stark County, it is important to ensure the message is in alignment with NAMI Stark County, NAMI Ohio and NAMI National's position and mission. If you are unsure of whether a conflict of interest exists, you need to consult with the Executive Director.

E-Mail, Internet and Computer Information Systems

All computer equipment, software programs, and any documents made using the software in the course of business at NAMI Stark County are considered the property of NAMI Stark County. Volunteers and employees should use the voice mail, email, internet access, and other information systems of NAMI Stark County for its business use only, and they are not to be used in a way that may be disruptive, offensive to others, or harmful to morale. For example, there is to be no display or transmission of sexually explicit images, messages, cartoons, or any other transmission or use of email communications that contain ethnic slurs, racial epithets, or anything that may be considered to be harassment or belittling of others based on their race, national origin, gender, age, disability, veteran status, or religious beliefs.

All NAMI email and voice mail or text messages are NAMI Stark County records. We reserve the right to access and disclose all messages sent over our email system for any purpose. Volunteers should not attempt to gain access to another volunteer or employee's file of email or voice mail messages without their permission. However, we reserve the right to enter any employee's email and voice mail files whenever there is a business need to do so.

Attendance and Punctuality

You and your volunteerism are important to us. Illness or other reasons may occasionally prevent you from carrying out the task of volunteerism. Please report your absence or tardiness to the office to give as much prior notice as possible so that plans can be made for coverage.

Cameras and Camera-Equipped Cellular Phones

Photographs, video or voice recordings or any other recording device of any client, volunteer, employee or NAMI activity are strictly prohibited without written consent. Photographing, video or voice recording at NAMI function/event without written consent may be considered harassment – refer to harassment policy.

Standards of Conduct and Corrective Action Procedure

To ensure orderly operations and provide the best possible work environment NAMI Stark County expects you to follow standards of conduct that will protect the interests and safety of all volunteers, employees, clients and the organization.

The organization retains the right to use discretion in dealing with violations of standards of conduct. Any or all of the following corrective action steps may be used based on the specific circumstances involved.

1. Verbal warning
2. Written warning
3. Termination of employment/volunteerism

Under certain circumstances, you may be subject to immediate termination.

Cancellation of Programming

Cancellation of programming will be decided upon **after** consultation with director or program coordinator. Director **must** be notified prior to cancellation. Once the director/program coordinator and volunteer consult and a decision to cancel are made, the program volunteer/s is to contact the program attendees via phone calls and emails. The director will post the cancellation on WKYC TV's I-Alert.

8.0 OTHER IMPORTANT INFORMATION

Media Inquiries

To ensure that NAMI Stark County maintains the appropriate public image and that communications to the media (e.g. newspapers, television, radio, periodicals) are accurate and in line with applicable organization policy, all contacts from the media are to be referred to the Executive Director.

Personal Belongings

Loss or damage to personal property should be reported to the Executive Director. However, NAMI Stark County is not responsible for loss or damage to your property. You are encouraged to not bring articles of value to the workplace if not needed for your job.

Personal Relationships with Clients, NAMI Volunteers or Employees

Due to the nature of our services, personal relationships with clients are prohibited during the period that they are receiving services from NAMI Stark County. This includes intimate, financial, and social relationships (except social group activities designed within a social group).

Personal boundaries must be respected and maintained for the safety and personal well-being and security of all involved. Please see harassment policy for further information.

Continuous Education

NAMI Stark County volunteers will be required to attend regular meetings and trainings including for Infection Control, Cultural Sensitivity, Safety, and procedure.

NAMI Stark County Policy Manual Access

NAMI Stark County's Policy and Procedures are available to any client upon request. Please refer such requests to the NAMI office.

Branding

- NAMI retains the ownership of education programs and support groups.
- Fidelity of the education programs and support groups must be maintained.
- Any community presentation must be approved by the Executive Director prior to scheduling the event..

Handling “Hot Potatoes”

1. First, “own” the hot potato: “I have always feared that my ill relative might try suicide”; Doing an involuntary commitment made me feel terribly guilty,” etc.
2. Then “tune the whole group in” to the subject, asking for a show of hands: “How many people here have felt terrified by possible violence, suicide, etc.?”
 - a. In this way, the “hot potato” is claimed by the group. The family member in trauma is validated, and everyone has permission to speak about “the unspeakable.” Group members can now share feelings freely, and so can the person who is upset. Let the group talk together and “air” the subject with the family member.
3. Ask the person dealing with trauma about his/her specific needs right now. See what the group can do to help.
4. Then, go to the Principles of Support, asking people which principle they found most essential in getting through terrible times like this. (Ask the family member too.)
5. Finally, underline strength. Say that family members in the group are heroes/heroines of courage and determination to get through traumatic events like these—that working on these principles is one thing we can do when the situation seems the darkest, that “being there” for each other is always available in our family movement. This allows the facilitator to close these painful subjects on a positive note.

Communication Strategies

Communication Tips

Nonverbal Communication: Body Language

Components of nonverbal communication

- Physical appearance and dress
- Body movement and posture
- Touch
- Facial expressions
- Eye behavior
- Vocal cues or paralanguage

POSITIVE COMMUNICATION TECHNIQUES

- **Using silence** - allows client to take control of the discussion, if he or she so desires
- **Accepting** - conveys positive regard
- **Giving recognition** - acknowledging, indicating awareness
- **Offering self** - making oneself available
- **Giving broad openings** - allows client to select the topic
- **Offering general leads** - encourages client to continue
- **Placing the event in time or sequence** - clarifies the relationship of events in time
- **Making observations** - verbalizing what is observed or perceived
- **Encouraging description of perceptions** - asking client to verbalize what is being perceived
- **Encouraging comparison** - asking client to compare similarities and differences in ideas, experiences, or interpersonal relationships
- **Restating** - lets client know whether an expressed statement has or has not been understood
- **Reflecting** - directs questions or feelings back to client so that they may be recognized and accepted
- **Focusing** - taking notice of a single idea or even a single word
- **Exploring** - delving further into a subject, idea, experience, or relationship
- **Seeking clarification and validation** - striving to explain what is vague and searching for mutual understanding
- **Presenting reality** - clarifying misconceptions that client may be expressing
- **Voicing doubt** - expressing uncertainty as to the reality of client's perception
- **Verbalizing the implied** - putting into words what client has only implied
- **Attempting to translate words into feelings** - putting into words the feelings the client has expressed only indirectly
- **Formulating plan of action** - striving to prevent anger or anxiety escalating to

unmanageable level when stressor recurs

COMMUNICATION AND PROBLEM-SOLVING

Goals are often achieved through use of the *problem-solving model*:

- Identify the client's problem.
- Promote discussion of desired changes.
- Discuss aspects that cannot realistically be changed and ways to cope with them more adaptively.
- Discuss alternative strategies for creating changes the client desires to make.
- Weigh benefits and consequences of each alternative.
- Help client select an alternative.
- Encourage client to implement the change.
- Provide positive feedback for client's attempts to create change.
- Help client evaluate outcomes of the change and make modifications as required.

LISTENING

- To listen actively is to be attentive to what client is saying, both verbally and nonverbally.

Several nonverbal behaviors have been designed to facilitate attentive listening.

- **S** – Sit squarely facing the client.
- **O** – Observe an open posture.
- **L** – Lean forward toward the client.
- **E** – Establish eye contact.
- **R** – Relax.

Feedback is useful when it

- is descriptive rather than evaluative and focused on the behavior rather than on the client
- is specific rather than general
- is directed toward behavior that the client has the capacity to modify
- imparts information rather than offers advice.

Non-helpful Communication Techniques

- **Giving reassurance** - may discourage client from further expression of feelings if client believes the feelings will only be downplayed or ridiculed
- **Rejecting** - refusing to consider client's ideas or behavior
- **Approving or disapproving** - implies that the leader has the right to pass judgment on the "goodness" or "badness" of client's behavior
- **Agreeing or disagreeing** - implies that the leader has the right to pass judgment on whether client's ideas or opinions are "right" or "wrong"

- **Giving advice** - implies that the leader knows what is best for client and that client is incapable of any self-direction
- **Probing** - pushing for answers to issues the client does not wish to discuss causes client to feel used and valued only for what is shared
- **Defending** - to defend what client has criticized implies that client has no right to express ideas, opinions, or feelings
- **Requesting an explanation** - asking “why” implies that client must defend his or her behavior or feelings
- **Indicating the existence of an external source of power** - encourages client to project blame for his or her thoughts or behaviors on others
- **Belittling feelings expressed** - causes client to feel insignificant or unimportant
- **Making stereotyped comments, clichés, and trite expressions** - these are meaningless in a helpful relationship
- **Using denial** - blocks discussion with client and avoids helping client identify and explore areas of difficulty
- **Interpreting** - results in the leader telling client the meaning of his or her experience
- **Introducing an unrelated topic** - causes the leader to take over the direction of the discussion

APPENDIX

Acknowledgment of Receipt Form	43
Expense Reimbursement Form	45
Confidentiality Form	47
Incident Reporting Form	49
Support Group Reporting Form	51
Outcomes Reporting On-line	55
Volunteer Hours Log Form	57
Volunteer Application	59

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge receipt of my personal copy of the NAMI Stark County "Volunteer Handbook". I understand that I am responsible for reading the handbook and becoming familiar with the organization's policies and procedures.

I understand that the policies and procedures contained in this handbook are subject to change from time-to-time and that this handbook is not intended to be, nor should it be regarded as, a contract. I recognize that the organization may add to, delete, and/or revise the policies in this handbook, and that the organization has the right to interpret these policies as it deems appropriate.

I understand it is my responsibility to adhere to the policies set forth in this handbook.

Volunteer Name (Please Print)

Volunteer Signature

Date

To be retained in office. A copy to be given to volunteer.

NAMI STARK COUNTY EXPENSE REIMBURSEMENT FORM

TRAVEL REIMBURSEMENT

Date(s) of Event	
Title	
Location	
Round Trip Mileage (Based on Mapquest)	

MISCELLANEOUS EXPENSE

	DESCRIPTION	NAMI PROGRAM (Ex:F2F, MARKETING, ETC.)	AMOUNT
Reproduction/Copying			
Supplies			
Postage			
Meeting Refreshments			
Other			

Total \$

APPLICANT INFORMATION

Name	
Address City, State, Zip	
Telephone	
Signature and Date	

AUTHORIZATION

Request Authorized by: NAMI Stark County	Date Authorized
---	-----------------

PAYMENT AND RECONCILIATION

	CHECK NUMBER OR CASH	DATE PAID	MAILED OR IN PERSON?
--	-------------------------	-----------	-------------------------



Building Hope for Recovery through Education, Support and Advocacy

CONFIDENTIALITY AGREEMENT

I understand that the NAMI Stark County has a legal and ethical responsibility to maintain client and organization privacy. As a condition of my association I understand that I must sign and comply with this Agreement.

Types of Confidential Information

I understand that during the course of my association and I may utilize, see or hear confidential client information and electronic private health information (EPHI). I know I have an obligation to keep the information confidential.

My Agreement

By signing this document, I understand and agree that: I will not disclose client information and/or confidential organizational information.

I will not access or view any client or organization information. If I have any question about whether access to certain information is required for me to do my job, I will ask the Security Officer or Privacy Officer for clarification.

I will not discuss any information pertaining to the organization in an area where unauthorized individuals may hear such information (for example, in hallways, on staircases, elevators, at restaurants or at social events). I understand that it is never acceptable to discuss any Provider information in public areas, even if specific information, such as client's names, are not used.

I will not make any unauthorized transmissions, copies, disclosures, inquires, modifications, of client information or Provider information.

I will keep my personal access codes, user IDs, access keys and passwords used to access computer systems, buildings, records or other organizational systems or equipment confidential at all times.

Consequences for Violating this Agreement

I understand that violation of this agreement may result in disciplinary action up to and including personal, civil and criminal penalties.

Maintaining the Agreement

I agree that my obligations under this Agreement regarding client information and organizational information will continue after the conclusion of my association with the NAMI Stark County.

I have read the above Agreement and agree to comply with all items terms as a condition of my association with the NAMI Stark County.

Signature: _____

Date: _____

Printed Name: _____

Ohio Department of Mental Health
Community Mental Health Agency Notification of Incident
Standards Development & Administrative Rules

Provider Generated Incident No.:	Date Submitted to ODMH:	Date of Discovery:	Date of Incident:	Time of Incident:
Provider/Agency Name:			Certification Number: _____	
Provider/Agency Address (street, city, state, zip):				
Name of Agency Contact:		Phone Number:		Email Address:
Name of Person Completing Report, if different than Agency Contact:				
Notifications Made: <input type="checkbox"/> AD/AMH/CMH Board (list names): _____ <input type="checkbox"/> Children Services Board <input type="checkbox"/> ODMH <input type="checkbox"/> Other: _____ <input type="checkbox"/> Family/Guardian <input type="checkbox"/> Other Protective Agency				
Type of Incident(s) (check all that apply)				
Abuse and Neglect by Staff (including allegations): <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Verbal <input type="checkbox"/> Neglect <input type="checkbox"/> Deceit		Seclusion or Restraint Related Injury to Client <input type="checkbox"/> Injury requiring first aid <input type="checkbox"/> Injury requiring emergency/unplanned medical intervention <input type="checkbox"/> Injury requiring hospitalization		
Death of Client: <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental and on grounds or during the provision of care or treatment <input type="checkbox"/> Homicide of Client <input type="checkbox"/> Homicide by Client		Seclusion or Restraint Related Injury to Staff <input type="checkbox"/> Injury requiring first aid <input type="checkbox"/> Injury requiring emergency/unplanned medical intervention <input type="checkbox"/> Injury requiring hospitalization		
Seclusion or Restraint Death: <input type="checkbox"/> Death during sedation or restraint <input type="checkbox"/> Death within twenty-four hours of sedation or restraint <input type="checkbox"/> Death related to or result of seclusion or restraint		Inappropriate Use of Seclusion or Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Physical Restraint <input type="checkbox"/> Mechanical Restraint <input type="checkbox"/> Transitional Hold		
<input type="checkbox"/> Involuntary Termination of Treatment by Agency without Appropriate Client Involvement, i.e., without informing client, providing a reason, and offering a referral		<input type="checkbox"/> Sexual Assault by Non-Staff (including Visitor, Client, or Other (rape, sexual battery, etc.)		
Medication (resulting in permanent client harm, hospitalization, or death) <input type="checkbox"/> Error <input type="checkbox"/> Adverse Drug Reaction		<input type="checkbox"/> Physical Assault/Injury by Non-Staff, including Visitor, Client, or Other when Emergency/Unplanned Medical Intervention or Hospitalization is required		
<input type="checkbox"/> Medical Events Impacting Agency Operations				
Temporary Closure of One or More Agency Sites for more than seven consecutive calendar days: <input type="checkbox"/> Fire <input type="checkbox"/> Failure/Malfunction (Gas leak, power outage, etc.) <input type="checkbox"/> Natural Disaster (Flood, explosion, excluding snow/ice) <input type="checkbox"/> Other, (please specify) _____				
Inappropriate Use of Restraint Technique or Other Use of Force (Prohibited in OAC 5122-26-16(D)(2)) <input type="checkbox"/> Behavior management interventions that employ unpleasant or aversive stimuli <input type="checkbox"/> A drug or medication that is used as a restraint and is not a standard treatment or dosage <input type="checkbox"/> Any technique that restricts communication <input type="checkbox"/> The use of handcuffs or weapons <input type="checkbox"/> Any technique that obstructs vision <input type="checkbox"/> Use of mechanical restraint on a client under age 18 <input type="checkbox"/> Any technique that obstructs the airway or impairs breathing				
In regard to this selected incident, was seclusion or restraint (as defined in OAC 5122-26-16) used and/or involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select all that apply:				
<input type="checkbox"/> Seclusion - total min. this episode _____		_____ minutes		
<input type="checkbox"/> Physical Restraint - total min. this episode _____		_____ minutes		
<input type="checkbox"/> Mechanical Restraint - total min. this episode _____		_____ minutes		
<input type="checkbox"/> Involuntary Emergency Medications				

Ohio Department of Mental Health
Community Mental Health Agency Notification of Incident
Standards Development & Administrative Rules

Provider Generated Incident No.:		Certification Number:			
Persons Involved in The Incident					
Race/Ethnicity Codes A = Asian B = Black/African American H = Hispanic I = Alaskan Native M = BI/Multiracial N = Native Am./Am.Indian P = Native Hawaiian/Other Pacific Islander W = White U = Unknown					
Client(s) Involved/HPAA Identifier (Please No Client Names)		Age	Gender: M = Male F = Female	Race (see codes above)	P = Perpetrator V = Victim
Other(s) Involved (Initials or Agency Identifier - No names please)		S = Staff V = Visitor O = Other		P = Perpetrator V = Victim	
Additional Information (No Names Please):					

Please submit form to ODMH
614-387-2967 (Fax)
Community Client Safety Manager, 30E Broad Street, 8th Floor, Columbus, OH 43215 (Mail)
IncidentReport@mh.dhi.ohio.gov (E-mail)
This information is subject to a public records request

Definitions:

- (1) "Emergency/Unplanned Medical Intervention" means treatment required to be performed by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or certified nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. It includes sutures, staples, immobilization devices and other treatments not listed under "First Aid", regardless of whether the treatment is provided in the agency, or at a doctor's office or in a hospital ER, etc. This does not include routine medical care of shots/immunizations, as well as diagnostic tests, such as laboratory work, xrays, scans, etc., if no medical treatment is provided.
- (2) "First Aid" means treatment for an injury such as cleaning of a abrasion/wound with or without the application of a Band-aid, application of a butterfly bandage/Steri-Strips, application of an ice/heat pack for a bruise, application of a finger guard, non-rigid support such as a soft wrap or elastic bandage, drilling a nail or draining a blister, removal of a splinter, removal of a foreign body from the eye using only irrigation or swab, massage, drinking fluids for relief of heat stress, eye patches, and use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen. These treatments are considered first aid, even if applied by a physician. These treatments are not considered first aid if provided at the request of the client and/or to provide comfort without a corresponding injury.
- (3) "Hospitalization" means inpatient treatment provided at a medical or care hospital, regardless of the length of stay. Hospitalization does not include treatment when the individual is treated in and triaged through the emergency room with a discharge disposition to return to the community, or admission to psychiatric unit.
- (4) "Injury" means an event requiring medical treatment that is not caused by a physical illness or medical emergency. It does not include scrapes, cuts or bruises which do not require medical treatment.
- (5) "Sexual Conduct" means as defined by Section 2907.01 of the Ohio Revised Code, vaginal intercourse between a male and female, anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.
- (6) "Sexual Contact" means as defined by Section 2907.01 of the Ohio Revised Code, any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

To see full definitions of reportable incidents:
<http://mentalhealth.ohio.gov/assets/files/nurse-certification/rules/20120101/5122-26-13.pdf>

1. NAMI Stark County Support Group Reporting

1. Name of Support Group

2. Location of Support Group

3. Date of support group meeting.

Date MM DD YYYY
 / /

4. Total number of participants attending.

Number of participants:

5. Indicate the number of participants in each category.

First Time Family Members:

Members:

First Time Consumers:

Returning Family Members:

Returning Consumers:

6. Indicate the number of males and females in attendance.

Males:

Females:

7. Indicate the number of people in the age ranges below.

Under 18:

19 - 25:

26 - 45:

Over 45:

8. Indicate the number of participants representing each racial or ethnic group.

American Indian or Alaskan Native:

Native:

Asian American:

Black or African American:

Hispanic or Latino:

White:

Multiracial:

Other:

9. Indicate the number of participants in the following diagnostic categories.

ADD/ADHD	<input type="text"/>
ODD	<input type="text"/>
Autism Spectrum Disorders	<input type="text"/>
PDD	<input type="text"/>
Conduct Disorder	<input type="text"/>
Tourette's Syndrome	<input type="text"/>
Reactive Attachment Disorder	<input type="text"/>
Substance-Related Disorders	<input type="text"/>
Schizophrenia	<input type="text"/>
Schizoaffective Disorder	<input type="text"/>
Major Depressive Disorder or Dysthymic Disorder	<input type="text"/>
Bipolar Disorders (Bipolar I, Bipolar II, & Cyclothymia)	<input type="text"/>
Seasonal Affective Disorder	<input type="text"/>
Panic Disorder	<input type="text"/>
Generalized Anxiety Disorder	<input type="text"/>
PTSD	<input type="text"/>
OCD	<input type="text"/>
Social Anxiety Disorder	<input type="text"/>
Body Dysmorphic Disorder	<input type="text"/>
Dissociative Disorders (DID, Fugue)	<input type="text"/>
Eating Disorders (Anorexia, Bulimia)	<input type="text"/>
Impulse-Control Disorders	<input type="text"/>
Adjustment Disorders	<input type="text"/>
Borderline Personality Disorder	<input type="text"/>
Other Personality Disorder (paranoid, schizoid, schizotypal, antisocial, histrionic, narcissistic, avoidant, dependent, obsessive- compulsive)	<input type="text"/>
Other specific disorder	<input type="text"/>
Unknown diagnosis	<input type="text"/>

10. Indicate which of the following was a part of this support group meeting.

- Provided information about mental illness
- Provided information about treatment of mental illness
- Provided information about local services
- Provided practical information for solving problems or dealing with situations
- Empowered participants to face day-to-day challenges
- Discussed coping skills and strategies to be used beyond the group
- Provided support for ongoing recovery
- Helped participants to feel known, heard, and accepted
- Allowed participants to share how things have been going
- Allowed participants to discuss fears and concerns
- Allowed participants to lead/contribute/present information
- Provided activities/assignments to be completed beyond the group
- Provided participants with opportunity to shape group activities
- Encouraged participants to engage in advocacy
- Encouraged participants to volunteer

11. How many participants do you believe showed increased knowledge and understanding of mental illness as a result of attendance?

Number showing increased knowledge:

Number not showing increased knowledge:

12. How many participants do you believe showed increased coping skills related to mental illness as a result of attendance?

Number showing increased coping skills:

Number not showing increased coping skills:

13. How many participants do you believe showed increased mental health advocacy skills as a result of attendance?

Number showing increased advocacy skills:

Number not showing increased advocacy skills:

14. Use this space to provide additional information you may have about this support group session.

Outcomes Reporting On-Line

ACCESSING PROGRAM FORMS ON-LINE FOR REPORTING

1. On Internet, go to www.namistarkcounty.org (this is our website)
2. On the Homepage "CLICK ON SUPPORT FACILITATORS & EDUCATION TEACHERS"
3. On this new page, CLICK ON the "SUPPORT FACILITATOR REPORTING FORM" or any form that you need to record.
4. On this new page type in: `namistark` for the required password and submit
5. You should now be at the form called "NAMI Stark County Support Group Reporting Form". You will be required to submit the password for each form you are in-putting.

Simply fill out the information in the appropriate line item; skip the lines for which you do not have information. Fill the form out to reflect the totals for the group. Estimate if you need to. When complete, hit done. This will take you back to the page that needs the password at which time you can either close out if you are done, or submit the password again if you have another form to complete.



Building Hope for Recovery through Education, Support and Advocacy

Please select which program you are applying for:

F2F Teacher_____ Basics Teacher___ Connections_____

Family Support Group Facilitator _____ P2P Teacher_____ Office help/phones

Other: See below_____

To help with outreach for the next Family or Hand to Hand Education class?YES _____

To put together new orientation packets or "care packages" for hospitalized patients?.....YES _____

To distribute brochures to community agencies?YES _____

To assist in outreach to faith/multi-cultural communities..... YES _____

To assist with legislative advocacy (writing letters to or contacting legislative representatives)?YES _____

To help with advocacy by helping a family or client access services or attend court functions?..... YES _____

To write a book review or article for the newsletter? YES _____

To assist with scheduling speakers for monthly NAMI meeting?YES _____

To write Letters to the Editors to local newspapers?.....YES _____

To assist with community presentations by manning NAMI booth at fairs and local functions?YES _____

To be a "greeter" at our NAMI meetings?.....YES _____

To "tell your story" to church groups, university classes, etc.?.....YES _____

To help set up "Mental Illness Awareness Month" displays at local libraries?...YES _____

To help contact local schools about Hand to Hand?.....YES _____

To help coordinate volunteer opportunities?YES _____

To participate or assist with the NAMI Walk?YES _____

To assist with publicity and marketing; contacting local radio and TV stations, and publications?YES _____

To assist with CIT training?YES_____

Name	
Phone number(s)	Fax
Email address	Mailing address

Reference (Name and email or phone)

(Please note: your reference should be someone who knows you well enough to recommend that you be trained to become a teacher.)

Are you a member of NAMI? Yes _____ No _____ If **no**, are you willing to join?

What language(s) other than English do you speak fluently? _____

Have you participated in NAMI classes before? Yes _____ No _____
If **yes**, which class?

Have you ever been convicted of a felony? Yes _____ No _____
If **yes**, please explain:

Please tell us why you want to be a NAMI teacher/facilitator:

Job Requirements for Education/Support Programs:

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI models
- ✓ Commitment to co-teach a minimum of two classes or co-lead a support group for a minimum of one year
- ✓ Ability to complete and turn in class reports as required
- ✓ Willingness to identify potential new teacher/facilitators from your groups
- ✓ Positive regard for, or personal experience with peer/family support
- ✓ Be or become a member of NAMI
- ✓ Be a good listener
- ✓ Willing to self disclose but understand the focus is on the client, not on own experience or “story”
- ✓ Must be comfortable speaking to group
- ✓ Able to handle “hot potatoes”

- ✓ Able to read aloud fluently
 - ✓ Able to tolerate other points of view respectfully
 - ✓ Dress in clean, appropriate attire for setting
 - ✓ Able to adhere to NAMI Stark County policies/procedures
 - ✓ Dependable, reliable, on-time
 - ✓ Able to be prepared in advance of duty
- I have read and understand the job requirements of the appropriate NAMI volunteer position. _____ (initial)
- I understand that my attendance at the teacher training does not guarantee that I will be certified as a teacher/facilitator. _____ (initial)

(Date)

(Applicant signature)

For affiliate use only:

- I recommend this person to be trained as a teacher/facilitator for my area.

(Date)

(Affiliate director signature)

PLEASE RETURN TO:

NAMI Stark County
121 Cleveland Ave SW • Canton, OH 44702
(330) 455-NAMI [6264] • Fax: 330-455-6265
E-mail: namistark@namistarkcounty.org
Web site: www.namistarkcounty.org

