



# New Client Handbook

## Watseka

323 W Mulberry St.  
Watseka IL, 60970  
(815) 432-5241

## Kankakee

70 Meadowview  
Center, Suite 70  
Kankakee, IL 60901  
(815) 269-4769

## Manteno

411 W. Division Street  
Manteno, IL 60950  
(815) 468-3241

## Hoopeston

Carle - Charlotte Anne  
Russell Medical Center  
801 East Orange Street,  
Hoopeston, IL 60942  
(217) 283-5644

## Danville

2802 N. Vermilion St,  
Suite B  
Danville, IL 61832  
(217) 292-1212

## **MISSION STATEMENT**

The mission of the Iroquois Mental Health Center is to help the residents of Iroquois County (and other counties in Illinois) deal effectively with the problems, difficulties, and obstacles that may arise in their life, whether caused by situational, vocational, psychological, or substance-induced factors.

## **GOAL**

The goal of the Iroquois Mental Health Center is to enable individuals to function in the community at their maximum level of capability, and for each individual to be a beneficial and contributing member of society.

## **I. CENTER PROGRAMS**

### **OUTPATIENT CLINICAL SERVICES**

- Individual therapy
- Family Therapy
- Group Therapy
  - Substance Abuse
  - Teen Early Intervention
  - Domestic Violence
  - Parenting

### **CASE MANAGEMENT FOR CLIENTS**

- Advocacy and Referral Services
  - Linkage for community resources and public entitlements
  - Coordinating care for prevention of homelessness
  - Support with social security benefits, medical card, and other DHS Services

### **CHILD AND ADOLESCENT PROGRAMS**

Offering a flexible individualized approach with many therapeutic options to address trauma and developmental issues.

- Behavior
- Cognitive Behavioral
- Art
- Psychodynamic
- Sand tray
- Sensory integration
- Family therapy
- Parenting skills
- Parenting groups
- Early Intervention Service for ages
- Mental Health Education and Support Services for Schools

### **DOMESTIC VIOLENCE PROGRAMS FOR MEN & WOMEN**

- Duluth Model (Batterers Intervention & Treatment)
- Individual and Group Counseling

## **PSYCHIATRIC SERVICES**

- Consulting Psychiatric Services
- Medication Management
- Medication Monitoring and Training

## **RECOVERY FROM ADDICTION SERVICES**

### ***A non-confrontational approach***

- Individual and Group Counseling
- Counseling for Gambling, Substance Abuse and Codependence
- DUI Evaluations
- DUI Remedial Education
- Substance Abuse Education/Referral
- Outreach Education

## **TEEN DIVERSION PROGRAM**

- Early intervention program for teens, ages 12 through 20, who have court related substance issues that do not involve driving.

## **INDIVIDUAL PLACEMENT SERVICES (IPS)**

- Resume Building
- Interview Skills
- Assistance in Job Seeking
- Assistance in Obtaining Employment
- Employment Support

## **CRISIS SERVICES**

- 24-hour crisis service for Individuals in program and other residents of Iroquois County. Call 815-432-5241(After business hours, use extension 1)
- Call 988

## **II. ADMISSION CRITERIA**

The eligibility criteria for Iroquois Mental Health Center include:

- The individual is a resident of Iroquois or surrounding counties in Illinois and Indiana or referred by an EAP.
- The individual must be requesting services or be referred for services.
- The individual exhibits signs and symptoms of distress, mental illness and/or substance abuse.
- The individual is not better served by another available program.
- The individual is not a danger to self or to others and does not need a more intensive level or service.
- The individual can speak English, sign language, or work through a translator.
- The individual is legally eligible for services.
- The individual's role functioning is expected to improve/benefit by using services.

### III. EXCLUSIONARY CRITERIA

The reasons an individual will be excluded from programming include:

#### All Programs

- Convicted sex offenders.
- Presently under the influence of alcohol or drugs.
- Actively suicidal, homicidal, or acutely psychotic.
- No diagnosable mental health condition.
- Client/guardian refuses to cooperate with completing consents/paperwork; would be referred to another agency.
- Clients who become violent, aggressive and/or disruptive.
- Clients requiring a higher level of care (ex: community psychiatric hospitalization, state operated psychiatric hospitalizations or residential placement).

#### Substance Abuse

##### All items listed under “All Programs” plus:

- Clients requiring a greater level of care as provided at IMHC (ex: detox, inpatient, or residential placement)

#### Crisis

- Clients who are not medically stable and/or under the influence of a substance to where they cannot be psychiatrically hospitalized.

Individuals discharged or excluded from a program for any reason will be provided alternate sources of service as appropriate. The referral source, if any, will also be informed, with the expressed written consent of the person seeking services. Individuals will be readmitted to outpatient services after a review of all admission activities and specific examination of prior treatment experiences is completed and then documented by the clinician. The goal of this will be to ascertain that the individual has benefited from prior treatment and that current needs are within the scope of available treatment services. Individuals not accepted for treatment in the programs will be notified in writing.

### IV. ORIENTATION

Individuals who begin services with the Center are provided with an orientation. A checklist of this orientation is kept in each individual’s file:

The person responsible for treatment / coordinating services and their credentials:

**Consent for Treatment:** Individuals sign a consent form when they decide to participate in treatment. Your therapist will review this with you and ask you to sign.

**Rights:** A copy of Client Rights is included in this handbook. Your therapist will direct you to read these rights and ask any questions that might arise. In

particular, it is important for you to know, you have right to confidentiality. During your treatment this right will be protected except when suicidal or homicidal plans are expressed. At that time, all necessary parties will be informed for your protection.

**Confidentiality Policy:** The rights to confidentiality are governed by the Mental Health and Development Disabilities Confidentiality Act and by the Health and Insurance Portability and Accountability Act (HIPAA). A copy of the Notice of Privacy Practices is attached.

**Grievance Procedure:** A copy of the Grievance Procedure is attached. Your rights are protected. If you believe your rights have been violated or have a grievance regarding other aspects of your treatment you have the right to seek a satisfactory resolution.

**Code of Ethics:** Staff operates under the Code of Ethics for Professional Behavior, which means that you will be treated with respect and dignity and all professional boundaries will be followed.

**Nature and Purpose of Treatment:**

Individuals receive an explanation of the services that are being offered to them and have an opportunity to ask any questions.

**Possible Consequences, Complications and / or Risks to Treatment:**

Individuals are informed that engaging in treatment often involves an increase in awareness and feelings as the process of moving toward improvement progresses and as such an individual often feels worse before they improve.

**Comprehensive Services:**

A summary of the services provided is located at the beginning of this handbook. The assigned staff will explain to you in more detail all the Center's services.

**Treatment Process:**

*Assessment:* Staff will gather information from you, your family, other agencies, and other supports, if appropriate, in order to complete a thorough assessment that accurately determines your diagnosis and the problems that need to be treated based on this diagnosis.

*Treatment Planning:* After the assessment has been completed, staff will work with you to develop a treatment plan that guides your treatment and recovery.

*Treatment:* Treatment direction is based on the assessment, along with the treatment plan, that you and the treating staff develop together.

*Referrals:* It might be helpful for you to use other services, either within the Center or outside the Center, to help you improve. We will discuss these with you and make the appropriate referral(s).

*Transition:* As you begin treatment, staff will plan with you to the time when you no longer will be needing services and/or may transfer to less intensive services.

*Treatment Cessation:* As you begin treatment, we will discuss with you some goals which may assist you in separating from our programs.

### **Therapeutic Interventions:**

There may be times when the best therapeutic intervention for a client is to temporarily be removed from a program.

If a *client is physically or verbally aggressive / threatening*, he / she will be temporarily asked to leave the program and to undergo a more extensive assessment to explore the possible cause of the aggression. This assessment will also consider whether it is safe for this person to return to that program and if others are at risk. The treating psychiatrist, Program Director, Clinical Director, and therapist / case manager will provide input into this determination.

The results of this assessment will lead to either:

- 1) Discharge from this program and a referral to a more appropriate program that better addresses issues.
- 2) A written and signed agreement of the recommended steps a person should complete before return to program; examples: medication adjustment that better controls these acting out symptoms, individual therapy to better manage symptoms, etc.

If a *client demonstrates disregard for rules* and reminders, incentives, and discussion with staff, result in repeat violation of these rules, client may be asked to temporarily leave the program and to undergo a more extensive assessment.

The results of this assessment will lead to either:

- 1) A reduced schedule.
- 2) A referral to another In-house program that will more appropriately address issues.
- 3) A written and signed contract this person agrees to follow in order to return to the program.

### **Policy on Restraint or Seclusion:**

The philosophy of treatment, of the Iroquois Mental Health Center, prohibits the use of seclusion or restraint of any kind.

### **Policy on Smoking in/at the Center:**

Smoking or use of any tobacco products are not allowed in any Center building. Any smoking or use of tobacco products outside the Center, on the premises,

must occur in designated areas only. This includes satellite clinics and agency vehicles.

**Policy on Illicit Drugs or Prescription Medications on Premises:**

Alcohol and nonprescription or recreational drugs are not allowed on the grounds of the Iroquois Mental Health Center. Clients must always maintain control of their own prescription medications.

**Policy on Receiving Services Under the Influence:**

Individuals whose functioning is deemed impaired due to the influence of alcohol or other substances will not be allowed in the facility.

**Policy on Weapons on the Premises:**

Weapons of any kind are not allowed on the grounds of the Iroquois Mental Health Center.

**Advance Directives:**

Statement of Illinois Law on Advance Directives: You have the right to make decisions about the health care you receive now and in the future. An advance directive is a written statement about how you want medical decisions made when you are no longer able to make them. Federal Law requires that you be told of your right to make an advance directive when you are admitted to a health care facility. Illinois has these advance directives:

- Health Care Power of Attorney
- Living wills
- Mental Health Treatment Preferences Declaration

If you wish to have more information about advance directives, you should consult with an attorney. If you choose to make an advance directive, you should talk to your family, your physician, and your attorney about your decision. If they know what health care you want, they will find it easier to follow your wishes.

**Hours of Operation:**

***Outpatient Services***

Monday – Thursday 8:00 AM – 9:00 PM

Friday – Saturday 8:00 AM – 5:00 PM

*Satellite Clinics* -Flexible Schedules

**Access to after-hour services:**

Any individual who needs crisis services after hours can call. 815-432-5241, extension 1 or 988.

**Holidays Observed:**

New Year's Day

Martin Luther King Day

Presidents Day

Labor Day

Columbus Day

Veterans Day

Good Friday  
Memorial Day  
Juneteenth  
Independence Day  
General Election Day

Thanksgiving Day  
Friday after Thanksgiving Day  
Christmas Day

### **Missed Appointments:**

It is important to attend all scheduled appointments. If a client misses a scheduled appointment, this slot may be given to another client. If unable to attend a scheduled appointment, please call 24 hours in advance to reschedule this appointment. Missed appointments and appointments cancelled less than 24 hours ahead may be subject to a late cancel / fail fee of \$25.00. This fee is not covered by insurance. This policy allows us to serve as many clients as possible.

### **Policy on Obtaining Copies / Reviewing Records:**

The Clinical Records of the Iroquois Mental Health Center are the property of the Center. The clients of the Iroquois Mental Health Center have the right to review their clinical records. The review of the records must adhere to the following guidelines.

- A "request for access to records" form shall be completed and submitted to the Director of Operations or designee.
- The Center has five (5) days to respond to the written request.
- The file will only be reviewed at the Center in the presence of the primary therapist or designated staff member.
- A "request for release of records" form shall be completed and submitted to the Medical Records Specialist. If clinically appropriate copies of the record requested by the client will be generated by the Center for a reasonable fee

### **Financial Obligation:**

- I. If you have Medicare**, you will need to see a Medicare paneled therapist who will bill Medicare for our agency. With only Medicare, you will be responsible for the coinsurance.
- II. If you have Medicare and Medicaid/Managed Care**, there would be no fee to you. Medicare and Medicaid/Managed Care will pay for your services to our agency, if you remain eligible.
- III. If you have only Medicaid or Managed Care**, there will be no fee to you for the therapist and a small copay to see the psychiatrist. Medicaid or Managed Care will pay for your services to our agency, if you remain eligible.
- IV. If you have Private Insurance only**, we ask that you check if our agency is an in-network provider for your type of coverage. The insurance company can also give you information as to what specific



therapists are covered under your plan.

You may need to pay a co-payment or a coinsurance at the time of each service with us, and you may have to meet a deductible. Your insurance company will be able to provide you all this information.

Your copay / coinsurance is due at the time of service. You will be responsible for payment in full if your deductible is not satisfied.

**V. If you have no Medicare, Medicaid/Managed Care, or Private Insurance and live in Iroquois County**, you will be considered self-pay. You will be able to apply for sliding scale fee by completing an appropriate form (4506T Form). This form will be completed prior to scheduling your assessment. Once the agency has received this information, you will be charged per session according to our sliding scale fee, in conjunction with the information obtained from the 4506T form. This fee is due prior to scheduling the service.

**VI. If you have no Medicare, Medicaid, or Private Insurance and live outside of Iroquois County**, we still feel it is important to meet your needs. You will be able to apply for our out-of-county sliding scale fee by completing an appropriate form (4506T Form). This would be completed at the time of your assessment. Once the agency has received this information, you will be charged per session according to our sliding scale fee, in conjunction with the information obtained from the 4506T form. This fee is due at the time of service.

**VII. There are some specific services offered through our Center that require payment privately and in advance.** These include fees for DUI evaluations and updates, Risk Education classes, Teen Group, and Domestic Violence evaluations and sessions you may attend.

For all clients receiving services here, you may contact our billing staff to have a full understanding of expectations around payment of your bill. You may call ahead to clarify your coverage with our billing department at 815-432-5241, ext. 558. The Associate Executive Director of Accounts Receivables, or a representative, may attend a portion of your assessment session to clarify your financial obligation. If there is any change in your insurance coverage or financial situation, it is your responsibility to notify the center of the change right away.

All services, including crisis, provided by IMHC have a charge associated with them. Please feel free to contact the front office staff at any time for questions regarding your financial obligation.

**Safety Procedures:**

The Iroquois Mental Health Center has a Safety Director. The director is responsible for establishing and enforcing safety policies and procedures for the Center's employees and clients. Safety issues and procedures will be explained and reviewed with all clients. Fire Drills and other emergency drills will be held as required. Evacuation Plans, as well as other Safety Policies and Procedures, are available for review at any time. Evacuation routes are posted in each room. In the event of an emergency, follow the instructions given by the staff.

**Client Satisfaction Survey Quality Assurance:**

As a client receiving services you may periodically be asked to complete surveys to evaluate the services you have received. The information gained by these surveys is used to evaluate the quality of services currently provided.

**Rules of Conduct:**

Acceptable conduct is expected of all clients receiving services in accordance with the behaviors expected at any public office. Consideration will be provided for clients in severe distress or coping with a psychiatric crisis. Any person exhibiting aggressive or threatening behavior will be asked to leave the premises. If the person is unable to manage their behavior, law enforcement may be called.

**IROQUOIS MENTAL HEALTH CENTER (IMHC)  
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

*Effective Date: April 14, 2003, and modifications as of April 15, 2024.*

Iroquois Mental Health Center (IMHC) respects client confidentiality and will only release confidential information about you in accordance with Illinois and Federal law. This notice describes our policies related to the use of the records of your care generated by IMHC.

If you have any questions about your rights contact our Rights Advisor.

**USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

To effectively provide you care, there are times when IMHC will need to share your confidential information with others beyond our Agency. This includes for:

**Treatment.** IMHC may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including

sharing information with others outside our Agency with whom we are consulting or making a referral on your behalf.

**Payment.** With your written consent, information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes. You have a right to restrict certain disclosures of your protected health information if you pay out of pocket in full for the services provided to you.

**Healthcare Operations.** We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

**Information Disclosed Without Your Consent.** Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

**Emergencies.** Sufficient information may be shared to address the immediate emergency you are facing.

**Follow Up Appointments/Care.** We may contact you to remind you of future appointments or give information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your voice mail or leave an email or text message unless you tell us not to.

**As Required by Law.** This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

**Coroners.** IMHC is required to disclose information about the circumstances of your death to a coroner who is investigating it.

**Governmental Requirements.** IMHC may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations inspections and licensure. IMHC is also required to share information, if requested with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and to Illinois state agencies that fund our services or for coordination of your care.

**Criminal Activity or Danger to Others.** If a crime is committed on our premises or against our personnel IMHC may share information with law enforcement to apprehend the criminal. IMHC has the right to involve law enforcement when we believe an immediate danger may occur to someone.

**Fundraising/Marketing.** As a not-for-profit provider of health care services IMHC needs assistance in raising money to carry out our mission. IMHC may contact you to seek a donation. You will have the opportunity to opt out of receiving such communication. You may also opt out of our providing your contact information for any marketing that result in compensation to the Agency.

## **CLIENT RIGHTS**

You have the following rights under Illinois and federal law:

**Copy of Record.** You are entitled to inspect the client record our Agency has generated about you. IMHC may charge you a reasonable fee for copying and mailing your record.

**Release of Record.** You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization. Except as described in this Notice or as required by Illinois or Federal law, IMHC cannot release your protected health information without your written consent.

**Restriction on Record.** You may ask us not to use or disclose part of the clinical information. This request must be in writing. The Agency is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the **Privacy Contact**.

**Contacting You.** You may request that we send information to another address or by alternative means. IMHC will honor such request as long as it is reasonable, and we are assured it is correct. IMHC has a right to verify that the payment information you are providing is correct. We also will be glad to provide you information by email if you request it. If you wish us to communicate by email, you are also entitled to a paper copy of this privacy notice.

**Amending Record.** If you believe that something in your record is incorrect or incomplete, you may request IMHC amend it. To do this contact the **Privacy Contact** and ask for the *Request to Amend Health Information* form. In certain cases, IMHC may deny your request. If we deny your request for an amendment, you have a right to file a statement you disagree with us. IMHC will then file our response and your statement, and our response will be added to your record.

**Accounting for Disclosures.** You may request an accounting of any disclosures IMHC has made related to your confidential information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information IMHC is required to release. To receive information regarding disclosure made for a specific period no longer than six

years. Please submit your request in writing to our **Privacy Contact**. IMHC will notify you of the cost involved in preparing this list.

**Notification of Breach.** You have a right to be notified if there is a breach of your unsecured protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule and there is an assessment that your protected information may be compromised.

**Questions and Complaints.** If you have any questions or wish a copy of this Policy or have any complaints you may contact our **Privacy Contact** in writing at our office further information. You also may complain to the Secretary of U.S. Department of Health and Human Services if you believe our Agency has violated your privacy rights. IMHC will not retaliate against you for filing a complaint.

**Changes in Policy.** The Agency reserves the right to change its Privacy Policy based on the needs of the Agency and changes in state and federal law.

## **IROQUOIS MENTAL HEALTH CENTER CLIENT RIGHTS**

You Have the Right:

1. To be free of discrimination or prejudice in receiving treatment regardless of age, gender, race, religion, sexual orientation, national origin, physical situation, psychological characteristics, or religious and spiritual beliefs.
2. To have services that are responsive to your age, gender, social supports, cultural orientation, psychological characteristics, sexual orientation, physical situation, and spiritual beliefs.
3. To have services that provide an accommodation as required by the Americans with Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].
4. To receive treatment and services regardless of the source(s) of financial support.
5. To individualized treatment.
6. To be involved in the assessment and development of a Treatment Plan and to discuss any aspect of your treatment with your counselor.
7. To treatment in the least restrictive environment.
8. To have all information about you and your treatment to be held in strict confidence in accord with the state, federal and agency regulations, and laws

on confidentiality. You have a right to be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code. [405 ILCSS]. The rights on confidentiality are governed by the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110] and by the Health Insurance Portability and Accountability Act of 1996, HIPAA (45 CFR 160 and 164). Clients with substance abuse issues are further protected by federal confidentiality regulations (see 42CFR, Part 2, Confidentiality of Alcohol & Drug Abuse patient Records, 1987). Agency Staff are mandated reporters for DCFS & Elder Abuse.

9. To be informed about the nature of your care, procedures and treatment received will be communicated in an understandable method.
10. To be informed about all possible consequences and benefits of all medications and treatment procedures used, and to give a written consent for treatment and a copy of the treatment plan.
11. To examine and receive an explanation of your bill, regardless of source of payment.
12. To have a voice in your treatment and recovery; to transfer, refuse or terminate services. You have the right to fully understand how doing so may impact your treatment and recovery.
13. To be given help in meeting your continuing emotional and physical requirements upon case closing.
14. To have eight 90-minute sessions of counseling without parent, guardian or in loco parentis (any type of temporary caregiver) knowledge or consent for any minor 12-17 years of age. You are entitled to active participation in treatment.
15. To treatment free from any forms of abuse or retaliation, including psychological abuse, sexual abuse, punishment, neglect, harassment, humiliation, threats, fiduciary abuse, and exploitation.
16. To receive considerate and respectful care.
17. To not be “abandoned” in treatment.
18. To not be denied, suspended, or terminated from services or have services reduced from exercising any of your rights.
19. To confidentiality of HIV antibody and/or AIDS status.
20. To know the name of the person coordinating your care.
21. To have the opportunity to evaluate the agency’s service.

22. To receive Crisis Services.
23. To request a copy of the agency Code of Ethics and Professional Behavior.
24. You have the right to file a grievance up to the level of the Executive Director.
25. You have the right to informed consent.
26. To access your own lawyers or have referral information to access legal entities.
27. To go to advocacy / self-help groups.
28. To refuse services from the person or service delivery team you get assigned and a right to request a specific clinician, if available, and referral given if preferred or appropriate.
29. To information in sufficient time for decision making.
30. To access your records according to agency policy.
31. To refuse concurrent or dual treatments for multiple problems.
32. To not complete releases of information and the right to revoke them, if already completed.
33. To an investigation and resolution of any alleged infringement of rights within specific time frames. You will not face retribution or retaliation if you act in good faith in making a report.
34. To have the right to contact Health and Family Services (HFS) or its designee and to be informed by HFS or its designee of the client's healthcare benefit and the process for reviewing grievances.
35. To contact a public payer (Illinois Department of Human Services) and to be informed of the public payer's process for reviewing grievances.
36. IMHC does not do human subject research.
37. To a description of the route of appeal available when you disagree with a facility's policies or procedures. You have the right to contact the Guardianship and Advocacy Commission and Equip for Equality if you feel your rights are being violated.

Guardianship and Advocacy Commission  
East Central Region Office  
423 South Murray Road  
Rantoul, IL 61866-2125  
217-892-4611

Equip for Equality  
115 North Neil St., Suite 209  
Champaign, IL 61820  
800-537-2632

## FUNDING

The Iroquois Mental Health Center is a private, not-for-profit corporation which is tax exempt under Rule 501(c) 3 of the Illinois Tax Code. The agency's programs are funded in part, through grant contracts with the Illinois Department of Human Services Office of Mental Health and Substance Use Prevention and Recovery, and the Iroquois Community Mental Health #708 Board. The agency also has a fee for service contract with the Illinois Department of Children and Family Services and the Office of Rehabilitation Services.

It is these contracts that allow the agency to provide services on a discounted fee basis, and which allow for the provision of services. In addition to these contracts, the agency receives and seeks funds through the Iroquois Foundation for Behavioral Health, client fees, third-party payments, private contributions, foundations, and grant opportunities.

## GRIEVANCE PROCEDURE

As an individual receiving service at the Iroquois Mental Health Center, your rights are protected by the Center. If you believe your rights have been violated or if you have a grievance regarding any aspect of your treatment while receiving services at the Center, you have the right to seek a satisfactory resolution. Individuals will be encouraged to use advocates or other assistance to assure their rights are protected. The following steps should be followed in resolving a grievance.

1. If you believe your rights have been violated, you should immediately report this to your therapist. A **Client Grievance Form** is available to assist you in this step. This form is available in the Front Lobby or at any Satellite location. If you would like assistance with completing the **Client Grievance Form**, please ask any staff member.
2. Discuss the problem with the therapist. Give them the completed **Client Grievance Form** or drop off at the front desk. They will gather the appropriate information and attempt to resolve the matter to your satisfaction.
3. If you do not reach a satisfactory resolution with the staff member, within three (3) working days, you may schedule an appointment with the Program Director to discuss the problem. The Program Director will attempt to resolve the matter to your satisfaction within five (5) working



days. If you are not satisfied with the resolution of the Program Director you may give a copy of your **Client Grievance Form** to the Executive Director, who will make a decision within five (5) working days.

4. If you feel your counselor/therapist/supervisor has violated your rights, you may go directly to the Program Director to discuss your concerns.
5. If you are not satisfied with the decision of the Executive Director you may have your grievance reviewed by the Executive Committee of the Board of Directors of the Iroquois Mental Health Center. A representative of this Committee will meet with you, the Executive Director and the Program Director. They will present to you the resolution in writing within ten (10) days. The decision of the Board is final.
6. If you feel you need an advocate, you may invite an individual of your choice to assist you. If you do not feel your grievance has been satisfactorily resolved, you may ultimately register a complaint with:

The Guardianship and Advocacy  
Commission East Central Regional Office  
423 South Murray Road  
Rantoul, Illinois 61866-2155  
(217) 892-4611

Equip for Equality  
115 North Neil, Suite 209  
Champaign, Illinois 61820  
(800) 537-2632

Department of Mental Health & Disabilities  
405 William Stratton Building  
Springfield, Illinois 62765  
(800) 843-6154

Department of Children and Family Services  
401 North Franklin Street  
Danville, Illinois 61832  
(217) 443-3200

Abuse & Neglect Hotline at (800)252-2873.

7. You will not be denied, suspended, or terminated from services or have services reduced for filing a grievance or for exercising any of your rights. You will not be subject to any retaliation if you request an appeal of the Grievance decision.

## **EMERGENCY & EVACUATION PROCEDURES**

In the case of any emergency, employees and clients will be alerted by a verbal announcement from the front office.

IMHC's policy for reporting an emergency is to talk to a supervisor, call the receptionist to make an announcement over the paging system and, if necessary, call 911.

It is the policy of IMHC, that in an emergency, all employees and clients are to evacuate the building immediately. Follow these emergency procedures:

- Stop all work.
- Exit the buildings through the nearest door.
- If you are the last to exit a room, close the door behind you.
- Go directly to the designated meeting area.
- Follow the instructions given by emergency personnel, safety director or management.
- Do not return to the building until all employees have been accounted for and you are instructed to do so.
- Do not go to your vehicles unless you are told to do so.

In the case of a tornado, you will be instructed to go to the main hall and sit with your hands over your head until the danger has passed.

### **Evacuation Routes for IMHC's Satellite Clinics**

#### **Hoopeston**

Carle - Charlotte Anne Russell Medical Center  
801 East Orange Street, Hoopeston, IL 60942

*Exit office, turn off lights and close door. Head down the hallway to the west side of the building to the EXIT on the side. Walk to the parking lot located on the west side of the building.*

*Exit therapist office and turn left. Go down main hallway and turn left at the end. Exit double doors to waiting area and exit front door.*

**IROQUOIS MENTAL HEALTH CENTER  
STAFF ROSTER**

<b>Executive Director</b>	Dennis Hopkins, MBA, Psy.D.
<b>Director of Operations</b>	Alberta Burton, MA, LCPC
<b>Chief Financial Officer</b>	Ray Raymond, CPA
<b>Medical Directors</b>	Phillip Zumwalt, MD Timothy Damrow, DO
<b>Consulting Adult Psychiatrist</b>	Bumyong Lee, MD
<b>Director of Nursing</b>	Terri Fanning, LPN
<b>Medical Records Specialist</b>	Robin Katschke
<b>Director of Child &amp; Adolescent Program Services</b>	Morgan Hamblen LPC
<b>Director of Substance Abuse Services</b>	
<b>Clinical Director Outpatient Therapist DUI Evaluator</b>	Kimberly Rabideau, MAPC, LCPC
<b>Director of Employment Services</b>	Kristen Esquivel, MSW
<b>QAUR Coordinator</b>	Heather Fletcher, LSW
<b>Crisis Coordinator</b>	Eva Anderson, Ph.D., LCPC, LPC, NCC
<b>Associate Executive Director Human Resources and Finance</b>	Kim Fear

*Revised 04/15/2024*