

Clifford Beers Community Care Center Psychology Trainee and Doctoral Internship Professional Handbook

(updated September 2022)

93 Edwards Street
New Haven, CT 06511
203-772-1270

Director of Training: Elizabeth Donohue, Psy.D.
203-772-1270 x4624
edonohue@cliffordbeers.org

ABOUT CLIFFORD BEERS COMMUNITY CARE CENTER:

Clifford Beers (CB) has been providing mental health services to the New Haven community since 1913, when it was founded as an outpatient clinic within the New Haven Dispensary, a medical care facility for the poor. Today, our mission is to provide integrated services addressing mental, physical, and social determinants in order to improve health, resiliency and quality of life for children, families and communities. Current programming includes prevention, behavioral health treatment, comprehensive care coordination, community-based, and family strengthening services. CB operates with an annual budget of \$25 million and about 200 highly qualified and diverse employees. CB primarily serves those individuals who experience, or are most vulnerable to, poorer health and quality of life outcomes. These include children and families of color, low-income and Medicaid eligible individuals, and people with complex health needs and disabilities. CB is distinguished by its “whole-istic” approach, nationally-recognized expertise in trauma, and organizational culture of innovation. Our “whole family, whole health” programs produce outcomes that matter to funders and our families in terms of cost, quality and experience of care. We have demonstrated success in helping clients reduce symptoms of mental health disorders, such as depression and posttraumatic stress, improve functioning in day-to-day life, and access supports for sustaining change.

Psychology doctoral interns provide individual, group, and family treatment, as well as psychological assessment. Along with more traditional outpatient work, the center has particular expertise in integrated treatment for children and adults with intellectual and developmental disabilities and, thus, interns will have the opportunity to work with a neurodiverse population. The center also specializes in the assessment of autism and co-morbid problems, in which interns receive training and experience.

DOCTORAL INTERNSHIP PROGRAM:

This internship program provides a minimum of 1,920 hours of full-time work and training experience to be completed in twelve months. Interns will work 40 hours/week for 48 weeks (52 minus vacation and sick days), which provides 1,920 hours total of direct service, support activities, and didactic seminars. Approximately fifty percent of the time on-site is spent delivering direct care services (client appointments and care management).

The goal of the internship is to provide a varied, high-quality training experience that will support interns in developing a professional identity as clinical psychologists. Interns will receive training in individual and family assessment; individual, family, and group therapy; and parent guidance. The internship includes comprehensive training in clinical and developmental assessment, differential diagnosis, treatment planning and experience in both short- and longer-term psychotherapy. Through varied training experiences, interns will develop an integrated understanding of individual psychodynamics, developmental issues, and family systems. Given the agency's longstanding commitment to community services, interns will be expected to provide advocacy and case management services for clients and to engage in community consultation with local agencies and schools. Emphasis is placed on providing treatment and services that are culturally sensitive and appropriate.

The training program is designed to provide interns with the wide range of skills expected of a community mental health practitioner. Training experiences are tailored to the background, goals, and interests of each intern. Interns will be provided with learning experiences and a professional orientation designed to make their skills transferable to other populations and settings. Interns will learn a wide range of therapy techniques, consultation skills, and outreach practices. Training is achieved through the provision of direct clinical services; individual and group supervision; participation in various clinical team meetings with multidisciplinary staff; and didactic and case presentations. Video, audiotape and co-therapy/observation are required as part of the provision of live supervision. Self-direction and creativity are encouraged, and interns may be supported in developing independent projects. Interns will work collaboratively with highly qualified professionals from other disciplines including psychiatry and social work.

As noted, approximately fifty percent of each intern's time will be spent providing direct billable clinical services to a diverse population of children, adolescents, and families. The rest of the time is filled with support services/documentation, case management, supervision/consultation and training. There is a strong emphasis on learning and varied opportunities for ongoing training and supervision, including Autism Evaluation and Treatment; Developmental Trauma; Early Childhood Intervention; Family Therapy, and working with LGBTQ individuals. Interns spend approximately four to six hours in training seminars weekly, receive two hours of face-to-face individual supervision by licensed psychologists, and complete assessments each week. The remaining time is spent in case management and documentation.

The center provides outpatient services to neurotypical children and adults, typically ages 3-21, seeking services for a variety of diagnoses and problems, as well as children and adults, ages 3-65, with a primary diagnoses of autism and/or intellectual/developmental disability. Given the strong focus on assessment, all interns receive training on the ADOS and provide autism diagnostic evaluations regularly, along with general psychological assessment. Psychological evaluations include training and experience in cognitive, developmental, neuropsychological screening, achievement, personality, projective, and self-report/objective measures. Interns are provided with training and supervision in assessment via weekly seminar, as well as individual and group supervision. Live supervision, video streaming, or videotaping is required as part of the training process.

Didactic trainings are provided weekly on Fridays and include two consecutive seminars. Assessment Seminar is approximately two hours of training and group supervision that includes the introduction and practice of tests and measures to be utilized, topics pertinent to the provision of assessment services

(e.g., ethics in assessment, the assessment of culturally diverse clients), as well as ongoing assessment presentations by interns and staff. Also on Fridays is a second seminar, focused on didactic training, with topics relevant to our work (e.g., developmental trauma and animal-assisted therapy). Interns are encouraged to present on familiar topics and will be asked to share their dissertation topic. There is also the opportunity to focus on professional development and to learn about and discuss issues relevant to interns' development as professional psychologists, such as resolving conflict with colleagues and community partners, self-care, preparing for EPPP and post-doctoral positions, etc. Interns are also expected to present therapy case conceptualizations throughout the year.

All interns are provided two hours of individual supervision by licensed psychologists (training director or other designated staff psychologist). Several other licensed staff members and managers (LCSW, LMFT, LMSW, and LPC) are also available on an as-needed basis. Other group supervision and consultation opportunities include clinical rounds (required) and outpatient/psychiatry rounds (as needed).

STIPEND AND BENEFITS:

The intern position provides an annual stipend of \$25,000, and interns are offered individual medical insurance coverage at no cost. The clinic also provides 15 days of vacation, 11 paid holidays, and five days for illness. There are also three days of paid training activities to be used at the intern's discretion with supervisor's approval. Interns also receive \$300 dollars of reimbursement for training activities outside the agency over the course of their training year.

STATUS OF ACCREDITATION:

The doctoral internship training program at Clifford Beers Community Care Center was granted Full Accreditation by the Commission on Accreditation (CoA) of the American Psychological Association effective August 2022. The internship was designed in accordance with the CoA's standards and training requirements and is an active member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Questions related to the program's accreditation status can be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE,

Washington, DC 20002 202-336-

5979 apaaccred@apa.org

www.apa.org/ed/accreditation

TRAINING PHILOSOPHY & GOALS:

The internship at Clifford Beers Community Care Center emphasizes training thru clinical experience focused on psychological assessment and therapeutic intervention. As stated, Clifford Beers strives to incorporate the individual training needs and desires of each intern into the existing program goals and aims, providing a tailored and fulfilling training experience that will enable the intern to gain general psychological skills, while also helping them gain experience relevant to their specific career goals. This is accomplished by designing the program with some flexibility. For example, interns work with their supervisors to develop caseloads reflective, at least in part, of their clinical interests and are encouraged to design and implement their own group therapy curriculums based on current research.

The integration of research and practice is a cornerstone of treatment at our clinics, and interns are expected to inform their clinical practice using research and scholarly training, emphasizing ongoing self-reflection and critical thinking. Clifford Beers' staff and supervisors represent training and experience in varied therapeutic modalities and orientations, providing exposure to a variety of clinical styles and perspectives.

Consistent with our program goals and aims, interns are expected to meet the following core competencies during their training year:

1. Research
 - a. Interns will demonstrate awareness of current professional literature, research, and information relevant to clinical work with clients by seeking out and integrating professional writings pertinent to their current treatment cases into conceptualization and treatment planning.
 - b. Interns will participate in regular oral case presentations in seminars, rounds, and group supervision.
 - c. Interns will demonstrate independent critical thinking, use empirical observation in their clinical work, and practice the integration of observation and psychological theory.
 - d. Interns will demonstrate an awareness of ethical practice in research.
 - e. Interns will demonstrate sensitivity to issues of cultural and individual diversity relevant to research.
2. Ethical and Legal Standards
 - a. Interns will be knowledgeable of and act in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.
 - b. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - c. Conduct self in an ethical manner in all professional activities.
3. Individual and Cultural Diversity
 - a. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
 - b. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service.
 - c. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

- d. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
4. Professional Attitudes, Values, and Behaviors
- a. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
 - b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
5. Interpersonal Skills
- a. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
 - b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
 - c. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
6. Psychological Assessment
- a. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
 - b. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
 - c. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
7. Clinical Intervention
- a. Establish and maintain effective relationships with the recipients of psychological services.
 - b. Develop evidence-based intervention plans specific to the service delivery goals.
 - c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
 - d. Demonstrate the ability to apply the relevant research literature to clinical decision making.
 - e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

- f. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
8. Supervision and Consultation
- a. Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
 - b. Interns will demonstrate ability to provide peers or other trainees with constructive feedback in group supervision.
 - c. Interns will demonstrate knowledge of ethical issues in supervision
 - d. Demonstrate knowledge and respect for the roles and perspectives of other professions.
 - e. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, inter-professional groups, or systems related to health and behavior.

REQUIREMENTS FOR SUCCESSFUL INTERNSHIP:

1. All interns and trainees will acquire and demonstrate substantial understanding of and competence in the eight core competencies described above: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communications and Interpersonal Skills; Assessment; Intervention; Supervision; and Consultation and Interdisciplinary Skills. Various clinical and training opportunities are offered in order to provide interns/trainees with the experiences necessary to grow and develop in these areas.
2. Intern/trainee performance is evaluated at two points (minimum) during the year using the Intern Evaluation Form: midway and end of year. Evaluations are reviewed between interns/trainees and their supervisors in individual supervision and opportunities for feedback and discussion are provided. All of the items in each competency area must be rated a 4 (Independent) or above on the Intern Evaluation Form by the end of the training year. Remediation, Due Process, and Grievance Procedures are outlined in separate policies attached below, along with any other relevant policies and procedures.
3. Interns/trainees will participate in regular supervision as outlined by APA and APPIC guidelines or requirements of the trainee's doctoral program. Doctoral interns must receive, at minimum, two hours of individual supervision by licensed clinical psychologists weekly, in addition to two hours of group supervision (including didactic seminars) each week.
4. Completion of 1,920 hours of which 500 must be direct contact hours with clients.
5. Satisfactory termination of any due process or remediation plans.

TRAINING STAFF:

Elizabeth Donohue, Psy.D. (Hahnemann University), Licensed Psychologist, Certified School Psychologist, Clinical Director, Integrated Services, Internship Training Director

Carly Trask-Kuchta, Psy.D. (Fuller Theological Seminary), Licensed Psychologist, Program Manager, Internship Training Assistant Director

Elizabeth Corley, Psy.D. (Antioch University), Licensed Psychologist, Clinical Supervisor

Kyla Kachinsky, Psy.D. (University of Hartford), Licensed Psychologist, Clinical Supervisor

APPLICATION AND SELECTION PROCESS:

Psychology Intern/Trainee Recruitment and Selection

- The selection of psychology interns/trainees at all levels must be consistent with equal opportunity and non-discrimination policies of CBCCC, as well as the guidelines and policies of APPIC and APA.
- The agency places emphasis on hiring trainees from diverse backgrounds. Applicants that are able to deliver services in Spanish or another language that is relevant to our community are strongly encouraged to apply.

Psychology Practicum Students:

- Applications are accepted from all local area APA accredited psychology doctoral programs from January through February for the following academic year starting in September for a length of 9-12 months.
- Applications are reviewed by the Director of Assistant Director of Training, or other Licensed Psychologist designee, and interviews will be offered to those whose education, background, and training experiences or desires most closely align with the needs and/or offerings of the site. An emphasis is placed on attracting practicum students from diverse backgrounds.
- Applicants are invited for in-person or virtual interviews with the Director/Assistant Director of Training and other available psychology supervisors.
- Applicants will be notified by email or phone, whether selected or not selected, according to university guidelines.

Doctoral Psychology Interns:

- Applications for doctoral internship positions are sought nationally from APA accredited psychology doctoral programs. Applications are submitted through APPIC. Information about our internship program can be found on the APPIC online directory and on our agency's website.
- Applicants must have at least two years of practicum experience in both psychotherapy and psychological assessment. Interest and experience in working with children and families and in the treatment of trauma and autism spectrum disorders in urban, low income and diverse populations is highly valued. Applicants who are flexible, have strong organizational skills, and are able to work effectively within an interdisciplinary team are likely to have a positive training year.
- Applications are due by end of November and are reviewed by the Director and Assistant Director of Training and other supervising psychologists. Those selected or not selected for interviews will be notified in accordance with APPIC policies and guidelines. In-person or virtual interviews are offered by the Director of Training via email in December, including requests to bring additional application materials (i.e. psychological testing report or treatment summary).
- Interviews will be scheduled in January and generally involve two or more staff within the psychology department, as well as the possibility to speak with current interns.

RELATED POLICIES AND PROCEDURES (as provided by CBCCC)

GRIEVANCE AND DUE PROCESS POLICY

Staff who believe they are being treated unfairly due to a violation of a Clinic policy shall follow the procedure below for resolution. All grievances and appeals must be responded to within two business days.

Procedure

1. Discuss with Immediate Supervisor

When a staff has a grievance of any kind, they should indicate so and discuss it with their immediate supervisor. If the staff has a grievance that involves their immediate supervisor, they are encouraged to discuss with the next level manager.

Supervisors and staff are encouraged to make every effort, initially, to find resolutions to grievances.

2. Statement of Grievance

If the staff still does not feel that the matter was settled fairly and amicably, after meeting with their supervisor, the individual should put their concerns in a written statement and forward it to the next level manager (i.e. Manager/Director/Vice President).

***For Union Members:** If the staff is a bargaining unit member, the staff reserves the right to contact a union representative to consult on their grievance. Please refer to your union contract for more information*

***For Interns/Fellows and/or Temporary Staff:** If the staff is an intern, the staff may also submit a copy of their Statement of Grievance to their academic institution and or representing agency. At any time, a representative from the academic institution or representing agency may be invited at the intern's request. The outcome of this meeting shall be given in writing to the intern/fellow/temporary staff, Office of Talent Management, and the academic institution/representing agency.*

3. Meeting with Management

After receiving a written grievance, the next level manager will invite both the staff and immediate supervisor to resolve the complaint (if applicable). If an alternate decision must be made (different from the one suggested by the immediate supervisor), it will be made after taking all relevant matters and policies into account.

4. Review by Office of Talent Management

If the matter is not resolved to the staff's satisfaction, they can at any time contact the Employee Relations Specialist and/or the Office of Talent Management, in writing, and provide details of the complaint as well as the unsatisfactory proposal solutions. The Employee Relations Specialist and/or the Office of Talent Management will gather information from all parties before bringing everyone together. Attempt to investigate and resolve any concerns shall be made in a timely manner.

5. Special Review

Staff who continue to be unsatisfied with any of the resolutions provided (in the preceding steps) during the grievance process may ask that their grievance be reviewed by the Vice President, Strategic Advancement. At this point other executives may be consulted for input. The final resolution must be endorsed by the CEO.

6. Confidentiality

The Clinic will make every effort to maintain confidentiality to the extent possible.

7. Retaliation

Staff may raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination or retaliation against those who raise concerns and make reports or witness discrimination will be subject to disciplinary action, up to and including termination.

FINANCIAL ASSISTANCE POLICIES AND PROCEDURES

STAFF REIMBURSEMENT REQUESTS POLICY

PURPOSE

To provide a clear, consistent, and lawful policy and procedure regarding reimbursement for staff expenses across all Clifford Beers Clinic programs.

POLICY APPLICABILITY & SCOPE

This policy is applicable to all Clinic employees for reimbursements of expenses incurred related to the provision of any Clinic services.

POLICY

The Clinic covers expenses related to the provision of Clinic services. Supervisor-approved expenses for travel, program and other work related expenses will be reimbursed according to Clinic procedures.

Vehicles, Parking & Travel

Employees who use their cars in the performance of their work responsibilities are to do so with the approval of their supervisors. The Clinic is not responsible for any parking and/or traffic violations incurred by an employee while performing their work responsibilities. [See the Mileage Reimbursement Policy.](#)

Some programs are funded through grants with restrictions for travel expenses. Consult with Finance prior to finalizing travel arrangements. [See the Travel Reimbursement Over 50 Miles Policy.](#)

Cell Phones, Food & Other Programmatic Materials

Items that can be purchased normally through your administrative or IT contact at each location site should be continued; such as office supplies, IT equipment, etc. With the approval of their supervisor, employees may expend fund for such items as the purchase of food for programs and programmatic materials. [See the Purchasing Goods & Services Policy.](#)

Deadlines & Request Denials

All reimbursement requests for a given month's expenses must be submitted to the supervisor no later than the 10th of the month. Any reimbursements after the quarterly due dates of Jan 15th, April 15th, July 15th and October 15th will not be accepted.

Any programmatic or travel expenses considered inappropriate or that misses the deadline will not be paid or reimbursed and are the employee's personal responsibility.

PROCEDURE

1. Gain approval from your supervisor before making any purchases.
2. Supervisors will consult with Finance as needed regarding deadlines, grant restrictions and budget specific to their programs.
3. Submit appropriate documentation and reimbursement forms to your supervisor for approval.
4. Supervisors will submit the approved documentation and reimbursement forms to Finance.
5. Finance will review the paperwork and request additional information of documentation as needed. For all requests that meet Clinic policy for reimbursement, Finance will issue checks directly to employees in the next regular check run for.

When absolutely necessary, employees may obtain a cash advance for approved program expenses by submitting a written request, including the Supervisor's signed approval, to the business finance office. Any requests for cash over \$250 must have the designed approval of one of the Chief Executive Officer or the Chief Financial Officer.

MILEAGE REIMBURSEMENT POLICY

PURPOSE

To provide a clear, legal, and consistent policy and procedures when seeking reimbursement for expenses incurred by Clifford Beers Clinic employees required to use their personal car for business purposes.

POLICY APPLICABILITY & SCOPE

This policy is applicable to all Clinic employees who use their cars for business purposes.

POLICY

All Clinic employees who use their cars for business purposes must have current and adequate automobile/liability insurance coverage. Employees must not transport volunteers or clients in their personal vehicles.

Reimbursable Travel “For Business Purposes”

Mileage will be reimbursed for the round-trip distance between the employee’s work site and the location of the business function being attended to the nearest tenth (i.e 25.7miles). If employees depart from or return to their home instead of their work site, only the miles in excess of the normal daily commute can be claimed as an expense. However, in the case of on call hours during an employee’s non regular business hours, you may use your home as the starting address.

The following are other examples of travel for business purposes - that are eligible for reimbursement:

- Meetings
- Conferences/Presentations (if mandatory)
- Travel between Clinic sites
- Site visits
- Work-related errands (post office, office supply store, etc)
- Classes and workshops if job related and approved by the employee’s manager

Non-Reimbursable Mileage Expenses

The costs of commuting and elective meetings, trainings, conferences, and presentations will not be reimbursed.

Deadlines

In order to comply with IRS documentation requirements, a complete and accurate Mileage Reimbursement Form must be submitted quarterly but preferably monthly. Any submission past quarterly deadline will not be allowed.

Employees must document their travel on the Mileage Reimbursement Form. Please see deadline below:

Jan-Mar	April 15th
Apr-June	July 15th
Jul-Sept	Oct 15th
Oct-Dec	Jan 15th

DEFINITIONS

Commuting: Travel between home and work.

RT or Round Trip: A trip from one destination to another and then returning to the starting location.

PROCEDURE Calculating Miles & Reimbursement

Mileage amounts must be verifiable through the use of commercially available websites (ex. Mapquest, Google Maps) using the “shortest route” option.

Reimbursement for the operating expenses of the car will be calculated by multiplying the number of miles traveled by the currently approved Standard Mileage Rate published by the IRS.

Other expenses such as parking will be reimbursed at the actual costs. Other expenses must be substantiated by receipts (ex: parking). Original, itemized receipts must be provided for parking in excess of \$3.

Form & Approval

The Reimbursement Form can be found on the intranet.

1. Enter the location name in the “to” and “from” columns:
 - If the location is an Clinic site, then no further information is necessary;
 - If the location is an infrequent destination then enter the address or street intersection and the city.
2. Enter the appropriate program the site visit was for.
3. Reimbursement Forms will be reviewed by the employee’s supervisor and submitted to the Finance Department.

TRAVEL EXPENSE REIMBURSEMENT OVER 50 MILES POLICY

PURPOSE

To provide a clear, consistent, and lawful policy and procedure regarding reimbursement for travel over 50 miles from the Clifford Beers Clinic for staff expenses across all Clinic programs.

POLICY APPLICABILITY & SCOPE

This policy is applicable to all Clinic employees for reimbursements of expenses incurred while traveling over 50 miles from the Clinic related to the provision of any Clinic services.

POLICY

It is the policy of the Clinic to provide, pay, or reimburse employees for business-related overnight travel expenses, including travel and meals in accordance with the guidelines below.

Lodging

The Clinic will reimburse for overnight lodging in accordance with the Federal Government lodging rate for that location. (Current rates listed at <http://www.gas.gov>). Lodging for nights stayed, prior to or after the meeting, are at the employee's own expense. Prior approval is expected to be obtained from the Program Director or their designee.

Lodging expenses are not reimbursable if the employee is not paying for the sleeping room as the expense is covered through other means; e.g. the government or organization is paying.

Meals and Incidental Expenses (M&IE)

M&IE will be reimbursed at the Federal Government rate for the location of the conference/meeting (see web site listed above). M&IE will be reimbursed at 75% of travel days. M&IE is not allowable for attendees who are not in travel status (e.g., individuals who work within 50 miles of the meeting location or drive home each night), unless prior approval is obtained. (delete)

Other Allowable Expenses

- Mileage will be reimbursed at the current IRS standard rate (no receipts required)
- Parking and tolls; (receipts required)
- Transportation costs (e.g., cab or shuttle fare, subway fare, tolls); receipt required
- Airfare or train fare (if self-paid and prior approval is obtained). Attach a copy of the ticket to the reimbursement form.

Reimbursement for the cost of driving a personally-owned vehicle is not to exceed the cost comparison documentation if claiming reimbursement for driving a personal vehicle to and from the meeting site.

Reimbursement for parking at the airport terminal will be limited to daily long-term rates, unless prior approval is obtained. Employees are encouraged to carpool to the airport or to meetings whenever possible to cut down costs for the Clinic.

Disallowable/Non-Reimbursable Expenses

- Tips to taxi drivers in excess of 20 percent of the fare;
- Transportation to and from restaurants;
- In-room snacks, movie rental and other entertainment expenses;
- Telephone calls;
- Internet access;
- Alcoholic beverages;
- Rental of automobiles, unless approved in advance by the Program Director □
Fines or penalties for speeding or other traffic violations; and □ Auto rental insurance or flight insurance.

PROCEDURES

1. Submit the reimbursement form within 14 days of the event. Due date is noted on the reimbursement form.
2. Submit an original claim form and original receipts – photocopies or faxes will not be processed.
3. Tape receipts to 8 ½ “ by 11” paper.
4. Type or print all requested information legibly.
5. Submit form to the Accounts Payable for processing.

PERFORMANCE MANAGEMENT POLICY

PURPOSE

To ensure the success of employees through performance management tools and guidance.

POLICY APPLICABILITY & SCOPE

All Clifford Beers Clinic employees, students, and interns.

DEFINITIONS

Annual Evaluation - A review of the employee’s progress on key responsibilities and goals. Annual evaluations are conducted on the anniversary date of the employee’s current position. **Introductory Period** - The first 120 days in a position.

Job Description - provides the key responsibilities, skills and requirements for the role. **Office of Talent Management (OTM)** - Clinic’s Human Resources Department.

POLICY

All employees are expected to meet performance expectations and comply with the [Code of Conduct](#). Performance expectations are set by the clinic and are specific to the role and/or program.

Performance Management incorporates job descriptions, an introductory period and annual evaluation process, as well as training and development opportunities.

Introductory Period Evaluation

All new employees and all present employees transferred or promoted to a new job/position will be evaluated for an initial introductory period of 120 days. After satisfactory completion of the introductory period, employees will be evaluated no less frequently than every two (2) years.

Annual Evaluation

The annual evaluation accomplishes the following:

1. The establishment of clear, well-defined performance objectives and standards at the beginning and throughout the performance appraisal cycle.
2. The provision of specific timely feedback on job performance, both positive and negative, offering suggestions for improvement in the latter situation.
3. An annual review of achievements including identification of areas of growth and development and areas where further attention could be beneficial.
4. The building and strengthening of the supervisory relationship; the process is a means to facilitate communication throughout the year between supervisor and supervisee to ensure success.

***For Interns:** Interns' performance is evaluated and reviewed twice per year, at six month intervals, in supervision.*

Any performance issues or concerns shall also be documented on the evaluation form.

Performance Improvement Plan (PIP)

Throughout the year, a PIP may be used as a coaching tool to assist an employee in achieving his or her goals. A PIP is a tool that includes goals, actions, time frames and expected results for success.

STAFF DISCIPLINE POLICY

PURPOSE

To provide the potential discipline procedures for staff who are not meeting the Clifford Beers Clinic's standards of performance. This process is intended to provide a collaborative process that focuses on communication for the opportunity to improve and lead to the employee's success.

POLICY APPLICABILITY & SCOPE

All Clinic employees, students, and interns.

POLICY

All staff are expected to meet a set standard of performance expectations (see [Performance Management Policy](#)), and comply with the [Code of Conduct](#). When staff begin to demonstrate performance issues that do not meet expectations and/or do not comply with the code of conduct, supervisors will address such issues with staff. The Clinic will make every effort to follow the steps as listed in the procedure below but reserves the right to skip any of these steps defined below and or terminate an employee without a discipline process based on the level and severity of performance issue.

DEFINITIONS

Coaching/Counseling - A collaborative discussion which may initiate the first step to improve performance.

Performance Improvement Plan (PIP) - A PIP is a tool that includes goals, actions, time frames and expected results for success. A PIP may be used as a supplement during any step of the performance management and/or discipline process to assist with the employee achieving success.

Progressive Discipline – The levels of escalating discipline applied to a continuing underperforming employee.

Supervisor - Person in the first-line management who monitors and regulates staff in their performance of assigned or delegated tasks. Supervisors are usually authorized to recommend and/or affect hiring, disciplining, promoting, punishing, rewarding, and other associated activities regarding the staff in their departments. This does not include Leads.

Verbal Warning - A discussion which addresses the need for corrective action. The verbal warning is documented in the supervisor's performance file, separate from the staff's personnel file.

PROCEDURE

Performance Management is the ongoing process of communication between a supervisor and employee, in support of accomplishing the strategic objectives of the organization.

The application of performance management should be as follows:

1. **Coaching/Guidance:** If an employee is performing below the set Clinic standards, displaying behaviors that affect the overall performance and/or not performing the key responsibilities of their role, the staff's supervisor will

1. Meet with the staff and identify specific areas and/or key responsibilities that require improvement, specify the time frame within which such improvements must be demonstrated.
2. Record the details of the discussion, e.g., time, place, participants, goals and actions for success, significant comments, and maintain these notes in a file separate from the personnel file.

For Interns: *Every effort will be made to identify, discuss, and address any concerns about intern performance in ongoing supervision with the intern's primary supervisor. Any concerns shall be documented and shared with the Director of Training. In collaboration with the primary supervisor, the intern will create an action plan to address any identified concerns or problem behaviors. Interns will be provided with opportunities for remediation and this will be monitored in ongoing supervision.*

2. **Verbal Warning:** If the staff's behavior or performance continues to be substandard, the staff's supervisor will –

1. Review the action(s) taken with the supervisor's next level of reporting.
2. Meet with the staff and inform him/her that continued failure to demonstrate improvement has resulted in a verbal warning.
3. Record the details of the discussion, i.e., specific areas that were not improved within the prescribed time frame, and may provide a performance improvement plan and/or training opportunity to assist with improving performance.
4. Present the written document to the staff after the meeting. **For Interns:** *Academic institutions may be notified based on the severity of the concern or behavior.*

For Interns: *If concerns are not adequately resolved or persist despite attempts at correction, a second attempt will be made to address the concerns or behaviors. This will also be documented and shared with the Director of Training as well as Clinic Director and/or the Senior Vice President of Clinical Services. Academic institutions will be notified based on the severity of the concern or behavior.*

Disciplinary Procedures

A formal set of documented procedures to address poor performance. *(note, the procedures below are not meant to be sequential. The Clinic reserves the right to go directly to any procedure below depending on the severity of the issue):*

Written Warning

If the staff's behavior or performance continues to be substandard, the supervisor will meet with the staff and take the following action. An OTM representative will be present during written warning meetings.

1. In consultation with the Office of Talent Management,, prepare and document a written warning for the staff member which specifies both the substandard behavior and performance and the expected improvement(s) in conduct and/or job performance, and the actions needed to immediately and continuously improve and sustain performance

A PIP may be used to assist with collaboratively documenting the goals, actions and training needed for improvement.

2. Note that if the staff does not improve performance they may be further disciplinary action up to and including termination.
3. Request the staff member to sign the written warning document and the PIP to confirm receipt and understanding of next steps.
4. Supervisor schedules a follow up meetings to reassess performance and ensure actions are taken to improve.. In some cases, the supervisor may extend the PIP.
5. Supervisor will provide a follow up report to the Office of Talent Management to be filed in their personnel file.

For Interns: *If concerns or behaviors continue, a written notice will be provided to the intern, issued by the primary supervisor and approved by the Director of Training in consultation with Human Resources. The academic institution shall also be notified in writing of the identified problem and steps taken to address it. This may be done through feedback from the formal written evaluations of intern performance forwarded to the institution or through direct communication via email or phone if the concern warrants immediate action. Further outcomes shall be determined in collaboration with the academic institution, DOT, and Clinic Administrators including the Office of Talent Management. If interns wish to file an appeal, they can follow the [Open Door Policy / Grievance Procedure](#).*

Suspension

If a supervisor becomes aware of a serious violation or complaint, they must immediately inform the Office of Talent Management. OTM and the supervisor will determine if an investigation is necessary in order to review the conduct of a staff, for the safety of the employees, families and the Clinic the staff member may be suspended pending an investigation with or without pay. A suspension clearly signifies that a serious situation exists and it gives the Clinic time to ensure that the incident is fully investigated and the safety of the employees, clients and clinic is at the forefront of the decision-making process. An OTM representative should take the following action, depending on the severity of the conduct:

1. In consultation with the supervisor, OTM will prepare and issue a written suspension letter that specifies the nature of the violation and that warns the staff that additional misconduct may result in further disciplinary action up and including termination.
2. Based on determination of the severity of the incident suspend the staff for a specified number of days with or without pay, or
3. Suspend the staff pending the outcome of the investigation, at which time a decision to proceed to termination will be considered. In some cases, the suspension letter may follow the decision to suspend and the actual suspension.

Termination

In the event that substandard performances is not corrected and/or the Clinic has conducted a thorough investigation of misconduct, the final result may be determined as termination. In the event of an employee's termination, the supervisor, a representative of OTM, and when applicable, a member of Union leadership, will meet with the staff.

1. Present and read the discharge letter to the staff.
2. Ask the staff to immediately return all Clinic property.
3. The staff will be escorted to collect their personal belongings and exit the premises. In some cases, the staff may have their personal belongings sent to them.

PERSONNEL RECORDS

POLICY

It is the policy of the Clinic to maintain personnel records for applicants, employees, and past employees in order to document employment-related decisions, evaluate and assess personnel policies and procedures, and comply with government record keeping and reporting requirements.

PROCEDURE

1. The Clinic tries to balance its need to obtain, use, and retain employment information with a concern for each individual's privacy. To this end, it attempts to maintain only the personnel information that is necessary for the conduct of its business or required by federal, state, or local law.
2. The Executive Director is responsible for overseeing record keeping for all personnel information and will specify what information should be collected and how it should be stored and secured. Separate medical fields will be maintained for each employee. Criminal conviction information shall be filed confidentially and separately.
3. Employees have a responsibility to keep their personnel records up to date and should notify the Director of Human Resources in writing of any changes in at least the following:
 - a. Name
 - b. Address
 - c. Telephone number
 - d. Marital status (for benefits and tax withholding purposes only)
 - e. Number of dependents
 - f. Addresses and telephone numbers of dependents and spouse or former spouse (for insurance purposes only)
 - g. Beneficiary designations for any of the Clinic's insurance, disability, pension, and profit sharing plans
 - h. Persons to be notified in case of emergency.

In addition, employees who have a change in the number of dependents or marital status must complete a new Form W-4 for income tax withholding purposes within ten days of the change, when it results in a decrease in the number of dependents.

4. Employees may inspect their own personnel records and may copy, but not remove, documents in the file. Inspections by employees must be requested in writing to the Executive Director and will be scheduled at a mutually convenient time. All inspections must be conducted in the presence of the Director of Human Resources. A reasonable charge for copies of records exceeding five (5) pages will be made to the employee.
5. Employees who believe that any file material is incomplete, inaccurate, or irrelevant may submit a written request for file revisions to the Executive Director. If the request is not granted, the employee may place a written statement of disagreement in the file and make a complaint using the Clinic's grievance procedure.
6. Along with the Executive Director, the Chief Operating Officer, the Director of Human Resources and the Executive Assistant, those supervisory and management employees who have an employment related need-to-know for information about another employee may review the files of that employee. The Human Resources Director must approve the inspection.
7. Employees should refer all requests from outside the Clinic for personnel information concerning applicants, employees, and past employees to the Director of Human Resources. The Human Resources Director will normally release personal information only in writing and only after obtaining the written consent of the individual involved. Exceptions may be made to cooperate with legal, safety, and medical officials who need specific employee information, such as the following:
 - a. employment dates
 - b. position held
 - c. location of job site

INTERN TRAINING POLICY

PURPOSE

To provide a uniform practice of training that will assist in preparing an intern for work within or outside of the Clifford Beers Clinic.

POLICY APPLICABILITY & SCOPE

Masters Level and Doctoral Level Interns.

POLICY

The Clinic provides clinical training to interns of various mental health disciplines.

DEFINITIONS

Intern: be used generically to cover all masters and doctoral level students training in social work, counseling, marriage and family therapy, and clinical psychology.

PROCEDURE

Eligibility of Internship (External and Internal applicants)

External Applicants

All applicants must be actively enrolled in an accredited university and be looking for an internship experience with a clinical training focus.

Internal Applicants

All internal applicants must meet the following requirements to be considered for an internship at the Clinic:

- A minimum of 1 year of service
- Masters Level or 2nd year Final Field Placement Only
- Internship program of interest must be different than the program in which you currently work
- Internship program of interest Supervisor must be different than the Supervisor in which you currently work for
- Internship program of interest must be different from your current position or job duties
- Must have the ability to flex your current work hours to successfully complete internship hours
- Application must be signed off on for approval by your program Supervisor and Program Director

Intern Orientation

All interns will receive a new employee and clinical orientation.

Intern Training

Interns will receive training throughout the year.

Assignment of Clients and Clinical Responsibilities

The assignment of clients to interns will be made by a Program Manager with appropriate consultation from the supervisor. Clients will be assigned based on the intern's current level of training and skills with the assurance that appropriate supervision will be available as interns are asked to take on clients of a more complex or urgent nature. Every attempt will be made to assign interns a diversified caseload that provides a broad learning experience.

During the first weeks of placement, intern caseloads will be built up gradually to allow them ample time to become oriented to the agency and focus on didactic learning. Once fully oriented, students are expected to spend approximately 40-50% of their time in direct clinical practice. All treatment services provided to a client by an intern will have a progress note documenting the treatment service performed by the intern and shall contain the intern's name, credentials and the date of such signature and supervisor's signature.

Supervisory Responsibilities

- Supervisors are responsible for overseeing all aspects of a student's work and learning at the clinic.

- The intern’s supervisor is responsible for reviewing each progress note written by the intern as evidenced by the supervisor’s co-signature on each progress note and shall contain the supervisor’s name, credentials and the date of such signature.
- Supervisors will be required to review and sign off on all documents written by interns that are distributed to any external entities on behalf of the Clinic.

Evaluations

Interns will be evaluated by their supervisors in accordance with the operative contract but no less frequently than every 2 years.

Ending of Internship

- Interns should discuss the transition for clinical services with their supervisors approximately 8 weeks prior to the end of the internship.
- Interns are prohibited from taking agency clients into private practice both during their internship and upon exiting the agency.

ORIENTATION AND TRAINING OF NEW AND EXISTING STAFF

PURPOSE

To ensure that clients and their families receive the best care possible by providing ongoing trainings and development opportunities to its staff.

POLICY APPLICABILITY & SCOPE

All Clifford Beers Clinic employees, volunteers, interns. Contractors and/or consultants (when applicable).

DEFINITIONS

EHR: Electronic Health Record

NHO: New Hire Orientation coordinated by the Office of Talent Management.

OTM: Office of Talent Management.

Supervisor: The person who oversees your tasks. This could be an assistant manager, manager, director or vice president.

POLICY

The Clinic will conduct or support trainings and orientations that are determined necessary to ensure the success of staff and the best care for our clients.

NHO Orientation

All new employees will be provided a new hire orientation at the start of their employment. Such orientation is coordinated by OTM, and includes all mandatory compliance trainings.

Orientation of Program

All new employees, interns and volunteers will be provided a program orientation by the supervisor or his/her designee. Supervisors will also train staff on program specific tasks.

Safety Orientation

All new employees, interns and volunteers will be given a safety orientation by their supervisor or his/her designee.

Orientation to EHR

All employees, interns and volunteers who use the Clinic's EHR will be provided a training.

In-service Training

The Clinic may provide in-service trainings throughout the year.

Professional Development Training

The Clinic may provide professional development training specifically designed for an individual's success.

Management Training

The Clinic will provide management training to new and existing managers.

Conferences and Non-Mandatory Training

Staff will receive up to \$300 annually for conferences, professional certifications and license fees, prep, or recertification training and or training related to their role. All conferences and trainings must be approved by their supervisor or his/her designee. (See Professional Development and Training Policy).

Costs of Training

The Clinic will assume all costs related to mandatory and non-mandatory trainings as described above (up to \$300 for non-mandatory training). In the event that a staff person is provided specialized training to meet a need of the Clinic, the employee may be asked to reimburse the Clinic in the event the employee leaves before the mutually agreed length of time.

NON-DISCRIMINATION POLICY

At a meeting of the governing Board of the Clifford W. Beers Guidance Clinic, Inc., held on July 20, 2000, the Board affirmed its policy of nondiscrimination as follows:

1. The Clifford Beers Clinic agrees and warrants that it does not discriminate or permit discrimination against any person or group of persons except in the case of a bona fide occupational qualification on the grounds of race, color religious creed, age, marital status, familial status, national origin, ancestry, sex, mental retardation, mental disability, learning disability, lawful source of income, sexual orientation, or physical disability, including, but not limited to blindness or deafness. The Clinic also agrees and warrants that it is in compliance with all laws and regulations of the United States and the State of Connecticut regarding equal employment opportunity and public accommodations with respect to its programs, clients, officers, employees and volunteers.
2. The Clinic has a written plan for positive action to achieve equal employment opportunity for all persons in the filling of its staff positions, including elements such as contacts with various organizations in the community, including minority group organizations, regarding the agency's employment needs, recruitment advertisements in minority group news media where advertising in the general media is used to fill jobs, identifying the agency as an equal employment opportunity employer in recruitment advertisements and the use for job referral purposes of only those employment agencies which do not discriminate on the basis of race, ethnic origin, religion or sex in making referrals.
3. There is no discrimination on the basis of race, color, religious creed, age, marital status, familial status, national origin, ancestry, sex, mental retardation, mental disability, learning disability, lawful source of income, sexual orientation, or physical disability, including, but not limited to blindness or deafness, in membership on the Clinic's governing body.

AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY

POLICY STATEMENT

It is the policy of the Clifford W. Beers Guidance Clinic Inc., to provide equal employment opportunity to all qualified people without regard to race, color, religious creed, age, sex, gender identity or expression, marital status, national origin, ancestry, present or past history of mental disability, intellectual

disability, learning disability or physical disability, including, but not limited to, blindness and any other characteristic protected under federal or Connecticut law, and to promote the full realization of that policy through positive, ongoing staff training and employment efforts. The Clinic is fully committed to assuring equal opportunity and equal consideration through an affirmative action program, to all applicants and employees in personnel matters including recruitment, hiring, training, promotion, salaries and other compensation, transfer, layoff or termination. The Clinic will aggressively seek personnel for all job levels within the organization through upgrading any under-represented groups. Likewise, the Clinic commits itself to an affirmative action policy that permeates the entire organization and reflects the diversity of its client population.

The Clinic subscribes to the philosophy that a properly trained service professional can provide quality care regardless of the race, ethnic background or other protected characteristic of the professional or client.

The Clinic subscribes to the importance of having under-represented groups present in all levels of the Clinic structure as an important standard in providing quality service and in making service accessible to consumers.

DISSEMINATION OF POLICY

The Human Resources Department has overall responsibility of administering and monitoring this Equal Employment Opportunity/Affirmative Action policy. Requests to review a copy of this policy should be directed to the Director of Human Resources Department. The policy is and will continue to be communicated to all relevant individuals and groups with whom the Clinic works in the following ways:

1. The policy will be a continuing and essential component of the personnel policies and procedures.
2. The policy will be utilized by all persons engaged in the recruitment, hiring, placement, training, compensation and education of employees.
3. The policy will be discussed in employee orientation so that staff will be made aware of the policy and be able to avail themselves of its benefits. Specific procedures and components of the EEO/AA Program will be discussed in administrative and supervisory meetings, as needed. Any employee who has a question or problem regarding the policy is encouraged to discuss the matter with the Director of Human Resources.
4. Notices required by the Equal Opportunity Commission, the Office of Federal Contract Compliance in the Department of Labor, and any state or city regulatory or human rights agencies, will be prominently displayed on bulletin boards. The Executive Assistant will be responsible for posting of required notices.

RESPONSIBILITY FOR IMPLEMENTATION

General Areas of Responsibility:

1. The Board of directors of Clifford W. Beers Guidance Clinic, Inc. establishes policy for the organization. It is responsible for oversight of the EEO/AA Program. Any changes or amendments to

the Program must be approved by the Board. **An annual analysis of policy implementation will be submitted for their approval.**

2. Both the Board Personnel Committee and the Executive Director have a responsibility for monitoring the effectiveness of the program. The Board Committee receives any reports and makes recommendations for adjustments in the program to the Board of Directors.
3. The Human Resources Director of the agency has the overall staff responsibility for the implementation of the EEO/AA Program.
4. Administrative and management staff within the Clinic have responsibility for assuring that all aspects of implementation are carried out.

Responsibilities of the Executive Director:

The Executive Director will be responsible for, although not limited to:

1. Periodic audit of hiring and promotion patterns to assess compliance to policy.
2. The development of additional or amended policy statements, as needed.
3. The identification of problems in administering the policy and bringing them to resolve.
4. Engaging in regular discussion with administrative and supervisory staff to assure that the Clinic's policies are fully understood and are being carried out; ensuring that performance evaluations of all staff include consideration of their equal opportunity effort and results.
5. Providing reports to and maintaining liaison with compliance agencies.
6. Reviewing the qualifications of employees at the time of job openings to determine whether
7. under-represented classes are given equal opportunities for transfer or promotions. Ensuring that proper notice is given of job openings.
8. Monitoring all Clinic sponsored educational training and social programs to see that under-represented classes are encouraged and have opportunity to participate.
9. Developing relationships with groups oriented to and concerned with under-represented classes so that these groups consistently refer candidates with appropriate qualifications for employment opportunities at the Clinic.
10. Keeping informed of developments in the field of affirmative action and equal employment opportunity.
11. Ensure the annual review and revision, as needed, of job descriptions for all employees.
12. Promote harmonious employee relations by providing cultural competency/diversity training regarding personnel policies and fair employment to supervisory employees and staff, increasing employee awareness and acceptance of race/cultural/sex/sexual orientation/disability differences among employees, and the prohibition of unlawful harassment of employees in the workplace.

The Director of Human Resources shall have the following responsibilities:

1. Maintain affirmative action records related to personnel, per diem and contract staff.
2. Maintain applicant flow data.
3. Submit to the Executive Director a report on each hiring experience after the position has been filled. The report includes a statistical breakdown on applications received.

4. Maintain records of grievances filed and actions taken which relate to affirmative action and report information annually to the Clinic's Executive Team.
5. Discuss the policy thoroughly in employee orientation and training programs.
6. Regularly discuss the policies with managers, supervisors, program directors and Executive Team members to be certain the policy is being followed.
7. Maintain and update a list of community and group organizations for distribution of employment information to other protected groups.
8. Use exit interview information and obtain documentation for all terminations to determine if trends of discrimination exist.

Responsibilities of Administrative and Supervisory Personnel:

1. Assisting in the identification of problem areas and in the establishment of goals, objectives and timetables.
2. Observing the recruitment, retention, promotion and termination procedures and proving the required reports.

PROCEDURES TO ATTAIN EEO/AA/GOALS

Recruitment

Recruitment procedures will be carried out in such a way as to assure that Clifford W. Beers Clinic is actively reaching under-represented classes. The Clinic will take initiative to make certain that these applicants are identified, made familiar with the available positions and encouraged to apply. The procedures are as follows:

Recruitment Areas

1. The geographical areas in which the Clinic reasonably expects to identify and attract qualified applicants for openings in its various job classifications are:
 - a. Officers and Managers – Nationwide
 - b. Professionals – Statewide
 - c. Technicians – Regional
 - d. Office & Clerical – New Haven Labor Market Area
2. Review of qualifications of all staff at the time an opening occurs within the agency to assure that there are no artificial barriers which might restrict the selection of a candidate.
3. Contact with schools of social work, medical schools and schools offering graduate training in clinical psychology for recommendations of graduates who might be interested in working in the New Haven area.
4. Direct contact with those national organization in which the Clinic has membership, as well as local, regional and statewide groups specifically oriented to and concerned with minority

employment. This would include such groups as the Urban League, NAACP, Centro San Jose, Dixwell Community House, Hill Health Center and others. Such contacts are usually to be made prior to newspaper advertising of job openings.

5. Encouragement of present employees to make referrals in the recruitment effort.
6. Advertising of job openings (which remain unfilled after implementation of procedures 3-5 in the New Haven Register, the Hartford Courant and the New Haven Advocate. On occasion, the Boston Globe, New York Times and minority newspapers in Massachusetts and New York will be utilized. All advertising mentions Clifford W. Beers Guidance Clinic as an EEO/AA employer.
- 7.

Retention, Promotion and Training

1. Retention

Efforts are undertaken to maintain and enhance Clifford W. Beers Guidance Clinic as a rewarding and pleasing place of employment, so that under-represented classes and all other employees – once hired – will choose to remain. Procedure to meet these goals are as follows:

- a. Employees who perceive problems in their work environment are encouraged to discuss them with any administrative or supervisory personnel, the Human Resources Director, the Associate Executive Director.
- b. A grievance procedure is available to all personnel of the Clinic and is outlined in the collective bargaining.

2. Promotion:

As positions become available at the Clinic, there will be a review of present staff who are eligible for promotion. Notification of promotion opportunities will be posted so that staff may apply directly within ten days of such notification. Every consideration will be given to internal promotion before seeking candidates outside the Clinic. Unsuccessful applicants are assured an explanation of reasons for not being employed and recommendations on ways in which she/he might qualify at a subsequent time.

3. Training:

- a. Learning opportunities leading to more responsible positions will be available to all staff according to the resources of Clifford W. Beers Guidance Clinic, Inc., including provision of attendance at:
 - i. ____ local continuing education programs
 - ii. ____ in-service and staff training programs
 - iii. ____ and others

b. Other procedures:

- i. The Human Resources Director will keep abreast of developments in the field of EEO/AA by means of:

1. reviewing appropriate publications
2. continued contact with other EEO/AA officers in our mental health facilities.

Clifford W. Beers Guidance Clinic will participate in student group training programs as its resources and capacities permit.

INTERNAL AUDIT AND REPORTING SYSTEM

1. Components and Procedures

- a. The Executive Director will receive the written reports of recruitment and hiring experiences at the Clinic. He/she will also receive information from the Human Resources Director on transfers, promotions, staff participation in training programs and terminations. Using this material and the established goals and objectives of the agency, he/she will prepare a progress report to the Board of Directors each year.
- b. The Executive Director will share and discuss these reports with the Executive Team and supervisory personnel in order to assess the meeting of objectives and goals, identification of problem areas and to suggest procedures necessary in overcoming any obstacles.

Position Posting Procedures (Subject to expansion as appropriate to a particular position)

I. Internal

- A. Position Vacancy Notices to all department/Units secretaries for posting
- B. Notices posted on selected bulletin boards per bargaining unit agreement
- C. Management staff

II. External

- A. Public Agencies, Employment Services
 1. Connecticut State Job Services
 2. City of New Haven, Human Resources Office
- B. Community Organizations
 1. Urban League
 2. Centro San Jose
 3. Hill Health Center
 4. YWCA/YMCA
 5. United Way
- C. Other Agencies/Organizations (where applicable)
 1. NASW, APA, AMA, FSA, CWLA
 2. DCF, DMH, DIM

- D. Graduate Schools (where applicable)

III. Advertising (as appropriate)

- A. New Haven, State, Regional, National newspapers
- B. Professional Journals

ANTI-HARASSMENT & DISCRIMINATION

POLICY

Sexual Harassment and Discrimination is Illegal Under Federal and State Law

The Clifford W. Beers Guidance Clinic ('the Clinic') is committed to providing a place of work that is free of sexual harassment and discrimination and where all individuals are treated with respect and dignity regardless of their race, color, sex, national origin, disability, sexual orientation, religion, age, or any other classification protected by law. Where sexual harassment and/or discrimination is found to have occurred, the Clinic will promptly act to stop the conduct, to prevent its recurrence, and to discipline those responsible in accordance with the Clinic's policies. Sexual harassment is a form of discrimination; it is illegal.

No employee or client, either in the workplace or in the therapeutic setting, should be subject to discrimination, including unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. As defined below, it refers to behavior of a sexual nature that is not welcome, that is personally offensive, and/or that interferes with performance.

I. Policy Applicability and Sanctions

- A. All members of the Clinic community are subject to this policy. Individuals who violate this policy are subject to discipline up to and including termination of employment. Other lesser sanctions may be imposed, depending on the circumstances.

II. Training

- A. All employees shall be given a copy of this policy and the Clinic's Human Resources Office shall maintain documentation that each employee received the policy. New employees shall be given a copy of this policy at the time of hire and the Clinic's Human Resources Office shall maintain documentation that each new employee received the policy.
- B. The Clinic shall provide sexual harassment training in accordance with Connecticut law.

III. Sexual Harassment Defined

- A. Under this policy, unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual nature constitute sexual harassment when:
- B. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- C. submission to or rejection of the conduct is used as a basis for employment decisions or evaluations, or permission to participate in an activity; or
- D. the conduct has the purpose or effect of substantially interfering with an individual's work performance, or of creating an intimidating, hostile or offensive environment in which to work.
- E. Sexual harassment may take many forms – subtle and indirect, or blatant and overt. For example,
 - 1. It may occur between individuals of the opposite sex or of the same sex.
 - 2. It may occur between peers and/or co-workers, or between individuals in an unequal power relationship.
 - 3. It may be aimed at coercing an individual to participate in an unwanted sexual relationship or it may have the effect of causing an individual to change behavior or work performance.
 - 4. It may consist of repeated actions or may even arise from a single incident if sufficiently severe.
 - 5. It may also rise to the level of a criminal offense, such as battery or sexual assault.

Determining what constitutes sexual harassment under this policy will be accomplished on a case by case basis and depends upon the specific facts and the context in which the conduct occurs. Some conduct may be inappropriate, unprofessional, and/or subject to disciplinary action, but would not fall under the definition of sexual harassment. The specific action taken, if any, in a particular instance depends on the nature and gravity of the conduct reported, and may include disciplinary processes as stated above.

Examples of unwelcome conduct of a sexual nature that may constitute sexual harassment may, but do not necessary, include, and are not limited to

- F. Physical assault;
- G. Sexually explicit statements, comments, questions, jokes, innuendo, anecdotes, or gestures; H. Unnecessary touching, patting, hugging, or brushing against a persons body or other inappropriate touching of an individual's body;
- I. Remarks of a sexual nature about a person's clothing or body;
- J. Use of electronic mail or computer dissemination of sexually oriented, sex-based communications;
- K. Sexual advances, whether or not they involve physical touching;
- L. Requests for sexual favors in exchange for actual or promised job benefits, such as favorable reviews, salary increase, promotions, increased benefits, continued employment, grades, favorable assignments, letters of recommendation; and/or

- M. Display of sexually suggestive objects, pictures, magazines, cartoons, or screen savers; inquiries, remarks, or discussions about an individual's sexual experiences or activities and other written or oral references to sexual conduct.

IV. Procedures

A. Designee Responsibilities

The Executive Director shall designate no fewer than two staff members to handle complaints of alleged sexual harassment and/or discrimination as follows: (1) the Clinic's Human Resources Director; (2) the Executive Director; (3) Chief Operating Officer; or (4) any other individual designated by the Executive Director. If the Human Resources Director or the Chief operating Officer or another staff person designated by the Executive Director is not the individual who initially receives the complaint of alleged sexual harassment and/or discrimination, then the individual receiving the complaint must immediately forward the complaint to either the Human Resources Director or the Chief Operating Officer.

B. Supervisors' Responsibilities

Every supervisor has a responsibility to take reasonable steps to prevent acts of sexual harassment and discrimination, which include, but are not limited to:

1. Monitoring the work and therapeutic environment for signs that harassment and/or discrimination may be occurring;
2. Refraining from participation in, or encouragement of actions that could be perceived as harassment (verbal or otherwise) and/or discrimination;
3. If the employee feels uncomfortable about discussing the incident with the persons
4. Stopping any observed acts that may be considered harassment and/or discrimination, and taking appropriate steps to intervene, whether or not the involved individuals are within his/her line of supervision; and
5. Taking immediate action to minimize or eliminate the work contact between the two individuals where there has been a complaint of harassment and/or discrimination, pending investigation.
6. If a supervisor receives a complaint of alleged sexual harassment and/or discrimination, or observes or becomes aware of conduct that may constitute sexual harassment and/or discrimination, the supervisor must immediately contact one of the individuals identified above to forward the complaint, to discuss it and/or to report the action taken.
7. Failure to take the above action to prevent the occurrence of or stop know harassment and/or discrimination may be grounds for disciplinary action.

C. Employees

1. An employee who believes that he or she has been subjected to sexual harassment and/or discrimination by anyone is encouraged – but is neither necessary nor required – to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the employee for rejecting the conduct.
2. The employee may also choose to file a complaint with his or her supervisor, who will in turn immediately contact one of the officials listed above.
3. If the employee feels uncomfortable about discussing the incident with the person's immediate supervisor, the employee may bypass the supervisor and file a complaint with one of the above officials or any manager or member of the Executive Team, who will in turn immediately contact one of the officials listed above to forward the complaint, whether or not the complaint is in writing, to discuss it and/or to report the action taken. The supervisor has a responsibility to take appropriate action even if that supervisor does not supervise the individuals involved in the complaint.

D. Non-Employees

1. Individuals who are not Clinic employees and who believe that they have been subjected to sexual harassment and/or discrimination by a Clinic employee during the employee's work hours or by a Clinic employee at a Clinic location or at a Clinic-sponsored event may utilize any of the complaint processes set forth above in this section.

E. Investigation and Resolution

1. After receiving a complaint (see Appendix for Incident Report Form) of the incident or behavior, an investigation by two of the above listed officials will be initiated to gather information about the incident. The Clinic may set guidelines for the manner in which an investigation shall be conducted.
2. At the completion of the investigation, a determination will be made by appropriate management staff regarding the resolution of the matter. If warranted, disciplinary action up to and including involuntary termination will be taken. Any such disciplinary action shall be taken in accordance with Clinic Policy Section, III No. 17, Termination of Employment. Other appropriate actions will be taken to correct problems, if any, caused by or contributing to the conduct.

V. Prompt Attention

Complaints of sexual harassment are taken seriously and will be dealt with promptly. Where sexual harassment is found to have occurred, individuals at that location will act to stop the harassment, to prevent its recurrence, and to discipline those responsible.

VI. Confidentiality

The Clinic recognizes that confidentiality is important. However, confidentiality cannot be guaranteed. The administrators or staff responsible for implementing this policy will respect the privacy of individuals reporting or accused of sexual harassment to the extent reasonably possible and will maintain confidentiality to the extent possible. Examples of situations where confidentiality cannot be maintained include, but are not limited to, necessary disclosures during an investigation, circumstance where the Clinic is required by law to disclose information (such as in response to legal process), or when an individual is in harm's way.

VII. Retaliation

Retaliation against an individual who in good faith complaints of alleged sexual harassment and/or discrimination or provides information in an investigation about behavior that may violate this policy is against the law, will not be tolerated, and may be grounds for discipline. Retaliation in violation of this policy may result in discipline up to and including termination of employment. Any employee bringing a sexual harassment complaint and/or discrimination or assisting in the investigation of such a complaint will not be adversely affected in the terms and conditions of their employment and/or standing, nor discriminated against, terminated, or expelled because of the complaint. Intentionally providing false information is also grounds for discipline.

"Retaliation" may include, but is not limited to, such conduct as: frequent and undesired changes in the location of an office, the denial of a promotion, a dismissal or the refusal to assign meaningful work, a transfer, unwarranted disciplinary action, frequent changes or unfair hours or workdays, work performance evaluations.