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SUBJECT: Abbreviations

POLICY: The Benton County CISM Team performs documentation of services, team communication, and meeting minutes using approved abbreviations and symbols. This improves communication and understanding among team members.

PROCEDURE:

- Abbreviation lists are updated periodically, including but not limited to abbreviations utilized in first responder, healthcare, crisis intervention, mental health, and stress management settings.
- Approved abbreviations listed below:
 - AI: Approved Instructor
 - ARNP: Advanced Registered Nurse Practitioner
 - ASD: Acute Stress Disorder
 - BCCISM Team: Benton County Critical Incident Stress Management Team
 - CADC: Certified Alcohol and Drug Counselor
 - CI: Crisis Intervention
 - CISD: Critical Incident Stress Debriefing
 - CISM: Critical Incident Stress Management or Comprehensive, Integrated, Systematic and Multi-tactic
 - The acronym CISM will refer to Critical Incident Stress Management for Benton County CISM Team documents
 - CBM: Clinical Board Member
 - CMB: Crisis Management Briefing
 - FEMA: Federal Emergency Management Agency
 - GCI: Group Crisis Intervention
 - HIPAA: Health Insurance Portability and Accountability Act
 - ICISF: International Critical Incident Stress Foundation
 - ICS: Incident Command System
 - LISW: Licensed Independent Social Worker
 - LMFT: Licensed Marriage and Family Therapist
 - tLMFT: Temporary Licensed Marriage and Family Therapist
 - LMHC: Licensed Mental Health Counselor
 - LMSW: Licensed Master Social Worker
 - LPC: Licensed Professional Counselor
 - MHFA: Mental Health First Aid
 - NIMS: National Incident Management System
 - NP: Nurse Practitioner
 - PASS: Post Action Staff Support
 - PHI: Protected Health Information
 - PII: Personally Identifiable Information
 - PFA: Psychological First Aid
 - PTSD: Post-Traumatic Stress Disorder
 - RITS: Rest, Information, and Transition Services
 - SAFER-R Model: Stabilize, Acknowledge, Facilitate, Encourage, Recovery or Referral

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Approved Forms

POLICY: The following are approved forms utilized by the Benton County CISM Team.

Attachments:

- Acknowledgement of Policies and Procedures, and Bylaws
- Applicant Screening Form (See New Member Application Policy)
- Clinical Director Policy & Procedure Approval
- Confidentiality Agreement (See Confidentiality Policy)
- Emergency Contact Form
- HIPAA Agreement (See Confidentiality Policy)
- Intervention Request Form
- Intervention Statistics Form (See Statistical Documentation of Interventions Policy)
- Membership Application (See New Member Application Policy)
- Participation Survey
- Safety Plan (See Safety Plan Policy)
- Safety Plan Documentation Form (See Safety Plan Policy)
- Suicidal Person Documentation Form (See Suicidal Person Policy)
- Suicidal Person Reference Form

Clinical Director Approval

Print Name & Credentials: _____

Sign: _____ Date: _____

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Callouts

POLICY: Upon receiving a request for intervention, the coordinator will gather the necessary background and contact team members. This may be delegated to a team member by the coordinator.

PROCEDURE: A standardized “callout” message will be sent via electronic communication to team members when an intervention is requested. The callout message will include the following information, or as much is available:

- Tentative date of intervention
- Type of intervention
- Location of intervention
- Brief description of the event (non-detailed)
- Expected participants (if known)
- Specific number of team members needed (if known)
- Request from all members on the status of availability

OR the coordinator(s) may utilize their knowledge of the incident and skills/backgrounds of team members to individually select members who are the most appropriate if they deem necessary. This may be based on the following:

- Proximity
- Training
- Experience
- Background
- Knowledge of the incident
- Other appropriate factors

*If this selective method is utilized, the coordinator **shall** send an electronic message to the rest of the team notifying them that the team has been activated, a team has been assembled, and no further members are needed.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Clinical Director Mental Health Related Policy & Procedure Approval

POLICY: To stay compliant with current mental health best practices and guidelines, Benton County CISM Team policies and procedures and forms pertaining to mental health must be approved by the Clinical Director before they are official.

PROCEDURE: The following policies and procedures, and forms must be approved by the Clinical Director after being voted on by the board:

- Confidentiality Policy
 - Confidentiality Agreement Form
 - HIPAA Agreement Form
- Mental Health Support Policy
- Safety Plan Policy
 - Safety Plan Form
 - Safety Plan Documentation Form
- Suicidal Person Procedure Policy
 - Suicidal Person Procedure Form
 - Suicidal Person Procedure Documentation Form

This will be completed using the Clinical Director Policies and Procedures Approval Form.

Clinical Director Approval

Print Name & Credentials: _____

Sign: _____ Date: _____

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Clinical Director Requirements

POLICY: The Clinical Director of the Benton County CISM Team must be a licensed Mental Health Professional and complete all other training required by any member.

PROCEDURE: The Clinical Director must be licensed in one of the following areas:

- Psychiatrist
- Psychologist
- Behavioral Health Nurse Practitioner
- Licensed Independent Social Worker (LISW)
- Licensed Mental Health Counselor (LMHC)
- Licensed Master of Social Work (LMSW) – Who is under supervision.
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Temporary Licensed Marriage and Family Therapist (tLMFT) – Who is under supervision.
- Any other licensed MHP must be approved by the Clinical Director and/or Board

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Complaints

POLICY: It is the right of the consumer to voice grievances/complaints and to recommend changes in policies and services without coercion, discrimination, or reprisal.

PROCEDURE:

- Team members are responsible for “on-the-spot” resolving consumer problems where possible and for notifying the Board President or Vice-President of complaints expressed to them.
- Complaints not rectified on the spot should be in writing to the President or Vice-President from the consumer &/or representative.
- Complaint investigation shall begin within seven (7) days of receipt of the written complaint.
- The President or Vice-President is responsible for investigating all complaints and giving feedback to the complainant and the Benton County CISM Team Board.
- The Benton County CISM Team Board retains final responsibility for the resolution of all complaints.
- Complaints will be trended and reported through Board minutes and/or annual quality assurance reports. Reports will retract any PII or PHI.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Complicated Interventions

POLICY: Complicated interventions are interventions that are not performed regularly by the Benton County CISM Team and require advanced training to be conducted by experienced crisis interventionists. These incidents may warrant an automatic response.

PROCEDURE: Each of these interventions requires specific planning and training to conduct.

- Significantly Delayed Interventions
 - Consider the package of CISM interventions
 - 7-Phase CISM with modified prompts if needed
 - Any situation older than three months
 - Inadequate or no help provided previously
 - Group-wide distress, impairment, and/or dysfunction
- Multiple Event CISM
 - Modified 7-Phase CISM
 - Same working unit experiences up to four (4) critical incidents within 14 working days
 - Multiple events debriefed simultaneously during one debriefing
 - Only for emergency personnel
 - *Excludes LODD, significantly delayed, suicide of a colleague, and disasters
- Suicide of a Colleague
 - Day one
 - 5-phase CISM
 - One-on-Ones
 - Support
 - Post Funeral – 7-Phase CISM
- Serious Injury of a colleague
- Line of Duty Death(s)
 - Day One – 5-Phase CISM
 - Day three to seven post funeral – 7-Phase CISM with modified prompts
- Disaster/Multi-Casualty Incidents
 - Services must be timely, consistent, efficient, and thorough
 - Defusing only provided if truly necessary
 - Group work is not done under field conditions
 - Provide RITS
 - Individual support
 - CISDs may not take place for a prolonged period – use only if necessary
 - 7-Phase CISM with modified prompts
- Children 6 – 12
 - 5-Phase CISM

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Confidentiality

POLICY: Members of the Benton County CISM Team are required to abide by Iowa Code 622.10(9) pertaining to protected communication, in addition to HIPAA, protected health information (PHI), and personally identifiable information (PII).

PROCEDURE:

- All members of the Benton County CISM Team serving in any capacity are required to sign the Confidentiality Agreement and HIPAA Agreement before attending meetings or interventions.
- Any member found or thought to have breached any of the above confidentiality areas **shall** be brought to the attention of the coordinator(s) as soon as possible via any means available. A written report **shall** be submitted to the lead coordinator within 48 hours.
- If the coordinator is the member in question, the report **shall** be submitted to the assistant coordinator or an officer.
- The coordinator **shall** notify the Board within 24 hours and forward the written report.
- If a Board member is the member in question, they **shall** not be included in the Board communication.
- Confidentiality may be breached under certain circumstances that are:
 - Homicidal ideations
 - Suicidal ideations
 - Any immediate danger
- Any release of information outside of these areas must be done by a coordinator and/or have a court order to do so.
- Members must sign the attached forms:
 - Confidentiality Agreement
 - HIPAA Agreement

Clinical Director Approval

Print Name & Credentials: _____

Sign: _____ Date: _____

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved: _____



Confidentiality Agreement

As a member of the Benton County CISM Team, you may be privileged and/or exposed to personally identifiable information (PII), protected health information (PHI), confidential information, and the private feelings of groups and individuals with whom we are entrusted to maintain and respect their confidentiality and privacy. The Benton County CISM Team cannot serve in its intended role without the trust of the individuals and organizations it serves. This document is intended to serve as a confidentiality agreement for any of the above-listed information that a team member may be exposed to, or obtain knowledge of, in the service of the Benton County CISM Team.

Any violation of the above-stated confidential knowledge or protected information is grounds for immediate dismissal as a member from the Benton County CISM Team in any capacity or role one may serve, including but not limited to coordinator, member, clinical director, officer, or board member.

If the Benton County CISM Team obtains knowledge of other areas of employment or service where a member has signed any document along the lines of a HIPAA or confidentiality agreement **or** works in a profession, such as a medical provider, where there is a reasonable expectation of privacy and confidentiality, **and have been proven to violate the said agreement**, the Benton County CISM Team reserves the right to **dismiss members based off that information**.

The discretion of dismissal from the team lies with the Board. If a board member is the member in question of violation, the Board should convene absent of that member for a majority vote.



Confidentiality Agreement

The exceptions to this agreement are individuals experiencing suicidal or homicidal ideations. A member **shall** seek professional help for these individuals and may disclose necessary information to law enforcement, medical personnel, or mental health professionals, including other CISM team members.

I (print) _____ agree to and accept the above-stated and understand I may be dismissed from the Benton County CISM Team if a breach of confidentiality occurs.

Sign _____ Date _____

Reviewed By (Coordinator) _____ Date _____

This form must be submitted to a Team Coordinator upon completion.

Adopted: 1-4-2023, Updated & Approved: _____



HIPPA Agreement

THIS AGREEMENT entered into this ____ day of _____, 20____, by and between Benton County CISM Team, known as the "CISM Team," and _____,

known as the "Member", and known collectively as the "Parties," set forth the terms and conditions under which information created or received by or on behalf of this CISM Team (known collectively as protected health information or "PHI") may be used or disclosed under State law and the Health Insurance Portability and Accountability Act of 1996 and updated through HIPAA Omnibus Rule of 2013 and will also uphold regulations enacted there under (hereafter "HIPAA").

THEREFORE, in consideration of the premises and the covenants and agreements contained herein, the Parties hereto, intending to be legally bound hereby, covenant and agree as follows:

- 1. Confidential Information.** The Parties acknowledge that meaningful membership may or will necessitate disclosure of Confidential Information to this CISM Team by the people we serve and use of Confidential Information by the Member. The term "Confidential Information" includes, but is not limited to, PHI, any information about patients or other members, any computer log-on codes or passwords, any patient records or billing information, any patient lists, any financial information about this CISM Team or its' served individuals or departments that are not public, any intellectual property rights of Practice, any proprietary information of Practice and any information that concerns this CISM Teams contractual relationships, relates to this CISM Team's competitive advantages or is otherwise designated as confidential by this CISM Team.
- 2. Disclosure.** Disclosure and use of Confidential Information include oral communications as well as display or distribution of tangible physical documentation, in whole or in part, from any source or in any format (e.g., paper, digital, electronic, internet, social networks, magnetic or optical media, film, etc.). The Parties have entered into this Agreement to induce the use and disclosure of Confidential Information. They are relying on the covenants contained herein in making any such use or disclosure. This CISM Team, not the Member, is the owner of the record under state law, and the Member has no right or ownership interest in any Confidential Information.
- 3. Applicable Law.** Confidential Information will not be used or disclosed by the Member in violation of applicable law, including but not limited to HIPAA Federal and State records owner statute; this Agreement; the Practice's Notice of Privacy Practices, as amended; or other limitations as put in place by Practice from time to time. The intent of this Agreement is to ensure that the Member will use and access only the minimum amount of confidential information necessary to perform the Member's duties and will not disclose confidential

information outside this CISM Team unless expressly authorized in writing to do so by this CISM Team. All Confidential Information received (or which may be received in the future) by the Member will be held and

Adopted: 1-4-2023, Updated & Approved: _____



treated by him or her as confidential and will not be disclosed in any manner whatsoever, in whole or in part, except as authorized by this CISM Team, and will not be used other than in connection with the membership.

4. Returning Confidential Information. Immediately upon request by this CISM Team, the Member will return all Confidential Information to this CISM Team and will not retain any copies of any Confidential Information, except as otherwise expressly permitted in writing and signed by this CISM Team. All Confidential Information, including copies thereof, will remain and be the exclusive property of this CISM Team unless otherwise required by applicable law. The Member specifically agrees that he or she will not and will not allow anyone working on their behalf or affiliated with the Member in any way to use any or all the confidential information for any purpose other than as expressly allowed by this Agreement. The Member understands that violating the terms of this Agreement may, in this CISM Teams' sole discretion, result in disciplinary action, including termination of membership and/or legal action to prevent or recover damages for breach. Breach reporting is imperative.

5. Breach. The Parties agree that any breach of any of the covenants or agreements set forth herein by the Member will result in irreparable injury to this CISM Team for which money damages are inadequate; therefore, in the event of a breach or an anticipatory breach, Practice will be entitled (in addition to any other rights and remedies which it may have at law or in equity, including money damages) to have an injunction without bond issued enjoining and restraining the Member and/or any other person involved from breaching this Agreement.

6. Binding Arrangement. This Agreement shall be binding upon and endure to the benefit of all Parties hereto and to each of their successors, assigns, officers, coordinators, agents, employees, shareholders, and directors. This Agreement commences on the date set forth above, and the terms of this Agreement shall survive any termination, cancellation, expiration or another conclusion of this Agreement unless the Parties otherwise expressly agree in writing.

7. Governing Law. The Parties agree that the laws shall govern the interpretation, legal effect, and enforcement of this Agreement in the State of _____. By execution hereof, each party agrees to the jurisdiction of the courts of the State. The Parties agree that any suit arising out of or related to this Agreement shall be brought in the county where this CISM Teams' principal place of business is located unless otherwise directed.

7. Severability. If any provision under this Agreement shall be held invalid or unenforceable for any reason, the remaining provisions and statements shall continue to be valid and enforceable.



HIPAA Agreement

IN WITNESS WHEREOF, and intending to be legally bound, the Parties hereto have executed this Agreement on the date first above written, when signing below and after training on HIPAA Law with full understanding this agreement shall stand.

MEMBER DOCUMENTATION OF HIPAA PRIVACY TRAINING

The Health Insurance Portability Act of 1996 (HIPAA) requires Members to be trained and compliant on our health information privacy policies and procedures to the HIPAA Omnibus Standards of 2013, which also includes HI-TECH and Protected Health Information (PHI),

Electronic Protected Health Information (ePHI) and Electronic Health Records (EHR). All Members will treat all healthcare-related information as confidential, whether it be verbal, written, or electronic form. HIPAA also requires that we keep this documentation (that the training was completed) for six years after the training.

I, the undersigned, do hereby certify that I have received, read, understood, and agree to abide by this CISM Teams HIPAA Policies and Operating Procedures.

Members Signature: _____ Date: _____

Print Name: _____

Reviewed by (Coordinator): _____ Date: _____

This form must be submitted to a Team Coordinator upon completion.

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Coordinator Duties & Requirements

POLICY: Members of the Benton County CISM Team interested in becoming a coordinator must be willing and able to perform certain duties and meet certain requirements. An individual must be a member in good standing for a minimum of one year, meet the following training requirements, and be voted in by a majority of the team.

PROCEDURE:

Duties:

- Coordinate interventions
- Manage the day-to-day operations of the team
- Coordinate event requests
- Oversee all events the team is involved with
- Promote advocacy and awareness surrounding mental health and crisis intervention
- Maintain and update organizational documents
- May have to act as the president and/or vice president of the organization incurring all responsibilities per the Bylaws

Training requirements:

- Advanced Group Crisis Intervention or
- Advanced Assisting Individuals in Crisis
 - The coordinator should make every effort to attain both
- UMBC Certification in Critical Incident Stress Management (CCISM)

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Dual Roles

POLICY: A member of the Benton County CISM Team shall not act in another capacity while serving on behalf of the team.

PROCEDURE: When providing services on behalf of the Benton County CISM Team, a member shall not serve in another capacity. For example, an emergency medical services (EMS) provider who is on the Benton County CISM Team shall not assist as a medical provider to the ambulance service on scene. If the responder does have to assist the emergency scene, they may not return to being a crisis interventionist with the Benton County CISM Team in any capacity for that incident.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Fiscal Documentation

POLICY: The Treasurer **shall** maintain all fiscal documentation relating to the Benton County CISM Team.

PROCEDURE: Fiscal documentation updates will be given at every quarterly meeting by the Treasurer or another officer in the Treasurer's absence. Any officer may request fiscal documentation from the Treasurer at any time, and it **shall** be provided within 72 hours of the request.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Guests in Meetings and Interventions

POLICY: Guests may, under certain circumstances, be allowed to attend Benton County CISM Team meetings or interventions.

PROCEDURE:

Meetings – Guests may attend any meeting held by the Benton County CISM Team with the approval of the coordinator(s).

Interventions – A guest may attend an intervention. These criteria apply to any guest:

- The coordinator(s) shall be notified and approve
- The guest is required to sign the Confidentiality and HIPAA Agreement Policies
- The guest is required to review the Guests in Meetings and Interventions Policy
- The guest is attending in a strictly observational capacity
- Each participant present must be made aware of the guest and give verbal consent for them to remain

If any of these criteria are not met or for any reason, the Benton County CISM Team reserves the right to remove guests from interventions before or during.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Issued Equipment

POLICY: Benton County CISM Team members will receive equipment items upon their acceptance to the team when the budget allows.

PROCEDURE: Upon acceptance to the team, members of the Benton County CISM Team will receive the following items:

- Portfolio
- ID card
- Traffic vest
- Resource cards
- Uniform shirt

Upon separation from the team, the member **shall** return the traffic vest, resource cards, and any other requested items. If the member separates under less than honorable circumstances, all items **shall** be returned to a coordinator.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Lead Sign-Off

POLICY: Members of the Benton County CISM Team will be allowed to conduct interventions without a coordinator present after an evaluation process by the coordinators. Team members will be notified in writing when they have been approved for leading interventions independently of a coordinator.

PROCEDURE:

- Each member will be evaluated on the following:
 - Ability to consistently keep interventions on a productive, purposeful path.
 - Ability to bring interventions back to the present.
 - Display confidence and knowledge in all policies and procedures.
 - Display confidence and knowledge in CISM intervention models.
 - Ability to conduct interventions with limited or no references to resource materials.
 - Can convey the mission of the Benton County CISM Team to provide a safe, confidential, and facilitated space for individuals/groups to begin proactively and efficiently processing a critical incident.
 - Knowledge of policies and procedures, including but not limited to:
 - Obtaining background information
 - Early arrival/set up of meeting space
 - Preparing the team before the intervention
 - Assigning positions for team members
 - Conducting the intervention
 - Debriefing the team after an intervention
 - Members must have regular attendance at meetings and interventions.
 - Members must have led a minimum of 3 interventions with a coordinator or designee present.
*This may be waived at the coordinator's discretion.
 - Verbal agreement that the member feels they are ready.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Mandatory Meetings & Continuing Education Requirements

POLICY: Members of the Benton County CISM Team must attend quarterly meetings and maintain proficiency by attending continuing education.

PROCEDURE:

Mandatory Meeting Attendance:

Members of the Benton County CISM Team must attend 75% (three out of four) of quarterly meetings and make every effort to attend special meetings. Members may be excused due to extenuating circumstances at the discretion of the coordinator(s). If possible, the member shall notify a coordinator if they will be absent. If absence from meetings becomes a recurring issue, the coordinator(s) shall address the member about future engagement and membership. If the member's attendance does not improve, the coordinator(s) may approach the Board about further actions or dismissal from the team.

Continuing Education Requirements:

Non-licensed mental health professionals on the Benton County CISM Team shall maintain eight (8) continuing education hours per calendar year in any of the specified areas or approved content to remain current and proficient in mental health and crisis intervention concepts and topics. Those areas are:

- Critical Incident Stress Management
- Crisis Intervention
- Stress Management
- Compassion Fatigue
- Mental Health
- Traumatic Stress
- Other topics deemed acceptable by the coordinator(s) and/or Board, or clinical director

Licensed Mental Health Professionals shall maintain their licensure and/or certification and provide current copies to the coordinator.

Adopting Board: Benton County CISM Team

Adopted: 7-13-2023, Updated & Approved:_____



SUBJECT: Mandatory Training

POLICY: Members of the Benton County CISM Team will be required to complete mandatory training within one year of acceptance to the Team. This timeframe may be extended for training with a cost at the discretion of the Coordinator and Treasurer based on the available funding. Mandatory certifications or training that require recertification will be funded or reimbursed (per the Reimbursement Policy) by the Benton County CISM Team based on available funding.

PROCEDURE:

- Each member will be required to complete the following training and maintain current certification of any that expire:
 - Group Crisis Intervention (ICISF Approved)
 - Assisting Individuals in Crisis (ICISF Approved)
 - Adult Mental Health First Aid
 - ICS 100 (online)
 - ICS 200 (online)
 - ICS 700 (online)
 - ICS 800 (online)
- Certificates must be submitted to the coordinator.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Meeting Minutes

POLICY: Minutes **shall** be taken at all Benton County CISM Team meetings, including but not limited to quarterly team meetings and board meetings.

PROCEDURE: Meeting minutes **shall** be prepared by the Secretary or a designee in their absence during and after any Benton County CISM Team meeting and disseminated to the respective group within 14 calendar days of the meeting. Quarterly meeting minutes **shall** be redistributed by the Secretary seven (7) calendar days before the next quarterly team meeting or any board meeting.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Mental Health Support

POLICY: Mental health support may be provided to the Benton County CISM Team by any designated Mental Health Professional (MHP).

PROCEDURE: Licensed Mental Health Professionals approved by the Benton County CISM Team:

- Psychiatrist
- Psychologist
- Behavioral Health Nurse Practitioner
- Licensed Independent Social Worker (LISW)
- Licensed Mental Health Counselor (LMHC)
- Licensed Master of Social Work (LMSW) – Who is under supervision.
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Temporary Licensed Marriage and Family Therapist (tLMFT) – Who is under supervision.
- Any other licensed MHP must be approved by the Clinical Director and/or Board

Non-Licensed Mental Health Professionals:

- Mobile Crisis Counselor
- Certified Crisis Intervention Counselor
- Certification in Crisis Intervention or Traumatic Stress – This list may not be inclusive
 - American Association of Experts in Traumatic Stress (AAETS)
 - Certified in Crisis Intervention
 - Diplomat or Fellow, AAETS (equivalent to board certification)
 - American Association of Suicidology (AAS)
 - Crisis Specialist Course: Certification
 - Association of Traumatic Stress Specialists (ATSS)
 - Certified Trauma Services Specialist (CTSS)
 - Certified Trauma Treatment Specialist (CTTS)
- Certified Traumatologist
- Master's or Doctorate Degree
 - Social Work
 - Psychology
- Professional Position
 - Three years of full-time experience
 - Five years of part-time experience

Non-Licensed MHPs are at the discretion of the Clinical Director and Coordinator and must receive approval.

Adopted: 1-4-2023, Updated & Approved: _____



Clinical Director Approval

Print Name & Credentials: _____

Sign: _____ Date: _____

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: New Member Application

POLICY: Due to the nature of the work of the Benton County CISM Team, the addition of new members will be a selective process. Prospective members must have experience in at least one of the following areas: law enforcement, fire, emergency medical services, 911 telecommunications, corrections, mental health, crisis intervention, healthcare, death investigation, clergy, or at the discretion of the coordinators and/or board.

PROCESS:

- Interested parties must complete & submit the follow:
 - Membership application (See Attachment);
 - Resume highlighting relevant qualifications;
 - Cover letter expressing why they are interested in becoming a member.
- Applications shall be submitted via mail or email to: Benton County CISM Team, Attention: Team Coordinator, 811 D Avenue, Suite 28, Vinton, Iowa 52349, or bentoncocism@gmail.com.
- Applications and supporting documents will be reviewed by the coordinator(s).
- Coordinator(s) will utilize the Benton County CISM Team Applicant Screening form to score applicants.
- If the Coordinator(s) deem the applicant to be qualified, they will present the applicant's information to the Team at the next regularly scheduled meeting.
 - If the Coordinator(s) deems the applicant to be unqualified, the reasoning will be presented to the team at the next regularly scheduled meeting.
 - If the Coordinators disagree with the applicant's qualifications for the team, the decision of acceptance will be by a majority vote of the team.
- The Team will vote on accepting the applicant as a new member. The applicant **shall** have the opportunity to present themselves before a vote is conducted. A vote must be by majority, given that a quorum is present.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



Benton County CISM Team
811 D Avenue, Suite 28
Vinton, IA 52349

Membership Application

Braxton Morrison, Coordinator
P. 319-521-5154
E. bentoncocism@gmail.com

Date: _____

Name: _____

Address: _____

Date of Birth: ____/____/____

Service/Organization Affiliated with: _____

Years of Service: _____ Are you in good standing with the department/organization? _____

Cell Phone: _____

Email Address: _____

Preferred method of contact: ____ Call ____ Text ____ Email

Are you available ____ Nights ____ Weekends ____ Holidays _____

Are you willing to travel? ____ Yes ____ No How far? _____

Do you have any CISM, Mental Health, or Clergy experience? _____ If so, how long? _____

Current Employer: _____ Phone Number: _____

List at least 3 professional references, excluding family members:

1. Name _____ Phone Number: _____

2. Name _____ Phone Number: _____

3. Name _____ Phone Number: _____

Have you ever been convicted of a crime? _____

If yes, list details here:

What is motivating you to want to be on the Benton County CISM Team?

Adopted: 1-4-2023, Updated & Approved: _____



Benton County CISM Team
811 D Avenue, Suite 28
Vinton, IA 52349

Membership Application

Braxton Morrison, Coordinator
P. 319-521-5154
E. bentoncocism@gmail.com

Why do you think they would be a good fit for this team?

Any additional information you'd like to share:

I certify that the answers provided are true and complete to the best of my knowledge. I authorize the investigation of all statements in this application and any check into my personal background and driving record as necessary in arriving at an employment decision. I understand this application is not a contract for employment, and in the event of employment, giving false or misleading information in my application or interview may result in my immediate dismissal. I also agree to abide by the Policies & Procedures, Bylaws, and any guidelines set forth by the Benton County Critical Incident Stress Management Team should I become a member.

Applicant Signature: _____

Please return or email the application to:

Benton County CISM Team
Attn: Team Coordinator
811 D Avenue, Suite 28
Vinton, IA 52349
bentoncocism@gmail.com

Adopted: 1-4-2023, Updated & Approved: _____



Applicant Screening Form

Applicant Name: _____

Completed by: _____ Completion Date: _____

The Applicant Screening Form is to be completed to determine whether the candidate has the necessary qualifications and professional background to meet the team's needs and to avoid discrimination. You should complete your ranking objectives based on the Member Application Form and any communication with the applicant. Under each heading, the screener should give the candidate a numerical rating and write specific comments in the space provided.

1. Professional Background – Does the candidate have the appropriate professional background and/or training for this team? Yes / No

a. **Circle Area of experience:** EMS, Fire, Law Enforcement, Corrections, Dispatch, Clergy, Mental Health, Healthcare, other _____

Rating: 5 4 3 2 1 0

(5-area of need – 0-no need)

Comments:

2. Licenses, Certifications, and/or Training– Does the candidate have the appropriate licensure or certification (mental health professionals)/ICS Trainings/CISM Training/Crisis Intervention?

Rating: 5 4 3 2 1 0

(5-has all training needed – 0-has no training needed)

Comments: (List certifications and/or training, *required trainings include: Group Crisis Intervention, Assisting Individuals in Crisis, Adult Mental Health First Aid, ICS 100, 200, 700, 800*)

3. Prior CISM Experience – Has the candidate acquired similar skills or qualifications through past CISM or crisis intervention experience and does the candidate meet the required experience level?

Rating: 5 4 3 2 1 0

Adopted: 1-4-2023, Updated & Approved: _____



Applicant Screening Form

(5-has a lot of experience – 0-has no experience or knowledge of CISM or crisis intervention)
Comments:

- 4. Job Competency** – Did the candidate answer all the questions listed on the application (including signing, checking boxes, and listing references)?

Rating: 5 4 3 2 1 0
(5-completed application fully – 0-incomplete application)
Comments:

- 5. Professionalism** – Did the candidate demonstrate, through their answers, a high degree of professionalism?

Rating: 5 4 3 2 1 0
(5-very professional – 0-not a level of professionalism acceptable for a CISM team)
Comments:

Overall Rating: (25-0) _____

Recommending Applicant for interview: Yes / No

Comments:

Screeners signature: _____

Date shared with team: _____



SUBJECT: New Member Orientation

POLICY: New members of the Benton County CISM Team **shall** be given an orientation to the team upon acceptance by the coordinator(s) or their designee.

PROCEDURE: When a new member is accepted to the Benton County CISM Team, they **shall** complete and be given the following:

A welcome email consisting of the following:

- Required training and timeline to complete
- Policies & Procedures
- Bylaws
- A link to the International Critical Incident Stress Foundation (ICISF)
- Team forms

The new member **shall** be issued equipment per the Issued Equipment policy.

The new member **shall** complete and sign the following:

- Acknowledgement of Policies & Procedures, and Bylaws
- BCCISM Team Confidentiality Agreement
- BCCISM Team HIPAA Agreement
- BCCISM Team Emergency Contact Form

*The member will not be allowed to attend meetings or interventions without submission of these documents.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Policy Overview

POLICY:

Severability:

If any of these policies or the application of such provision to any person or circumstances held invalid, such invalidity **should** not affect other provisions or application of such provisions of these policies which can be given effect without the valid provision or applications, and to that end, the provisions of these policies are declared to be severable.

Availability:

These policies are available to all Benton County Critical Incident Stress Management (BCCISM) Team members.

Policies:

It shall be the policy of the Benton County CISM Team to utilize governing program guidelines to institute policies, including, but not limited to, the International Critical Incident Stress Foundation, Inc. The policies within **shall** be reviewed every two years at a minimum by the Team Coordinator or designee and updated as appropriate. All policy changes and additions **must** be approved by the board.

Benton County CISM Board Intentions and Objectives:

The policies and procedures set forth in this manual do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing interventions are expected to use their judgment in determining what is in the best interest of the consumer based on the circumstances at the time. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. Accordingly, these policies should be considered guidelines to be consulted for guidance with the understanding that departures from them may be required at times for the good of the consumer. However, any policy deviation is subject to review by the coordinator(s) and/or board.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Populations Served

POLICY: The Benton County CISM Team will provide support to “Officers” as defined by Iowa Code 622.10(9)(c)(1), healthcare providers, death investigators, and mental health liaisons who are actively employed with a first responder agency. Other populations requesting service will be at the discretion of the coordinator(s).

Adopting Board: Benton County Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Benton County CISM Team Post-Intervention

POLICY: The Benton County CISM Team will conduct Post Action Staff Support procedures to ensure the safety and well-being of team members and participants, as well as other necessary post-intervention procedures.

PROCEDURE: Directly after a defusing, debriefing, or any other necessary intervention, the following **shall** be performed:

- A debriefing of what went well and what can be improved upon.
- A check-in to make sure all team members are ok.
- Consensus on anyone who may require follow-up.
- Any cleaning or putting away of items.
- Completion and submission of the statistical data sheet to the coordinator per policy.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Reimbursement

POLICY: The Benton County CISM Team may allow for reimbursement of expenses related to the CISM Team.

PROCEDURE:

Any training noted in the Mandatory Training Policy shall be paid for or reimbursed by Benton County CISM Team.

Any additional training and/or materials may be reimbursed at the discretion of the Benton County CISM Board.

Any item purchased on behalf of the team, costing \$50 or less, can be reimbursed with the approval of only the Board President & Treasurer. The approving party shall notify the board at the next regularly scheduled meeting.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Member Removal

POLICY: Any member of the Benton County CISM Team may be removed from the team by a majority vote of the board.

PROCEDURE: Members of the Benton County CISM Team may be removed from the team, including but not limited to the following reasons:

- Lack of attendance at three consecutive meetings without reason
- Lack of attendance or communication about interventions
- Failure to follow Benton County CISM Team policies, procedures, or Bylaws
- Breach of confidentiality while representing the Benton County CISM team or while acting in any capacity there was a reasonable expectation of confidentiality

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Request for Intervention

POLICY: The Benton County CISM Team will respond to interventions at the request of anyone falling under the Populations Served Policy. The Benton County CISM Team's immediate jurisdiction is Benton County and additionally covers Iowa, Johnson, and Linn counties under the Iowa CISM Network. The Benton County CISM Team may respond outside of these areas at the discretion of the coordinator(s) and the availability of team members. The Benton County CISM Team is part of ICISF's Team Registry, providing the opportunity to be requested nationally.

PROCEDURE:

- The Benton County CISM Team may be activated any time there is a request for intervention.
- Method of contact to request an intervention:
 - Team Coordinator(s)
 - Team Member(s)
 - Benton County Dispatch
 - Requests may be made via call, text, email, or social media.
- If a team member receives a request for intervention, the team member **shall** forward the request to a team coordinator within two hours.
- Team members **shall** not schedule an intervention without expressed consent from a coordinator.
- When taking requests for interventions, the name and phone number of the person requesting **shall** be submitted to the coordinator if taken by a team member via the Intervention Request Form.
- If the request for intervention comes on behalf of an agency for a group or use of the department's facility, the coordinator **shall** confirm with the agency head.

Adopting Board: Benton County CISM Team



Intervention Request Form

- Date: _____
- Person Requesting: _____
- Contact Number: _____

***If you are not a coordinator and receive a request for an intervention, you must forward it to a Coordinator immediately.**

This form must be submitted to a Coordinator upon completion.

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Response

POLICY: Members of the Benton County CISM Team may respond in any way feasible to the person, agency, or scene intervention request. A Coordinator or their designee must notify members to respond to an intervention. If a member comes upon any population covered under the Populations Served Policy in need of intervention and acts on behalf of the Benton County CISM Team, the team member may provide the intervention. However, a Coordinator **shall** be notified as soon as possible.

PROCEDURE:

- When responding to interventions, members **shall** follow the Uniform Policy & Procedure.
- If a scene response is requested and warranted, a Coordinator and Dispatch **shall** be notified.
- The incident commander (if applicable) **shall** be notified when on scene and where members will be staged.
- Members **shall** wear their issued reflective CISM vest and identification card.
- **Response will not interfere with any ongoing investigation, incident, or crime scene.**

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Safety Plan

POLICY: Any member of the Benton County CISM Team **shall** utilize the approved safety plan anytime they feel an individual could benefit from its use.

PROCEDURE:

- Utilize the attached BCCISM Team Safety Plan
- Attempt to contact an authorized mental health professional from the team
- Notify the coordinator as soon as possible

Anytime this procedure is utilized on behalf of the Benton County CISM Team, the member **shall** submit documentation to the coordinator via the Safety Plan Documentation form. The coordinator **shall** notify the clinical director as soon as possible.

Clinical Director Approval

Print Name & Credentials: _____

Sign: _____ Date: _____

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



Safety Plan

Step 1: Warning signs; thoughts/images/mood/situation/behavior that indicates a potential crisis:

1. _____
2. _____
3. _____

Step 2: Coping strategies used. Things that can be done to take my mind off my problem(s):

1. _____
2. _____
3. _____

Step 3: Outside distractions. People and/or social settings:

1. _____
2. _____
3. _____

Step 4: People I can call and ask for help:

1. _____
2. _____

Professional Resources:

1. _____
2. _____

My potential triggers are:

1. _____
2. _____
3. _____
4. _____

Ways I can make my environment safe:

1. _____
2. _____
3. _____
4. _____

Something important to me and worth living for is: _____

Benton County CISM Team Member Information:

Name of team member: _____ Phone: _____

Benton County Sheriff's Office: 319-472-2337 or 911

Adopted: 1-4-2023, Updated & Approved: _____



Safety Plan Documentation

- Date of Incident: _____
- Person's Name: _____
- Contact Number: _____
- Actions Taken: _____
- Was an MHP contacted? Yes No
 - Who? _____ Time: _____
- Team Member: _____
- Signature: _____
- Date: _____ Time: _____

Coordinator Signature: _____ Date: _____

Clinical Director Signature: _____ Date: _____

This form must be submitted to a Coordinator upon completion.

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Social Media

POLICY: The goal of authorized social media is to enhance awareness of the Benton County CISM Team, crisis intervention, and mental health advocacy and resources.

PROCEDURE:

- The Benton County CISM Team Board will determine the appropriate social media platforms to be used.
 - No member shall independently develop social media pages representing the Benton County CISM Team without permission.
 - The Benton County CISM Team Board may direct the coordinator(s) to manage the social media pages.
 - The coordinator(s) may authorize users.
- Only authorized members can prepare, modify or post content to BCCISM's platforms.
- Content must be relevant to BCCISM's mission and vision.
- Authorized users can remove any content, comments, etc., which may be offensive, breach or may breach any confidentiality policies, or contradict the mission and vision or policies of the Benton County CISM Team.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Statistical Documentation of Interventions

POLICY: The Benton County CISM Team will conduct statistical documentation of interventions for purposes including but not limited to grant funding, reporting, advocacy, and awareness.

PROCESS:

- After interventions have concluded, the lead member **shall** record the following and submit to the coordinator via the Intervention Statistics Form:
 - Date
 - Type of intervention
 - Nature of incident
 - Length in hours
 - Members present
 - Number of attendees
 - Males
 - Females
 - Location
 - Agencies represented
- The only items to be shared with the public are:
 - Number of interventions conducted
 - Number of agencies served
 - Number of attendees served
 - Number of hours interventions were conducted
- This data will be released to the public each January by the coordinator or their designee via social media and any other route they deem appropriate.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



Intervention Statistics

- Date: _____
- Intervention Type: _____
- Nature of the Incident: _____
- Location: _____
- Length in Hours: _____
- Service(s) Represented:

- Members Present:

- Number of Attendees: _____
- Number of Males: _____
- Number of Females: _____

Signature: _____

This form must be submitted to a Team Coordinator upon completion.

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Suicidal Person

POLICY: When members of the Benton County CISM Team encounter a person they believe may be suicidal, and when acting on behalf of the Benton County CISM Team, they **shall** follow the Suicidal Person Procedure.

PROCEDURE:

- Clarify, Contradict, Delay, Refer (CCDR)
- Attempt to contact an authorized mental health professional from the team
- Consider the use of a safety plan
- Notify the coordinator as soon as possible

Anytime this procedure is utilized on behalf of the Benton County CISM Team, the member **shall** submit documentation to the coordinator via the Suicidal Procedure Documentation form. The coordinator **shall** notify the clinical director as soon as possible.

Clinical Director Approval

Print Name & Credentials: _____

Sign: _____ Date: _____

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved: _____



Suicidal Procedure Documentation

- Date of Incident: _____
- Person's Name: _____
- Contact Number: _____
- Actions Taken: _____
- Was an MHP contacted? Yes No
 - Who? _____ Time: _____
- Team Member: _____
- Signature: _____
- Date: _____ Time: _____

Coordinator Signature: _____ Date: _____

Clinical Director Signature: _____ Date: _____

This form must be submitted to a Coordinator upon completion.

Adopted: 1-4-2023, Updated & Approved: _____



SUBJECT: Training Requests

POLICY: All training being taken on behalf of the Benton County CISM Team requiring funding **shall** be approved by the Board or their designee (i.e., Coordinator[s]).

PROCEDURE: Any member wanting to attend training on behalf of the Benton County CISM Team requiring funding **shall** abide by the following steps:

- Complete the Training Agreement form and submit it to a coordinator for approval
- Receive approval from the coordinator and/or Board
- If the funding source is external from the CISM Team, the member **shall** work directly with the funder to complete the registration and associated fees (hotels, mileage, etc.)
- Complete the training per the Training Agreement and provide an update to the team at the next regularly scheduled quarterly meeting

Adopting Board: Benton County CISM Team



Training Agreement

This agreement is hereby entered into by _____ (hereafter referred to as "Member"), a member of the Benton County Critical Incident Stress Management (CISM) Team and the Benton County CISM Team (hereafter referred to as "the Team" on _____). The purpose of this agreement is to provide a mutual understanding that the Member has requested to attend training on behalf of the Team. This training may or may not be funded by the team, but the funding source is or has a direct reflection and impact on behalf of the Team. As a Member of the Benton County CISM Team, you understand and agree to complete the training within the designated timeframe set by the training institution, the funder, or the Team. You also understand that if you do not complete the training within the allotted timeframe, you will be responsible for reimbursing the Team or the funder the full cost within 30 days after the conclusion of the training. If you fail to complete the training and reimburse the training cost, you will be subject to immediate dismissal from the Team. This is an automatic agreement that any training costing \$400 or above requires one year of active membership from completion of the course to be maintained or reimbursement will be required. The Board has the discretion to waive reimbursement fees.

Training Requested: _____

How will this training support the Benton County CISM Team:

Member Requesting Training (Print): _____

Sign: _____

Date: _____

Coordinator Signature: _____ Date: _____

Both the Member and Team shall retain a copy of this for their records



SUBJECT: Types of Interventions

POLICY: The Benton County CISM Team follows ICISF guidelines for the types of interventions conducted.

PROCEDURE:

- Defusing
 - Introduction, Exploration, Information
 - *Must be held within eight hours of the incident, preferably immediately after
 - Typically, should not last longer than 30 – 45 minutes maximum
 - Can be a group of individuals
 - Homogeneous groups only
- Critical Incident Stress Debriefing
 - *Held within five days of the incident
 - *Not less than 24 hours
 - May last an extended period depending on the topic, number of participants, and other factors
 - May be group or individual
 - Mental health provider is required
 - Homogenous groups only
- Crisis Management Briefing
 - Can be used anytime an event has a significant impact on a community
 - Heterogenous groups
 - Can be provided multiple times to give updates
- Rest, Information, and Transition Services (RITS)
 - Screening opportunity for responders requiring additional assistance
 - Provided immediately after teams have been released from the incident
- Individual Interventions
 - Follow the SAFER-R model
 - May be provided in place of group interventions
 - May be provided as a follow-up to group interventions

Interventions may be conducted electronically. This will be at the discretion of the coordinator(s). When conducting electronic interventions, the same guidelines apply as with in-person interventions.

The Clinical Director or Coordinator may waive requirements that are astriked in certain circumstances.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____



SUBJECT: Uniform

POLICY: Members of the Benton County CISM Team **shall** wear appropriate attire when responding to an intervention.

PROCEDURE:

When responding to an intervention that weather is not a factor and is planned, such as an indoor critical incident stress debriefing, Benton County CISM Team members **shall** wear their issued polo shirts.

- If a member has not been issued a polo shirt, it is not in working condition, or the intervention was scheduled on short notice, the member should make every effort to be in business casual attire.

When responding to an active incident or disaster scene, Benton County CISM Team members **shall** wear appropriate attire for the scene with their issued reflective vest.

Benton County CISM Team members-issued identification cards **shall** be worn at or above the waist when representing the team in any capacity.

Adopting Board: Benton County CISM Team

Adopted: 1-4-2023, Updated & Approved:_____