



Clinical Department

Substance Use Disorder Counseling
Behavioral Health Intervention Services (BHIS)
Mental Health Therapy

Client Handbook

- Mission Statement
- WCBS Code of Conduct: The 7 Commitments
- Ethics, Accreditation, and Certification Standards
- Crisis Assistance
- Contacting Your Provider
- Confidentiality & Limits to Confidentiality
- Records Request
- Court Involvement & Custody Cases
- Program Overview
- Eligibility Criteria & Client Rights
- Cost of Services
- Attendance, Cancellation Policy, & Discharge Policy
- Other Rights
- Client Grievance Procedure
- Customer Satisfaction Surveys
- Health, Safety, Licit/Illicit Drugs
- Emergency Response Plan

Appendix:

- (A) Polk County & Jasper County Resources and Hotline Information
- (B) Client Rights & Responsibilities
- (C) Reporting a Patient Safety Concern or Filing a Complaint (TJC)
- (D) Notice of Privacy Practices (NOPP)
- (E) *"Preparing for an Active Shooter"*, provided by FEMA

Additional Resources:

- Blueprint User Guide- available upon request

MISSION STATEMENT

Woodward Community-Based Services, Clinical Department strives to create a safe place to land, supporting people through adversity, growth, and change.

WCBS CODE OF CONDUCT: THE 7 COMMITMENTS

- Nonviolence
- Emotional Intelligence
- Social Learning
- Open Communication
- Social Responsibility
- Democracy
- Growth & Change
- Diversity, Equity, & Inclusion

ETHICS, ACCREDITATION, AND CERTIFICATION STANDARDS:

Service providers for the clinical department adhere to national and state codes of ethics. The clinical department is also driven by The Joint Commission and The Sanctuary Institute Standards for clinical practice.

- National Association of Social Workers Code of Ethics (NASW)
- American Counseling Association Code of Ethics (ACA)
- Iowa Board of Certification (IBC)
- The Joint Commission (TJC) Accredited
- Certified in the Sanctuary Model

CRISIS ASSISTANCE

If you are having a crisis and are unable to cope and feel like you will harm yourself or someone else, please call 911 and request to speak to the mental health worker on-call or visit your local emergency room.

- See [Appendix A](#) for additional hotline information

CONTACTING YOUR PROVIDER

- Woodward Community Based Services Contact information and hours of operation can be found in [Appendix A](#).
- You can contact your service provider at the phone number that they have provided. Please allow 48 hours for a return call for non-urgent matters.
- Providers will make every attempt to inform you in advance of planned absences and will let you know as soon as possible for any unplanned absences such as illnesses.
- If you have any concerns, please feel free to contact/leave a message for the Clinical Director at 515-274-9607.

CONFIDENTIALITY & LIMITS TO CONFIDENTIALITY

As an adult, Iowa law protects your confidentiality; however, there are exceptions. Under the following conditions your team may need to break confidentiality:

- If we have cause to believe that you may harm yourself or someone else or are experiencing a psychiatric emergency.

- If we have cause to believe that a child, elderly person, or a person who is disabled is being abused, neglected, or exploited.
- If you report that you have been sexually exploited by a mental health provider.
- If we receive a court ordered subpoena.
- If you give us written permission to discuss your services with others.
- Other exceptions can include NCAA requirements, academic collaborations, CARE team referrals, and/or Title IX reports.

RECORDS REQUEST

As a client, you have the right to your health record. If you need any part of your electronic health record, please submit a request to your provider. Please note that it can take up to two weeks to get you copies of your record. Additionally, you may be asked to complete a Release of Information.

COURT INVOLVMENT & CUSTODY CASES

Employees of Woodward Community-Based Services only testify in court with a subpoena in place that has been reviewed by WCBS legal team. Before testifying the employee will be required to meet with their direct supervisor, compliance officer, and/or legal team. WCBS employees do not testify on matters related to custody as it is outside the scope of practice.

PROGRAM OVERVIEW

The WCBS Clinical Department is accredited by The Joint Commission (TJC) and is certified by the Sanctuary Institute. WCBS offers the following trauma-informed and trauma-responsive clinical services:

- Mental Health Counseling Services: outpatient, school-based, individual and group counseling
- Extended Outpatient Substance Use Disorder Treatment (EOP): individual and group counseling
- Behavioral Health Intervention Services (BHIS): individual and family services

For all clinical services listed above, the client can expect:

- To participate in a **comprehensive biopsychosocial assessment** that will include risk assessments, a trauma screen, an alcohol/drug screen, a review of medical history, family history, and additional screeners as clinically indicated. The first two to four sessions will be designated to the comprehensive review of needs and strengths.
- To collaborate on **treatment plan** development with their multidisciplinary treatment team. Clients will review treatment plans quarterly and update every six months.
- **APPOINTMENTS** are typically 40-50 minutes in duration, once per week at a time agreed upon between the client and service provider. Although some sessions may be more or less frequent as needed.

ELIGIBILITY CRITERIA & CLIENT RIGHTS

- Each client has a right not to be discriminated on the basis of race, sex or gender identity, color, national or ethnic origin, ancestry, age, religion or religious creed, disability, sexual orientation, military or veteran status.
- Client Rights and Responsibilities can be found in **Appendix B**
- To qualify for Mental Health and/or Substance Abuse Services, one needs to have a mental health disorder and/or substance use disorder.
- To qualify for Behavioral Health Services, one needs to be under the age of 18, a Medicaid recipient with a mental health diagnosis and prior authorization from their Managed Care Organization.

- Notice of Privacy Practices can be found in [Appendix D](#)

COST OF SERVICES

Woodward Community-Based Services accepts the following payment methods:

- Insurance: Medicaid, Wellpoint, Molina, & Iowa Total Care, Medicare, United Healthcare, Blue-Cross/Blue-Shield. Co-pay will be collected at time of service. Clients are encouraged to contact their insurance companies to learn more about their coverage.
- Private pay is accepted. Payment schedule is available upon request.
- Sliding-Fee Scale is available for eligible members.

ATTENDANCE, CANCELLATION POLICY, & DISCHARGE POLICY

- **Attendance** is integral to your success at Woodward Community-Based Services. Clients will collaborate with the provider to schedule services.
- **Cancellations:** If you are unable to attend your scheduled session, please notify WCBS staff within 24-hours of your scheduled session. Failure to make WCBS staff aware of cancelled sessions could result in being discharged from services.
- **Discharge:** Clients will successfully discharge from services upon completion of treatment plans/discharge plans. Clients will participate in a discharge session with their provider to complete discharge planning and any final assessments.

OTHER RIGHTS

If you are dissatisfied with your services, please provide feedback to your service provider. If you are still dissatisfied, please submit a formal grievance to the provider's direct supervisor. The grievance process is detailed below. Such comments will be taken seriously and handled with care and respect. You may also request another provider and are free to end services at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that the provider will not have social or sexual relationships with clients or with former clients.

CLIENT GRIEVANCE PROCEDURE

If you ever have a problem with any of the employees or the functioning of Woodward Community-Based Services, it is asked that you file a grievance report. This serves two purposes; first, it allows WCBS an opportunity to correct the problem, and second, this information will be used to determine trends and areas needing performance improvement. Formal complaints and grievances are reviewed annually and provide valuable information to facilitate change that results in better customer service and results for the persons served. Woodward Community-Based Services procedure concerning formal complaints is as follows:

- It is the consumer's responsibility to document the occurrence on a Complaint/Grievance form provided by Woodward Community-Based Services which is available upon request.
- The form must be submitted to Woodward Community-Based Services, c/o Executive Director Mike Hughes, 6200 Aurora Avenue, Urbandale, Iowa 50322.
- The form must be received at the WCBS office within 5 days of the occurrence.
- The WCBS Compliance and Quality Assurance Officer, *Sara Strom*, is the coordinator of Woodward Community-Based Services' s complaint/grievance procedure. The Executive Director, *Mike Hughes* is responsible for decision making regarding the resolution of the complaint/grievance. In the event that the Executive Director is the subject of the

complaint / grievance, the Clinical Director, *Tracey Beveridge*, will be responsible for the decisions regarding resolution of the grievance.

- Resolution of the complaint / grievance shall be made within 72 hours upon receipt of the form, excluding weekends and holidays, and mailing a copy of the determination to the consumer.
- If a consumer is not satisfied with the resolution, he/she has the right to appeal the determination of the grievance, in writing, within seven (7) days of the notification to the Executive Director. The Managers of Woodward Community-Based Services will then be responsible for reviewing the grievance and will make a decision at the next regularly scheduled Performance Improvement Committee meeting, and mailing a copy of the determination to the consumer.
- If the consumer remains unsatisfied with the resolution, he/she has the right to make a final appeal. The final appeal shall be made, in writing, to the Executive Director of Woodward Community-Based Services within seven (7) days of the notification. The Executive Director will be responsible for reviewing and making a final recommendation to the Managers for resolution, and making a copy of the determination to be mailed to the consumer. If the consumer remains dissatisfied he/she has the right to request contact information of the appropriate governing entity.
- Filing a grievance or complaint shall not result in retaliation or barriers to service.
- More information on Reporting a Patient Safety Concern or Filing a Complaint can be found in [Appendix C](#).

CUSTOMER SATISFACTION SURVEYS

Woodward Community-Based Services appreciates your feedback.

- **What:** An anonymous 3-5-minute survey about the services at WCBS.
- **Why:** This information will be utilized to ensure quality of care and to measure consumer satisfaction.
- **Where:** <https://www.surveymonkey.com/r/KWJGBNL>
 - The QR code can be found in the lobby at the office or you can ask your service provider for more details.
- **When:** any time!

HEALTH, SAFETY, & LICIT/ILLICIT DRUGS

The health and safety of the staff, consumers and visitors of Woodward Community-Based Services is an issue of ongoing concern for the management. So that you may further your safety while you are visiting the Woodward Community-Based Services it is important that you are aware of certain precautions.

- Each room at Woodward Community-Based Services has a map by the door that shows the closest exit as well as the location of the fire extinguishers and the first aid kits. These maps also show the area to go to in the event of severe weather when there is no time to evacuate to a shelter. You should be aware of these maps and the information that they provide.
- The staff of Woodward Community-Based Services has a primary responsibility for the safety and well-being of all consumers, co-workers and the public and will work towards maintaining a safe and healthy environment. If at any time you see or feel that there is something that is unsafe please inform someone and it will be taken care of as soon as possible.
- It is the intent of Woodward Community-Based Services to address the needs and protect the rights of the consumers, staff and visitors with regard to infectious disease. To this end it is of the utmost importance that everyone be familiar with the Universal Precautions to prevent the spread of infectious disease.
- In order to control the spread of infectious disease we ask that all consumers, staff and visitors wash their hands upon arrival at Woodward Community-Based Services; after eating, using the bathroom, or smoking; and as often as necessary to keep hands clean.
- If it becomes apparent that a consumer is under the influence of drugs or alcohol, they will be asked to leave Woodward Community-Based Services property. If anyone comes onto Woodward Community-Based Services property with licit or illicit drugs, the police will be called immediately.



- Consumers will be educated and trained regarding Health and Safety issues at least annually via the Consumer Handbook. New education and training will be conducted as needs arise in order to avoid critical incidents

Use of Tobacco

It is the policy of the agency to maintain a tobacco/nicotine-free environment. Smoking and/or the use of smokeless nicotine is not permitted in any Woodward Community-Based Services office. Designated tobacco use areas are provided at the office.

Weapons Policy

- Weapons of any sort are prohibited inside any building or any property owned, leased or rented by Woodward Community-Based Services.
- This policy applies to clients and visitors and will be strictly enforced.
- Clients or visitors found in violation will be asked to leave the premises.
- In the event a situation involving an individual with a weapon should escalate to a threatening point, the police will be called immediately and Run, Hide, Fight protocol will be activated.

Emergency Response Plan: Woodward Community-Based Services has an emergency response plan in place. Please see below for a brief overview of the plan. For more details on the WCBS Emergency Responses Plan, please speak to your provider

- **Tornado:** refer to posted signs in the office.
- **Fire:** refer to posted signs in the office.
- **Active Shooter:** please refer to [Appendix E](#), "Be Prepared for an Active Shooter" provided by FEMA.



NOTICE OF PRIVACY PRACTICES

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

A. Introduction:

As part of your health care, we originate and maintain numerous medical, billing, and other related records which contain information identifying you and describing your health history, symptoms, test results, diagnosis, treatment, and any plans for future care. This notice describes how this information may be used and disclosed by the Organization, as well as your rights and the Organization's duties with respect to such information.

B. Your Health Information Rights:

Although all records relating to the treatment you receive at the Organization are the property of the Organization, you have the following rights with respect to your health information:

- the right to request restrictions on certain uses and disclosures of your health information as provided by 45 C.F.R. 164.522. The Organization is not required to agree to any requested restriction.
- the right to obtain a copy of this Notice upon request.
- the right to inspect and obtain a copy of your health information as provided in 45 C.F.R. 164.524.
- the right to amend your health information as provided in 45 C.F.R. 164.526.
- the right to obtain an accounting of disclosures of your health information as provided in 45 C.F.R. 164.528. A Request for Accounting of Disclosures of Health Information must be made on the Organization's form. Copies of these forms are available at the Organization.
- the right to receive confidential communications of your health information as provided in 45 C.F.R. 164.522(b), as applicable.
- the right to receive notifications of breaches of unsecured PHI as provided in 45 C.F.R. 164.520(b)(1)(v)(A)).

You may exercise any of these rights by contacting the Organization representative listed below.

C. Organization Responsibilities:

The Organization is required by law to maintain the privacy of your health information and to provide you with a notice as to the Organization's legal duties and privacy practices with respect to your health information. The Organization is also required to abide by the terms of this Notice, as it may be revised from time to time.

The Organization reserves the right to change the terms of this Notice and to make any revisions to the Notice effective for all your health information that the Organization maintains. Should the Organization change the terms of this Notice it will provide you a revised notice as well as post the revised notice in an area accessible to clients.

D. For More Information or to Report a Problem:

If you have questions or would like additional information, or believe your privacy rights have been violated, you can file a complaint with

Sara Strom, Compliance and Quality
compliance@vivantbh.com

or anonymously at <https://vbh.compliancemanager.healthcity.com/report/11311D0F08>

or with the Secretary of the Department of Health and Human Services without fear of retaliation for filing a complaint. All complaints must be in writing.

E. **Use and Disclosure of Your Health Information.**

As a general rule, the Organization may use or disclose your health information in the following ways:

Treatment: The Organization will use your health information in the provision and coordination of your healthcare. We may disclose all or any portion of your health information to other health care providers who have a legitimate need for such information in your care and continued treatment. The Organization also may disclose your health information to people outside the Organization who may be involved in your medical care after you leave the Organization, such as family members, clergy, and others used to provide services that are part of your care.

Family/Friends: In certain situations, the Organization may release health information about you to a friend or family member who is involved in your medical care, or to someone who helps pay for your care

Payment: The Organization may release health information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. Your health information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record which are necessary for payment of your account. For example, a bill sent to a third-party payer may include information that identifies you, your diagnosis, and the services and supplies provided to you. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Routine Healthcare Operations: The Organization may use and disclose your health information during routine healthcare operations, including, but not limited to, quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of the Organization.

Organization Directory: In certain situations, the Organization may use your name and location in the Organization for directory purposes. This information may be provided to people who ask for you by name.

Business Associates: The Organization may disclose certain health information about you to business associates. A business associate is an individual or entity under contract with the Organization to perform or assist the Organization in a function or activity which necessitates the use or disclosure of health information. Examples of business associates, include, but are not limited to, consultants, accountants, lawyers, medical transcriptionist and third-party billing companies. The Organization requires the business associate to protect the confidentiality of your health information.

Marketing: The Organization may disclose certain contact information to a third party to provide marketing materials and information to you.

Regulatory Agencies: The Organization may disclose your health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and other health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.

Law Enforcement/Litigation: The Organization may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Public Health: As required by law, the Organization may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Victims of Abuse: The Organization may disclose your health information to government authorities, such as social services authorities or protective agencies, if the Organization reasonably believes that you are a victim of abuse, neglect, or domestic violence.

Workers Compensation: The Organization may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Required by Law: The Organization will disclose medical information about you when required to do so by law.

Coroners, Medical Examiners, Funeral Directors: In the event of your death, the Organization may release your health information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. The Organization may also release your health information to funeral directors as necessary to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, the Organization may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Research: The Organization may disclose your health information to researchers when their research has been approved by an institutional review board that has reviewed the research purpose and established protocols to ensure the privacy of your health information. Before disclosing any of your health information we will verify that the researchers have obtained your consent to participate in the study.

Appointment Reminders/Treatment Alternatives: The Organization may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): The Organization may disclose to the FDA health information relative to adverse events with respect to food supplements, products, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Avert Threat to Health or Safety: The Organization may disclose your health information if the Organization in good faith believes that disclosure is necessary to prevent serious harm to an individual or the public.

Government Functions: When appropriate, the Organization may disclose health information to serve certain governmental functions. The entities who may receive this information include, but are not limited to the military, intelligence agencies, and correctional institutions.

Fundraising: The Organization may contact you as part of our fundraising efforts.

Other Uses: Any other uses or disclosures of your health information will be made only with your written authorization. You may revoke an authorization, in writing, at any time except to the extent that the Organization has relied on your authorization.

F. **The following uses and disclosures require authorization from you:**

- Most uses and disclosures of psychotherapy notes (where applicable).
- Uses and disclosures of PHI for marketing purposes; and
- Uses and disclosures that constitute the sale of PHI.

G. **Confidentiality of Substance Abuse Treatment Records.**

Federal regulations (42 C.F.R. Part 2) provide special protection for the confidentiality of certain alcohol and drug abuse treatment records. To the extent that the Organization maintains any records or other health information about you that is protected from disclosure by these regulations, the Organization will only disclose such information as permitted by these regulations.

Substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

H. **Mental Health Care Treatment Records.**

State law and/or regulations may provide special protection for mental health care treatment records. To the extent that the Organization maintains any records or other health information about you that is protected from disclosure by such state law and/or regulations, the Organization will only disclose such information as permitted by state law and/or regulations.

If you have questions or would like additional information, or believe your privacy rights have been violated, you can file a complaint with:

Sara Strom, Compliance and Quality
compliance@vivantbh.com

or anonymously at:

<https://vbh.compliancemanager.healthicity.com/report/11311D0F08>

Report a Patient Safety Concern or File a Complaint

If you have concerns that cannot be resolved through the organization, you have the right to notify The Joint Commission regarding the quality of care, safety of care provided, or safety of the environment in which care is provided.

The Joint Commission is not a health care provider. If you have a medical emergency, please call 911. If you are having thoughts of harming yourself, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

How do you file a concern/complaint?

The preferred method for submitting a concern is through our online submission form as it allows for more direct, timely receipt and review of your concerns.

<https://www.jointcommission.org/contact-us/>

You can also mail your concerns to:

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

The Joint Commission does not accept faxed or emailed submissions.



What can you do about concerns that The Joint Commission cannot help with?

You may want to talk to the organization about your concern.

Your state's department of health may be able to help.

CLIENT RIGHTS AND RESPONSIBILITIES

All clients receiving services have the right to...

- Be informed of their rights.
- Be involved in making decisions about their care, treatment, or services, and to involve family as desired.
- Refuse care, treatment, or services in accordance with law and regulation.
- Be treated by the organization with respect and dignity.
- Have cultural and personal values, beliefs, and preferences respected.
- Be free from abuse, neglect, exploitation, humiliation, or corporal punishment.
- Be free from aversive behavioral interventions.
- Be free from unreasonable and illegal searches and seizures.
- Be free from restricted contact with protective services, law enforcement, or legal advocates.
- Have sufficient educational and life skill resources made available to them.
- Have essential needs met.
- Access individualized and appropriate treatment that is culturally competent, trauma-informed, and supportive.
- Report maltreatment in good faith without fear of retaliation.
- Access and request amendment to their clinical/case information and to obtain information on disclosures of this information.
- Be informed of the program's policies and procedures on medical emergencies and program rules.
- Receive information in a manner they understand.
- Request the opinion of a consultant (this is not required to be at the cost of the organization).
- A process intended to resolve disagreements about therapeutic issues, and to have complaints reviewed by the organization.
- Receive professional information about the staff responsible for their care, treatment, or services.
- An environment that minimizes distractions that interfere with therapeutic activities.
- An environment that promotes awareness of day, time, and season.
- An environment that supports positive self-image and dignity.
- Appropriate personal displays.

All clients receiving services have the responsibility to...

- Show respect and consideration of the organization's staff and property, as well as other clients and their property.
- Act in a reasonable, responsible, and nonviolent manner, including family members of clients on program property or in contact with program personnel.
- Provide information about present complaints, past and current functioning, hospitalization, medications, and other matters related to their behavioral and physical health.
- Participate in treatment plan development.
- Share expectations of and satisfaction with the organization.
- Ask questions when they do not understand their care, treatment, or services or what they are expected to do.
- Follow instructions for their plan of care, treatment, or services, and express any concerns about their ability to follow the proposed plan of care.
- Accept consequences for the outcomes of care, treatment, or services if they do not follow the plan of care.
- Follow the organization's policies and procedures.
- Meet financial commitments.

BE PREPARED FOR AN ACTIVE SHOOTER

Recent national tragedies remind us that the risk is real. Taking a few steps now can help you react quickly when every second counts.



FEMA

FEMA V-1000/March 2018

An active shooter is an individual engaged in attempting to kill people in a confined space or populated area. Active shooters typically use firearms and have no pattern to their selection of victims.



Can happen anywhere



Can happen anytime

IF YOU ARE INVOLVED IN AN ACTIVE SHOOTER INCIDENT

If you see something, say something.®



Learn first aid skills so you can help others.

Before you run, know the exits.



Help law enforcement.

Find a place to hide.



Seek help to cope with trauma.



Run



Hide



Fight

HOW TO STAY SAFE

WHEN AN ACTIVE SHOOTER THREATENS



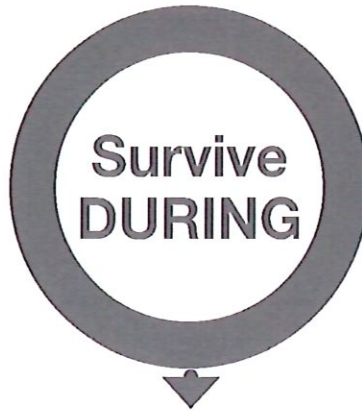
If you see suspicious activity, let an authority know right away.

Different places, such as your school, workplace, or house of worship may have plans in place to help you respond safely. Ask about these plans and get familiar with them. If you participate in an active shooter drill, talk with your family about what you learned and how to apply it to other locations.

When you visit a building such as a shopping mall or healthcare facility, take time to identify two nearby exits. Get in the habit of doing this.

Map out places to hide. In rooms without windows, behind solid doors with locks, under desks, or behind heavy furniture such as large filing cabinets can make good hiding places.

Sign up for active shooter, first aid, and tourniquet training. Learn how to help others by taking FEMA's You Are the Help Until Help Arrives course. Learn more at [Ready.gov/until-help-arrives](https://www.ready.gov/until-help-arrives).



RUN. Getting away from the shooter or shooters is the top priority. Leave your things behind and run away. If safe to do so, warn others nearby. Call 911 when you are safe. Describe each shooter, their locations, and weapons.

HIDE. If you cannot get away safely, find a place to hide. Get out of the shooter's view and stay very quiet. Silence your electronic devices and make sure they won't vibrate. Lock and block doors, close blinds, and turn off the lights. Do not hide in groups—spread out along walls or hide separately to make it more difficult for the shooter. Try to communicate with police silently—such as through text messages or by putting a sign in an exterior window. Stay in place until law enforcement gives you notice that all immediate danger is clear.

FIGHT. Your last resort when you are in immediate danger is to defend yourself. Commit to your actions and act aggressively to stop the shooter. Ambushing the shooter together with makeshift weapons such as chairs, fire extinguishers, scissors, and books can distract and disarm the shooter.



Keep hands visible and empty.

Know that law enforcement's first task is to end the incident. They may have to pass injured persons along the way.

Follow law enforcement's instructions and evacuate in the direction they tell you to.

Consider seeking professional help for you and your family to cope with the long-term effects of trauma.

Take an Active Role in Your Safety

Go to [Ready.gov/](https://www.ready.gov/) **public-spaces**. Download the **FEMA app** to get more information about preparing for an **active shooter**.



FEMA

FEMA V-1000

Polk County & Jasper County Resources and Hotline Information

Woodward Community Based Services

- Phone: 515-274-9607
- Hours of Operation
 - Administrative Office Hours- Monday-Friday 8am-4:30pm
 - Evening and Weekends – available by appointment only

Iowa Resources

- Call 2-1-1: comprehensive human services resources for food, shelter, utility assistance, etc.

Polk County Urgent Care Services:

- Mobile Crisis 515-283-4811
- Broadlawn’s Medical Center 515-282-5695
- Mercy Behavioral Health 515-271-6111
- Iowa Lutheran Hospital 515-263-5612
- Unity Point Behavioral Health Urgent Care Clinic 515-263-2632
- Clive Behavioral Health 844-680-0504

Jasper County Resources

- <https://www.jasperia.org/resources/>
- United Way – Jasper County – 641-792-1684

Hotline Information

- Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255) or Text “TALK” to 741741
- 988 Suicide & Crisis Lifeline
- SAMHSA’s National Helpline: 1-800-662-HELP (4357)
- Self-harm: 1-800-366-8288 or text “CONNECT” to 741741
- Bullying: 1-800-420-1479 or text “HOME” to 741741
- Sexual Assault: 1-800-656-4673 or text “HOME” to 741741
- Grief: 1-800-445-4808 or text “CARE” to 839863
- Mental Health: 1-800-950-6264 or text “NAMI” to 741741