



CLIENT HANDBOOK

Guild Crisis & Recovery Center, Scott County

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Welcome to Guild Crisis and Recovery Center, Scott County!

We look forward to working with you and hope we can help you along this journey. Everyone here, including individuals served and staff, have responsibilities, needs and expectations. To help you understand what you can expect from us, and what we will expect from you, we have put this together in this handbook. If you have questions at any time during your stay, please ask staff.

Guild is an organization that offers integrated mental health, housing, and employment services to individuals living with mental illness and/or experiencing chronic homelessness. Guild provides high-quality mental health care and helps eligible individuals find stable housing and competitive employment right where they live.



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Program Overview

Service Description:

Guild Crisis and Recovery Center (GCRC) provides Intensive Residential Treatment Services (IRTS) and short-term crisis stabilization services in a shared community living environment. We provide a safe and stable environment to individuals who are experiencing a psychiatric or other crisis with the opportunity to develop and practice skills in a community setting – a setting that is most like what they will typically experience after leaving residential treatment. The length of stay for crisis stabilization is expected to be 10 days or less. The length of stay for IRTS services is 90 days or less based on an individual's needs. If a longer stay is deemed necessary for either service, arrangements are made with the individual, case manager, clinical supervisor, and funder. It operates 24 hours a day, 7 days per week and provides intensive mental health and co-occurring diagnoses treatment for up to 16 individuals.

Population served:

The program serves individuals age 18 and older who have a mental health diagnosis as defined by the DSM-5 and have mental health symptoms that significantly impairs an individual's ability to function in the community. Individuals served may have a diagnosis of a co-occurring substance use disorder, as well. The program is unable to serve individuals with severe medical needs or present a high risk for safety.

Program Goals:

IRTS is designed to develop and enhance psychiatric stability, self-management of symptoms, self-sufficiency, and skills necessary to live in a less restrictive setting from a person-centered and harm-reduction approach. Additionally, IRTS assists individuals with connecting to resources needed for ongoing mental health stability after discharge from the program.

Crisis is designed to help individuals in psychiatric or other crises stabilize in the community without becoming homeless and, whenever possible, without hospitalization.

Staff Members:

IRTS and Crisis staff members possess diverse skills, education, and experience in a variety of fields including social work, counseling, psychology, chemical health, therapeutic recreation, and nursing and are trained to respond to the unique strengths, needs, and wishes of each individual served. Staff members are available 24 hours each day for support, problem solving, and crisis intervention services. Each staff person is required to adhere to the Guild Services Code of Ethics which is posted in the facility.

Our staff includes the following:

- Program Manager

- This person provides overall administrative and clinical guidance to the team with a perspective on program operations. The Program Manager oversees all leadership roles in the program and coordinates and delegates the needs of the program through the leadership team. This individual represents Guild Crisis & Recovery Center to the greater agency of Guild and partners with surrounding agencies and county social services.
- Program Supervisor
 - This person provides leadership and operational oversight, including program development and implementation, supervision, and direction to staff. The Program Supervisor will work directly with individuals served to identify their personal goals, ensure resource needs are coordinated and met and create an environment for individuals to live self-directed and satisfying lives.
- Clinical Supervisor
 - This person oversees clinical services and staff at GCRC. This member of the team provides clinical consultation for staff and clients in both residential programs. This person also coordinates referrals and interviews for treatment.
- Mental Health Counselors
 - This person will begin your orientation to Guild, including providing a description of the program and the completion of the admission paperwork. This person will meet with you to complete various assessments. These assessments will help you and staff identify your treatment goals and strategies to meet your individual recovery needs. This person will talk with you about your goals and will develop your initial Individualized Treatment Plan (ITP). You will be assigned to a primary Mental Health Counselor who will participate in your ITP meetings and will work closest with you to help you identify and achieve your goals. This person will facilitate treatment groups and provide one on one support.
- Mental Health Practitioners
 - These staff are here 24 hours per day and provide direct support services to help you carry out your plans on a day-to-day basis. These supportive services are done through building on your strengths, assisting with managing mental health symptoms, stabilizing crisis situations and assisting with skill building to strengthen your independence. Staff will be available to assist clients with building and reinforcing the skills needed to reach their treatment goals.
- Therapeutic Recreation Specialist
 - The Recreation Therapist facilitates treatment groups and individualized support using purposeful activities and recreational opportunities to explore client's leisure interests, learn healthy coping strategies and meaningful ways to improve health, wellness and quality of life.
- Peer Recovery Specialist
 - This team member has a lived experience with mental health challenges and helps others learn about their strengths and challenges. In addition, this team member creates partnerships with clients with a focus on mutual learning and mutual responsibility. Will also provide information on the pathways to recovery which include Hope, Choice, Empowerment, and Spirituality.
- Community Resource Specialist
 - This team member meets with you individually to assess for resources that will meet your needs and coach you through connecting to various community resources. The CRS will coordinate with your treatment team members and your external providers for continuance of



care. This position will also facilitate informational groups structured in the weekly program schedule.

- Household Coordinator
 - Responsible for planning and preparing healthy and well-balanced meals for clients. Will post a monthly menu that includes client input for meal choices. Will also provide clients a schedule of their household chores and oversee the general cleanliness of the building. Responsible for overseeing general maintenance of building.
- Registered Nurse (RN)
 - The RN oversees your medications and doctor appointments. This member of the team will communicate with your external providers (psychiatrist, physician) and pharmacy during your stay. The RN will provide education to you about your medications and physical health and will be available to discuss / address health concerns or questions you may have.
- Nursing Supervisor
 - The nursing supervisor is an experienced RN who provides supervision to the nursing staff at Guild Crisis and IRTS facilities. The nursing supervisor also oversees medication administration as well overview of health programming for clients.
- Program Assistant
 - This Program Assistant is responsible for supporting the program by accurately filing, organizing and tracking documentation and activities in the electronic health record, enabling the team to bill for services and operate efficiently and effectively while enhancing services to clients.

Staffing Patterns:

The program will provide adequate staffing on each shift. The staffing will never exceed a 1:9 staff to client ratio. The program will maintain access to on-call employees who can fill shifts in case of absences by scheduled staff. A mental health professional is on-call 24 hours a day, 7 days per week to provide clinical consultation for staff members. A registered nurse is on-call 24 hours a day, 7 days per week to provide medical consultation for staff members. Shift change happens at 8am, 3pm and 10:30pm daily. Clinical team meetings are held weekly on Tuesdays from 2-4pm.



Treatment Expectations

Overall Expectations:

Everyone must be willing to participate in this setting and working on individual goals to the extent that they are able. These goals and an anticipated discharge date should be agreed upon in conjunction with GCRC staff and your case manager and / or doctor. You will be expected to participate in groups and other treatment programming.

Services Offered:

Clients will be given the opportunity to participate in various services the program offers. If a client requires care that is not provided in the program, the client will be referred to the appropriate services.

Individual Treatment Plan (ITP):

Upon admission to the program, individuals will be assigned a primary mental health counselor to identify long-term recovery goals as well as short-term treatment goals and objectives to be obtained within a targeted date. GCRC takes a holistic approach to treatment planning and will include multiple staff members. Interventions to obtain these objectives will be provided in either a group or individual format. Your strengths, needs, and goals will be reviewed during weekly meetings and your ITP will be updated accordingly at 7-10 days, 30 days, 60 days and prior to discharge. They will also include a discussion about how long you will stay at GCRC and what your living arrangements will be after treatment. Your primary mental health counselor will meet with you individually to help you accomplish your established goals. Feedback and recommendations from involved professional supports, such as your psychiatrist, therapist, case manager or primary physician is welcomed and considered during the treatment planning process. Involvement of personal supports, including friends or family members, is strongly encouraged.

Group Programming and Descriptions:

The group schedule is provided at admission to the program and is located in multiple places throughout the facility.

Required group programming includes the following evidence-based practices: Illness Management and Recovery, Integrated Dual Disorder Treatment (IDDT), Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Seeking Safety and Wellness Recovery Action Plan (WRAP).

Required group programming also includes the following groups and meetings: Goals and Progress, Health and Wellness, Independent Living Skills, Leisure and Recreation, Wellness Education, Community Resource, and Vocational groups and Self-Help and House Meetings.

Programming on the weekend is limited to offer morning goals and evening progress groups, household chores, self-help meetings, community outings, shopping trips with staff and other leisure and recreation planned activities.



If a client needs to miss a required group, accommodations should be made to receive the missed material.

Evidence Based Practices:

Treatment interventions adhere to standards designed using Evidence Based Practices, which were developed over several years through research and pilot projects. Curriculums utilized at Guild Crisis and Recovery Center include:

Illness Management and Recovery (IMR):

The Illness Management and Recovery Program consist of a series of weekly group sessions to help people who have experienced psychiatric symptoms develop personalized strategies for managing their mental illness and moving forward in their lives. The curriculum offers a variety of information, strategies and skills that people can use to further their own recovery. The educational handouts that will be reviewed and discussed during group sessions include the following: Recovery Strategies, Practical Facts about Schizophrenia, Practical Facts about Bipolar Disorder, Practical Facts about Depression, The Stress-Vulnerability Model and Treatment Strategies, Building Social Support, Using Medication Effectively, Drug and Alcohol Use, Reducing Relapses, Coping with Stress, Coping with Problems and Persistent Symptoms and Getting Your Needs Met in the Mental Health System.

Educational handouts will include, but are not limited to, the following: Effective Treatments, Characteristic Symptoms, Early Warning Signs of Relapse, Strategies for coping with and decreasing symptoms, Strategies for coping with and decreasing stress, Development of social skills and a support system, Importance of medications in correcting chemical imbalances in the brain, Benefits to avoiding alcohol / drug use, Reduce relapses and hospitalizations, Define what recovery means to you and Make progress toward personal goals / dreams and recovery.

Integrated Dual Disorder Treatment (IDDT):

“Integrated Dual Disorder Treatment” refers to treatment modules used with people who have a mental illness and a co-occurring substance use disorder. Mental and substance use conditions often co-occur. In other words, individuals with substance use conditions often have a mental health condition at the same time, and vice versa. Effective treatment focuses on both disorders at the same time, which is called integrated treatment.

IDDT is associated with lower costs and better outcomes, including: reduced substance use, improved mental health symptoms and functioning, decreased hospitalizations, increased housing stability, fewer arrests and improved quality of life. Integrated treatment can stabilize symptoms of co-occurring disorders and provide the foundation for lasting recovery from substance use and psychiatric disorders.

The IDDT Program consists of group sessions providing education about substance use and psychiatric disorders, their interaction, common problems, causes and the options for treatment. Sessions will include, but are not limited to, the following: Major Depression, Club Drugs, Cocaine, Bipolar Disorder, Dysthymia, Heroin, Inhalants, Alcohol, Schizophrenia, Schizoaffective Disorder, Generalized Anxiety Disorder, Panic Disorder, PTSD, Amphetamines, Marijuana, Nicotine, Methamphetamine, Social Anxiety and OCD.

The IDDT program ensures that there are the appropriate number of staff present for treating individuals who are assessed as having co-occurring substance use disorders and that staff are trained to provide those services. Interventions are based on the goals identified in each person's individual treatment plan. If receiving interventions in a group setting it will only occur if it has been determined and documented that the group setting is appropriate to meet the person's needs.

Dialectical Behavior Therapy (DBT):

First developed for treating borderline personality disorder, Dialectical Behavior Therapy (DBT) has proven effective as treatment for a range of other mental health problems, especially for those characterized by overwhelming emotions. Research shows that DBT can improve your ability to handle distress without losing control and acting destructively. DBT Skills groups are for clients who would like to cope more effectively with intense emotions, addictive behaviors, and/or relationship struggles. DBT Skills are taught to reduce self-destructive behaviors and learn more adaptive ways to manage painful emotions.

In order to make use of these techniques, clients need to build skills in four key areas: distress tolerance, mindfulness, emotion regulation, and interpersonal effectiveness. Mindfulness is designed to teach a person how to focus their mind and attention. Distress tolerance is centered on accepting the current situation and finding ways to survive and tolerate the moment without engaging in problematic behavior. Emotion regulation skills include learning to identify and label current emotions, identifying obstacles to changing emotions, reducing emotional reactivity, increasing positive emotions, and changing emotions. Finally, interpersonal effectiveness skills teach effective strategies for asking for what one needs, setting boundaries, and coping with interpersonal conflict.

Seeking Safety:

Seeking Safety was designed for people with a history of trauma and/or addiction. Trauma means a distressing event such as a child abuse, major accident, combat, domestic violence, natural disaster, etc. Addiction means destructive use of alcohol, drugs, gambling, food, shopping, etc. It focuses on coping skills to help clients become safer in their relationships, thinking, and actions. It is present-focused and designed to be safe, optimistic, and engaging. It focuses on client strengths and how to utilize them.

Seeking Safety offers 25 topics, each representing a safe coping skill relevant to trauma and substance use. Topics address cognitive, behavioral, interpersonal, and case management domains. There are five key principles of Seeking Safety: (1) Safety as the overarching goal-- helping clients attain safety in their relationships, thinking, behavior, and emotions; (2) Integrated treatment that addresses trauma and addiction at the same time if clients have both; (3) A focus on ideals to inspire hope; (4) Four content areas: cognitive, behavioral, interpersonal, and case management; and (5) Attention to clinician processes (helping clinicians work on self-care, emotional responses, and other issues). Clients do not have to tell or listen to intense trauma details. Seeking Safety focuses on trauma as it impacts the client in the present. Seeking Safety allows for harm reduction or abstinence approaches, focuses on empowerment and choice and meets clients where they are at within the process of change.

Cognitive Behavioral Therapy (CBT):



Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life.

CBT is based on several core principles, including: Psychological problems are based, in part, on faulty or unhelpful ways of thinking. Psychological problems are based, in part, on learned patterns of unhelpful behavior. People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.

CBT treatment usually involves efforts to change thinking patterns. These strategies might include: Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality. Gaining a better understanding of the behavior and motivation of others. Using problem-solving skills to cope with difficult situations. Learning to develop a greater sense of confidence in one's own abilities. CBT treatment also usually involves efforts to change behavioral patterns. These strategies might include: Facing one's fears instead of avoiding them. Using role playing to prepare for potentially problematic interactions with others. Learning to calm one's mind and relax one's body.

CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as "homework" exercises outside of sessions, clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions and behavior.

CBT emphasizes what is going on in the client's current life, rather than what has led up to their difficulties. A certain amount of information about one's history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life.

Wellness Recovery Action Plan (WRAP):

As part of our services, you will develop a WRAP with our Peer Support Specialist. This plan identifies resources: wellness tools and a daily maintenance plan, that you can utilize, signs that you may be struggling: triggers and early warning signs, and an overall recovery plan: crisis / relapse prevention plan. This plan is developed in a holistic nature and addresses physical, emotional, and mental well-being. You will be encouraged to share your WRAP with the people who support you.

Guild Crisis and Recovery Center also offer the following groups and meetings.

Goals Group:

Monday through Friday at 8:30am clients meet to check in and discuss their goals for the day or week. Clients are encouraged to reference their ITP when setting goals around behavioral and physical health as well as any additional goals set when completing the ITP with a Mental Health Counselor during the admission process.

Progress Group:

Monday through Friday at 7:30pm clients meet to check in and discuss their progress towards treatment goals discussed during the morning Goals Group. Clients will process what went well and a goal they accomplished



and what barriers they had trying to achieve their goals. Clients are encouraged to focus on strengths, positives and progress and how they plan to overcome the challenges faced.

Health and Wellness:

Establishing healthy habits are an important part of recovery and quality of life. Clients will be expected to explore strategies that will assist in building physical and emotional wellness through both physical activity and building emotional resilience through mindfulness and self-awareness exercises.

Independent Living Skills:

The program is designed to assist clients in maximizing their level of independence through building skills related to the following areas: household management, cooking and nutrition, budgeting and shopping, transportation, personal hygiene and getting needs met in the community.

Leisure and Recreation:

Therapeutic Recreation is a treatment service that focuses on the value of leisure pursuits to improve an individual's level of functioning, self-esteem, independence and quality of life despite difficult circumstances and perceived limitations. Clients will have the opportunity to explore a variety of leisure activities to increase awareness of coping strategies and meaningful activities to pursue after discharge.

Resource Group:

This group introduces general information about important resources in the community and how to navigate these resources. The curriculum reviews basic needs including housing, financial assistance, waived services, and several other community supports.

Peer Support Group:

This group is led by a certified peer support specialist trained by the National Alliance of Mental Illness. It provides a safe space to share your own experiences with mental illness in a non-judgmental space. The group encourages empathy, productive discussion, problem solving, breaking down stigma, and building a sense of community. Hearing others' experiences provide opportunities to learn, connect, and empower by providing support. Peer support group is based on the hope that recovery is possible and is guided by principles such as: aiming for better coping skills, finding strength in sharing experiences, not judging anyone's pain as more or less than your own, forgiving ourselves and rejecting guilt, embracing humor as healthy, accepting we cannot solve all problems, and understanding mental health conditions are nobody's fault and can be traumatic experiences.

Self-Help Meetings:

Peer lead Alcoholics Anonymous meetings, Narcotics Anonymous meetings, Speaker meetings, SMART Recovery meetings, and Health Realization meetings are offered both in house and in the community.

Community House Meetings and Resident Council:



Weekly meetings held with clients and staff which include discussions on house and programming policies, how clients feel supported by staff, how relationships are going within the house, community living and group agreements, signing up for chores and client preference on weekly outing.

Individual Meetings:

Clients are expected to meet with staff as needed to check in and discuss treatment goals and needs. This is to be completed in between group programming and during free time. Additionally, clients are expected to meet with the nurse as needed to discuss ongoing health and wellness.

Refusal of Treatment:

Although treatment is voluntary, clients are expected to attend and participate in all treatment programming. Clients will be provided with information about the likely impact of accepting or declining recommended treatment, medications, or dietary restrictions based on their individual circumstance. Conversations can include: expected impact on behavioral and medical health symptoms, potential legal consequences related to commitment status, and possible alternative treatment options. A client cannot choose to decline treatment and continue to live at GCRC.

Restraint or Seclusion:

GCRC does not implement the use of chemical, mechanical or manual restraints, time out, seclusion or punishment. Any use of restraints in emergency situations involving immediate risk of physical harm to self or others will be initiated by law enforcement.

Reasons for Discharge:

Staff will take necessary action in order to maintain a safe and therapeutic environment for all clients. Most often, these actions involve making adjustments to treatment plans, pass privileges, and/or relapse prevention plans. On some occasions, it is possible a client may be discharged from the program for the following reasons:

- Physical, verbal assaults or threats to clients or staff that interfere with the safety of others
- Staff determines client needs a higher or lower level of care due to inability to meet or exceed program requirements
- Possession of weapon or firearm
- Violating privacy or confidentiality of other clients
- Negative attitude towards program, staff or clients
- Lack of progress towards treatment goals or objectives
- Alcohol/Drug Use that interferes with other client's treatment:
 - Sharing, selling, or providing alcohol or drugs to other clients.
 - Possessing or using alcohol or drugs on property
 - Using alcohol or drugs with other clients
 - Potentially triggering others for use by being intoxicated or under the influence in the presence of other clients in common areas



- Behaving in a belligerent, aggressive, or unsafe manner when intoxicated or under the influence
- Alcohol/Drug Use that interferes with your own treatment:
 - Demonstrating unwillingness to work with staff or make efforts to reduce alcohol or drug use or follow drug/alcohol policies.
 - Use is causing the client to not be able to participate in check in, group programming, meetings with staff, or take medications as prescribed
 - Not complying with staff direction when intoxicated or under the influence



Community Living Agreement

Guild Crisis and Recovery Center provides services to adults in their mental health recovery and/or in gaining skills and independence. To do so, we offer an environment that is healthy and supportive. We require that clients agree to certain expectations for their behavior and community living during their stay.

Expectations and Responsibilities:

- Clients will conduct themselves in a manner that is respectful to themselves and others. This includes using respectful language and being respectful of another person's or program's property.
- Alcohol and/or drug possession or use is not permitted at GCRC.
- Possession of sharp instruments and weapons is not allowed. Staff will check your belongings, store unsafe items for you, and return them to you upon discharge.
- Clients are not to become involved with other clients in a sexual or romantic manner.
- Clients will keep rooms clean, compliant with safety standards, and **free from food and drinks other than water.**
- Clients are responsible for cleaning up after themselves in the common areas, which includes: not leaving personal belongings out, cleaning up spills, and throwing away trash.
- Clients are expected to be appropriately dressed at all times and wear shoes for safety and health in common areas.
- Clients are encouraged to shower or bathe regularly, use deodorant, wear clean clothing, brush teeth daily, and do laundry weekly.
- Clients will not borrow, buy, or sell any items from others. Staff is not responsible for any disputes that may result from clients violating this guideline.
- Clients will not enter other clients' rooms for any reason.
- Taking pictures, voice recordings, or other digital recordings as well as video chatting (such as FaceTime) of anyone on or around the premises or of the facility is not allowed to maintain client confidentiality.
- Clients are to be mindful and respectful of others when selecting content and volume of television, phone, and computers. Additionally, the television and computers are for all clients to use and share. Quiet hours are from 10pm-6am.
- Behaviors that cause conflict with others will be addressed on an individual basis.
- Physical or verbal abuse, theft, and possession of weapons will not be tolerated.
- GCRC is a tobacco and vape free building. Clients may smoke or chew outside in the designated area.
- Clients must sleep in their own room, not in common areas.
- It's a priority to keep you in the same room during your stay, however you may be asked to change rooms to accommodate client needs.
- Clients are expected to attend scheduled programming, therapy, and doctor appointments to the extent that they are able.
- Clients are expected to share in household chores including cleaning dishes and keeping bedrooms, bathrooms, and common areas clean and tidy.



Belongings:

The safety of clients and staff is a top priority. All incoming belongings are searched to secure necessary items that require storage in a locked area. Clients are encouraged to be mindful of the number of items brought into the program.

Security of belongings:

GCRC makes every effort to ensure the security of clients' belongings and is not responsible for lost, stolen, or damaged items. Belongings that require secure storage by staff are kept in lockers in the staff area, which can be accessed by clients with staff assistance. Upon discharge from GCRC, these items will be returned to you. If staff determine that it is not appropriate to return these items to you directly on day of discharge due to safety concerns, your case manager or other designated responsible adult may collect your items for you. Some examples of belongings requiring staff storage include: pocketknives, pepper spray, candles, cologne or other scented items, nail clippers, razors or other sharps, etc.

Clients will have access to personal lockers in the kitchen area to store food and drink items not allowed in client's room. Clients must label personal food and drink items with name and date and put in fridge or lockers.

Prohibited items:

These items are not allowed on GCRC property due to program and individual safety concerns. If found, these items will be confiscated and destroyed. Example of prohibited items include: alcohol, illegal substances, prescription medications not prescribed to the client, paraphernalia, weapons, ammunition, etc. Hair dye is not permitted to be obtained or used in the program due to damage it can cause to our towels, bathrooms, and bedroom spaces.

Specific belongings:

Electronics: Clients are able to store personal belongings in their rooms and encouraged to keep their rooms locked to ensure safety and security of their belongings. Electronics may be further restricted if the item is determined to distract or interfere with treatment or determined to be a safety concern. Examples include: cell phone, laptop, video game console, etc. **Clients are allowed to use electronics outside of treatment programming and during free time.**

Bicycles: Clients may keep a bicycle outside at GCRC during the time of their stay. Clients are responsible for upkeep and security of their bicycles and are strongly encouraged to wear helmets.

Vehicles: Use of vehicles is not permitted due to no overnight parking availability.

Belongings left at the program:

Clients are expected to take all their belongings with them when they discharge from treatment. In the event items are left behind after a client discharges, GCRC will store these items for up to 30 calendar days. If a discharged client plans to retrieve their belongings at a later date, arrangements between the client and the program must be made to coordinate. Items that are unclaimed after 30 calendar days will be disposed of if no communication with the program regarding timely pickup has taken place.

Medications:

- Everyone served at GCRC will get assistance learning to manage prescribed medication.
- Staff want everyone to gain independence with medications by discharge and develop a system / routine for remembering them and communicating with your doctor while you are here.
- Your medications will be kept in a locked staff area and all doses will be administered by staff.
- Clients can self-administer injectable medications such as insulin and epi-pens.
- You will be asked to take your medications with water and from a clear plastic cup to help staff ensure medication compliance. We may put other measures in place if we are concerned about adherence. ie: cheeking meds
- Client and nursing staff will work together to manage client medications. Nursing is available to help clients understand the purposes of each medication, coordinate medication administration, and assist or coordinate ordering refills from your pharmacy or doctor, etc. Medication Education is designed to respond to changing needs for assistance with medications. There are nurses available to help you with medication-related issues.
- A physician's order is required at move-in regarding medications, including prescriptions and over the counter medications. A physician's order is required to change or discontinue medications and, also, to take your medications with you when you move out. Staff will return your medications to you upon discharge only if there are current physician orders. Any medications that are not currently ordered by your doctor will be disposed of according to Guild Services Medication Policy.
- Clients will take their medications with them on the day of discharge. Staff reserves the right to hold any medications after discharge if staff suspects it would be unsafe for the client to have them. Under these circumstances, the client's case manager or other support person will be contacted by staff to pick up the client's medications.

Medication Times:

AM: 7:00am – 9:00am

PM: 7:00pm – 9:00pm

Other medication can be taken as needed throughout the day in between groups and programming.

Room Searches:

Staff have the right to search a room at any time or when staff have reason to suspect a client has a restricted or prohibited item that is a health and safety concern in their possession. Staff will provide opportunity for the client to forfeit an item that is not permitted prior to search.

Two staff members will conduct a thorough search of the room, including private belongings. Staff will conduct a room search with respect and courtesy. You have the right to witness a room search. If staff determine that time is prudent, they may search your room without your presence if you are on pass. They will notify you of the room search upon your return and any findings.

Staff Eyes – On Checks:



Staff have duty to perform eyes on checks of every client every hour for health and safety. Staff will also check to ensure clients are following the community living agreement such as no food in client's rooms and client's beds are made. Staff will respect privacy by knocking prior to entering, unless it is between 11p-6a in an effort to not to disrupt clients' sleep schedules. Clients can request that staff knock on their door between the hours of 11p-6a.

Visitors:

COVID-19 Visitor Policy:

Currently, visitors are not allowed in the facility due to COVID-19. Clients are encouraged to take passes to visit with family and friends instead.

Clients are to notify staff when they are expecting a visitor. Children are welcome to visit if they are always accompanied by a responsible adult, remain in the common areas, and are not disruptive to other clients.

Visiting Hours:

Tuesday and Thursday: 2pm – 4pm

Saturday: 3pm – 5pm

Sunday: 3pm – 5pm

Visiting Space: Visitors are allowed in the client kitchen, common areas and courtyard. Visitors are not allowed in client's room. Meeting rooms for visiting may be considered upon request, availability, and the discretion of staff.

Visitor Restrictions: Visitors may be requested to end a visit early at staff discretion if they do not follow the visiting policies, conduct themselves inappropriately, or if it is determined there is a potential risk to their or a client's safety. In rare occasions, a visiting ban may be placed on an individual upon client or staff request should there be a concern for ongoing client, visitor, or staff safety, or if a visitor is determined to be interfering with the treatment of a client by the Program Manager or Program Supervisor.

Menu and Alternative Meals:

The menu is designed by the Cook/Household Coordinator to offer nutritious and well-balanced meals. The menu will be posted in the dining room area. Allergies and dietary accommodations should be reported to the program during the intake interview and will be accommodated at the program. If a client prefers not to eat what is offered on the menu for a particular meal, a client is to speak to staff about what else may be available, such as leftovers, preparing a sandwich or cereal, or canned food.

Meal Times:

Breakfast: 7:00am – 8:00am

Morning Snack: 9:45am – 10:00am



Lunch: 12:00pm – 12:30pm

Dinner: 5:00pm – 5:30pm

Evening Snack: 8:00pm – 8:30pm

Cooking Personal Meals: Clients are not allowed to cook in the commercial kitchen due to state licensing. If developing cooking skills is part of treatment planning, arrangements can be made with staff to use the 1st floor client kitchen. Clean-up is a part of cooking and these arrangements can be discontinued at any time.

Buying Food: Cost for food provided is included in monthly Room & Board fee. As such, the Household Coordinator will attempt to accommodate any reasonable preference or request while balancing the dietary needs of the client community. Should an individual choose to buy additional food, any perishable food will be labeled with name and date and kept in the client fridges or lockers. Clients are not allowed other client's food. GCRC will not reimburse or replace any client food eaten or thrown out by others. The client kitchen closes at 9pm.

Designated Eating Area: The dining room is the designated eating area. No food should be eaten in the common areas or meeting rooms. Clients can drink beverages anywhere in the facility, but must return the drinkware to the kitchen.

Caffeine: Caffeinated coffee is available for clients from 6:00am – 12:00pm. Energy drinks are not allowed.

Pass Guidelines:

Passes are an opportunity for clients to go into the community, visit friends and family, and enjoy outside leisure activities, weather permitting.

- Passes are not approved for new clients for at least 7 days after admission, which does not include medically necessary appointments and recreational outings with staff members.
- During the second week of a client's stay, clients will be accompanied by a peer or staff member if taking a pass.
- Clients earn approved pass time based on ability to navigate the community safely and level of participation in programming. Client's counselor will review and approve pass time.
- Approved pass time can be structured as a certain number of hours daily available for pass for clients to take outside of programming or passes approved for specific events upon request. Client's pass time may have specific limits or instructions (examples: checking in before/after pass, calling to check in during pass, passes only with approved people)
- Any staff person may revoke a client's approved pass time – typical reasons for revoked pass include: staff determines that clients may not be safe on pass, clients are not following treatment expectations (attending group, completing your chore, meeting with staff, etc), or relapse of alcohol or drug use or self-injury. To re-instate approved pass, clients will need to meet with their counselor, who may approve, deny, or amend your approved pass.
- After a client returns from pass, staff will search bags and belongings client brings back to the facility.
- Client may be requested to do a urine drug screen upon return if there is any suspicion of alcohol or drug use while on pass.



Sign In/Out:

Clients are expected to sign out in the logbook whenever leaving GCRC and sign back in when returned. This includes recreational activity outings organized by staff members. Signing in and out is for safety and emergency procedure purposes.

- If a client is unable to return to GCRC within their allotted time, they are to discuss and problem-solve with staff before leaving.
- If a client realizes they are unable to return within their allotted time while out on pass, they are to call the main line to notify staff.
- If a client does not return by the expected time, staff will attempt to contact the client via the phone number on file. If there is no response, staff may contact the emergency contact on file. Pass time may be revoked if a client does not return on time without notifying staff. A missing person report may be filed with law enforcement, per staff discretion.

Outside Appointments:

Clients will need to establish their own primary care doctor and psychiatrist in the community through collaboration with nursing staff. Clients can see their doctor at any reasonable time. It is expected that clients communicate doctor, dental, or other outside appointments with the nurse or assigned counselor. Additionally, it is expected clients make reasonable effort to schedule appointments outside of programming hours. Clients can work with the Community Resource Specialist to solve any barriers around attending appointments. Staff need at least three days' notice for scheduled appointments. Signing in and out is required for outside appointments.

Curfew:

Days:	On the Property:	In Your Room By:	On the Property Until:
Sunday - Thursday	9:00 PM	10:00 PM	6:00 AM
Friday - Saturday	10:00 PM	11:00 PM	6:00 AM

Sleep:

Clients should not be up earlier than 6:00am. If clients are having difficulty sleeping, they are encouraged to meet with awake overnight staff, as they may be able to offer suggestions to help with sleep hygiene.

Household Chore Assignments:

Clients are expected to engage in Household Chores to promote a clean and organized living environment for themselves and other clients. During the weekly House Meeting, each client is assigned a daily household chore they are expected to keep tidy throughout the week. Clients will never be requested or expected to perform any work or labor outside of housekeeping they would be expected to perform independently in their own residence. Clients often can take the opportunity to use household chores to learn and demonstrate independent living skills to advocate for their discharge to more independent living with their treatment team.



Chore completion may affect client's ability to go on pass. Clients are expected to complete their chore prior to utilizing pass time or complete their chore when returned from pass.

Staff will teach and model the following chores: disinfecting surfaces, sweeping, vacuuming, cleaning dishes, emptying and taking out the garbage and cleaning the common areas and courtyard.

Clients will clean their bedrooms and bathrooms and change their bed sheets weekly to ensure a clean-living space.

Laundry:

There are three washers and three dryers for client use on the second floor. Laundry may be done outside of treatment programming and during free time throughout the week. Detergent and dryer sheets are provided. Clients are encouraged to meet with staff before using the washer and dryer for the first time to orientate.

Intimate Relationships:

GCRC recognizes client's right to sexual expression and sexual activity is a natural part of life, however, living in short-term intensive residential treatment is not a typical living environment. Romantic, sexual, or exclusive relationships while in treatment may be a distraction from recovery efforts or disruptive to other clients. All clients are considered Vulnerable Adults by law during their time at GCRC, it is not uncommon for clients who are vulnerable in sexuality, and mandated reporting obligations apply to instances of suspected exploitation. It is the expectation that clients do **not** engage in physically or emotionally intimate relationships with other clients or engage in sexual relations with anyone on GCRC property. GCRC is responsible for the safety and protection for all clients and as such will take necessary action to maintain a safe and therapeutic environment for all clients.



Alcohol & Drug Policy

Tobacco:

GCRC is a tobacco free building. Smoking and chewing is not permitted in the facility, in front or behind the building. The labeled section of the fenced-in courtyard is the only designated area for smoking and chewing during designated smoking times. Loose tobacco is allowed, cigarettes are to be rolled in the designated area and clients need to clean and disinfect the areas before and after. Cigarettes are to be disposed of in the available ashcans. Smokers are responsible for emptying ashtrays and keeping the courtyard and lawn free of cigarette waste. Due to potential fire hazard, paper or garbage are not to be put in the ashcans. **Clients are not allowed to share or barter tobacco products due to health and safety risks.**

Designated Smoking Times:

7:00am – 7:30am, 12:30pm – 1:00pm, 5:30pm – 6:00pm, 8:30pm – 9:00pm

Vaping and Electronic Cigarettes:

Vaping and electronic cigarettes are not allowed.

Smoking Cessation:

GCRC can connect clients with resources to help with smoking cessation, including nicotine replacements and smoking cessation curriculum.

Cannabidiol (CBD) Products:

CBD products are allowed with a doctor's orders or prescription. Hemp (CBD) cigarettes are not allowed.

Medical Tetrahydrocannabinol (THC) / Marijuana:

Medical THC is not allowed except for extenuating circumstances and dependent on further review prior to admission. A doctor's orders or prescription will be required for consideration.

Urinalysis (UA) / Breathalyzer:

Staff reserves the right to request a UA/Breathalyzer from clients at random, at request of a provider or probation officer, or if use is suspected. Clients are expected to comply with UA/Breathalyzer requests, although clients have a right to refuse. A refusal is assumed to be positive and may result in adjustments to your approved pass time or treatment plan.

Miscellaneous

Telephone Use:

Landline telephones are available for client use for both incoming and outgoing local and long-distance calls in the common area on the 1st floor. The client phone number to share with friends and family can be found in contact information on front of this packet.

Mail:

Clients will be provided with their mail from the Program Assistant. The outgoing mail bin is located in the Program Assistant's office. GCRC will provide stamps when necessary.

Emergency Procedures:

Clients will be expected to participate in fire drills monthly, and tornado drills once in the spring. In the event of a fire, exit the nearest exit, and walk east to Razors Edge Salon, on the northeast corner of 124th Street and Ottawa Ave. Staff will conduct a count of the clients and use the sign out book to see who is on pass. Staff will provide information of who signed out to fire department, if necessary. In the event of a tornado, follow staff directions and walk towards the west 1st floor hallway near client bedrooms 1-8.



Recipient Rights

STATEMENT OF POLICY:

Guild has a fundamental responsibility to protect and promote the rights of the people served. Guild Incorporated intends that every individual's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices be promoted. Through a Statement of Rights, Guild Incorporated declares its intent to protect the interests and well-being of each person served, consistent with the laws of the State of Minnesota. Each individual shall receive a Statement of Rights as part of his/her orientation to services and again on an annual basis.

All staff shall demonstrate knowledge of agency policy and procedures used to preserve and promote the human rights, dignity, health, and safety of individuals served. Staff shall encourage and assist individuals served in the fullest possible exercise of their rights. Any interested person, guardian or conservator can seek enforcement of these rights on behalf of the individual served.

Through this statement of rights, Guild declares its intent to protect the interests and well-being of each person served, consistent with the laws of the State of Minnesota. We cannot require you to waive any of these rights in order to live here. Any interested person, or one's guardian or conservator can seek enforcement on your behalf.

1. Right to Courteous and Responsive Treatment:

You have the right to be treated with courtesy and respect for your individuality by Guild employees, and by any other person providing services in Guild. You also have the right to prompt and reasonable responses to your questions and requests.

2. Right to Refuse Care:

You have the right to refuse treatment. If you refuse treatment, medications, or dietary restrictions you will be informed of the likely impact of the refusal and this will be documented in your treatment chart. Your refusal of treatment may result in contract or you being discharged from the program. If you are incapable of understanding the consequences of the refusal, but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented in the file.

3. Right to Privacy:

You have the right to respectfulness and privacy as it relates to your individual program.

Case discussion, consultation, and treatment are confidential and shall be conducted discreetly. Here, staff will respect the privacy of your room by knocking on the door and seeking consent before entering, except in an emergency. You have the right to consideration of your individuality and cultural identity as it relates to your social, religious and psychological well-being. Photographs, other than for identification purposes, cannot be taken of you without your

consent. In the case client consents to their photograph being taken for purposes beyond identification, consent must be documented in writing and be in client's file.

4. Right to Communication Privacy:

Personal mail shall be sent without interference and received uncensored and unopened. You shall have access to a telephone 24/7 where you can make and receive calls (including long-distance), as well as speak privately. If you are expecting an important call during group time, direct the caller to the staff line. If necessary staff will take a message or allow you to take the call. Clients are allowed to have and use cell phones while residing at the program.

5. Right to Visitors:

You are allowed to receive visitors at reasonable times. The right to receive visitors other than those specified may be subject to reasonable written visiting rules and hours established by the program. These rules must be reasonable, be written, and be available to recipients. Staff may impose limitations on visits to an individual if it is determined that the limitations are necessary for the welfare of the client and if the limitations and reasons are fully documented in the treatment plan.

You may meet with visitors and participate in commercial, religious, political, and/or community groups without interference, as long as the activities do not infringe on the privacy rights of other individuals served. This includes the right to join with others both within and outside Guild to work for improvements in mental health services.

You can receive visits at any time from your personal physician, religious advisor, and/or your attorney. Others can visit you consistent with the visitor's policy posted in each house. At the time you are admitted, you shall be given the opportunity to authorize disclosure of your presence in the program to callers or visitors who may seek to communicate with you.

If we do not know your whereabouts Director/staff may choose to file a missing persons report to the police before the mandated 24 hours.

6. Right to Confidentiality of Records:

Information you give us about yourself is kept private. Only you and the staff at Guild who work with you will see it. If you want someone else (for example, another service provider or your family) to have this information, you must give written permission by signing a "Consent for Release of Information."

Times when this information can be shared without your written consent include:

- a) an emergency which threatens life or safety
- b) a court order
- c) a statute such as the Vulnerable Adults for Child Abuse Reporting law



- d) data collection, investigations, and/or inspections by regulatory and licensing agencies such as the State Department of Human Services, County Social Service Departments, and the Minnesota Department of Health.

You have the right to view your record during regular business hours in the presence of the Director or designated staff. We must respond within three business days. If you disagree with the accuracy and/or completeness of records about you, you can file an appeal with the President of Guild Incorporated. If the disagreement isn't settled to your satisfaction, you can, Director of Data Privacy for the State of Minnesota (296-6733).

7. Right to Personal Property

You have the right to keep your personal clothing and possessions as space permits, unless to do so would infringe upon the rights of others, or would be in conflict with medical/ safety practices. Guild will provide a locked storage box for personal use in your room. Guild Incorporated is not responsible for any lost or stolen items.

8. Right to Physician Appointments:

You have the right to contact your physician at any reasonable time.

9. Right to Freedom from Abuse and Restraint:

You shall be free from mental and physical abuse. "Abuse" means any act which constitutes assault, sexual exploitation, or criminal sexual conduct; or the intentional infliction of physical pain or injury; or any persistent source of conduct intended to produce mental or emotional distress. No person shall be physically or chemically restrained. In an emergency situation residents will be removed from the area and law enforcement will be summoned.

10. Right to Compensation for Work:

You cannot be required to perform labor, other than that of shared housekeeping and kitchen chores, without being paid according to the state and federal labor laws, including minimum wage and minimum wage reduction provisions.

11. Right to Manage One's Own Personal Funds:

You have the right to manage your own finances. Staff will not supervise your personal funds or property.

12. Resident Council:

Individuals served have the right to organize and maintain a Resident Council through which they have an opportunity to express their feelings and thoughts about the program and to impact policies and procedures of the program. Minutes of each meeting are given to the Program Director.

13. Exiting Services:



Individuals served will not be asked to leave Guild without a legitimate reason/plan. Ideally, you would exit services when a majority (at least 70%) of your treatment goals and objectives have been met. Your stay may be shortened in some situations such as a change in your medical or treatment needs, the safety of yourself or other residents, unwillingness to participate and engage in treatment activities, or non-payment of room and board fees.

14. Room Transfers:

Guild makes every effort to accommodate new residents without disrupting room assignments. However, there may be times you would be asked to change rooms in order to accommodate participant needs. You will be given adequate notice and staff will assist.

15. Right to Voice Grievance:

You are encouraged to learn about and exercise your rights both as a consumer and as an American citizen. If you have a complaint, or disagree with agency decisions or policies, we encourage you to speak directly about the issue with those involved. You can recommend changes in policy to the administration and staff here, without fear of restraint, interference, discrimination, or threat of eviction.

Guild does not discriminate because of race, religion, national origin, sex, marital status, color, sexual preference, creed, disability, or statute with regard to public assistance. We also do not discriminate based on age, although this program is for those over 18 years of age. If you feel you have been discriminated against for these reasons, you can file a complaint with the Department of Human Rights, (651/296-5663), 240 Bremer Building, 7th and Robert Streets, St. Paul, MN 55101.

If you perceive your rights as being threatened or violated, or if you feel you have been unfairly denied or excluded from services, or haven't been given your choice of service, we have a grievance procedure which is posted on the bulletin board in each house, and/or you are welcome to contact the following:

- Office of Health Facility Complaints.....651/431-6500
- Licensing Division of MN Dept. of Human Services.....651/296-3971
- Lay Advocates Network of the Mental Health Assn.....612/331-6840
- Office of Ombudsman.....651/296-3848

Guild ensures every individual's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices be promoted, and, we encourage and will assist you in the fullest possible exercise of these rights, consistent with the laws of the State of Minnesota.



Client Handbook Agreement Authorization Page

1. I received a copy of the Client Handbook including the Treatment and Community Living Agreements on the day I was admitted to Guild Crisis and Recovery Center. I agree to adhere to the principals outlined herein.
2. I have received the following: Notice of Privacy Practices, Grievance Procedure, Code of Ethical Conduct, and brochure regarding the Vulnerable Adult Law, including Missing Persons reports.
3. I authorize Guild to release any necessary health information to all payers of healthcare services from Guild, including economic assistance applications and needed verifications, as well as insurance authorization forms and claims.

Client Name

Date

Client Signature

Staff Name

Date

Staff Signature