



Guild Crisis & Recovery Center, Scott County  
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## **RESIDENT HANDBOOK**

### **WELCOME TO GUILD Crisis & Recovery Center**

We look forward to working with 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 all this information together in this handbook. If you have questions about this information at any time during your stay, please ask staff.

Guild is an organization that offers integrated mental health, substance use, 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.

**Program policies, procedures, agreements, and expectations are subject to change at any time for any reason.**

### **STAFF AND SERVICES WE PROVIDE**

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 strive to provide a safe and stable environment for individuals who are experiencing mental health or other crises with the opportunity to gain support and develop skills to better meet life's challenges. 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, both 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. The programs operate 24 hours a day, 7 days per week and provide intensive mental health and co-occurring disorders treatment for up to 16 adults.

All of the services at the Scott County Crisis and Recovery Center are designed to respond to the unique strengths, needs, and wishes of each of the individuals served. The staff are available 24 hours each day for support, problem-solving, and crisis intervention services. Each of the staff are required to adhere to the Guild Code of Ethics. This is posted at GSCR and available if you would like a copy. We strive to use a person-centered, trauma-informed, harm-reduction and culturally aware approach. Additionally, IRTS assists individuals with connecting to resources needed for ongoing mental health and substance use stability after discharge from the program.

The crisis program is designed to help individuals in psychiatric or other crises stabilize in the community without becoming homeless and, whenever possible, without hospitalization. Each staff person must adhere to Guild's Code of Ethical Conduct and Guild's mission, values, and core competencies. A copy of Guild's Code of Ethics is posted on the bulletin board near the front entrance.

Our Clinical Supervisor, Program Supervisor and Program Manager oversee services and staff at Guild Crisis and Recovery Center. Our **Clinical Supervisor** provides clinical consultation. The Clinical Supervisor or one of our Mental Health Counselors will meet with you to complete a Diagnostic Assessment and Substance Abuse Assessment. These assessments will help you and staff identify your treatment goals and strategies to meet your individual recovery needs. Our **Program Supervisor** hires and trains new staff and ensures adequate staffing ratios are met 24/7. Our **Program Manager** oversees the program's finances, policies and procedures and compliance with licensing requirements from the Minnesota Department of Human Services and the Minnesota Department of Health.

Our **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.

Our **Clinical Trainees or Mental Health Professionals** are the staff who will be here with you 24 hours a day. They provide direct support each day to help you carry out your plans and to help you solve problems as needed. They will help develop and participate in your individual treatment plan (ITP) meetings and will work closest with you to help you identify and achieve your goals. 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.

Our **Mental Health Practitioners** 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 residents with building and reinforcing the skills needed to reach their treatment goals.

Our **Therapeutic Recreation Specialist** facilitates treatment groups and oversees our healthy living / therapeutic recreation program. This member of the team will meet with you individually to assess your leisure interests, needs and abilities. These will be incorporated into the monthly group calendar and/or your ITP.

Our **Peer Support Specialist** has lived and managed mental health challenges and helps others learn about their strengths and challenges. In addition, this team member creates partnerships with residents with a focus on mutual learning and mutual responsibility. This staff member

will also provide information on the pathways to recovery which include Hope, Choice, Empowerment, and Spirituality.

Our **Community Resource Specialist (CRS)** meets with you individually to assess 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 continuity of care. This position will also facilitate informational groups structured in the weekly program schedule.

Our **Household Coordinator** is responsible for planning and preparing healthy and well-balanced meals for residents. The household coordinator will post a monthly menu that includes resident input for meal choices. They will also provide residents with a schedule of their household chores and oversee the general cleanliness of the building. The household coordinator is also responsible for overseeing the general maintenance of the building. You will work with this staff member in the culinary group. Feel free to talk with the household coordinator about any culinary desires.

Our **RN (Registered Nurse)** 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.

Our **Program Assistant** aids the team with data collection and reporting, ensures accuracy of our electronic health records, responds to requests for medical records and works closely with our billing department for payment for our services.

The following is the daily schedule we provide:

\*Subject to Change at anytime

Guild Crisis and Recovery Center – Scott County Programming Schedule							
Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 - 9:00 AM	Breakfast and Medications	Breakfast and Medications	Breakfast and Medications	Breakfast and Medications	Breakfast and Medications	Breakfast and Medications	Breakfast and Medications
9:30 AM	Goals Group	Goals & Wellness	Goals & Wellness	Goals & Wellness	Goals & Wellness	Goals & Wellness Peer Support	Goals Group
				Client Rm Cleaning From 9:30- 12:30			
10:30AM - 11:15AM		Enhanced Illness Management & Recovery (EIMR)	Self-Help Skills Group		Enhanced Illness Management & Recovery (EIMR)	Wellness Recovery Action Plan	
11:30-12:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1:00 - 1:45 PM		Community House Meeting & Unit Cleaning	Meditation Room Open Hours	Medication Management (by appointment, individual programming)	Culinary	Shopping Outing	
2:00PM							Recreation and Leisure
2:30PM							
3:00PM							
3:30PM							
4:00 - 4:30 PM			Self Care Skills	Move Group		Arts and Crafts Activity	
4:30-5:00 PM	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
5:15-5:30 PM	Progress Group	Progress Group	Progress Group	Progress Group	Progress Group	Progress Group	Progress Group
5:30-6:30 PM				Dialectical Behavioral Therapy (DBT)	Cognitive Behavior Therapy (CBT)	Seeking Safety	
7:00 - 10:00 PM	Medications	Medications	Medications	Medications	Medications	Medications	Medications
10:00 PM	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out		
11:00 PM						Lights Out	Lights Out

Input from our current residents is considered when groups are scheduled. We attempt to tailor our programming to what our current residents want and need.

See below for a brief description of some of the regularly scheduled groups offered at the program.

### **EIMR: Enhanced Illness Management and Recovery**

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.

### **Co-occurring Disorders Treatment**

Co-occurring Disorder Treatment consists of treatment modules aimed to help people who have a mental illness, and a co-occurring substance use disorder. Mental and substance use conditions often co-occur and effective treatment focuses on both disorders at the same time, which is called integrated treatment.

### **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 manage distress without being overwhelmed or acting destructively. DBT Skills groups are for residents 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.

### **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 residents become safer in their relationships, thinking, and actions. It is present-focused and designed to be safe, optimistic, and engaging. It focuses on resident strengths and how to utilize them.

### **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.

### **Peer Support:**

Led by a certified peer support specialists or a current member of the group who is willing to facilitate, this group provides a safe space for individuals to share their experience with mental illness in a non-judgmental space, encouraging empathy, productive discussion, problem solving, breaking down stigma, and building a sense of community. Peer support is based on the hope that recovery is possible and is guided by principles such as: aiming for better coping skills, self-forgiveness, embracing humor as healthy, etc.

### **Goals Group**

Monday through Friday at 9am residents meet to check in and discuss their goals for the day or week. Residents 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 Staff during the admission process.

### **Progress Group**

Monday through Friday at 6pm residents meet to check in and discuss their progress towards treatment goals discussed during the morning Goals Group. Residents will process what went well and a goal they accomplished and what barriers they had trying to achieve their goals. Residents are encouraged to focus on strengths, positives and progress and how they plan to overcome the challenges faced.

### **Health and Wellness**

Establishing healthy habits is an important part of recovery and quality of life. Residents are 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 residents 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. Residents 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.

### **WRAP: Wellness Recovery Action Plan**

You will develop a WRAP which 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.

### **Self-Help Meetings**

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

### **Community House Meetings and Resident Council**

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

### **Individual Meetings**

Residents 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, residents are expected to meet with the nurse as needed to discuss ongoing health and wellness.

### **Non-participation Treatment**

Although treatment is voluntary, residents are expected to attend and participate in treatment programming. Residents 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.

## EXPECTATIONS OF TREATMENT PARTICIPATION

- Be respectful to everyone. This includes using respectful language and being respectful of another person's or the 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.
- Residents are discouraged from becoming involved with other residents in a sexual or romantic manner, as this may interfere with your treatment.
- Residents will keep bedrooms clean, compliant with safety standards, and free from food and drinks other than water.
- Residents 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.
- Residents are expected to be appropriately dressed at all times and wear shoes for safety and health in common areas.
- Residents are encouraged to demonstrate good hygiene.
- Residents will not borrow, buy, or sell any items from others. The staff is not responsible for any disputes that may result from residents violating this guideline.
- Residents will not enter other residents' 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 confidentiality.
- Residents 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 residents to use and share. They are available until 10 PM. Quiet hours are from 10pm-6am, so it is expected that the volume will be kept low during those times.
- 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. Residents may smoke or chew outside in the designated area.
- Residents 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 resident needs.
- Residents are expected to attend scheduled programming, therapy, and doctor appointments.
- Residents are expected to share in household chores including cleaning dishes and keeping bedrooms, bathrooms, and common areas clean and tidy.



Staff will meet with you and your case manager to review your goals regularly throughout your stay with us. You will meet with a **Mental Health Practitioner** who will schedule these **ITP meetings**. Your strengths, needs and goals will be reviewed at these meetings and your ITP (Individualized Treatment Plan) will be changed / updated accordingly. These meetings will be held at 10 days, 40 days, 70 days and about 5 days prior to discharge. They will also include a discussion about how long you will stay at Guild Crisis and Recovery Center and what your living arrangements will be after treatment. Our Mental Health Practitioners will meet with you individually to help you accomplish your established goals.

Staff practice authenticity and strive to assist you in making recovery-focused decisions during your stay. This means that staff reserve the right to **question where you are going** during your free time and to ask you not to participate in activities that are not recovery focused. You **MUST** notify staff each time you plan to leave the grounds. Staff are required to conduct and document hourly checks, even during the overnight shifts, so please keep staff informed of your whereabouts. **Curfew is 10:00pm every day, no overnight passes are allowed.** You are expected to participate in all elements of treatment provided at Guild Crisis and Recovery Center. All residents are expected to be present in the facility during overnight hours.

### **GROUP RULES / EXPECTATIONS**

- 1) Be respectful of others, only one person talks at a time, no interruptions.
- 2) Group Trust: It is important that what is said in this group stays in this group.
- 3) No phone use during groups, including personal cell phones. Staff may take your personal cell phone for 24 hours if you text, if it rings or if you answer it during a group. Please keep it in your bedroom or turn on silent mode and place it in the provided basket before the group starts.
- 4) Feedback to peers must be sincere and constructive. Negative comments, noises or gestures will not be tolerated.
- 5) No eating during groups. Food and drinks are never allowed in the living room or van, except for water, but you can have a beverage with other groups.
- 6) No smoking or smokeless tobacco is allowed during groups.
- 7) Try to remain seated for the group's duration; too much movement disrupts others. Groups that are longer than 60 minutes may include a brief (5min) break as needed.
- 8) Please participate actively in the groups.
- 9) We want you to get the most you can from the program in your short time here. So, everyone is expected to be on time for groups, please plan smoke and bathroom breaks accordingly.
- 10) Violations of these rules may result in you being asked to leave the group. This will be at staff discretion, and you will be marked unexcused. You will not be allowed to smoke, eat, or use the phone because your peers who are participating in the group cannot do so either. After the group, you will meet with IRTS staff and discuss the unexcused absence. As noted above, if you are marked unexcused you will be restricted from leaving the grounds. You will also be marked unexcused and restricted from leaving if you attend a group but refuse to participate in it.

### **MEDICATION EDUCATION AND MONITORING**

Everyone served at Guild Crisis and Recovery Center will get assistance learning to manage

prescribed medications. We want everyone to gain independence with medications 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 monitored by staff. 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.)

You and staff can work together to evaluate how much help with medications you want and need (remembering doses, knowing the purposes of each medication, ordering refills from your pharmacy or doctor, etc.) Med-Ed 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 not ordered by your doctor will be disposed of according to Guild's Medication Policy.

#### **Medication Administration Schedule:**

Morning	7 am to 8 am/8:45 am to 9 am
Afternoon	11:45 am to Noon /2:30 pm to 3:30 pm
Evening	7 Pm to 10 pm

#### **Rooms**

The facility includes a private room. All rooms are furnished and bedding and towels are provided. Everyone brings their own clothing, toiletries, and medications. Because space is limited and you may have to move to a different room, please be mindful of how much you bring with you and only bring what is necessary. You are welcome to bring computers and cell phones at your own risk, however personal TVs and video game consoles are not allowed in bedrooms. Please keep valuables locked in your room. No open food/drink is allowed in your bedroom, unless medically necessary. To avoid damaging the walls, do not use tape, nails, command strips or hooks or tacks to display pictures or wall décor. Additionally, to be in compliance with the requirements of the fire marshal, we cannot allow the use of extension cords in your bedroom. Electrical strips / surge protectors can be used instead.

#### **Room Searches**

Staff may ask to search a room at any time or when staff have reason to believe a resident has a restricted or prohibited item that is a health and safety concern in their possession. Staff will provide an opportunity for the resident 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 vitally important, 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.

## **Belongings**

The safety of residents and staff is a top priority. All incoming belongings are searched to secure necessary items that require storage in a locked area. Residents 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 residents' 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 residents 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 the 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.

Residents will have access to personal lockers in the kitchen area to store food and drink items not allowed in resident rooms. Residents 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, THC products and marijuana, illegal substances, prescription medications not prescribed to the resident, paraphernalia, weapons, explosive devices, flammable accelerants, 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:** Residents are able to store personal belongings in their rooms and are encouraged to keep their rooms locked to ensure the 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 phones, tablets and laptops. Personal televisions and video game consoles are not allowed in resident rooms. Residents are allowed to use approved electronics outside of treatment programming and during free time.

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

**Vehicles:** Use of vehicles is not permitted during your first month. After the first month, you and your team (IRTS staff, case manager, etc.) will assess if having access to your vehicle will help in achieving your goals. Any vehicle kept on GCRC property must be in good legal standing and have current insurance and registration to be considered for use during your stay. You will not be allowed to use your vehicle until your team approves it. If approved, the keys to your vehicle will be kept in a locked staff area. You will be expected to ask for them before leaving the grounds and must give them to staff upon your return. Staff reserves the

right to restrict you from using your vehicle if you are not in compliance with the expectations of the program or if driving may pose a risk to you or others.

#### *Belongings left at the program:*

Residents are expected to take all their belongings with them when they discharge from treatment. In the event items are left behind after a resident discharges, GCRC will store these items for up to 30 calendar days. If a discharged resident plans to retrieve their belongings at a later date, arrangements between the resident 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.

#### **Staff Eyes – On Checks:**

Staff have a duty to perform eyes-on checks of every resident hourly during a resident's treatment stay. The staff will attempt to be as non-intrusive as possible. Staff will also check to ensure residents are following the community living agreement such as no food in resident rooms. Staff will respect privacy by knocking prior to entering unless it is between 10p-6a in an effort to not disrupt residents' sleep schedules. Residents can request that staff knock on their door between the hours of 10p-6a.

#### **Visitors**

Residents are to notify staff when they are expecting a visitor. Minors are welcome to visit if they are always accompanied by a responsible adult, remain in the common areas, and are not disruptive to other residents. Maximum 1 hour visit unless approved by staff.

##### *Visiting Hours:*

Monday thru Friday: 5 pm -8 pm

Saturday and Sunday: 10am – 10pm

*Visiting Space:* Visiting is only allowed in approved public spaces in the facility. **Visitors are not allowed to enter resident rooms.**

*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 resident's safety. In rare occasions, a visiting ban may be placed on an individual upon resident or staff request should there be a concern for ongoing resident, visitor, or staff safety, or if a visitor is determined to be interfering with the treatment of a resident by the Program Manager or Program Supervisor.

#### **Menu and Alternative Meals**

The menu is designed by the 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 resident prefers not to eat what is offered on the menu for a particular meal, a resident is to speak to staff about what else may be available, such as leftovers, preparing a sandwich or cereal, instant noodles, or canned food.

#### **Meal Times**

Breakfast: 7:00am – 8:30am

Lunch: 11:30am

Dinner: 4:30pm

*Cooking Personal Meals:* Residents 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 1<sup>st</sup> floor resident kitchen. Clean-up is a part of cooking, and these arrangements can be discontinued at any time. **The expectation is if you prepare something in the resident kitchen, when you are finished, you clean up after yourself.**

*Buying Food:* Cost of food provided is included in the 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 resident community. Should an individual choose to buy additional food, any perishable food will be labeled with name and date and kept in the resident fridges or lockers. Residents are not allowed to consume other residents' food. GCRC will not reimburse or replace any resident food eaten or thrown out by others. The resident kitchen is closed from 8pm to 6 am.

*Designated Eating Area:* The dining room and resident kitchen are the designated eating areas. No food should be eaten in the common areas or meeting rooms. Residents can drink covered beverages anywhere in the facility but must return the drinkware to the kitchen.

*Caffeine:* Caffeinated coffee is available for residents from 6:00am – 11:00am.

### **Pass Guidelines**

Passes are an opportunity for residents to go into the community, visit friends and family, and enjoy outside leisure activities, weather permitting. While we want to have residents enjoy themselves in the community, safety is our first concern.

- The first week here you are on the “buddy system” for walks in the community. Another program resident will accompany you outside the building. This person cannot also be new to the program and on the buddy system. This will help you to get familiar with the local area and the program. Residents may also request to walk with a staff member.
- After a 10-day acclimation period, residents are eligible, with staff approval, to go on walks in the community for 30 minutes in duration.
- Residents earn pass time based on the ability to navigate the community safely, symptom severity, and level of participation in programming. Resident's primary staff member will review and approve pass time.
- Approved pass time can include a certain number of hours daily available for residents to take outside of programming or passes approved for specific events upon request. Resident'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).
- If the staff are concerned that a pass may not be in the resident's best interest, for example that the resident may not be safe on pass due to an increase in symptoms, use of alcohol or drugs, or being at high risk for self-harm, the staff may ask that the

resident reschedule their pass to a later date or decline the pass entirely.

- After a resident returns from a pass, the staff will check bags and belongings the resident brings back to the facility. Again, this is in an effort to keep everyone safe.
- A resident may be requested to complete a urine drug screen or breathalyzer test upon return if there is any suspicion of alcohol or drug use while on pass.

### **Sign In/Out**

The staff are required to complete hourly checks, so you **MUST** check in with the staff whenever leaving GCRC and check in when returning. Checking in and out is for safety and emergency procedure purposes.

- If a resident is unable to return to GCRC within their allotted time, discuss and problem-solve with staff before leaving.
- If a resident realizes they are unable to return within their allotted time while out on pass, they are to call the Crisis phone line to notify staff.
- If a resident does not return by the expected time, staff will attempt to contact the resident via the phone number on file. If there is no response, staff may contact the emergency contact on file. A missing person report may be filed with law enforcement after 24 hours, per staff discretion.

### **Outside Appointments**

Residents will work with the staff to establish a primary care and psychiatric provider in the community. Residents can see their doctor at any time. It is expected that residents communicate about upcoming doctor, dental, or other outside appointments with the nurse or primary staff member. Additionally, it is expected residents make reasonable effort to schedule appointments outside of programming hours. Residents can work with the Community Resource Specialist to solve any barriers around attending appointments. Checking in and out is required for outside appointments.

Curfew: Is 10:00pm daily.

### **Sleep**

We recognize that sleep is very important to health. That is why we encourage you to get regular restorative sleep. If residents 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**

Residents are expected to engage in household chores to promote a clean and organized living environment for themselves and other residents. Residents will never be requested or expected to perform any work or labor outside of housekeeping that they would be expected to perform independently in their own residence. Residents 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. Residents are expected to complete their chore prior to utilizing pass time or complete their chore when returning from pass.

Staff will teach and model the following chores: disinfecting surfaces, sweeping, vacuuming,

cleaning dishes, emptying and taking out the garbage, cleaning the common areas and courtyard.

Residents 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 residents' use on the second floor. Laundry may be done outside of treatment programming and during free time throughout the week.

Detergent is provided. Residents are encouraged to meet with staff before using the washer and dryer for the first time for an orientation to these machines.

### **Alcohol & Drug Policy:**

As noted above, alcohol or drug possession or use is not permitted at GCRC. This includes cannabis, even if it is legal in Minnesota. We follow a harm reduction approach, which is focused on the safety of residents and staff in the program. If you are choosing to use any substances when you are away from the program, we encourage you to talk with the staff about ways to stay safe if you choose to use, how medicines and substance use may not mix well, and how psychoactive substances may affect your mental health. In addition, we may ask you for a urine screen or breathalyzer upon your return to the residence to make sure that you are able to safely take your medicines if you have ingested any alcohol or drugs of abuse. Residents are expected to comply with urine screen and breathalyzer requests, although you have a right to refuse. If you refuse, we may not be able to give you your medicines at that time and it will be considered a positive test/screen.

### **Tobacco:**

GCRC is a tobacco free building. Smoking, vaping and chewing are 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, vaping and chewing. Loose tobacco is allowed, cigarettes are to be rolled in the designated area and residents 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. **Residents are not allowed to share or barter tobacco products due to health and safety risks.**

**Purchasing and use of tobacco by anyone under the age of 21 is illegal in Minnesota. Staff will request that anyone under the age of 21 refrain from using tobacco at the facility.**

### **Smoking Cessation:**

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

### **Medical Tetrahydrocannabinol (THC) / Cannabis:**

Medical THC is not allowed to be used in the program. Please inform the intake coordinator of a medical THC prescription before being admitted to GCRC so the Nurse (RN) can be ready to help make alternative pain management arrangements.

GCRC is cognizant of the Minnesota laws legalizing the use of THC, however, GCRC follows

the federal regulation that Marijuana and THC products are prohibited from government buildings.

**Cannabidiol (CBD):**

CBD pills and topicals are allowed with a doctor's prescription and will be stored with other medications in the nursing station. CBD products are not to be shared among residents.

**Internet:**

Public Wi-Fi can be accessed under the network titled **GuildPublic** and is for resident and guest use. Because it changes periodically, ask staff for the current password. The network is monitored, and residents may have their devices blocked for inappropriate usage.

**Computer:**

There is a computer available for resident use in Tree Room. Residents are asked to limit use to 20 minutes if others are waiting to use the computer.

**Television:**

A television is available on the 1st floor for everyone to share. The content should be PG-13 or milder. The TV is shut off at 11 PM. If you would like an exception made, discuss it with staff.

**Caffeine Consumption and Energy Drinks:**

Caffeine consumption is allowed at IRTS and is monitored by staff. Caffeine pills or medications that contain caffeine (Excedrin Migraine, Midol, etc.) must be in the nursing office and dispensed by staff as a PRN. If caffeine consumption from energy drinks, coffee, or other sources becomes a barrier to attending treatment effectively, staff reserve the right to limit the consumption of caffeine at the direction of the Nurse (RN).

**Telephone Use:**

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

**Mail:**

Residents will be provided with their mail from the staff. Incoming mail is held in the front office. Outgoing mail can be dropped off in the mailbox located in the parking lot, south of the building. Residents are expected to purchase their own stamps for use.

**Emergency Procedures:**

Residents will be expected to participate in fire drills monthly, and tornado drills once in the spring. If the event of a fire, exit the nearest exit, and walk east across Ottawa Ave. utilizing the crosswalk, and gather on the northeast corner of 124th Street and Ottawa Ave. In the event of a tornado, follow staff directions and gather at the first-floor community bathroom across the hallway from the main group room.

**Transportation:**



**For outside appointments**, it is expected that clients will make their best efforts to find transportation independently. Clients will utilize the following list as a hierarchy for transportation to appointments and other transportation needs. **All policies are subject to change at any time to fit program needs.**

- 1. Transport themselves independently.** Clients can utilize their cars to drive themselves independently to appointments before 30 days if the client has shown proof of active insurance, and driver's license, and there are no notable safety concerns. **Clients cannot drive other clients in their personal vehicles for any reason.** Clients can transport themselves independently on approved passes into the community after 30 days with an active license, insurance and no other safety concerns.
- 2. Utilize insurance and medical rides to appointments.** Clients should seek out the RN's or program staff's support to discuss scheduling medical rides to appointments as needed. The RN or staff can assist and support clients in scheduling medical rides for themselves through their insurance.
- 3. Contact family, friends or other supports for transportation needs.** Clients are encouraged to reach out to family, friends or other supportive people to provide transportation.
- 4. Utilize outside resources for transportation.** Clients will utilize public transportation, metro-mobility, buses, case managers, or ride-share services such as Uber. Clients will seek out the Community resources Specialist (CRS) for a list of transportation resources in the community if needed.
- 5. Transportation by Guild.** Clients may utilize Guild- Scott County (SCR) program staff as a means of transportation if:
  - a. The client is unable to provide themselves with transportation (i.e. they do not have a car, or their car is not insured or in working order).
  - b. The client's insurance won't cover a medical ride for the appointment and the client is able to provide proof that an attempt to get coverage was made (i.e. the client called with staff present, shows their call log to staff or calls from the crisis phone). ***Please be advised that most insurances require that medical rides be scheduled 48-72 hours in advance.***
  - c. The client attempted to utilize personal supports, and their supports were unable to help in the time frame needed. Program staff reserve the right to ask a client to show proof that personal supports were contacted.
  - d. The client is not able to use outside resources for transportation (i.e. they do not qualify for Metro-Mobility or other transportation resources, they contacted their case manager (CM) and the CM could not help, the client has no available funds to use for transportation- again, proof of this may be requested by staff at any time).

If all the above-mentioned conditions are true, clients may seek staff support for transportation to appointments. **It is required that clients inform staff of their need for transportation 3 days in advance of the appointment so that the staff can find a solution that does not impact the day-to-day operations of the program. Any**

**requests for Guild transportation that are made with less than a 3-day notice will be automatically denied, and it will be the client's responsibility to reschedule or cancel their appointment.** Staff will not transport clients on approved passes into the community, clients must find their own transportation for these passes.

- 6. Lyft transportation provided by Guild.** This service will only be utilized if the RN or staff deem the need for transportation is due to an imminent medical need. There is a limited budget for the Lyft services, and this should be used only in cases where a client needs medical attention quickly that is non-emergent, such as urgent care.

**If a client needs immediate medical services or has a medical emergency 911 will be called and emergency professionals will assess the client. Client will be transported via ambulance if a client is having a medical emergency.**

**Program staff will provide transportation to clients on a weekly shopping outing on Fridays at 1pm. Staff will communicate with clients if this day and time changes in advance. Clients should purchase all necessary food items and personal care items at this time. Staff will not transport individual clients to the store outside of the weekly shopping outing.**

On occasion, the CRS may provide transportation for clients **for resource related appointments** if needed. A 3-day notice for transportation is required for resource appointments as well and need to be arranged with the CRS whenever possible.

For weekly support groups outside of Guild (AA, NA, NAMI, etc.), clients should reach out to supportive friends or family and fill out a pass to attend these groups. Clients can meet with the CRS to discuss the transportation needs of the client to go to support groups on a case-by-case basis.

<b>STATEMENT OF POLICY: Residential Resident Rights</b>	Service Area:	Residential
	Revision Date:	07/23 SJ 07/24 DR

Guild has a fundamental responsibility to protect and promote the rights of the people served. Guild 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. Everyone 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 to live here. Any interested person, or one's guardian or conservator can seek enforcement on your behalf.

#### **144.651 HEALTH CARE BILL OF RIGHTS:**

Subdivision 1. Legislative intent: it is the intent of the legislature and the purpose of this section to promote the interests and wellbeing of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Subd. 2. Definitions: for the purposes of this section, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center or at a birth center licensed under section [144.615](#). "Patient" also means a minor who is admitted to a residential program as defined in section [253C.01](#). For purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health treatment on an outpatient basis or in a community support program or other community-based program. "Resident" means a person who is admitted to a nonacute care facility including extended care facilities, nursing homes, and boarding care homes for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts [4625.0100](#) to [4625.2355](#), a boarding care home under sections [144.50](#) to [144.56](#), or a supervised living facility under Minnesota Rules, parts [4665.0100](#) to [4665.9900](#), and which operates a rehabilitation program licensed under chapter [245G](#) or 245I, or Minnesota Rules, parts [9530.6510](#) to [9530.6590](#).

Subd. 3. Public policy declaration: it is declared to be the public policy of this state that the interests of each patient and resident be protected by a declaration of a patients' bill of rights which shall include but not be limited to the rights specified in this section.

Subd. 4. Information about rights: patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section [253C.01](#), the written statement shall also describe the right of a person 16 years old or older to request release as provided in section [253B.04, subdivision 2](#), and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for people who have communication disabilities and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section [626.557](#), relating to vulnerable adults.

Subd. 5. Courteous treatment: patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Subd. 6. Appropriate health care: patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not reimbursable by public or private resources.

Subd. 7. Physician's, advanced practice registered nurse's, or physician assistant's identity: patients and residents shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician, advanced practice registered nurse, or physician assistant responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician, advanced practice registered nurse, or physician assistant in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Subd. 8. Relationship with other health services: patients and residents who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Residents shall be informed, in writing, of any health care services which are provided to those residents by individuals, corporations, or organizations other than their facility. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician, advanced practice registered nurse, or physician assistant in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Subd. 9. Information about treatment: patients and residents shall be given by their physicians, advanced practice registered nurses, or physician assistants complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's, advanced practice registered nurses, or physician assistant's legal duty to disclose. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients and residents may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician, advanced practice registered nurse, or physician assistant in a patient's or resident's medical record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information. Every patient or resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician, advanced practice registered nurse, or physician assistant is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

Subd. 10: Participation in planning treatment; notification of family members: (a) patients and residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that the patient or resident cannot be present, a family member or other representative chosen by the patient or resident may be included in such conferences. A chosen representative may include a doula of the patient's choice (b) If a patient or resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient or resident has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient or resident has an effective advance directive to the contrary or knows the patient or resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient or resident has executed an advance directive relative to the patient or resident's health care decisions. For purposes of this paragraph, "reasonable efforts" include:

- (1) examining the personal effects of the patient or resident;
- (2) examining the medical records of the patient or resident in the possession of the facility;

(3) inquiring of any emergency contact or family member contacted under this section whether the patient or resident has executed an advance directive and whether the patient or resident has a physician, advanced practice registered nurse, or physician assistant to whom the patient or resident normally goes for care; and

(4) inquiring of the physician, advanced practice registered nurse, or physician assistant to whom the patient or resident normally goes for care, if known, whether the patient or resident has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

(c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient or resident and the medical records of the patient or resident in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient or resident has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility in implementing this subdivision is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

Subd. 11. Continuity of care: patients and residents shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

Subd. 12. Right to refuse care: competent patients and residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a patient or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician, advanced practice registered nurse, or physician assistant in the patient's or resident's medical record.

Subd. 13. Experimental research: written, informed consent must be obtained prior to a patient's or resident's participation in experimental research. Patients and residents have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Subd. 14. Freedom from maltreatment: patients and residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in [section 626.5572, subdivision 15](#), or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient and resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's or resident's

physician, advanced practice registered nurse, or physician assistant for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Subd. 15. Treatment privacy: patients and residents shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient or resident safety or assistance.

Subd. 16. Confidentiality of records: patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Residents shall be notified when personal records are requested by any individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Copies of records and written information from the records shall be made available in accordance with this subdivision and sections [144.291](#) to 144.298. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third-party payment contracts, or where otherwise provided by law.

Subd. 17. Disclosure of services available: patients and residents shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients and residents in obtaining information regarding whether the Medicare or medical assistance program will pay for any or all of the aforementioned services.

Subd. 18. Responsive service: patients and residents shall have the right to a prompt and reasonable response to their questions and requests.

Subd. 19. Personal privacy: patients and residents shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Subd. 20. Grievances: patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place. Every acute care inpatient facility, every residential program as defined in section [253C.01](#), every nonacute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section [253C.01](#) which are hospital-based primary treatment programs, and outpatient surgery centers with section [144.691](#) and compliance by health maintenance organizations with section [62D.11](#) is deemed to be compliance with the requirement for a written internal grievance procedure.

Subd. 21. Communication privacy: patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients and residents shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician or advanced practice registered nurse in the medical record. There shall be access to a telephone where patients and residents can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls. Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian or conservator of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian or conservator of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility. This right is limited where medically inadvisable, as documented by the attending physician or advanced practice registered nurse in a patient's or resident's care record. Where programmatically limited by a facility abuse prevention plan pursuant to section [626.557, subdivision 14](#), paragraph (b), this right shall also be limited accordingly.



Subd. 22. Personal property: patients and residents may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients or residents, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The facility must either maintain a central locked depository or provide individual locked storage areas in which residents may store their valuables for safekeeping. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

Subd. 23. Services for the facility: patients and residents shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

Subd. 24. Choice of supplier: residents may purchase or rent goods or services not included in the per diem rate from a supplier of their choice unless otherwise provided by law. The supplier shall ensure that these purchases are sufficient to meet the medical or treatment needs of the residents.

Subd. 25. Financial affairs: competent residents may manage their personal financial affairs, or shall be given at least a quarterly accounting of financial transactions on their behalf if they delegate this responsibility in accordance with the laws of Minnesota to the facility for any period of time.

Subd. 26. Right to associate:

(a) Residents may meet with and receive visitors and participate in activities of commercial, religious, political, as defined in section [203B.11](#) and community groups without interference at their discretion if the activities do not infringe on the right to privacy of other residents or are not programmatically contraindicated. This includes:

(1) the right to join with other individuals within and outside the facility to work for improvements in long-term care;

(2) the right to visitation by an individual the patient has appointed as the patient's health care agent under chapter 145C;

(3) the right to visitation and health care decision making by an individual designated by the patient under paragraph (c).

(b) Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian or conservator of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian or conservator of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility.

(c) Upon admission to a facility, the patient or resident, or the legal guardian or conservator of the patient or resident, must be given the opportunity to designate a person who is not related who will have the status of the patient's next of kin with respect to visitation and making a health care decision. A designation must be included in the patient's health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under chapter 145C prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the patient or by the patient's family.

Subd. 27. Advisory councils: residents and their families shall have the right to organize, maintain, and participate in resident advisory and family councils. Each facility shall provide assistance and space for meetings. Council meetings shall be afforded privacy, with staff or visitors attending only upon the council's invitation. A staff person shall be designated the responsibility of providing this assistance and responding to written requests which result from council meetings. Resident and family councils shall be encouraged to make recommendations regarding facility policies.

Subd. 28. Married residents: residents, if married, shall be assured privacy for visits by their spouses and, if both spouses are residents of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records.

Subd. 29. Transfers and discharges: residents shall not be arbitrarily transferred or discharged. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the resident's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.

Subd. 30. Protection and advocacy services: patients and residents shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

Subd. 31. Isolation and restraints: a minor patient who has been admitted to a residential program as defined in section [253C.01](#) has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, advanced practice registered nurse, physician assistant, psychiatrist, or licensed psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

Subd. 32. Treatment plan: a minor patient who has been admitted to a residential program as defined in section [253C.01](#) has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and the minor patient's parents or guardian shall be involved in the development of the treatment and discharge plan.

Subd. 33. Restraints:

(a) Competent nursing home residents, family members of residents who are not competent, and legally appointed conservators, guardians, and health care agents as defined under section [145C.01](#), have the right to request and consent to the use of a physical restraint in order to treat the medical symptoms of the resident.

(b) Upon receiving a request for a physical restraint, a nursing home shall inform the resident, family member, or legal representative of alternatives to and the risks involved with physical restraint use. The nursing home shall provide a physical restraint to a resident only upon receipt of a signed consent form authorizing restraint use and a written order from the attending physician, advanced practice registered nurse, or physician assistant that contains statements and determinations regarding medical symptoms and specifies the circumstances under which restraints are to be used.

(c) A nursing home providing a restraint under paragraph (b) must:

(1) document that the procedures outlined in that paragraph have been followed;

(2) monitor the use of the restraint by the resident; and

(3) periodically, in consultation with the resident, the family, and the attending physician, advanced practice registered nurse, or physician assistant, reevaluate the resident's need for the restraint.

(d) A nursing home shall not be subject to fines, civil money penalties, or other state or federal survey enforcement remedies solely as the result of allowing the use of a physical restraint as authorized in this subdivision. Nothing in this subdivision shall preclude the commissioner from taking action to protect the health and safety of a resident if:

(1) the use of the restraint has jeopardized the health and safety of the resident; and

(2) the nursing home failed to take reasonable measures to protect the health and safety of the resident.

(e) For purposes of this subdivision, "medical symptoms" include:

(1) a concern for the physical safety of the resident; and

(2) physical or psychological needs expressed by a resident. A resident's fear of falling may be the basis of a medical symptom.

A written order from the attending physician, advanced practice registered nurse, or physician assistant that contains statements and determinations regarding medical symptoms is sufficient evidence of the medical necessity of the physical restraint.

(f) When determining nursing facility compliance with state and federal standards for the use of physical restraints, the commissioner of health is bound by the statements and determinations contained in the attending physician's, advanced practice registered nurse's, or physician assistant's order regarding medical symptoms. For purposes of this order, "medical symptoms" include the request by a competent resident, family member of a resident who is not competent, or legally appointed conservator, guardian, or health care agent as defined under section [145C.01](#), that the facility provide a physical restraint in order to enhance the physical safety of the resident.

**NOTE:** The amendment to subdivision 2 by Laws 2021, chapter 30, article 17, section 4, is effective upon federal approval. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained. Laws 2021, chapter 30, article 17, section 114.

Official Publication of the State of Minnesota  
Revisor of Statutes

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 or video/recording, other than for identification purposes, cannot be taken of you without your consent. In the case client consents to their photograph and/or a recording 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. The Council can request assistance with the meetings from Guild staff if desired. The Council shall be given privacy, and staff or visitors shall attend only on invitation. 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 believes that 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.

## Resident Handbook Agreement Page

I received a copy of the Resident Handbook and I agree to adhere to the rules and expectations outlined herein.

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**Resident Signature**

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**Date**

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**Print Name**

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**Staff Signature**

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**Date**

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**Print Name**