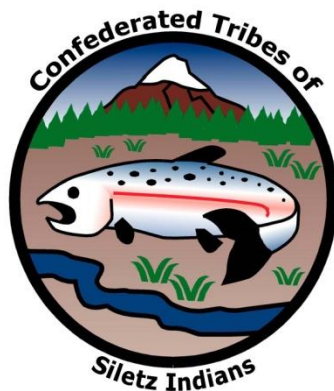


SILETZ COMMUNITY HEALTH CLINIC POLICY



BEHAVIORAL HEALTH

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Program	Behavioral Health
Policy	General Policies for All Behavioral Health Departments
Date Approved	10/15/21
Date Revised	08/06/22

PART 12A

General Policies for All Behavioral Health Departments

I. POLICY MANUAL

- A. The Siletz Behavioral Health Program and its departments will follow the personnel manual, operation manual, and other items deemed essential to the tribe's administration and personnel by Tribal Council.
- B. The Siletz Behavioral Health Program and its departments will follow the Siletz Community Health Clinic operation manual, confidentiality policy, and other health precautions deemed essential for the safety, security, and operation of the clinic

II. PRIORITY OF SERVICE

- A. The Siletz Behavioral Health Program and its departments will follow this priority of service:
 - 1. First Priority
 - Siletz Tribal Members
 - 2. Second Priority
 - a. Family members of Siletz Tribal Members.
 - b. Native Americans who are enrolled in other tribes and reside in Lincoln County.
 - c. Tribal employees referred through the Employee Assistance Program (Siletz office only).
 - 3. Third Priority
 - Other individuals at the discretion of the Behavioral Health Program Administrator and staffing availability.

III. GRIEVANCE

Individuals will be informed of their right to present complaints and file grievances regarding services. This grievance must be submitted in writing to the Behavioral Health Administrator. If the grievance involves the Behavioral Health Administrator, the grievance is to be submitted in writing to the Health Director. You have the right to expect a response to your written complaint within ten (10) working days of submission.

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- A. If an individual makes a verbal complaint they are asked to submit the complaint in writing with an explanation of the problem or dispute that is the basis for their grievance.
- B. The Behavioral Health Administrator must take action on all written complaints within ten (10) business days. The Behavioral Health Program Administrator’s decision is submitted to the individual in writing with a notice of their right to appeal.
- C. The individual, or parent/legal guardian, may request an expedited review. The Behavioral Health Administrator will review and respond in writing within five (5) days of the written complaint.
- D. If the grievance is not satisfactorily resolved by the Behavioral Health Administrator the individual has the right to appeal to the Health Director.
 - 1. The individual must appeal to the Health Director within ten (10) business days of the Behavioral Health Administrator’s decision.
 - 2. The Health Director will respond to the grievance in writing within ten (10) business days of the date of the appeal. The written decision includes notice of their continued right to appeal.
- E. If the grievance is not satisfactorily resolved by the Health Director the individual can appeal to the CTSI General Manager.
 - 1. The individual must submit the grievance to the General Manager within ten (10) business days of the Health Director’s decision.
 - 2. The CTSI General Manager has complete discretion to uphold or overturn the decision of the Health Director.
 - 3. The CTSI General Manager will issue their decision within ten (10) business days of the appeal.

IV. CONFIDENTIALITY

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program that all participants enrolled in any program(s) will have their confidentiality held to the highest possible standard. The highest possible standard is defined as the most rigorous of the Health Insurance Portability and Accountability Act (HIPAA), Oregon Administrative Rules (OAR), Oregon Revised Statutes (ORS), Siletz Community Health Clinic (SCHC), or any combination of Federal, State, or Tribal ordinances, regulations, and policies that protect your information.

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B. Release of Information

Only those agencies, or individuals, named by the individual in writing are allowed access to information about the individual and their involvement in treatment, unless that access is authorized by the Siletz Tribe’s policies, HIPAA regulations or mandatory reporting requirements. When an individual designates a program or agency to receive information regarding the individual’s treatment, the consent must be in writing, utilizing an approved release of information form.

1. Written releases are kept in the Individual Record.
2. Releases include the individual’s name, date of birth, person/agency to whom the information is to be released, purpose and need for disclosure, type of information to be disclosed, expiration date, client signature, and the date and staff witness signature.
3. Separate initials will be obtained by the client when requesting the release of records pertaining to SUD treatment, genetic testing, sexually transmitted infections, and legal history.
4. Individuals are notified in writing that the disclosure may be revoked at any time except to the extent that action has been taken.

V. MANDATORY REPORTING

All behavioral health staff are mandatory reporters. All staff are required by law and policy to report the abuse of a child, elderly person or disabled person; to release records subpoenaed by a court of law; and to provide access to records in the case of audit from the client’s insurance company covering payment for the service requested, or the staff person’s employing agency. Domestic violence and sexual assault only constitute mandatory reporting if they happen to minor children or on the same property where minor children are during the event. Abuse reports are made to the Behavioral Health Administrator, the Siletz Tribal Indian Child Welfare Program, Services to Children and Families, and local, county, or state police officials. All reports are documented in the service records.

VI. RIGHTS

As an individual rights while participating in the Siletz Tribal Behavioral Health Program. You have the right to:

- A. be treated with dignity and respect;
- B. services that are culturally appropriate;
- C. services that are consistent with your Individual Service Plan and to participate in the development of your Individual Service Plan;

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- D. services provided in the most integrated setting in the community, are least restrictive and intrusive, respect your individual liberty, and provide for the greatest degree of your independence;
- E. services that are gender appropriate by demonstrating both awareness of, and sensitivity to, gender differences;
- F. have all services explained to you including expected outcomes and possible risks; including policies and procedures, service agreements, and fees applicable to the services provided. For minor children: The right to have a custodial parent, guardian, or service representative assist with understanding any information presented;
- G. have family involvement in service planning and delivery;
- H. file a grievance if you feel you have been treated unfairly;
- I. submit a grievance without any form of reprisal or punishment;
- J. services that comply with the American Disabilities Act (ADA);
- K. religious freedom; and,
- L. be free from abuse or neglect, (including seclusion and restraint), and to report any incident of abuse or neglect without being subject to retaliation

SILETZ COMMUNITY HEALTH CLINIC	
Program	Behavioral Health
Policy	Alcohol and Drug Services
Date Approved	01/23/01
Date Revised	02/05/05; 08/02/08; 08/06/11; 12/18/2015; 08/05/2017; 12/21/18; 10/15/21; 08/06/22

PART 12B

Alcohol and Drug Services

I. CREDENTIALING

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to verify personnel qualifications and credentialing of staff providing services for addiction counseling per OAR 309-019-0110 and OAR309-019-0125.

II. ETHICS

A. Policy

The Siletz Tribal Behavioral Health Program is to ensure that staff providing direct services to clients diligently follow the ethical standards and practices identified by the Confederated Tribes of Siletz Indians, Mental Health and Addiction Certification Board of Oregon (MHACBO), and any applicable state and federal laws and regulations.

III. ADMISSION

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to ensure prioritization of services; referral to other community providers if needed; continuity of care; and provision of services to clients in need of immediate care.

B. Admission Criteria

Services are available to Siletz Tribal Members and their families who are suffering from alcohol and/or other drug abuse, mental health concerns, and related problems; and other community members based on the priority of service.

C. Admission Refusal

Applicants who are denied services are referred to other community resources, if possible.

D. Adolescent Admissions

No person under the age of fifteen may be admitted for treatment unless a parent or legal guardian provides written consent.

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Policy	Alcohol and Drug Services
Date Approved	01/23/01
Date Revised	02/05/05; 08/02/08; 08/06/11; 12/18/2015; 08/05/2017; 12/21/18; 10/15/21; 08/06/22

IV. ENTRY AND ASSESSMENT

A. Policy

All individuals entering treatment will participate in an intake, orientation, assessment and the referral process.

B. Intake

The intake will consist of a packet that has required compliance documentation for insurance billing, accessing services, and client rights. The intake is an admission tool and does not constitute engagement of care.

C. Orientation

Orientations are to provide informative access on program services, client rights, confidentiality, program philosophy, program rules, emergency services and other resources available to support addictions recovery.

D. Assessment

Licensed qualified professional following the ASAM PPC 2R Chemical Dependency Placement Criteria completes assessments.

E. Referral

Referrals to other service providers and community resources may be made during the assessment process and throughout the course of treatment as needed.

F. Consent for Services

Individuals must give informed consent for services. No person under the age of fifteen may receive services unless a parent or legal guardian provides written consent.

V. INDIVIDUALIZED SERVICES, SUPPORT PLANNING, AND COORDINATION

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to ensure appropriate services and supports are provided with the goal of delivering or coordinating service outcomes identified by the individual and family, when applicable. The Individualized Services and Support Plan (ISSP) is documented in the individual's record no later than thirty days from admission.

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Date Revised	02/05/05; 08/02/08; 08/06/11; 12/18/2015; 08/05/2017; 12/21/18; 10/15/21; 08/06/22

B. Individual Service Notes

A written service note must be recorded each time a service is provided.

C. Service Standards

Services are individualized and based on the assessment diagnosis. Every individual will receive education during treatment that is trauma informed and culturally appropriate.

D. Client Satisfaction Surveys

Individuals are provided with an opportunity to complete a confidential satisfaction survey at thirty days of admission, again at ninety days of admission, and every ninety days thereafter. Submissions are confidential. Completed Client Satisfaction Surveys are submitted to the SCHC Quality Improvement Department who utilizes the information to continuously improve services

VI. FEES

A. Policy

It is the policy of the Behavioral Health Program to ensure Siletz Tribal Members, their immediate family members, an eligible individual for Siletz Purchased Referred Care, and other enrolled Native Americans receive services at no cost. Eligible individuals who are not enrolled in the Oregon Health Plan are encouraged to apply as third party resources are billed to offset treatment costs.

VII. CONFIDENTIALITY

A. Service Records

Individual assessment and treatment information will be documented in accordance with legal, regulatory and professional guidelines. Staff access confidential information only as it relates to their specific job duties and on a need-to-know basis.

1. Staff will not leave client information unattended; and
2. Documents containing confidential information not kept in the client record are to be shredded.

B. Requests for Client Information

A written release of information must accompany requests for confidential information to follow HIPAA compliance.

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C. Court Subpoena

The Behavioral Health Administrator, Health Director and CTSI staff attorney must be provided a copy of a court subpoena before staff engagement.

VIII. QUALITY ASSURANCE

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to maintain a quality assurance process, which is intended to ensure that individuals receive appropriate treatment services and the program is in compliance with administrative guides.

IX. INDIVIDUAL RIGHTS

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to inform individuals of their rights in receiving services and protect their rights as required by legal, regulatory and professional guidelines:

1. Participation in a treatment program is voluntary and individuals are informed of their rights and responsibilities.
2. Individuals must give written informed consent to treatment.
 - a. Minors
 - i. All individuals, age 15 and older, will give informed consent, in writing prior to the start of services, except in a medical emergency.
 - ii. Minor children age 14 and younger require parent or guardian give informed consent for services.
3. Individuals may exercise the below rights without reprisal or punishment:
 - a. Choose from available services and supports that are consistent with the Individualized Services and Support Plan (ISSP) and provided in an integrated setting, under conditions that are least restrictive to the individual's liberty, least intrusive, and with the greatest degree of independence.
 - b. Participate in the development of an ISSP, participate in periodic review and reassessment of service and support needs, and receive a copy of the plan.

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- c. Inspect their Individual Service Record and if requested; receive a copy of their record within five business days of a written request and after making payment for the cost of duplication if required.
- d. Request information on policies and procedures, service agreement, fee associated with services, have services explained including expected outcomes and possible risks.
- e. Consent to disclosure of confidential information in accordance with federal, state and tribal law.
- f. Choose not to participate in experimentation.
- g. Receive prior notice of service conclusion or transfer unless the circumstances pose a threat to health and safety.
- h. Make a declaration for mental health treatment.
- i. File grievances including appealing decisions resulting from the grievance.
- j. The right to receive medication specific to the individual's diagnosed clinical needs including medications used to treat substance use dependence.
- k. Every individual has the right to refuse services and be informed of the consequences resulting from refusal of services.

X. MEDICAL SERVICES AND REFERRALS

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to provide for the coordination of care between behavioral health and medical care providers.

B. Medical History

During assessments the collection of confidential information related to the individuals' medical history is essential for medical referrals for a holistic approach to treatment.

C. Medical Emergency

If there is a medical emergency, Code Blue is activated following SCHC policies and procedures and 911 is called. A designated staff person or persons will stay with the individual at all times until the arrival of emergency medical personnel.

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Program	Behavioral Health
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Date Approved	01/23/01
Date Revised	02/05/05; 08/02/08; 08/06/11; 12/18/2015; 08/05/2017; 12/21/18; 10/15/21; 08/06/22

XI. FAMILY AND COMMUNITY PARTNER PARTICIPATION

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to ensure every individual participating in the program is encouraged to include family members, significant others and community partners in their treatment, unless the individual declines. The appropriate referrals and resources will be made available should the individual choose to involve others in their treatment.

XII. DRUG TESTING

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to ensure drug testing is included as part of the individual’s treatment for confirming sobriety, determining drugs consumed, and reporting the level of drugs an individual has consumed. In accordance with the Behavioral Health policy, procedures, regulatory, and legal guidelines for urinalysis/saliva testing in a professional manner. Saliva testing is done with approval from the Office of Mental Health and Addiction Services and in compliance with Oregon Administrative Rules related to urinalysis testing.

XIII. DUII SERVICES

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to ensure all individuals who are participating in a court diversion agreement or have been, convicted of a DUII, receive services based on the criteria described in the ASAM PPC-2R Chemical Dependency Placement, Continued Stay, and Discharge Criteria. All DUII treatment services will be provided in compliance with Oregon Revised Statutes and Oregon Administrative Rules.

XIV. SERVICE CONCLUSION, TRANSFER, CONTINUITY OF CARE

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to ensure that completed treatment concludes with an aftercare plan and a written summary of the treatment services provided.

1. Individuals who satisfy their treatment objectives, activities, and meet the ASAM Discharge Placement Criteria are discharged as having successfully completed outpatient treatment.
2. Individuals in SUDs treatment must demonstrate continuous abstinence for a minimum of ninety days prior to service conclusion.

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3. Individuals who successfully complete treatment will have a written Relapse Prevention and Discharge Plan prior to completion.

B. Treatment/Service Conclusion Summaries

Complete discharge summaries that concluded an individual’s treatment will have a thirty-day allowance for submission. When services are for a minor, as outlined previously in this policy, the discharge summary will be provided to the parent or legal guardian of the child.

SILETZ COMMUNITY HEALTH CLINIC	
Program	Behavioral Health
Policy	Prevention Program
Date Approved	07/22/05
Date Revised	08/02/08; 11/05/11; 12/18/15; 08/05/2017; 12/21/18; 10/15/21; 08/06/22

PART12C

Prevention Program

I. ETHICS

It is the policy of the Siletz Tribal Behavioral Health Program to ensure that any staff that is providing direct services to individuals, diligently follow the ethical standards and practices identified by the Confederated Tribes of Siletz Indians (CTSI), and the Mental Health Addictions Counseling Board of Oregon (MHACBO).

II. ELIGIBILITY FOR SERVICES

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Prevention Program to ensure services are available to Siletz Tribal youth age 8 through 18 and their families who identify as high-risk. Other high-risk youth, nontribal and those outside the age parameter, may receive services when funds are available. Applicants denied prevention services will be referred to community resources.

III. CONFIDENTIALITY

A. Consent

Every applicant receives information regarding program services, civil rights, confidentiality, program philosophy, emergency services, mental health and drug free living. This information enables individuals to give informed consent for prevention services. No person under the age of fourteen may receive prevention services unless parent or legal guardian provides written consent.

B. Client Records

All files are stored in designated locked cabinets. Databases which contain confidential information, are safeguarded in secure files.

IV. QUALITY ASSURANCE

A. Policy

It is the policy of the Siletz Tribal Behavioral Program to maintain quality assurance processes which ensure that all individuals receive appropriate services in compliance with administrative guides.

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Program	Behavioral Health
Policy	Prevention Program
Date Approved	07/22/05
Date Revised	08/02/08; 11/05/11; 12/18/15; 08/05/2017; 12/21/18; 10/15/21; 08/06/22

V. DOCUMENTATION

Individual assessments and information regarding prevention services are documented in accordance with legal, regulatory and professional guidelines. Prevention program records include results of Juvenile Crime Prevention (JCP) screening, prevention plans, activity notes and correspondence.

VI. CLIENT RIGHTS

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to inform individuals of their rights in receiving services and to protect their rights as required by legal, regulatory and professional guidelines. This includes HIPAA compliance, the ability to refuse services, and the removal of barriers to services.

VII. CRISIS RESPONSE

A. Policy

It is the policy of the Siletz Behavioral Health Prevention Program to consult the Behavioral Health Administrator, Health Director, or General Manager when prevention staff encounters a crisis. Crisis involving community members require a determination, from an approved authority, for the appropriate level care or services for the crisis. The minimum amount of services for any crisis is a referral to another agency.

VIII. REFERRAL

A. Policy

It is the policy of the Siletz Behavioral Health Prevention Program to send referrals on behalf of youth and family program participants in an effort to reduce risk factors and increase protective factors. Referrals made by prevention staff will identify the problematic behavior, or situation, addressed as well as timeline for follow up to provide services in partnership with other tribal programs and non-tribal community resources as appropriate.

IX. SERVICES

A. Policy

It is the policy of the Siletz Tribal Behavioral Health Program to acknowledge the cultural identity, groups, and norms held by the client. Individualized planning for gender specific activities are available in all prevention activities to participants.

SILETZ COMMUNITY HEALTH CLINIC	
Program	Behavioral Health
Policy	Mental Health Program
Date Approved	07/09/99
Date Revised	05/23/02; 06/29/06; 03/10/09; 04/02/12; 12/21/18; 10/15/21; 08/06/22

PART12D

Mental Health Program

I. CREDENTIALING

It is the policy of the Siletz Tribal Behavioral Health Program to verify the personnel qualifications and credentialing of staff providing services per OAR 309-019-0110 and OAR 309-019-0125.

II. ETHICS

It is the policy of the Siletz Tribal Behavioral Health Program to ensure that staff providing direct services diligently follow the ethical standards and practices identified by the Confederated Tribes of Siletz Indians, Mental Health and Addiction Certification Board of Oregon (MHACBO), or other mental health specialist licensing boards, and any applicable state and federal laws and regulations.

III. FLOW OF SERVICE

The policy of the Siletz Mental Health Program is to provide mental health services based on the priority of services as outlined in section 12. Emergencies will be referred to 911 or the 24/7 Siletz Crisis Response Team. An outline of services for all applicants:

- A. Intake – will consist of a packet that has required compliance documentation for insurance billing, accessing services, and client rights. The intake is an admission tool and does not constitute engagement of care.
- B. Assessment –The first session is when assessments are completed. Treatment plans, using the assessment, are developed and updated as clinically indicated with progress notes documented for each individual contact.
- C. Discharge Summary – Within seven days, from the last point of contact, a discharge summary will be completed and placed in the file. All entries in the mental health record are signed, dated, and include the therapist’s credentials.

IV. MENTAL HEALTH RECORDS

Mental health assessments and treatment information will be documented in accordance with legal, regulatory and professional guidelines. Documentation is entered into a HIPAA compliant record keeping system and database. When a handwritten document is needed it will be legible and scanned into the database.

SILETZ COMMUNITY HEALTH CLINIC	
Program	Behavioral Health
Policy	Transitional Living Centers
Date Approved	Woman's Transitional Living Center: 06/21/00; Men's Transitional Living Center: 08/06/11
Date Revised	Woman's Transitional Living Center: 08/07/04; 08/02/08; 11/01/08; 08/06/11; 05/05/12; Men's Transitional Living Center: 05/05/12 Transitional Living Centers: 12/21/18; 10/15/21; 08/06/22

**PART12E
Transitional Living Centers**

I. ADMISSION

A. Policy

It is the policy of the Siletz Tribal Transitional Living Center (TLC) to provide a clean and sober housing option for Siletz tribal members, based on the priority system under the general policies of behavioral health, who are recovering from substance use disorders.

B. Admission Criteria Policy

1. Successful completion of residential alcohol/drug treatment and transitioning directly to the TLC.
2. Successful completion of residential alcohol/drug treatment within the past 12 months with sobriety documented by urinalysis (UA) testing since completion of residential treatment, transitioning from another transitional living center or recovery house, and receiving regular outpatient services under the supervision of an outpatient counselor.
3. Successful maintenance in the Tribal Medication Assisted Therapy (MAT) Program for a period no less than 6 consecutive months without relapse or use of non-prescribed medications or alcohol. The Tribe does not recognize the use of medical or recreational use of marijuana on tribal properties, including the TLC's.
4. Criminal History:
 - a. Applicant's criminal history is assessed when applying for admission.
 - b. Applicants with a history of person-to-person crimes are considered for residency on a case-by-case basis.
 - c. Applicants who are registered sex offenders may not be considered due to visiting and/or resident children.

II. ACTIVITIES AND REFERRALS

A. Policy

It is the policy of the TLC to require residents to apply for programs and participate in activities to assist with a substance free and healthy lifestyle. Activities include, but are

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Date Approved	Woman's Transitional Living Center: 06/21/00; Men's Transitional Living Center: 08/06/11
Date Revised	Woman's Transitional Living Center: 08/07/04; 08/02/08; 11/01/08; 08/06/11; 05/05/12; Men's Transitional Living Center: 05/05/12 Transitional Living Centers: 12/21/18; 10/15/21; 08/06/22

not limited to Outpatient Aftercare Treatment, Self-Help Program, Voluntary Activities and Program Referrals.

III. BUILDING SECURITY

A. Policy

It is the policy of the TLC to provide a structurally sound and secure building for residents. Which implies securing the building with locked doors, periodically changing lock codes, and engaging the TLC Coordinator should an incident arise.

IV. CHILDREN

A. Policy

It is the policy of the TLC to allow children of residents to visit or stay at the TLC in accordance with specifically identified considerations as well as ICW or DHS if applicable. Visitation is allowed when it is not disruptive to other residents due to the shared living environment at the TLC's. The treatment team for visitation, reunification, and overnight stays must approve all children. Resident parents are required to be active parents in their children health, schooling, hygiene, discipline, and chores. Staff will report abusive parental behavior to the Child Abuse Hotline or the ICW/DHS Caseworker.

B. Family Reunification

When residents have a goal of reunification with children while residing at the TLC they are required to work jointly with the Behavioral Health treatment team, ICW or DHS, and Siletz Community Health Clinic. This policy ensures that families reunified at the TLC are healthy, actively engaged in treatment, and reaching sustainability in their reunification.

V. EQUIPMENT

A. Policy

It is the policy of the TLC to ensure all residents are oriented to the safe and proper use of TLC equipment such as televisions, computers, internet connections, major appliances, and other equipment that promote prosocial sustainability.

VI. FEE AGREEMENT

A. Policy

It is the policy of the TLC to help establish residents with positive rental history. Residents are required to pay the fee agreement on a monthly basis. Fees collected are used to

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Date Approved	Woman's Transitional Living Center: 06/21/00; Men's Transitional Living Center: 08/06/11
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support the operational expenses of the TLC. TLC Residents who successfully complete all planned services may be eligible to request a one-time payment, not to exceed \$1,000.00, for their transition out of the TLC payable directly to the landlord or utility company.

VII. HOUSE RULES

A. Policy

It is the policy of the TLC to provide a safe, sober and law abiding environment. The TLC is committed to providing a safe environment for its residents, visitors and staff with rules and holistic treatment. Violation of the rules and subsequent consequences are designed to be progressive to allow for corrective action from the TLC resident.

B. Immediate Discharge Policy

The following behaviors may be grounds for immediate discharge:

1. Use of alcohol and/or other mood altering, non-prescribed drugs
2. Violence or threats of violence toward self, others, or property
3. Non-participation or non-compliance with aftercare treatment
4. Unauthorized absences/visitors
5. Persistent unwillingness to comply with TLC house rules and activities
6. Engaging in any illegal behavior

VIII. WELLNESS

A. Hygiene Policy

It is the policy of the TLC to encourage residents to practice daily hygiene such as daily dental care, bathing, and clean clothes.

B. Meal Policy

It is the policy of the TLC to recognize the health of residents as the primary goal when planning and preparing meals; foods high in protein, vegetables, and fruits are encouraged; foods high in sugar and fat are discouraged.

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Program	Behavioral Health
Policy	Transitional Living Centers
Date Approved	Woman's Transitional Living Center: 06/21/00; Men's Transitional Living Center: 08/06/11
Date Revised	Woman's Transitional Living Center: 08/07/04; 08/02/08; 11/01/08; 08/06/11; 05/05/12; Men's Transitional Living Center: 05/05/12 Transitional Living Centers: 12/21/18; 10/15/21; 08/06/22

C. Medical Policy

It is the policy of the TLC to promote independence in activities that support the resident's health and well-being. If there is a medical emergency the staff, or a volunteer, on duty is required to call 911 and notify the TLC Coordinator, Behavioral Health Administrator, or Health Director.

D. Chronic Pain

It is the policy of the TLC to ensure residents are provided appropriate, effective, safe and adequate pain control.

IX. RESIDENT RIGHTS

It is the policy of the TLC to ensure resident rights comply with tribal, federal, and state regulations required for alcohol and drug treatment programs. Rights have been outlined in the general policies of this policy.

SILETZ COMMUNITY HEALTH CLINIC	
Program	Behavioral Health
Policy	Re-Entry Program
Date Approved	10/15/21
Date Revised	08/06/22

PART12F
Re-Entry Program

I. ADMISSION

A. Policy

It is the policy of the Siletz Re-Entry Program to provide an option for tribal members, based on the priority system under the general policies of behavioral health, who are incarcerated and entering back into the community.

B. Admission Criteria

1. An enrolled member of a federally recognized tribe can qualify for this service if they have been incarcerated within the last ninety (90) days for more than 30 days. This includes jail or other incarcerated settings such as a halfway house or other medium, for more than thirty (30) days.
2. A federally enrolled tribal member can qualify for this service if they are transitioning from a penitentiary, institution, or the Bureau of Prisons.
3. A federally enrolled tribal member can qualify for this service if they are currently incarcerated and expected to be released within the next 12 months .
4. Criminal History:
 - a. Applicant’s criminal history is assessed when applying for admission.
 - b. Applicants with a history of person-to-person crimes are considered on a case-by-case basis.