

# SILETZ COMMUNITY HEALTH CLINIC POLICY



## BEHAVIORAL HEALTH

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**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 the eleven county service area
    - 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. TELEHEALTH SERVICES**

- A. This policy establishes guidelines for the use of telehealth services to provide culturally sensitive, high-quality behavioral health care to individuals within the Siletz Area. It aims to enhance accessibility, ensure confidentiality, and maintain the standard of care consistent with in-person services.

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- B. The Siletz Behavioral Health Program is dedicated to utilizing telehealth to enhance access to behavioral health services, ensuring that care is both culturally sensitive and aligned with the values and traditions of the Siletz community. All telehealth services will be delivered in compliance with applicable federal, state, and tribal laws and regulations, maintaining the highest standards of ethical and professional care.
- C. This policy applies to all behavioral health staff, contractors, and providers delivering telehealth services under the Siletz Behavioral Health Program. Telehealth services encompass the use of secure video conferencing, telephone consultations, and other electronic communication methods to provide clinical care and support services, ensuring accessibility and continuity of care.
- D. Eligibility and Access
1. Telehealth services are available to all eligible individuals in Siletz Behavioral Health Program.
  2. Efforts will be made to assist individuals with limited access to technology or the internet, including identifying resources to bridge these gaps.
- E. Privacy and Data Security
1. All clinicians providing telehealth services must ensure their location adheres to strict privacy and data security standards. This includes conducting sessions in private, secure settings and using encrypted platforms compliant with applicable regulations.
  2. Clients are encouraged to participate in telehealth sessions from private locations to maintain confidentiality. Resources and guidance will be provided to help clients identify appropriate environments for their sessions.
- F. Consent and Documentation
1. Patients must give informed consent before starting telehealth services.
  2. Telehealth sessions will be documented in the patient's medical record, including the type of service, session length, and any technical issues.
- G. Service Delivery
1. Telehealth services include, but are not limited to: assessments, counseling, case management, and follow-ups.
  2. Services provided via telehealth will meet the same standards as in-person care.

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3. Clinicians will conduct appropriate and timely triage of clients based on the presenting symptoms, acuity, and the level of care required. Emergency situations or high-acuity cases will be escalated promptly to ensure client safety and well-being.

#### H. Missed Appointments and Service Disengagement

1. Clients who miss telehealth appointments will be contacted within 24-48 hours to assess reasons for the missed session and to reschedule if appropriate. Multiple missed appointments may prompt additional outreach to address barriers to engagement.
2. Clients who appear to have disengaged from services (e.g., repeated missed appointments or lack of communication) will receive follow-up attempts via their preferred contact methods. Efforts will be documented, and additional support or referrals will be provided as necessary.

#### I. Minors

1. Telehealth services for minors will include the active involvement of a parent or legal guardian, as appropriate, while respecting the minor's privacy and confidentiality consistent with applicable laws.
2. Informed consent must be obtained from a parent or legal guardian prior to initiating telehealth services for minors. Telehealth sessions for minors must ensure the presence of a private and secure environment, free from interruptions, to foster open communication and effective care.

### **IV. 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 Program Administrator. If the grievance involves the Behavioral Health Program Administrator, the grievance is to be submitted in writing to the Executive Health Director. You have the right to expect a response to your written complaint within ten (10) working days of submission.

- 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 Program 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 Program Administrator will review and respond in writing within five (5) days of the written complaint.

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- D. If the grievance is not satisfactorily resolved by the Behavioral Health Program Administrator the individual has the right to appeal to the Executive Health Director.
1. The individual must appeal to the Executive Health Director within ten (10) business days of the Behavioral Health Program Administrator's decision.
  2. The Executive 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 Executive Health Director the individual can appeal to the CTSI Chief Executive Officer.
1. The individual must submit the grievance to the Chief Executive Officer within ten (10) business days of the Executive Health Director's decision.
  2. The CTSI Chief Executive Officer has complete discretion to uphold or overturn the decision of the Executive Health Director.
  3. The CTSI Chief Executive Officer will issue their decision within ten (10) business days of the appeal.

## **V. 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.

### **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.

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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.

## **VI. MANDATORY REPORTING**

All behavioral health staff are required by law to report any abuse of a child, elderly person, or disabled person to the appropriate authorities, including the Behavioral Health Program Administrator, the Siletz Tribal Indian Child Welfare Program, Services to Children and Families, or local police. Staff must also submit records for review by the privacy officer if a court subpoenas them or if an insurance audit is conducted. Mandatory reporting for domestic violence and sexual assault applies only if the victim is a minor or if the incident occurs on property where minors are present. All reports of abuse will be documented in the service records.

## **VII. RIGHTS**

- A. The Siletz Tribal Behavioral Health Program is dedicated to informing individuals of their rights and protecting those rights as required by law. Individuals have the right to:
  1. Be treated with dignity and respect.
  2. Receive culturally and gender-appropriate services.
  3. Have services clearly explained, including expected outcomes, risks, policies, procedures, service agreements, and fees.
  4. Involve family members in service planning and delivery.
  5. Access services that comply with the Americans with Disabilities Act (ADA).
  6. Enjoy religious freedom.
  7. Be free from abuse or neglect (including seclusion and restraint) and report incidents without fear of retaliation.

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- B. Participation in treatment is voluntary, and individuals will be informed of their rights and responsibilities. Written informed consent is required before treatment, with specific rules for minors:
1. Individuals aged 15 and older can provide written consent before services begin, except in emergencies.
  2. Minors aged 14 and younger require consent from a parent or guardian.
- C. Individuals can exercise the following rights without fear of reprisal:
1. Choose from available services that align with their Treatment Plans in a least restrictive setting.
  2. Participate in developing and reviewing their Treatment Plan and receive a copy.
  3. Inspect their Individual Service Record and request a copy within five business days, with any duplication costs covered.
  4. Request information about policies, procedures, and fees, and have services explained clearly.
  5. Consent to the disclosure of confidential information as allowed by law.
  6. Opt out of any experimentation.
  7. Receive notice before service conclusion or transfer, unless health and safety are at risk.
  8. Make a declaration regarding mental health treatment.
  9. File grievances and appeal decisions from those grievances.
  10. Receive medications tailored to their clinical needs, including for substance use dependence.
  11. Refuse services and be informed of the consequences of that refusal.

### **VIII. CRISIS RESPONSE**

The Siletz Behavioral Health Program has established procedures for responding to crises. When Behavioral Health staff encounter a crisis, they must consult with the Behavioral Health Program Administrator, Executive Health Director, CEO, or their designee for guidance. If the crisis involves community members, an approved authority will assess the situation to determine the appropriate level of care or services needed. At a minimum, all crises will result in a referral to another agency for additional support.

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## **IX. STAFF ORIENTATION**

All new employees will participate in an orientation program within their first 30 days of employment. This orientation will include:

- A. An overview of Tribal history and culture
- B. A review of patient rights
- C. ASAM (American Society of Addiction Medicine) Placement Criteria
- D. Mandatory child abuse reporting requirements
- E. A review and acknowledgement of the organization's Code of Conduct

## **X. ETHICS**

The Siletz Tribal Behavioral Health Program is committed to ensuring that all staff adhere to the highest ethical standards, as outlined by the Confederated Tribes of Siletz Indians, the Mental Health and Addiction Certification Board of Oregon (MHACBO), and all applicable state and federal laws and regulations. Compliance with these standards is mandatory to maintain the integrity and quality of our services.

## **XI. CLIENT SUPPORT SERVICES**

Client Support Services funds are available to Behavioral Health clients to support their engagement in treatment and progress toward therapeutic goals. These funds may be used in the following areas:

- A. Reducing Barriers to Treatment Engagement:  
Assisting with challenges such as transportation, childcare, or other obstacles that affect a client's ability to attend and participate in treatment.
- B. Enhancing Successful Treatment Completion:  
Providing support that helps clients meet the requirements of their treatment plan and successfully complete their recovery program.
- C. Providing Resources for Therapeutic Goals:  
Offering financial assistance for resources needed to help clients achieve specific treatment and therapeutic goals.

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D. Approval Criteria:

All requests for funds will be evaluated based on the client's motivation for change, as determined through an assessment. Final approval of funding is at the discretion of the Behavioral Health Program Administrator and will be based on the client's treatment needs and plan.

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## **PART 12B**

### **Alcohol and Drug Services**

#### **I. CREDENTIALING**

##### **A. Policy**

The Siletz Tribal Behavioral Health Program is committed to verifying the qualifications and credentialing of all staff providing addiction counseling services in accordance with OAR 309-019-0110 and OAR 309-019-0125.

#### **II. ADMISSION**

##### **A. Policy**

The Siletz Tribal Behavioral Health Program is committed to ensuring that clients receive timely and appropriate care. Our policy includes the prioritization of services based on urgency, referrals to other community providers when necessary, maintaining continuity of care, and ensuring that clients in need of immediate attention are promptly served.

##### **B. Admission Criteria**

Services are available to Siletz Tribal members and their families who are experiencing alcohol and/or substance abuse, mental health concerns, and related issues. Additionally, other community members may access services based on the prioritization of need and service availability.

##### **C. Admission Refusal**

Applicants who are denied services will be referred to appropriate community resources, when available, to ensure they receive the necessary support and care.

##### **D. Adolescent Admissions**

Individuals under the age of fifteen must obtain written consent from a parent or legal guardian prior to being admitted for treatment. This policy is in place to ensure that parental or guardian authority and responsibilities are honored in the treatment process.

#### **III. ENTRY AND ASSESSMENT**

##### **A. Policy**

All individuals entering treatment will engage in a comprehensive process that includes intake, orientation, assessment, and treatment planning. Additionally, when appropriate, clients will be guided through the referral process to ensure they receive the necessary services.

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**B. Intake**

The intake process will include a packet containing essential compliance documentation for insurance billing, access to services, and information on client rights. It is important to note that the intake serves as an admission tool and does not signify the initiation of care.

**C. Orientation**

The orientation process is designed to provide clients with essential information about program services, client rights, confidentiality, program philosophy, rules, emergency services, and available resources to support addiction recovery.

**D. Assessment**

Assessments are conducted by a licensed and qualified professional following the American Society of Addiction Medicine Patient Placement Criteria, 2nd Edition Revised (ASAM PPC-2R). This ensures that clients are placed in the most appropriate level of care based on their individual needs.

**E. Referral**

Referrals to other service providers and community resources may be made during the assessment process and at any point throughout the course of treatment, as deemed necessary to support the client's care and recovery needs.

**F. Consent for Services**

Individuals must provide informed consent prior to receiving services. For individuals under the age of fifteen, written consent must be obtained from a parent or legal guardian before services can be provided.

**IV. INDIVIDUALIZED SERVICES, SUPPORT PLANNING, AND COORDINATION**

**A. Policy**

The Siletz Tribal Behavioral Health Program is committed to ensuring that appropriate services and supports are provided to achieve the outcomes identified by the individual, and their family when applicable. An Individualized Services and Support Plan (ISSP) will be developed and documented in the individual's record within thirty days of admission

**B. Individual Service Notes**

A written service note must be entered into the client's record each time a service is provided. This ensures accurate and up-to-date documentation of all interactions and services rendered.

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**C. Service Standards**

Services are tailored to each individual based on their assessment and diagnosis. Every client will receive education during treatment that is both trauma-informed and culturally appropriate, ensuring a respectful and effective approach to their care.

**D. Client Satisfaction Surveys**

Individuals are given the opportunity to complete a confidential satisfaction survey at thirty days post-admission, again at ninety days, and every ninety days thereafter. All submissions are confidential. Completed Client Satisfaction Surveys are submitted to the Behavioral Health Program Administrator and the SCHC Quality Improvement Department, which uses the feedback to continuously enhance and improve service delivery.

**V. FEES**

**A. Policy**

It is the policy of the Behavioral Health Program to provide services at no cost to Siletz Tribal Members, their immediate family members, individuals eligible for Siletz Purchased Referred Care, and other enrolled Native Americans. Eligible individuals who are not enrolled in the Oregon Health Plan are encouraged to apply, as third-party resources will be billed to help offset treatment costs. All other uninsured individuals accepted into treatment will be billed according to the sliding fee schedule.

**VI. CONFIDENTIALITY**

**A. Service Records**

Individual assessment and treatment information will be documented in accordance with all applicable legal, regulatory, and professional standards. Access to confidential information will be granted to staff solely in relation to their specific job responsibilities and on a need-to-know basis.

1. Staff members are required to ensure that client information is never left unattended.
2. Any documents containing confidential information that are not part of the client's official record must be securely shredded to protect client confidentiality.

**B. Requests for Client Information**

Requests for confidential information must be accompanied by a written release of information to ensure compliance with HIPAA regulations.

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**C. Court Subpoena**

Prior to any staff engagement related to a court subpoena, a copy of the subpoena must be provided to the Behavioral Health Program Administrator, Executive Health Director, and the CTSI staff attorney.

**VII. QUALITY ASSURANCE**

**A. Policy**

The Siletz Tribal Behavioral Health Program is dedicated to implementing a quality assurance process that ensures individuals receive appropriate treatment services while the program complies with all relevant administrative guidelines.

**VIII. MEDICAL SERVICES AND REFERRALS**

**A. Policy**

The Siletz Tribal Behavioral Health Program is committed to facilitating the coordination of care between behavioral health and medical care providers to ensure comprehensive and effective treatment for individuals.

**B. Medical History**

During the assessment process, the collection of confidential information related to an individual's medical history is essential for facilitating medical referrals and ensuring a comprehensive, holistic approach to treatment.

**C. Medical Emergency**

In the event of a medical emergency, a Code Blue will be activated in accordance with SCHC policies and procedures, and 911 will be called. A designated staff member or members will remain with the individual at all times until emergency medical personnel arrive.

**IX. FAMILY AND COMMUNITY PARTNER PARTICIPATION**

**A. Policy**

The Siletz Tribal Behavioral Health Program is dedicated to encouraging each individual participating in the program to include family members, significant others, and community partners in their treatment, unless the individual chooses to decline. Should the individual opt to involve others, appropriate referrals and resources will be made available to facilitate their participation in the treatment process.

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## **X. DRUG TESTING**

### **A. Policy**

The Siletz Tribal Behavioral Health Program is committed to incorporating drug testing as an integral part of each individual's treatment plan. This process aims to confirm sobriety, identify substances consumed, and assess the levels of drugs present in an individual's system. In accordance with behavioral health policies, procedures, and regulatory and legal guidelines, urinalysis and saliva testing will be conducted in a professional manner. Saliva testing will be performed in compliance with Oregon Administrative Rules.

## **XI. COURT DIVERSION SERVICES**

### **A. Policy**

The Siletz Tribal Behavioral Health Program is committed to ensuring that individuals participating in a court diversion agreement or those convicted of a DUII receive services in alignment with the **ASAM PPC-2R** criteria for Chemical Dependency Placement, Continued Stay, and Discharge. All DUII treatment services will strictly adhere to Oregon Revised Statutes and Oregon Administrative Rules.

For individuals involved in a Treatment Court, treatment activities will be tailored to meet the specific requirements mandated by the court.

## **XII. SERVICE CONCLUSION, TRANSFER, CONTINUITY OF CARE**

### **A. Policy**

The Siletz Tribal Behavioral Health Program is committed to ensuring that all individuals who complete treatment receive a comprehensive aftercare plan and a written summary of the services provided.

1. Individuals who have fulfilled their treatment objectives and activities, and who meet the ASAM Discharge Placement Criteria, will be discharged as having successfully completed outpatient treatment.
2. Individuals receiving treatment for substance use disorders (SUD) must demonstrate a minimum of ninety days of continuous abstinence prior to the conclusion of services.
3. Prior to discharge, all individuals who successfully complete their treatment program will receive a detailed written Relapse Prevention and Discharge Plan. This plan is designed to support long-term recovery and to help prevent potential relapse following the conclusion of formal treatment.

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**B. Treatment/Service Conclusion Summaries**

Discharge summaries for individuals who have completed their treatment program must be finalized and submitted within a thirty-day period following the conclusion of services. In cases where the treatment involves a minor, as outlined in this policy, the discharge summary will be provided to the parent or legal guardian to ensure they are fully informed of the child's progress and post-treatment recommendations.

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**PART12C  
Prevention Program**

**I. ELIGIBILITY FOR SERVICES**

**A. Policy**

The Siletz Tribal Behavioral Health Prevention Program provides services primarily to Siletz Tribal youth aged 8 to 18 and their families, focusing on those identified as high-risk. The program aims to support youth in reducing behavioral health risks and promoting positive growth.

When resources are available, services may be extended to other high-risk youth, including non-tribal individuals or those outside the designated age range. If an applicant is denied services, they will be referred to appropriate community resources for further support.

The program is committed to cultural sensitivity and inclusion, ensuring that services meet the unique needs of all participants.

**II. DOCUMENTATION**

Individual assessments and information related to prevention services are documented in compliance with all applicable legal, regulatory, and professional standards. Prevention program records include, but are not limited to, Juvenile Crime Prevention (JCP) screening results, prevention plans, activity notes, and relevant correspondence.

**III. REFERRAL**

**A. Policy**

The Siletz Behavioral Health Prevention Program is committed to supporting youth and their families by providing referrals aimed at reducing risk factors and enhancing protective factors. Referrals made by prevention staff will clearly outline the identified problematic behaviors or situations, along with a follow-up timeline. Services will be coordinated in partnership with other tribal programs and non-tribal community resources as appropriate, ensuring a comprehensive approach to addressing the needs of participants.

**IV. SERVICES**

**A. Policy**

The Siletz Tribal Behavioral Health Program is dedicated to honoring the cultural identity, values, and norms of every client. We provide individualized planning that includes

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gender-specific activities as part of all prevention programs, ensuring that services are tailored to meet the unique needs of each participant.

## **V. ACTIVITIES**

For off-site prevention activities, staff will maintain a supervision ratio of one staff member for every four youth. When selecting chaperones, consideration will be given to the gender of both the staff and participants to ensure appropriate supervision. All off-site activities require signed permission slips, which must include detailed information about the event, location, emergency contact information, and any specific medical or dietary needs. Permission slips must be completed by a parent or legal guardian and submitted prior to the event.

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## **PART12D**

### **Mental Health Program**

#### **I. CREDENTIALING**

The Siletz Tribal Behavioral Health Program is committed to verifying the qualifications and credentialing of all staff providing mental health care services, in accordance with OAR 309-019-0110 and OAR 309-019-0125. This ensures that personnel meet the required standards to deliver high-quality, compliant mental health care.

#### **II. ETHICS**

The Siletz Tribal Behavioral Health Program ensures that all staff providing direct services adhere to the highest ethical standards and practices as outlined by the Confederated Tribes of Siletz Indians, the Mental Health and Addiction Certification Board of Oregon (MHACBO), or other relevant mental health licensing boards. Staff must also comply with all applicable state and federal laws and regulations to maintain the integrity and quality of care.

#### **III. FLOW OF SERVICE**

A. The Siletz Mental Health Program is committed to delivering mental health services in accordance with the priority guidelines outlined in Section 12. In emergency situations, individuals will be directed to contact 911 or the 24/7 Siletz Crisis Response Team for immediate assistance.

B. The following outlines the process for service delivery for all applicants:

##### **1. Intake**

The intake process involves the completion of a packet containing the necessary documentation for insurance billing, access to services, and information regarding client rights. The intake is used as an admission tool and does not signify the initiation of treatment services.

##### **2. Assessment**

The assessment process begins during the first session, where comprehensive evaluations are conducted. Based on these assessments, an individualized treatment plan is developed and periodically updated as clinically necessary. Progress notes will be recorded for each session or contact, ensuring a continuous and documented course of care.

##### **3. Discharge Summary**

A discharge summary will be prepared within seven days following the last point of contact with the client. This summary will be included in the client's file, and all

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entries in the mental health record will be signed, dated, and include the therapist's professional credentials.

#### **IV. MENTAL HEALTH RECORDS**

All mental health assessments and treatment-related information will be documented in strict accordance with legal, regulatory, and professional standards. Documentation will be entered into a HIPAA-compliant record-keeping system and database to ensure the confidentiality and security of client information. In cases where handwritten documentation is required, it must be legible and will be promptly scanned into the database to maintain comprehensive electronic records.

<b>SILETZ COMMUNITY HEALTH CLINIC</b>	
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; 02/01/25

**PART12E  
Transitional Living Centers**

**I. ADMISSION**

**A. Policy**

The Siletz Tribal Transitional Living Center (TLC) is dedicated to providing a clean and sober housing option for Siletz tribal members who are actively recovering from substance use disorders. Housing is offered based on a priority system outlined in the Behavioral Health Program's general policies. This system ensures that those most in need, particularly individuals transitioning from treatment or high-risk environments, have access to a safe, supportive, and substance-free living space. The TLC aims to foster a stable environment that promotes long-term recovery and well-being.

**B. Admission Criteria Policy**

1. Successful Completion of Residential Treatment

Individuals who have successfully completed a residential alcohol or drug treatment program and are transitioning directly to the Transitional Living Center (TLC).

2. Completion of Residential Treatment within the Past 12 Months

Individuals who have completed a residential alcohol or drug treatment program within the past 12 months, with documented sobriety through urinalysis (UA) testing since treatment completion. These individuals must be transitioning from another transitional living center or recovery house and actively participating in regular outpatient services under the supervision of an outpatient counselor.

3. Participation in the Tribal Medication Assisted Therapy (MAT) Program

Individuals who have successfully maintained sobriety in the Tribal Medication Assisted Therapy (MAT) Program for a minimum of six consecutive months, without relapse or the use of non-prescribed medications or alcohol. The Tribe does not permit the use of medical or recreational marijuana on tribal properties, including the TLC.

4. Criminal History

a. An applicant's criminal history will be evaluated as part of the admission process.

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- b. Applicants with a history of person-to-person crimes will be considered for residency on a case-by-case basis.
- c. Applicants who are registered sex offenders may not be considered for residency due to the presence of visiting and/or resident children at the facility.
- d. Applicants who have successfully completed an approved substance use disorder treatment program while incarcerated may be considered for residency. When treatment materials are provided by Behavioral Health (BH) staff, verification of completion must be submitted to the BH Director and Clinical Supervisor.
- e. Pre-treatment short stays may be approved at the discretion of the BH Director, based on individual circumstances and program needs.

## **II. ACTIVITIES AND REFERRALS**

### **A. Policy**

The Transitional Living Center (TLC) requires all residents to actively apply for and participate in programs and activities that support a substance-free and healthy lifestyle. These activities include, but are not limited to, Outpatient Aftercare Treatment, Self-Help Programs, voluntary wellness activities, and referrals to additional supportive programs. Participation in these activities is essential to fostering long-term recovery and personal well-being.

## **III. BUILDING SECURITY**

### **A. Policy**

The Transitional Living Center (TLC) is committed to providing residents with a structurally sound and secure environment. This includes securing the building with locked doors, periodically updating lock codes, and promptly involving the TLC Coordinator in the event of any incidents. For the safety and security of all residents, surveillance cameras are installed throughout the facility and are securely monitored. Personal surveillance cameras are not permitted.

Each resident will be provided with a locking door for their bedroom. Personal locks are not allowed, and TLC staff will retain a copy of bedroom keys for safety purposes and emergency access.

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#### **IV. CHILDREN**

##### **A. Policy**

The Transitional Living Center (TLC) permits residents' children to visit or stay in accordance with identified considerations, including the involvement of Indian Child Welfare (ICW) or the Department of Human Services (DHS), when applicable. Child visitation is allowed as long as it does not disrupt other residents, due to the shared living environment at the TLC. All child visitations, reunifications, and overnight stays must be approved by the treatment team.

Resident parents are expected to actively engage in their children's health, schooling, hygiene, discipline, and chores. Any abusive parental behavior will be reported by staff to the Child Abuse Hotline or the relevant ICW/DHS caseworker.

Additionally, resident parents are required to have either completed a parenting class prior to residency or be actively participating in a parenting program with an approved instructor or mentor.

##### **B. Family Reunification**

Residents with a goal of reunifying with their children while residing at the Transitional Living Center (TLC) are required to collaborate with the Behavioral Health treatment team, Indian Child Welfare (ICW) or the Department of Human Services (DHS), and the Siletz Community Health Clinic. This collaborative approach ensures that families undergoing reunification at the TLC are healthy, actively participating in treatment, and working toward long-term sustainability in their reunification process.

#### **V. EQUIPMENT**

##### **A. Policy**

The Transitional Living Center (TLC) ensures that all residents receive orientation on the safe and proper use of TLC equipment, including televisions, computers, internet connections, major appliances, and other resources designed to promote prosocial sustainability. This policy is in place to maintain a safe environment and ensure that residents can responsibly utilize these resources to support their recovery and personal development.

<b>SILETZ COMMUNITY HEALTH CLINIC</b>	
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## **VI. FEE AGREEMENT**

### **A. Policy**

The Transitional Living Center (TLC) is committed to helping residents establish a positive rental history. Residents are required to adhere to their monthly fee agreements, which contribute to the operational costs of the TLC. Where applicable and appropriate, a portion of these fees may be applied toward move-out expenses for residents who successfully complete the program.

### **B. Eligibility Criteria**

To qualify for financial assistance for independent living, residents must meet the following criteria:

1. Successfully complete intensive outpatient treatment.
2. Be actively engaged in Level I outpatient treatment.
3. Have a sustainable independent living plan that aligns with the goals outlined in their Relapse Prevention Plan.
4. Demonstrate the ability to manage the ongoing costs associated with independent living.

### **C. Move-Out, Rent, Utilities**

When financial assistance is provided for move-out expenses, rent, or utilities, payments will be made directly to the landlord or utility company to ensure proper allocation and responsible use of funds.

## **VII. HOUSE RULES**

### **A. Policy**

The Transitional Living Center (TLC) is committed to providing a safe, sober, and law-abiding environment for all residents, visitors, and staff. The TLC promotes safety and well-being through a combination of rules and holistic treatment approaches. Rule violations and their associated consequences are structured to be progressive, allowing residents the opportunity to take corrective actions and remain engaged in the program.

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## B. Immediate Discharge Policy

Residents of the Transitional Living Center (TLC) are expected to adhere to all rules and guidelines to ensure a safe and supportive environment. The following behaviors may result in immediate discharge from the program, as they jeopardize the safety, recovery, and well-being of both the individual and the community:

### 1. Use of Alcohol and/or Non-Prescribed, Mood-Altering Substances

Any use of alcohol or mood-altering substances, including illegal drugs or non-prescribed medications, is strictly prohibited. Violation of this policy undermines the recovery process and will result in immediate discharge.

### 2. Violence or Threats of Violence

Acts or threats of violence directed toward oneself, other residents, visitors, staff, or property are grounds for immediate discharge. This includes physical altercations, verbal threats, or destructive actions that compromise the safety and security of the community.

### 3. Non-Participation or Non-Compliance with Aftercare Treatment

Active participation in aftercare treatment is essential to sustained recovery. Failure to comply with assigned treatment plans, including attending therapy sessions, following treatment recommendations, or adhering to prescribed medical or behavioral health protocols, may result in immediate discharge.

### 4. Unauthorized Absences or Visitors

Residents must adhere to TLC policies regarding absences and visitation. Unauthorized absences from the facility, such as leaving without prior approval, or allowing visitors who have not been cleared by staff, is a serious violation and may lead to immediate discharge.

### 5. Failure to Comply with House Rules

Consistent failure to comply with TLC house rules, including maintaining personal and shared spaces in a clean and orderly condition, completing assigned housekeeping duties, and participating in required activities, will result in discharge. Repeated non-compliance disrupts the communal living environment and hinders the recovery process.

<b>SILETZ COMMUNITY HEALTH CLINIC</b>	
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6. Engagement in Illegal Behavior

Any involvement in illegal activities, whether within or outside of the TLC, will lead to immediate discharge. This includes theft, drug-related offenses, and any other behaviors that violate local, state, or federal laws.

**VIII. WELLNESS**

**A. Hygiene Policy**

The Transitional Living Center (TLC) encourages all residents to maintain regular personal hygiene as an essential part of a healthy lifestyle and recovery process. This includes practicing daily dental care, regular bathing, and wearing clean clothes. Good hygiene promotes physical well-being, self-respect, and a positive communal environment, which supports the overall goals of recovery and personal development.

**B. Meal Policy**

The Transitional Living Center (TLC) prioritizes the health and well-being of residents when planning and preparing meals. Foods rich in protein, vegetables, and fruits are encouraged to promote balanced nutrition and support overall health. Conversely, foods high in sugar and fat are discouraged, as they may negatively impact both physical health and recovery efforts. The TLC is committed to fostering a nutritious environment that aligns with the goals of sustained well-being and recovery.

**C. Medical Policy**

The Transitional Living Center (TLC) promotes independence by encouraging residents to engage in activities that support their health and well-being. In the event of a medical emergency, the staff or volunteer on duty is required to immediately call 911 and notify the TLC Coordinator, Behavioral Health Program Administrator, or Executive Health Director as soon as possible. This policy ensures a prompt response to emergencies while maintaining the health and safety of all residents.

**D. Chronic Pain**

The Transitional Living Center (TLC) is committed to ensuring that residents receive appropriate, effective, safe, and adequate pain management. Pain control strategies will be tailored to each individual's needs, taking into consideration medical recommendations, the resident's treatment plan, and the importance of maintaining sobriety. All pain management approaches will adhere to safety guidelines to prevent misuse or dependence on medications, supporting both the physical well-being and recovery of residents.

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## **IX. RESIDENT RIGHTS**

The Transitional Living Center (TLC) is committed to ensuring that resident rights comply with all applicable tribal, federal, and state regulations governing alcohol and drug treatment programs. A comprehensive list of resident rights is provided in the TLC intake packet and is thoroughly explained during the orientation and intake process. This ensures that residents are fully informed of their rights and understand the protections afforded to them during their stay at the TLC.

<b>SILETZ COMMUNITY HEALTH CLINIC</b>	
Program	Behavioral Health
Policy	Re-Entry Program
Date Approved	10/15/21
Date Revised	08/06/22; 02/01/25

**PART12F**  
**Re-Entry Program**

**I. ADMISSION**

**A. Policy**

The Siletz Re-Entry Program offers support for tribal members who are transitioning from incarceration back into the community. Based on the priority system outlined in the Behavioral Health Program's general policies, the program aims to provide a structured and supportive option to facilitate successful reintegration and promote long-term well-being.

**B. Admission Criteria**

1. Recent Incarceration

An enrolled member of a federally recognized tribe may qualify for this service if they have been incarcerated for more than 30 consecutive days within the last 90 days. This includes time spent in jail, halfway houses, or other correctional settings.

2. Transition from Institutional Settings

A federally enrolled tribal member may qualify if they are transitioning from a penitentiary, institution, or the Bureau of Prisons.

3. Imminent Release

A federally enrolled tribal member who is currently incarcerated and expected to be released within the next 12 months may also qualify for this service.

4. Criminal History Assessment

- a. An applicant's criminal history will be assessed as part of the admission process.
- b. Applicants with a history of person-to-person crimes will be evaluated on a case-by-case basis.

<b>SILETZ COMMUNITY HEALTH CLINIC</b>	
Program	Behavioral Health
Policy	Re-Entry Program
Date Approved	10/15/21
Date Revised	08/06/22; 02/01/25

## **II. CLIENT SUPPORT SERVICES**

- A. Individuals eligible for Re-Entry services may apply for initial Client Support Services with a maximum limit of \$500. These funds are typically used to cover immediate, essential needs such as basic clothing and a phone, which are crucial for reintegration into the community. The goal of this initial support is to help ease the transition from incarceration by addressing basic personal needs that contribute to stability and independence.
- B. Continued Client Support Services may be available to those who demonstrate active engagement in their individualized Re-Entry plan. This includes participation in recommended programs, compliance with behavioral health treatment, and efforts toward achieving personal and professional goals. Support for employment-related needs, such as tools, transportation, or uniforms, may be provided when no other employment readiness resources are available through community or tribal programs.
- C. All additional requests for Client Support Services beyond the initial \$500 must be approved by the Behavioral Health Program Administrator. Such requests will be evaluated on a case-by-case basis, ensuring they align with the individual's ongoing Re-Entry plan and promote long-term success. Funds will be allocated thoughtfully, with a focus on helping individuals build self-sufficiency, employment readiness, and a sustainable path forward in their reintegration process.