



Pleasant Hill, IA
Resident Handbook

*Please use this handbook as a guide during your time with the organization.
If you have questions, please reach out to a member of your treatment team or any of the staff member.*

TABLE OF CONTENTS

Introduction.....	3
Organization Mission Statement, Values, & Promise of Excellence.....	3
Organization Address, Telephone Number, and Hours of Operation.....	3
Accessibility and Access to Resident Handbook.....	3-4
Protective Oversight.....	4
Costs of the Program and Financial Responsibility.....	4-5
Levels of Care.....	5
3.7 ASAM Level of Care.....	5-6
3.5 ASAM Level of Care.....	6
Medication Assisted Treatment.....	6
Services Offered.....	7
Individual Therapy.....	7
Group Therapy.....	7
Treatment Planning.....	7
Discharge Planning.....	7-9
Admissions and Orientation.....	9
Consents and Agreements.....	9
Program Expectations.....	10-11
Confidentiality.....	11
Safety of Residents.....	11
Tobacco Use.....	11
Phone Use.....	11
Orientation.....	12
Searches.....	12
Approved/Unapproved Belongings.....	12-14
Drug Screening Policy.....	15
Initial Psychiatric Evaluation with History and Physical Exam.....	15
Biopsychosocial Assessment.....	15-16
Visitors.....	16
Resident’s Rights in Treatment & Grievance Process.....	17
Resident’s Rights in Treatment.....	17-18
Designated Legal Representative	18
Grievance and Complaint Process.....	19-21
Advanced Directives.....	21
Records Requests.....	21
Emergency Evacuation and Fire Drills.....	22

Introduction

Mission Statement - It is our commitment to provide integrated behavioral health treatment through evidence-based, high-quality clinical care for individuals, families, and communities experiencing Mental Health and Substance Use Disorders and empower those on their individual pathways to success.

Vision - Thrive Now Recovery Centers, operated by Ascension Recovery Services, is a national leader that provides innovative, high-reliability, safe substance use disorder services, under the ownership of Nelson Construction and Development, through the development and implementation of accessible treatment centers to those in need. Thrive Now Recovery Centers uses an individualized, person-centered approach while engaging with collaborative community partners to ensure the full continuum of care while eliminating gaps in treatment and providing a comprehensive approach of assisting individuals to engage in a healthy, purposeful, and fulfilling life.

Promise of Excellence - Thrive Now Recovery Centers is committed to providing the most effective and high-quality substance use disorder treatment services to help and support those struggling with substance use disorders, and their families to achieve long-term recovery and contribute to their communities. We accomplish this through the delivery of highly effective, supportive, and caring services within a safe and compassionate environment.

Contact Information

Business Hours of Operation: Monday through Friday 8:00am – 5:00pm EST

Address: 6132 NE 12th Ave, Pleasant Hill, IA 50327

Telephone Number: 515-209-2451

Fax Number: 515-209-2420

Accessibility

Residents and their families or significant others who speak a language other than standard English as a primary means of communication or who are individuals with a communication barrier, such as deafness or hearing impairment, will be provided appropriate assistance at no additional cost. Such assistance will include the availability of appropriate telecommunication relay services (TRS), interpreters fluent in the first vernacular language of the person served, services provided by a professional who is able to communicate in the same vernacular language as the person served, or referral to a service that provides interpreters.

Thrive Now Recovery Centers does not discriminate in the provision of services on the basis of ethnic group identification, religion, age, gender, race, sex, sexual orientation, national origin, marital status, medical condition, HIV status, or disability (physical or mental), pursuant to Title VI of the Civil Rights Act of 1964 (section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (section 12132, Title 42, United States Code); and the Rehabilitation Act of 1973 (section 504). All necessary and possible revisions to standard procedure will be made to accommodate those with a disability or special need. If the special need cannot be accommodated, the organization will ensure appropriate referral to a facility with similar services that can accommodate the resident's needs.

Access to Resident Handbook - The policy manual and Resident Handbook will be made available to all residents and/or interested parties by being placed visibly in a public area frequented by all residents or

kept at a central location, with a notice of its availability conspicuously posted in a public area frequented by all residents. The Handbook will also be provided to all new residents during the admission process or upon request. All residents will be informed in writing of any changes to the Resident Handbook or policy manual. A dated and signed receipt will be secured when any resident is furnished with a copy of the Handbook.

Protective Oversight

- I understand that in order to ensure the safety of all residents in the Thrive Now Recovery Centers, staff members need to ensure that every reasonable effort is being made to prevent the presence of substances or other items that jeopardize safety and/or recovery efforts.
- I am aware of, and consent to utilization of, video camera system, which is intended to increase the safety of all participants and staff members. I understand that operational video cameras are located in all common areas, hallways, exits, and outside the building.
- I understand that engaging in any sexual activity on program property is prohibited.
- I understand that my ability to respect boundaries and actively participate in treatment is an integral part of my recovery and healing. I understand that, for the welfare of other residents and the treatment atmosphere in general, if I am unable or unwilling to follow these treatment guidelines, I cannot continue participation in Thrive Now Recovery Centers program.
- Thrive Now Recovery Centers staff are mandated reporters by law. All persons performing professional or official duties at Thrive Now Recovery Centers have a duty to report alleged incidents to the state and other official regulators. This includes incidents of child abuse and neglect, or the abuse, neglect or significant incident involving a vulnerable person. This duty further requires reporting incidents of sexual abuse, sexual assault, specified communicable and infectious diseases, poisonings, and unattended or suspicious deaths. In addition, if a resident breaks the law, resident confidentiality can be breached, and the appropriate law enforcement officials will be contacted.
 - The duty to report takes precedence over all Thrive Now Recovery Centers policies. The professional's duty to report overrides the provisions of any other statute, specifically those provisions of other statutes that would otherwise prohibit disclosure by the professional.

Financial Responsibility & Cost of the Program

Financial Responsibility

If a resident is determined to be eligible for the organization's services, the resident's insurer will be contacted to determine the resident's financial responsibility. The resident will be informed in writing of the insurer's responsibility of financial burden and the co-pay that may or may not exist for the resident to cover. The resident will be asked to sign the understanding of financial responsibility form that will include a payment schedule and potential penalties for non-payment. The resident will then be given a copy of the agreed-upon payment schedule, as well as the agreed-upon penalties for non-payment. Payment agreements will be kept on-site by the organization's staff and provided to residents upon request. The financial implications of any program services provided separately from the main program will be given to the resident prior to providing the service. The organization's residents will be made aware of the separate service, including cost and whether the separate service is covered by insurance.

Financial information contained within the resident's electronic health record will be made available for the resident upon request.

At no time will a resident be billed more than program charges shown on the organization's fee schedule. All residents will receive a copy of the fee schedule during orientation.

Through public notices located in strategic locations throughout the facility, the organization will post a list of insurance companies, HMOs, and other third-party payers with financial agreements. The list will also be made available to residents upon request.

When appropriate, the organization will make residents aware of outside sources of financial assistance available to them. Residents interested in pursuing other means of financial assistance will be referred directly to the source by a staff person in charge of resident finance. Residents will be provided contact information for the financial assistance, and when needed, the staff person in charge of resident finance will assist in contacting the alternative source of financial assistance.

Cost of the Program

The organization has developed the following cash pay cost/fees for services (for individuals not having insurance):

ASAM Level 3.7 Residential Adult Services - \$650 per day

ASAM Level 3.5 Residential Adult Services - \$525 per day

Individuals with no insurance who provided income verification and meet the Medicaid guidelines for coverage will be referred to an insurance navigator to complete a Medicaid application.

Program Description

Thrive Now Recovery Centers is designed to operate at the 3.5 and 3.7 levels of care. The schedule at Thrive Now Recovery Centers is intended to be individualized and based upon our residents' needs. Our programming allows a struggling resident needing more care to move up or down in intensity of care, based on their individual needs and response to treatment. American Society of Addiction Medicine placement criteria is utilized to determine appropriate levels of care for each resident.

ASAM Level 3.7 Residential Adult Services

ASAM Level 3.7 indicates Medically Monitored Intensive Inpatient Services, providing a highly structured 24-hour treatment setting with comprehensive support for individuals with substance use disorders (SUD) who also require medical monitoring. This level of care is designed to address severe substance use issues and significant medical, psychological, or behavioral problems.

Each resident receives one-on-one counseling sessions to tackle personal issues related to substance use, co-occurring mental health disorders, and other medical conditions. Group therapy sessions, limited to no more than 12 residents per clinician, promote peer support and collaborative problem-solving. Educational sessions cover critical topics such as the disease of addiction, individual diagnoses, the effects of alcohol and drug abuse, the risks of HIV and hepatitis exposure, family dynamics related to SUD, and relapse prevention strategies.

The team is comprised of medical providers and other licensed health care practitioners who act within their scope of practice, especially when MAT is provided. Staff are trained to obtain and interpret information regarding residents' biopsychosocial needs and are knowledgeable about the dimensions of alcohol, tobacco, and other SUD. They are capable of monitoring complex medical conditions, stabilized mental health problems, and recognizing any signs of instability in residents with co-occurring disorders. Staff are also trained to inform residents of and coordinate access to emergency services available 24/7.

The program's goals are to stabilize individuals in a medically supported environment, prepare residents for successful transition to less intensive levels of care, and provide a holistic approach to treating substance use disorders by addressing both medical and mental health needs. This comprehensive approach ensures that residents receive the intensive medical support and treatment necessary to begin their recovery journey and develop the skills and strategies needed for long-term success.

ASAM Level 3.5 Residential Adult Services

ASAM Level 3.5 indicates Clinically Managed High-Intensity Residential Services, providing a structured, 24-hour live-in treatment setting designed to offer safe and stable housing while addressing significant psychological and behavioral issues accompanying substance use disorders (SUD).

Each resident receives one-on-one counseling sessions to address personal issues related to substance use, mental health, and other co-occurring disorders. Group therapy sessions, limited to no more than 12 residents per clinician, foster peer support and collective problem-solving. Educational sessions cover topics such as the disease of addiction, individual diagnoses, effects of alcohol and other drug abuse, risks of exposure to HIV, hepatitis, and other health consequences, family dynamics related to SUD, and relapse prevention strategies.

Staff are trained to obtain and interpret information regarding residents' biopsychosocial needs and are knowledgeable about the dimensions of alcohol, tobacco, and other SUD. They are capable of monitoring stabilized mental health problems and recognizing any signs of instability in residents with co-occurring disorders. The team includes medical providers and other licensed health care practitioners acting within their scope of practice, particularly when MAT is provided. Staff are also trained to inform residents of and coordinate access to emergency services available 24/7.

The program's goals are to stabilize individuals in a safe, supportive environment, prepare residents for successful transition to less intensive levels of care, and provide a holistic approach to treating substance use disorders by addressing both physical and mental health needs. This comprehensive approach ensures that residents receive the intensive support and treatment necessary to begin their recovery journey and develop the skills and strategies needed for long-term success.

Medication Assisted Treatment (MAT)

MAT uses appropriate medications to help people with opioid use disorder to find and sustain recovery. Evidence-based behavioral psychotherapy is offered in conjunction with medication so that residents can learn the behavioral skills that are critical to long-term recovery. Behavioral psychotherapy is offered in both group and individual formats.

Services Offered

24/7 On-Call Procedures - Potential or current residents calling after normal operating hours who may have an emergency will be directed to call 911. If a potential resident would like to learn more about our program, they will be routed to an admissions specialist who will be able to begin the pre-assessment process.

Individual Therapy - Individual therapy will be provided to promote the health and wellbeing of the resident and restoration of a resident to their best possible functional level. Therapy will consist of a face-to-face, one-on-one encounter between program staff and the resident or telehealth consultation, and behavioral health therapeutic intervention provided in accordance with the resident's plan of care. Individual therapy will be aimed at reducing adverse symptoms, reducing, or eliminating the presenting problem of the resident, and improving functioning.

Group Therapy - Group therapy will be provided to promote the health and wellbeing of the resident and restoration of a resident to their best possible functional level. Group therapy will consist of a face-to-face behavioral health therapeutic intervention provided in accordance with the resident's plan of care. Sessions will be provided in a group setting of non-related individuals, not to exceed twelve individuals in size. Group therapy focuses on the psychological needs of the resident as evidenced in the resident's plan of care and is centered on goals including building and maintaining healthy relationships, personal goal setting, and the exercise of personal judgement. Group therapy will not include physical exercise, recreational activity, an educational activity, or a social activity. Staff will ensure that the group has a deliberate focus and defined course of treatment and that the subject of group therapy is related to each resident participating in the group. The behavioral health professional leading the group will maintain individual notes regarding each resident within the group in the resident's record.

Treatment Planning - An individualized treatment plan (ITP) will be developed for each resident based on the resident's assessment and their treatment, medical, psychiatric, and social histories. Treatment plans are to be reviewed with the resident at regular intervals following formulation of plan. The resident will play a role in developing the initial ITP and reviewing it as necessary. Successful completion of the goals outlined in the ITP will determine the length of stay at the program.

Discharge Policy - Residents at Thrive Now Recovery Centers will receive a discharge from the program that will set them up for success. Whether the discharge is involuntary or the completion of the program, all residents receive referrals to services in the local area of the highest quality. Discharge results when a resident no longer meets medical necessity criteria for treatment or for whom a different program is needed to help them achieve their recovery goals.

A resident that is consistently meeting their treatment goals and has shown the ability to manage their symptoms and cope with life stressors outside of the treatment setting consistently over an appropriate amount of time is deemed ready to step down to a lower level of care. Residents that progress by meeting treatment milestones, including stabilization, engagement, goal setting, and attainment of resident-centered goals, will be considered ready for transition or discharge depending on each resident's specific needs. All residents will be considered for level of care transitions once they have stabilized and attained the support necessary to support their goals. If a resident leaving treatment

expresses a preference for a level of care or services, that preference will be included in the resident record.

Residents mandated by the Court, Employee Assistance Program, or another professional organization may receive different discharge criteria based on the agreed-upon plan with that organization.

Involuntary Discharges - Involuntary discharges will require the program or clinical director, in consultation with the resident's primary therapist, to be responsible for any recommendation of involuntary discharge. Implementation of involuntary discharge will only happen after the clinical or program director:

- Reviews the recommendation to discharge to ensure that the reason(s) is fair.
- Determines the discharge is not arbitrary or capricious and is serious enough to warrant discharge.
- Reviews and evaluates the resident's total response to treatment, in consideration of the recommendation to discharge.
- Confers with staff at a multidisciplinary meeting to discuss the resident's response to treatment and the recommendation to discharge.
- Confirms that, within reasonable clinical judgment, all incremental interventions have been tried and failed, including consideration of transfer to another provider.
- Provides written notice to the resident that indicates the reason(s) for the recommended discharge, as well as required information on how to appeal.
- Meets with the resident, in the event of an appeal, to conduct the appeal no sooner than twenty-four (24) hours after the provision of the notice, to allow the resident time to seek the advice of others, if desired, and discusses with the resident the reasons to implement or rescind the recommendation to discharge.
- Informs the resident in writing of the decision to implement or rescind the recommendation to discharge no later than twenty-four hours (24) hours after the appeal is made.
 - If discharge is decided after the appeal, the resident will receive information about treatment and referral options, and connections to such referrals if desired.
 - If rescission of the discharge is decided after the appeal, the resident is given full opportunity to continue treatment.
- Offers the resident and family/significant other(s) naloxone education and training and a naloxone kit or prescription.
- This involuntary discharge policy does not apply to someone who is reasonably determined to be a danger to others. The program or clinical director or his or her designee may make an emergency discharge immediately upon making such a determination, subject to the resident's right to appeal after the resident is discharged.
- A discharge may be pursued if a resident refuses to consent to a proper request for resident screening. This provision is subject to the resident's right to appeal after being discharged.
- All aspects of the involuntary discharge process must be documented in the resident's clinical record.
- For residents enrolled in the First Offender Driver Alcohol Education program, Thrive Now Recovery Centers will immediately notify the referring body of the termination of any resident for failure to comply with program rules, intoxication, and/or disruptive behavior.

Transition Plan - A transition plan will be developed for every resident that transitions to another level of care. The transition plan is written in collaboration with the resident and any collateral person(s) the

resident chooses to involve. This plan will specify necessary referrals with appointment dates and times, all known medications (including frequency and dosage,) and recommendations for continued care.

No resident will leave treatment without a plan which has been previously reviewed and approved by the resident's therapist and the clinical director. If a resident stops attending, refuses continuing care or otherwise fails to cooperate, this policy does not apply. The section of the transition plan which includes referrals for continuing care must be given to the resident prior to leaving the program. The resident and their family/significant other(s) will be offered naloxone education and training and a naloxone kit or prescription. A transition/discharge summary is prepared and included in each resident's record within 15 days of the resident leaving treatment.

Aftercare - Upon planned discharge, the resident and therapist will collaboratively complete a discharge plan to include the individual's wishes. This plan will be updated as the resident progresses through treatment and will address the continued appropriateness of the current treatment level. The plan will address continuity of services to the resident through referral, transfer, coordination activities, and proper resident consent. These referrals may include certified alcohol and drug-free housing, additional substance use disorder treatment, treatment of co-occurring disorders, continued care coordination and management with the residents' medical and psychiatric care providers, community-based overdose prevention programs, employment resources, or community and social supports, including family support services. If a resident is transferring to an alternative care facility, Thrive Now Recovery Centers will ensure the transfer of relevant clinical records in a confidential manner.

Discharge Planning and Resources - Any resident receiving a discharge of any type will be helped in finding an appropriate resident-approved treatment program. Discharged residents will also be provided resources to utilize in case of a relapse that include crisis intervention phone numbers, county resource phone numbers, treatment facility information, and overdose prevention resources.

All residents who are discharged will be provided a written notice including the specific reasoning for their discharge from Thrive Now Recovery Centers. All residents are given the right to appeal the discharge and will be given a copy of the Thrive Now Recovery Centers resident's rights and with the procedure for appealing the discharge decision. The resident must initiate the appeal and may do so either in writing or verbally. If the resident chooses to initiate the appeal verbally, a written appeal must follow, either being submitted by the resident or a representative on behalf of the resident with the resident's consent. A copy of the written request for appeal, as well as the disposition thereof, will then be entered into the resident's clinical record.

Admission and Orientation

Informed Consent - residents will be educated that they have the right to participate meaningfully in decisions regarding all aspects of services affecting them. Residents will also be educated that they may withdraw their consent and discontinue participation in treatment and services at any time. Consent is documented at admission. If at any time staff feel the resident's capacity to consent to treatment/services is in doubt, they should contact the Director who will assess and conduct an evaluation to determine capacity. If it is determined the resident lacks the capacity to consent the Director should obtain consent from the resident's legal representative.

Notice of Privacy Practices - notice of privacy practices will be given to each resident upon admission.

Program Expectations

1. Residents will use appropriate and respectful language when communicating with peers and staff.
2. Residents will respect peers' personal space and belonging.
3. Residents will not enter another peer's bedroom under any circumstances.
4. Residents will not buy, borrow, sell, trade, steal or gamble any personal or others' property
5. Residents will respect staff members' personal space and belongings and will not enter personal or shared offices without permission.
6. Residents will be responsible for maintaining their personal property. This facility will not be responsible for damage to or loss of personal property.
7. Residents will refrain from modification or destruction of any facility property.
8. Residents agree to engage in a 72hr "black out" period upon admission, prohibiting the use of facility provided telephones.
9. Residents will smoke, vape or use chewing tobacco only in designated areas during designated programming times.
10. Residents will use facility provided phones only during designated programming times in 15-minute intervals.
11. Residents will remain fully clothed at all times. Unacceptable attire includes:
 - Midriff baring tops
 - Revealing short shorts
 - Sheer tops which reveal undergarments
 - Extremely low-rise bottoms
 - Cleavage revealing tops
 - Men must wear shirts at all times when outside of their bedrooms
12. Residents will refrain from pursuing or engaging in romantic relationships or sexual activity of any kind. The only time there is to be male/female interaction will be during co-ed group sessions/smoke breaks and mealtimes.
13. Residents will pick up after themselves; all dishes will be put in a "dish tub" after use, trash to be thrown away, eating area wiped down, chairs pushed in.
14. Resident lounges will be picked up at the end of the day; blankets taken to residents' room, all trash thrown away. Residents will help maintain the cleanliness of their shared bathroom.
15. There is to be NO food/snacks/coffee cups in resident bedrooms or resident lounges at any time. All meals/snacks will be eaten in the community dining room. Meal/Snack items are not to be taken out of the community dining room, held back and eaten outside of meal/snack times unless for a medical reason, i.e. diabetic/medication taken with food. Coffee is only allowed in the community dining room, group room. No food is allowed in group rooms.
16. Residents will make their beds, organize their personal area, clothes are folded and put away or hung in shared closet space. All dirty clothes/linens placed in the "dirty clothes" bags that are provided. Residents will wash their personal bedding once per week on designated laundry day.
17. Residents will actively participate in all scheduled individual and group counseling sessions. Only approved absences are: medically/clinically necessary. All residents are to communicate with the nurse on duty for a medically necessary excuse. You will get a "medical pass" card from the nurse and you are to present that "medical pass" to the RSS or counselor leading group before you are excused. All other reasons will be considered unexcused.
18. Residents will actively participate in all treatment and discharge care planning sessions.
19. Residents are to use the restroom, get coffee/drinks etc. before the group begins or at break-times. It will be a deduction of incentive points unless it is an emergency/medical condition.

20. Residents' bedroom doors are to be opened and left open between 6a-6:30a until 11p Monday-Friday. Doors are to be left open between 7-7:30a until 11p Saturday and Sunday. Residents are to do all dressing and undressing in the bathrooms with bathroom door locked.
21. Residents will not move to different beds (even if bed is empty) or different rooms without speaking with an RSS and having a valid reason as to why they feel they need to move beds or rooms. The RSS will speak with their supervisor about the request. Changing beds or rooms creates a safety issue for themselves, other residents and staff.
22. All residents will receive a "hygiene stick" with their name on it upon admission. Residents who are requesting anything out of their hygiene bin must present their "hygiene stick" to the RSS to get their item(s) out of their hygiene bin. When the requested item is returned the RSS will give you your "hygiene stick" back for next use. This process will be followed with no exceptions.
23. Incentive Program- Every resident will automatically receive 3 smoking breaks throughout the day following meals. In addition, if they complete the basic expectation of the event/task immediately preceding the incentive smoke break time such as attending groups, completing chores/hygiene and demonstrating safe words and safe actions, they can receive additional smoke breaks during the day as identified in the daily schedule.

Confidentiality - Staff must follow all state and federal law in maintaining all residents' confidential information. Staff are not allowed to release any resident information without your consent unless a legal (i.e. responding to a subpoena) or an emergency situation warrants the release per state/federal law.

Residents are asked to be respectful of all individual's privacy. You should not disclose any other resident's information outside of the program; including other residents' names, personal information or any information disclosed by other residents in group sessions.

Maintaining a Safe Environment - It is Thrive Now Recovery Centers's mission to create a safe environment in which residents can focus on recovery. Violent, aggressive, or abusive behavior compromise the safety of the facility and the treatment environment for everyone.

- I understand that violence or threats of violence will not be tolerated while in treatment. This includes aggressive or threatening language, posturing, or other intimidating behavior.
- Acts of violence will result in immediate discharge of the program.
- Threats of violence or intimidating behavior can result in discharge from the program.

Tobacco Use & Smoking - Smoking is not permitted within any Thrive Now Recovery Centers facilities. This includes cigarettes, e-cigarettes, vaping, chewing tobacco, or any other tobacco product. Residents may only smoke in designated areas outside of the building.

Telephone Use - To ensure resident confidentiality and the resident's active involvement in treatment, personal cellphones and the use of personal electronics is strictly prohibited. Residents will have access to an Thrive Now Recovery Centers phone monitored by program staff.

Orientation - Thrive Now Recovery Centers will provide all new or returning residents with an orientation within five days of admission to familiarize him or her with the resident's rights, grievance process, activities, policies around the use of personal electronics, and philosophy of the program, including program requirements for participation, disciplinary action, termination, and the grievance procedure. Residents will also be informed of information about the range or treatment options, including MAT, the risks and benefits of MAT, the risks, and benefits of not receiving

treatment, and family support services including family or group therapy or social or educational services for family members. Written documentation of orientation will appear in the resident's record and written orientation materials will be provided to the resident in the form of the Resident Handbook. The Resident Orientation Form details the information discussed in orientation and will be signed and dated by the resident upon completion of orientation.

Searches – Thrive Now Recovery Centers operates from a person-centered perspective and seeks to protect the safety and dignity of all residents. Contraband is a term used to describe prohibited or unauthorized items. Certain items are clearly considered contraband in the treatment environment. These include weapons, illegal or unauthorized drugs, intoxicants, flammable items and items with a sharp edge. Other items such as a torn sheet or clothing, electrical cords, silverware, wire, etc., may be considered contraband if staff believe the item may be used by a patient to harm themselves or someone else, or if an item poses a safety risk or interferes with the rights of others.

Our priority is ensuring safety of our residents and staff. For this reason, upon admission, all residents will undergo a search of personal body as well as personal belongings. In addition, please understand, if staff have reason to suspect that a resident has contraband present while in program, staff will communicate with you that they will search your room, belongings and/or personal body. Searches will always be conducted in a respectful manner. We appreciate your cooperation and understanding on this policy.

1. If contraband (any weapon or illegal substance) is discovered, clinical personnel discovering the contraband will immediately document in the clinical record the contraband items discovered and contact local authorities for assistance in proper confiscation and/or disposal.
2. The resident will be counseled on the policy regarding contraband, and this clinical conversation will be documented in the clinical record.
3. Repeated offenses of violating the contraband policy may result in discharge from the program depending on the severity of the offenses.
4. If discharge occurs and the resident is willing to participate in plan development or accept a plan, an individualized discharge plan will be developed that ensures a safe transition to another treatment setting.

Approved Belongings

* Personal Identification Card (e.g. Drivers License, Passport, etc.) Insurance Card/Insurance Prescription Card

*Emergency Contact Information

*Unsealed Hygiene Items (NO ALCOHOL CONTENT IS PERMITTED, only 20oz. or less) Shampoo, Conditioner, Body Soap, Deodorant, Toothpaste, Toothbrush, Shower Cap, Brush/Comb, Feminine Hygiene Products

*Make-Up (1 Foundation, 1 mascara, 1 Chapstick (not lipstick), 1 eyeliner)

*Wristwatch (No Internet, Photographic/recording capability Permitted)

*Writing Journal/Notebook/Books (Treatment Appropriate)

*Clothing Items (2 sets of pajamas, 8 outfits appropriate for residential, 4 outfits appropriate for detox.

Outfits can include:

Slacks

Jeans (no holes or sagging)

T-shirts (no logo)

Sweatshirt /Light Jacket (In Winter Bring Layers As It Can Get Very Cold)

Workout Attire

Socks

Undergarments

Shoes (Only 2pr)

Hat (Stocking Hat Only In Cold Weather, No Baseball Caps)

5 Pictures (Family, Friends, Pet)

*Pillows (Only 2)

*Small Desk Fan

*Blow Dryer

*Cigarettes In Unopened Packs (35 Day Supply), Chewing Tobacco In Unopened Cans/Pouches (35 Day Supply), Electronic Cigarettes & Disposable Vapes (35 Day Supply). If you roll your own cigarettes

*Medications-Medications Must Be IN Original Prescription Container & Current Medical Order. All Medications If Prescribed Must Be In Proper Container. Must Be Approved By Nursing.

All approved items will be returned once thoroughly searched and inventoried with the exception of hygiene materials, cigarettes, lighters, and e-cigarettes. These items will be labeled and stored in accordance with facility policy.

Unapproved Belongings

*Cell Phones/Laptops/Cameras/Portable MP3 Players

*Personal Electronics Of Any Kind With Internet, Photographic, and/or Audio Recording Capabilities

*Pets/Animals Of Any Kind

Only Trained Service Animals/Emotional Support Animals Are Not Considered Service Animals

*Food

*Cash/Credit/Debit Cards

*Unsealed Hygiene Items, Cigarettes, E-Juice, Vapes Not In Original Sealed Box/Container

*Pornography

*Alcohol, Marijuana, or Any Other Illegal Substance

*All Controlled Substances Will Be Destroyed In Accordance With Thrive Now Recovery Center Policy

*Mouthwash/Cologne/Perfume/Hand Sanitizer

*Expensive Personal Items: Jewelry, Clothing, Shoes, Etc

*Hair Straighteners, Curling Irons, Etc

*Clothing With Logos/Gang Or Drug Related/No Bandanas/Shorts, Tank Tops, Halter Tops, Backless Or Low-Cut Clothing, No Tight Clothing Of Any Kind, Midriff baring tops, Sheer/Revealing Clothing, Off The Shoulder Tops

*Multiple Suitcases/Containers Of Belongings. Bring Only Necessary Items

*No Weapons Or Sharp Objects Of Any Kind (Nail Files, Nail Clippers, Etc.)

Unapproved personal belongings that are brought in by a resident will be stored in accordance with program policy and procedure and returned to you upon discharge from the program, unless it causes an immediate threat of harm to you or someone else.

Drug Screen Policy - It is the policy of Thrive Now Recovery Centers that all residents are able to work toward recovery from illicit drug use, and urine drug screens (UDS) are considered a treatment tool to assist residents in obtaining and maintaining recovery. UDSs are not used as a punitive measure for residents who have experienced a relapse.

The purpose of urine drug screening is to assist residents in obtaining and maintaining recovery. At all times, residents will be treated with the utmost respect. To prevent falsification of samples, all residents will be escorted to the restroom and instructed on necessary procedures to follow during testing. If a resident is suspected of seeking to falsify a urine drug screen, direct observation will be required to ensure that an accurate sample is obtained. Thrive Now Recovery Centers will maintain a person-centered treatment philosophy when initiating drug testing.

While a resident at Thrive Now Recovery Centers, I agree to the following drug screen policy:

- I agree to submit to an initial and random urine drug screens throughout my treatment at Thrive Now Recovery Centers.

Suspicion of Drug Use

Each case is to be handled individually and with the resident's best interest in mind. Depending on the circumstances surrounding the resident's behavior, the following procedures are ideal for handling the resident's use of alcohol/drugs:

1. Resident presents treatment in a way that contradicts the environment that Thrive Now Recovery Centers is attempting to create to facilitate others' recovery.
2. Resident is issued a drug screen.
3. Depending on the results of the drug screen, the treatment team will meet and consider any updates to the treatment plan that need to be made. At all times, the resident's feedback and stated goals will be considered and incorporated into the updated treatment plan. Treatment

staff will reassess that the resident's needs are being met and either revise the treatment plan or potentially refer the resident to a higher level of care when appropriate.

Tour of the Facility & Introduction to Treatment Team & Peers– each resident will be given a full tour of the facility to include their bedroom, dining and lounge areas, group rooms, resident restrooms, administrative offices, clinical offices, nurses' stations, and designated smoking areas. Residents will be introduced to their primary care team including nurse practitioner, therapist, and care coordinator as well as peers.

Initial Psychiatric Evaluation with History & Physical Examination – each resident will meet with a medical provider for a one-on-one in-dept evaluation and assessment exploring the following areas:

1. Chief Complaint / History of Present Illness
2. History of Physical Complications from Substance Use
3. Signs and Symptoms of Withdrawal
4. Signs and Symptoms of Post-Acute Withdrawal
5. History of Physical Complications from Substance Use Disorder Detoxification
6. Substance Use History
7. Substance Use and/or Mental Health Treatment History
8. Family and Social History
9. Suicide, Homicide, Self-Harm Assessment
10. Review of Systems
11. Mental Status Exam,
12. Urine Drug Screen Results
13. Physical Exam
14. Current Medications
15. Diagnostic Impressions
16. Plans include ASAM Level of Care doctor's order
17. Referrals, Recommendations

Biopsychosocial Assessment – each resident will meet with a clinical team member for a one-on-one in-dept assessment exploring the following areas:

1. Presenting Problem
2. Goals for Treatment
3. Acute Intoxication and/or Withdrawal Potential
 - a. Current Substance Use and Preference
 - b. Drug Class and Specific Type Used
 - c. Age of First Use
 - d. Date of Last Use
 - e. Amount of Current Use
 - f. Frequency in Last Year
 - g. Frequency in Last 30 Days
 - h. Method of Acquisition
 - i. Current Withdrawal Symptoms
 - j. History of Serious Withdrawal Symptoms
 - k. History of Overdose
 - l. Family History of Substance Use
4. Biomedical Conditions and Complications
 - a. Presence of Primary Care Medical provider

- b. Current Medications
- c. Physical Health Conditions & Status
- d. Information on Advanced Directive
- e. Activities of Daily Living impacted by Physical Health Conditions
- 5. Emotional Behavioral, and Cognitive Conditions and Complications
 - a. Family History of Mental Health
 - b. Presence of Current Mental Health Conditions, Traumatic Brain Injury, or Brain Damage
 - c. Presence of Mental Health Provider
 - d. Previous Mental Health Treatment & Medications
 - e. Mental Status Exam
 - f. Columbia-Suicide Severity Rating Scale
 - i. SAFE-T Protocol Assessment if screened positive for suicide risk
 - g. Homicidal Ideation
 - h. Current/Past Trauma History
 - i. Activities of Daily Living impact by Mental Health Conditions
- 6. Readiness to Change
 - a. Work/School
 - b. Mental/Emotional Health
 - c. Hobbies/Recreation
 - d. Legal Matters
 - e. Finances
 - f. Family/Friendships/Romantic Relationships
 - g. Self-Esteem
 - h. Physical Health/Hygiene/Self-Care
 - i. Stage of Change
- 7. Relapse, Continued Use, or Continued Problem Potential
 - a. Periods of Recovery, When, How Long, What Helped
 - b. Likelihood of Return to Use or Continued Use Without Treatment
- 8. Recovery Environment
 - a. Current Housing Situation, Satisfaction, Inhabitants, Substance Use
 - b. Family Relationships and Current Relationships Safety
 - c. Developmental Delays, Reading/Learning Challenges
 - i. Education and training will be specific to the individual's needs and abilities and is presented in an understandable manner and comprehension of material presented will be evaluated.
 - d. Education, Employment, Source of Income Status
 - e. Military Service History
 - f. Legal/Child Protective Service Status
 - g. People, Places, and Things
- 9. Summary of Findings
 - a. ASAM Severity Rating and Level of Care Recommendations
 - b. Substance Use Disorder Diagnostic Criteria & Diagnostic Formulation
 - c. Recommendations

Visitors

- A. Residents may have up to 3 visitors, including children, onsite during regular scheduled visiting hours on Sundays from 1-3pm.
- B. Children under the age of 18 must be accompanied by an adult.

- C. Visitor requests must be discussed with the primary treatment counselor for approval at least 48 hours in advance.
- D. Resident must give consent for visitor to be onsite.
- E. Drugs and alcohol are not allowed on the premises.
- F. Outside food and drink are not allowed on premises.
- G. Visitors will remain in the designated visiting area.
- H. All visitors are asked to maintain a therapeutic environment while onsite.
- I. Visitors must show proof of ID upon arrival to the facility.
- J. Primary counselor will conduct a brief visitor orientation for visitors prior to their arrival.
- K. Visitors will sign a confidentiality agreement upon arrival.

Resident's Rights in Treatment & Grievance Procedure

Resident's Rights in Treatment:

- The right to treatment and services that support the individual's liberty and result in positive outcomes to the maximum extent possible.
- The right to receive services in the least restrictive, most appropriate, feasible, safe, healthful, and comfortable environment where personal dignity and self-esteem are promoted.
- The right to be informed of one's own condition.
- The right to ongoing informed participation in the treatment plan process.
- The right to be informed of available program services.
- The right to give consent or to refuse any service, treatment, or therapy, including clinical studies and other remedies.
- The right to participate in the development of one's own individualized written treatment plan to be developed promptly after admission, receive treatment based on that plan, receive consistent periodic reviews of the treatment plan and revisions of the plan as appropriate.
- The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
- The right to be free from unnecessary or excessive medication.
- The right to medication that is not used as punishment, for the convenience of staff, as a substitute for programming, or in quantities that interfere with the treatment program.
- The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, or photographs.
- The right to be free from involuntary experimentation.
- The right to a legal representative when unable to act on his or her own behalf.
- The right to have access to an available advocate to understand, exercise, and protect his or her rights.
- The right to unimpeded access to his or her attorney or religious advisor.
- The right to confidentiality in accordance with HIPAA and CFR 42 – 2 of communications and personal identifying information within the limitations and requirements for disclosure of resident information under state and federal law and regulations.
- The right to have access to one's own resident record in accordance with state laws.
- The right to be free from uncompensated labor.
- The right to be informed of the reason(s) for terminating participation in a program.
- The right to be informed of the reason(s) for denial of a service.
- The right not to be discriminated against for receiving services based on race, ethnicity, age, color, religion, sex, sexual orientation, marital status, national origin, disability or HIV infection, whether asymptomatic or symptomatic, or HIV/AIDS.

- The right to know the cost of services and to be informed in advance of any charges for services.
- The right to be free from verbal, emotional, psychological, sexual, or physical abuse or punishment.
- The right to freedom from restraint or seclusion.
- The right to freedom from aversive consequences, including but not limited to: the application of painful stimuli, deprivation of basic human rights, treatment of demeaning nature, noxious or painful stimuli, deprivation of nutrition or hydration
- The right to be informed orally, in writing and in the appropriate language and terms, of the resident rights
- The right to exercise one's own resident and civil rights without reprisal.
- The right to file a grievance in accordance with program procedures.
- The right to have oral and written instructions concerning the procedures for filing a grievance.
- The right to have grievances considered in a fair, timely, and impartial procedure.
- The right to not be discharged or discriminated against in any way if a grievance has been filed by the resident, on the resident's behalf, or if the resident participated in a grievance investigation process.
- The right to an appeal if the administrator's findings and actions regarding a violation of the resident's rights are unfavorable, insufficient, or not forthcoming within a reasonable time.
- The right to referral, as appropriate, to other providers of behavioral health services.
- The right to be housed with residents of the same approximate age, developmental levels, and social needs
- The right to have access to use of staff office phone in case of an emergency.
- The right to have constant access to his or her personal possessions unless contraindicated by the treatment plan
- The right to private communication with others by mail, in person, or by telephone
- The right to access to his or her personal funds
- The right to all money earned by the resident to solely benefit the resident and for resident funds to not be comingled with provider funds
- The right to maintain fiduciary responsibility of resident funds
- The right to be provided information in a manner that is tailored to his or her language and ability to understand.
- The right to be communicated with in a manner that meets the needs of the individual if they have vision, speech, hearing, or cognitive impairments.

Designated Legal Representative - When a resident has a designated legal representative, Thrive Now Recovery Centers will obtain permission from the representative prior to initiating treatment except in emergency conditions. If emergency treatment is rendered, the representative will be notified as soon as possible. If a resident has a designated legal representative whose scope of responsibility appropriately includes assisting in or directing planning for services for the resident, Thrive Now Recovery Centers will document that the representative has been informed of all meetings and activities regarding planning. Thrive Now Recovery Centers will document a good faith effort to involve the representative in the planning and review processes. The representative is entitled to participate in the manner he or she chooses, including by telephone. If Thrive Now Recovery Centers has documented attempts to involve the representative in the planning process without success, Thrive Now Recovery Centers will continue the current plan of service for up to 30 days past its expiration date while alternative plans are made to meet the needs of the resident or to obtain permission from the representative.

Grievance Procedure

1. Grievances

- a. An individual, employee, or any other individual may make a complaint to the program.
- b. Staff Responsibilities:
 - i. Staff are NOT permitted in any way to:
 - 1. Retaliate or punish anyone filing a complaint.
 - 2. Prevent anyone from filing or helping an individual file a complaint with any entity.
 - ii. Procedure:
 - 1. If the complaint is received by any staff member or volunteer of the organization other than the person providing service, the individual should be directed to the person providing the service with an explanation of Wise Path Recovery Centers policy.
 - 2. If the individual is reluctant to speak directly to the person providing services, they should be referred to the Clinical Director.
 - 3. The person providing the services should be alerted to the existence of the complaint unless otherwise directed by the complainant.
 - 4. For any complaint regarding Wise Path Recovery Centers, staff should explain to the individual the steps that will occur in the complaint process.
 - 5. Staff will document all individual complaints using the "Individual Complaint Form".
 - 6. If the individual has made a complaint in writing this shall be attached to the "Individual Complaint Form".
 - 7. Staff will immediately (no later than 24 hours) notify the Program and Clinical Director of the complaint received.
 - 8. A note will be entered into the individual's file that a complaint has been received.
 - 9. A separate complaint file* will be generated, and the "Individual Complaint Form" will be put in this file.
 - 10. A copy of the "Individual Complaint Form" is then forwarded to the Program and Clinical Director.
 - iii. The Complaint File:
 - 1. Includes all documentation, correspondence, resolution, and follow up.
 - 2. Is maintained separately from the individual electronic health record (EHR).
 - 3. Is retained for the same period of time as other elements of the individual's EHR.
- c. Director (or designee's) Responsibilities:
 - i. Upon receipt of the complaint, it is the Clinical Director's responsibility to handle all complaints as outlined in this policy. If the Director is unavailable, this process will be delegated to the next most senior level staff person available, or a designee, as appointed by the Clinical Director.
 - ii. For any complaint received by Thrive Now Recovery Centers:
 - 1. The individual filing the complaint must be contacted by the director (or designee) regarding the complaint within 24 hours.
 - 2. Contact should be made in the manner the individual has indicated they wish to receive contact with the program.
 - 3. The director (or designee) will explain to the individual that their complaint will be reviewed, investigated, and resolved in a timely manner.

4. The director will implement a "Safety Plan" in the event the complaint includes a staff member and any allegation of neglect, exploitation, or verbal, mental, physical, or sexual abuse within 24 hours.
5. The director will review the summary of the complaint, actions to be taken to protect the safety of the individual and obtain the staff member's signature of acknowledgement and understanding of responsibilities.
6. The director will place a copy of the "Safety Plan" in The Complaint File.
7. The director (or designee) will document the summary of the complaint, immediate actions taken to protect the individual (if any), summary of investigation and findings, preventative action, and right to appeal on the "Individual Complaint Investigation Report".
8. The director (or designee) will explain to the individual that a written report with the director's decision and action plan will be delivered to them (and their authorized representative) within seven (7) calendar days.
9. The director (or designee) will explain the individual's rights and process for appealing the director's decision.
10. The right to appeal will be included in writing and sent with the director's action plan within seven (7) calendar days.
11. Once the director (or designee) has reviewed the written report with the individual (and their authorized representative), the director will scan and send a copy of the report to the Human Rights Committee (HRC) Chairperson prior to the individual signing to ensure anonymity of the individual during the HRC review.
12. Once the director (or designee) has obtained the individual's signature on the written report, the report will be kept in The Compliant File.

d. The Investigation:

- i. Investigations into all complaints will be initiated no later than 24 hours from receipt of the complaint.
- ii. Investigations must remain impartial and will be conducted by the appropriately trained staff.
- iii. The Director is responsible for investigating or appointing the investigator.
- iv. The investigator cannot be involved in any issues under investigation.
- v. The investigation process must be conducted in a way to protect individual confidentiality.
- vi. Investigations may include conducting interviews with the individual who filed the complaint, other individuals, staff, or any other person that may be relevant to the complaint.
- vii. Interviews should be held in locations that can ensure confidentiality of the information being shared.
- viii. Interviews should only be conducted with the relevant parties involved and should not include any other staff or persons not relevant to the complaint.
- ix. All interviews will be documented on the "Grievance Interview Summary" form and filed in the complaint file.
- x. Investigations may include gathering written statements or other relevant written information that is pertinent to the complaint.
- xi. If reviews of clinical documentation are necessary, those reviews must be done in a confidential setting.

- xii. The Director (or designee) should provide updates to the individual (and their representative if applicable) as the investigation proceeds and as steps are completed.
- xiii. These communications should be made to the individual in their preferred form of communication.
- xiv. The notification of the update will be documented in the complaint file.
- xv. If the investigation indicates abuse, neglect or exploitation has occurred the investigator must notify the Clinical Director immediately and proceed with the appropriate reporting of such instances as noted in policy Mandated Reporting.
- e. Local Department of Behavioral Health:
 - i. Individuals may file a complaint directly with the state. To file a complaint with the Department of Inspections, Appeals, and Licensing:
 1. Phone: 515-281-3425 or 844-281-3425
 2. Mail: Department of Inspections, Appeals and Licensing
6200 Park Avenue Suite 100 Des Moines, IA 50321
 - i. List of Advocacy Groups for Individuals
 1. Adult Abuse: 877-686-0027
 2. Alcoholics Anonymous: 800-333-5051

Advanced Directives

A mental health advance directive (MHAD), also known as a psychiatric advance directive, is a legal tool that allows persons with mental illness to state their preferences for treatment in advance of a crisis. MHAD provides a way to protect a person's autonomy and ability to self-direct care for treatment of mental health disorders. If you have a psychiatric advanced directive already in place, please let our staff know. Staff can provide you with more information and the state's advocacy office if you would like more information on psychiatric advanced directives.

Access to Resident Clinical File

Residents wishing to review their records should contact the Thrive Now Recovery Centers Clinical Director. Within 30 days of any such request, an appointment will be made for the resident to review his/her personal information in a confidential manner, on Thrive Now Recovery Centers premises, and in the presence of an Thrive Now Recovery Centers employee. Thrive Now Recovery Centers will not deny residents access to their own records, unless medically contraindicated. Residents may bring a support person to this appointment if they wish. Up to 60 days may be required in the case of complex searches for records. In exceptional circumstances (e.g., a resident is unable to come to the Thrive Now Recovery Centers due to health issues), a copy of the record may be sent to the individual with their consent. Records will be maintained for ten years following discharge. Thrive Now Recovery Centers cannot ensure access to resident records once this time period has lapsed.

Residents who desire an explanation of their records may contact their Thrive Now Recovery Centers service provider, the relevant program manager or the Thrive Now Recovery Centers privacy officer.

Residents will not be permitted to access third party records without the consent of the third party. In such cases, the Thrive Now Recovery Centers service provider will direct the resident to obtain the requested information directly from the third party.

Residents wishing to correct information in their file shall provide the correction in writing to Thrive Now Recovery Centers. The written correction will be included in the resident's record, and, within 21 days of receipt, Thrive Now Recovery Centers will notify the resident of its response to the correction.

Emergency Evacuation & Fire Drills

Per state regulations, Thrive Now Recovery Centers conducts quarterly fire drills. Some of these drills will take place during sleeping hours. We ask that you follow all staff members' directions when fire drills are occurring. In addition, Emergency Evacuation Planning Drills may occur during your stay. We ask that you cooperate with all staff member's directions when these drills are being conducted. These drills allow us to ensure we are prepared for certain life safety events that could occur, and that our residents remain safe during any event. We appreciate your cooperation with these drills. Upon admission, you will be oriented to the evacuation routes/maps in our building as well as the meeting place outside for all fire and evacuation drills.

Created Dec 2024

Revised February 2025