

Pennington County Sheriff's Office



Addiction Treatment Services Policies

For restricted and public access

Revised 01/22/2024

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CC 110-001: Accreditation

Chapter: Accreditation
Order No: N/A
Effective: 01-01-2009
Revised: 06-09-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:02:02 – 67:61:02:18
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services will maintain continued compliance with South Dakota Department of Social Services Division of Behavioral Health for accreditation purposes.

II. Definitions

- A. N/A

III. General Information

- A. Alcohol and drug service providing agencies must have accreditation through South Dakota Department of Social Services Division of Behavioral Health in order to link clients to receive funding for services.

IV. Procedural Guidelines

- A. The Director will review and maintain current accreditation standards at the facility at all times.
- B. The Director and designees will oversee operations to ensure that policies, procedures, client care and documentation are in place as required by accreditation standards.
- C. All Addiction Treatment Services staff will cooperate with South Dakota Department of Social Services Division of Behavioral Health during scheduled accreditation reviews and follow recommendations.
- D. The Director and/or designee will complete and submit any requested/required plans of correction.

CC 110-002: Notification of Accrediting Boards

Chapter: Accreditation
Order No: N/A
Effective: 02-23-2009
Revised: 06-09-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standards 67:61:02:19; 67:61:02:20
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services shall notify the South Dakota Department of Social Services Division of Behavioral Health Director prior to any of the following changes in order to permit the division to determine whether any changes in accreditation status are necessary:
1. Change in ownership, facility, or programming;
 2. Change in the agency director, medical director or clinical supervisor;
 3. Reduction in services provided by the agency; or
 4. The impending closure of the agency

II. Definitions

- A. N/A

III. General Information

- A. The formal letter sent to the South Dakota Department of Social Services, Division of Behavioral Health Director should address safe storage of financial and clinical documentation for a minimum of six years if the agency is discontinuing services or closing. Agency directors, medical director and/or clinical supervisor must meet the criteria outlined in the ARSD Standards.

IV. Procedural Guidelines

- A. The Director or designee will provide written notice to South Dakota Department of Social Services Division of Behavioral Health Director 30 days prior to any of the about noted criteria.

CC 110-003: Sentinel Event Notification

Chapter: Accreditation
Order No: N/A
Effective: 01-24-2017
Revised: 06-09-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:02:21
Classification: Public

I. Policy

1. The agency will provide sentinel event notification to the Sheriff, Chief Deputy and South Dakota Department of Social Services Division of Behavioral Health Director.

II. Definitions

- A. N/A

III. General Information

- A. Pennington County Sheriff's Office Addiction Treatment Services will follow established emergency procedures in response to sentinel events.

IV. Procedural Guidelines

- A. The Director, or designee, will notify the Sheriff, Chief Deputy and South Dakota Department of Social Services Division of Behavioral Health Director of any sentinel event within 24 hours including:
 1. Death not primarily related to the natural course of the client's illness or underlying condition;
 2. Permanent harm;
 3. Severe temporary harm; or
 4. Intervention required to sustain life.
- B. The Director or designee will submit a follow up report to South Dakota Department of Social Services Division of Behavioral Health Director within 72 hours of a sentinel event. The written notice will include:
 1. A written description of the event;
 2. The client's name and date of birth;
 3. Immediate actions taken by the agency.

- C. The Director, or designee will notify the Sheriff, Chief Deputy and South Dakota Department of Social Services Division of Behavioral Health Director of the following incidents as soon as possible:
1. Any fire with structural damage or where injury or death occurs;
 2. Any partial or complete evaluation of the facility resulting from natural disaster or loss of utilities such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.

CC 120-001: Advisory Board

Chapter: Governance
Order No: N/A
Effective: 06-1998
Revised: 06-09-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:03:03
Classification: Public

I. Policy

- A. The agency will maintain an Advisory Board to provide oversight with the policies and activities of the agency which will meet quarterly and maintain meeting minutes.

II. Definitions

- A. N/A

III. General Information

- A. The Advisory Board will ensure that the policies and activities of the agency address community concerns and other interests. The Advisory Board is comprised of ten members from the community who have vested interests in the community needs in regards to alcohol and drug abuse.
- B. Meeting minutes will be kept and will obtain the following information:
 - 1. Date and time of the meeting.
 - 2. Names of members attending.
 - 3. Topics discussed and actions taken.
 - 4. Summary of the Agency Director's report.
 - 5. Summary of the fiscal review.
 - 6. Summary of Quality Assurance reviews.
 - 7. Summary of any other discussions pertaining to the agenda.

IV. Procedural Guidelines

- A. Division Director will conduct a quarterly meeting with the Advisory Board Members.
- B. An administrative staff member will be present at each meeting to transcribe meeting minutes as a permanent record of the discussions and any decisions/approvals which occur.

- C. Administrative staff will type all minutes and submit to the Division Director for approval within five working days of the meeting occurring.
- D. Division Director will note any necessary changes. If no changes are necessary go to #F.
- E. Administrative staff will make any requested changes.
- F. Division Director will review and approve minutes.
- G. Administrative staff will file paper copy of approved minutes in Board Meeting Minutes binder for record keeping.
- H. Administrative staff will save computerized version of minutes in folder under the H:\Administrative Staff\CCADP Advisory Board word folder in the appropriate year. Administrative staff will ensure that all Advisory Board members receive copies of the meeting minutes within five working days of receiving approval either via e-mail or postal mail.

CC 120-002: Policies and Procedures

Chapter: Governance
Order No: N/A
Effective: 06-1998
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:04:01
Classification: Public

I. Policy

- A. The agency shall have a policies and procedures manual to establish compliance with state and federal laws as well as contract obligations.

II. Definitions

- A. N/A

III. General Information

- A. The policies and procedures will address any requirements necessary in order to maintain accreditation for all service providing contracts. In addition the manual shall also include policies used by the Advisory Board, Sheriff and the Clinical and Housing Directors to supervise the direction and activities of the agency.
- B. Employees will review all policies and procedures as part of their Orientation/Training upon initial hire, and annually thereafter, which will be documented in his/her personnel file. All in-service trainings and reviews will be documented in meeting minutes and/or personnel files.

IV. Procedural Guidelines

- A. A Director will appoint a designee to assist with maintaining current policies.
- B. A Director/designee will revise policies/procedures when changes occur.
- C. A Director/designee will route policies/procedure revisions to Sheriff for approval and signature.
- D. A Director/designee will send updated policy/procedures to All Staff for review when changes/updates are made.
- E. A Director/designee will place updated policy/procedure on Pennington County Sheriffs Intranet for staff use.

CC 120-003: Agency Director

Chapter: Governance
Order No: N/A
Effective: 06-1998
Revised: 06-09-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:05:02
Classification: Public

I. Policy

- A. The agency shall have a director whose qualifications, authority and duties are defined in writing and who is knowledgeable of substance abuse disorder services and possesses administrative skills.

II. Definitions

- A. N/A

III. General Information

- A. The Clinical Director and Housing Director will be responsible for the day-to-day management of the agency and ensure programming and facilities are in compliance with all contract requirements and accreditation needs. The director's competence will be based on experience and education.

IV. Procedural Guidelines

- A. The Clinical Director and Housing Director will review the agency policies and procedures as maintained in accordance with SD Department of Social Services, Division of Community Behavioral Health.
- B. Clinical Director and Housing Director will follow his/her specific job description.
- C. The Clinical Director and Housing Director will work closely with Chief Deputy and Pennington County Sheriff in regards to policies, procedures and budgetary needs.

CC 120-004: Organization Chart

Chapter: Governance
Order No: N/A
Effective: 06-1998
Revised: 01-17-2017
Approved by: Sheriff Kevin Thom
Reference: ARSD Standards 67:61:05:09
Classification: Public

I. Policy

- A. The agency shall have an up-to-date organizational chart indicating lines of authority.

II. Definitions

- A. N/A

III. General Information

- A. The organizational chart will be made available for the Advisory Board, all employees, the South Dakota Department of Social Services, Division of Community Behavioral Health and the public.

IV. Procedural Guidelines

- A. N/A

CC 130-001: Annual Budget

Chapter: Fiscal Management
Order No: N/A
Effective: 06-1998
Revised: 06-09-2023
Approved by: Sheriff Brian Mueller
Reference: N/A
Classification: Public

I. Policy

- A. The Clinical Director with direction from the Sheriff or Chief Deputy, shall develop and the Pennington County Commissioners shall annually approve a formal line item budget indicating expected revenues and expenses.

II. Definitions

- A. N/A

III. General Information

- A. The annual budget shall document projected personnel and operating expenditures by line item and program classification. Projected revenues by source and time period to include client fees for services, grant or contract funds from governmental units, public or private third-party reimbursement should also be noted.

IV. Procedural Guidelines

- A. Clinical Director will receive financial reports pertaining to salaries of employees.
- B. Clinical Director will review prior year's revenues and expenses.
- C. Clinical Director will identify any new revenue resources anticipated for the upcoming budget year and work with line staff and supervisors to review any expenses necessary for daily operations that were not present the prior fiscal year.
- D. Clinical Director will utilize information noted above and develop line item budget that falls within expected revenues and submit to Chief Deputy.
- E. Chief Deputy will review proposed developed budget and review with Pennington County Sheriff.
- F. Pennington County Sheriff will submit finalized budget request to Pennington County Commissioners for final approval.

CC 130-002: Fiscal Reports

Chapter: Fiscal Management
Order No: N/A
Effective: 06-1998
Revised: 06-09-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:03:03
Classification: Public

I. Policy

- A. A fiscal report shall be compiled at least quarterly and presented to the Advisory Board and Pennington County Sheriff as well as be available per request by South Dakota Department of Social Services, Division of Community Behavioral Health.

II. Definitions

- A. N/A

III. General Information

- A. South Dakota Department of Social Services, Division of Community Behavioral Health shall be granted a copy of the report upon request. The fiscal report shall review the variances between the projected revenues and expenditures and the actual revenues and expenditures for each specific income source and each specific expense category in the agency budget.
- B. The report shall also break down revenues and expenditures by program.

IV. Procedural Guidelines

- A. Accountant maintains monthly information pertaining to revenues and expenses for all programming of the Pennington County Sheriff's Office Addiction Treatment Services (ATS).
- B. Accountant reconciles monthly revenue and expense information with Pennington County Auditor's Office.
- C. Accountant sends monthly reports to Clinical Director, Chief Deputy and Pennington County Sheriff which reflect budgeted revenues, actual revenues and budgeted expenses and actual expenses.
- D. Accountant compiles monthly budget information on quarterly basis for presentation to quarterly Advisory Board Meeting.
- E. Clinical Director reviews/summarizes revenues and expenses to Advisory Board during quarterly meetings.

CC 130-003: Annual Audit

Chapter: Fiscal Management
Order No: N/A
Effective: 04-30-2009
Revised: 06-09-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:04:05
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services will utilize generally accepted accounting principles set forth by the Pennington County Auditor's Office.

II. Definitions

- A. N/A

III. General Information

- A. As part of Pennington County Sheriff's Office and Pennington County Government as a whole, Addiction Treatment Services (ATS) financial needs are handled through the Pennington County Auditor's Office. A copy of the annual audit results can be requested through the Pennington County Auditor's Office.

IV. Procedural Guidelines

- A. Pennington County Auditor's office in conjunction with the Pennington County Commissioners will arrange annual audits of all Pennington County funds as set forth by South Dakota Law.
- B. Addiction Treatment Services will respond to requests made by the Pennington County Commissioners and the Pennington County Auditor's Office.

CC 130-004: Fiscal Management Billing

Chapter: Fiscal Management
Order No: N/A
Effective: 04-30-2009
Revised: 06-09-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:04:05
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services will follow established written policies and procedures regarding fiscal management that are set forth by the Pennington County Auditor's Office.

II. Definitions

- A. N/A

III. General Information

- A. In compliance with Administrative Rules of South Dakota Standards, the policies and procedures will address control of inventories, control of accounts receivable, control of accounts payable and billing procedures.

IV. Procedural Guidelines

- A. The Division Director shall appoint a member of the Addiction Treatment Services administrative staff to complete purchasing and inventory control.
- B. The appointed administrative staff will complete purchasing and product selection in accordance with Pennington County regulations.
- C. All Addiction Treatment Services staff will assist in the storage of supplies and do so in accordance to all South Dakota Department of Health.
- D. The Division Director shall appoint a member of the Addiction Treatment Services administrative staff to complete responsibilities pertaining to accounts payable and accounts receivable.
- E. The appointed administrative staff will complete responsibilities pertaining to accounts receivable and accounts payable in accordance with all Pennington County Sheriff and Pennington County Auditor guidelines.

CC 130-005: Payment Review

Chapter: Fiscal Management
Order No: N/A
Effective: 06-1998
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: N/A
Classification: Public

I. Policy

- A. The Pennington County Sheriff or Division Director must review and authorize all contracts.

II. Definitions

- A. N/A

III. General Information

- A. Addiction Treatment Services as a division of the Pennington County Sheriff's Office may engage in contracts for billing revenue pertaining to services related to addiction treatment and case management.

IV. Procedural Guidelines

- A. The Pennington County Sheriff or Division Director will sign as authorization all contracts for Addiction Treatment Services.
- B. A copy of all contracts will be maintained by the Division Director.
- C. Division Director, with the help of designated staff, will provide training and education to all employees to maintain compliance and increase awareness of contract regulations.

CC 130-006: Fees for Service

Chapter: Fiscal Management
Order No: N/A
Effective: 06-1998
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:04:06
Classification: Public

I. Policy

- A. CCADP shall post and make available to the public the current fee schedule at all times.

II. Definitions

- A. N/A

III. General Information

- A. CCADP will evaluate annually all fees for services and assist clients in accessing any funding assistance available to assist them with the fees incurred for services needed.

IV. Procedural Guidelines

- A. The Director will designate accounting staff to annually complete a cost report to accurately determine the cost for services provided.
- B. The Director will review the cost for services with staff and Pennington County Sheriff or designee to determine necessary fees for clients based upon the poverty level and actual cost for services.
- C. The Director will set fees for services.
- D. The Director shall provide its clients, referral sources, the public, and the Division of Behavioral Health with up-to-date fees for services. The information shall include the fee per unit of service and any standard fees not included in the unit rate charged.
- E. If a client cannot make a co-pay, a waiver must be completed and approved by the Director or designee.

CC 130-010: Client Incentive/Reward Program

Chapter: Fiscal Management

Order No: N/A

Effective:

Revised:

Approved by: Sheriff Kevin Thom

Reference:

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office – Addiction Treatment Services will utilize Contingency Management techniques to support client program activities and incentives as a means of rewarding responsible behavior as well as engagement in treatment.

II. Definitions

- A. N/A

III. General Information

- A. As a means of rewarding responsible behavior and engagement, the facility will utilize revenues from the client vending machines to purchase items for clients through an incentive system. The incentive system is based on group attendance/participation, meeting treatment goals and following the facility rules.
- B. Rules of conduct as well as sanctions are outlined in the PCSO-ATS client handbook.

IV. Procedural Guidelines

- A. Revenue from the client vending machines will be deposited into PCSO-ATS miscellaneous revenues which can then be used as a funding source to provide program activities and incentives for the benefit of the clients.
- B. Client Incentive/Reward Program Gift Card Procurement/Distribution and Monitoring
 1. Gift Cards will be purchased using the agency credit card or petty cash and will be kept by the Administrative Assistant until a request is made for the gift card incentive.
 2. The client's group attendance, participation, and program goals are tracked daily by the counseling staff.
 3. Each week all clients eligible for an incentive are allowed to draw from the Incentive Fishbowl to determine which incentive will be given (ie: motivational quote, small item from the pantry or a gift card).

4. If a gift card is given as an incentive, the counseling staff will email their supervisor with the client's name and the reason the gift card is being awarded. If approved, the email will be forwarded to the Administrative Assistant so that the card can be accounted for and then provided to the staff requesting the incentive.
 5. The Administrative Assistant will balance the incentive program monthly and will provide monthly reports to the Director for approval. Any discrepancies will be reported immediately.
- C. On special occasions or holidays, the Client fund is utilized to provide a program activity for all clients that are eligible.

CC 140-001: Qualifications of Personnel

Chapter: Personnel
Order No: N/A
Effective: 06-1998
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:05:12
Classification: Public

I. Policy

- A. Staff performing duties which require certification shall maintain their certification throughout employment and will not perform duties without it.

II. Definitions

- A. N/A

III. General Information

- A. Several positions employed through the Addiction Treatment Services require specific licensure and/or certification based upon contract regulations.

IV. Procedural Guidelines

- A. Addiction Counselors, Emergency Medical Technician (EMT), Paramedic, Registered Nurse (RN) or Licensed Practical Nurse (LPN) will provide copies of certification/licensure to Human Resources during orientation or no later than 10 days from their start date.
- B. Human Resources or designee will verify counseling verification through South Dakota Board of Addiction Professionals (BAPP).
- C. Human Resources or designee will file copies of licensure or certification in employee files.
- D. Counselors will keep their certification displayed at all times in assigned office.
- E. Employees will submit continuing education units/recertification fees to the appropriate licensure/certification board as required by the specific profession standards.
- F. Office of Inspector General Medicare Exclusion List will be routinely inspected to ensure new hires and current employees are not on this list. The list will be monitored by the Director

CC 140-004: Staff Orientation/Development Training

Chapter: Personnel
Order No: N/A
Effective: 03-02-1987
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:05:05
Classification: Public

I. Policy

- A. The agency will provide annual training to all employees.

II. Definitions

- A. N/A

III. General Information

- A. The agency shall establish a staff development training plan which provides in-service training and continuing education for each staff member in those areas relevant to job function and agency need. A summary of training activities will be maintained for accreditation and contract requirements.
- B. All new employees will receive orientation training in all areas of record keeping, philosophy of treatment, confidentiality, fire prevention and safety, emergency and disaster procedures, specific job description and responsibilities.

IV. Procedural Guidelines

- A. Employees will receive a training checklist upon initial hire.
- B. Employees will attend in-house trainings as scheduled annually and complete assigned coursework as required.

CC 140-005: Personnel Performance Reviews

Chapter: Personnel
Order No: N/A
Effective: 06-1998
Revised: 04-28-2020
Approved by: Sheriff Kevin Thom
Reference: ARSD Standard 46:05:05:06
Classification: Public

I. Policy

- A. Performance reviews shall be conducted at least annually during the employee's employment anniversary month.

II. Definitions

- A. N/A

III. General Information

- A. Supervisors will be responsible to conduct annual performance appraisals for all employees assigned to their supervision. The evaluation will be based upon the specific responsibilities stated in the employee's job description. The supervisor shall review the evaluation with the employee. Original evaluations will be filed in the employee's personnel file.

IV. Procedural Guidelines

- A. Supervisors receive report noting employee's employment anniversary date.
- B. Supervisor utilizes approved performance evaluation template to complete narrative evaluation.
- C. Supervisor schedules time to meet privately with employee.
- D. Supervisor and employee review evaluation together.
- E. Evaluation is filed in employee's personnel file.

CC 140-007: Employee Conduct with Clients

Chapter: Personnel

Order No: N/A

Effective: 08-18-2009

Revised: 12-21-2023

Approved by: Sheriff Brian Mueller

Reference: National Rape Elimination Act; Residential Re-Entry Center Statement of Works, Pages 12

Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services maintains a zero-tolerance policy for staff sexual misconduct with clients.

II. Definitions

- A. **Non-Consensual Sexual Acts:** Contact of any person without his or her consent, or of a person who is unable to consent or refuse; and contact between the penis and the vagina or the penis and the anus including penetration, however slight; or contact between the mouth and the penis, vagina or anus; or penetration of the anal or genital opening of another person by a hand, finger or other object.
- B. **Abusive Sexual Contact:** Contact of any person without his or her consent or of a person who is unable to consent or refuse; and intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person. This excludes incidents of which the intent of the sexual contact is to harm or debilitate rather than to sexually exploit.
- C. **Staff Sexual Misconduct:** Any behavior or act of a sexual nature directed toward a client by an employee, volunteer, contractor, official visitor or other agency representative (excluding client family, friends or other visitors). Sexual relationships of a romantic nature between staff and clients are included in this definition. Consensual or nonconsensual sexual acts including intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or completed, attempted, threatened or requested sexual acts; or occurrences of indecent exposure, invasion of privacy or staff voyeurism for sexual gratification.
- D. **Staff Sexual Harassment:** Repeated verbal statements or comments of a sexual nature to a client by an employee, volunteer, contractor, official visitor or other agency representative (exclude client family, friends, or other visitors). Demeaning references to gender or derogatory comments about body or clothing; or repeated profane or obscene language or gestures.
- E. **Contractors:** Any person or corporation, other than an employee, providing any service to the agency (i.e., food services, medical, mental health programs) for an

agreed upon form of compensation. Contractors may include other local government agencies that contract with the jail for client labor or who supervise client work crews.

- F. **Employee:** Any person compensated by the Sheriff's Office for working full-time, part-time or a paid internship.
- G. **Client:** Any person committed to care or participating in Addiction Treatment Services.
- H. **Professional Visitors:** Any person having access to any of the Addiction Treatment Services facilities, who provides professional services to clients or staff, including but not limited to, attorneys, paralegals, paraprofessionals, bail bondsmen, private medical professionals, investigators, clergy, unpaid interns or researchers.
- I. **Retaliation:** Acts which may be verbal or non-verbal and are done in response to a client complaint or to prevent a client from complaining or filing a grievance.
- J. **Visitors:** Any person having access to any of the Addiction Treatment Services facilities for personal and/or official reasons.
- K. **Sexualized Work Environment:** A work environment in which the behaviors, dress, and speech of either staff and/or clients create a sexually charged workplace. Sexually explicit talk, inappropriate emails, posted cartoons, jokes or unprofessional dress characterizes a sexualized work environment. In a sexualized work environment, often staffs' off duty behaviors, dating and other activities intrude into the everyday work environment. In a sexualized work environment, talk or actions have sexual overtones. A sexualized work environment severely erodes the professional boundaries between staff, and consequently between staff and clients.
- L. **Volunteer:** Any person who, by mutual agreement with the agency, provides service without compensation or voluntarily assists clients or the agency in the course of the volunteer's duties.
- M. **Substantiated:** The event was investigated and determined to have occurred.
- N. **Unsubstantiated:** Evidence was insufficient to make a final determination that the event occurred.
- O. **Unfounded:** The event was determined NOT to have occurred.

III. General Information

- A. The zero-tolerance policy applies to staff, contractors, volunteers, clients and visitors. It is never appropriate to make sexual advances, comments or engage in sexual contact with a client. It is also not appropriate for a client to approach a staff member sexually.
- B. It is mandatory that any reported prohibited acts be immediately reported to a supervisor and taken seriously. Accused staff will not be placed in a position of client care/supervision with the client while the allegations are being investigated. Whenever

possible the identity of the person reporting allegations of staff misconduct will be kept confidential.

- C. Retaliation against those who report is prohibited. Disciplinary action up to and including termination of employment, loss of contract agreement or loss of volunteer privileges will be taken against anyone found to have violated the policy or anyone found to engage in retaliation against the reporting person.
- D. Intentional false reports by staff or clients will also result in disciplinary action up to and including termination of employment. Intentional false reports by volunteers or contract staff may result in loss of volunteer privileges or loss of contract.

IV. Procedural Guidelines

A. Reporting

1. Staff, volunteer or contractor learns or is apprised of possible sexual conduct between a client and staff member.
2. Person receiving report speaks immediately to direct supervisor, Clinical Director, Housing Director or Agency Director.
3. Clinical Director and Housing Director must be alerted of report.
4. Agency Director will alert Chief Deputy for formal investigation to be conducted.
5. Director coordinates with direct supervisor of employee, volunteer or contractor to have client and individual named separated from any direct service interaction.
6. Director/Chief Deputy assigns investigation either internally or externally by law enforcement.
7. Director, Chief Deputy and Supervisor review investigation report and make recommendations.

B. Investigation of Staff Sexual Misconduct.

1. All reports of sexual misconduct will immediately be brought to the attention of the Director of supervisor.
2. Supervisor will immediately assign the staff member, volunteer or contractor to duties that prevent contact between the client and staff member or place the individual on suspension pending the outcome of investigation.
3. Within 24 hours of the report being received by the supervisor/Director, the supervisor, Director and/or Chief Deputy will review all available reports and information.
4. The client will be informed by the supervisor or Director that an investigation has been started regarding the allegation.

5. The investigation will be completed and findings provided to the supervisor, Director and Chief Deputy as soon as possible.
6. Investigation findings are reviewed and determination of the allegations to be determined whether they are substantiated, unsubstantiated or unfounded.
7. Client is informed by Director the outcome of the investigation.
8. Supervisor, Director and Chief Deputy make supervisory decision with employee, volunteer, contractor depending upon outcome of investigation.

C. Identification and Prevention

1. Male and female clients are segregated in the facility with each gender having a separate dayroom, bathroom and laundry facilities.
2. When groups/activities are conducted in the same room with both genders, a staff member must be present.
3. Clients admitted who appear to be at risk, may be placed in a separate ward from other clients with a sexual aggression history or placed in an isolation unit.
4. Clients who are suspected of or have been identified as sexually aggressive will be monitored and/or discharged if necessary.
5. During detox admissions, clients will be admitted by a staff, volunteer or contractor of the same gender.
6. All staff, volunteers and contract personnel who will have contact with or who supervise clients will receive training on this policy.
7. Upon admission to residential treatment clients will be orientated to this policy and the reporting procedures as well as consequences of intentionally false or malicious reports.

CC 140-008: Employee Supervision

Chapter: Personnel
Order No: N/A
Effective: 06-1998
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:05:06; 67:61:05:07
Classification: Public

I. Policy

- A. All employees, interns and volunteers will be directly supervised to ensure optimal work performance, support and education regarding their job responsibilities.

II. Definitions

- A. N/A

III. General Information

- A. Supervision will be accomplished through individual and group staff meetings, weekly contact with a direct supervisor and clinical supervision as required for an individual's certification needs. All counseling staff will be supervised by a South Dakota Certified Addiction or Licensed Addiction Counselor.
 - 1. Supervising clinical services includes:
 - a. Case staffing
 - b. Individual case supervision
 - c. Consultation w/ other clinical professionals
 - d. Review of core record maintenance; and
 - e. Other clinically appropriate supervision methods as determined by agency policy

IV. Procedural Guidelines

- A. N/A

CC 140-009: Emergency Medical Technician Certification Training

Chapter: Personnel
Order No: N/A
Effective: 02-23-2013
Revised: 05-01-2020
Approved by: Sheriff Kevin Thom
Reference: ARSD Standard 67:61:05:10
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services employs Emergency Medical Technicians (EMT) staff to provide supervision and client care in the agency's detoxification program

II. Definitions

- A. N/A

III. General Information

- A. EMT staff are employed to provide swift emergency medical care for our client needs and also in conjunction to maintain compliance with the South Dakota Department of Social Services Community Behavioral Health Administrative Rules Standards.
- B. EMT Basic certification requires that the individual attend a 24 hour refresher training every two years. Addiction Treatment Services in support of this requirement will allow each EMT 8 hours of paid training per year. In addition, each EMT may be reimbursed for registration fees for a refresher course not to exceed \$60 every two years.
- C. All employees hired in an EMT position are required to provide a copy of their current certification card which notes the expiration date. All EMTs employed in an EMT position are required to maintain certification as part of their job requirement.

IV. Procedural Guidelines

- A. EMT Continuing Education:
 - 1. EMT staff attends refresher course for continuing education.
 - 2. EMT staff completes Miscellaneous Reimbursement Request Form and attaches copy of receipt for enrollment and copy of curriculum to form.
 - 3. EMT staff submits Miscellaneous Reimbursement Request Form with attachments to Addiction Treatment Services Accountant.
 - 4. Addiction Treatment Services Accountant will process the Miscellaneous Reimbursement Form per accounting procedures.

CC 150-001: Statistical Data

Chapter: Statistical Reporting
Order No: N/A
Effective: 04-17-2009
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:04:02
Classification: Public

I. Policy

- A. City/County Alcohol & Drug Programs will collect accurate statistical data on all services provided and report required data to funding sources as required.

II. Definitions

- A. N/A

III. General Information

- A. State and Federal laws and regulation require reporting of statistical information pertaining to services provided and clients served in alcohol & drug programs. The statistical information required is outlined annually in new contracts provided from funding sources.
- B. City/County updates electronic records and internal documentation in order to collect the information required. Statistics are then compiled and submitted as required in the contracts.

IV. Procedural Guidelines

- A. The Division Director will work with IT staff and administrative staff to update the electronic and paper records so that they accurately note information needed for statistical reporting.
- B. Counseling, administrative and detox technician staff will collect information from clients as outlined on electronic and paper documentation.
- C. Administrative staff will work with the Division Director to compile and report statistical information to all contractors as required.

CC 160-001: Zero Tolerance

Chapter: Prison Rape Elimination Act (PREA)

Order No: N/A

Effective: 07-11-2016

Revised: 06-28-2016

Approved by: Sheriff Kevin Thom

Reference: Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115

Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services complies with the standards set forth in the Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115 in support of eliminating sexual abuse in confinement and maintaining a safe environment for clients.

II. Definitions

- A. See CC 160-003 Appendix A: PREA Policy Definitions

III. General Information

- A. Addiction Treatment Services maintains Zero Tolerance toward all forms of sexual abuse/harassment/misconduct.
- B. All staff who may have contact with clients will be trained on the Prison Rape Elimination Act's standards.
 1. Each employee will receive refresher training every two years.
 - a. Refresher training will be documented through employee signature or electronic verification of understanding.
- C. All clients will receive information explaining the facility's zero tolerance of sexual abuse/harassment/misconduct and ways of reporting upon intake and then a more comprehensive education within the specified time frame.
 1. Education will be provided in formats accessible to all inmates (i.e., Spanish, etc.).
 2. Posters and handbooks containing key information will be continuously available and visible for clients.
- D. All clients will be screened upon intake for risk of sexual victimization or sexual abusiveness within 72 hours of arrival at the facility.

1. The screening information will be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those deemed high risk of being victimized from those at high risk of being sexually abusive.
 2. A reassessment will be conducted at a later date not to exceed 30 days from date of intake.
- E. Addiction Treatment Services provides clients multiple methods for reporting sexual abuse/harassment/misconduct.
1. Written letter, grievance, request, etc;
 2. Verbal;
 3. Anonymous reports;
 4. Contacting law enforcement directly or a rape crisis hotline; and/or,
 5. Third party reports.
- F. Addiction Treatment Services staff is also provided with a method to privately report sexual abuse/harassment/misconduct.
- G. All reports or allegations of sexual abuse/harassment/misconduct are documented, thoroughly investigated and referred to law enforcement if determined criminal in nature.
1. All reports will be kept confidential other than to the extent necessary to make treatment, investigation, and other security and management decisions.
 2. Clients and staff who report sexual abuse/harassment/misconduct or cooperate with such investigations will be protected from retaliation by other inmates or staff.
 3. Clients will be notified of the outcome of the investigation.
 - a. The notification will be documented.
- H. All facilities will provide victims of sexual abuse access to outside victim advocacy, medical and mental health care.
1. Medical and mental health care will be provided.
- I. Clients who make deliberate, malicious or false reports will be subject to disciplinary action and possible criminal prosecution.
1. Reports made in good faith will not be subject to disciplinary or criminal action.
- J. Clients and/or staff who are found guilty of violating this policy will be subject to disciplinary sanctions and criminal prosecution if determined criminal in nature.

- K. The facility will conduct an incident review at the conclusion of every sexual abuse investigation unless the incident is determined to be unfounded.
- L. Sexual abuse data will be kept, reviewed, and securely retained.
 - 1. Sexual abuse data will be made publicly available at least annually through the website of the Pennington County Sheriff.
 - a. All personal identifiers will be removed.
- M. This policy will be published on the website of the Pennington County Sheriff.

IV. Procedural Guidelines

- A. N/A

CC 160-002: Admission Assessment

Chapter: Prison Rape Elimination Act (PREA)

Order No: N/A

Effective: 07-11-2016

Revised: 12-21-2023

Approved by: Sheriff Brian Mueller

Reference: Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115

Classification: Public

I. Policy

- A. City County Alcohol and Drug Programs complies with the standards set forth in the Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115 in support of eliminating sexual abuse in confinement and maintaining a safe environment for clients.

II. Definitions

- A. See CC 160-003 Appendix A: PREA Policy Definitions

III. General Information

- A. Within 72 hours of the client's arrival at the facility clients will be screened with an objective screening instrument for their risk of being sexually abused by other residents or sexually abusive toward other residents.
 1. The screening information will be used to inform housing, bed, work, education and program assignments with the goal of keeping separate those deemed high risk of being victimized from those at high risk of being sexually abusive.
 2. Clients identified as risk for victimization or abusiveness will be assessed by mental health or qualified professional.
 3. Within thirty days or sooner if further relevant information becomes available, a reassessment will be completed.
- B. The screening will include, but is not limited to:
 1. Whether the client has a mental, physical or developmental disability;
 2. Age;
 3. Physical build;
 4. Incarceration history;
 - a. Prior history of institutional violence or sexual abuse

5. Criminal history;
 - a. Violent vs non-violent,
 - b. Sex offenses against adult or child,
 6. History of sexual victimization or abusiveness;
 7. Whether the client is or is perceived to be gay, lesbian, bisexual, transgender or gender non-conforming;
 8. Client's own perception of vulnerability; and,
 9. Any other specific information about individual client that may indicate heightened needs for supervision, additional safety precautions, or separation from other clients.
- C. Clients may not be disciplined for refusing to answer any question on the screening.
- D. City County Alcohol and Drug Programs will implement appropriate controls on the dissemination within the facility in order to ensure any sensitive information is not exploited to the client's detriment by staff or other clients.

IV. Procedural Guidelines

- A. N/A

CC 160-003: Response to Sexual Abuse/Harassment/Misconduct

Chapter: Prison Rape Elimination Act (PREA)

Order No: N/A

Effective: 07-11-2016

Revised: 12-21-2023

Approved by: Sheriff Brian Mueller

Reference: Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115

Classification: Public

I. Policy

- A. City County Alcohol and Drug Programs conducts an investigation whenever an allegation of sexual abuse/harassment/misconduct or threat of sexual abuse is reported and provides appropriate medical and/or mental health treatment.

II. Definitions

- A. See Appendix A: PREA Policy Definitions

III. General Information

- A. The City County Alcohol and Drug Programs requires mandatory training for staff, volunteers, and contractors to prevent, detect and respond to sexual abuse/harassment/misconduct and/or retaliation.
- B. The Client Handbook contains the following information which is available to the inmates:
 1. Prevention/intervention of sexual abuse;
 2. Self-protection;
 3. Reporting sexual abuse; and,
 4. Treatment and counseling.
- C. Clients who are victims of sexual abuse/harassment/misconduct may report the incident to any staff member, volunteer, third party or contractor.
- D. All alleged acts of sexual abuse deemed criminal in nature are referred to law enforcement for investigation.
- E. Clients who are victims of sexual abuse occurring within the facility are provided appropriate medical treatment and counseling.

IV. Procedural Guidelines

- A. Sexual Harassment/Misconduct

1. Immediately upon receiving a report of sexual harassment/misconduct of a client occurring within the facility, the person receiving the report immediately contacts the Shift Supervisor.
2. The Shift Supervisor coordinates with Tech Staff to immediately take measures ensuring the safety of the reported victim. The measures include, but not limited to:
 - a. Ensuring that the victim is separated from the alleged perpetrator;
 - b. Separation from alleged staff abuser, if applicable;
 - c. Monitoring the conduct and treatment of victim for potential retaliation.
3. The Shift Supervisor notifies the Director or designee; who notifies the Chief Deputy or Sheriff.
4. The Director or designee provides direction on the administrative investigation
5. The administrative investigation is suspended if Sexual Abuse is discovered.

B. Sexual Abuse

1. Immediately upon receiving a report of sexual assault of a client occurring within the facility, the person receiving the report immediately contacts the Shift Supervisor.
2. The Shift Supervisor coordinates with Tech Staff to immediately take measures ensuring the safety of the reported victim. The measures include, but not limited to:
 - a. Ensuring that the victim is separated from the assailant;
 - b. Separation from alleged staff abuser, if applicable;
 - c. Monitoring the conduct and treatment of victim for potential retaliation.
 - d. Preserving any forensic evidence to include;
 - 1) Preserving clients clothing of the victim and alleged perpetrator,
 - 2) Sealing off the vicinity where the assault took place,
 - 3) Not allowing the victim or alleged perpetrator to shower, and;
 - e. Notifies the Pennington County Sheriff's Office of the alleged sexual abuse.

C. Sexual Harassment/Misconduct or Abuse

1. Medical and Mental Health offers services as appropriate; to include but not limited to: follow up medical care, treatment plans, and referrals if necessary

2. The administrative PREA investigator reviews with mental health, medical services and the Tech supervisors to determine if the victim can be housed at the City County Alcohol and drug programs / Life enrichment center or, if in the victim's best interest and safety, the client should be moved to another facility.
 - a. If it is the recommendation that that the client be moved to another facility, the Director or Facility Operations Coordinator is contacted for final approval.
3. All staff involved completes an Incident Report. The Shift Supervisor routes all reports to the Director or Facility Operations Coordinator for review prior to the end of shift.
4. All case records and medical records associated with claims of sexual abuse are scanned into a file director database system.
 - a. Medical records associated with the sexual assault are available only to the Director, medical staff and designated clerical staff who are assigned the responsibility of imaging and retrieving medical records or for the investigation and prosecution of a criminal case.

CC 160-003 Appendix A: PREA Policies Definitions

- A. Administrative Investigation:** Investigation conducted within the facility that determines whether a facility rule or policy, that may not be criminal in nature, was violated.
- B. Aggressor:** Any person committing sexual abuse/harassment/misconduct against another. The aggressor may be the same or different gender as the victim.
- C. Consent:** To give permission for something to happen.
- D. Contracted Employees:** Staff who are hired for a specific job providing service to the agency but are not considered general staff. Example- CBM Food Service
- E. Contractor:** Individual who provides a recurring service to the facility or agency which allows the individual access to clients.
- F. Exigent Circumstances:** Any set of temporary or unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.
- G. Garrity Warning:** Advisement of rights to employees during an internal investigation.
- H. Gender Nonconforming:** A person whose appearance or manner does not conform to traditional societal gender expectations.
- I. Intersex:** A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
- J. Miranda Rights:** warning given to individuals prior to interrogation to protect the person from self-incrimination and to preserve the admissibility of their statement in criminal proceedings.
- K. Pat Search:** Search conducted by confinement staff which staff runs their hands over the clothed body of an inmate to determine the existence of contraband.
- L. Prison Rape Elimination Act of 2003 (PREA):** Federal law passed in 2003 that aimed to curb sexual abuse/harassment/misconduct in detention settings by developing national standards that created zero tolerance toward sexual violence and made detention facilities more accountable.
- M. Retaliation:** Any act of vengeance, covert or overt action, or threat of action taken against an individual in response to their claim of sexual abuse/harassment/misconduct or cooperation in the reporting or investigation of such, regardless of the disposition of the complaint. Examples include, but are not limited to:
 - a. Unnecessary discipline;
 - b. Changes in dot status

- c. Verbal or physical intimidation or threats;
- d. Unnecessary changes in room assignment;
- e. Unnecessary changes in privileges or program assignments;
- f. Unjustified denials of privileges or services; and/or,
- g. Any action to compromise the victim or witness's safety including refusal or failure to protect.

N. Sexual Abuse:

- a. Client on client sexual abuse includes the following if the victim does not or cannot consent, refuses, or is coerced by overt or implied threats of violence:
 - a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - b. Contact between the mouth and the penis, vulva, or anus;
 - c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and,
 - d. Any other intentional touching, either by directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.
- b. Staff on client sexual abuse includes any of the following:
 - a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
 - b. Contact between the mouth and the penis, vulva, or anus;
 - c. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - d. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - e. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - f. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in (a)-(e) of this section;

g. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a client; and,

h. Voyeurism by a staff member, contractor, or volunteer.

O. Sexual Harassment:

- a. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures or actions of a derogatory or offensive sexual nature by one client directed toward another; and,
- b. Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

P. Sexual Misconduct: All forms of sexual behavior prohibited by this policy regardless of whether it is consensual. Examples include, but are not limited to:

- a. Statements, comments or innuendo directly or indirectly concerning the actual or perceived sexual orientation of any person;
- b. Intimate or close relationships with another client defined as any relationship beyond the boundaries of a professional relationship;
- c. Intimate conversation or correspondence with a client; and/or,
- d. Creating an intimidating, hostile or offensive environment by engaging in or permitting sexually offensive behavior or language that is directed at or observable by others.

Q. Sexual Violence: General term for all forms of sexual abuse/harassment/misconduct.

R. Staff: All direct employees of City County Alcohol and Drug programs, contracted employees, contractors, volunteers who have access to clients.

S. Substantiated Allegation: Outcome of an investigation in which the event was determined to have occurred.

T. Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned birth sex.

U. Unfounded Allegation: Outcome of an investigation in which the event was determined not to have occurred.

V. Unsubstantiated Allegation: Outcome of an investigation that provided insufficient evidence to make a final determination as to whether or not the event occurred.

W. Victim's Advocate: A trained individual who provides emotional support to victims of sexual violence.

- X. Volunteer:** Individual who donates time and effort on a recurring basis at a detainment facility.
- Y. Voyeurism:** An invasion of an inmate's privacy by a staff member, contractor, volunteer for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in their cell to perform bodily functions; requiring an inmate to expose their buttocks, genitals, or breasts; or taking images of all or part of an inmate's body or of an inmate performing bodily functions.
- Z. Zero Tolerance:** Policy of strict, uncompromising enforcement of rules/laws.

CC 160-004: Investigations

Chapter: Prison Rape Elimination Act (PREA)

Order No: N/A

Effective: 07-11-2016

Revised: 12-21-2023

Approved by: Sheriff Brian Mueller

Reference: Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115

Classification: Public

I. Policy

- A. City County Alcohol and Drug Programs investigates any allegation of sexual abuse/harassment/misconduct in support of Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115.

II. Definitions

- A. See CC 160-003 Appendix A: PREA Policy Definitions

III. General Information

- A. City County Alcohol and Drug Programs will conduct administrative investigations of any allegation of sexual abuse/harassment/misconduct.
 - 1. Any allegation determined criminal in nature will be immediately referred to law enforcement.
 - a. The administrative investigation will cease until the criminal investigation is complete.
 - b. The facility will cooperate fully with outside agencies conducting investigations into reports of sexual abuse/harassment/misconduct.
- B. Staff conducting administrative investigations receives specialized training.
- C. All administrative investigations are completed in a prompt, thorough, and objective manner.
 - 1. Investigations will continue even if alleged victim and/or alleged perpetrator have left the facility.
- D. The disposition of an administrative investigation will be one of the following: substantiated, unsubstantiated or unfounded.
 - 1. An investigator will use the “preponderance of evidence” in determining whether allegations of sexual abuse/harassment/misconduct are substantiated.

- E. The final report will include, at a minimum:
 - 1. An effort to determine whether staff actions or failures to act contributed;
 - 2. A description of the physical and testimonial evidence;
 - 3. Reasoning behind credibility assessments; and,
 - 4. The investigative facts and findings.
- F. Any disciplinary sanctions will be addressed during the formal disciplinary process upon completion of the administrative investigation.
- G. All written reports are retained as long as alleged abuser is incarcerated or employed by the agency, plus five years.

IV. Procedural Guidelines

- A. The investigator:
 - 1. Reviews any available electronic monitoring data;
 - 2. Any prior complaints and reports of sexual abuse/harassment/misconduct involving the alleged perpetrator(s);
 - 3. Interviews victim, alleged perpetrator(s), and witnesses;
 - 4. Determines if there is a preponderance of evidence to substantiate the allegation;
 - 5. Prepares the final report; and,
 - 6. Informs the victim of the outcome of the investigation.
 - a. The notification is documented.

CC 160-005: Reporting

Chapter: Prison Rape Elimination Act (PREA)
Order No: N/A
Effective: 07-11-2016
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115
Classification: Public

I. Policy

- A. City County Alcohol and Drug Programs will provide multiple methods for clients and staff to report sexual abuse/harassment/misconduct and/or retaliation in compliance with the Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115.

II. Definitions

- A. See CC 160-003 Appendix A: PREA Policy Definitions

III. General Information

- A. Facilities will accept multiple methods of reporting sexual abuse/harassment/misconduct and/or retaliation to include, but not limited to:
 - 1. Written letter, grievance, request, etc;
 - a. All clients are provided access to tools necessary to make a written report if requested, including but not limited to: writing utensil, paper and envelope.
 - 2. Verbal reports;
 - a. All verbal reports are documented immediately by the person receiving the report.
 - 3. Anonymous reports;
 - 4. Contacting a rape crisis center, and/or,
 - 5. Third party reports.
- B. All staff members are required to report any knowledge, suspicion, or information they receive regarding any of the following:
 - 1. Any incident of sexual abuse/harassment/misconduct occurring in any facility;

2. Any act of retaliation against clients or other staff who have reported such an incident; and/or,
 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- C. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
- D. All reasonable efforts will be made to protect clients and staff from retaliation for reporting sexual abuse/harassment/misconduct.
- E. Employees accused of sexual abuse/harassment/misconduct will be afforded their rights and due process in accordance with the Pennington County Employee Handbook, Garrity rules and other applicable laws.
- F. There is no time limit on reporting sexual abuse/harassment/misconduct.

IV. Procedural Guidelines

- A. Report of Abuse occurring at another facility
1. In the event an allegation is received that a client was sexually abused while confined at another facility, the Director or designee notifies the head of the facility or appropriate investigative agency where the alleged abuse occurred.
 - a. Notification is provided as soon as possible, but no later than 72 hours after receiving the allegation. The following information is documented:
 - 1) Date and time of calls to the agency and/or investigative agency;
 - 2) Name of person(s) spoken to regarding the allegation; and,
 - 3) The type of details related to the agency and investigative agency.
- B. Reporting of Abuse occurring at City County Alcohol Drug Programs
1. Upon receipt of any allegation a client has been sexually abused while in the facility's care, law enforcement is notified as soon as possible.
- C. Third Party Report of Abuse occurring at the City County Alcohol Drug Programs
1. Upon notification from another agency that a client has reported abuse that allegedly occurred while in the custody of City County Alcohol Drug Programs; the Director or designee immediately reports the allegation to the Chief Deputy or Sheriff and ensures the allegation is investigated in accordance with Prison Rape Elimination Act (PREA) standards and investigated by law enforcement if criminal in nature.

2. Third parties, including fellow clients, family members, attorneys, outside advocates and others, are permitted to assist filing reports, allegations, grievances and requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of clients.
3. If the allegation involves the Director, or if the Director is not available at the time of the allegation, the employee reports directly to the Chief Deputy or Sheriff.
4. Any and all reports or allegations received regarding sexual abuse or sexual harassment will be documented, regardless of outcome.

CC 160-006: Discipline

Chapter: Prison Rape Elimination Act (PREA)

Order No: N/A

Effective: 07-11-2016

Revised: 12-21-2023

Approved by: Sheriff Brian Mueller

Reference: Prison Rape Elimination Act of 2003, National PREA Standards, 28 C.F.R. Part 115

Classification: Public

I. Policy

- A. City County Alcohol and Drug Programs disciplines any staff or client who is found to have violated the Zero Tolerance Policy in support of eliminating sexual abuse/harassment/misconduct from confinement.

II. Definitions

- A. See CC 160-003 Appendix A: PREA Policy Definitions

III. General Information

- A. Disciplinary sanctions will be proportionate to the nature and circumstances of the violation, the individual's discipline history and sanctions imposed for similar incidents.
 1. This applies to both clients and staff.
- B. Staff who engage in behavior deemed criminal will be terminated and reported to law enforcement.
 1. Those who resign prior to termination will be reported to law enforcement.
- C. Staff who engage in behavior not deemed criminal may be prohibited from further contact with clients.
 1. Volunteers and contractors will be reported to the relevant licensing agencies.
- D. Clients will be disciplined for sexual contact with clients upon finding that the client did not provide consent.
- E. Consensual sexual contact between clients:
 1. Is not considered sexual abuse/harassment/misconduct under Prison Rape Elimination Act of 2003 standards;
 2. Is prohibited; and,

- 3. Will result in disciplinary sanctions.
- F. Clients will have their mental disabilities or mental illness considered during the disciplinary process.
- G. Anyone who makes a report of sexual abuse/harassment/misconduct in good faith will not be disciplined even if the report is not substantiated.

IV. Procedural Guidelines

- A. N/A

CC 210-001: Prohibition of Discrimination of Services/Appropriateness & Eligibility

Chapter: Clinical Management
Order No: N/A
Effective: 02-01-2009
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:03:04
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services will not deny any person equal access to its facilities or services on the basis of race, color, religion, gender, ancestry, national origin, mental or physical illness or disability unless such illness or disability makes treatment offered by the agency non-beneficial or hazardous.

II. Definitions

- A. N/A

III. General Information

- A. Addiction Treatment Services will use the Federal Americans with Disabilities Act, 42 U.S.C. 12101 et seq. and 28 C.F.R. Part 36 (July 1991) as a guideline for this policy. Referral services shall be provided to individuals who are not admitted to services.
 1. Every effort will be made to accommodate the physically handicapped individuals and their needs by providing the needed services in an area that is accessible to them.
 2. For individuals with an intellectual handicap, the program will reasonably accommodate therapeutic approach to fulfill the individual needs of this clientele.
- B. If an individual applies for services at Addiction Treatment Services and the agency cannot meet the identified needs, whether it be psychological or physical, the client will be referred to resources within the community that can better meet the needs.
- C. A person would be considered ineligible for treatment in the program if one of the following applies:
 1. Their chemical dependency condition does not respond positively to institutional programming.

2. The client's psychological or psychiatric condition limits their ability to function on a rational level.
 3. The client refuses to enter recommended programming.
 4. The client's medical needs are not appropriate for a social setting detox placement.
 5. The client's non-compliance with medical recommendations puts them in a life-threatening state.
- D. If one of the above situations occurred the person would be assisted in locating the required alternative services.
- E. Only the Agency Director or designee or the Medical Director have authority to deny services.

IV. Procedural Guidelines

- A. Either the counselor, Registered Nurse (RN), Licensed Practical Nurse (LPN) or Emergency Medical Technician (EMT) assesses client to meet one of the above-mentioned criteria.
- B. Either the counselor, RN, LPN or EMT compiles a summary of information pertaining to their concerns that client is ineligible for services.
- C. The counselor, RN, LPN or EMT routes summary to their direct supervisor.
- D. The direct supervisor reviews the information provided and meets with Agency Director to review the request to deny services.
- E. Services will be denied, if the assessment is deemed by Director to be clinically inappropriate for admission.
- F. The Director will communicate the denial of services to appropriate ATS staff.
- G. If the client can be served by an alternative agency, the counselor, RN, LPN or EMT will work with the client to assist with the referral process.

CC 210-003: Mandated Reporting

Chapter: Clinical Management-Client Care

Order No: N/A

Effective: 02-01-2009

Revised: 12-10-2019

Approved by: Sheriff Kevin Thom

Reference: ARSD Standard 67:61:06:03 SD Codified Law 26-8A-3, 26-8A-8, 22-46-1

Classification: Public

I. Policy

- A. The Pennington Count Sheriff's Office Addiction Treatment Services (ATS) employees will report possible child abuse of a child under the age of 18 as defined in SDCL 26-8A-3, 26-8A-8.

II. Definitions

- A. **Mandatory Reporter:** An individual who is required by state law to report any instance where they have reasonable cause to suspect that a child under the age of 18 has been abused or neglected.

III. General Information

- A. Chemical Dependency Counselors are considered mandated reporters. Other agency staff are considered non-mandated agency staff. This includes Emergency Medical Technicians, Detox Technicians, Administrative and Janitorial Staff.
- B. Failure by a mandatory reporter to report child abuse or neglect is considered a misdemeanor. Anyone who has a reasonable cause to suspect a person under age 18 has been abused or neglected may make a report. The reports are made to the South Dakota Department of Social Services (DSS), law enforcement or the Pennington County State's Attorney.

IV. Procedural Guidelines

- A. All agency staff will confer with the Clinical Supervisor when they suspect reasonable cause for elder/child abuse or neglect.
- B. If the supervisor determines that a report to DSS is in order, the supervisor will direct a counselor to independently report the suspected elder/child abuse or neglect.
- C. If the staff member is a non-mandatory reporter and the Clinical Supervisor determines that a report to DSS is in order, the Clinical Supervisor will assist the staff member with contacting DSS.
- D. The Clinical Supervisor will make documentation in the client's chart of the report to DSS.

- E. Counselor will contact DSS via telephone to report the suspected or proven instance of elder/child abuse or neglect.
- F. After completing the report to DSS, the counselor will document the report in the client's record.
- G. Any allegation of abuse, neglect or exploitation by staff will be thoroughly investigated and disciplinary action will be taken if allegations are substantiated, then turned over to law enforcement.

CC 210-004: Welcoming Policy

Chapter: Clinical Management - Client Care

Order No: N/A

Effective: 04-15-2009

Revised: 01-03-2013

Approved by: Sheriff Kevin Thom

Reference: SD Department of Social Services, Community Behavioral Health Contract

Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) employees will welcome all adults and adolescents with co-occurring conditions who are seeking treatment or are enrolled in any Addiction Treatment Services programs and assist in accessing treatment, support information and referrals when appropriate.

II. Definitions

- A. **Co-Occurring Conditions:** Typically refers to an individual having co-existing mental health and substance abuse disorders.

III. General Information

- A. Addiction Treatment Services understands that today's client may have co-occurring conditions. Addiction Treatment Services policies and procedures have been designed to meet the needs of those with acute mental health risks and to arrange appropriate interventions. We provide screening, assessment and referrals. Our treatment planning takes into account the necessity of integrated treatment goals, progress note documentation and discharge planning that accommodates the treatment recommendations for multiple conditions.
- B. Addiction Treatment Services provides ongoing staff training and clinical supervision by an on-site licensed mental health clinician. Staff works directly with the treatment issues specific to individuals with co-occurring conditions such as medication compliance, mental health symptoms and the risk of relapse and information, education and techniques for managing symptoms without using substances. We communicate and collaborate with mental health providers to give our clients unified messages about treatment.

IV. Procedural Guidelines

- A. Addiction Treatment Services (ATS) welcoming policy is to be posted at all locations.
- B. All ATS program managers are to provide support on an ongoing basis to program counselors in speaking regularly with staff about ATS's welcoming philosophy.
- C. During intake, each adult and adolescent is to be given a copy of ATS's welcoming policy and the welcoming letter from ATS.

- D. During intake the counselor will explain to the client ATS's commitment to providing co-occurring treatment.
- E. During treatment and at any time during the treatment process if a client requests information for co-occurring treatment at PCSO ATS or referral to another agency that provides co-occurring treatment, the counselor will work with the client to provide the information and refer when appropriate.
- F. Information on meetings for Dual Recovery Anonymous, Dual Diagnosis Anonymous, mental health resources and dual diagnosis treatment programs is to be posted at all sites.
- G. All ATS staff should know where the above information is located at their site so that information may be easily shared with client's or family members when appropriate.
- H. All ATS staff will be trained on an ongoing basis on the benefits of providing a welcoming atmosphere in treatment which includes individualized care for each person seeking support and reinforcing ATS's open door policy regarding support and information.

CC 210-005: Physical Contact/Restraints

Chapter: Clinical Management - Client Care
Order No: N/A
Effective: 12-06-2000
Revised: 01-03-2013
Approved by: Sheriff Kevin Thom
Reference: N/A
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) staff will only engage in physical contact with a client when all other avenues have been exhausted.

II. Definitions

- A. **Crisis Prevention Intervention:** Training that pertains to practical skills and strategies to safely manage disruptive or difficult behaviors while balancing the responsibilities of care.

III. General Information

- A. Emergency Medical Technicians (EMT) and Detox Technicians will be enrolled in Crisis Prevention Intervention training for training in safety techniques pertaining to working with aggressive clients. In addition, staff will be provided a variety of different training for verbal communication techniques to aid in working with aggressive clients. EMT & Detox Technicians should exhaust all avenues before engaging in any physical contact with clients. All physical contacts or restraints will be documented and reviewed by the Clinical Director and Housing Director for further assessment, training and supervision needs of staff.

IV. Procedural Guidelines

- A. ATS employee engages in physical contact with client.
- B. After the interaction, the client and staff member(s) involved need to be assessed by EMT or nursing staff for any medical concerns.
- C. If the client or staff member has an injury from the interaction that requires immediate medical care from a physician, the client or staff needs to be transported to the hospital emergency room or their primary physician.
- D. If injuries sustained by staff or client are severe, the Clinical Director or Housing Director should be contacted immediately.
- E. Staff working during the incident will make a progress note in the client's chart regarding the incident and the behaviors that led to the contact.

- F. In addition, all staff involved or present during the interaction will complete individual Incident Reports and send to the client's primary counselor, Clinical Supervisor, Housing Director and Clinical Director.
- G. Housing Director or Clinical Director will review any video footage available of the incident.
- H. One of the directors will review the video footage and the incident reports and complete a Critical Incident Review.
- I. The Critical Incident Review will be directed to the Agency Director and Chief Deputy.
- J. One of the directors will file and log the Critical Incident Review in the corresponding year's documentation.

CC 210-006: Suicide Attempt

Chapter: Clinical Management - Client Care
Order No: N/A
Effective: 02-09-2009
Revised: 05-01-2020
Approved by: Sheriff Kevin Thom
Reference: N/A
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) staff will follow written guidelines establishing emergency response to suicide attempts and follow up investigation of the incident.

II. Definitions

- A. N/A

III. General Information

- A. ATS supervisors will provide guidance and training to staff in regards to necessary client care by the team, medical personnel and administrative employees in regards to assessing for emergency behaviors or risk factors with clients.

IV. Procedural Guidelines

- A. Any staff member who discovers a client in the process or having attempted to commitment suicide calls for help from any available staff person in the area.
- B. Any staff member aware of the situation then also alerts the Emergency Medical Technicians (EMT) and Detox Technicians of client in need of emergency medical care due to suicide attempt.
- C. EMT or Detox Technician calls 911 or Pennington County Sheriff's Office law enforcement division depending upon client's needs. Staff member will remain on the phone until Emergency Services Communication Center ends the call. This same person is also the point of contact for the emergency personnel in route.
- D. All clients and visitors are directed away from the scene to dayrooms or wards.
- E. Outside emergency personnel arrive to facility.
- F. Outside emergency personnel are provide information pertaining to emergency care provided and client's condition.
- G. Outside emergency personnel assess client and determine course of action needed.

- H. Outside emergency personnel determine further mental health evaluation or emergency medical treatment is needed and transport client to emergency room.
- I. EMT Shift Supervisor contacts Assistant Director or Division Director regarding the incident.
- J. Division Director contacts Chief Deputy and Medical Director and notifies them of the incident.
- K. All staff involved with the attempted suicide events completes a detailed incident report describing the events and actions taken surrounding the situation.
- L. Copies of the Incident Reports are sent to the following:
 - 1. Agency Director
 - 2. Clinical Director
 - 3. Housing Director
 - 4. Primary Counselor
- M. As soon as possible, the supervisor or designee of staff involved will coordinate a meeting for all staff involved with the incident to process the events.
- N. Clinical Director will complete Critical Incident Review with Housing Director.
- O. One of the directors will file and log the Critical Incident Review in the corresponding year's documentation.

CC 210-007: Client Rights

Chapter: Clinical Management - Client Care

Order No: N/A

Effective: 01-01-1987

Revised: 12-21-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standard 67:61:06:01, 67:61:06:02, 67:61:06:03, 67:61:06:08

Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) will ensure that policies and procedures as well as direct client care is provided without violating Client Rights as guaranteed under the Constitution and Law of the United States and the State of South Dakota.

II. Definitions

- A. N/A

III. General Information

- A. The Clients of the ATS shall have the following rights:
 - 1. To refuse extraordinary treatment to the extent permitted by the law and to be informed of the medical consequences of your actions.
 - 2. To be free of any exploitation or abuse, including for example, any financial or sexual relationship with any agency personnel or any member of the governing board.
 - 3. To seek and have access to legal counsel.
 - 4. To confidentiality of all records, correspondence and information relating to assessment, diagnosis and treatment in accordance with 42U.S.C. 290 dd-3 and ee-3 (January 7, 2011) and 42 C.F.R., Part 2 (June 9, 1987) and the security and privacy of HIPAA, 45 C.F.R. Part 160 and 164 (September 26, 2016).
 - 5. To receive considerate and respectful care.
 - 6. To communicate with those responsible for your care and receive from the counselors, adequate information concerning the nature and extent of your chemical dependency problem, the planned course of treatment, any diagnosis and prognosis.
 - 7. To know the name and specialty if any, of the staff member responsible for your care.
 - 8. To reasonable visitation with family and friends, after you have seen a counselor and with their approval.

9. To conduct private telephone conversations once you have seen a counselor.
10. To send and receive uncensored and unopened mail.
11. To communicate with your physician.
12. To practice your own religion and or/or attend religious services so long as it does not interfere with your treatment plan.
13. The right to be free of any exploitation or abuse.
14. The right to participate in decision making related to treatment, to the greatest extent possible.

B. Residential clients will have the following rights:

1. To visitation with family and friends, subject to reasonable written visiting rules and hours established by the agency; however, agency personnel may impose limitations as necessary for the welfare of the client if the reasons for such limitations are documented in the client's individual case record.
2. To conduct private telephone conversations, subject to reasonable written rules and hours established by the agency; however, agency personnel may impose limitations as necessary for the welfare of the client if the reasons for such limitations are documented in the client's individual case record.
3. To communicate with a personal physician.
4. To practice personal religion or attend religious services, within the agency's policies and guidelines.

IV. Procedural Guidelines

- A. The ATS staff shall give each client a written statement of the Client Rights and Responsibilities upon admission to any level of care. ATS shall post a copy of the statement throughout the facilities where accessible to client and shall make both statements available to South Dakota Department of Social Services, Division of Community Behavioral Health.
- B. If a client refuses to accept the conditions of therapy an attempt is made to explore options with the client under the direction of the Clinical Supervisor. If this is not workable, the client is assisted in obtaining services from an alternate agency, which would probably be a community-based program.

CC 210-008: Grievance Procedure

Chapter: Clinical Management-Client Care
Order No: N/A
Effective: 06-19-1987
Revised: 12-10-2019
Approved by: Sheriff Kevin Thom
Reference: ARSD Standard 67:61:06:04
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) will provide a description of the Grievance Procedure to all clients at the time of admission into any level of care provided.

II. Definitions

- A. **Grievance Procedure:** Established process for addressing problems or concerns.

III. General Information

- A. The ATS Grievance Procedure will be posted throughout all areas that are accessible to clients. The procedure will also be available to any former client upon request.
- B. The procedure is outlined on Grievance Forms and includes the telephone number and address of South Dakota Department of Social Services, Division of Community Behavioral Health. The procedure will also be reviewed during admission.

IV. Procedural Guidelines

- A. ATS Grievance Procedure is as follows:
 - 1. Informal and private attempts at conflict resolution or reconciliation are encouraged when at all possible and appropriate. It is expected that individuals will exercise respect and general manners when addressing conflicts.
 - 2. If you feel you have made a reasonable attempt to resolve the issue to no avail, please complete a Grievance Form, place in grievance box and/or submit to your counselor or tech supervisor and they will attempt to resolve your concern in a prompt manner. The counselor or tech supervisor will document the response in writing and a copy will be given to the Director. Grievance boxes will be checked daily by tech supervisors.
 - 3. If your concern is not resolved or is regarding your counselor, you have the right to bring it to an acting supervisor or the Clinical Supervisor. The Clinical Supervisor will fully investigate the situation and will respond to you in writing within five working days and a copy will be given to the Director.

4. If the concern(s) is not resolved by the Clinical Supervisor, you have the right to appeal to the Director. The appeal must be in writing, signed and dated. The Director will respond in writing within seven working days. The Director has the option to refer your grievance to the Chief Deputy or Sheriff.
5. The Chief Deputy or Sheriff will hear the concern(s) and respond to you in writing within thirty working days. The decision of the Chief Deputy or Sheriff is final.
6. You have a right to file a complaint with the appropriate licensing or accreditation authorities. These addresses are noted on the grievance forms and posted throughout the facility.
7. All sexual assault or misconduct reports will be investigated and handled according to agency procedures and state laws. Any false reporting will be handled in the same manner.
8. Once grievances have been resolved they will be given to Admin staff to store electronically.

CC 210-009: Sexual Assault Referrals

Chapter: Clinical Management - Client Care

Order No: N/A

Effective: 08-18-2009

Revised: 03-11-2020

Approved by: Sheriff Kevin Thom

Reference: N/A

Classification: Public

I. Policy

- A. An alleged sexual assault and/or abuse shall result in immediate intervention and investigation.

II. Definitions

- A. **Non-Consensual Sexual Acts:** Contact of any person without their consent, or of a person who is unable to consent or refuse; and contact between the penis and the vagina or the penis and the anus including penetration, however slight; or contact between the mouth and the penis, vagina or anus; or penetration of the anal or genital opening of another person by a hand, finger or other object.
- B. **Abusive Sexual Contacts:** Contact of any person without their consent or of a person who is unable to consent or refuse; and intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person. This excludes incidents in which the intent of the sexual contact is to harm or debilitate rather than to sexually exploit.
- C. **Abusive Sexual Contacts:** Contact
- D. **Protective Custody:** An arrangement whereby an individual is located to an alternative location to be safeguarded because his or her safety is seriously threatened.

III. General Information

- A. For safety precautions, the living quarters for males and females are segregated and cameras are present in identified high risk areas.
- B. Clients referred to ATS by law enforcement have typically been identified of being in need of protective custody due to their intoxicated state. During the admission process for Social Setting Detoxification Services, Emergency Medical Technicians and Detox Technicians will assess and screen clients being alert for possible trauma that may have occurred prior to the client being brought to the agency.

IV. Procedural Guidelines

- A. In-house Sexual Assault:

1. Upon staff witnessing or a client reporting sexual assault/abuse at the facility, the client will be immediately referred to nursing staff and/or given the opportunity to be taken to Monument Health for evaluation and/or treatment through an appropriate medical facility.
2. Upon the client being admitted to Monument Health for medical evaluation, the staff will also refer/link them to mental health and law enforcement resources.
3. Staff will complete an incident report regarding the assault.
4. Staff will alert the Clinical Director/designee and tech supervisor.
5. Clinical Director/designee will gather information and work with the Sheriff's Office law enforcement division for appropriate investigation and/or prosecution.
6. The report will be documented on the agency log sheet, noting the type of report/accusation as well as the outcome.

B. Clients Admitted Who have Previously Been Sexually Assaulted:

1. Client is brought to facility for admission.
2. Admitting police officer, sheriff's deputy or community member alert staff of reported sexual assault.
3. Staff assist client with admission process per admission procedures, however, client's personal belongings are not laundered. Each individual piece of clothing is placed in a brown paper bag (which should be requested by officer when present).
4. Staff are cooperative with police department/sheriff's office should they need to meet with the client for related investigation.

CC 210-010: Screening Policy

Chapter: Clinical Management - Client Care
Order No: N/A
Effective: 02-09-2009
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: N/A
Classification: Public

I. Policy

- A. All adults and who are initially seeking services from the Pennington County Sheriff's Office Addiction Treatment Services (ATS) will be screened to determine co-occurring conditions in order to assist in providing the best course of action.

II. Definitions

- A. N/A

III. General Information

- A. ATS is committed to support of the Comprehensive, Continuous, Integrated System of Care (CCISC) to integrate people with co-occurring conditions in all levels of care that are provided. It is important that each person not only be welcomed when walking through our doors, but also have the opportunity to assist us in understanding their needs by completing a screening tool that would assist staff in the identification of possible co-occurring conditions.
- B. Counseling staff will work directly with the treatment issues specific to individuals with co-occurring conditions such as medication compliance, mental health symptoms and the risk of relapse and information, education and techniques for managing symptoms without using substances. We communicate and collaborate with mental health providers to give our clients unified messages about treatment.
- C. Counseling staff will utilize the results of the screening tools to assist in the treatment planning process and identification of referral needs with the client should screening present significant mental health needs.

IV. Procedural Guidelines

- A. Client Assessment Services
 - 1. Each client accessing services for the first time will be given an initial intake packet by direct service staff. (Detox Technicians, Administrative Staff)
 - 2. Each packet will include the following screening instruments: Mental Health Screening Form III, Michigan Alcohol Screening Test and the Drug Abuse Screening Test for the client to complete.

3. The direct service staff will process the packet with the client and route to the assigned counselor who will be meeting with the client.
4. The counselor will meet with client and process the screening instruments.
5. If the client is screened positive for co-occurring disorders then the counselor will document in The Client Database and Billing System (CDABS) by checking the co-occurring box on the client's demographics page for counting purposes.

CC 220-001: Quality of Care Review

Chapter: Clinical Management - Quality Assurance

Order No: N/A

Effective: 10-08-2010

Revised: 05-08-2017

Approved by: Sheriff Kevin Thom

Reference: ARSD Standard 67:61:04:03

Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services shall conduct a quality of care review to monitor, protect, and enhance the quality and appropriateness of client care and to identify qualitative problems, and recommend and implement plans for correcting them.

II. Definitions

- A. N/A

III. General Information

- A. Each quarter, at least one identified closed case file for each counselor shall be randomly selected and reviewed to determine whether the file is in compliance with the requirements as set forth in chapter 67:61.
- B. Quality of care reviews shall be conducted by certified addiction counselor or licensed addiction counselor who is employed by the agency or providing services by contract and who was not the primary counselor for the specific client whose file is being reviewed.
- C. The quality of care review shall document all problems identified and submit recommendations for corrective action.
 1. The documentation shall be made available to the division representative at the time of the inspection.

IV. Procedural Guidelines

- A. The Clinical Supervisor will review the identified problems and recommendations and any corrective action shall be documented on the quality care review form.
 1. The corrective action may include, but need not be limited to:
 - a. Education or training.
 - b. New or revised policies or procedures.

- c. Staffing changes that may include a corrective work plan, reassignment, or discharge.

CC 230-001: Client Case Records

Chapter: Clinical Management - Case File Content and Maintenance
Order No: N/A
Effective: 01-01-1987
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standards 67:61:04:04, 67:61:07:01, 67:61:07:04
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) will maintain a case record for each client who receives services.

II. Definitions

- A. **Active Files:** Client case records for those individuals who are actively participating in services for the calendar year.
- B. **Closed Files:** Client case records of individuals who have discontinued services due to successful discharge, unsuccessful discharge or discontinued against counselor advice.

III. General Information

- A. Client case records will describe the services provided and the client's response to those services and will include the client's mental and physical health status and condition at admission and discharge. The case records will be available to funding sources for the review and evaluation of treatment provided per contract and accreditation requirements.
- B. All financial records and client case files will be scanned, saved and maintained in an electronic records system for a minimum of 6 years from closure. ATS will ensure that case records, paper or electronic copy, are protected against loss, tampering, or unauthorized disclosure of information, in accordance with 42 U.S.C. §§ 290 dd-2 and 42 C.F.R., Part 2 (June 9, 1987), and 45 C.F.R., Part 160 and 164 (April 17, 2003).
 - 1. In addition, all entries in client files will be clearly dated, signed and the credentials of the person making the entry noted.
- C. ATS will have written policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program including:
 - 1. The primary counselor is responsible for the closure of case records within the agency and the MIS;
 - 2. Procedures for the closure of inactive client records, that are clients who have not received services from an inpatient or residential program in three days or

clients who have not received services from an outpatient program in 30 days;
and

3. Procedures for the safe storage of client case records for at least six years from closure

D. ATS case records will contain the following client identifying data information which is obtained at the time of admission or as soon after admission as possible:

1. Name, street address, and telephone number of the client.
2. Date of birth, gender, and race or ethnic origin of the client.
3. Client unique identification number
4. Name and address of referral source.
5. Service start date
6. Data for the Master Information Sheet (MIS).
7. Outcome measures.
8. Client specific mental health information.
9. Any other information as required by the division

E. Client case records will also include:

1. Intake and orientation forms
2. Reports from referring sources
3. Assessment reports including initial assessment for clients receiving Early Intervention and Detoxification Services and Treatment Needs Assessment for clients receiving Outpatient, Intensive Outpatient, Intensive Meth Treatment or Custodial Services
4. Treatment plans
5. Progress notes
6. Relevant correspondence
7. Release of Information forms
8. Referrals to services
9. Transfer and Discharge Summaries
10. Other information as deemed necessary for good case record management

IV. Procedural Guidelines

A. Case Record Management:

1. In the case of paper records, all client case records will be maintained in a locked, secured area.
2. All active client case records will be returned to the locked/secured storage location nightly.
3. Staff checking out client case records from locked/secured areas will complete a chart check out sheet.
4. Client case records for discharged clients that have been closed (within five working days from discharge) will be routed to Administrative staff to be scanned to electronic records system for permanent file storage.
5. Under no circumstances should a client case record be left in an office or area not noted as a secured storage area.

CC 230-002: Review and Release of Client Case Records

Chapter: Clinical Management - Case File Content and Maintenance
Order No: N/A
Effective: 11-09-1987
Revised: 12-17-2019
Approved by: Sheriff Kevin Thom
Reference: ARSD Standard 67:61:07:03
Classification: Public

I. Policy

- A. Any entity seeking to receive client case record content will be required to produce a written release of information from the client.

II. Definitions

- A. N/A

III. General Information

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will comply with confidentiality of records as outlined in CFR 42-part 2. Exceptions to this regulation are outlined in CFR 42- part 3, which includes medical personnel during a medical emergency, qualified personnel for research regarding said person; audit or program evaluation and direct court order.
- B. Active clients are eligible to review their chart records with a staff member after submitting a formal request in writing to the Clinical Supervisor or designee. Clients may receive copies of certain file contents at the discretion of Clinical Supervisor or designee.
- C. Copies of records received from outside agencies are not eligible to be released to other agencies. Only records generated by ATS can be released to outside agencies.

IV. Procedural Guidelines

- A. ATS will receive release of information from outside agency.
- B. Clinical Supervisor reviews release of information for authenticity and compliance with CFR 42-part 2.
- C. Clinical Supervisor approves release of records and routes to Administrative Secretary for copies and mailing.
- D. Administrative Secretary notes documents sent and date on received release of information.

E. Administrative Secretary stamps CONFIDENTIAL on all copies of records prior to mailing.

CC 230-003: Initial Intake

Chapter: Clinical Management-Case File Content and Maintenance
Order No: N/A
Effective: 06-2009
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:12:02, 67:61:17:07
Classification: Public

I. Policy

- A. All clients admitted to Level .5 Early Intervention Services will be interviewed and evaluated by a chemical dependency counselor or counselor trainee at the time of admission and those entered into or Level III.2 D Social Setting Detoxification services will be evaluated within 48 hours.

II. Definitions

- A. **Treatment Needs Assessment:** Written narrative summary that establishes the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall establish the client's treatment needs.

III. General Information

- A. Clients admitted to Social Setting Residential Detoxification services will meet with a counselor or counselor trainee within 48 hours of admission. This exception is due to the fact that clients admitted to this level of care are either intoxicated, drug intoxicated or experiencing signs and symptoms of withdrawal therefore it is not clinically appropriate to meet with them until these symptoms have subsided.
- B. Clients being admitted to any other level of care will have a current Treatment Needs Assessment completed instead of an Initial Intake.

IV. Procedural Guidelines

- A. Counselors will meet with each assigned client and note the following during their initial assessment with the client document the following:
 - 1. The client's current problems and needs;
 - 2. The client's emotional and physical state to include screening for the presence of cognitive disability, mental illness, medical disorders, collateral information and prescribed medications;
 - 3. The client's alcohol, illicit drugs and prescription drug use to include the names of substances. The age of first use, amounts used, frequency of use, date of last use and duration of use should also be noted and the criteria under each

substance for any diagnosis of abuse or dependence. This should also include nicotine and gambling information if pertinent.

4. A statement regarding the intended or recommended course of action.
- B. If a client can't be seen within 48 hours due to being heavily medicated for withdrawal needs or too incapacitated by withdrawal symptoms for the session to be therapeutic, the counselors will document daily the circumstances preventing the initial intake completion.

CC 230-004: Integrated Treatment Needs Assessment

Chapter: Clinical Management-Case File Content and Maintenance
Order No: N/A
Effective: 06-1998
Revised: 12-23-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:07:05
Classification: Public

I. Policy

- A. An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs.

II. Definitions

- A. **Integrated Treatment Needs Assessment:** Written narrative summary that establishes the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall establish the client's treatment needs.

III. General Information

- A. The Treatment Needs Assessment will be considered current for one year, at which time it will be completed again.

IV. Procedural Guidelines

- A. Assessment is an on-going process and updates should be completed if the client has a significant change in circumstances, if important information emerges, or if the client requires transfer to another level of care.
- B. The assessment shall be recorded in the client's case record and includes the following components;
 - 1. Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
 - 2. Presenting problems or issues that indicate a need for services;
 - 3. Identification of readiness for change for problem areas, including motivation and supports for making such changes;

4. Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;
 5. Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;
 6. Family and relationship issues along with social needs;
 7. Educational history and needs;
 8. Legal issues;
 9. Living environment or housing;
 10. Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risks of withdrawal;
 11. Past or current indications of trauma, domestic violence, or both if applicable;
 12. Vocational and financial history and needs;
 13. Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present;
 14. Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening;
 15. Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable;
 16. Clinician's signature, credentials, and date; and
 17. Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.
- C. Any information related to the assessment will be verified through collateral contact, if possible, and recorded in the client's case record.
- D. Treatment Needs Assessment shall be completed and forwarded to Accounting personnel for billing within 10 calendar days of initial interview with client.

CC 230-005: Treatment Plan

Chapter: Clinical Management-Case File Content and Maintenance
Order No: N/A
Effective: 06-1998
Revised: 12-21-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:07:06
Classification: Public

I. Policy

- A. An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file.

II. Definitions

- A. N/A

III. General Information

- A. Treatment plans are to be based upon information obtained from the treatment needs assessment and agreed upon goals of the client. They should be reviewed throughout the client's services and be an active part of their treatment.

IV. Procedural Guidelines

- A. Counseling staff will utilize the agency format or template established for treatment plan documentation.
- B. The treatment plan shall be recorded in the client's case record and will include:
 - 1. A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence;
 - 2. A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified;
 - 3. Measurable objectives or methods leading to the completion of short-term goals including:
 - a. Time frames for the anticipated dates of achievement or completion of each objective or reviewing progress towards objectives;

- b. Specification and description of the indicators to be used to assess progress;
 - c. Referrals for needed services that are not provided directly by the agency; and
 - d. Include interventions that match the client's readiness for change for identified issues; and
- 4. A statement identifying the staff member responsible for facilitating the methods or treatment procedures.
- C. All treatment plans shall be reviewed, signed, and dated by both the client and addiction counselor or counselor trainee. The signature of the counselor shall be followed by the counselor's credentials.
- D. The individualized treatment plan shall be developed within ten calendar days of the client's admission for an intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program.
- E. The individualized treatment plan shall be developed within 30 calendar days of the client's admission for outpatient counseling services program.

CC 230-006: Progress Notes

Chapter: Clinical Management-Case File Content and Maintenance
Order No: N/A
Effective: 06-1998
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:07:08
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) shall record and maintain a minimum of one progress note weekly in each client's case record to document significant events, collateral contacts, group and individual sessions with the client.

II. Definitions

- A. **Progress Note:** Written documentation that serves as a record of services provided to client and client's response to service provided.
- B. **Collateral Contact:** Conversations by telephone, in person or in writing that a staff member has with outside agencies families or friends involved with client care on behalf of the client.

III. General Information

- A. Progress notes will be completed by all direct service providers.

IV. Procedural Guidelines

- A. A progress note must be included in the file for each billable service provided. Progress notes must include the following for the services to be billed:
 1. Information identifying the client receiving the services, including the client's name and unique identification number;
 2. The date, location, time met, units of service of the counseling session, and the duration of the session;
 3. The service activity code or title describing the service code or both;
 4. A brief assessment of the client's functioning;
 5. A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving identified treatment goals or objectives;

6. A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable; and
 7. The signature and credentials of the staff providing the service.
- B. All progress note documentation shall include the full name and credentials of the employee completing the progress note. All signatures will also be legible to comply with accreditation standards.
 - C. Counselors providing documentation for clients receiving Social Setting Detoxification services will meet with the client and document the session within 24 hours of the client's admission. If this timeframe cannot be met, the counselor will provide daily documentation as to why the client hasn't been seen.
 - D. Counselors providing services for all other levels of care will complete a weekly progress note that is completed and filed within one week of the services provided.

CC 230-007: Discharge Summary

Chapter: Clinical Management-Case File Content and Maintenance
Order No: N/A
Effective: 06-1998
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:07:09, 67:61:07:10
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) shall complete a narrative, transfer or discharge summary within five working days for any client transferred or discharged from present level of care.

II. Definitions

- A. **Transfer or Discharge Summary:** Narrative summary written by primary care counselor discussing treatment provided, client's response to treatment and recommendations for further treatment needs.

III. General Information

- A. ATS has a standard template for counselor use in order to provide consistency with documentation.

IV. Procedural Guidelines

- A. All transfer or discharge summaries will be completed and include the following information:
 - 1. Reason for client's admission and original diagnoses;
 - 2. Summary of the client's problems, course of treatment and progress toward planned goals and objectives identified in the treatment plan;
 - 3. Reason for transfer or discharge and diagnoses at transfer or discharge; and
 - 4. A continued care treatment plan to include any referrals made
- B. It is appropriate to transfer or discharge the client from the present level of care if he or she meets the following criteria:
 - 1. The client has achieved the goals articulated in his or her individualized treatment plan, thus resolving each problem that justified admission to the present level of care. Continuing the chronic disease management of the client's condition at a less intensive level of care is indicated; or

2. The client has been unable to resolve each problem that justified admission to the present level of care, despite amendments to the treatment plan. The client is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care, more or less intensive, in the same type of service, or discharge from treatment, is therefore indicated; or
3. The client has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve each problem. Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or
4. The client has experienced an intensification of a problem, or has developed a new problem, and can be treated effectively only at a more intensive level of care.

CC 310-001: Medication Control

Chapter: Medical – Medication Control

Order No: N/A

Effective: 06-01-1998

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller and Dr. Nathan Long

Reference: ARSD Standard 67:61:08:01; 67:61:08:02; 67:61:08:03

Classification: Public

I. Policy

- A. City/County Alcohol and Drug Programs (CCADP) requires all clients being admitted to the facility surrender all medications prescribed by a physician or obtained over the counter to agency staff to be stored in the designated medication room.

II. Definitions

- A. **Controlled Substance:** A scheduled drug whose use and distribution are tightly controlled because of its abuse potential or risk.
- B. **Medication Certified:** Trained individuals to assist in the administration of medications under the license of a Registered Nurse or Licensed Practical Nurse.

III. General Information

- A. All clients taking medications for substance abuse, mental health or medical conditions will be educated regarding how to take the medications as prescribed as well as any side effects that the medication may cause.
- B. All medications will be stored and managed as specified in the Administrative Rules of South Dakota (ARSD) Standard 67:61:08:03. In addition the program will also maintain a record of the receipt and administration of Schedule II, III and IV drugs on the Controlled Substance Form which includes the medication, physician, pharmacy, prescription number and directives and dose of medication. An administrative record will be maintained.
- C. Staff will provide formal orientation to all clients regarding the medication policy and all procedures related to being prescribed and obtaining medications while residing at the facility.

IV. Procedural Guidelines

- A. These procedures are for all clients.
 1. Client or family member brings prescribed or over the counter medications to CCADP staff for client use.

2. The client's medications are routed to nursing/EMT staff. Should the medication be deemed emergent and nursing staff isn't present, medication certified staff will count the medication and request a one-time approval from on-call nursing staff.
3. Nursing/EMT staff reviews the medications to ensure that the medications are properly labeled and notes the quantity of each prior to allowing the client to self-administer.
4. Nursing or medication certified employee will log the medication noting the name of the medication, dosage and pill count.
5. Nursing or medication certified employee will place medications in the medication storage unit with the client's name noted.
6. Client presents to medication cart at the noted agency medication distribution time.
7. Nursing or medication certified employee provides client their medication for self-administration.
8. Nursing or medication certified employee documents that client requested and received their medications by signing on medication log.
9. Any client leaving the facility during medication distribution times may take their medication with them and will need to sign and date on the medication log that they have done so.

B. These procedures are for all Controlled Medications:

1. Steps 1 – 2 above will be followed.
2. Nursing or medication certified employee will count medications to verify number in bottle with dosage and date provided on the medication bottle.
3. Nursing or medication certified employee will create controlled substance documentation form and note number of medications in the bottle.
4. Nursing will develop Medication Administration Record (MAR).
5. Nursing or medication certified employee will place medications in the medication storage unit.
6. Client presents to medication storage room at the noted agency medication distribution time.
7. Nursing or medication certified employee obtains medication from double locked storage in the medication storage room.
8. Medication is placed in pill crusher device (if noted to be crushed).

9. Medication is crushed for client's use.
10. Nursing or medication certified employee prompts client to obtain a glass of water.
11. Nursing or medication certified employee pours crushed substance into medication cup of water.
12. Client drinks medication and water mixture and discards medication cup into the trash in staff presence.
13. At the end of each eight-hour shift, two staff that is either nursing or medication certified will re-count the narcotic medication bottles noting the number of pills remaining in each bottle.
14. Clients leaving the facility during medication distribution times will not be allowed to sign out the medications for consumption while away from the facility.

CC 310-002: Medication Storage

Chapter: Medical – Medication Control

Order No: N/A

Effective: 06-01-1998

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standard 67:61:08:01, 67:61:08:02, 67:61:08:03, 67:61:08:04, 67:61:08:05

I. Policy

- A. All drugs and medications will be stored in a locked storage area that is inaccessible to all clients at all times with the exceptions as specified in the Administrative Rules of South Dakota (ARSD) Standard 67:61:08:03.

II. Definitions

- A. **Controlled Substance:** A scheduled drug whose use and distribution is tightly controlled because of its abuse potential or risk.

III. General Information

- A. Clients participating in residential services are not allowed to keep medications on their person unless deemed necessary by the medical director or nursing personnel.

IV. Procedural Guidelines

- A. The following guidelines will be used regarding all medications in the facility:
 1. Medications for external use shall be stored separately from internal medications with each in a separate locked area.
 2. Biological and medications requiring refrigeration or other storage requirements as identified by the manufacturer's labeling shall be stored appropriately and will include if indicated, refrigeration, freezing and protection from the light and in an area that is inaccessible to clients and visitors. Refrigerator temperature will be monitored daily to ensure proper storage.
 3. Client's prescription medications shall be stored in their originally received containers and may not be transferred to another container.
 4. Any container with an illegible or missing label shall be destroyed along with the medication or drugs contained therein.
 5. Medications and drugs brought by a client into the facility may not be administered to another client.
 6. If medications and drugs brought by a client into the program are not used, they shall be packaged, sealed, stored and returned to the client, parent, guardian or significant other at the time of discharge.

7. All controlled drugs shall be stored under double locks requiring two different keys. Staff access to the controlled substances is to be limited to staff administering the medication.
8. The program shall maintain a record of the receipt and administration of Schedule II, III and IV drugs on the Controlled Substance Form which includes the medication, physician, pharmacy, prescription number and directives and dose of medication. An administration record will be maintained.
9. ATS will maintain a record of the receipt and disposition of all controlled medications.
10. All outdated, discontinued or medications abandoned after seven days, will be taken by nursing staff to Pennington County Sheriff's Office Evidence Department for destruction.
11. The telephone number of the regional poison control center, the local hospitals and the agency administrator shall be posted in all drug storage and preparation areas.

CC 310-003: Administering Medications

Chapter: Medical – Medication Control

Order No: N/A

Effective: 06-11-2009

Revised: 1-2-2020

Approved by: Sheriff Kevin Thom and Dr. Nathan Long

Reference: ARSD Standard 67:61:08:06, 67:61:08:07, 67:61:08:08

Classification: Public

I. Policy

- A. All medications and drugs shall be administered in accordance with SDCL 36-9-28.

II. Definitions

- A. N/A

III. General Information

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) maintains procedures and protocols for the administration of Schedule II, III and IV drugs and shall ensure that such drugs are administered only in accordance with that policy and only when authorized by a licensed physician.
- B. Medications will only be administered by ATS employees who have completed and successfully passed Medication Certification Training, UAP, Registered Nurses (RNs) or Licensed Practical Nurses (LPNs).
- C. RN, LPN or Medical Director may transfer their authority to perform a specific nursing or medication administration task to a UAP or EMT. The UAP or EMT may not redelegate this task.

IV. Procedural Guidelines

- A. ATS does not store scheduled medications without approval of the Medical Director. Any scheduled medication at the facility will only be present in the facility when prescribed by a physician and will be considered the client's personal property.
- B. The medication certified staff member shall record the name of the medication, provider name, pharmacy name, strength and quantity received and dosage instructions at the time of the client's admission or at the time of the client obtaining the medication.
- C. The RN, LPN or Medication Certified staff shall note the medication, strength and quantity administered and time for each administration on the client's Medication Administration Record and the client's Controlled Substance Administration sheet.

- D. No person may administer medications that have been prepared for administration by another person.
- E. Any medication error or adverse drug reactions will be documented by an Incident Report by the individual responsible for the error. The report will be routed to the individual's supervisor, the nursing supervisor and the assigned RN or LPN for the agency.
- F. All medication errors or adverse drug reactions will be immediately reported to the on-call RN or LPN who will be responsible for reporting to the prescribing physician for the client.

CC 310-004: Special Medical Procedures

Chapter: Medical – Medication Control

Order No: N/A

Effective: 12-09-2010

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: N/A

Classification: Public

I. Policy

- A. City/County Alcohol and Drug Programs works with Rapid City Monument Health and Oyate Health Center to use approved standing orders in the treatment of special medical conditions.

II. Definitions

- A. **Preliminary Alcohol Breath Test (PBT):** Breath test taken by use of an Alco-Sensor machine to determine level of alcohol intoxication.
- B. **Protective Custody:** Placement of an individual into care to prevent further harm to themselves or others.
- C. **Clinical Institute Withdrawal Assessment (CIWA):** A common measure used to treat and assess alcohol withdrawal syndrome and detoxification.
 1. Cumulative Score:
 - a. 0 – 8 = no medication necessary
 - b. 9 – 14 = medication is optional for patients with a score of 8 – 14
 - c. 15 – 20 = a score of 15 or over may require medical treatment with medication
 - d. Over 20 = a score of over 20 poses a strong risk of Delirium Tremens
 - e. 67 = maximum possible cumulative score
- D. **International Normalized Ratio (INR):** a comparative rating of a patients prothrombin time (PT) ratio used as a standard for monitoring the effects of anticoagulant therapy (e.g. Warfarin).
- E. **Clinical Opiate Withdrawal Scale (COWS):** A common measure used to treat and assess opiate withdrawal syndrome and detoxification.
 1. Cumulative Score:
 - a. 0 – 12 = mild

- b. 13 – 24 = moderate
- c. 25 – 36 = moderately severe
- d. More than 36 = severe

III. General Information

- A. City/County Alcohol & Drug Programs reserves the right to refuse entry of an individual if the individual's condition requires treatment or evaluation beyond our standard scope of practice. The Medical Provider on duty will be contacted for direction if the individual's condition appears to require treatment or evaluation beyond the standard scope of practice.

IV. Procedural Guidelines

- A. **Clients' Medications / Physicians Orders:** Any medications or physician orders for clients admitted to the facility for detoxification needs will be routed to the nurse/EMT for review and authorization.
 - 1. As soon as possible or by the next working day, nurse/EMT will review medications for all admissions and contact the prescribing physician or pharmacy for any prescription concerns or health history needed. The medical director is notified if further direction/clarification is needed. A signed release of information must be obtained by the client giving permission to contact prescribing physician or pharmacy if a medical emergency does not exist.
 - a. Confirmed Prescription: Medication provided as directed by physician or pharmacy. Reorders are then completed by private physician or facility medical director.
 - b. Not Confirmed: Contact facility medical director to see if medication can be given.
 - 2. When a client suffers from a medical condition outlined in this policy, medical staff evaluates and provides necessary education to the client and the medication as indicated. A doctor's order is necessary before giving any medication other than over-the-counter drugs.
 - 3. The medical staff will cooperate and coordinate with mental health programs and all other support systems to ensure a more comprehensive plan of care for clients who may have special needs.
- B. **Alcohol Assessment for Detoxification:**
 - 1. Clients admitting to the facility for detoxification purposes appearing to have consumed alcohol will be administered a PBT prior to acceptance into the facility for protective custody.

2. Clients will not be accepted into the facility without medical clearance through the emergency room if they present with the following signs or symptoms:
 - a. Unconscious or unresponsive to pain stimuli.
 - b. Obvious trauma or injuries.
 - c. Active seizures.
 - d. Pupils which do not react to light.
 - e. Abnormal vital signs:
 - 1) Systolic blood pressure reading more than 200 or lower than 80.
 - 2) Diastolic blood pressure reading more than 110.
 - 3) Heart rate more than 130 beats per minute (bpm).
 - 4) Elevated temperature of more than 102 degrees orally or less than 95 degrees.
 - 5) Respirator rate of more than 40 bpm or less than 10 bpm.
3. Clients with a PBT more than .250 will be monitored in the following manner:
 - a. After 30 minutes, the PBT will be repeated.
 - b. The Detox Protocol Check Sheet will continue until the PBT is less than .250.
 - c. Clients will be monitored at least three times within the first eight hours following admission. They will be monitored for the following:
 - 1) Vital signs
 - 2) Level of consciousness
 - 3) Seizures
 - 4) Pupil reaction
 - 5) Increasing tremors
 - 6) Hallucinations
 - 7) Vomiting
 - 8) Difficulty arouse (check pain threshold)
 - d. Documentation must be noted on Detox Protocol Check Sheet if vital signs could not be taken due to assaultive or combative behaviors.

- e. Intoxicated clients are not allowed to eat food within the first four hours following admission. Only small amounts of water are allowed.
 - f. Detox Technicians or Emergency Medical Technician (EMT) will maintain awareness of client's condition and notify medical staff when deemed appropriate or necessary.
 - g. For diabetics, check blood sugar using the glucometer that is located in the medical office.
 - 1) If blood sugars are less than 70, client is considered to be hypoglycemic and a snack with protein and carbohydrates is given. The use of milk or small amounts of food could be given as tolerated.
 - 2) If blood sugar is more than 400, medical staff should be notified.
 - 3) Encourage solid foods as soon as possible.
 - h. Clients that are not diabetic and not vomiting, fluids may be given as requested.
 - i. Clients who are actively vomiting, do not give food and limit fluids until vomiting ceases.
4. Medications:
- a. Do not give prescription medications until medical clearance is received. A current PBT will be necessary when making this request. Intoxicated clients must be assessed by medical/EMT prior to the administration of any high priority medication. The assessment needs to be completed in a timely manner.
 - b. Liquid antacid may be given if vomiting is not present.
 - c. Do not give aspirin.
 - d. Tylenol may be given to pregnant women only.
5. Alcohol withdrawal medications may be administered if CIWA score is '8' or higher.
- a. Standing orders for medications prescribed by physicians from Oyate Health Center:
 - 1) Multi-vitamin – one tab daily by mouth.
 - 2) Thiamine – one 100 mg tab daily by mouth.
 - 3) Ativan – 1 mg tab by mouth every 6 or 8 hours as needed up to 3 days.

- b. Standing Orders for medications prescribed by physicians from Rapid City Monument Health:
 - 1) Multi-vitamin – one tab daily by mouth.
 - 2) Thiamine – one tab daily by mouth.
 - 3) Day 1– Valium 5 mg by mouth every 6 hours.
 - 4) Day 2 – Valium 5 mg by mouth every 8 hours.
 - 5) Day 3 – Valium 5 mg by mouth every 12 hours then discontinue.
 - c. Document vital signs and complete CIWA prior to each dose. Hold medications if client is showing signs of the following:
 - 1) Signs of sedation or lethargic.
 - 2) Systolic BP <90 or diastolic BP <50.
 - 3) Pulse <54.
 - 4) Respirations <12
 - d. Maintain necessary medications for psychiatric or medical conditions during detoxification if approved by medical staff.
6. Anticoagulants:
- a. Obtain as much history as possible from client including medication, dose and last International Normalized Ratio (INR).
 - b. Obtain a signed release of information from the client to physician or medical provider.
 - c. Call for physician orders:
 - 1) If medication was ordered from pharmacy agency staff will pick up the medications.
 - 2) Order INR as indicated by physician.
 - d. If there is a question of non-compliance have the client evaluated by physician prior to starting anticoagulation therapy.
 - e. Give no aspirin products while on anticoagulation therapy.
7. Chest Pains:
- a. Take client's vital signs:
 - 1) Blood pressure

- 2) Pulse
 - 3) Respiration
 - b. Watch client for symptoms.
 - 1) Chest and arm pain
 - 2) Sweating
 - 3) Shortness of breath
 - 4) Appearance to be in distress
 - c. Nitroglycerine (Nitro stat) 0.4 mg sublingual if client has nitroglycerin. Allow one tablet (under tongue) every 5 minutes up to three (3) tablets. If no relief send to hospital via ambulance.
 - 1) Nitroglycerine tablets must be kept on person at all times. Do not take from clients during admission.
8. Contraceptive: Clients may be maintained on contraceptive or hormonal treatment medications prescribed by physician but are responsible for payment of these medications.
9. Diabetes: Diabetics are maintained on same diet and or medication they were on prior to admission.
 - a. Glucometer or equivalent testing as needed.
 - b. Insulin:
 - 1) Clients must be able to administer their own insulin injections.
 - c. Insulin reaction:
 - 1) Give sugar and follow with snack.
 - 2) If unable to take sugar orally, call ambulance and transport to emergency room.
 - d. Report client's status to medical staff for follow up.
 - e. Follow up with client's prescribing physician or doctor's clinic as appropriate.
10. Disabilities (Mental and Physical)
 - a. Individual personal care is developed for each client upon their special needs.

- b. Coordination is done by the medical, mental health and counseling staff if necessary to provide the health care plan that meets the client's needs.
 - 1) Housing: Individual's needs will be staffed to determine most appropriate placement of City/County Alcohol and Drug Programs' facilities.
 - 2) Special equipment as needed.
 - 3) Special diets as needed must be ordered by nursing staff or the Shift Supervisor if nursing staff is not available.
 - 4) Medication: Every effort is made to maintain an individual on their previous medication by verifying medications and consulting with contract physicians.

11. Hypertension (Elevated Blood Pressure): Individual is maintained on previous medication.

- a. If blood pressure is over 140/90, repeat blood pressure check every 8 hours since anxiety and nervousness can elevate blood pressure temporarily. Continue to monitor blood pressure periodically. Detox tech staff will enter medical task for nursing staff to follow up on the blood pressure the next working day.
- b. Schedule for physician's clinic to monitor hypertensive medications.
- c. Low sodium diet (2 GM) if client has previously been on sodium diet.
- d. Contact medical on call for blood pressure greater than 180/110. If blood pressure not 180/110 but client is reporting medical complains of chest pain or stroke-like symptoms contact medical for further instruction.

12. High Priority Medication:

- a. Medications that are brought in with an individual may be given to the individual if the medication is in a properly labeled bottle and is confirmed or identified as the medications listed on the label:
 - 1) Antihypertensives
 - 2) Antibiotics
 - 3) Heart and circulatory
 - 4) Asthma
 - 5) Seizure medication
 - 6) All diabetic medication

- 7) Psychotropics
- 8) Contraceptive birth control
- b. If a person is on medication, it will be confirmed with their own pharmacy or physician's office the next working day. If unable to confirm with the individual's personal physician or pharmacy, nursing will contact the facility's medical director.
- c. Controlled substances are approved by the contract physician unless the order comes from the hospitals, contract dentist or consult physician or dentist referred to by the facility contract health care providers.

13. Drug Withdrawal:

- a. With drugs such as amphetamines, barbiturates or minor tranquilizers, persons may develop abstinence symptoms and become withdrawn over a period of 2–3 weeks.
- b. The medical staff evaluates the person and obtains and reviews the drug use history.
- c. The physician is to be notified of the chronic drug use and may choose to prescribe a schedule of decreasing doses of medication over a period of time.
- d. The nurse, after the initial evaluation, will recommend, coordinate and educate staff and the client regarding the withdrawal process and monitor as needed. Outside referrals are scheduled if determined appropriate by medical staff.

C. Opiate Assessment for Withdrawal: Opiates such as morphine, heroin, dilaudid, and percodan are highly addictive substances.

- 1. Check individual's body for track marks and signs of infection. Check vital signs, blood pressure, pulse and respiration. Determine when last dose (fix) was taken.
- 2. Persons who either by history assessment and/or behavior have heavy and/or prolonged drug use are observed and monitored for signs and symptoms of narcotic withdrawal using the COWS.
- 3. The following symptoms may develop within minutes to several days after cessation of or reduction in opioid use that has been heavy and prolonged (several weeks or longer):
 - a. Dysphoric mood
 - b. Nausea or vomiting
 - c. Muscle aches

- d. Lacrimation (tears) or rhinorrhea (runny nose)
 - e. Pupillary dilation, piloerection (goose bumps on skin)
 - f. Sweating
 - g. Diarrhea
 - h. Yawning
 - i. Fever
 - j. Insomnia
4. Encourage fluids, put on liquid diet if vomiting persists.
5. Call physician for medication order. If medication prescribed, document vital signs and COWS, contact medical staff if:
- a. Client is lethargic or
 - b. Systolic bp <90 or diastolic <50 or
 - c. Pulse <54 or
 - d. Respiration <12
6. Psychotomimetics:
- a. Drug mescaline (peyote buttons), cannabinoid (marijuana, hashish), LSD, Psilocyline (mushrooms).
 - b. Symptoms include:
 - 1) Dilated but reactive pupils
 - 2) Injected conjunctive (red eyes)
 - 3) Anxiety
 - 4) Loathing
 - 5) Illusions to visual hallucinations
 - c. Treatment:
 - 1) Supportive Communication
 - a) Talk down
 - b) Quiet environment
 - 2) Call physician if agitation persists.

7. Phencyclidine:

- a. Drugs: PCP, Angel Dust, Ketamine
- b. Symptoms:
 - 1) Nystagmus (jerking of eyeballs)
 - 2) Ptosis (drooping of eyelids)
 - 3) Ataxia (uncoordinated)
 - 4) Paresthesia (abnormal skin sensations, prickling, tingling, etc.)
 - 5) Loss of pain sensation to skin
 - 6) Muscular rigidity of catatonic posturing to myoclonus
 - 7) Convulsions to coma
 - 8) Euphoria to anxiety, to anger, to depersonalization and depression
 - 9) Body image change
 - 10) Thought blocking
 - 11) Delirium
- c. Treatment:
 - 1) Behavior can be extremely unpredictable. Use caution.
 - 2) Place in dimly lit area.
 - 3) Avoid stimulation or use of selective stimulation (focusing on one thing).
 - 4) Supportive communication (talk softly and calmly).
 - 5) Call Physician for medication if inmate becomes agitated.

8. Sedative Hypnotic:

- a. Drugs: Tranquilizers, Barbiturates, Piperazine
- b. Symptoms:
 - 1) Slurred speech – ataxia, coma
 - 2) Decreased anxiety
 - 3) Release of inhibitions
 - 4) Slowed thinking

- 5) Disorientation
 - c. Evaluation:
 - 1) Check vital signs
 - 2) Check ability to be aroused from sleep periodically
 - 3) Monitor behavior
 - 4) If client becomes lethargic or cannot be aroused, send to Emergency Room
 - d. Call physician for Orders
9. Stimulants – Amphetamines:
- a. Drugs: Dexedrine, Cocaine, Ritalin, diet pills
 - b. Symptoms:
 - 1) Dilated but reactive pupils
 - 2) Muscle tension
 - 3) Tachycardia (rapid heart rate)
 - 4) Tremors
 - 5) Euphoria
 - 6) Anxiety
 - 7) Irritability
 - 8) Anger
 - 9) Speed thinking
 - 10) Disorientation
 - 11) Paranoia from substance-induced psychosis
 - c. Treatment:
 - 1) Place in calm, quiet environment
 - 2) Send to Emergency room if client becomes psychotic
 - 3) Prevent injuries
10. Seizures:
- a. Evaluate client and get medical history.

- b. Maintain same medication they were on prior to admission:
 - 1) Confirm medication through pharmacy or physician
 - 2) If unable to confirm through usual channels contact medical director
- c. Alcohol Withdrawal Seizures
 - 1) Protect client from injuring themselves by placing pillow or blanket under head.
 - 2) Turn client on side if choking on saliva or vomit.
 - 3) Do not place anything in the mouth.
 - 4) *If absent pulse or respirations, call ambulance and transport to Emergency Department. Otherwise, contact medical staff.*
 - 5) Report to paramedics' pertinent information pertaining to seizure.
 - 6) Stay calm.

11. Solvents:

- a. Drugs: Toluene (airplane glue), gasoline, paint thinners, paints, etc.
- b. Symptoms:
 - 1) Blurred vision
 - 2) Ringing in ears
 - 3) Unusually giddy
 - 4) Stupor, if large quantities were inhaled
 - 5) Disorientation
 - 6) Ketone odor
 - 7) Swelling of mucous membranes
 - 8) Cherry red throat
- c. Treatment:
 - 1) Protect from injury
 - 2) Observe for respiratory distress
 - 3) Avoid giving medication because of possible damage to kidney or liver

4) Call physician if condition does not improve

CC 310-005: Refusal of Life Sustaining Medication

Chapter: Medical
Order No: N/A
Effective: 05-11-2011
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: N/A
Classification: Public

I. Policy

- A. Medical staff will assess all clients who are refusing life sustaining medication and make an assessment as to whether the client is appropriate to continue to receive services.

II. Definitions

- A. **Informed Consent:** The agreement by a patient to a treatment examination or procedure after the patient receives the material facts regarding the nature of the consequences, risks and alternatives covering the proposed treatment, examination or procedure.

III. General Information

- A. Medical staff will need to determine if the individual's refusal of taking the medication is potentially life threatening and follow informed consent standards in the community for client care.

IV. Procedural Guidelines

- A. Counseling, nursing, EMT or Detox Technicians identify a client who is refusing to take medications.
- B. Medical staff meets with client to discuss the possible consequences for their decision/desire to discontinue the use of prescribed medication.
- C. If client still wishes to discontinue the prescribed medication, medical staff will request client to sign a Medical Refusal form and witness the client's signature.
 - 1. If the client refuses to sign the form, two staff members must sign the form to note the verbal refusal.
- D. Medical staff will contact the Medical Provider to review client's refusal of medication and establish need for either discharge or monitoring protocols.
- E. Medical staff will assess if the client is suicidal or psychotic on a daily basis or more as ordered by the physician and contact the facility physician to report any concerns.

- F. If client is psychotic or suicidal a mental evaluation and/or observation will be instituted while the client is in the care of the facility.
- G. Client will be referred for medical/mental evaluation the next day or sooner if his/her condition warrants.
- H. If client continues to refuse life sustaining medication and all conditions mentioned above have been satisfied, medical may discharge the client from the facility and make further recommendations.

CC 320-001: Tuberculosis Risk Assessment

Chapter: Medical – Infectious Disease and General Medical

Order No: N/A

Effective: 11-19-2008

Revised: 05-06-2016

Approved by: Sheriff Kevin Thom

Reference: ARSD Standard 46:05:05:02

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services shall conduct an annual tuberculin risk assessment to evaluate the risk for transmission of Mycobacterium Tuberculosis (TB) within the agency.

II. Definitions

- A. **Mycobacterium Tuberculosis (TB):** Disease caused by bacteria Mycobacterium. The bacteria usually attack the lungs, but can also attach to the spine, kidneys and brain. If not treated properly it can be fatal.

III. General Information

- A. Tuberculosis risk assessment shall be conducted annually and changes shall be made to the tuberculosis infection control plan and agency policies as needed.

IV. Procedural Guidelines

- A. Annual Assessment:
 - 1. The medical provider or designee will coordinate the annual assessment using the tuberculin risk assessment worksheet developed by the South Dakota Department of Health.
 - 2. The medical provider or designee will present a report to the Division Director.
 - 3. The assessment shall be conducted according to the guidelines outlined in the 2005 Centers for Disease Control document, "Guidelines for Preventing the Transmission of TB in Health-Care Settings, 2005".
 - 4. The risk assessment shall be based on the number of TB cases in the community (defined as the counties of residence for the staff and clients of the agency during the calendar year that is being assessed) and the number of active TB cases which were admitted to the agency. Based on the results of the risk assessment, a written TB infection control plan shall be written and implemented and appropriate agency policies and procedures written.

CC 320-002: Tuberculosis Screening

Chapter: Medical – Infectious Disease and General Medical
Order No: N/A
Effective: 11-19-2008
Revised: 1-2-2020
Approved by: Sheriff Kevin Thom
Reference: ARSD Standard 67:61:07:12
Classification: Public

I. Policy

- A. Pennington County Addiction Treatment Services (ATS) shall screen all clients admitted for treatment services for Mycobacterium Tuberculosis (TB) within 24 hours of admission or onset of services.

II. Definitions

- A. **Mycobacterium Tuberculosis (TB):** Disease caused by bacteria Mycobacterium. The bacteria usually attack the lungs, but can also attach to the spine, kidneys and brain. If not treated properly it can be fatal.

III. General Information

- A. Any client determined to have one or more possible symptoms of TB within the last three months will be immediately referred to a physician for medical evaluation to determine the absence or presence of the active disease. Any client confirmed or suspected to have TB will be excluded from services until they are determined to no longer be infectious by the physician. A written statement regarding this will be required before entry is allowed.
- B. TB symptoms to screen for are as follows:
 1. Productive cough for a two to three-week duration
 2. Unexplained night sweats
 3. Unexplained fever or
 4. Unexplained weight loss

IV. Procedural Guidelines

- A. Admission Procedures:
 1. Client is admitted for services. (If client is under the influence, do not proceed to #2 until client's PBT = .000 or they are no longer under the influence of drugs).

2. Detox technician, emergency medical technician (EMT), or an addiction counselor completes TB screening and documents information on the TB Screening Form.
3. If client answers no to screening questions and is identified to not be at risk of or infected with active TB, the date of the screening is noted on the TB screening form. Go to #15.
4. If the client answers yes to the identified possible TB symptoms and they can't be explained as part of a different medical issue and the symptoms have occurred for more than three weeks, then the client must be sent to a medical facility to obtain medical clearance.
5. Client is provided a particulate mask and is required to wear the mask at all times unless directed differently by a physician.
6. Detox technician or EMT completes agency medical referral sheet.
7. Client is transported to community emergency room or medical facility.
8. Detox technician or EMT provides medical referral form to physician or medical facility staff in order to provide an explanation for the referral.
9. Detox technician or EMT returns to facility and documents referral to medical care in progress notes.
10. Client is seen by physician:
 - a. Physician confirms active TB. Client can't return to facility for services.
 - b. Physician rules out active TB symptoms. Client is cleared for services.
11. Physician completes medical documentation regarding client's negative testing.
12. Detox technician or EMT pick client up from medical facility and return to agency.
13. Detox technician or EMT route medical paperwork to nursing staff for review.
14. Detox technician or EMT note date of clearance on TB screening form.
15. Counselor inputs results of TB screening form into computer database when meeting with client.

CC 320-003: Automated External Defibrillator

Chapter: Medical – Infectious Disease and General Medical

Order No: N/A

Effective: 02-13-2009

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: N/A

Classification: Public

I. Policy

- A. An automated external defibrillator (AED) will be stored in a central location at all City/County Alcohol and Drug Programs facilities.

II. Definitions

- A. Automated External Defibrillator (AED): Portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient and is able to treat them through the application of electrical therapy, allowing the heart to reestablish an effective rhythm.

III. General Information

- A. Only persons who have been trained in the use of an AED and whose training is current within the specification of the individual's training program (American Heart Association, American Red Cross or medical certification) are authorized to use the AED.
 - 1. The batteries of the AED machine will be checked monthly to ensure proper charge.

IV. Procedural Guidelines

- A. A victim of an apparent heart attack is recognized in the facility:
 - 1. The person is assessed for breathing and a pulse.
 - 2. If no pulse, the person on scene should request the AED from the central storage location.
 - 3. Cardiopulmonary Resuscitation (CPR) should be started until the arrival of the AED.
 - 4. AED trained staff shall bring the AED to the unconscious victim and begin use of the equipment.
 - 5. An assisting person will contact 911 and request the ambulance.

6. AED trained staff will utilize the equipment in order to attempt to revive the victim.
7. When the emergency response team arrives, they will take over primary care of the client.
8. Immediately following the emergency situation, the staff administering the AED care and any other members involved, will complete incident reports and route them to the Assistant Director and Division Director immediately.

CC 320-004: Occupational Viral Hepatitis/HIV Post exposure Prophylaxis PEP

Chapter: Medical – Infectious Disease and General Medical

Order No: N/A

Effective: 08-04-2010

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: N/A

Classification: Public

I. Policy

- A. City/County Alcohol and Drug Programs provides a process for antiviral chemoprophylaxis for employees occupationally exposed to Viral Hepatitis or Human Immunodeficiency Virus (HIV).

II. Definitions

- A. Viral Hepatitis: Liver inflammation due to a viral infection.
- B. Human Immunodeficiency Virus: A lentivirus that causes auto immunodeficiency syndrome.

III. General Information

- A. In keeping with the Public Health Service recommendations, combination antiviral chemoprophylaxis shall be recommended, offered or discouraged based on the severity of the occupational exposure incident as outlined in this policy.
- B. Employees receive training regarding the risks and prevention of occupational Viral Hepatitis and HIV transmission and criteria for post-exposure antiviral chemoprophylaxis. Employees occupationally exposed to Viral Hepatitis or HIV or suspected Viral Hepatitis or HIV body fluids will be offered counseling on the risks of seroconversion, based on the severity of the reported occupational exposure incident to assist in determining treatment recommendations.
- C. CCADP medical staff will direct the employee needing prophylaxis to Rapid City Regional Hospital Emergency Department. Counseling for confirmed exposure will be done by the examining physician.

IV. Procedural Guidelines

1. Immediately upon exposure, wash or rinse the site of the exposure.
2. Notify your supervisor immediately and then report the incident to medical staff.

3. Complete an incident report.
4. Complete Workman's Compensation Paperwork.
5. Take Workman's Compensation Paperwork and insurance information card with you to Rapid City Regional Hospital Emergency Department.
6. The client will be asked to submit to A Single Use Diagnostic System (SUDS) test will be done on the source of patient's blood unless the patient is known to be Viral Hepatitis or HIV positive in which case the SUDS test is not necessary.
7. The employee will have baseline labs drawn.
8. Medical staff is then to contact the CCADP Director and notify them of the incident after blood work has been completed.
9. The occupational exposure incident shall be evaluated to determine if it was hazardous body fluids that are known or suspected to transmit Viral Hepatitis or HIV.
10. If the occupational exposure incident is determined to be hazardous body fluids, the incident shall then be evaluated to determine the depth of severity of the injury to assist in determining treatment options.
11. Antiviral Chemoprophylaxis shall be instituted AS SOON AS POSSIBLE (with the goal being as close to 2 hours post exposure). **The employee does have the right to refuse medication.**
12. Consent shall be obtained from the employee with Antiviral Chemoprophylaxis is instituted or if it is declined when recommended.
 - a. If treatment is instituted at Rapid City Regional Hospital, verbal consent shall be obtained by the Rapid City Regional Hospital Emergency Department physician.
 - b. The employee will then sign a written consent provided by the CCADP medical staff within 72 hours.
 - c. The employee has the right to decline Antiviral Chemoprophylaxis.
 - d. Declining to take recommended medications shall not impact other treatment or benefits to which the employee may be otherwise entitled to.
13. Risk stratification and recommendations for Antiviral Chemoprophylaxis shall be based on the Working Protocol for Occupational Viral Hepatitis or HIV Post Exposure Prophylaxis.
14. Post-exposure Chemoprophylaxis treatment can also occur in the following manner:

- a. Rapid City Regional Hospital, per policy will have readily available a “starter kit” located in the Emergency Department, to facilitate availability of treatment, as well as the pharmacy containing Combivir to be taken twice a day.
 - b. Continuation of treatment and follow up care and testing shall be at the direction of the treating physician at Rapid City Regional Hospital Emergency Department.
 - c. Any exposure incident reported more than 24 hours after the incident shall be reviewed by the Medical Director having consultation with the Medical Director of Infection Control or designee at Rapid City Regional Hospital on a case-by-case basis for Antiviral Chemoprophylaxis eligibility.
 - d. Post-exposure chemoprophylaxis shall be continued for 4 weeks if tolerated. The employee is instructed to report any adverse reactions as soon as possible to the Rapid City Regional Hospital Emergency Department physician. The employee is then to notify Sheriff’s Office Medical Director or designee of the adverse reactions and any instructions which have been provided by the Emergency Department physicians.
15. Employees shall be asked to consent to baseline Viral Hepatitis or HIV testing. An employee whose baseline Viral Hepatitis or HIV testing is positive shall be informed to discontinue antiviral chemoprophylaxis and shall be referred to the Medical Director of the Pennington County Sheriff’s Department.
 16. Employees taking Antiviral Chemoprophylaxis shall be evaluated for drug toxicity, CBC, liver and hepatitis panel shall be performed at baseline and at 2 weeks after starting treatment. If subjective or objective toxicity is noted, dose reduction or substitution shall be considered in consultation with the Medical Director.
 17. Employees who sustain an occupational exposure incident, whether or not they are taking antiviral chemoprophylaxis shall be counseled concerning the risk of Viral Hepatitis or HIV during the post-exposure incident follow-up period.

CC 410-001: Dietetic Services

Chapter: Facility Management - Dietary Services

Order No: N/A

Effective: 01-01-1987

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standard 67:61:09:01; Bureau of Prisons Statement of Works

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will provide three nutritious meals per day for all residential clients.

II. Definitions

- A. N/A

III. General Information

- A. As part of contract standards, ATS will ensure that clients receive meals that follow the basic food groups according to Dietary Guidelines for Americans released by the United States Department of Agriculture and the United States Department of Health and Human Services.
- B. The agency will also take into consideration diet needs that address religious, medical and dental needs.
- C. Menus will be reviewed annually by a Registered Dietician and posted for client's to view.

IV. Procedural Guidelines

- A. Clients requiring meal accommodations for medical and dental needs will meet with nursing staff for approval. Nursing will notify the appropriate staff to ensure client receives dietary accommodation needs.
- B. Clients requiring religious dietary accommodations will coordinate through their counselor or Director who will then assist in notifying the appropriate staff to ensure the client receives the necessary dietary accommodation.

CC 410-002: Sanitation and Safety Standards

Chapter: Facility Management - Dietary Services

Order No: N/A

Effective: 01-01-1987

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standard 67:61:09:02

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will meet the sanitation and safety standards for food service in chapter 44:02:07 of the Administrative Rules of South Dakota Standards to include a housekeeping plan that provides for upkeep of the facility.

II. Definitions

- A. N/A

III. General Information

- A. The agency will ensure that all contracted agencies also comply with chapter 44:02:07 of the Administrative Rules of South Dakota Standards. ATS and any contracted party will pass inspections conducted by the local sanitation inspector or the Department of Health.

IV. Procedural Guidelines

- A. ATS will comply with annual inspections by the South Dakota Department of Health. All inspection reports will be maintained for accreditation audits.
 1. ATS programs will also keep copies of any contracted party's inspection reports for accreditation audits.

CC 420-002: Safety and Sanitation Plan

Chapter: Facility Management - Sanitation
Order No: N/A
Effective: 02-01-2009
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:10:01
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) will submit a health, safety, sanitation and disaster plan for approval by the South Dakota Department of Human Services which ensures the health and safety of the clients served.

II. Definitions

- A. N/A

III. General Information

- A. The plan will include:
 1. Specific procedures for responding to medical emergencies.
 2. Procedures for responding to fire and natural disasters, including evacuation plans, training and regularly scheduled drills when applicable.
 3. Communicable diseases.
 4. Procedures to ensure sanitation of all settings in which services are provided.

IV. Procedural Guidelines

- A. All employees will receive training pertaining to procedures related to medical emergencies, fire and natural disasters and evacuations during orientation as well as annually or bi-annually depending upon accreditation standards.
 1. Emergency Handbooks will be maintained at all tech work stations to further assist post positions in coping with fires, natural disasters and evacuations.

CC 430-001: New Construction

Chapter: Facility Management - Safety
Order No: N/A
Effective: 06-01-1998
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:1:02
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) will meet the requirements of the Americans with Disabilities Act of 1990, 42 U.S.C 12101 et seq. and NFPA101 Life Safety Code for any facility relocation, re-construction or new construction.

II. Definitions

- A. N/A

III. General Information

- A. N/A

IV. Procedural Guidelines

- A. Prior to relocating, remodeling or building a facility the Housing Director, Chief Deputy and Sheriff will work with The South Dakota Department of Health and contractors to ensure construction meets the guidelines for residential facilities.
- B. Copies of the floor plans will also be submitted to all contract entities ATS is engaged with in order to maintain accreditation standards and comply with contract regulations.

CC 440-001: Life Safety Code

Chapter: Facility Management – Fire Prevention

Order No: N/A

Effective: 06-01-1998

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standard 67:61:10:02

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will maintain compliance with applicable fire safety standards in the 2012 edition of the NFPA 101 Life Safety Code for all residential services.

II. Definitions

- A. N/A

III. General Information

- A. N/A

IV. Procedural Guidelines

- A. ATS will maintain a current manual of the 2012 edition of the NFPA 101 Life Safety Code to be reviewed annually by Housing Director or designee to ensure compliance.

CC 440-002: Locked Doors

Chapter: Facility Management – Fire Prevention
Order No: N/A
Effective: 02-19-2009
Revised: 05-01-2020
Approved by: Sheriff Kevin Thom
Reference: SD Department of Health Residential Codes
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) will utilize locked doors that automatically release in the event of fire and facility emergencies.

II. Definitions

- A. N/A

III. General Information

- A. ATS uses locked doors to prevent outside access to the residential facilities in order to provide safety and proper monitoring of clients. Only authorized personnel and admitting authorities will have access to the entrance codes or unlocking equipment.
- B. Emergency release buttons will be maintained at all exit doors per guidelines noted by South Dakota Department of Health.

IV. Procedural Guidelines

- A. All residential service providing staff will be provided training for operations of the emergency buttons, unlocking system and alarm system to assist with monitoring of the residential facilities.
- B. Division Director or designee will ensure that staff and admitting authorities are informed of any entrance code changes.
 - 1. Clients will not be allowed access to the entrance codes or unlocking equipment.
- C. Staff will complete monthly fire drills and note any difficulties or malfunctions with the functioning of the door locking system. Any difficulties will be noted on the Fire Drill Documentation Forms and routed to the Housing Director or designee.
 - 1. Housing Director or designee will also coordinate annual inspections of fire alarm and door system to ensure proper maintenance and inspection.

CC 510-001: High Priority Populations

Chapter: Accreditation

Order No: N/A

Effective: 07-22-2020

Revised:

Approved by: Sheriff Kevin Thom

Reference: DSS Division of Behavioral Health Contract (DBH)

Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) will serve the citizens of South Dakota in need of substance use disorder treatment. We will further give preference for admission into treatment to those who meet criteria as priority populations as defined by DSS Division of Behavioral Health.

II. Definitions

- A. N/A

III. General Information

- A. **Priority Populations:** The target population to be served under the contract, in order of priority for State and Federal funds paid to the agency are as follows:
 1. Pregnant women who are intravenous drug users;
 2. Pregnant women with dependent children;
 3. Pregnant women;
 4. Intravenous drug users;

IV. Procedural Guidelines

- A. Pregnant women and persons who inject drugs shall be admitted to a program no later than 14 days from the initial clinical.
- B. If there is no capacity to admit the individual within 14 days from the initial clinical assessment the following must occur:
 1. Shall maintain a waiting list and record all interim services being provided.
 2. Interim services and waiting list information will be reported to STARS.
 3. Must maintain contact with client via phone, through email or individually on a weekly basis until treatment placement has been made.

4. Interim services, including a referral for pre-natal care, must be made available no later than 48 hours from the initial clinical assessment.
5. Individual can remain active on the waiting list no longer than 120 days.

CC 510-002: Mixing American Society of Addiction Medicine (ASAM) Levels of Care in Groups

Chapter: General Clinical Information

Order No: N/A

Effective: 02-23-2009

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference:

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) provides daily didactic group programming with co-mingled participants from different levels of care.

II. Definitions

- A. **Didactic Groups:** Face-to-face therapy by a qualified chemical dependency counselor for the purpose of helping the client to reduce or eliminate problematic substance use, thus enabling improved psychosocial functioning. It is less interactive in nature than a Therapeutic Group and may not involve direct attention to each client's individualized treatment plan. It includes topical lectures, educational videos or other one-way presentations and large group discussions.

III. General Information

- A. Clients participating in various levels of residential treatment services and clinically managed residential detoxification services will attend daily programming addressing medical education, corrective thinking, anger management and sober living skills together.

IV. Procedural Guidelines

- A. Application Guidelines:
 - 1. Process groups need to meet the minimum contract requirements of at least two members and a maximum of fifteen per clinician.
 - 2. All clients' level of care will be determined using ASAM criteria and the appropriate admission, transfer and discharge paperwork should be clear and according to South Dakota Department of Social Services Community Behavioral Health requirements.
 - 3. Group attendance will be clearly stated in the client's individualized treatment plan and weekly progress notes.

4. Outpatient group logs will reflect the client's name, group topic, date and actual length of time client participated.
5. Mixed ASAM groups can be used for service requirements of residential clients; however, billing will be for the day rate.

B. Clinical Justification for Combining ASAM Levels of Care in Didactic and Process Groups:

1. When the topic or intent of group will benefit client's identified needs.
2. When clients can use groups safely and with a reasonable level of trust.
3. When stage matched intervention indicates participation in mixed-level groups would be beneficial.
4. When the client's co-occurring disorder prevents them from participating at an intensity of service but the client needs information and engagement over a long period of time, which can be met by partial services.

CC 510-003: Discharge Criteria

Chapter: Agency Programming – General Clinical Information
Order No: N/A
Effective: 06-1998
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:06:05, 67:61:06:06, 67:61:06:07
Classification: Public

I. Policy

- A. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) will utilize the American Society of Addiction Medicine (ASAM), Patient Placement Criteria for assessing discharge of a client.

II. Definitions

- A. N/A

III. General Information

- A. Counselors will utilize ASAM for proper assessment of discharge readiness of all clients participating in all levels of care.

IV. Procedural Guidelines

- A. Counselors will complete a discharge summary for all clients discharged from services. The Summary will note ASAM standards to include:
 - 1. Reason for discharge:
 - a. Successful completion of the program.
 - b. Failure to complete the program.
 - c. Neutral termination from the program.
 - d. Transfer to another level of care within the program.
 - 2. Criteria for discharge:
 - 3. The client has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problems that justified admission to the present level of care.
 - 4. The patient has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care of type of service therefore is indicated.

5. The patient has demonstrated a lack of resolve of their problem(s) or has developed a new problem(s) and can be treated effectively only at a more intensive level of care.
- B. ATS may discharge or transfer a client admitted for treatment for the following extraordinary reasons:
1. The staff determines that the client presents a physical threat to self or others.
 2. The client is non-responsive to treatment and no improvement is likely.
 3. The client is assessed to be inappropriate for services due to medical issues.
 4. The client requests to terminate services.
 5. Clients that have been terminated may appeal to the division of the agency's decision to terminate services. This must be completed in writing within 30 days of receipt of the notice to terminate services.
- C. In the event a crime is committed by the client on the premises of the program, staff will follow the 42 Code of Federal Regulation 2.12 © (5) and the reporting shall be done by the Director or designee. The regulations permit the program to report the crime to a law enforcement agency or to seek its assistance. In such a situation, ATS can disclose the circumstances of the incident, including the client's name, address, last known whereabouts and status as a client at the program.
- D. ATS staff will follow procedures consistent with 42 CFR Part 2 when a client leaves against medical or staff advice. Only those people identified with a proper release will be notified to inform the client has terminated services. If the client presents as being an immediate threat to their health and requires immediate medical intervention, ATS can make a disclosure to public or private medical personnel under the emergency exception. Contact with medical personnel will be documented in the file identifying the staff member releasing the information and what medical personnel it is being released to along with the date and time of the disclosure and the nature of the emergency. When leaving against staff advice, the client will be offered discharge planning and continuation of care for substance abuse and any other condition. Documentation of what was offered, consistent with confidentiality of patient records, 42 CFR Part 2.

CC 510-004: Continued Service Criteria

Chapter: Agency Programming – General Clinical Information

Order No: N/A

Effective: 06-1998

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standard 67:61:07:07

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will document in each client file a statement for the rationale of continue client services.

II. Definitions

- A. N/A

III. General Information

- A. South Dakota Administrative Rules requires all accredited agencies to utilize American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised 2001 for documentation for the rationale of continuing client placement, also known as Continued Service Stay.
 1. The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:
 - a. 2 calendar days for:
 - 1) Clinically-managed residential detoxification;
 - b. 14 calendar days for:
 - 1) Early intervention services;
 - 2) Intensive outpatient services;
 - 3) Day treatment services; and
 - 4) Medically monitored intensive inpatient treatment; and
 - c. 30 calendar days for:
 - 1) Outpatient treatment program; and
 - 2) Clinically-managed low-intensity residential treatment

IV. Procedural Guidelines

- A. This program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:
1. Making progress, but has not achieved the goals articulated in the client's individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals.
 2. The client is not yet making progress, but has the capacity to resolve their problems at the current level of care. The client is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward their treatment goals.
 3. New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the client's new problems can be addressed effectively.

CC 510-005: Client Orientation

Chapter: Agency Programming – General Clinical Information

Order No: N/A

Effective: 06-1998

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standard 67:61:04:07

Classification: Public

I. Policy

- A. All clients admitted for services with Pennington County Addiction Treatment Services will receive orientation to their program at admission or as soon as possible thereafter.

II. Definitions

- A. N/A

III. General Information

- A. The intent of providing client orientation is to ensure that client's fully understand the programming rules, guidelines and fees connected to services they are receiving so that they are fully educated on the philosophies of the agency and aware of expectations.

IV. Procedural Guidelines

- A. Clients will receive orientation by ATS staff for every level of care provided by the Agency.
 - 1. ATS staff will ensure that all residential clients receive an agency handbook and tour of their residential quarters.
 - 2. All counselors will review programming rules and guidelines with their clients at the time of admission or as soon as possible after the admission.
 - 3. ATS staff will document in the client's file the date that orientation was completed. This will be done either by a progress note or by completing the Orientation Programming Rules form with the client.
 - 4. Orientation will be provided in a format understood by the client and will include the following information.
 - a. The program's purpose and description of the treatment process.
 - b. Hours of operation.

- c. Emergency contact information.
- d. Rules and infractions which may result in disciplinary action or discharge.
- e. Fees for services and responsibility for payment of those fees.
- f. The right to confidentiality in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Part 160 and 164 (September 26, 2016); and
- g. Residential rules
- h. Emergency exits, location of fire extinguishers and emergency procedures for catastrophic events such as tornadoes, fires and blizzards.
- i. The rights of the client
- j. All relevant agency policies

CC 510-006: Staffing and Hours of Operation

Chapter: Agency Programming – General Clinical Information

Order No: N/A

Effective: 06-1998

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standard 67:61:04:09

Classification: Public

I. Policy

- A. City/County Alcohol & Drug Programs (CCADP) will ensure that adequate staffing levels, training, and hours of operation will be maintained to ensure each level of care.

II. Definitions

- A. N/A

III. General Information

- A. City/County Alcohol & Drug Programs hours of operation will be displayed for the public. The hours of operation are considered to be 8:00am -4:30pm seven days per week for counseling staff. Social Setting Detoxification admissions are completed daily on a 24-hour basis.
- B. Written schedules are created monthly to reflect the scheduling of counselors, emergency medical technicians (EMT) and detoxification staff. Leadership staff are available after hours and on weekends for clinical and operational emergency needs.

IV. Procedural Guidelines

- A. CCADP will provide adequate staffing, training, and hours of operation at the following levels:
 - 1. Early intervention, outpatient programs, and intensive outpatient treatment programs shall ensure that counseling staff is on duty at all times during scheduled hours of program operation or available by phone. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The agency shall have a 24-hour-a-day, 7-day-a-week, on-call system for client access to program services in the event of an emergency;
 - 2. Day treatment programs without residential services shall ensure that counseling staff is on duty at all times during scheduled hours of program operation. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The agency shall have a 24-hour-a-day, 7-day-a-week, on-call system for client access to program services in the event of an emergency;

3. Day treatment with residential services and clinically-managed low-intensity residential treatment programs shall operate 7 days a week, 24 hours a day. The agency shall have a staff member trained to respond to fires and other natural disasters as well as to administer emergency first aid and CPR on duty at all times. An addiction counselor or counselor trainee shall be available to the clients at least 8 hours a day, 5 days a week, and shall be available on-call, 24 hours a day. The agency shall maintain written staff schedules which shall be available to the division at the time of the accreditation survey;
4. Clinically-managed residential detoxification programs shall operate 7 days a week, 24 hours a day whenever clients are present. When no clients are present, a staff member shall be on call to open the facility if necessary. When the agency is open, a staff member shall be on duty who is trained to respond to fires and other natural disasters as well as to administer emergency first aid and CPR, with training in these areas to be in accordance with § 67:61:17:06. An addiction counselor or counselor trainee shall be available to the clients at least 8 hours a day, 5 days a week, and available on-call, 24 hours a day. The agency shall maintain written staff schedules which shall be available to the division at the time of the accreditation survey.

CC 510-007: Admission Criteria

Chapter: Agency Programming – General Clinical Information

Order No: N/A

Effective: 01-06-1997

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standard 67:61:07:02, 67:61:07:11

Classification: Public

I. Policy

- A. Clients will be seen personally by a counselor prior to formal admission to all treatment services.

II. Definitions

- A. N/A

III. General Information

- A. Counseling staff will not formally meet with clients for the admission process if the client is intoxicated or actively under the influence of illicit substances. Individuals may be admitted by emergency medical technicians (EMT) or detox technicians for Social Setting Detoxification Services as designated by the Division Director.

IV. Procedural Guidelines

- A. Counselors will meet with each client personally for the formal admission process. If this can't occur within the first 24 hours of the client's participation in all treatment services, documentation must be made regarding the circumstances preventing the individual session.
- B. If appropriate, counselors will review material or information submitted by a family member, legal guardian or other sources to determine if the client meets the patient placement criteria.
- C. Counselors will document that the client meets admission criteria as defined in the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition Revised, 2001 (ASAM PPC-2R).
- D. A new agency case note, new admission record in the MIS needs to be completed for every admission.
- E. If a client is being re-admitted to the facility, procedure guidelines A, B, C and D (above) need to be followed.

CC 510-009: Drug and Alcohol Testing

Chapter: Agency Programming – General Clinical Information

Order No: N/A

Effective: 11-02-1998

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: N/A

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) reserves the right to test clients admitted to outpatient and residential treatment services for the purpose of detecting the presence of ingested alcohol, illegal and controlled substances.

II. Definitions

- A. N/A

III. General Information

- A. A multi-drug urinalysis screening that is widely recognized as possessing sufficient sensitivity to detect substances in low quantity will be completed prior to admission if probable cause exists. Additionally, periodic urine screens or breathalyzer testing will be conducted on a random basis depending upon the client's level of care or if a client's behaviors indicate possible use.
- B. Test results, who was notified of the test results, and the manner in which those results are taken will be documented in the client's case record.
- C. Clients will be required to follow protocols pertaining to urinalysis and breathalyzer testing.

IV. Procedural Guidelines

- A. Counselor, Emergency Medical Technician or Detox Technician requests client to submit to breathalyzer test or urinalysis test.
 - 1. Client complies at the time of the request, but no later than two hours after if the request was for urinalysis testing.
 - 2. Emergency Medical Technician (EMT) or Detox Technician performs testing with client based upon ATS protocol.
 - 3. EMT or Detox Technician documents test date, time and result in client's file.

- B. If test results were positive, EMT or Detox technician completes narrative Incident Report noting the testing and positive results and a copy of the UA test placed in the clients file.
- C. EMT or Detox Technician e-mails Incident Report to client's primary counselor and probation officer if appropriate.
- D. Client's use and privileges are evaluated by clinical team to determine recommended therapeutic course of action.

CC 510-010: Additional Services Directory

Chapter: Agency Programming – General Clinical Information

Order No: N/A

Effective: 11-01-1993

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standards 67:61:04:10

Classification: Public

I. Policy

- A. Pennington County Addiction Treatment Services will maintain an electronic or written directory complete with name, address and telephone number of credentialed service providers available to provide clients with support services.

II. Definitions

- A. N/A

III. General Information

- A. The community services directory will contain addresses, telephone numbers, web sites and e-mail addresses if available. This directory will be displayed in the lobby of all buildings and in residential areas. It will also be provided during all accreditation reviews.
- B. The directory will contain support services such as:
 - 1. Alcohol and other drug services;
 - 2. Social and mental health services;
 - 3. Medical services;
 - 4. Employment services;
 - 5. Education and educational counseling;
 - 6. Vocational evaluation and counseling;
 - 7. Continuing care services;
 - 8. Legal services; and
 - 9. Pastoral services.

IV. Procedural Guidelines

N/A

CC 510-011: Description of Treatment Services

Chapter: Agency Programming – General Clinical Information

Order No: N/A

Effective: 05-08-2017

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller

Reference: ARSD Standards 67:61:04:08

Classification: Public

I. Policy

- A. Pennington County Addiction Treatment Services will provide a written description of each service provided to all staff members, clients, the public, and the division.

II. Definitions

- A. N/A

III. General Information

- A. N/A

IV. Procedural Guidelines

- A. The written description will include
 1. The eligibility criteria contained in §§ 67:61:12:01, 67:61:13:01, 67:61:14:01, 67:61:15:01, 67:61:16:01, 67:61:17:01, 67:61:18:01;
 2. The continued services criteria contained in § 67:61:07:07;
 3. The discharge criteria contained in § 67:61:07:09;
 4. The policies and procedures governing client use of alcohol or other drugs while participating in treatment; and
 5. A description of the services and activities to be provided, including a description of the frequency and duration.

CC 510-012: Limited English Proficiency

Chapter: Accreditation

Order No: N/A

Effective: 07-22-2020

Revised:

Approved by: Sheriff Kevin Thom

Reference: DSS Division of Behavioral Health Contract (DBH)

Classification: Public

I. Policy

- C. Pennington County Sheriff's Office – Addiction Treatment Services will provide interpreter services for people who have limited English proficiency (LEP) as well as those who are hearing impaired to provide the opportunity to participate in and understand all provided services.

II. Definitions

- D. N/A

III. General Information

- E. Some clients have limited English proficiency (LEP) or hearing impairment and will need assistance in seeking and benefiting from services. The Pennington County Sheriff's Office Addiction Treatment Services (ATS) will take all reasonable measures to meet this need at no cost or additional burden to the client with LEP, to provide ready access to and services of proficient interpreters in a timely manner during regular hours of operation. Interpreters may consist of bilingual staff, volunteer staff or community interpreters, contract interpreters, or telephone interpreter services.

IV. Procedural Guidelines

- F. Upon realizing the client has LEP, agency staff is to notify the client with LEP in writing of free language or hearing-impaired services.
- G. The need for LEP or hearing impairment services must be noted in the client's case file.
- H. Capable family members or friends can be used ONLY if the free language assistance is declined by the client.
- I. All written materials are to be verbally interpreted for the client with LEP prior to signing.

J. Pennington County Sheriff's Office – Addiction Treatment Services list of interpreters include the following:

1. Alliance Interpreter Services 877-512-1195
2. Pocketalk translator application
3. Communication Service for the Deaf 605-394-6864

CC 520-001: Early Intervention Services

Chapter: Agency Programming
Order No: N/A
Effective: 09-05-2008
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standards 67:61:12:01-67:61:12:04
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will offer Early Intervention Services in compliance with the Administrative Rules of South Dakota utilizing the American Society of Addiction Medicine Patient Placement (ASAM) criteria.

II. Definitions

- A. **Early Intervention:** An organized service that may be delivered in a wide variety of settings. Early intervention services are referred to as Level 0.5 according to ASAM criteria. Early intervention services are designed to explore and address problems or risk factors that appear to be related to substance use and to help the individual recognize the harmful consequences of inappropriate substance use.

III. General Information

- A. **Program Description:** ATS provides treatment needs assessments, crisis intervention, one-on-one counseling and educational groups with at-risk individuals, families or groups. These services are provided to explore and address problems or risk factors. In addition, ATS will assist in identified referral needs and liaison with referring agencies in order to assist individuals in accessing the most appropriate services in order for them to make behavior changes and avoid further problems related to substance use.

IV. Procedural Guidelines

- A. Individuals eligible for Early Intervention Services must be stable or capable of completing any identified needs in ASAM Dimensions 1, 2 and 3 on an outpatient basis. In addition, the client will also meet one of the specifications in ASAM Dimensions 4, 5 or 6.
 - 1. Treatment needs assessments will be conducted to screen for and rule in or out substance related disorders. The documentation for this service will include but not be limited to date, time, length of session, specific crisis (if any) and plan of action to be taken.

2. ASAM criteria for continued service will be documented every 14 calendar days. The client will continue to receive services at this level of care as long as the client is making progress toward goals or is not making progress but has the capacity to meet goals or if new problems have been identified which can be treated at this level of care.
3. If the client is in need of more intensive services it is expected that they will transfer into Detoxification Services if intoxicated or in withdrawal, Outpatient Services if they are in need of programmatic group therapy and thus a transfer or discharge summary should be completed. If the client only received services for a Treatment Needs Assessment neither document is necessary.
4. ATS also provides crisis intervention through family sessions with clients actively participating in an alternative level of care or community members seeking guidance regarding an individual's substance use. Possible outcomes from this would be a referral for treatment, Emergency Commitment Applications, Involuntary Commitment and Behavioral Contracts.
5. Services will be provided at a minimum of the following:
 - a. Initial screening and planning within 48 hours of initial contact. The initial screening shall be recorded in the client's case record and includes:
 - 1) The client's current problems and needs;
 - 2) The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medications;
 - 3) The client's drug and alcohol use including the types of substances used, including prescribed or over the counter medications, age of first use, the amount used, the frequency of use, the date of last use, and the duration of use; and
 - 4) A statement of the intended course of action;
 - b. Crisis intervention;
 - c. Individual or family counseling which may include:
 - 1) Education regarding alcohol and drug abuse and dependence, including biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and
 - 2) Education regarding Tuberculosis and the Human Immunodeficiency Virus, how each is transmitted and how to safeguard against transmission;
 - 3) Discharge planning which may include:

- a) Continued care planning and discharge planning;
- b) Referral to and liaison with other resources that offer education, vocational, medical, legal, social, psychological, employment, and other related alcohol and drug services; and
- c) Referral to and coordination of medical services shall include the availability of Tuberculosis and Human Immunodeficiency Virus services pursuant to 42 U.S. C 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, October 27, 1992).

CC 530-001: Outpatient Services

Chapter: Agency Programming
Order No: N/A
Effective: 09-05-2008
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standards 67:61:13:01-67:61:13:05
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will offer Outpatient Services in compliance with the Administrative Rules of South Dakota utilizing the American Society of Addiction Medicine Patient Placement (ASAM) criteria.

II. Definitions

- A. **Outpatient Services:** An organized service that may be delivered in a wide variety of settings. Outpatient services are referred to as Level I according to ASAM criteria. Outpatient Services are tailored to each client's level of clinical severity and are designed to help the patient achieve changes in their alcohol or drug using behaviors. Such services are provided in regularly scheduled sessions of (usually) fewer than nine contact hours a week.

III. General Information

- A. Program Description: ATS provides one-on-one or group counseling with individuals, families or groups to explore and address problems and solutions related to substance abuse and/or dependence. This is done through continued care groups, pre or post-treatment groups, individual counseling or couples, family counseling

IV. Procedural Guidelines

- A. All clients admitted to outpatient services will receive a standardized treatment needs assessment and develop a mutually agreed upon treatment plan within 30 days of admission.
 - 1. Individuals eligible for outpatient services will meet the following criteria:
 - a. The client has no or minimal risk for severe withdrawal;
 - b. The client has no or very stable biomedical conditions, or is receiving concurrent medical monitoring;

- c. The client's emotional, behavioral, or cognitive conditions are causing minimal interference with substance use recovery, difficulties in social functioning, and the ability to care of self;
 - d. The client is willing to engage in treatment, but needs motivational and monitoring strategies to promote progress through the stages of change;
 - e. The client is able to maintain abstinence or control substance use and pursue recovery or motivational goals with minimal support; and
 - f. The client's recovery environment is supportive and the client has the skills to cope.
2. Continued service reviews will be documented every 30 calendar days while the client receives services at this level of care. The client will remain at this level of care if they are making progress toward goals or not making progress but has the capacity to meet goals or if new problems identified are capable of being addressed at this level of care.
3. ASAM criteria will also be utilized for transfer and discharge needs. The transfer or discharge will be completed should it be determined a client is in need of more intensive services. The individual may transfer to detoxification services if intoxicated or exhibiting difficulty with withdrawal symptoms. The individual may transfer to a higher-level care should they need more intensive services.
4. Outpatient services are typically provided on a weekly basis and should not be provided more than 8 hours per week. Emergency services will be available by telephone 24 hours a day, 7 days per week.
5. Services will be provided at a minimum of the following:
- a. An integrated assessment pursuant to 67:61:07:05;
 - b. Crisis Intervention;
 - c. Individual, group, and family counseling which may include the following:
 - 1) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and
 - 2) Education regarding tuberculosis and the Human Immunodeficiency Virus, how each is transmitted and how to safeguard against transmission;
 - d. Discharge planning which must include the following:

- 1) Continued care planning and counseling;
- 2) Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and
- 3) Referral to and coordination of medical services to include the availability of tuberculosis and Human Immunodeficiency Virus services pursuant to 42 U.S.C. 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, October 27, 1992).

CC 540-001: Intensive Outpatient Services

Chapter: Agency Programming
Order No: N/A
Effective: 09-05-2008
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:14:01-67:61:14:05
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will offer Intensive Outpatient Services (IOP) in compliance with the Administrative Rules of South Dakota utilizing the American Society of Addiction Medicine Patient Placement (ASAM) criteria.

II. Definitions

- A. **Intensive Outpatient Services:** An organized service that may be delivered in a wide variety of outpatient or partial hospitalization settings. IOP services are referred to as Level II.1 through ASAM criteria. IOP generally provides 9 or more structured treatment hours per week. This primarily consists of counseling and education regarding substance abuse related mental health problems. The client's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the client is stable.

III. General Information

- A. Program Description: ATS provides one-on-one or group counseling with individuals, families or groups to explore and address problems and solutions related to substance abuse and/or dependence. Motivational interviewing strategies, cognitive and expressive therapies and individualized goals are used in a psycho-educational framework. The client must have a DSM-V substance use disorder diagnosis.

IV. Procedural Guidelines

- A. All clients admitted to IOP will receive a standardized treatment needs assessment and develop a mutually agreed upon treatment plan. The treatment plan will be developed within ten days of admission.
 - 1. Individuals eligible for IOP will meet the following criteria:
 - a. The client is at a minimal risk of severe withdrawal;
 - b. The client has no or very stable biomedical conditions which are not a distraction from treatment;

- c. The client has mild emotional, behavioral, or cognitive conditions which may distract from recovery and need monitoring; and
 - d. The client shall meet one of the following:
 - 1) The client has variable engagement in treatment, ambivalence, or a lack of awareness of the substance use or mental health problem, and requirement of a structured program to promote progress through the stages of change; or
 - 2) The client's substance use or mental health symptoms or both intensified and indicate a high-likelihood of relapse or continued use without close monitoring or support; or
 - 3) The client has a non-supportive recovery environment, but the client is able to cope with structure and support.
2. Continued service reviews will be documented every 14 calendar days while the client receives services at this level of care. The client will remain at this level of care if they are making progress toward goals or not making progress but has the capacity to meet goals or if new problems identified are capable of being addressed at this level of care.
 3. ASAM criteria will also be utilized for transfer and discharge needs. The transfer or discharge will be completed should it be determined a client is in need of more intensive services. The individual may transfer to detoxification services if intoxicated or exhibiting difficulty with withdrawal symptoms. The individual may transfer to a higher level of care should they need more intensive group programming or a safe and supportive living environment.
 4. IOP is typically provided on a weekly basis and should not be provided more than 19 hours per week. Emergency services will be available by telephone 24 hours a day, 7 days per week.
 5. Services will be provided at a minimum of the following:
 - a. An integrated assessment pursuant to 67:61:07:05;
 - b. Crisis Intervention;
 - c. Individual, group, and family counseling which may include the following:
 - 1) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in the recovery process; and

- 2) Education regarding tuberculosis and the Human Immunodeficiency Virus, how each is transmitted and how to safeguard against transmission;
- d. Discharge planning which must include the following:
- 1) Continued care planning and counseling;
 - 2) Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and
 - 3) Referral to and coordination of medical services to include the availability of tuberculosis and Human Immunodeficiency Virus services pursuant to 42 U.S.C. 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, October 27, 1992).

CC 550-001: Clinically Managed Low Intensity Residential Treatment Program

Chapter: Agency Programming
Order No: N/A
Effective: 03-01-2004
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standards 67:61:16:01-67:61:16:06
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will offer clinically managed Low Intensity Residential Treatment in compliance with the Administrative Rules of South Dakota utilizing the American Society of Addiction Medicine Patient Placement (ASAM) criteria.

II. Definitions

- A. **Low Intensity Residential Treatment:** An organized service that may be delivered in a residential setting. Clinically Managed Low Intensity Residential services are referred to as Level III.1 through ASAM criteria. Clinically Managed Low Intensity Treatment provides between 5 and 8 structured treatment hours per week, is completed through individual, group and family counseling. The client's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable.

III. General Information

- A. Program Description: ATS provides Clinically Managed Low Intensity Residential Treatment through one-on-one or group counseling with individuals, families or groups to explore and address problems and solutions related to substance abuse and/or dependence. Motivational interviewing strategies, cognitive and expressive therapies and individualized treatment goals are used in a psycho-educational format. The client must have a Diagnostic and Statistical Manual of Mental Health Disorders - Fourth Edition - Text Revision (DSM-IV-TR or DSM-V) substance use disorder and been unsuccessful with treatment at a lower level of care or have had identified needs that have been indicated using the ASAM criteria.

IV. Procedural Guidelines

- A. Clinically Managed Low Intensity Residential Treatment:
 - 1. All clients admitted to Clinically Managed Low Intensity Residential Treatment services will receive a standardized treatment needs assessment and develop a

mutually agreed upon treatment plan. Individuals admitted to Clinically Managed Low Intensity Residential services will meet the following criteria:

- a. The client is at risk of or is experiencing minimal withdrawal;
 - b. The client has no or very stable biomedical conditions;
 - c. The client has no or very stable emotional, behavioral, or cognitive conditions;
 - d. The client requires a structured environment to promote progress through the stages of change;
 - e. The client needs structure to reinforce recovery and relapse prevention skills; and
 - f. The client's recovery environment poses a threat to safety or engagement in treatment or both.
2. Continued service reviews will be documented every 30 calendar days while the client receives services at this level of care. The client will remain at this level of care if they are making progress toward goals or not making progress but has the capacity to meet goals or if new problems identified are capable of being addressed at this level of care.
 3. ASAM criteria will also be utilized for transfer and discharge needs. The transfer or discharge will be completed should it be determined a client is in need of more intensive services. The individual may transfer to detoxification services if intoxicated or exhibiting difficulty with withdrawal symptoms. The individual may transfer to a higher level of residential services should they need a safe and supportive living environment or transfer to Intensive Inpatient services if more intensive group programming is necessary.
 4. Clinically Managed Low Intensity Residential Treatment is typically provided on a weekly basis and should not be provided more than 8 hours per week. Emergency services will be available by telephone 24 hours a day, 7 days per week.
 5. Services will be provided at a minimum of the following:
 - a. An integrated assessment pursuant to 67:61:07:05;
 - b. Individual, group, and family counseling may include the following:
 - 1) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in recovery; and

- 2) Education regarding Tuberculosis and the Human Immunodeficiency Virus, how each is transmitted and how to safeguard against transmission;
- c. Arts and crafts work or therapy. However, clients may not be required to participate in more than 40 hours of work therapy per week;
 - d. Housing and dietary services;
 - e. Medical care, to include the following:
 - 1) Tuberculosis and Human Immunodeficiency Virus pursuant to 42 U.S.C. 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, October 27, 1992); and
 - f. Discharge planning to include the following:
 - 1) Continued care planning and counseling;
 - 2) Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and
 - 3) Referral to and coordination of medical services to include the availability of Tuberculosis and Human Immunodeficiency Virus services pursuant to 42 U.S.C. 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, October 27, 1992).
 - g. Admission Medical Examination. A person admitted to a clinically-managed low-intensity residential treatment program shall have received a medical examination conducted by or under the supervision of a licensed physician within the three months before admission. The agency shall require that the results of the examination be provided to the program before or at the time of admission.

If an examination had not been conducted or the results are not available, the program shall assure that a medical examination occurs within five calendar days after admission. The results of all medical examinations shall be placed in the case record. The staff shall consider the clients medical health in the development of the treatment plan.

CC 560-001: Clinically Managed Residential Detoxification

Chapter: Agency Programming
Order No: N/A
Effective: 11-01-1993
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standards 67:61:17:01-67:61:17:10
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will offer Clinically Managed Detoxification services in a social setting in compliance with the Administrative Rules of South Dakota utilizing the American Society of Addiction Medicine Patient Placement (ASAM) criteria.

II. Definitions

- A. **Detoxification Services:** Clients admitted to this level of care must be intoxicated from alcohol and/or drugs or exhibiting signs and symptoms from withdrawal of alcohol and/or drugs. This level of care is referred to as Level III.2D through ASAM criteria. Clients are monitored for medical concerns and routed to nursing or hospital care if necessary.
- B. **Social Setting Detox:** Detoxification services for individuals who are experiencing mild to moderate acute withdrawal symptoms or are intoxicated and there is evidence that withdrawal is eminent, are provided a safe, secure environment with close monitoring by trained staff to achieve initial recovery from the effects of drugs and alcohol. The clients do not require the full resources of a medically monitored inpatient detox.

III. General Information

- A. **Program Description:** ATS provides Clinically Managed Residential Detoxification services in a Social Setting 24 hours per day. The purpose of our detoxification program is to provide a safe environment for clients to withdraw from drugs and/or alcohol. For emergency care either a Certified Emergency Medical Technicians (EMT), Paramedic, Licensed Practical Nurse (LPN) or Registered Nurse (RN) are on duty or on call at all times. The program also has a medical director available for questions and medical consultation. Transfer Agreements are maintained with both Oyate Health Center and Rapid City Monument Health for referral if a client's symptoms require medical care. Disclosures of information about the clients to the hospital shall comply with requirements of Substance Abuse and Mental Health Services Administration, 42 U.S.C. 290 dd-3, ee-3, 41 C.F.R Part 2 (January 7, 2011) and the security and privacy of HIPAA, 45 C.F.R. Part 160 and 164 (Sept. 26, 2016).

Counseling staff are also on duty eight hours per day, seven days per week to meet with all clients admitted to the program within 24 hours of admission.

IV. Procedural Guidelines

A. Clinically Managed Residential Detoxification Program:

1. Individuals admitted to the clinically managed residential detoxification program will meet one of the following criteria:
 - a. Experiencing signs and symptoms of withdrawal that are manageable in this level of care
 - b. There is evidence that withdrawal is imminent based on history of substance intake, previous withdrawal history, present symptoms, physical conditions or emotional, behavioral or cognitive conditions

B. All clients admitted to detoxification services shall be requested to submit to a breathalyzer test or urinalysis as part of the admission process.

1. Upon admission the client will be requested to change into agency pajamas and not allowed food or beverages other than water for the first four hours.
2. The client's personal clothing and any valuables will be inventoried and stored by agency staff in locked storage for safety purposes. Clothing other than coats will be laundered prior to storage.
3. Clients will be monitored for withdrawal complications by EMT, Paramedic, RN or LPN staff using agency protocols. (CC 560-003 Client Monitoring and Documentation)
4. Clients will meet with an agency counselor within 24 hours when sober for assessment of chemical dependency needs as well as referral to community services for assistance with independent living or mental health needs. If counseling staff can't meet with the client due to intoxication or withdrawal difficulties, this will be noted in the client case record. Every attempt will be made to meet with client within the next 24 hours, as the client is able.
5. During the individual session with counseling staff, the counselor will review confidentiality and financial requirements.
6. Sober clients whose withdrawal symptoms are stable are required to attend group programming as it is offered daily.
7. Counselors will utilize ASAM criteria for assessment, continued stay reviews, discharge and referral needs.
8. At a minimum the client will receive the following as part of detoxification services:

- a. Initial assessment and planning within 48 hours of admission. The initial assessment shall be recorded in the client's case record and includes:
 - 1) The client's current problems and needs;
 - 2) The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medications;
 - 3) The client's drug and alcohol use including the types of substances used, including prescribed or over the counter medications, age of first use, the amount used, the frequency of use, the date of last use, the duration of use, and the criteria met for a diagnosis of use disorder for each substance; and
 - 4) A statement of the intended course of action;
- b. Individual, group and family counseling may include the following:
 - 1) Provide information about alcohol and drug abuse programs whose capabilities most nearly match the client's needs based on completion of the initial assessment;
 - 2) Encourage the client to use alcohol and drug abuse programs for long range rehabilitation;
 - 3) Education regarding alcohol and drug abuse and dependence, including the biomedical effects of drug and alcohol use and abuse and the importance of medical care and treatment in recovery; and
 - 4) Education regarding Tuberculosis and the Human Immunodeficiency Virus, how each is transmitted and how to safeguard against transmission;
- c. Housing and dietary services;
- d. Medical care shall include the following:
 - 1) Tuberculosis and Human Immunodeficiency Virus services pursuant to 42 U.S.C. 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, October 27, 1992); and
- e. Discharge planning to include the following:
 - 1) Continued care planning and counseling;
 - 2) Referral to and coordination of care with other resources that will assist a client's recovery, including education, vocational, medical, legal, social, mental health, employment, and other related alcohol and drug services; and

- 3) Referral to and coordination of medical services to include the availability of Tuberculosis and Human Immunodeficiency Virus services pursuant to 42 U.S.C. 300x-24 (Requirements Regarding Tuberculosis and Human Immunodeficiency Virus, October 27, 1992);
- f. The program shall provide a minimum of 30 minutes of any combination of services listed in subdivisions 67:61:17:07 (2)(a)(b)(c)(d), within 48 hours of admission, with an additional 30 minutes minimum for each subsequent 24-hour period.

CC 560-002: Required Information Obtained at Time of Admission

Chapter: Agency Programming – Clinically Managed Residential Detoxification

Order No: N/A

Effective: 01-01-1987

Revised: 12-28-2023

Approved by: Sheriff Brian Mueller and Dr. Nathan Long

Reference: ARSD Standard 67:61:17:02

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) staff will collect information pertaining to a client's well-being and possible medical needs at the time of admission to detoxification services in addition to the requirements set for in the Administrative Rule of South Dakota Standard 67:61:17:07(1).

II. Definitions

- A. N/A

III. General Information

- A. The following information will be collected at the time of admission in order to provide quality detoxification care:
 - 1. Blood pressure, pulse and respiration.
 - 2. Presence of bruises, lacerations, cuts or wounds.
 - 3. Medications the client is currently taking, particularly sedative use.
 - 4. Medications carried by the client or found on the client's person.
 - 5. Any history of diabetes, seizure disorders to include epilepsy, delirium tremens and any client history of convulsive therapies.
 - 6. Any history of exposure to tuberculosis and any current signs or symptoms of the disease.
 - 7. Any history of medical, psychological or psychiatric treatment.
 - 8. Any symptoms of mental illness currently present.

IV. Procedural Guidelines

- A. An Admit Request Form will be completed at the time of admission if the client presents voluntarily, noting the circumstances for the admission as well as the address

and name of client. If the client is brought in via law enforcement the officer will complete this documentation.

- B. Staff will obtain breathalyzer and/or urinalysis test upon admission.
- C. Clients noted to have any medical concerns or injury will be referred to nursing staff or Emergency Medical Technician (EMT) for assessment, referral or heightened monitoring.
- D. Clients medications will be noted on a Medication Administration Record of the medication is in appropriate medication bottles with accurate dispensing instructions by nursing/EMT staff.
- E. EMT or detoxification technicians will complete an initial progress note (SOAP Note) with the above-mentioned information and any other pertinent information pertaining to the purpose of the client's admission, client's observed behaviors during admission and recommendations for care until client can be seen by a counselor.

CC 560-003: Client Monitoring and Documentation

Chapter: Agency Programming – Clinically Managed Residential Detoxification

Order No: N/A

Effective: 09-04-2009

Revised: 01-31-2020

Approved by: Sheriff Kevin Thom and Dr. Nathan Long

Reference: ARSD Standard 67:61:17:05; 67:61:17:07

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will monitor and observe all clients receiving detoxification services and document services provided and the client's condition while participating in services.

II. Definitions

- A. N/A

III. General Information

- A. ATS has developed protocols with the medical director to address medical emergency needs as well as identify admission eligibility requirements for the facility. ATS staff will utilize these protocols and post position procedures to provide safety for clients and identify any medical, emotional or behavioral needs.

IV. Procedural Guidelines

- A. All ATS staff will monitor via verbal interaction and physical observation all clients residing in the facility 24 hours per day.
 - 1. Detoxification technicians Emergency Medical Trained technicians (EMT) will complete an initial progress note, indicating the purpose/circumstances surrounding the admission and the client's interactions and behaviors during the admission process.
 - 2. Detoxification technicians and EMTs will document services provided after admission and the client's response at least once every eight hours.
 - 3. ATS detoxification technicians, EMTs, Licensed Practical Nurses (LPN) and Registered Nurses (RN) will document if a client refuses referrals for emergency medical care or refuses to take prescribed medications by their physician.
 - 4. Detoxification technicians, EMTs, LPNs or RNs will document at a minimum the following:

- a. The client's blood pressure, pulse and respiration at admission and at least two times thereafter within the first eight hours of admission and at least every eight hours after, following all protocols pertaining to frequency based upon hypertension or hypotension.
 - b. The client's physical, mental and emotional state, including the presence of confusion, anxiety, depression, hallucinations, restlessness, sleep disturbances, tremors, ataxia or excessive perspiration. This will be documented on the agency vital sign cards as well on the withdrawal scales identified for the client's drug of choice.
 - c. Type and amount of fluid intake prior to admission and during care provided.
 - d. Other appropriate medically related information.
5. Isolation rooms are available and should be used for any client identified as experiencing emotional, medical or behavioral instability for closer monitoring.
6. ATS has installed cameras for monitoring client movement in all areas other than dorms. The cameras are to be of assistance during heavy operational hours, but are not to take the place of direct staff to client interaction.
7. Counseling staff will meet with each client within the first 24 hours of the client's admission. If this can't be completed, counseling staff will document the clinical reason for not meeting with the client.

CC 560-005: Medical Director

Chapter: Agency Programming – Clinically Managed Residential Detoxification

Order No: N/A

Effective: 11-02-1998

Revised: 01-31-2020

Approved by: Sheriff Kevin Thom

Reference: ARST Standard 67:61:17:04

Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will maintain a written agreement with a physician licensed by the State of South Dakota to serve as the medical director.

II. Definitions

- A. N/A

III. General Information

- A. The Director of ATS ensures that a written affiliation agreement with a licensed physician is maintained. The Medical Director's responsibilities to the program shall include the following at a minimum:
 - 1. The provision of advice on health related policies and issues.
 - 2. The provision of emergency medical care to admitted clients.
 - 3. The supervision of the medical treatment provided to the clients.

IV. Procedural Guidelines

- A. Nursing staff will consult with the medical director as needed to review client's medical needs and medications prescribed.

CC 560-006: Hospital Agreement for Emergency Medical Care

Chapter: Agency Programming – Clinically Managed Detoxification
Order No: N/A
Effective: 01-01-1987
Revised: 12-28-2023
Approved by: Sheriff Brian Mueller
Reference: ARSD Standard 67:61:17:03
Classification: Public

I. Policy

- A. Pennington County Sheriff's Office Addiction Treatment Services (ATS) will maintain a written affiliation agreement for the provision of emergency, inpatient and ambulatory medical services with a licensed hospital serving community of Rapid City, South Dakota.

II. Definitions

- A. N/A

III. General Information

- A. The Director of ATS ensures that a written affiliation agreement with Rapid City Monument Health and Oyate Health Center is maintained. The agreements specify that the hospitals consent to accept all transfers for prompt medical evaluation. ATS agrees to send documentation for the reason the client is being transferred to include demographic information and history of client's vital signs and known medications. Disclosure to the hospitals shall comply with the requirements of 42 U.S.C. §§ 290dd-3, ee-3, 42 C.F.R. Part 2 (January 7, 2011) and 45 C.F.R. Part 160-164 (September 26, 2016).

IV. Procedural Guidelines

- A. Clients who are observed to be experiencing medical concerns due to withdrawal needs or injury will be evaluated by Emergency Medical Technicians (EMT), Licensed Practical Nurse (LPN) or Registered Nurse (RN) for assessment and possible referral needs.
- B. ATS staff will contact 911 for assistance if directed by EMT, LPN or RN when clients are in emergency medical distress.
- C. An EMT, LPN or RN will provide medical care to the client until EMS arrives.
- D. ATS staff will provide vital sign information to EMS, basic demographic information pertaining to the client and complete a Medical Referral Form for collateral information and noting purpose for referral to local hospital.

- E. If client is not in emergent medical distress, EMT, RN, LPN will direct client to be transported by ATS staff to local hospital for further medical evaluation. EMT, RN, LPN or designee will complete Medical Referral Form for collateral information to the hospital and also provide vital sign information pertaining to purpose of referral.
- F. EMT, RN, LPN will maintain contact with hospital to coordinate services needed for client care.

CC 560-010: Client Identification

Chapter: Detoxification
Order No: N/A
Effective: 1-26-2012
Revised: 07-09-2013
Approved by: Sheriff Kevin Thom
Reference:
Classification: Public

I. Policy

- A. All clients participating in Social Setting Detox services will be required to wear a numeric bracelet while participating in detoxification services.

II. Definitions

- A. N/A

III. General Information

- A. Clients that are participating in Level III.2D Social-Setting Detox services are prescribed and are taking medications that have the potential for abuse and/or dependency. Proper identification needs to be maintained to prevent medication errors.

IV. Procedural Guidelines

- A. Client arrives at CCADP for admission to Social Setting Detox services.
- B. EMT/Tech staff assess client for appropriateness for detoxification services.
- C. Client is admitted to facility for detoxification services.
- D. Client's withdrawal symptoms are monitored.
- E. Client's breathalyzer reaches .000
- F. EMT/Tech staff complete medical questionnaire with client.
- G. EMT/Tech staff inform client of bracelet requirement for proper identification.
- H. EMT/Tech staff write client's name on identification bracelet.
- I. I. EMT/Tech staff places identification bracelet around client's wrist.
- J. Client wears identification bracelet throughout Detox stay.
- K. Client presents for medication needs.

- L. L. EMT/Tech staff and/or nursing verify client's identification prior to providing any medications.
- M. Client presents to tech desk for discharge.
- N. EMT/Tech staff remove client identification bracelet.
- O. Client is discharged from facility.

CC 610-001: Description of Program

Chapter: Safe Bed Program
Order No: N/A
Effective: 08-13-2015
Revised: 01-05-2018
Approved by: Sheriff Kevin Thom and Dr. Nathan Long
Reference:

I. Policy

- A. City/County Alcohol & Drug Programs requires all intoxicated individuals being admitting into the Safe Bed Program be voluntary for the purpose of having a place to come with focus on harm reduction

II. Definitions

- A. **Safe Beds:** An assigned area located within the designated ward of the facility which allows an intoxicated client a place to come for the purpose of reducing harmful risks from the outside public environment.

III. General Information

- A. EMT/Tech Staff will assess and determine an individual's eligibility and appropriateness for admission. Once admitted, EMT/Tech Staff will conduct random visual checks to ensure client's safety. Individuals must be ambulatory for admission. If client begins to demonstrate mental or physical distress, EMT/Tech staff will contact the medical on-call provider for further direction. Individuals' presenting with hallucinations, delusions, suicidal and/or homicidal ideation, threatening/aggressive behaviors, or signs/symptoms of severe withdrawals will not be eligible for admission into the Safe Bed Program.

IV. Procedural Guidelines

- A. These Procedures are for clients admitted into the Safe Bed Program and exclude clients participating in the Social Setting Detox Program
 1. Client's belonging will be searched for contraband
 2. Client will be issued a floor mat to sleep on during their stay.
 3. Client may access restroom facilities.
 4. Clients having a minimum length stay of 4 hours will be offered a sack lunch upon discharge from the facility.
 5. Client will not be eligible for clinical services at this level of care.
 6. Client will be voluntarily discharged the following day of admission.