

CHEYENNE CENTER

HHSC Client Handbook

(this page left intentionally blank)

TABLE OF CONTENTS

❖ Introduction -----	5
❖ Cheyenne Center Philosophy -----	7
❖ Alcohol or Drug Use During Treatment -----	39
❖ Billing Process -----	6
❖ Cell Phones (Supportive Level Only) -----	34
❖ Cell Phones -----	45
❖ Changes to this Notice of Privacy Practices -----	21
❖ Check Cashing / Coin Exchange -----	32
❖ Client and Staff Safety -----	39
❖ Client Discipline -----	23
❖ Client Discipline (Spanish) -----	24
❖ Client Grievance Process -----	15
❖ Client Grievance Process (Spanish) -----	17
❖ Client Personal Safety and Medical Disclaimer -----	43
❖ Client Privileges -----	41
❖ Client Property Policy / Death, Hospital Admit, AWOL, ABSC, Arrest -----	44
❖ Client Responsibilities -----	28
❖ Client Rights -----	13
❖ Client Rights (Spanish) -----	14
❖ Compliance with Instructions -----	28
❖ Community Rules and Regulations -----	28
❖ Communicating With your Counselor / Staff Relay -----	28
❖ Contraband List -----	42
❖ CEO, COO, and Program Director -----	27
❖ Dress Code -----	33
❖ Drug Testing -----	27
❖ Emergency Procedures for Evacuation -----	47
❖ Employment -----	29
❖ Facility and G.I. Responsibility -----	28
❖ Facility Rules -----	40
❖ Family Group Participation -----	34
❖ Family Group and Visitation -----	30
❖ Food Stamps -----	34
❖ General Residential Program Guidelines -----	22
❖ Head Count Times -----	26

❖ Heat and Cold Weather Illness Prevention (English) -----	61
❖ Heat and Cold Weather Illness Prevention (Spanish) -----	63
❖ House Rules -----	40
❖ Informed Consent For Treatment -----	8
❖ Job Descriptions -----	37
❖ Laundry, Linen and Bedding -----	29
❖ Living Area -----	29
❖ Location Checks and Passes -----	25
❖ Mail -----	51
❖ Mandatory Rules -----	41
❖ Meal Sign-Up Guidelines -----	35
❖ Mealtime/Snack Time Procedure -----	36
❖ Medication -----	32
❖ Prison Rape Elimination Act (PREA) English -----	56
❖ Prison Rape Elimination Act (PREA) Spanish -----	57
❖ Privacy Practices in Regards to Your Confidential Health Information -----	19
❖ Quiet Hours -----	32
❖ Refusal of Treatment -----	28
❖ Respect and Consideration -----	28
❖ Room Inspection (Cheyenne Center Awareness Form) -----	52
❖ Safe Prisons and Suicide Prevention (English) -----	62
❖ Safe Prisons and Suicide Prevention (Spanish) -----	63
❖ Sale and/or Distribution of Controlled Substance -----	39
❖ Sign In / Sign Out Procedure -----	53
❖ Smoking -----	30
❖ Special Diet Request -----	35
❖ Swimming Pool -----	46
❖ Telephone -----	28
❖ Valuables/Money -----	32
❖ Vehicles (Supportive Level Only) -----	30
❖ What is Prison Rape Elimination Act (PREA)? English -----	54
❖ What is Prison Rape Elimination Act (PREA)? Spanish -----	55
❖ Your Rights and Privacy -----	12
❖ Your Health Information Rights -----	19
❖ Zero Tolerance (PREA) English -----	59
❖ Zero Tolerance (PREA) Spanish -----	60

INTRODUCTION

Welcome! You are being admitted to our Residential Program. This is a 30-to-45-day program that requires you to attend 30 hours of services per week. The length of treatment depends on your identified needs. In addition, you are also required to meet with your counselor every week for an individual counseling session. Your family will also be asked to participate in Family Group held twice a week (Thursday 6:00 p.m. to 7:00 p.m. (when applicable) and Saturday Family Group is 1:00 p.m. to 1:50 p.m.) and, possibly, to attend individual family sessions. **Family participation is mandatory.** The Supportive Level is a 30-to-60-day program. In the Supportive Level treatment program, you will be required to participate in Job Training and to secure employment.

Our History

Chemical addiction is a devastating disease involving body, mind and spirit. The aim of Cheyenne Center, Inc. is to offer the highest quality professional and affordable substance abuse treatment with the highest regard and respect for the client's growth, recovery, and individuality.

Cheyenne Center has been successfully treating this disease since 1992. The clinical staff is dedicated to reversing the progression of the compulsive craving, seeking and usage of alcohol and other drugs. Through the utilization of the latest advances in Addiction Medicine, individual and group therapies, cognitive restructuring, 12-step philosophies, and long-term aftercare planning, clients find that full recovery is more than just a possibility.

Cheyenne Center's main facility is located in northeast Houston, as is the Outpatient facility. Cheyenne Center offers clients an environment conducive to the full recovery of body, mind and spirit. The facility is fully licensed by the HHSC.

Our Mission

Cheyenne Center's mission is to reduce substance abuse and related co-existing conditions in our communities, encourage healthier life-style related to at-risk public health behavior, and promote stronger families through multi-level prevention, education, interventions and treatment. A multi-level approach includes age appropriateness, cultural relevancy, and language relevancy in an environment that is research and outcome based.

Our Services

We provide residential treatment services to adult males. We provide outpatient treatment services to adult males and females.

Residential and Outpatient Treatment Services

We offer residential and outpatient substance abuse services through federal, state and county contracts in addition to private pay. We currently have a variety of funded criminal justice and non-criminal justice treatment programs.

If you or your family would like to participate in any of our programs in addition to the one you are being admitted to, please inform your counselor.

Please take a few moments to review our billing process as we are required to furnish this information.

Cheyenne Center will submit your insurance claims for you (if applicable) and will coordinate any necessary managed care authorizations during your treatment at Cheyenne Center. You will receive a bill prior to, or after, being discharged from treatment for any amount not covered by your insurance company, such as: deductibles, co-payments, aftercare, airfare, and/or non-medical services. As a convenience to you, such non-covered services may be paid with cash, money order or charged to a major credit card. You are required to make all payments for non-covered services at the time services are rendered.

The maximum daily costs of our services are:

Intensive Residential	One hundred and sixty-five dollars (\$165.00) per day
Supportive Residential	One hundred dollars (\$100.00) per day
Substance Abuse Assessment	Fifty dollars (\$50.00)
Substance Abuse Education	Twenty-five dollars (\$25.00) per class
Individual Counseling	Seventy-five dollars (\$75.00) per hour
Group Counseling	Twenty-five dollars (\$25.00) per hour

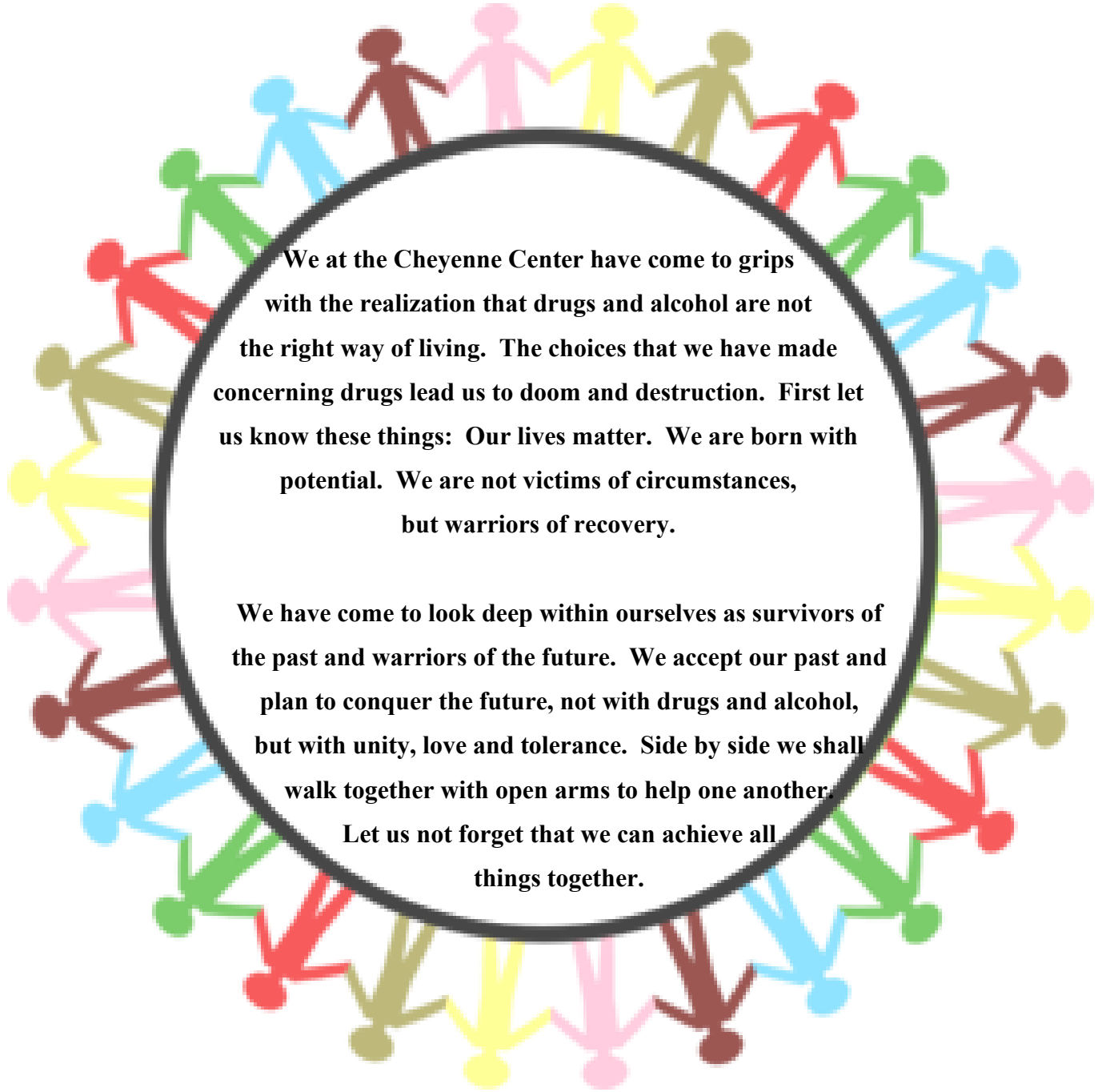
Insurance rates may vary depending on contract amounts. We realize that temporary financial problems may affect timely payment of your account. Please understand we do not want these charges to be a hardship for you, so we encourage you to contact our billing office immediately should you have any concerns or to schedule necessary payments.

Please understand, acknowledge, and agree that you are responsible for the above referenced payments of uninsured or non-covered treatment, services, or any portion thereof, and that you, your heirs, successors, and assigns, shall remain responsible for such payment. In the unlikely event Cheyenne Center is required to refer this matter to any attorney for collection, you will also be responsible for attorney fees and court costs.

Cheyenne Center and you both agree to attempt to resolve, settle, and finally determine any disputes between Cheyenne Center and you, your heirs, successors, and assigns by binding arbitration as provided by the Federal Arbitration Act (9 U.S.C. Section 1-14) and/or similar state statutes. In the unlikely event, or to the extent, any disputes require to be litigated, the parties, by this provision, waive their rights to a jury trial. For purposes of this agreement a dispute refers to any controversy or claim, whether sounding in contract or tort, that would not have arisen but for this agreement or which otherwise results from the relationship between Cheyenne Center and you, including, but not limited, to claims relating to the treatment, and/or other services provided by Cheyenne Center, any billing or payment claims or issues, or any other claim that would not otherwise have arisen but for Cheyenne Center's agreement to provide you with treatment and/or other services.

Cheyenne Center and you further acknowledge and agree to waive all claims for punitive damages in any disputes. To the extent punitive damage claims cannot be contractually waived, Cheyenne Center and you agree to arbitrate all claims for punitive damages, in accordance with the previous paragraph, and further agree that the arbitrator shall have to power to award punitive damages.

CHEYENNE CENTER PHILOSOPHY



Cheyenne Center Philosophy was written by Cheyenne Center clients in the late 90's.

INFORMED CONSENT FOR TREATMENT

I voluntarily consent to admission to Cheyenne Center for substance abuse treatment as rendered by the program at its locations or, as may be deemed necessary or required by my primary counselor.

I understand that the treatment and services rendered by the program, and the outcome of such treatment and services as rendered for my condition, is not guaranteed; may not meet my expectations, and may be inadequate or incomplete if I leave the program against medical advice. I further understand that treatment could result in personal, family, lifestyle, or employment changes that were neither contemplated nor expected upon admission but which are inherent risks associated with the nature of the treatment provided by Cheyenne Center.

I understand that there are opportunities for my family to be involved in my treatment. We have the Family Group on Thursdays at 6:00 pm and on Saturdays at 1:00 pm (except for the last Saturday of the month).

I understand what while in the program the need for emergency treatment and/or transfer to a hospital may be deemed necessary and appropriate by the Program Director. I consent to such emergency treatment and/or transfer to a hospital if it is deemed necessary and appropriate. I agree to indemnify and hold harmless the facility, its staff, and any counselors who may be in attendance from any claims, damages, or losses resulting from such emergency treatment and/or transfer. I understand that it is my obligation to pay any expenses accrued for the hospital treatment and/or transfer.

Initials	Medical Consent	I acknowledge that I am under the care of a primary counselor and it is the responsibility of the facility and the staff to carry out the instruction of the primary counselor. The facility is not responsible or liable for my failure or omission in following the instructions, treatment, or procedures of the clinical staff. I consent to any diagnostic procedures, mental and physical assessments, counseling or treatments rendered to me under the general or special instructions of my primary counselor and facility staff. I acknowledge that I have received information regarding my specific condition to be treated; the recommended course of treatment; expected benefits of treatment; probable health and mental health consequences of not consenting; side effects and risks associated with treatment; and generally accepted alternatives to treatment.
Initials	Staff Assignment	I acknowledge that I have been informed of the name of the primary clinician in responsible for directing my treatment. I have been informed of him or her qualifications.
Initials	Counselor Name and Qualifications	Name: _____ Qualifications: _____ Program Director: _____
Initials	Processes	I acknowledge that I have been informed of The Cheyenne Center services and treatment processes; my rights as a client; the agency grievance procedures; the program rules including telephone call, visitation, mail and gifts; violations that could lead to consequences or my discharge; agency search policy; and I have received a client handbook.
Initials	Level System Standards	1. Criteria for entering each level is defined in writing and stated in behavioral terms. 2. A criterion is applied equally to all clients. 3. Privileges, rewards, restrictions, and other consequences corresponding to specific level or behavior are therapeutically indicated as determined by the supervising Counselor, defined in writing, implemented consistently as written, and documented in the client record. 4. There is a written policy to ensure that clients are not detained against legal consenters' will. 5. Clients are provided the opportunity for eight (8) continuous hours of sleep. 6. Clients are encouraged to take responsibility for maintaining their own living quarters in

		<p>terms of day-to-day housekeeping activities of the program. Such responsibilities are clearly defined in writing and assistance and equipment is provided as needed.</p> <p>7. Clients are afforded appropriate medical and psychiatric care.</p>
Initials	Grievance Procedure	<p>Clients may seek remedy for any complaint, violation of client rights or violation of HHSC rules and may grieve directly to any staff member. Staff may not restrict, discourage or interfere with communication with an attorney or HHSC for the purpose of filing a grievance. A client may write or seek assistance to write their grievance if they are unable to read or write, or it may be made verbally in which case the staff member receiving the grievance must reduce the verbal grievance into writing immediately and seek the client's signature to ensure that the grievance was recorded accurately. Clients shall be provided with pens and paper, envelopes, postage, and access to a telephone upon request in order to file a complaint.</p> <p>Clients may have direct access to the Chief Executive Officer if the grievance is not resolved by the Program Director. The Program Director shall be responsible for forwarding such information within 24 hours of client's request for grievance to be handled by the next level or if the Program Director decides that the information should be resolved at a different level. The Program Director shall follow the same procedures for informing the Chief Executive Officer if the grievance is not resolved within seven days, or to the client's satisfaction. If, the client remains unsatisfied with the outcome, they can grieve directly to the board of directors. The Chief Executive Officer shall follow the same procedure for informing the Governing Body if the grievance is not resolved within seven days, or to the client's satisfaction.</p> <p>All complaints on all levels shall be recognized within 24 hours (72 hours on weekends).</p> <p>The Cheyenne Center programs inform the client of the findings and recommendations within seven calendar days following the date of the grievance. The Cheyenne Center evaluates the grievance thoroughly and objectively, obtaining additional information as needed. If more than seven days is necessary due to investigation or progressing through the chain of command as outlined above, the client shall be informed of the status, including actions which have been taken and actions which will be taken, in writing within seven days, with an approximation on when the grievance will be resolved. The client shall be informed, in writing, of progress and approximations of outcomes every seven calendar days for the duration of the investigation.</p> <p>Clients have the right to grieve directly to HHSC Investigations Department, Texas department of Criminal Justice or other agencies listed below at any time. The address and telephone number of HHSC and other applicable agencies is posted in the lobby.</p> <p>The client grievance procedure is legible and posted prominently at each program site where clients have the opportunity to read it at their leisure. The Cheyenne Center, its staff members, volunteers, consultants, or anyone acting as an agent for The Cheyenne Center shall not discourage, intimidate, harass, or seek retribution against client who try to exercise their rights or file a grievance. The Cheyenne Center, its staff members, volunteers, consultants, or anyone acting as an agent for The Cheyenne Center shall not restrict, discourage, or interfere with client's communication with an attorney or with HHSC for the purposes of filing a grievance.</p> <p>All staff and volunteers are instructed on the Client Grievance Procedure. Staff members make every effort to resolve the grievance informally by discussing the situation or circumstances with the client. Staff members who are involved will not be included in the acceptance, investigation or decision making concerning the grievance. All staff members and volunteers must record formal grievances made by client in the client's chart within 24 hours (72 on the weekends) and notify the Program Director or designee. An incident report will be completed within 24 hours.</p> <p>The governing authority or its designee takes action to resolve all complaints promptly and fairly. The governing authority must forward all complaints that cannot be resolved to HHSC.</p> <p>The Cheyenne Center shall have a process by which each client can appeal the decision. An Appeal Form is attached to the original Grievance Form to be filled out by the client if the original grievance is not resolved.</p>
Initials	Compliant Addresses	<p>Substance Abuse Facility Investigations (MC 2823)</p> <p>HHSC</p>

		PO Box 149347 Austin, TX 78714-9347 Fax: (512) 821-4470 Complaint hotline: (800) 832-9623 Texas Department of Criminal Justice- Ombudsman Office P.O. Box 99, Huntsville, TX 77342-0099 Office: (936) 437-6791 Fax: (936) 437-6668
Initials	Financial Agreement	I acknowledge that I have been informed the estimated daily charges, for my treatment including an explanation of any services that may be billed separately to a third party or to me, based on an evaluation of the my financial resources and insurance benefits. In consideration of medical care and treatment services provided by the facility, I hereby assign and authorize payment directly to the facility. I authorize the facility to furnish my assigned funding source or insurance companies with information concerning my medical care and treatment. The information may include psychiatric, substance abuse (drug and/or alcohol), HIV, or any other medically necessary information concerning my treatment. I understand that I am financially responsible to the facility for charges not covered by this assignment and further agree to guarantee prompt payment in full of any balance due. The original copy of this authorization shall be kept permanently in my medical record, therefore, a copy shall be considered as valid as the original.
Initial	Fees	Intensive Residential <u>One Hundred Sixty Five Dollars (\$165.00) per day</u> Supportive Residential <u>One Hundred Dollars (\$100.00) per day</u> Substance Abuse Assessment <u>Fifty Dollars (\$50.00)</u> Substance Abuse Education <u>Twenty Five Dollars (\$25.00) per class</u> Individual Counseling <u>Seventy-Five Dollars (\$75.00) per hour</u> Group Counseling <u>Twenty Five Dollars (\$25.00) per hour</u> Copy of Record: \$.25 p/page not to exceed \$50
Initial	Co-Pay	I understand that I may be required to pay a co-pay for my services. I have been notified of that amount and understand that this must be paid before each session or I will not be allowed to attend. Payment may only be made by money order. My CoPay amount is \$ _____.
Initials	Release of Information	The facility may disclose, with client/guardian's written consent, my medical record to any qualified person, business affiliate or contracted service(s) providing me with treatment or care while a client at the facility.
Initials	Personal Valuables	The facility shall not be liable for any loss or damage to the client's personal property including, but not limited to: wallets, purses, money, jewelry, eyeglasses, radios or other electronic equipment, contact lenses, hearing aids, prosthetics, dentures, documents or other personal property or articles of value. All medications shall be collected at admission and dispensed by the facility only as approved by the client's Physician. All controlled substances are destroyed. All unused medications may be returned to the client at discharge upon request.
Initials	Belongings Left at Facility	Occasionally circumstances force a client to leave the facility without his belongings. Cheyenne Center is not responsible for a client's belongings and will only hold them for three (3) days after the client's departure unless other arrangements have been made. In the event I leave the facility without my belongings, I authorize the following person to pick up my belongings for me within the three (3) day period. I understand that Cheyenne Center will release my belongings to this person and this person only and will, under no circumstances, release my belongings to anyone else. Name of Person _____ Telephone Number _____ Relationship _____ I understand that it is my responsibility to arrange for the pick up of my belongings and it is not the responsibility of Cheyenne Center. I understand that if I change my mind and decide on other arrangements for the pick up and/or maintenance of my possession, I must put my request in writing and give it to my counselor before I leave the facility.
Initials	Personal Property	I understand that any damage to facility property made by me will be billed to me for the cost of repair or replacement, at the sole discretion of the facility.
Initials	Drugs	I shall neither use nor keep any drug or drug appliance/apparatus not prescribed by or on

		behalf of an attending physician and shall not distribute/take any drugs except as directed by my physician. Any licit or illicit drugs or contraband found in my possession will be removed and may be destroyed; such determination to be made at the sole discretion of the facility. Controlled substances and mood altering drugs are forbidden to be used or brought in the program by the client, and therefore, if found, such drugs will be confiscated and will not be returned for any reason. At the facility's discretion, I may be involuntarily discharged from the facility. Law enforcement will also be informed.
Initials	Authorization to Report Communicable Diseases	I hereby authorize the facility to report to the HHSC whenever I am diagnosed as having a communicable or sexually transmitted disease as required by Texas Administrative Code (TAC) §81 Subchapter C. Report and Reportable Diseases to be disclosed. Such notification shall become a permanent part of my medical record.
Initials	Authorization to Conduct Urinalysis	I hereby authorize the staff of the facility to conduct fixed or random urinalysis screening in order to comply with established procedures for alcohol or drug diagnosis and treatment. This screening will be conducted as ordered by my primary counselor(s) and may be random or for specific suspicion or cause, the result of which shall be deemed part of my medical record.
Initials	Right to Photograph	I authorize the facility, its affiliates and subsidiaries to use my name and picture for the purpose of identification by the staff and personnel. I understand pictures will be taken upon admission for the purpose of familiarization and recognition of my face and name by the facility staff and personnel during my treatment. These pictures will become part of my permanent medical record.
Initials	Monitoring	I understand that staff may randomly monitor telephone calls. The undersigned hereby acknowledges and agrees to such electronic visual monitoring as a necessary part of my treatment and evaluation.
Initials	Participation in Recreational Activities	As part of its rehabilitative facilities, the facility provides recreational activities. All such activities are voluntary and the undersigned hereby acknowledges that participation in all voluntary activities are at my own risk and hereby agrees to hold harmless the facility and staff, for any claim, damage, or loss arising or resulting from my voluntary assumption of such risk.
Initials	Consent to Use and Disclosure of Protected Health Information	Your protected health information will be used by the facility or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice. You should review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed. By signing this authorization you are acknowledging receipt of the Notice of Privacy Practices.
Initials	Termination	You have been given a client handbook that lists all the expectations of the program and reasons for termination. I understand that should I be terminated for any rule violation or non compliance of treatment I will not receive a certificate of completion. Furthermore I understand that this information will be reported to any criminal justice authority that has mandated me for treatment services.

I have read and fully understand and agree to all conditions of this INFORMED CONSENT FOR TREATMENT and give my permission to Cheyenne Center Treatment Program to use and disclosure my health information in accordance with it. You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Client Signature

Date

Consenter Signature

Date

Staff Signature

Date

**All Counselors are required to respect your rights and privacy.
The State of Texas says you have the right to the following:**

- (1) You have the right to accept or refuse treatment after receiving this explanation.
- (2) If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
- (3) You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
- (4) You have the right to be free from abuse, neglect, and exploitation.
- (5) You have the right to be treated with dignity and respect.
- (6) You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
- (7) You have the right to be told about the program's rules and regulations before you are admitted, including, without limitation, the rules and policies related to restraints and seclusion. Your legally authorized representative, if any, also has the right to be and shall be notified of the rules and policies related to restraints and seclusion.
- (8) You have the right to be told before admission:
 - (A) the condition to be treated;
 - (B) the proposed treatment;
 - (C) the risks, benefits, and side effects of all proposed treatment and medication;
 - (D) the probable health and mental health consequences of refusing treatment;
 - (E) other treatments that are available and which ones, if any, might be appropriate for you; and
 - (F) the expected length of stay.
- (9) You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan.
- (10) You have the right to meet with staff to review and update the plan on a regular basis.
- (11) You have the right to refuse to take part in research without affecting your regular care.
- (12) You have the right not to receive unnecessary or excessive medication.
- (13) You have the right to have information about you kept private and to be told about the times when the information can be released without your permission.
- (14) You have the right to be told in advance of all estimated charges and any limitations on the length of services of which the facility is aware.
- (15) You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
- (16) You have the right to make a complaint and receive a fair response from the facility within a reasonable amount of time.
- (17) You have the right to complain directly to the HHSC at any reasonable time.
- (18) You have the right to get a copy of these rights before you are admitted, including the address and phone number of the HHSC.
- (19) You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.

CLIENT RIGHTS

All clients entering the Substance Abuse Treatment Program are entitled to the following rights:

- To accept or refuse treatment after receiving this explanation.
- If you accept treatment you may change your mind at any time, unless specifically restricted by law.
- To a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
- To be free from abuse, neglect and exploitation.
- To be treated with dignity and respect
- To appropriate treatment in the least restrictive setting available that meets your needs.
- To be told about the program's rules and regulations before you are admitted. Additionally, you and your legally authorized representative have the right and will be notified that it is the policy of the program not to restrain or seclude any client, in any way, at any time during treatment.
- To be told of the following before you are admitted.
 - a. the condition to be treated;
 - b. the proposed treatment;
 - c. The risks, benefits and side effects of all proposed treatment and medication(The Program does not prescribe medication);
 - d. The probable health and mental health consequences of refusing treatment; and,
 - e. Other treatments available and which ones, if any, might be appropriate for you.
 - f. The expected length of stay
- To have and take in the development of a treatment plan designed to meet your needs.
- To meet with staff to review and update this plan on a regular basis.
- To refuse to take part in research without that decision affecting your regular care.
- To not receive unnecessary or excessive medication (CRR does not prescribe any medication)
- To have information about you kept private and to be told about the times when information can be released without your permission.
- To be told in advance of all estimated charges, how much is paid on your behalf by other sources and any limitations on the length of services.
- To receive an explanation of your treatment or rights if you have questions while in treatment.
- To make a complaint to the facility/program Director and to receive a fair response within a reasonable length of time.
- To complain directly to the Texas Health and Human Services Commission (HHSC) at any time. To have a copy of these rights before you are admitted, including the address and phone number of the Texas Health and Human Services Commission (HHSC), PO Box 149030 Austin, TX 78714-9030 (Telephone 1-800-458-9858, Option 6).
- You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.
- You have the right not to be restrained or placed in a locked room by yourself unless you are a danger to yourself or others.
- You have the right to communicate with people outside the facility. This includes the right to have visitors, to make telephone calls, and to send and receive sealed mail. This right may be restricted on an individual basis by your physician or the person in charge of the program if it is necessary for your treatment or for security, but even then you may contact an attorney or the Texas Health and Human Services Commission (HHSC) at any reasonable time.
- If you consented to treatment, you have the right to leave the facility within four hours of requesting release unless a physician determines that you pose a threat of harm to yourself and others.

I have had my Client Rights explained to me, I was given the opportunity to ask questions and by my signature below acknowledge my understanding of these rights.

Client Signature _____ Date _____

Consenter Signature _____ Date _____

Staff Signature _____ Date _____

Derechos del Cliente

Todos los clientes que entran en el programa de tratamiento y abuso de sustancias tienen derecho a los siguientes derechos:

- Aceptar o rechazar el tratamiento después de recibir esta explicación.
- Si usted acepta el tratamiento usted puede cambiar de opinión en cualquier momento, a menos que específicamente restringido por la ley.
- A un entorno humano que brinde una protección razonable contra daños una privacidad adecuada para sus necesidades personales.
- Estar libres de abuso, negligencia y explotación.
- Ser tratados con dignidad y respeto
- A tratamiento adecuado en el entorno menos restrictivo disponible que satisfaga vuestra necesidades.
- Que se les diga sobre normas y reglamentos del programa antes de que lo internen. Además, usted y su representante legalmente autorizado tienen el derecho y se le notificará que es la política del programa no a restringir o recluir a cualquier cliente, de cualquier manera, en cualquier momento durante el tratamiento.
- A decir de los siguientes antes de que lo internen.
 - a. la condición a ser tratada;
 - b. el tratamiento propuesto;
 - c. Los riesgos, beneficios y efectos secundarios del tratamiento propuesto todo y medicamento (el programa no prescribe medicación);
 - d. Las probables consecuencias para su salud, y salud, mental si se rehusa tratamiento
 - e. Otros tratamientos disponibles y cuáles eventualmente podrían ser apropiados para usted.
 - f. La duración prevista de estancia
- De obtener en el desarrollo de un plan de tratamiento diseñado para satisfacer sus necesidades.
- Para cumplir con el personal para revisar y actualizar este plan de manera regular.
- Negarse a participar en la investigación sin esa decisión que afecta su asistencia regular.
- No recibir medicación innecesaria o excesiva (CRR no prescribe ningún medicamento)
- De mantener su información en privado y que se le informe cuando se puede liberar información sin su permiso.
- De obtener de antemano un estimado de todos los cargos, cuánto se paga en su nombre por otras fuentes y limitaciones en la duración de los servicios.
- De recibir una explicación de sus derechos o tratamiento si usted tiene preguntas durante el tratamiento.
- Realizar una denuncia en contra de el centro o el director del programa y recibir una respuesta razonable dentro de un período razonable de tiempo.
- A quejarse directamente al Texas Health and Human Services Commission (HHSC) en cualquier momento. Tener una copia de estos derechos antes de que lo internen, incluyendo la dirección y número de teléfono de la Departamento de Comisión de salud y Servicios Humanos de Texas (HHSC), PO Box 149030 Austin, TX 78714-9030 (teléfono 1-800-458-9858, opción 6).
- Usted tiene el derecho a tener sus derechos explicados en términos simples, de forma que entiendan dentro de 24 horas de admisión.
- Usted tiene derecho a no ser refrenado o colocado en una habitación cerrada solo a menos que sea un peligro a si mismo o a otros.
- Usted tiene el derecho a comunicarse con personas fuera de la instalación. Esto incluye el derecho a tener visitas, hacer llamadas y enviar y recibir correo cerrado. Este derecho puede ser restringido en forma individual por el médico o la persona a cargo del programa si es necesario para su tratamiento o para la seguridad, pero incluso entonces puede comunicarse con un abogado o los servicios de salud de Texas Health and Human Services Commission (HHSC) en cualquier momento razonable.
- Si usted consintió al tratamiento, usted tiene el derecho a dejar la instalación en cuatro horas de solicitar liberación a menos que un médico determine que representan una amenaza de daño a si mismo y a otros.

He obtenido explicación de mis derechos de cliente, se me dio la oportunidad de hacer preguntas y por mi firma a continuación reconozco mi entendimiento de estos derechos.

Firma del cliente y fecha

Consenter firma y fecha

Fecha y firma del personal

CLIENT GRIEVANCE PROCEDURE

Clients may seek remedy for any complaint, violation of client rights or violation of HHSC rules and may grieve directly to any staff member. Staff may not restrict, discourage or interfere with communication with an attorney or HHSC for the purpose of filing a grievance. A client may write or seek assistance to write their grievance if they are unable to read or write, or it may be made verbally in which case the staff member receiving the grievance must reduce the verbal grievance into writing immediately and seek the client's signature to ensure that the grievance was recorded accurately. Clients shall be provided with pens and paper, envelopes, postage, and access to a telephone upon request in order to file a complaint.

Clients may have direct access to the Chief Executive Officer if the grievance is not resolved by the Program Director. The Program Director shall be responsible for forwarding such information within 24 hours of client's request for grievance to be handled by the next level or if the Program Director decides that the information should be resolved at a different level. The Program Director shall follow the same procedures for informing the Chief Executive Officer if the grievance is not resolved within seven days, or to the client's satisfaction. If the client remains unsatisfied with the outcome, they can grieve directly to the board of directors. The Chief Executive Officer shall follow the same procedure for informing the Governing Body if the grievance is not resolved within seven days, or to the client's satisfaction.

All complaints on all levels shall be recognized within 24 hours (72 hours on weekends).

The Cheyenne Center programs inform the client of the findings and recommendations within seven calendar days following the date of the grievance. The Cheyenne Center evaluates the grievance thoroughly and objectively, obtaining additional information as needed. If more than seven days is necessary due to investigation or progressing through the chain of command as outlined above, the client shall be informed of the status, including actions which have been taken and actions which will be taken, in writing within seven days, with an approximation on when the grievance will be resolved. The client shall be informed, in writing, of progress and approximations of outcomes every seven calendar days for the duration of the investigation.

Clients have the right to grieve directly to HHSC Investigations Department, Texas department of Criminal Justice or other agencies listed below at any time. The address and telephone number of HHSC and other applicable agencies are:

- Texas Health and Human Services Commission (Investigaciones)
- Texas Health and Human Services Commission Hotline: (800) 252-5400
1100 W. 49th Street
Post Office Box 80529
Austin, Texas 78742
(800) 832-9628
- Texas State Board of Medical Examiners (for reporting complains against licensed physicians)
1812 Centre Creek Drive, Ste. 300
Austin, Texas 78754
- Texas Department of Family and Protective Services - Child Protective Services (800) 252-5400
4900 N. Lamar Blvd.
P.O. Box 149030
Austin, Texas 78714-9030
- Texas Department of Criminal Justice (512) 406-5752
4616 West Howard Lane
Austin, Texas 78728
- United States District Court (713) 250-5926
Southern District of Texas Probation Office
Post Office Box 61207
Houston, Texas 77208-1207

The client grievance procedure is legible and posted prominently at each program site where clients have the opportunity to read it at their leisure. The Cheyenne Center, its staff members, volunteers, consultants, or anyone acting as an agent for The Cheyenne Center shall not discourage, intimidate, harass, or seek retribution against client who try to exercise their rights or file a grievance. The Cheyenne Center, its staff members, volunteers, consultants, or anyone acting as an agent for The Cheyenne Center shall not restrict, discourage, or interfere with client's communication with an attorney or with HHSC for the purposes of filing a grievance.

All staff and volunteers are instructed on the Client Grievance Procedure. Staff members make every effort to resolve the grievance informally by discussing the situation or circumstances with the client. Staff members who are involved will not be included in the

acceptance, investigation or decision making concerning the grievance. Formal grievances made by client must be recorded in the grievance log within 24 hours (72 on the weekends). An incident report will be completed within 24 hours.

The governing authority or its designee takes action to resolve all complaints promptly and fairly. The governing authority must forward all complaints that cannot be resolved to HHSC.

The Cheyenne Center shall have a process by which each client can appeal the decision. An Appeal Form is attached to the original Grievance Form to be filled out by the client if the original grievance is not resolved.

I have had the grievance procedure explained to me, I was given the opportunity to ask questions and by my signature below acknowledge my understanding of the information above.

Client Signature

Date

Consenter Signature

Date

Staff Signature

Date

PROCEDIMIENTOS PARA PRESENTAR UNA QUEJA DEL CLIENTE

El cliente puede buscar remedio por cualquier queja y puede reportar cualquier queja a cualquier empleado del Cheyenne Center. El cliente puede buscar asistencia para escribir su queja si no puede leer o escribir, o puede ser verbal en cuyo caso el empleado que reciba la queja debera reducir la queja verbal, escribirla ineditamente y recibir la firma del cliente para asegurar que la queja fue registrada apropiadamente. Al cliente se le proveera, boligrafo, papel, sobre, sellos y acceso a un telefono al momento de pedir la orden para presentar una queja.

El Cliente debera tener acceso directo al Director Ejecutivo o persona designada, El Director Ejecutivo o persona designada debera ser responsable de presentar dicha queja en un periodo de no mas de 24 horas del cliente haber hecho la queja, la queja debera ser tomada al siguiente nivel o si el Director Ejecutivo determina que la informacion puede ser resuelta en un nivel diferente. El director Ejecutivo o persona designada debera informar a la autoridad governante si la queja no se resolvio en un periodo de 7 dias o a la satisfaccion del cliente.

Toda queja en todos los niveles deberan ser reconocidas en un periodo de no mas de 24 horas o (72 horas en fines de semana). El director del Programa Cheyenne Center informara al cliente de cualquier recomendacion o resultado de la investigacion en un periodo de 7 dias desde que la decision fue tomada, pero no mas de un periodo de 30 dias desde el dia en que la queja fue presentada. El personal de Cheyenne Center evaluara la queja detalladamente y objetivamente, y obtendra informacion adicional si es necesario. Si mas de 7 dias es necesario por la investigacion o por el progreso por la cadena de commando como esta escrito arriba, el cliente debera ser informado del estado de la queja en escrito, el progreso y aproximadamente cuando la queja sera resuelta y resultados una vez la queja halla sido resuelta. El cliente debera ser informado en escrito del progreso, aproximacion o resultados cada siete (7) dias por las duracion de la investigacion. El cliente tiene derecho a quejarse directamente con el Department of State Health Services Investigations Department o otras agencias en la siguiente lista a cualquier hora. La direcciones y numeros de telefonos del Department of State Health Services y otras agencias que aplican son las siguientes:

- Texas Health and Human Services Commission (Investigaciones)
- Texas Health and Human Services Commission Hotline: (800) 252-5400
1100 W. 49th Street
Post Office Box 80529
Austin, Texas 78742
(800) 832-9628
- Texas State Board of Medical Examiners (for reporting complains against licensed physicians)
1812 Centre Creek Drive, Ste. 300
Austin, Texas 78754
- Texas Department of Family and Protective Services - Child Protective Services (800) 252-5400
4900 N. Lamar Blvd.
P.O. Box 149030
Austin, Texas 78714-9030
- Texas Department of Criminal Justice (512) 406-5752
4616 West Howard Lane
Austin, Texas 78728
- United States District Court (713) 250-5926
Southern District of Texas Probation Office
Post Office Box 61207
Houston, Texas 77208-1207

El Procedimiento de quejas es legible y se publica de manera destacada en cada sitio los clientes puedan tener la oportunidad de leer en su tiempo libre. Empleados, voluntarios, consultantes y cualquier persona actuando como agente de Cheyenne Center no debera disuadir, intimidar, hostigar o interferir con la comunicacion con un abogado o con el Texas Health and Human Services Commission con el proposito de radicar un queja.

Todos los empleados y voluntarios son instruidos en los procesos de queja del cliente. Los empleados hacen todo esfuerzo en resolver informalmente la queja discutiendo la situacion o las circunstancias con el cliente. Empleados que sean envueltos en la queja no podran ser incluidos en la aceptacion, investigacion o la toma de la decision en cuanto a la queja. Todo empleado o voluntario debera presentar la queja formal escrita por el cliente en el expediente del cliente en 24 horas o (72 horas los fines de semana) y notificar al Director ejecutivo o (persona designada). Un reporte del incidente sera completado en 24 horas desde que la queja fue presentada.

La Autoridad gobernante o autoridades designadas toma accion en resolver todas las quejas. La Autoridad gobernante debera pasar toda queja que no pueda ser resuelta al Texas Health and Human Services Commission. Toda queja y documentacion, incluyendo ultima accion tomada, son documentadas y archivadas en el archivo central.

Si el cliente no esta satisfecho con el resultado de la queja el cliente tiene derecho a apelar la decision. El documento de apelaciones esta junto a la forma de la queja original.

Se me ha explicado el procedimiento de quejas, se me dio la oportunidad de hacer preguntas y con mi firma a continuación, reconozco mi entimimiento de la información anterior.

Firma del Cliente

Fecha

Firma del Consentimiento

Fecha

Firma del Empleado

Fecha

Cheyenne Center, Inc. is required by law to maintain the privacy and confidentiality of your protected health information and to provide our clients with notice of our legal duties and privacy practices with respect to your protected health information. Information may only be released with your written with a few exceptions which are listed below:

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or healthcare operations.

Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify, or assist in notifying, a family member, or another person responsible for your care, about your medical condition, or in the even of an emergency or your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposed related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and/or other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Research

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Cheyenne Center is not required to agree to the restriction/s you have requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Cheyenne Center amend your protected health information. Please be advised, however, that Cheyenne Center is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason/s and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Cheyenne Center.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Cheyenne Center, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, Cheyenne Center is required by law to comply with this Notice.

Cheyenne Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact the Program Director. If the Program Director is not available, you may make an appointment for a personal conference in person or by telephone which will take place within two (2) days.

Complaints

Complaints about your privacy rights or how Cheyenne Center has handled your health information should be directed to the Program Director. If the Program Director is not available, you may make an appointment for a personal conference in person or by telephone which will take place within two (2) days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

☛Region VI - Dallas (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)☛

Ralph Rouse, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Voice Phone (214)767-4056
FAX (214)767-0432
TDD (214)767-8940

Cheyenne Center, Inc. Treatment Programs use appropriate BEHAVIOR MANAGEMENT to enforce program rules and to protect the health, safety, welfare and rights of clients. Behavior management utilized by the treatment programs is reasonable. Physical discipline is strictly prohibited. Measures involving the use of food, water, sleep or bathroom privileges are prohibited. Clients are not subjected to any harsh, cruel or excessive discipline. Consequences are not used for the convenience of staff. Clients are not denied communication with their families as a means of discipline. The reasons for any restrictions resulting from client behavior are explained to the client when the measures are imposed and appropriate alternative behavior is also described. This is documented in the client record. A client shall not be allowed to prescribe or inflict discipline on another client. This does not prevent Cheyenne Center from having program rules or a system of government; however, the client government process cannot be used in place of the client grievance procedure. Discipline is administered in a fair and equitable manner. Circumstances that may lead to immediate discharge are clearly identified.

GENERAL RESIDENTIAL PROGRAM GUIDELINES

- 1. Abstinence:** Complete abstinence from any activity that may result in substance use or criminal conduct is required. Random UA’s will be conducted.
- 2. Attendance:** Consistent attendance is required of all clients. If there are obstacles, they will be discussed with the group. This includes attendance in groups, individuals, and family sessions and to all court dates.
- 3. Promptness:** Clients are expected to be on time for each session.
- 4. Confidentiality:** Confidentiality is essential to the success of the group. Treatment details will be used appropriately and within the context of the group. Self-disclosing statements will not be shared or become part of the correctional record. Progress reports will be part of the client’s permanent record. **Information about specific crimes or planned crimes will be reported to the proper authorities.**
- 5. Eating and Smoking:** **As of September 1, 2014, the Cheyenne Center is a non-smoking facility.** No smoking is allowed anywhere within the gates of this facility. Food and drink are not allowed in group unless a break is given. “Recovery” walks off property are taken escorted by a staff member at the Company’s discretion.
- 6. Participation:** Active participation in group exercises, role playing demonstrations, and a timely completion of homework assignments is required of all clients. You must complete all assignments in order to successfully complete the program.
- 7. Discharge:** The following rule violations may result in discharge from the program and an unsuccessful discharge:
 - Leaving the program against the advice of the treatment team.
 - Use of alcohol or drugs while in treatment. UA’s will be administered at random. A refusal to submit a UA will be considered the same as a positive result.
 - Acting out with physical or verbal violence. The threat of violence is as serious as the act.
 - Possession of alcohol, drugs or paraphernalia.
 - Lack of progress in the program.
- 8. Drop-Off Times:** Saturdays from 1 p.m. to 6 p.m. only, with the exception of the last weekend of each month which is Family Day Weekend. **Items can no longer be pre-shipped prior to client’s arrival. Anything ordered to be delivered to Cheyenne Center must be pre-approved (drop off form) signed by his Counselor.**
- 9. I understand and agree that I am prohibited from having any personal or sexual relationship with any employee on or off the premises.**

Client Signature

Date

Consenter Signature

Date

Staff Signature

Date

CLIENT DISCIPLINE

Cheyenne Center, Inc. is committed to providing a safe, dignified place for those individuals sincerely seeking help for their alcohol and drug abuse problems. Therefore, disciplinary action may be taken by clinical staff members in order to maintain order and to act in the best interest of all clients. The following guidelines shall apply with regard to circumstances and/or behaviors which may result in disciplinary actions. These unacceptable behaviors and circumstances are broken down into three categories.

Category I: These are serious actions or circumstances/behaviors which directly impact the health, safety and welfare of both staff and clients and, as such, **WILL** result in automatic discharge:

- Physical violence or the serious threat of physical violence;
- Bringing drugs or alcohol to the program;
- Smoking inside any Cheyenne Center building or vehicle; and
- Sexual abuse or the threat of sexual abuse.

Category II: These are serious rule infractions with the potential for serious negative consequences and/or substantial program disruption and, as such, **MAY** result in discharge without any lesser or graduated sanctions. The decision regarding the appropriate level of disciplinary action for Category II infractions shall be made by the Treatment Team on a case-by-case basis after careful consideration of all of the facts. Category II infractions may include any or all of the disciplinary actions outlined below in Category III.

- Possessing and/or bringing weapons onto Cheyenne Center property;
- Use of alcohol or other chemicals;
- Failing to report alcohol and/or other drugs on Cheyenne Center property;
- Destruction of Cheyenne Center property;
- Sexual activity on Cheyenne Center property; and
- Abuse, exploitation and/or violation of another client's rights.

Category III: In keeping with our commitment to provide an atmosphere conducive to recovery, the following are less severe circumstances and/or behaviors which shall also be cause for disciplinary action.

- Failure to follow the rules outlined in the client handbook;
- Stealing;
- Smoking and/or tobacco use in non-designated area (smoking inside a Cheyenne Center building or vehicle is a Category I infraction);
- Dangerous pranks;
- Tardiness;
- Gambling;
- Disruptive behavior of any kind;
- Repeated rule violations;
- Lack of progress in the program;
- Racial/ethnic/sexual slurs;
- Lying;
- Failure to adequately complete assignments;
- Verbal abuse or profanity directed at staff or other clients; and
- Possession of contraband.

Disciplinary Action

- Verbal Warning
- Treatment Team Staffing/Therapeutic Assignment (Generally a writing assignment directly related to the unacceptable behavior)
- Behavioral Contract
- Discharge at Staff Request

A client who has repeated rule violations and/or an accumulation of infractions shall be subject to discharge at staff request.

All disciplinary action shall emanate from clinical treatment team members and must be specific and in writing. All disciplinary action shall include reasons for the disciplinary action, alternative appropriate behavior, and consequences should the unacceptable behavior continue.

TDCJ Disciplina del Cliente

El Cheyenne Center se compromete a proveer un lugar seguro, digno para individuos que sinceramente buscan ayuda para su problema con el alcohol y las drogas. Por lo tanto, disciplina puede ser aplicada por los miembros del personal del Cheyenne Center para mantener orden y en el mejor interes de todos nuestros clientes.

El Cheyenne Center debe notificar al departamento de libertad provisional, al oficial de libertad provisional o al supervisor de correccion de la comunidad en unas 24 horas de la violación. La notificación puede ser verbal y debera ser documentada en el record del ofensor. El oficial de libertad provisional debera ser contactado para fijar una reunion de equipo para examinar la violación. La reunion debera ocurrir en un periodo de 48 horas de la violación, y no mas de 5 dias de trabajo desde el día que el oficial del departamento de libertad provisional fue notificado.

El equipo de tratamiento debera reunirse para evaluar la violacion. Todos lo miembros del equipo son motivados a proveer su opinión y recomendación en cuanto a la situacion.

El equipo de tratamiento debera tomar una decision unanime en cuanto a las consecuencias y el tratamiento para modificar la conducta del ofensor.

Violaciones de tratamiento son tambien violaciones a las reglas y condiciones de su libertad, el oficial de supervision comunitaria debera registrar la violación en el archivo del ofensor.

Violaciones de Tratamiento:

- Faltar a sesiones de tratamiento.
- Violaciones de toque de queda.
- Faltar a una cita para prueba de drogas.
- Deshonestidad.
- Rehuser y aceptar responsabilidad personal.
- Abuso Verbal o profanar al equipo de tratamiento o otros clientes.
- Posesion de contrabando.

Accion disciplinaria:

- Aviso Verbal
- Reunion con el personal de tratamiento/Assignacion terapeutica
- Contrato de Conducta
- Dar de Alta al pedido del personal terapeutico

El cliente que repite la violación o acumula infracciones puede ser dado de alta ordenado por miembros del tratamiento.

Todas las acciones disciplinarios serán vistos por los miembros del tratamiento y será escrito en detalle. Todas las acciones disciplinarios incluirán razones por la accion disciplinaria, conducta alternativa apropiada al comportamiento y consecuencias si continua con una conducta no aceptada.

OTHER INFORMATION YOU NEED TO KNOW

LOCATION CHECKS AND PASSES

Cheyenne Center ensures client and community health, safety and welfare by closely monitoring clients' physical locations, both in the facility and the community. Additionally, Cheyenne Center maintains close supervision and performs location checks while clients are in the community. We also maintain close supervision of visitors to the facility. Cheyenne Center has established written policies and procedures regarding ingress and egress to the facility and provides this information to clients during orientation.

There is a security fence with two locked gates surrounding the entire facility with the exception of the driveway to the parking lot and front entrance. Gates are unlocked during emergencies. There is also a gate to the driveway. The following client monitoring procedures are in place:

- Clients are monitored by a sign-in/sign-out log maintained at the front lobby Tech Station.
- Clients must have a Plan of Action signed by their counselor in order to leave the facility for any reason.
- Clients on Job Search must have a Job Search sheet filled out with the location and phone number of their destination.
- Clients sign out on a log book which reflects their destination, complete with address, phone number and expected time of return to the facility.
- Visitors must be approved by the client's counselor before being allowed to enter the facility.
- All visitors must sign in and out in a Visitor Log kept in the front lobby tech station.

Cheyenne Center clients are allowed passes if the following conditions are met:

- After the successful completion of the Orientation Phase, and with a counselor's approval, the Supportive client is eligible for a Daily Activity Pass which does not exceed eight (8) hours.
- Clients must request a pass in writing from their counselor. The counselor will approve or disapprove the pass and advise the client of the decision.
- All clients will submit a urine sample upon returning from a pass. Each client is responsible for monitoring his own behavior on pass and should return to Cheyenne Center immediately if he encounters problems during his time away from the facility.
- Furloughs will be allowed only in the case of the death or serious illness in the client's immediate family that would require the client to travel out of town or out of state. Bereavement furloughs will be approved on a case-by-case basis by the Treatment Team.

When applicable, Cheyenne Center ensures that clients are only allowed to leave the facility when going to and/or from:

- Approved job interviews
- Approved job search
- Approved employment
- Approved visitation of family members
- Attending religious services
- Approved recreational functions
- Conducting business with social service agencies regarding family matters, legal matters such as court appearances, or any other circumstance that necessitates the client being away from the facility, being mindful, however that the degree of unescorted access to the community must be guided by community attitudes regarding this matter, and
- Approved educational classes

Cheyenne Center periodically verifies each client's location as indicated on the sign-in/sign-out sheet. Locations are verified both on a random basis and "for cause" by counselors and desk staff. Verification includes, but is not limited to; job search activity and client pass location.

Cheyenne Center uses mandatory sign-in/sign-out procedures that include:

- The time the client leaves and returns to the facility;
- The client's destination, including name, address and telephone number of the destination; and
- An authorized signature by a Cheyenne Center staff member.

The client signs in and out on a central log that is maintained in the tech station and at the front desk and on an individual log that is maintained in the client's record.

HEAD COUNT TIMES

Cheyenne Center has developed, implemented, and documents a daily system for physically counting all clients, assuring strict accountability for clients who are on property (in their rooms at head count time), are working, going to school, or on approved passes and/or are participating in community service work. Counts are taken by HHSC staff at designated times that include, but are not limited to:

- 8:30 a.m. immediately after AM Goals Group, and at 12 p.m. with all clients in their rooms.
- 5:00 p.m. with all clients in their rooms, and 10:00 pm at Lights Out
- 11:30 p.m. on the night shift, and two other random bed checks during the night shift.

This provides for seven counts during each twenty-four (24) hour period.

Passes and furloughs are **NOT** a client right and may be modified and/or denied at anytime by the Treatment Team. Furloughs in excess of 72 hours are not permitted.

Neither Cheyenne Center nor its employees may engage in a professional, personal or business relationship with a client. The HHSC licensing rules and regulations prohibit clients from working for Cheyenne Center, soliciting donations or raising funds for the facility.

DRUG TESTING

Cheyenne Center, Inc. will randomly complete urinalyses on clients for the purpose of drug detection. Cheyenne Center will also complete a urinalysis on a client when there is reasonable suspicion of drug use including, but not limited to:

Alcohol	Ecstasy (MDMA)	Morphine (MOP)
Amphetamines (AMP)	K2	Opiates
Barbiturates (BAR)	Marijuana (THC)	Oxycodone (OXY)
Benzodiazepines (BZO)	Methadone (MTD)	Phencyclidine (PCP)
Buprenorphine (BUP)	Methadone Metabolites (EDDP)	Propoxyphene (PPX)
Cocaine (COC)	Methamphetamine (MET, mAMP)	Tricyclic Antidepressants (TCA)

Staff members will be responsible for the collection of all urine samples. Staff will observe clients urinate in the receptacle. Staff will wear gloves during the entire procedure of handling urine.

The procedure is as follows:

- A staff member must observe the collection of urine and notate the start time.
- Failure to submit a urine sample within one hour of the start time will result in discharge from the program.
- After the specimen is in the cup the client will bring it out of the bathroom and set the specimen on the counter.
- The client will place the security strip over the top of the cup securing the lid to the cup.
- The client will sign his name and write the date on a white label and place the label around the cup making sure to cover both ends of the security strip.
- The client will fill out the Drug Screen Result form.
- The Tech Assistant (or staff member) will verify that all blanks are filled in on the form.
- The client will put the form into a plastic zip lock bag.
- The client will wrap the bag around the cup and secure it with a rubber band.
- The client then places the specimen upright in the appropriate refrigerator (TDCJ, HHSC or Federal).

URINE SPECIMEN COLLECTION PROCEDURE

1. There must be a same sex witness present.
2. The collector will inspect the collection area for any items used to disrupt the collection process or adulterate the specimen itself.
3. The collector will verify the identification of the client.
4. The collector ensures that the required information on the UA Log Form, drug-Screen Form and the white securing label tag are complete.
5. The collector directs the client to remove any unnecessary outer clothing (e.g. coat, jacket).

****THE CLIENT IS NEVER INSTRUCTED TO REMOVE OTHER ARTICLES OF CLOTHING SUCH AS SHIRT, PANTS OR UNDER GARMENTS.****

6. Client must turn pockets out, lift pants legs and wash hands prior to being provided a specimen collection cup.
7. The client will stand on the white painted footprint image either directly facing the mirror or at a 45-degree angle with back against the wall.
8. The client will lower the waist band of his pants and under garment to mid-thigh level. (Approximately 2 inches above the knee.)
9. The *client* will handle the collected specimen during the labeling process.
10. Once all documents have been inspected to have all necessary information the client will place the thin security label across the specimen then the wider white tag around the side of the UA Cup. The UA Cup and paperwork will be placed in separate bags banded together with a rubber band and the client will place it in the appropriate marked refrigerator.

Urine specimens will be tested by trained staff only. The testing of the specimen requires a Tester and a Witness. If the urine specimen has been refrigerated, it must warm to room temperature before testing. The Tester will remove the test card from the sealed pouch and remove the cap from the sampling tips. The Tester will then immerse the sampling tips into the urine specimen for about 15 seconds. Next the test is placed on a flat surface with the cap on. The Tester will read the result of the drugs of abuse test in 5 minutes. The alcohol test will be read in one minute. Do not interpret the result after ten minutes. After testing the Tester and the Witness will complete the Drug Screen Results Form. If applicable, Positive results are to be reported to the Parole and/or Probation Officer by the Primary Counselor or SOD within the hour.

A client with a positive UA will be required to meet with the clinical team for counseling and planning. A positive UA will result in a Behavioral Team Meeting and could result in discharge from the program.

Client Signature

Date

Counselor Signature

Date

Chief Executive Officer: Cathy Santos, CEO

Chief Operating Officer: Cara Myles, COO

Program Director: Dale Burnett, LCDC

Cheyenne Center, Inc.

HHSC Client Handbook (Revised 2/27/25)

CONFIDENTIAL

CLIENT RESPONSIBILITIES

PROVISION OF INFORMATION

The client is responsible for providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his health. He is responsible for reporting unexpected changes in his condition to his counselor. A client is responsible for consulting his counselor if he does not understand what is expected of him.

COMPLIANCE WITH INSTRUCTIONS

The client is responsible for following the treatment plan recommended by his counselor. This includes following the instructions of staff and administrative personnel as they enforce community rules and regulations. The client is responsible for keeping appointments or notifying his counselor when he is unable to do so for any reason.

REFUSAL OF TREATMENT

Cheyenne Center is not responsible for a client if he refuses treatment or does not follow his counselor's instructions. This may constitute grounds for discharge from the program.

COMMUNITY RULES AND REGULATIONS

The client is responsible for following community rules and regulations. If the client does not follow rules and regulations the counselor or appropriate staff will assign a consequence.

RESPECT AND CONSIDERATION

All clients are responsible for being considerate of the rights of other clients and Cheyenne Center personnel. Clients are responsible for assisting in the control of noise, smoking and the number of visitors. Clients are responsible for respecting property belong to Cheyenne Center and other clients.

FACILITY AND G.I. RESPONSIBILITY

Due to the nature of the disease of Chemical Dependency, many clients have lost the ability to take responsibility for themselves. Therefore, each client will have the opportunity to be responsible for a household chore from the list provided by the Community Keeper Coordinator. If a client does not volunteer, he will be assigned a chore by the Community Keeper Coordinator. When a client has been assigned a chore, it is the client's responsibility to see that it is carried out. There will be no exceptions. All clients are required to participate in the facility G.I. to maintain a clean environment.

TELEPHONE

Clients may make personal phone calls on the days assigned to them according to their room. Clients must sign up THE DAY BEFORE their assigned day (in the HHSC Tech Station) to use the HHSC pay phone. If a client needs to make an important phone call and it is NOT THEIR ASSIGNED DAY, then the client needs to drop a STAFF RELAY to their Primary Counselor.

COMMUNICATING WITH YOUR COUNSELOR / STAFF RELAY

The following procedure must take place when a client needs to speak with or communicate with his counselor if it is not a psych or medical emergency.

- 1) Complete a staff relay.
- 2) Place it in the box on your Counselor's door.
- 3) Wait to be called by your Counselor.
- 4) Violation of this process will result in a learning experience given by the Counselor (extra duty hours or essays)

Counselor: _____

Room: _____

LAUNDRY

Washers and dryers are available on the property at no cost and all clients are responsible for their own laundry (including bedding). We will no longer allow liquid laundry detergent to be brought in. Clients can only bring **unopened** (sealed) packs of laundry pods only. Bedding is to be washed once a week. Each Room is assigned a specific day of the week to do laundry. Please plan your laundry accordingly.

LINEN AND BEDDING

Upon admission clients are issued clean linen, including:

1. One set of sheets
2. One pillow
3. One pillowcase
4. Two bath-size towels
5. Two washcloths
6. One blanket or One bedspread

Linens must be washed at least once a week. **Clients are responsible for returning the linen/bedding CLEAN upon their discharge from Cheyenne Center.**

LIVING AREA (**Food and Drinks ARE NOT ALLOWED in any client room**)

Each client is assigned living quarters. A clothes hanging area, bunk bed and drawers for clothing are provided. A space to secure personal items will be provided upon request. Rooms should not contain suitcases, duffle bags, empty boxes, etc. Such items will be removed and stored until you discharge.

Each client should have an alarm clock (or be able to wake up on time without one). Each client is responsible for his own personal living space, for making his bed and keeping his room neat and clean. As a room team, all roommates are responsible for the condition of the common areas (bathroom and living space). Each room will undergo a daily room check by staff. Every morning during outside G.I., staff and a member of upper structure will check each room. – Randomly, staff will do an intensive room check. Any client who fails room inspection will be given a consequence by his Counselor. **If your bathtub or shower tile has resilient mold or mildew (even after you have tried to clean it), please fill out a maintenance request to have the maintenance department address mold/mildew as soon as possible. We will supply you with cleaning products for the bathroom. Bleach is not allowed. Bathroom doors must be left open when not in use to prevent the growth of germs and fungus when the humidity is high. During all times, all A/C/H units must remain on 73 degrees. If you need an extra blanket, ask for one.**

All blinds must be raised (to the height of the room number) between the hours of 8 a.m. & 5 p.m.

EMPLOYMENT (Supportive Level Only)

While obtaining employment and resuming responsibilities are a priority, each client must understand that recovery comes first. Within the recovery process there is an appropriate time to acquire employment. Work is a major commitment of time and energy. Going to work before you are ready can lead to de-focusing on recovery. Obtaining employment is important, but it is more important to obtain a sponsor, establish a home group, and build on a sober support system.

A client must be clear about his priorities and must move toward completing them before he can return to work. Clients must consult with their counselors before beginning a job search. When the counselor feels the client is ready, they will give the client a Job Search Verification Form to fill out for each day they are looking for work. It is the client's responsibility to hand in the form to their counselor on a weekly basis. Clients must return from job search by 4:00 p.m.

When employment is acquired the client will be required to submit a budget along with their pay stub and will be required to have it approved by their counselor. Money can be a trigger for the disease of Chemical Dependency and the client should always consult with their counselor when dealing with money issues.

SMOKING

As of September 1, 2014, HHSC does not allow smoking in licensed drug treatment facilities. No smoking is allowed anywhere within the gates of this facility. This is not our rule but we will enforce it in order to keep our license. Food and drink are not allowed in group unless a break is given. "Recovery" walks off property are taken escorted by a staff member at the Company's discretion.

VEHICLES (Supportive Level Only)

Vehicles are allowed under the following conditions:

1. The counselor gives permission and receives copies of #3.
2. The client must have full or part-time employment.
3. The following have been submitted to the counselor:
 - Valid Texas Driver's License
 - Valid registration
 - Proof of insurance and current Inspection Sticker
 - Parole/Probation Officer's approval
4. If the vehicle is not registered in the client's name there must be a **NOTARIZED** letter of agreement from the person named on the registration allowing the client permission to use the vehicle.
5. Once you meet the criteria for possession of a vehicle you will be issued a parking permit which must be displayed anytime your vehicle is on Cheyenne Center property.

FAMILY GROUP and VISITATION

VISITATION -- INITIAL VISITATION: We no longer have initial visitations.

VISITATION (Updated April 29, 2024)

For everyone's safety, please adhere to the following guidelines for the HHSC and TDCJ programs. **HHSC will have visitation the 1st and 3rd weekend.**

- There can only be two visitors per client.
- A mask must be worn at all times.
- Visitor must show proof of the completion of COVID-19 vaccination shots or COVID-19 test with results within the last 72 hours from the visitation date.
- All visitors must follow the CDC guidelines of the following procedures:
 1. Complete the COVID-19 Health Screening Form (which will be given to the visitor while waiting to come into the facility, or by downloading the form from our website, and bringing the filled out form with you when you visit).
 2. Hand sanitation upon entering the lobby.
 3. Temperature check upon entering the lobby.
- Per the HHSC, there is no smoking on Cheyenne Center property. **This extends to personal vehicles in the parking lot.**
- Visitor is allowed to bring only valid identification and vehicle keys into the facility. Visitor must show identification and staff shall verify identification with the Approved Visitor List. **Purses, bags, cameras, video equipment and cell phones are not allowed.**
- Female visitor may not wear clothing that is too tight, too short, see-through, backless or that is in any other way inappropriate for a treatment environment. Cheyenne Center staff will determine whether or not a garment is considered inappropriate.
- Visitor cannot bring any food or drink in from the outside, but visitor can purchase items from the vending machine in the front lobby for themselves and for the client during visitation.
- Visitors and clients may not engage in prolonged and/or inappropriate displays of affection.
- Visitors who are disruptive or disrespectful will be asked to leave and will not be allowed to return.

For the HHSC program the visitor can start signing in 30 minutes before 1:00 pm group

- Family Group on Saturday is from 1:00 p.m. to 1:50 p.m.
- No one is allowed in the Family Group once the Group begins.
- Visitation hours are from 1:50 p.m. to 3:50 p.m.
- Clients may not have visitation if your visitor does not attend the Family Group.

CLIENT COVID-19 POLICY

Cheyenne Center, Inc., is committed to protecting our employees and clients from COVID-19. In consideration of guidance released by the state of Texas, the U.S. Center for Disease Control and Prevention (CDC), and a variety of public health authorities and professional organizations, Cheyenne Center, Inc. is implementing the following Covid-19 procedures:

- Mandatory testing for all clients who are not transported from a TDCJ unit by our transportation department.
- Face masks are required to be worn correctly (cover nose, mouth, and chin) anytime a client is in group. While dining in the dining rooms, all clients must maintain the chevron pattern.
- All clients entering the facility are required to complete COVID-19 screening.
- Clients will be placed in quarantine housing for up to fourteen (14) days until a negative COVID-19 test result is received.

Any client who refuses to follow the Covid-19 Policy (testing, mask violations) is subject to disciplinary action.

Client's Name (Print)

Client's Signature

Date

QUIET HOURS

Clients must cease all activities that could be disturbing to others. Clients are to be in their rooms, feet off the floor, and lights out at the designated time on your client schedule.

VALUABLES/MONEY

Clients are urged to leave their valuables at home. Cheyenne Center assumes no responsibility for personal belongings. Cheyenne Center has a bank account specifically for client funds. Money should be given to the Techs at the Tech Station. A receipt will be issued and the client should watch as the Tech places the money in an envelope and places the envelope in the black lock box provided. All cash withdrawals must be requested in writing and turned in to his Counselor three days prior to discharge. A check will be issued to the client at discharge.

CHECK CASHING / COIN EXCHANGE

Instructions on how to get check/money order cashed: HHSC checks and all money orders that are \$60 or less can be cashed from designated staff on Monday, Wednesday, and Friday from 11:30 am to 1 pm in Room 201. Money orders can be made out to “Cheyenne Center” or to client name. Any time the check or money is over the \$60 amount, the entire amount will be put into a client savings account in Tech Station. The client will be given a receipt showing the amount that was deposited.

WE DO NOT CASH ANY PERSONAL CHECKS OR PAYCHECKS.

If the client is needing money from his account, the client needs to fill out the client savings form. His counselor needs to sign the form. The client will bring this form to the designated staff member along with the original receipt. \$60 is the maximum amount that can be pulled from the savings account unless the client is paying for his 25% assessment fee. Money can be pulled out every 7 days or so.

When the client is discharged, the client savings form must be filled out and signed by his counselor 3 days in advance of his discharge date. If this isn't done in advance, provide the designated staff member with a good address to where the check will be mailed to, along with a good phone number.

Instructions on how to get change for the vending machine: Change for the vending machine is passed out Monday through Friday from 11:30 am to 1 pm by the designated staff member in Room 201.

MEDICATION

All prescription medication must be turned into the Tech Station for safekeeping. All OTC (over-the-counter) medication must be turned in at the front desk. Clients should not purchase OTC medications without first checking the ingredients for alcohol and obtaining approval from the counselor. Prescribed medication is available at the following med calls:

AM MED CALL

5 am – 7 am HHSC Only
7 am – 7:30 am MHMRA Only
12:30 pm – 1 pm HHSC or MHMRA

PM MED CALL

5:30 pm – 6 pm HHSC or MHMRA
7:00 pm – 7:30 pm MHMRA Only
8 pm – 9 pm HHSC or MHMRA

(All med calls will cease at the end times notated above)



Clients who need to take medication on pass should inform staff of the amount of medication needed on the Pass Request. Over-the-counter (OTC) medication is not allowed unless prescribed by a doctor.

There are rare situations in which a client is permitted to have his prescription with him. In this case there should be a **KOP (keep on person)** sticker on the container. Items that are eligible include: breathing apparatus, creams, foot powders, inhalers, medicated shampoo, nitroglycerin, and topical ointments.

DISPENSING OR SHARING MEDICATION BETWEEN CLIENTS IS NOT ALLOWED.

DRESS CODE

While clients are afforded every reasonable freedom in their choice of attire, certain dress regulations are necessary. Clients are asked to dress appropriately for the season and are expected to exercise good taste and judgment in their choice of clothing. The following list is to be used as a guide for appropriate dress and is not to be considered all-inclusive:

- Clothes must be neat and clean. Tattered and/or torn clothing is not permitted.
- Clothing displaying logos that refer to drugs or alcohol are not allowed and will be confiscated until time of discharge.
- Clothing with writing or graphics that is sexual or sexually suggestive, anti-social, foul, satanic, racist, sexist, violent or deemed inappropriate for this program is not permitted.
- Clothing or gear that relates in any way to gangs or gang activity is not permitted.
- Only walking shorts are permitted and they must be loose-fitting and no shorter than mid-thigh.
- Shoes must be worn in community areas. **House slippers or pajama bottoms are NOT ALLOWED outside of the rooms.**
- Baseball caps are to be removed indoors.
- No gloves or hand gear unless it is appropriate for the weather.
- Sunglasses are not allowed indoors, or after sunset.
- Earrings (or rings or pins for any body piercing) are not allowed.
- Jewelry (watches and wedding bands are the only jewelry allowed to be worn on property)
- **Clients must be fully dressed before leaving their rooms.** Standing in doorways partially dressed is not allowed. Removing shirts in common areas is not allowed.
- Shirts must be buttoned and tucked in. **No undershirts or sleeveless tee-shirts are allowed outside of the rooms. No half-shirts are allowed outside the rooms.**
- Skullcap, hairnet, durag, and bandanas are not allowed outside of the rooms.

CLOTHING: The following list is the number of items clients are allowed to have:

7 Shirts, 7 Pants

7 Underwear and 7 pairs of socks)

3 pairs of shoes = (2) pairs of foot wear & (1) pair of shower shoes (for room use only)

1 hat, 1 belt, and 1 swimming trunk (when allowed)

1 Coat/Jacket, and 1 Sweatshirt/Hoodie

If client has more than this, he has three days to have family pick up or he can mail out. Anything left after three days will be donated to the Haberdashery. Items can no longer be pre-shipped prior to client's arrival. Anything ordered to be delivered to Cheyenne Center must be pre-approved (drop off form) signed by his Counselor.

CLIENT PROPERTY DROP-OFF FORM

You must have permission from your Counselor to bring onto the property any non-hygiene item(s) or money. This form is available at the tech station (check mark HOW the items will be arriving). Anything ordered to be delivered to Cheyenne Center must be pre-approved (drop off form) signed by his Counselor. *Learn more in the MAIL section of this handbook.*

CELL PHONES

(Supportive Level Only)

Cell phones are not permitted unless required and supplied by employer and must be turned into the Tech Station when the client is on property.

FOOD STAMPS

Cheyenne Center clients are not eligible for food stamps since the State of Texas is already paying for your room and **BOARD** (meals). Do not apply for food stamps. If a client applies for food stamps, he runs the risk of being assessed consequences by his counselor in addition to possible prosecution by the HHSC. We check regularly with HHSC to verify that clients have not applied for food stamps. For further explanation, clients should contact their counselor.

FAMILY GROUP PARTICIPATION

Families and significant others are encouraged to participate in the client's treatment and recovery. Cheyenne Center encourages a family member or significant others to participate in treatment team meetings. In addition, all family members and significant others are invited to Family Group held twice a week (Thursday 6:00 p.m. to 7:00 p.m. (when applicable) and Saturday Family Group is 1:00 p.m. to 1:50 p.m.) and, possibly, to attend individual family sessions. **Family participation is mandatory.**



MEAL SIGN-UP GUIDELINES

Clients are served three meals and two snacks each day. Please read the following.

T-Sack = Breakfast & Lunch. Lunch sack = Lunch. Late Tray = Dinner. These must be picked up and signed for at the lobby desk upon departure for sack meals or at designated times for late trays.

- If you will be off property during lunch to conduct Job Search or other official business approved by your Counselor, you are eligible to receive a sack lunch. If you know in advance that your business off property will cause you to return later than 5 p.m. you may sign up for a late tray.
- **If you need a sack meal or late tray, you must sign up on the appropriate list to receive the meal.**
- If you are employed and will not be on property for breakfast, lunch or dinner, Cheyenne Center, Inc. will provide meals for you in the form of a T-Sack (Breakfast/Lunch), Lunch Sack and/or a Late Tray according to your needs. The T-Sack combination is distributed between the hours of 4:00 am and 6:00 am. The Lunch Sack is distributed after 6:00 am. Late trays are usually reserved for employed clients, but there are circumstances when unemployed clients need them and may request them.
- If you signed for a late tray and return to the property before 3:00 pm you must **go to kitchen staff and request that your name be removed from the late tray list** in order to eat in the dining room at the regular meal time.
- If approved for a weekend activity pass, you are not eligible for a sack lunch or a late tray.
- **If approved for hospital/clinic or any medical pass, you will be given a sack lunch upon departure and a sack lunch upon return.** If approved for an appointment, you will be given a **sack lunch upon departure and a late tray upon return. Please make sure you sign up appropriately.**
- If approved for school, you are eligible for a late tray.
- If approved for an outside 12-step meeting, you are not eligible for a late tray.
- **Food and Drinks ARE NOT ALLOWED in any client room.**

SPECIAL DIET REQUEST

If you have special dietary needs, you must provide documentation to your Counselor from a medical professional or from your TDCJ med sheet listing known allergies. You must complete a Special Diet Request form (signed by your Counselor). This form is included in your Orientee Packet. Special diet request forms are also located in the dining room serving line area near the coffee maker. **Once your Counselor signs the form, return the form to kitchen staff.**

MEALTIME/SNACK TIME PROCEDURE

There is no talking during any mealtime. This helps the kitchen serve meals in a timely manner.

- Morning snack time is from 9:50 am to 10 am.
- Evening snack time is from 7 pm to 7:30 pm.
- All snacks are generally passed out by designated personnel at the tech station.
- **DO NOT SHAKE ANY VENDING MACHINE.** You will be held accountable. Vending machines are “use at your own risk”. Refunds are never guaranteed.
- There is no eating or drinking in the main building, lobby area, or any group rooms.

Mealtime is a structured activity and part of the treatment process – it is not Free Time. All clients must line up and present their badge to receive a meal at the scheduled time. **Late meal arrivals detained by Counselors must present a Counselor’s Meal Pass for a hot meal. Those without a meal pass will receive a sack meal.**

Late trays will be eaten under the gazebo area only. The drinks, plastic ware and microwaves are in the dining room near the kitchen serving doors. **Late trays are passed out upon your return to Cheyenne Center after you have fully completed the sign back in procedure.** Late tray dining is complete when everything is cleaned up and all trash is removed from under the gazebo area.

**PLEASE, THERE IS NO TALKING DURING MEALTIME.
THANK YOU FOR YOUR COOPERATION.**

**PLEASE DO NOT THROW AWAY FOOD SERVICE ITEMS. THIS
INCLUDES CUPS, BOWLS, SPOONS, FORKS, AND TRAYS.**

DO NOT TAKE FOOD OR DRINK OUTSIDE ANY DINING AREA
Food and Drinks ARE NOT ALLOWED in any client room.

HHSC JOB DESCRIPTIONS

UPPER STRUCTURE is defined as clients who hold the position of:

- Head Leader
- Assistant Head Leader
- Information Leader
- Motivational Leader
- Community Keeper Leader

CLIENT is defined as any HHSC resident of Cheyenne Center.

HHSC JOB DESCRIPTIONS

Head Leader – Reports to HHSC Case Coordinator

- Make sure the team is on point by making sure that each person speaks for 5 minutes only. AM/PM goals and that they turn it over to the next structure in a timely manner.
- Make sure the team stays on topic.
- Responsible for conducting the peer support group on Tuesday 6-7 p.m. and following the format and staying on topic. If not, then the information team leader will take this group over. Make sure you set the foundation of the group do not use this group to complain or ask questions.
- Make sure if anyone on structure goes on a pass/makeup group their responsibility has been given to someone positive until they return.
- He will rely on information that is given by the Staff if needed.
- If someone from the outside does not come in, you will help the order by conducting the group or the assistant leader will conduct the group.
- Get the bucket out of the HHSC tech station and pass the bucket around in 12 step meeting.
- Count the money with HHSC tech and get a receipt. Count the money with Mrs. Harris (HHSC Case Coordinator) on Wednesday or Thursday to take to the community the amount the week before the family day for the community.
- Bring a notepad so that you can keep a record of what you and Mrs. Harris discussed to bring to the community on Thursday only.

Assistant Head Leader – Reports to Head Leader and to HHSC Case Coordinator

- Responsible in AM goals to only address the first 3 steps (example: Monday step 1, ask two to three people to explain what the steps mean to you; Tuesday pick step 2, and allow 2-3 people to express what that step means to them without education or corrections.
- Read the thoughts for today: using the 12 step principles.
- Read from Keep it Simple/Just for today (daily meditation for 12 steps)
- Make sure if anyone on structure goes on a pass/makeup group their responsibility has been given to someone positive until they return.
- If someone from the outside does not come in, you will help the order by conducting the group or the Head Leader will conduct the group.
- Get the bucket out of the HHSC tech station and pass the bucket around in 12 step meeting
- Count the money with HHSC tech and get a receipt. Count the money with Mrs. Harris (HHSC Case Coordinator) on Wednesday or Thursday to take to the community the amount the week before the family day for the community.
- Bring a notepad so that you can keep a record of what you and Mrs. Harris discussed to bring to the community on Thursday only.

Information Leader – Reports to Head Leader and Assistant Head Leader

- Responsible for all peer support sheets to be signed by clients, last name first, print, only black ink Am Goals, pm goals, recreation, peer support, 12 step meetings, motivational enhancement, all need to be signed by an HHSC tech and placed in silver box.
- Responsible to go into the tech station and get the names of client that came in for the day, write their names down so that on the 6 day they receive a red badge. When badge is change have community to applause.
- Responsible for writing down client's date of discharge to allow the client 3 minutes to share what they have learned and encourage the newcomers.

HHSC JOB DESCRIPTIONS (concluded)

Information Leader (concluded)

- Responsible for assigning a big brother to a newcomer and checking with little brother 5 minutes daily to make sure big brother is helping little brother for first 5 days.
- Responsible for meeting with little brother to help answer any questions as a whole.
- Change little brother and hold big brother accountable if he is not meeting with little brother.

Motivational Leader – Reports to Head Leader and Assistant Head Leader

- Responsible for motivating the clients.
- AM Goals will sing “Boom Check me Out / Motivational Song (Switch-up between the two different songs).
- Chants.
- Lead the Welcome song when clients are coming into the program.
- Lead the Goodbye song when others are leaving.
- Introduce new clients to the community as each client will say their name and their drug of choice and the community will say that stuff will kill you man.
- PM Goals skits can be done.
- Walmart Game (memory game)
- Image Buster (all clients will get a number and will have to sing two lyrics to a song while the community counts to 5. If client does not sing, then he is given a task to do (example: quack like a duck, etc.)
- HHSC Tech will monitor this group

Community Keeper Leader – Reports to Head Leader and Assistant Head Leader

- He will walk around with an HHSC tech in the morning to check and see if the rooms are clean. He will share in morning AM goals by pushing up the room numbers that were clean and the room numbers that need work.
- He will go and prepare (10-15 minutes before G.I.) the mop buckets (two upstairs on each side and one mop bucket downstairs and make chemical bottles). He will also pass out newspaper for his peers to clean the window, window seals and mirrors in restroom.
- He will be responsible for picking up all bottles and empty mop buckets and clean mops behind the kitchen.

Community Keeper Crew

- Big trash outside empty daily.
- Fill up water cooler 3 times a day as needed.
- Sweep the sidewalk.
- Sweep the breezeway at night.
- Sweep the stairway at night and throughout the day as needed.
- Clean windows during nighttime G.I. and outside G.I. in the daytime.
- Pick a room number daily who’s responsible for keeping small group room clean.
- On movie night last people watching movie are responsible for cleaning-up the small group room including microwave.
- People are not to talk during outside G.I. (this is a time to mediate for the day).
- HHSC Tech will monitor property at this time.

ALCOHOL OR DRUG USE DURING TREATMENT

It is the responsibility of Cheyenne Center, Inc. to provide a **drug-free environment** for all clients. Clients should not purchase OTC (over-the-counter) medications or prescription medications containing narcotics without first discussing it with a counselor.

If a client is suspected of using or holding alcohol or drugs, the following procedures will take place:

- The client will be confronted regarding his behavior.
- A search of the client's room, belongings, and/or physical person will be conducted.
- A drug screen and alcohol test will be required.
- The client will be restricted to an area apart from other clients and privileges will be suspended until the treatment team decides upon appropriate action.
- The client may be discharged from the program.
- If applicable, HHSC and/or CSO and Parole officials will be notified immediately.

SALE AND/OR DISTRIBUTION OF CONTROLLED SUBSTANCE

The sale and/or distribution of controlled substances at Cheyenne Center is a felony and poses grave danger to the treatment community and the treatment program. Clients who sell and/or distribute controlled substances, including those legally prescribed, will be subject to immediate discharge.

In addition, possession, sales and/or distribution of any controlled substance will be reported to the Houston Police Department and/or the Harris County Sheriff's Office and, if applicable, to the client's Probation and/or Parole Officer.

CLIENT AND STAFF SAFETY

Cheyenne Center does not authorize the use of physical restraint. Cheyenne Center expressly prohibits the use of seclusion and the use of mechanical restraints. The police department will be called if a client threatens to/or acts out physically. Cheyenne Center staff may do whatever is reasonably necessary to protect the safety of themselves and other staff or clients. State law shall be followed regarding any incident and an Incident Report shall be filed immediately with the CEO and HHSC for review and investigation.

FACILITY RULES

Violation of any of these may result in disciplinary actions and/or discharge from the program:

- NO** physical violence, threat of physical violence or intimidation against any person.
- NO** drugs, alcoholic beverages or drug/alcohol paraphernalia.
- NO** sexual acting out.
- NO** weapons of any kind.
- NO** destruction of property.
- NO** refusal to participate in any assigned chore or activity.
- NO** violation of any act defined as a felony by the laws of the State of Texas or the United States of America.

HOUSE RULES

Any violation of these may result in verbal and/or written Awareness Slips and possible disciplinary actions through established Cheyenne Center, Inc. disciplinary procedures:

- NO** walking out of Group.
- NO** disrespect to Family Members or Staff.
- NO** lying to Family Members or Staff.
- NO** racial, ethnic, or sexual slurs.
- NO** gambling.
- NO** pornographic material allowed on facility premises.
- NO** smoking or use of tobacco products except in Designated Smoking Areas.
- NO** drinks or food in any Group or meeting.
- NO** contraband.
- NO** cigarette or cigar butts on the property. Smoking urns are to be the only approved receptacle for cigarette and cigar butts. Pipe tobacco should be disposed of properly.

Full and sincere participation in all community activities is required.

Follow-up behind Yourself when using sinks, showers or toilets.

Acknowledge all Awareness Slips in an appropriate manner.

MANDATORY RULES

Violation of these rules will be referred to Staff for informal resolution:

- Not stacking chairs after group.
- Not signing in or out.
- Being in another client's room.
- Inappropriate verbal reaction.
- Not following-up (cleaning sink, toilet, shower, etc., after use).
- Leaving facility during program hours without Staff permission.
- Being disrespectful to a Family Member or Staff.
- Removing or destroying facility posted posters or signs.
- Sleeping during program hours or activities.
- Failure to attend a scheduled activity.
- Being late for a scheduled activity and/or curfew.
- Use of profanity.

CLIENT PRIVILEGES

- Telephone Usage
- TV in Group Room
- Visitation
- Free time between Groups

CHEYENNE CENTER

Contraband List

The following items are considered Contraband and may not be possessed by clients. This list is not all inclusive and Cheyenne Center reserves the right to change this list at any time and/or to decide what is and is not Contraband. **Clients in possession of contraband will be held accountable, sanctioned, and in some cases discharged. Obtaining a receipt IS NO guarantee you will get the item back.**

TURN THESE ITEMS IN TO ANY SUPERVISOR:

- Drugs
- Prescription or OTC (over-the-counter) drugs (medication must be turned into the Med Tech)
- Alcohol (liquor or rubbing alcohol, mouthwash containing alcohol). Clients may have hand sanitizers.
- Drug Paraphernalia
- *****Urine altering products (i.e. whizzinator) are contraband when found at any time, except for condoms that are still in the package**
- *****Cell Phones (only field placement clients get receipts)**
- *****iPods, or any type of Music Player, DVD and/or VHS movies, DVD and/or CD players, Cameras, or Video Equipment, Stereos, Pagers, Ear Phones, or any other Electronic Devices*** (see below)**
- *****Dice, Playing Cards or Lottery Tickets or any other “Gambling” paraphernalia**
 - *****Jewelry** (watches and wedding bands are the only jewelry allowed to be worn on property)
- Electric clippers/shavers are not allowed (unless approved by Counselor with KOP label)
- Items that may be used as weapons (including wallet chains)
- Straight razors, single razors and razor-sharp objects
- Eating utensils (knives, forks, spoons, bowls, plates, glasses, etc.)
- Clothing with writing or graphics that is sexual or sexually suggestive, anti-social, foul, satanic, racist, sexist, violent or deemed inappropriate for this program is not permitted.
- Bleach (detergent containing bleach is allowed)
- Pornographic and/or sexually explicit material (movies, magazines, photos, etc.)
- Bandanas or do-rags used in Residential Rooms only
- No Beverages (including water bottles) may be brought in to the Facility
- Only Unsealed Cigarettes may be brought in by a Family Member
- No backpacks of any kind (As of August 1, 2014)

*****If any of these items are confiscated from you, be sure and get a receipt from the Tech Assistant or Counselor who took it from you. Be sure that the receipt indicates what the tech assistant or counselor is going to do with the item.*****
For example: “Camera will be given to Client’s Counselor: _____ (name)” or “Camera will be placed in the Supervisor’s Office.”

WE MAY NOT KEEP THE FOLLOWING ITEMS:

- Chewing Gum
- Food
- Swisher Sweets, Cigars or Tobacco Pipes of any kind
- No chewing tobacco, rolling tobacco or rolling papers
- No “dip” or “snuff” of any kind allowed
- No incense of any kind
- Power drinks (Red Bull, Monster, etc.)
- Aerosol cans or pressurized containers

****Any pills found out of place, is an in-house incident report**** Procedures for pills confiscated will be followed. Items will be turned over to the HHSC Supervisor. If the HHSC Supervisor is not available, please see Mr. Shumaker, or Mr. Vlachos or any other Operations Supervisor on property.

PERSONAL SAFETY AND MEDICAL DISCLAIMER

I, _____, understand and acknowledge the following:

- I understand and acknowledge that it is my responsibility to attend to my own safety while on Cheyenne Center's premises. This includes, but is not limited to, the following:
 - I will not run up and down the staircases
 - I will hold onto the rails while walking up or down the stairs.
 - I will look both ways before crossing the street.
 - I will not engage in any activity that would endanger my health or safety.
- I understand that Cheyenne Center is not responsible for my personal health or safety.
- I understand that Cheyenne Center does not carry any type of medical insurance on clients.
- I agree that I will not hold Cheyenne Center liable, financially, or otherwise, for costs resulting from illness, accident or injury incurred while I am a client and reside on property, whether said illness, accident or injury occurs on the property or not.
- I understand that if illness, accident, or injury should occur, Cheyenne Center will assist me in meeting my medical needs through local resources.
- I understand that any debt I incur as a result of medical treatment for illness, accident or injury will be my responsibility.

MEDICAL EMERGENCIES

In case of a medical emergency, immediately summon a Cheyenne Center staff member to assess the situation. All Cheyenne Center staff members are certified in First Aid and CPR. They will determine whether it is necessary to call 911. First Aid Kits are maintained in the medication rooms, the kitchen, all Tech Stations, and the Front Lobby.

If it is determined to be a medical emergency, a Cheyenne Center employee will make the call. A Medication Monitor or Tech Assistant will monitor the client until EMS arrives.

Client Signature

Date

Consenter Signature

Date

Staff Signature

Date

CLIENT PROPERTY POLICY (HHSC)

Cheyenne Center is not responsible for loss, theft or damage of any property belonging to a Cheyenne Center client. 100% of our clients are from the drug and alcohol abuse population. Please do not bring anything to Cheyenne Center that you can't afford to lose.

Cheyenne Center is not responsible for any property left at the facility.

In the event of your death, your belongings will be packed up and put in the Client Property Room until your Primary Counselor gives instructions as to the disposition of your belongings. Any "paperwork" will be tagged and bagged up separately.

If you are admitted to the hospital, your belongings are kept for 2 weeks from date on the Client Property Tag. Once that date has expired, your clothing is donated to indigent clients. Any "paperwork" will be tagged and bagged up separately and given to Ms. Santos.

If you are arrested, your belongings are kept for 5 days from date on the Client Property Tag. Once that date has expired, your clothing is donated to indigent clients. Any "paperwork" will be tagged and bagged up separately and given to Ms. Santos.

If you are discharging successfully and, for some legitimate reason, must leave your belongings here; and, if you follow the correct procedure for advising your Primary Counselor of your situation, we will make every effort to safeguard your property for a reasonable amount of time (**normally, three [3] days**). However, be aware that this is a very large place and it is open 24 hours a day and lots of people are in and out all of the time. **We will not be responsible if something happens to your stuff.**

AWOL/ABSCOND POLICY

As of November 1, 2011, if you make the choice to AWOL or ABSCOND, your clothing will be confiscated and issued to indigent clients. Any "paperwork" will be tagged and bagged up separately and given to Ms. Santos.

Client Signature

Date

Staff Signature

Date

CELL PHONES (HHSC)



**Cell phones are not allowed
at Cheyenne Center!!**

**Confiscation of a cell phone will result in a
Disciplinary Treatment Team Meeting
with possible recommendation for discharge.**

**Cell phones that are confiscated
will NOT BE given back to you!!**

(As of November 18, 2011)

SWIMMING POOL (HHSC)

Policy: Cheyenne Center will allow clients to utilize the swimming pool at the Company's discretion according to the clients' schedule. All persons visit the pool at their own risks. Warning: No lifeguard on duty.

Procedure: Clients utilizing the pool must turn their badges into the designated tech station (TDCJ Count Room or HHSC Tech Station) each time. All clients, except for clients placed on quarantine, will be allowed to use the pool during RECREATION TIME as per below. Pool times are posted for more information.

- All persons visit the pool at their own risk.
- Owners and management not responsible for accidents or injuries.
- Please shower before using the swimming pool.
- Proper attire required. Swimming suits only.
- No glass, food or pets allowed in or around the swimming pool.
- No soaps or oils allowed.
- No loud or boisterous play.
- Management reserves the right to deny use of pool to anyone or to close the pool at any time.



We want you to have fun, but please obey the rules!

HHSC POOL SCHEDULE (Days and times subject to change)

Saturday & Sunday from 11:30 am – 12:50 pm

Thursdays from 3:50 pm – 4:20 pm

***Recreation Time (all clients including LOP and Extra Duty may swim)**

Emergency Procedures For Evacuation

Signage inside all building exits provides evacuation assembly point locations (where to assemble if you must evacuate the building).

Prepare:

Determine in advance the nearest exit from your ROOM and the route you will follow to reach that exit in an emergency. Establish an alternate route to be used in the event your route is blocked or unsafe. (See facility map on page 56)

During Evacuation:

- If time and conditions permit, secure your ROOM and take with you important personal items such as wallet, glasses, etc.
- Follow instructions from STAFF.
- Check doors for heat before opening. (Do not open door if hot.)
- Walk — DO NOT RUN. Do not push or crowd.
- Keep noise to a minimum so you can hear emergency instructions.
- Use handrails in stairwells; stay to the right.
- Assist people with disabilities (see below).
- Move to your evacuation assembly point unless otherwise instructed.

If relocating outside the building:

- Move quickly away from the building.
- Watch for falling glass and other debris.
- Stay with STAFF who will keep track of employees and clients from your area.
- **If you have relocated away from the building, DO NOT RETURN until notified that it is safe to do so.**

Evacuation of Clients/Clients

- In the event of an emergency, the person in charge shall immediately contact the Chief Executive Officer or designee.
- Call 9-1-1 to report the situation.
- Once the Chief Executive Officer or designee arrives and determines that the situation requires evacuation, all facility employees on property shall report to their supervisor and begin to evacuate the clients to safety.
- A command center shall be established per the Chief Executive Officer's direction. This should be in a convenient location out of the line of danger.
- The Chief Executive Officer, or highest ranking person at scene, shall become the "Commander" in order to direct people to areas needing assistance.
- Alternate placement for clients must be arranged. The Chief Executive Officer, or highest ranking person at scene, shall designate someone to coordinate a shelter.
- The Chief Executive Officer, or highest ranking person on scene, shall assign a second person to coordinate transportation.
- Once a shelter is arranged, the Commander shall designate a meeting spot outside of the facility. Clients shall be evacuated from the building in an orderly fashion.
- All departmental personnel shall report to the designated location with the supplies they are assigned to gather.
- **The Program Director shall be responsible for tagging and identifying all clients upon evacuation. They shall also be responsible for ensuring that the clients' medical records are transported with the client.**
- Direct care staff and counselors will be responsible for caring for clients. The MED TECH ON DUTY shall be responsible for taking the medication to the meeting spot.
- Direct care personnel will be responsible for gathering all linens and supplies needed for client care. If possible, attempts should be made to gather client clothing also.
- Dietary personnel will be responsible for gathering food and dietary supplies.
- **The Counselors will be responsible for contacting family members to notify them of the disaster and where clients are being transported.**
- The counselors may also have to reassure and supervise family members and on-lookers that may arrive on the scene.
- **The senior resident shall be responsible for the facility pets.**

- The Chief Operations Officer shall gather all departmental employee schedules and the employee roster, as well as other pertinent business office supplies and records.
- The Tech Assistant Supervisor, or designated person, shall check all rooms before leaving the grounds. An "X" should be marked on each door to verify that the room is empty.
- All available staff members shall assist with a last walk through of the building to ensure that no clients or staff members are left behind.
- Once everyone has been evacuated and all supplies gathered, boarding of clients and supplies for relocation shall begin in an orderly fashion.
- **The Program Director shall be responsible for keeping an official roster with names of clients, staff, board members, and volunteers present at the time of disaster and during the evacuation.**
- Information to be recorded shall include: name of client and next of kin/responsible party; shelter transferred to and person accompanying client; medications, med sheet, and chart sent with client to location of transfer.

Evacuation of Non-Ambulatory Disabled Persons

- Evacuation may not be necessary or advisable. Many stairwells are designed to provide temporary protection from fire or other danger. An able-bodied volunteer should stay with a wheelchair user in the platform area of the stairwell while a second person notifies emergency personnel or paramedics of the exact location of the wheelchair user.
- If immediate evacuation is necessary, be aware of the following considerations:
- Wheelchairs have many moving parts; some are not designed to withstand stress or lifting.
- You may need to remove the chair batteries. Life support equipment may be attached.
- In a life-threatening emergency it may be necessary to remove an individual from their wheelchair. Lifting a person with minimal ability to move may be dangerous.
- Wheelchairs should not be used to descend stairwells, if at all possible.
- Non-ambulatory persons may have respiratory complications. Remove them from smoke or fumes immediately and determine their needs and preferences.
- Always consult with the person in the chair regarding how best to assist them.
- The number of people necessary for assistance.
- Ways of being removed from the wheelchair.
- Whether to extend or move extremities when lifting because of pain, catheter leg bags, plasticity, braces, etc.
- Whether to carry forward or backward on a flight of stairs.
- Whether a seat cushion or pad should be brought along if the wheelchair is being left behind.
- In lieu of a wheelchair, does the person prefer a stretcher, chair with cushion/pad, or car seat?
- Is paramedic assistance necessary?

Visually Impaired Persons:

- Most visually impaired persons will be familiar with their immediate work area. In an emergency situation:
- Describe the nature of the emergency and offer to act as a "sighted guide" — offer your elbow and escort him/her to a safe place.
- As you walk, describe where you are and advise of any obstacles.
- When you have reached safety, orient the person to where you are and ask if further assistance is needed.

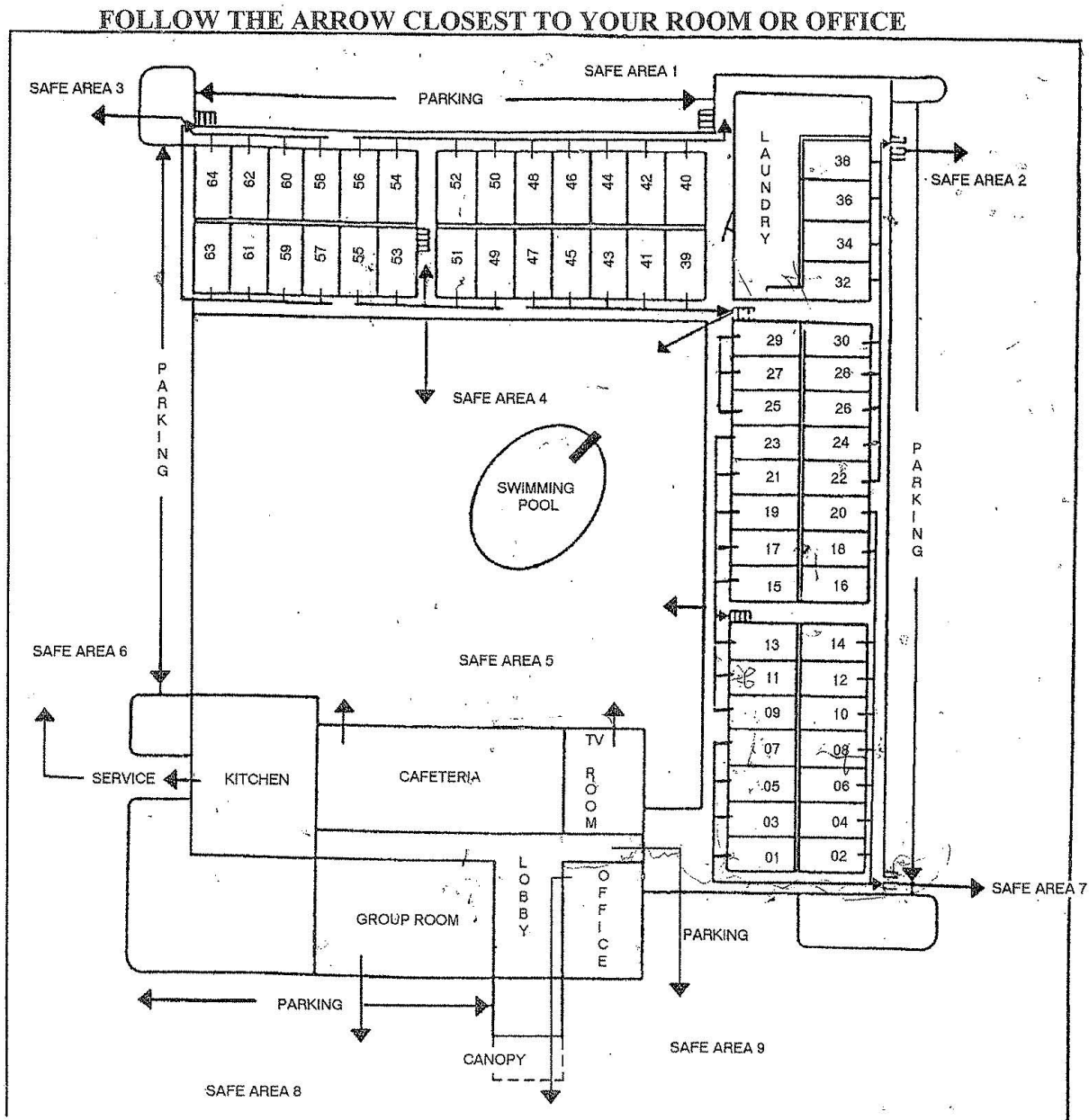
Hearing Impaired Persons:

- Because persons with impaired hearing may not perceive emergency alarms, an alternative warning technique is required. Two methods of warning:
- Write a note describing the emergency and the nearest evacuation route. ("Fire. Go out rear door to the right and down, NOW!")
- Turn the light switch off and on to gain attention, and then indicate through gestures what is happening and what to do.

“Shelter in Place”

- During certain emergency situations, particularly chemical, biological or radioactive material releases and some weather emergencies, you may be advised to “shelter in place” rather than evacuate the building.
- Stay inside the building (or go indoors as quickly as possible).
- Quickly locate supplies you may need such as food, water, radio, etc.
- If possible, go a room or corridor where there are no windows and few doors.
- If there is time, shut and lock all windows and doors. (Locking them may provide a tighter seal against chemicals).
- Push a wet towel up against the crack between the door and the floor to seal it.

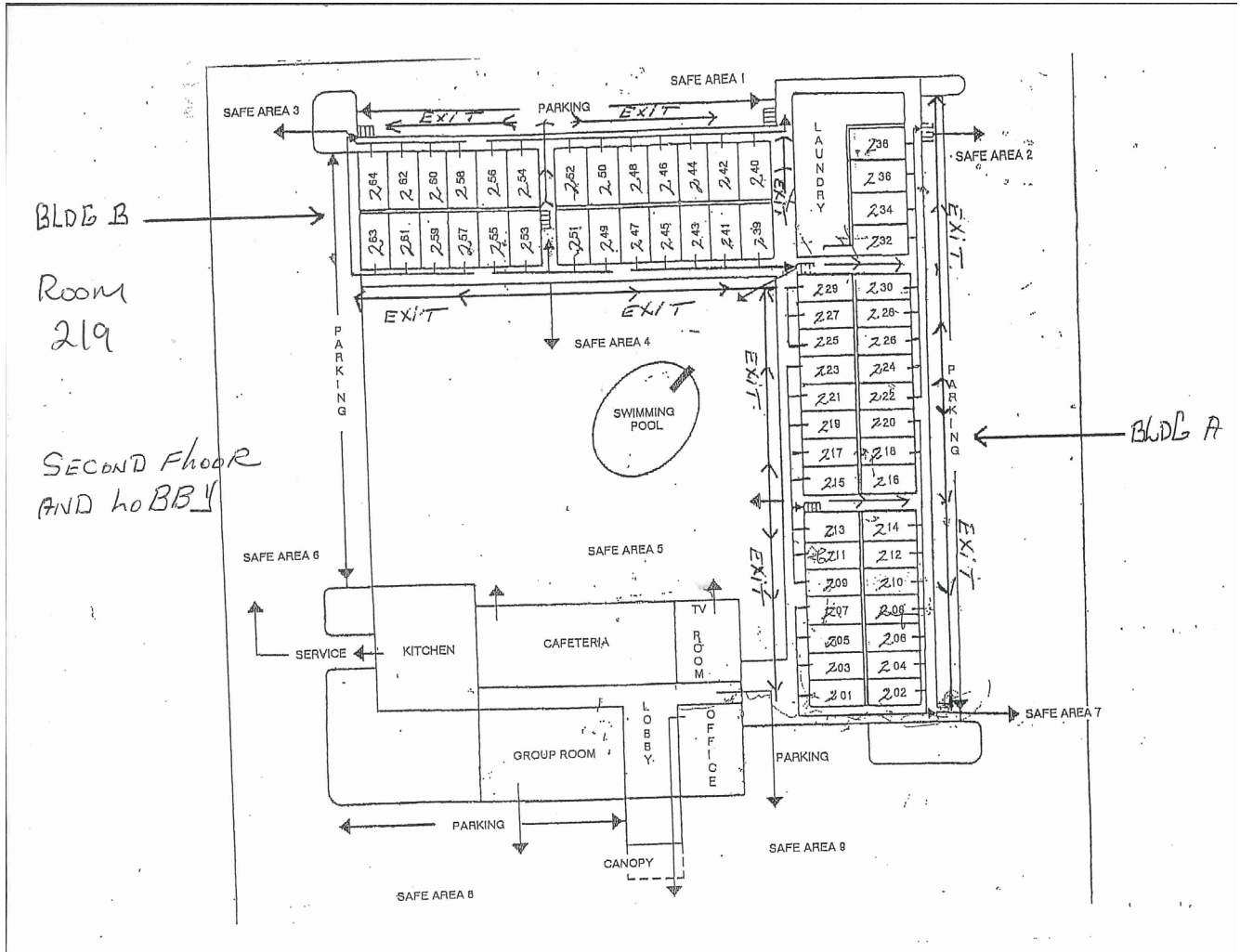
- In the event of a chemical release, go to an above-ground level of the building; some chemicals are heavier than air and may seep into basements even if the windows are closed.
- Turn off the heat, fans, air conditioning or ventilation system, if you have local controls for these systems.
- Drink bottled, stored water, not water from the tap.
- If possible, check for additional information via radio or television for further details.
- Do not call 911 unless you are reporting a life-threatening situation.



CC.PP.99-102

When the "all clear" is announced:

- Open windows and doors.
- Turn on heating, air conditioning or ventilation system.
- Go outside and wait until the building has been vented.



MAIL

Governing Rules: TAC 40, PART 3 §448.705, TDCJ C.3.20

Policy: Cheyenne Center will handle client correspondence in as safe and secure manner as possible.

Procedure: The mail drop is located at the Front Lobby Tech Station. The outgoing mail is taken to the post office once a day (Monday through Friday). Stamps are provided to indigent clients for legal and government mail (lawyer, parole/probation, income tax, etc.).

Mail is picked up from the post office once a day Monday through Friday. Mail is not picked up on Saturdays or holidays. Clients are responsible for following USPS procedures for forwarding mail or filing a change of address.

After a client discharges, all mail will be stamped “Return to Sender” unless the client makes prior arrangements with Ms. Glenda Howell before being discharged. Clients can leave a self-addressed stamped envelope or leave his telephone number for Ms. Howell to get in contact with the client should any mail arrive.

Incoming mail is sorted and logged in and then distributed at Tech Station by the assigned Mail Tech Assistant Monday through Friday. All clients on property will receive their mail directly **and will sign for receipt of the mail**. It is the responsibility of the client to check the posted list to see if he has mail. Mail distribution times are generally at 5 pm.

All incoming LETTER MAIL, BOXES, or PACKAGES should be addressed in the following manner:

“JOHN DOE”
“C/O Cheyenne Center, Inc. / HHSC”
“10525 Eastex Freeway”
“Houston, Texas 77093”

The local post office is, unfortunately, very unreliable. We are not responsible for any mail other than Registered Mail or Certified Mail with a Return Receipt Request attached that has been signed by a Cheyenne Center employee. **We are responsible only for mail that can be tracked and has been signed for by a Cheyenne Center employee. THE CHEYENNE CENTER IS NOT RESPONSIBLE FOR LOST, DAMAGED OR MISSING MAIL.**

Cheyenne Center, Inc. supports the 1 box minimum policy. However, the assigned Mail Tech Assistant will review each situation on a case-by-case basis if a client receives more than one package for the first time. Family members are utilizing other means to send items to the clients they may not be aware of how many packages will be arriving. As an example, if the client just arrived at the facility and he/she receives 2 boxes, the assigned Mail Tech Assistant shall review the contents of the packages and if it's basic living items (clothes and hygiene products) the offender shall be allowed to keep the items. The assigned Mail Tech Assistant shall review the rules of the facility with the client and advise them this is a one-time only approval. **Clients can only receive additional outside package if approved by Counselor on a drop-off form.**

Newspapers, magazines, and any other subscription type material are not allowed, and any such items will not be kept.

CHEYENNE CENTER IS NOT RESPONSIBLE FOR CASH SENT BY MAIL, EVEN IF IT WAS SENT BY CERTIFIED MAIL OR REGISTERED MAIL!

If your family member puts a \$100 dollar bill in an envelope and it does not show up, we are **NOT RESPONSIBLE**. If your family member puts a \$100 dollar bill in a Certified or Registered letter (with Return Receipt) and it shows up with no money in it, we are **NOT RESPONSIBLE**, because your family member can't prove that there was money in the envelope.

But, if your family member puts a \$100 money order in a

---Certified or Registered letter

---With a Return Receipt Request that proves one of our employees signed for it, and your family member can furnish the money order receipt and the delivery and signature info, THEN, AND ONLY THEN, ARE WE RESPONSIBLE.

CHEYENNE CENTER AWARENESS FORM

Room Inspection / Shakedown Date: ____/____/____ Time: _____ a.m. / p.m.
FORM IS FOR ONE CLIENT ONLY. *ORIG: COUNSELOR. Copies: MYLES or POTTINGER AND DIRECT SPVSR.*

#	<u>ROOM INSPECTION</u> (one tech, male or female, look up and down)	<u>Yes</u>	<u>No</u>
1.	<u>BED</u> – Clean linens, bed made up correctly and sides tucked in tight		
2.	<u>FURNITURE</u> – Dusted, uncluttered. No broken drawers.		
3.	<u>PERSONAL ITEMS</u> – Neatly stored and organized. Empty boxes and luggage removed.		
4.	<u>CLOTHING</u> – Clean, folded and hung up. No clothing on furniture.		
5.	<u>TOWELS</u> – <u>No towels on furniture or bedding.</u> Towels hung on hanger or hook.		
6.	<u>SHOES</u> – Lined up in a row directly underneath the bottom bunks. Correct amount (DSHS=3;TDCJ=3)		
7.	<u>ODOR</u> – Clean smelling, not musty or dirty smelling whatsoever.		
8.	<u>CEILING/WALLS</u> – Clean. No MILDEW. No leaks. Pictures hung neatly. No posters!		
9.	<u>WINDOW / BLINDS</u> – Window and sills clean. Blinds dusted.		
10.	<u>WASH BOWL / COUNTERTOPS</u> – Clean and dry. Toiletries neatly organized		
11.	<u>TOILET / BATHTUB</u> – Bathtub MAT, NO MILDEW, bathtub SCRUBBED (SOS pad)		
12.	<u>SHOWER TILE</u> – Clean. No MILDEW or BROKEN TILES		
13.	<u>SHOWER CURTAIN</u> – Clean and mildew-free.		
14.	<u>BATHROOM FLOOR</u> – Clean and mopped. Free of clutter, towels, etc.		
15.	<u>MIRROR</u> – Clean and dry.		
16.	<u>LIGHTS</u> – Bulbs operational / Lights turned off when not in room.		
17.	<u>AIR CONDITIONER</u> – Filter clean. Unit set on 73 degrees (summer or winter)!		
18.	<u>TRASH CAN</u> – Not full of garbage / Garbage emptied daily.		
19.	<u>FRONT DOOR</u> – Clean. Nothing preventing the door from closing or locking.		
20.	<u>IMMEDIATE AREA</u> – Free of trash.		
	<u>ROOM SHAKEDOWN</u> (two male tech assistants)	<u>Yes</u>	<u>No</u>
21.	<u>CONTRABAND</u> – If yes, please complete the appropriate forms (Incident Report / Non-compliance)		

CLIENT NAME: _____	ROOM# _____	BUNK: _____
Counselor: _____	Tech Name: _____	
	Tech Name: _____	

Client Response:

 Client Signature: _____

Action Taken: ☐ **Verbal Pull-up** ☐ **Encounter** ☐ **TPR** ☐ **Rule Violation**

Counselor Signature: _____ Date: _____ Time: _____ a.m. / p.m.

Cheyenne Center, Inc. (Revised 01-06-21)

HHSC SIGN IN / SIGN OUT PROCEDURE

Prior to signing out, clients must have appropriate documents approved by your primary counselor or authorized staff evidenced by staff signature. These documents, when applicable, include plans of action, weekend work passes, weekend activity passes and employment verification. **All blanks must be filled completely and initialed by the Counselor in the “approved” column. The entire form must be signed by the Counselor or it is invalid. Any error whatsoever on any paperwork, a strike-through, a cross-out, etc., must be initialed by the Counselor or it is invalid. We will not call your Counselor because accuracy on your paperwork is your responsibility.**

The following is an outline of client responsibility when entering the HHSC Tech Station or the HHSC Medication Room to sign in or out. This list is not all-inclusive. Always follow any directive you are given otherwise you will be asked to leave the sign out room:

- Step to the desk and provide your name for the tech assistant serving you.
- **Proper job search attire: Shirt tucked in, pants not sagging, belt (if available) and shoes.**
- Approved documentation must be already in the client sign out folder.
- **Bring your own pen.**
- Be present at the time approved for departure.
- Wait for instruction from the tech assistant before beginning sign out process.
- Print all information requested on the sign out form in the appropriate space and clearly indicate a.m. or p.m. when documenting time. **Look at the clock and write down the ACTUAL TIME you are signing out – not the time on your plan of action.**
- Allow tech assistant to verify information prior to receiving your GREEN SIGN OUT PASS.
- If you are signing out for medical reasons, once you have signed out of the HHSC Tech Station, turn right and proceed to the HHSC Medication room and repeat the sign out process.
- Allow med tech assistant to verify information prior to receiving your PINK SIGN OUT PASS.
- Take either your green pass or pink pass (but not both passes, only one pass), and proceed directly to the lobby desk to sign out again at the front lobby where you turn your colored pass to the lobby desk tech assistant.
- **Please plan for your day. Once you have signed out you will not be allowed to return to your room (use the restroom in the front lobby).**

****No unescorted movement on property is allowed during any TDCJ head count time****

*****CLIENTS who sign out during any TDCJ head count time MUST BE ESCORTED BY AN HHSC TECH ASSISTANT to the front lobby to sign out. No exceptions*****

HHSC STORE RUN

Step to the desk and provide your name for the tech assistant serving you.

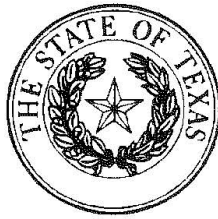
Proper job search attire: Shirt tucked in, pants not sagging, belt (if available) and shoes.

Approved documentation must be already in the client sign out folder.

Bring your own pen.

Be present at the time approved for departure.

HHSC staff will escort you. Keep near staff and follow staff's directive at all times.



Texas Board of Criminal Justice PREA Ombudsman Office

P.O. Box 99, Huntsville, TX 77342-0099
(936) 437-5570 (936) 437-5555 fax
P.O. Box 99, Huntsville, TX 77342
prea.ombudsman@tdcj.texas.gov

What Is PREA?

In September of 2003, the *Prison Rape Elimination Act* (PREA) was signed into law. PREA is the first national law to be passed addressing sexual abuse behind bars. Some of the components of PREA include: establishing a zero-tolerance standard for the incidence of rape in prisons in the United States; making the prevention of prison rape a top priority in each prison system; and developing and implementing national standards for the detection, prevention, reduction, and punishment of prison rape.

Who Is The PREA Ombudsman?

The PREA ombudsman was established by the 80th Legislature in 2007 (Texas Government Code § 501, Subchapter F), and is appointed by the Texas Board of Criminal Justice (TBCJ). The PREA ombudsman reports directly to the chairman of the TBCJ, and is responsible for and authorized to coordinate and oversee the Texas Department of Criminal Justice's (TDCJ) efforts to eliminate sexual abuse and sexual harassment in correctional facilities and respond to complaints or inquiries related to PREA allegations. PREA allegations include offender-on-offender or staff-on-offender sexual abuse and sexual harassment, retaliation for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to a PREA incident in TDCJ correctional facilities.

Reporting PREA Allegations

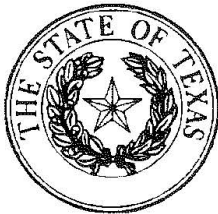
Due to the serious nature of sexual abuse and sexual harassment, anyone with knowledge of a PREA incident that occurred in a TDCJ correctional facility is encouraged to immediately report the allegation to the unit administration, PREA ombudsman, or Office of the Inspector General (OIG).

Any offender may privately and confidentially contact the PREA ombudsman in writing regarding a PREA allegation and remain anonymous upon request. Any offender reporting a PREA allegation shall **NOT** be subjected to retaliation for reporting such an act.

Providing Helpful Information

Family and friends may also report PREA allegations on your behalf. Individuals reporting PREA allegations are encouraged to provide the following information:

- Name of the unit where the victim is assigned;
- Date and time the incident occurred;
- Name and TDCJ number of the offender victim;
- Name and TDCJ number of the alleged assailant and witnesses;
- A brief summary of the allegation; and
- Copies of any correspondence that could assist in the investigation.



Junta de Justicia Criminal de Texas
Oficina PREA Ombudsman

P.O. Box 99, Huntsville, TX 77342-0099
(936) 437-5570 (936) 437-5555 fax
P.O. Box 99, Huntsville, TX 77342
prea.ombudsman@tdcj.texas.gov

¿Qué es PREA?

En Septiembre del 2003, el *Acta de Eliminación de Violación en Prisión - Prison Rape Elimination Act* (PREA) fue convertido en ley. PREA es la primer ley nacional en ser aprobada atendiendo el asalto sexual dentro de prisión. Algunos de los componentes de PREA incluyen: establecer un estándar de cero-tolerancia para la incidencia de violación en las prisiones en los Estados Unidos; hacer de la prevención de violación en prisión una alta prioridad en cada sistema de prisión; y desarrollar e implementar estándares nacionales para la detección, prevención, reducción y castigo por violación en prisión.

¿Quién es El PREA Ombudsman?

El PREA Ombudsman fue establecido por la 80ª Legislatura en el 2007 (Código de Gobierno de Texas §501, Subcapítulo F), y es nombrado por la Junta de Justicia Criminal de Texas (TBCJ). El PREA Ombudsman reporta directamente al presidente de TBCJ, y es responsable por y está autorizado a coordinar y supervisar los esfuerzos del Departamento de Justicia Criminal de Texas (TDCJ) para eliminar el abuso sexual y acoso sexual en los establecimientos correccionales y responder a quejas o preguntas relacionadas a denuncias PREA. Denuncias PREA incluyen abuso sexual y acoso sexual de ofensor en ofensor o empleado en ofensor, represalias por reportar abuso sexual y acoso sexual, y negligencia de empleados o violación de responsabilidades que pueden haber contribuido a un incidente PREA en establecimientos correccionales de TDCJ.

Reportando Denuncias PREA

Debido a la seria naturaleza de abuso sexual y acoso sexual, cualquier persona que tiene conocimiento de un incidente PREA que ocurrió en un establecimiento correccional de TDCJ se le recomienda hacer inmediatamente la denuncia a la administración de la unidad, PREA Ombudsman, o a la Oficina del Inspector General (OIG).

Cualquier ofensor puede privada y confidencialmente ponerse en contacto por escrito con el PREA ombudsman en relación a una denuncia PREA. Cualquier ofensor reportando una denuncia PREA, NO será sujeto a represalias por reportar tal acto.

Proporcionando Valiosa Información

Familiares y amigos pueden también reportar denuncias PREA en su nombre. Se recomienda a las personas que reportan denuncias PREA a proporcionar la siguiente información:

- Nombre de la unidad donde la víctima está asignada;
- Fecha y hora en que ocurrió el incidente;
- Nombre y número TDCJ del ofensor víctima;
- Nombre y número TDCJ del supuesto asaltante y testigos;
- Un resumen breve de la denuncia; y
- Copias de cualquier correspondencia que pudiera ayudar en la investigación.

PRISON RAPE ELIMINATION ACT (PREA)

Cheyenne Center, Inc. has a Zero-tolerance policy for sexual abuse and sexual harassment and will investigate all allegations. In order to provide a PREA-safe environment, we encourage all clients to report any knowledge, suspicion or information regarding incidents of sexual abuse/harassment.

Sexual abuse includes—

(1) Sexual abuse of a client by another client; AND

(2) Sexual abuse of a client by a staff member, contractor, intern or volunteer.

Sexual abuse of a client by another client includes any of the following acts: if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) Any other intentional touching, either 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.

Sexual abuse of a client by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the client:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Contact between the mouth and any body part where the staff member, contractor, intern, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(4) 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, intern or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) 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, intern or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, intern, or volunteer to engage in the activities described in paragraphs (1) - (5) of this section;

(7) Any display by a staff member, contractor, intern, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a client, and

(8) Voyeurism by a staff member, contractor, intern or volunteer.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of a client by staff for reasons unrelated to official duties, such as peering at a client who is using a toilet to perform bodily functions; requiring a client to expose his or her buttocks, genitals, or breasts; or taking images of all/part of a client's naked body or of a client performing bodily functions.

Sexual harassment includes—

(1) 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

(2) Repeated verbal comments or gestures of a sexual nature to a client 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.

HOW TO REPORT

Cheyenne Center, Inc. offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call TDCJ PREA Ombudsman Office at (936) 437-5570.
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance.
- Report to the PREA coordinator or PREA compliance manager.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (713) 691-4898.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Cheyenne Center will thoroughly investigate all claims and forward the finding to necessary agencies (TDCJ, HPD, and Harris County Sheriff Department). Following an investigation into a client's allegation of sexual abuse suffered, we will inform the client as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and any resulting consequences (if applicable).

LEY DE ELIMINACIÓN DE VIOLACIÓN PRISIÓN (PREA)

Centro de Cheyenne, Inc. tiene una política de tolerancia cero para el abuso sexual y el acoso sexual e investigará todas las denuncias. Con el fin de proporcionar un entorno seguro de PREA, animamos a todos los clientes para informar de cualquier conocimiento, sospecha o información sobre incidentes de abuso/acoso sexual.

Abuso sexual incluye —

(1) abuso sexual de un cliente por otro cliente; Y

(2) sexual abuso de un cliente por un funcionario, contratista, pasante o voluntario.

Abuso sexual de un cliente por otro cliente incluye cualquiera de los siguientes actos: Si la víctima no consiente, es coaccionado a tal acto por amenazas manifiestas o implícitas de violencia, o es incapaz de consentir o rechazar:

(1) el contacto entre el pene y la vulva o el pene y el ano, incluyendo penetración, sin embargo ligera;

(2) contacto entre la boca y el pene, vulva o ano;

(3) penetración anal o genital de otra persona, sin embargo leve, por una mano, dedo, objeto u otro instrumento; y

(4) cualquier otro tocar intencionalmente, ya sea directamente o a través de la ropa, de los órganos genitales, ano, ingle, pecho, cara interna muslo o las nalgas de la otra persona, excepto el contacto incidental a un altercado físico.

Abuso sexual de un cliente por un funcionario, contratista o voluntario incluye cualquiera de las siguientes acciones, con o sin consentimiento del cliente:

(1) el contacto entre el pene y la vulva o el pene y el ano, incluyendo penetración, sin embargo ligera;

(2) contacto entre la boca y el pene, vulva o ano;

(3) contacto entre la boca y cualquier parte del cuerpo donde el funcionario, contratista, pasante o voluntario tiene la intención de abusar, despertar o satisfacer deseos sexuales;

(4) la penetración de la apertura anal o genital, sin embargo leve, por una mano, dedo, objeto u otro instrumento, que está relacionado con deberes oficiales o que el funcionario, contratista, pasante o voluntario tiene la intención de abusar, despertar o satisfacer deseos sexuales;

(5) cualquier otro contacto intencional, ya sea directamente o a través de la ropa, o con los órganos genitales, ano, ingle, pecho, cara interna muslo o las nalgas, que se relaciona con funciones oficiales o donde el funcionario, contratista, pasante o voluntario tiene la intención de abusar, despertar o satisfacer deseos sexuales;

(6) cualquier intento, amenaza o solicitud de un funcionario, contratista, pasante o voluntario para participar en las actividades descritas en los párrafos (1) - (5) de esta sección;

(7) cualquier pantalla por un funcionario, contratista, practicante o voluntario de sus genitales al descubierto, nalgas o pecho en presencia de un cliente, y

(8) voyeurismo por un funcionario, contratista, pasante o voluntario.

Voyeurismo por un funcionario, contratista o voluntario significa una invasión de la privacidad de un cliente por el personal por razones ajenas a las funciones oficiales, tales como mirando a un cliente que está utilizando un baño para llevar a cabo las funciones corporales; que requiere un cliente exponer su o sus nalgas, los genitales o pechos; o hacer fotos de todo/parte del cuerpo desnudo de un cliente o de un cliente realizar funciones corporales.

El acoso sexual incluye —

Repetida (1) y avances sexuales mal recibidos, solicitudes de favores sexuales, o comentarios verbales, gestos o acciones de naturaleza sexual despectiva u ofensiva por una cliente dirigida hacia otro; y

(2) repetido comentarios verbales o gestos de naturaleza sexual a un cliente por un funcionario, contratista o lenguaje voluntario, incluyendo referencias degradantes al género, comentarios sexualmente sugerentes o despectivos sobre cuerpo o ropa, u obsceno o gestos.

CÓMO INFORMAR DE

Centro de Cheyenne, Inc. ofrece múltiples maneras de reportar abuso sexual y el acoso sexual. Informes se pueden hacer anónimamente.

- Llame TDCJ PREA Ombudsman Office at (936) 437-5570.
- Informe a personal, voluntarios, contratista o personal médico o de salud mental.
- Presentar una queja.
- Informe a la PREA coordinador o Gerente de cumplimiento de PREA.
- Dígame a un miembro de la familia, amigo, abogado o cualquier persona fuera de las instalaciones. Puede informar en su nombre llamando al (713) 691-4898.

- También puede enviar un informe en nombre de alguien, o alguien en la instalación puede informar para que mediante las formas enumeradas aquí.

Centro de Cheyenne bien investigará todos los reclamos y adelante el hallazgo a los organismos necesarios (TDCJ HPD y Departamento del Sheriff del Condado de Harris). A raíz de una investigación sobre la denuncia de un cliente de abuso sexual sufrido, informamos al cliente en cuanto a si la denuncia se ha determinado que ser justificados, sin fundamento o sin fundamento y las consecuencias resultantes (si corresponde).

ZERO **TOLERANCE** **FOR SEXUAL ABUSE AND SEXUAL HARASSMENT**

RIGHT TO REPORT

If you, or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc. wants to know. We want you to report right away! Why?

- We want to keep YOU safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

HOW TO REPORT

Cheyenne Center, Inc. offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Write: **Texas Board of Criminal Justice PREA Ombudsman Office, PO Box 99, Huntsville, TX 77342-0099.**
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance.
- Report to the PREA coordinator or PREA compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (713) 691-4898 or (936) 437-5570.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

VICTIM SUPPORT SERVICES

Cheyenne Center, Inc. has partnered with Houston Area Women's Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (713) 528-7273 or send a letter to: Houston Area Women's Center, 1010 Waugh Dr., Houston, TX 77019.

CERO TOLERANCIA

POR ABUSO SEXUAL Y ACOSO SEXUAL

SU DERECHO A REPORTAR

Si usted, o alguien que usted conoce, ha sufrido de abuso sexual o acoso sexual, **Cheyenne Center, Inc.** quiere saber. ¡Queremos que lo reporte de inmediato! ¿Por qué?

- Queremos mantenerlo seguro; ¡es nuestro trabajo! Es su derecho a estar libre de abuso sexual o acoso sexual.
- Queremos llevar a cabo una investigación del incidente reportado.
- Queremos responsabilizar al autor por sus acciones.
- Queremos proporcionarle información relevante y servicios de apoyo.

COMO REPORTAR

Cheyenne Center, Inc. ofrece varias maneras de reportar abuso sexual o acoso sexual. Los reportes pueden ser anónimos.

- Libre Texas Board of Criminal Justice PREA Ombudsman Office, PO Box 99, Huntsville, TX 77342-0099.
- Reporte a cualquier empleado, voluntario, contratista, personal médico o personal de salud mental.
- Presente una queja escrita
- Reporte al coordinador PREA o a cualquier representante PREA.
- Reporte a un familiar, amigo, consejero legal, o a cualquier otra persona fuera de la instalación. Ellos pueden hacer el reporte en su nombre llamando al **713-691-4898**.
- Usted también puede hacer un reporte en nombre de otra persona, o alguien en la instalación puede hacer el reporte por usted usando las maneras aquí explicadas.

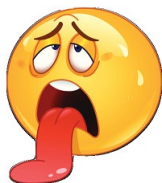
SERVICIOS A VÍCTIMAS

Cheyenne Center, Inc. se ha asociado con la agencia de defensores de víctimas para proveer a sobrevivientes de abuso sexual con servicios de apoyo emocional. Para tener acceso a estos servicios, por favor póngase en contacto o envíe una carta a:

- Houston Area Women's Center, 1010 Waugh Dr., Houston, TX 77019 (713) 528-7273 o 1-800-256-0551

BEAT THE HEAT!

Heat related illnesses can quickly progress from heat cramps, to heat exhaustion, to heat stroke!



Heat Cramps

Often the first sign that your body cannot handle the heat. Muscle cramps usually develop following strenuous exercise or work, and often affect the abdomen, arms, and calves. Muscle cramps are usually brief and intermittent (come and go), and may be severe or mild. You should ask to go to the medical department for treatment if you are experiencing muscle cramps.



Heat Exhaustion

This is the most common form of heat illness, and can come on gradually (possibly over several days). Symptoms may include weakness, anxiety, fatigue, dizziness, thirst, headache, nausea, profuse perspiration (sweating), rapid heartbeat, rapid breathing, loss of coordination and possible confusion. If you are experiencing any of these symptoms, it is very important to seek medical attention right away!



Heat Stroke

Medical Emergency! The body's systems for cooling itself are shutting down. Look for diminished or absent perspiration (sweating); hot, dry and flushed skin; increased body temperatures, delirium, convulsions, seizures; rapid pulse, weakness; headache, mental confusion, dizziness; extreme fatigue; nausea, vomiting; incoherent speech progressing to a coma, or unconsciousness. Death is possible if left untreated.

TIPS FOR AVOIDING HEAT RELATED ILLNESS:

- Report any and all symptoms of heat related illness to a staff member immediately!
- Drink plenty of fluids, even if you are not thirsty. When you are well-hydrated your urine should be very light or clear. This is especially important when you're active.
- Take frequent breaks. Rest in the shade, or request access to a respite area.
- Look out for one another.
- If you have a health condition and/or taking a medication that may make you more susceptible to heat, inform a staff member immediately!

REFRESH. REHYDRATE. REPLENISH.

COLD WEATHER ILLNESS PREVENTION

Hypothermia is a potentially dangerous drop in body temperature, usually caused by prolonged exposure to cold temperatures.



Hypothermia Category 1

Symptoms may include loss of body heat, shivering, lack of interest or concern, difficulty speaking, forgetfulness, mild unsteadiness in balance or walking, loss of manual dexterity, and lips turning blue. Seek medical attention right away if you are experiencing any of these symptoms!

Hypothermia Category 2

Medical Emergency! When your body reaches category 2, shivering stops. Other symptoms may include exhaustion, drowsiness, confusion, sudden collapse, slow pulse and breathing, dilated pupils, and cardiac arrest if left untreated. Seek medical attention immediately if you or someone around you is experiencing any of these symptoms!

Hypothermia Category 3

Medical Emergency! Death is possible if left untreated! Individuals experiencing category 3 hypothermia may be comatose, with no palpable pulse, and no visual respiration.

TIPS FOR AVOIDING COLD RELATED ILLNESS:

- Report any and all symptoms of cold related illness to a staff member immediately!
- Dress appropriately when working in extreme cold conditions. This may include thermal underwear, insulated jackets, cotton or leather gloves, insulated hoods, work shoes, and socks. Appropriate clothing will be issued to you even when the index indicates little danger of exposure injury.
- Drink warm, sweet fluids.
- Move your extremities often to promote blood circulation.
- Look out for one another!

Remember, you may be at a higher risk for a cold related illness if you are newly assigned to a job, elderly, exposed to below freezing temperatures for an extended period of time without adequate clothing, or wet when exposed to cold weather. If you feel you may be more susceptible to cold, inform a staff member immediately!

SAFE PRISONS/PREA PROGRAM

The Texas Department of Criminal Justice (TDCJ) has [zero-tolerance](#) for all forms of sexual abuse and sexual harassment of offenders, including retaliation for reporting and/or cooperating with an investigation. This means all allegations of this nature, whether it is perpetrated by staff, or another offender will be thoroughly investigated!

REPORTING THREATS TO YOUR SAFETY:

- Tell any staff member immediately!
- You may also report allegations to the unit major, the Office of Inspector General (OIG), or confidentially to the PREA Ombudsman, and remain anonymous upon request.

PREVENTION STRATEGIES:

- Do not accept commissary items, gifts, or other-unsolicited favors, including illegal drugs, alcohol, or other contraband.
- Do not accept offers of protection, join gangs, or other unapproved groups.
- Be alert and aware of your surroundings.
- Trust your instincts! If it feels wrong, get help or call out for a staff member.

IF YOU ARE SEXUALLY ABUSED:

- Report it immediately!
- Do not shower, brush your teeth, use the restroom, change your clothes, or do anything else which may destroy evidence.
- Abuse will be thoroughly investigated, and perpetrators will be disciplined and possibly prosecuted.
- You will be provided with medical and mental health care, including emergency contraceptives and prophylactic treatment for sexually transmitted infections free of any co-pay charges.
- You will be provided with emotional support and crisis services from a qualified staff or an outside advocate, where available.

CONSEQUENCES FOR PERPETRATORS:

- If you are found to have engaged in sexual abuse or sexual harassment of another offender, you will be administratively disciplined and may be subject to criminal penalties, including additional prison time.
- You will be required to register as a sex offender upon release.
- You are at a significantly higher risk of contracting a sexually transmitted infection, including HIV.

I-204 (April 2017)

SUICIDE PREVENTION

While there are no behavioral indicators that can say with absolute certainty whether or not someone will go as far as to attempt suicide, there are certain warning signs that should be taken seriously.

Suicide High Risk Factors:

- Recent family loss
- Recent set off or serve all
- Recent denial of protective housing
- Recent court disappointment
- Recent changes in relationships
- Changes in physical condition
- Deteriorating medical condition
- Increasing fear of being harmed
- Feeling pressured or threatened by gangs
- Encouragement from others to commit suicide
- Recent placement in single cell housing
- Less than three years served on sentence

Warning Statements:

- “No one cares”
- “I won’t be around long.”
- “My family will be better off without me...”
- “It doesn’t matter anymore.”
- “No one would miss me if I were gone.”
- “Take care of my daughter, car, etc. for me.”

Behavior Changes:

- Eating habits
- Hygiene habits
- Sleeping habits
- Giving away possessions
- Refuses visits or mail
- Talks about death/dying
- Any self-injury
- Crying

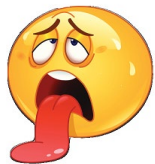
Mood Changes:

- Hopelessness
- Withdrawn
- Depressed
- Sadness
- Worthlessness
- Helplessness
- Anger
- Fearful

Suicide prevention is everyone’s business! Look out for one another! If you or someone you know is experiencing mental health issues, mental health distress, or thoughts of suicide, inform a staff member immediately!

¡COMBATA EL CALOR!

¡Enfermedades relacionadas con el calor pueden progresar rápidamente de calambres por calor, al agotamiento por calor, a insolación!



Calambres por Calor

Es a menudo la primera señal de que su cuerpo no puede manejar el calor. Los calambres musculares generalmente ocurren después de ejercicio o trabajo agotador, y a menudo afectan el abdomen, brazos y pantorrillas. Los calambres musculares son por lo general breves e intermitentes (vienen y van), y pueden ser severos o leves. Usted debe pedir ir al departamento médico para tratamiento si usted está sufriendo calambres musculares.



Agotamiento por Calor

Esta es la forma más común de enfermedad por calor, y puede aparecer gradualmente (posiblemente durante varios días). Los síntomas pueden incluir debilidad, ansiedad, fatiga, mareo, sed, dolor de cabeza, náusea, sudoración abundante (sudor), pulso rápido, respiración rápida, pérdida de coordinación y posible confusión. Si usted está sufriendo de cualquiera de éstos síntomas, es muy importante ¡buscar atención médica de inmediato!



Insolación

¡Emergencia Médica! Los sistemas de enfriamiento del cuerpo se están cerrando. Observe por disminución o ausencia de sudoración; piel caliente, seca y enrojecida; aumento de la temperatura corporal, delirio, convulsiones, ataques; pulso rápido, debilidad; dolor de cabeza, confusión mental, mareo; fatiga extrema; náusea, vómito; habla incoherente escalando a coma o inconsciencia. Muerte es posible si no se trata.

CONSEJOS PARA EVITAR ENFERMEDADES RELACIONADAS CON CALOR:

- ¡Reportar cualquiera y todos los síntomas de enfermedad relacionada con calor a un miembro del personal inmediatamente!
- Beba muchos líquidos aún si no tiene sed. Cuando usted está bien hidratado su orina debe ser muy clara o clara. Esto es especialmente importante cuando usted está activo.
- Tome descansos frecuentes. Descanse en la sombra, o pida acceso a un área de respiro.
- Cuidarse uno al otro.
- Si usted tiene una condición médica y/o está tomando medicamento que puede hacerlo más susceptible al calor, ¡informe a un miembro del personal inmediatamente!

REFRESCAR. REHIDRATAR. REPONER.

PREVENCIÓN DE ENFERMEDADES POR CLIMA FRÍO

La hipotermia es una caída potencialmente peligrosa de la temperatura corporal, causada generalmente por exposición prolongada a temperaturas frías.



Hipotermia Categoría 1

Los síntomas pueden incluir pérdida del calor corporal, estremecimiento, pérdida de interés o preocupación, dificultad para hablar, olvido, leve inestabilidad en el equilibrio o al caminar, pérdida de destreza manual, y los labios se ponen azules. ¡Busque atención médica de inmediato si usted presenta cualquiera de estos síntomas!

Hipotermia Categoría 2

¡Emergencia Médica! Cuando su cuerpo alcanza la categoría 2, el escalofrío se detiene. Otros síntomas pueden incluir cansancio, somnolencia, confusión, colapso repentino, pulso y respiración baja, pupilas dilatadas, y paro cardíaco si no se atiende. ¡Busque atención médica inmediatamente si usted o alguien a su alrededor presenta cualquiera de éstos síntomas!

Hipotermia Categoría 3

¡Emergencia Médica! ¡Muerte es posible si no se atiende! Personas presentando hipotermia categoría 3 pueden estar en estado comatoso, no se siente el pulso, y la respiración no es visible.

CONSEJOS PARA EVITAR ENFERMEDADES RELACIONADAS CON EL FRÍO:

- ¡Reportar cualquiera y todos los síntomas de enfermedad relacionada con clima frío a un miembro del personal inmediatamente!
- Vestir apropiadamente al trabajar en condiciones extremas de frío. Esto puede incluir ropa interior térmica, chaquetas aislantes, guantes de algodón o piel, capuchas aislantes, zapatos de trabajo y calcetines. Ropa adecuada le será proporcionada aun cuando el índice indica poco peligro de lesión por exposición.
- Beber líquidos calientes, dulces.
- Mover sus extremidades frecuentemente para mejorar la circulación sanguínea.
- ¡Cuidarse uno al otro!

Recuerde, usted puede estar en alto riesgo de enfermedad por frío si usted es recién asignado al trabajo, persona mayor, expuesto a temperaturas congelantes por un largo período de tiempo sin ropa adecuada o mojada al estar expuesto al frío. Si usted siente que usted puede ser más susceptible al frío, ¡informe a un miembro del personal inmediatamente!

PRISIONES SEGURAS/ PROGRAMA PREA

El Departamento de Justicia Criminal de Texas (TDCJ) tiene [cero-tolerancia](#) para todas las formas de abuso sexual y acoso sexual de ofensores, incluyendo el tomar represalias por reportar y/o cooperar con una investigación. Esto significa que todas las denuncias de ésta naturaleza, ya sean perpetradas por miembros del personal u otro ofensor ¡serán investigadas a fondo!

REPORTAR AMENAZAS A SU SEGURIDAD:

- ¡Decir inmediatamente a cualquier miembro del personal!
- Usted también puede reportar denuncias al mayor de la unidad, a la Oficina del Inspector General (OIG), o confidencialmente al Ombudsman PREA, y permanecer anónimo al pedirlo.

ESTRATEGIAS DE PREVENCIÓN:

- No aceptar artículos de la comisaría u otros favores no solicitados, incluyendo drogas ilegales, alcohol u otro contrabando.
- No aceptar ofertas de protección, unirse a pandillas u otros grupos no aprobados.
- Estar alerta y consciente de sus alrededores.
- ¡Confiar en sus instintos! Si siente que algo no está bien, busque ayuda o llame a un miembro del personal.

SI USTED ES ABUSADO SEXUALMENTE:

- ¡Repórtelo inmediatamente!
- No ducharse, cepillarse los dientes, usar el baño, cambiar su ropa, o hacer otra cosa que pueda destruir evidencia.
- El abuso será investigado a fondo, y los perpetradores serán disciplinados y posiblemente procesados.
- A usted se le proporcionará atención médica y mental, incluyendo anticonceptivos de emergencia y tratamiento profiláctico por infecciones de transmisión sexual sin ningún cargo de copago.
- A usted se le proporcionará apoyo emocional y servicios de crisis de un personal calificado o un defensor externo, donde esté disponible.

CONSECUENCIAS PARA PERPETRADORES:

- Si usted es descubierto haber participado en abuso sexual o acoso sexual de otro ofensor, usted será administrativamente disciplinado y puede ser sujeto a penalidad criminal, incluyendo tiempo adicional en prisión.
- Usted será requerido a registrarse como un ofensor sexual al ser liberado de prisión.
- Usted está en un riesgo significativamente mayor de contraer una infección por transmisión sexual, incluyendo VIH.

I-204S (April 2017)

PREVENCIÓN DEL SUICIDIO

Si bien no hay indicadores de comportamiento que pueden decir con absoluta seguridad si alguien irá tan lejos como intentar suicidarse. Hay ciertas señales de advertencia que deben tomarse seriamente.

Factores de Alto Riesgo de Suicidio:

- Pérdida reciente de un familiar
- Negación reciente de Junta de Libertad Condicional
- Negación reciente de vivienda protectora
- Desacuerdo reciente de la corte
- Cambios recientes en las relaciones
- Cambios en condición física
- Deterioro de condición médica
- Aumento del temor a ser perjudicado
- Sentirse presionado o amenazado por pandillas
- Animado por otros a cometer suicidio
- Colocación reciente en vivienda de una sola celda
- Menos de tres años cumplidos de sentencia.

Frases de Advertencia:

- “A nadie le importa”
- “No estaré por mucho tiempo.”
- “Mi familia estará mejor sin mí...”
- “Ya no importa.”
- “Nadie me extrañaría si me fuera.”
- “Cuida de mi hija, carro, etc. por mí.”

Cambios de Comportamiento:

- Hábitos alimenticios
- Hábitos de higiene
- Hábitos de dormir
- Regalar pertenencias
- Rechazo a visitas o correo
- Hablar acerca de la muerte/morir
- Cualquier herida a sí mismo
- Llanto

Cambios de Humor:

- Desesperanza
- Aislamiento
- Deprimido
- Tristeza
- Inutilidad
- Incapacidad
- Ira
- Temor

¡Prevención del suicidio es asunto de todos! ¡Cuidarse uno al otro! Si usted o alguien que usted conoce está teniendo problemas de salud mental, angustia mental, o pensamientos de suicidio, ¡Informe inmediatamente a un miembro del personal!

