



# Board of County Commissioners Agenda Request

**3A**  
Agenda Item #

**Requested Meeting Date:** December 16, 2205

**Title of Item:** Purpose Driven Recovery Home Presentation



REGULAR AGENDA



CONSENT AGENDA

**Action Requested:**



Approve/Deny Motion



Adopt Resolution (attach draft)



Hold Public Hearing *\*provide copy of hearing notice that was published*



Direction Requested



Discussion Item



Information Only

**Submitted by:**

David Minke, County Administrator

**Department:**

Administrator

**Presenter (Name and Title):**

Kory O'Neil, Owner

**Estimated Time Needed:**

10 minutes

**Summary of Issue:**

Kory O'Neil has recently opened a mens and womens recovery home in Aitkin. He will be present to provide an overview of his operations and answer questions.

**Alternatives, Options, Effects on Others/Comments:**

**Recommended Action/Motion:**

**Financial Impact:**

*Is there a cost associated with this request?*



Yes



No

*What is the total cost, with tax and shipping? \$*

*Is this budgeted?*



Yes



No

*Please Explain:*





# Purpose Driven

RECOVERY HOME



Women's Recovery Home

## Services available in Aitkin

- Aitkin Alano Society/AA  
322 1<sup>st</sup> Ave NE  
Aitkin, MN 56431  
218-829-3740 or  
757-563-1600

Weekly meetings, potlucks,  
live music, key speakers and  
more.

- Health and Human Services,  
Public Library,  
Convenience/Grocery stores  
all within walking distance.

- Food Resources:  
Loaves and Fishes  
Community Meals:  
Monday/Thursday 5PM,  
Tuesday 12PM  
3 local Food Shelves open  
and operating at different  
times/locations.

- Transportation:  
Aitkin County Care  
218-927-1383

Arrowhead Transit:  
1-800-862-0175

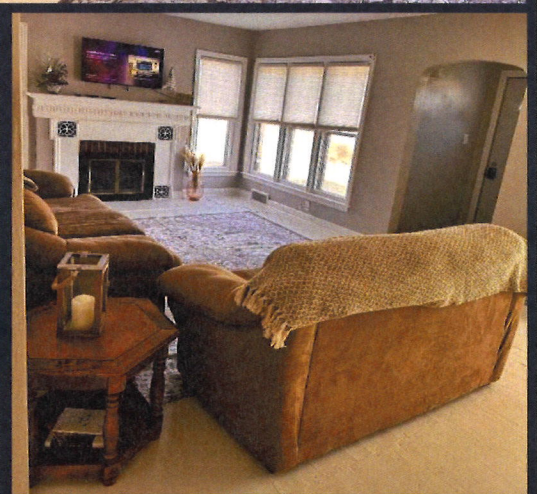
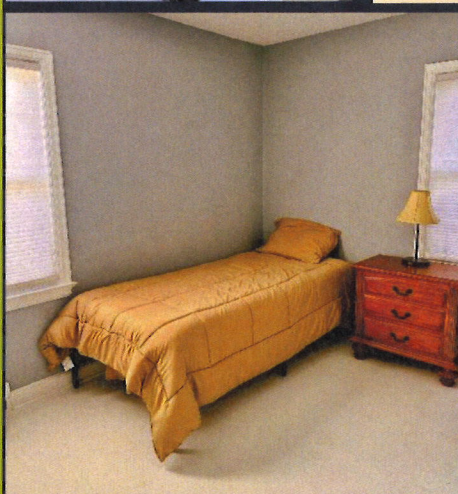
## AITKIN COUNTY SCHEDULE



Arrowhead Transit is funded by the  
Minnesota Department of Transportation (MnDOT).

## Newly Rennovated/Accepts Housing Support!

Aitkin is a small town with a big heart. With a quiet, peaceful atmosphere it makes for a great place to continue the recovery journey without the noise and temptations of a larger community. We believe in the power of prayer, hope, and community. We will do everything to help you continue your journey. Afterall, it's the journey – not the destination.



209 2<sup>nd</sup> Ave NW, Aitkin MN 56431

Tel 218-820-1207

Email: [PDRecoveryHomes@outlook.com](mailto:PDRecoveryHomes@outlook.com)





# Purpose Driven

RECOVERY HOME



## Men's House

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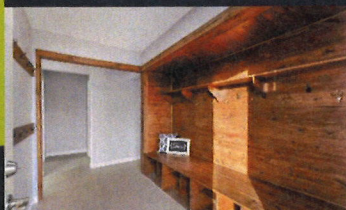
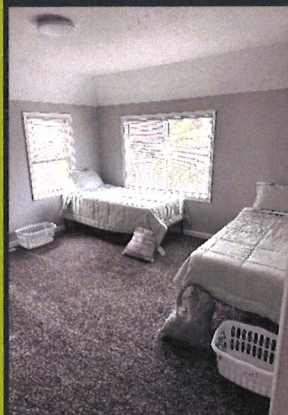
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# Purpose Driven Recovery Home

Kory & Holli O'Neil | (218) 820-1207 | [PDRecoveryHomes@Outlook.com](mailto:PDRecoveryHomes@Outlook.com)

## **CODE OF CONDUCT**

As a resident of Purpose Driven Recovery Home, I agree to the following:

1. ***Absolutely NO alcohol, drugs, or paraphernalia on Purpose Driven Recovery Home property. Medical Cannabis is NOT to be smoked on the property. Tenants must show an unexpired MN Medical Card if testing positive for marijuana.***
2. I will not possess any deadly weapon to include, but not limited to, guns, knives, brass knuckles, nightsticks, etc.
3. I understand that any criminal charge, arrest, incarceration, or known illegal activity will result in disciplinary action up to and including discharge.
4. I will remain dressed appropriately in the house and on Purpose Driven property.
5. I agree to show respect during house meetings by not having side conversations, not using my cell phone, being on time, refraining from excessive trips in and out of the room, and being alert and attentive to the person speaking.
6. I agree not to use any language that is derogatory in any way. This includes any racist, bigoted, offensive, or sexually inappropriate language without regard to who the comment is directed towards or if the language is used in jest.
7. ***I agree to take part in the shared household chores. If chores are not being completed, they will be assigned by management.***
8. I will **NOT** flush paper towels, etc. down the toilet.
9. I understand that it is my responsibility to clean up after myself (dishes, cleaning hair out of the shower drain, etc.). I also understand that if I have a guest and they leave a mess, then it becomes my responsibility to clean up.
10. I understand that **guests must leave** at curfew unless prior permission is granted.
11. I will not use any other program participant's personal property (clothes, hygiene products, makeup, food, etc.) without permission.
12. I will not have any pets in the residence at any time.
13. I understand that it is my responsibility to clean my part of the refrigerator weekly.
14. ***I agree not to change the thermostat at any time. If I am hot/cold, I will talk to management immediately.***



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15. I understand that the washer and dryer should only be used on **MY scheduled day**. Program participants should not use the washer/dryer and leave the residence at any time. Program participants are also responsible to clean the lint trap after each use of the dryer.
16. Program participants will be considerate of others when using the bathroom facilities. I will refrain from excessive use of the bathroom and will vacate after showering and continue getting ready elsewhere. *(Residents with roommates are allowed extra time to dress in private.)*
17. I agree not to show any public displays of affection in the residence.
18. I agree not to isolate myself in my room and to interact with my peers in common areas of the house during my free time.
19. **I agree to seek outside mental health services or screenings if required by management and to sign releases allowing staff to talk with these clinicians.** I also agree to seek immediate mental health services if there are any concerns regarding my safety or the safety of other program participants.
20. I understand that I cannot bring intimate partners into Purpose Driven Recovery Home for any reason without management consent. Failure to follow this rule may result in immediate termination of residency.
21. **I agree NOT to stop taking any medications that are prescribed to me by a doctor while residing at Purpose Driven Recovery Homes.** I understand it is my responsibility to schedule and attend all mental health/medical appointments while being a program participant BEFORE running out of any medication.
22. I understand that I represent Purpose Driven Recovery Homes when I am interacting with the public and the community. I agree to avoid behaviors that could harm Purpose Driven Recovery Homes in any way, including but not limited to lewd, inappropriate, derogatory, and/or racist interactions with the public. These behaviors can come in the form of dialogue, social media posts, messages on clothing, interactions with others etc. I understand that these behaviors are not tolerated for any program participant regardless of where the incident occurs. Should an incident occur, the program participant understands that their participation in the program will be in jeopardy.
23. **I understand I am here to build a foundation in recovery and that my recovery process is my priority.** I understand and agree that visits to bars, clubs, adult entertainment venues, etc. should be avoided while living at Purpose Driven Recovery Homes. This restriction includes time spent away from the residence.



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24. I agree not to give anyone the door code that is not a current resident.  
I agree to be considerate when putting the door code in while non-residents are present by shielding anyone from seeing the code entered.
25. I agree not to buy, sell, or trade any items from any other program participants.
26. I agree not to borrow or loan any money to any other program participants.
27. I agree not to gamble within the house at any time or with other participants.
28. **Absolutely NO bullying! (Physically, Mentally, and/or Emotionally)**

**Signature of Program Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Management signature** \_\_\_\_\_ **Date** \_\_\_\_\_





# Purpose Driven Recovery Home

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## **OWNER Screening and Interview Process for In / Out patients counselor**

Management will begin the screening process within 72 hours of receiving an application. They will reach out to the referring agency, obtain a release of information, and engage with the agency for background about the potential program participant.

**Program Participant:** \_\_\_\_\_

## **Questions for Counselors at Treatment Centers**

- Does this individual participate fully in group? Is this person the class clown, doesn't take the process seriously, or presents an apathetic attitude?
- What are the largest barriers that you see to this individual's long-term success?
- How would you rate this person's sense of self-awareness on a scale of 1-10, with 10 being the most self-aware? What made you rate this individual at that number?
- What are your recommendations regarding continuing care for him/her?
- Have you experienced any behavioral issues with this individual during their time in your program?
- Is this individual preoccupied with the same/opposite sex? Have you had to redirect this individual regarding these types of issues?
- What do you believe this individual's capacity to succeed is without prompting?



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- Do you believe this individual will need assistance with daily living activities (washing clothes, over all hygiene, filling out work applications, etc.)?
- How does this individual respond to constructive criticism?
- Have you observed any isolation behaviors with this individual while in your program?
- Has this individual reported anything to you that would bring you pause about recommending our low level of care?
- Do you know of any self-harm, suicidal behaviors, cutting, or any other circumstances that need to be brought to our attention? Explain.
- Are you concerned with this individual's level of honesty? If yes, Why?
- Has this individual had conflicts with his/her peers during their time in your program where you or other staff had to intervene?

If the interview with the referring agency does not yield any exclusionary information. Management will engage the potential program participant via phone or face-to-face to conduct a screening interview.





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## Drug and Alcohol Screening

Urine testing is the best developed and most used monitoring technique in substance misuse treatment and supportive housing programs.

Urine specimens are collected:

- As part of the intake process to confirm a newly admitted program participant's substance use history.
- As a routine part of the therapeutic milieu of a recovery residence.
- To identify an intoxicated program participant or confirm abstinence.

Program participants should report any substance use to management before a urine sample is submitted so that the substance use can be addressed therapeutically. It may be helpful to remind participants that the program conducts drug monitoring to support their recovery. There may be some likelihood of cross-reactivity and false illicit readings on screening tests. Participants need to keep management informed about any prescribed medications or over the counter (OTC) drugs prior to use.

UDS's and breathalyzer testing should occur *not less* than every 5-7 days but may be more frequent if any suspected use. The scheduled frequency of urine collection must match the usual detection window for the primary drug in cases of suspected illicit use.

Every program participant should be screened after arriving at the residence after a house pass.

Random screenings of individuals suspected of drug or alcohol use should occur at the discretion of management. If a failed test is conducted, eviction may be a consequence as a result. Sober living communities thrive on sobriety, and this is a high priority of Purpose Driven Recovery Homes.

Signature of Program Participant: \_\_\_\_\_ Date: \_\_\_\_\_