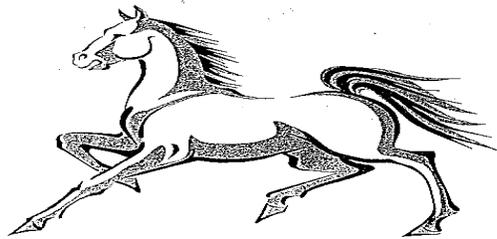


GAUDENZIA HOUSE WEST CHESTER



CLIENT MANUAL

GAUDENZIA, INC.

Mission Statement

Gaudenzia helps people affected by chemical dependency, mental illness and related conditions to achieve a better quality of life- allowing them to live as productive and accountable individuals. This is accomplished through comprehensive treatment and prevention methods guided by a philosophy of mutual concern and responsibility. Gaudenzia also conducts research and educates the community on the causes, treatment and prevention of addictions, mental illness, and related conditions

Vision Statement

Gaudenzia aspires to be the best program for the continued recovery of those affected by alcohol and other drug addictions, as well as mental illness, by providing the highest quality and most cost-effective treatment services available. Gaudenzia develops and implements specialized treatment to meet the needs of various client profiles and provides these services in such a manner that social, economic or demographic factors do not limit an individual's access to appropriate services.

PROGRAM PHILOSOPHY STATEMENT

Gaudenzia believes that chemical dependency is a disease, which, using the Therapeutic Community method of treatment is highly treatable. We believe that chemical dependency is a disease of the body, mind and spiritual being, which requires extensive change in the affected individual's thought process and behavior patterns. We believe that recovery from chemical dependency is best achieved through the support and encouragement of an individual's peers and others who have recovered from the disease of addiction. Through this support, with the treatment offered in the Therapeutic Community, and with ongoing life long support, the goal of life long sobriety is obtained.

The Gaudenzia treatment process is unique in its concentration on the Therapeutic Community (TC) model. We integrate specialized services with the self-help, mutual support approach, and emphasize the re-entry and continuing care phases of treatment. The TC approach is now well known as an effective treatment model. It aims to address all aspects of the dysfunctional behavior and attitudes rather than the addiction only. Traditionally a residential therapy in a highly structured setting, it is based on the premise that new and more permanent patterns of coping must become routine in order for permanent change to take place.

GAUDENZIA HOUSE PHILOSOPHY

**We are here because there is no refuge,
finally from ourselves.
Until people confront themselves in the eyes and
hearts of others, they are running.
Until they suffer others to share their secrets,
they have no safety from them,
Afraid to be known, they can know neither
themselves, nor any other; they will be alone.
Where else, but in our common ground can we
find such a mirror?
Here, together, people can at last appear clearly
to themselves, not as the giant of their dreams,
nor the dwarf of their fears, but as
individuals, part of a whole, with a share in its purpose.
In this ground, we can each take root and grow,
not alone anymore as in death, but alive to
ourselves and to others.**

THERAPEUTIC COMMUNITY

Location: 1030 S. Concord Road
West Chester, PA 19382
(610) 399-6929 1-800-355-0654

Length of Treatment: Minimum 90 days with a variable length of stay.

1. Orientation- 5-10 days
2. Intensive Treatment - 80-180 days minimum
3. Outpatient/Aftercare- 4 to 6 months

SERVICES OFFERED

1. Individual and Group Counseling
2. In house work therapy and peer interaction
3. Treatment Planning
4. Relapse prevention programming
5. Educational Program (**GED, ABE**). Mandatory if no diploma or GED
6. Vocational planning, training and referrals
7. AA and NA support services
8. Urinalysis drug/alcohol screens
9. Chemical Dependency Education
10. Recreational Therapy
11. Legal and medical referrals
12. Aftercare planning and referral
13. Follow-up (seven days & thirty days)
14. Specialized programming for our females

SPECIAL SERVICES

1. Groups: Men's, Women's, Static, Encounter, Extended, etc.
2. Life Social Skills
3. HIV/AIDS Prevention & Education
4. Crime Victims
5. Domestic Violence
6. Referrals to OIC (Opportunities Industrialization Center)
7. Computer classes offered through Chester County

CRITERIA FOR ADMISSION

1. Client must be drug/alcohol free (detox may be arranged prior to admission)
2. Must have Identification - Birth Certificate and Social Security Card.
3. Must be at least 18 years old.
4. Must be able to participate in all program activities.
5. No serious medical problems requiring hospitalization or continuous medical care. Must bring current physical. If on medication must bring minimum one-month supply.
6. Stabilized mental health as evidenced by:
 - no co-occurring problems not treatable in Therapeutic Community/ PCPC level 3-C program.
 - must be able to function in Therapeutic Community environment
7. Must meet PCPC level 3-C criteria
8. Limited criminal history, two felonies maximum, no rapes, arson, child abuse or aggravated assaults.
9. Upon entering the facility there will be an introduction to determine a person's readiness for treatment and to reaffirm the program dynamics.

SPECIALIZED PROGRAMMING FOR WOMEN

We have the capacity to treat twenty two (22) female residents. The resident to counselor ratio is eight to one (8-1); the women are assigned to a female Primary Counselor. The women have their own dormitory within the facility; interactions with the men are limited to the normal daily functions of the facility. The programming for the women is as follows: Gender Specific Groups (four hours per week) facilitated around childhood, emotionally traumatic experiences, and self-esteem issues. etc., Extended Emotionality Groups, lasting from 8-24 hours are facilitated each month. Female residents attend two females only 12 Step Fellowship Meetings per week (the meetings are held on the West Chester campus and/or at locations in the Chester County community). Continuing contact with the children throughout the treatment process is highly encouraged. There are Seminars to address issues such as: nutrition, sexuality, relationships, hygiene, parenting skills, self-image, female bonding, etc Weekly female rap sessions, which include aerobics and personal grooming, are also held. Additional services are provided by outside agencies such as Planned Parenthood, Crime Victims, and there is also support from our sister facility, Kindred House (a women and children's program located on our campus).

SPECIALIZED PROGRAMMING FOR THE CRIMINAL OFFENDER

A large percentage of individuals coming into treatment have either had an encounter with the criminal justice system, or have been mandated by the courts or other criminal justice organizations to come into treatment. At West Chester we work with the criminal offender and treat criminal involvement as an addiction. There are specialty groups to work with the individual around anger management, criminal thinking and the anti-social behaviors/attitudes surrounding criminal activities. Groups are held weekly to teach these individuals better coping and life skills as well as sociable behaviors.

In addition, there will also be a drug dealers component. Some individuals who have been stipulated to treatment believe that they do not have a substance abuse problem. They believe that their only problem lies in the fact that they were drug dealers. We will work with this individual in educating them on substance abuse, addiction and lifestyle issues.

CONFIDENTIALITY

In accordance with the Privacy Act Federal Register Volume 5, Number 127, Part IV, no information concerning any resident may be released without the expressed signed consent of said resident to authorize the release of specific information. A standard release of information form is utilized in this procedure (**Note: Exceptions are: Court, Probation or Parole responsible for the client being in treatment, medical emergency or crimes against the facility, staff or other clients**).

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 42 U.S.C 1320d *et seq.*, 45 C.F.R. parts 160 and 164, and the Confidentiality Law, 42 U.S.C. 290dd-2. Under these laws, Gaudenzia may not say to a person outside Gaudenzia that you are attending the program, nor may Gaudenzia disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

ADMISSION DAY SCHEDULE

Once Gaudenzia's Clinical team has accepted an individual for treatment; the individual is required to have a facility introduction and overview of the facility. Staff and senior residents conduct this session. The two basic reasons for the session are:

1. To inform the individual about the program rules and regulations.
2. To assess the person's motivation and sincerity for coming into treatment, and get him/her to make a commitment/investment in their treatment process.

ADMISSION DAY SCHEDULE

1. Administrative Intake, Interview, Psycho-Social History & Initial Treatment Plan
2. Session with staff and senior residents
3. Acceptance into the family
4. Buddy assigned
5. Room assignment
6. Receive Orientation Package
7. Screening - Clothing worn by resident
8. Personal belongings screened and inventoried
9. Notify family/significant other of acceptance in program
10. Tour the facility with buddy.

SCREENING PROCESS FOR NEW RESIDENTS

All new admissions to the program must be screened before they are permitted to interact in the environment to ensure the safety and security of the other residents and the facility. The screening will consist of clothing worn into the facility and all personal belongings that the person has brought with them.

ORIENTATION PHASE

The Orientation phase of treatment covers a five - ten day period. It is during this initial phase that the resident will learn the rules and regulations of the program and the tools of the environment. Individuals who for what ever reason do not come off of Orientation within ten (10) days will be placed in the Operations department. The Operations department is an extension of the Orientation phase of treatment. They will be assigned a primary counselor and allowed to assume worker status.

CLINICAL CURRICULUM

1. Attend Daily - Morning Meeting, Sessions and Seminars.
2. Learn the Gaudenzia House Philosophy within 3-5 days. Recite in Morning Meeting.
3. Earn Walking Privileges after reciting Philosophy and pass mini quiz.
4. Do a Pull-Up with Buddy.
5. Drop a Slip.
6. Book a Conscious Awareness.
7. Have weekly Individual Session with Counselor.
8. Discuss initial Aftercare Plans with Counselor.
9. Attend all scheduled group activities.
10. Admit to family in Morning Meeting that your Life was Unmanageable.
11. Demonstrate ability to identify the Five Basic Feelings: fear, loneliness, anger, pain, pleasure.
12. Attend in-house school program, MANDATORY, if no GED or diploma.
13. Pass Orientation Test.
14. Assigned to Primary Counselor

INTENSIVE TREATMENT - LEVEL 1 (20 – 50 DAYS)

This initial phase of the clinical program is designed so that you will begin to build upon the emotional foundation laid out during the Orientation phase. You will begin to express your feelings as well as strive to develop positive attitudes through experiential as well as didactic learning. You will start to take direction from those in authority and develop an awareness of personal conflicts through your peers and the “Community as Method” treatment process.

CLINICAL CURRICULUM

1. Begin to work on areas identified in your Treatment Plan.
2. Be assigned to a job function (Maintenance Worker, Kitchen Worker, Business Office Worker, etc.)
3. Take initiative to attend Pre-Morning Meeting
4. Attend and participate in all Morning Meetings (bring pull-ups, sing a song, relate the Current Events, etc.) and Seminars.
5. Write your Life Story and submit/process with Primary Counselor.
6. Demonstrate initiative in program activities; drop slips, book conscious awareness.
7. Engage in weekly individual counseling sessions with your Primary Counselor.
8. Continue to discuss Aftercare Plans with Counselor.
9. Attend all in-house NA/AA meetings.
10. Attend and participate in all group activities; static, departmental and encounter, must also participate in Relapse Prevention.
11. Demonstrate a willingness to buy into the therapeutic process/ recovery.

INTENSIVE TREATMENT – LEVEL II (30 – 60 DAYS)

The objective of this phase of treatment is to continue to work on self-development. Treatment issues are designed to be more intensive and demanding. Particular emphasis is placed on increased participation in specialized groups. There should be evidence of increased self-awareness, communication on an emotional level, and development of independent decision-making skills in positive social interactions and job assignments. The resident becomes more invested in treatment by recognizing and accepting the need to change. They will continue to apply information received and learned concepts as well as develop insight into the facets of their personality, which brought them to treatment. They should have formed some meaningful relationships within the TC. There should be noticeable evidence of positive changes in behavior and attitude.

CLINICAL CURRICULUM

1. Demonstrate progress in Treatment Plan goals.
2. Be assigned a middle strength job function: Ramrod or Expediter.
3. Increase participation in Morning Meetings, Seminars, Relapse Prevention, etc.
4. Write a Personal Inventory on “Why I Want to Stop Using Chemicals”. (Read and discuss in static group)
5. Demonstrate consistency in dropping slips, booking conscious awareness, and Pull-up peers for inappropriate behaviors.
6. Exhibit understanding and sharing of the five basic emotions.
7. Engage in one-on-one counseling sessions with Primary Counselor, weekly.
8. Begin to finalize Aftercare Plans with Counselor.
9. Actively participate in all group activities.
10. Attend Family Session, if applicable.
11. Attend and Participate in Extended Group.
12. Attend community NA/AA meeting weekly.

INTENSIVE TREATMENT - LEVEL III (30-60 DAYS)

During this period significant emphasis will be placed on the resident’s role in responsible decision-making, increased experience outside of the facility, internalizing the values of a drug free lifestyle and preparation for the re-entry process. The resident should be viewed as a role model in the environment and demonstrate support to the newer members in the community. There should be identification of inner issues and a plan to address/work on these issues in aftercare.

The resident along with the Primary Counselor will discuss the client’s treatment process from day one in order to develop the most effective Aftercare Plan. Together a personal inventory should be developed of areas that will need to be addressed during aftercare to ensure a substance free lifestyle.

CLINICAL CURRICULUM

1. Significant progress made in Treatment Plan Goals.
2. Assigned Strength job function (Department Head, Senior Expediter, Shingle, Chief Expediter, etc)
3. Demonstrate consistency in participation in Morning Meetings, Relapse Prevention, Seminars, and Sessions.
4. Write Re-Entry proposal and submit to Primary Counselor. Must include Life Before Gaudenzia, what You've Learned at Gaudenzia, Support Network, Short/Long Term Goals, and Contributions to the Agency.
5. Demonstrate leadership skills and role modeling in dropping slips, bringing pull-ups, booking conscious awareness slips, etc.
6. Clearly understands and readily shares, using the five basic emotions.
7. Engage in individual counseling sessions with Primary Counselor.
8. Participate in additional extended groups.
9. Increase attendance/participation in community NA/AA meeting.
10. Must obtain a Sponsor.
11. Attend Family Session, if applicable.
12. Finalize Aftercare Plan with Primary Counselor, which includes all appointments, Outpatient or Halfway House, Probation or Parole Agent. etc.

AFTERCARE

GENERAL POLICY

Aftercare can be a true test of the effectiveness and appropriateness of therapeutic care. It provides a continuum of treatment for residents as they progress in their process of recovery.

PROCEDURES

Residents preparing to complete a treatment phase will meet with their Primary Counselor and their Primary Counselor's Supervisor to continue development/completion of an Aftercare Plan at least one month prior to the anticipated completion date.

Upon successful completion of treatment, residents will be referred to Gaudenzia's Re-Entry House or an Outpatient program.

In cases where a resident is referred to a program other than a Gaudenzia program, the staff will maintain periodic contact within thirty (30) days with the service provider to determine a residents adherence to the Aftercare Plan and graduation process.

GRADUATION CRITERIA

A resident must have a verified job and/or, job-training program, or educational program. Volunteer work can be substituted for those with temporary or permanent disabilities. The resident must have a minimum of 1 year clean and sober with no criminal involvement. Residing in a stable independent living arrangement for a minimum four months. The resident must attend NA or AA meetings and have a sponsor. The resident must be enrolled in an outpatient program with a scheduled appointment for individual counseling and/or attend Aftercare groups. **POTENTIAL GRADUATES MUST BE DRUG AND ALCOHOL FREE FOR A MINIMUM OF ONE (1) YEAR.**

DAILY ACTIVITY SCHEDULE

We believe a critical element to the treatment and recovery process is to have a structure and routine in daily living. In view of this, a highly structured day is in place for the residents of GHWC. This schedule consists of sessions, seminars, groups, meals, job functions, recreation, 12 Step Meetings, relapse prevention, and school. It is the responsibility of the staff to ensure that the schedule is adhered to as closely as possible. The schedule is attached.

Note: Individual counseling sessions are held for residents according to the Primary Counselor's scheduled shift.

DAILY SCHEDULE – MONDAY

6:00 AM	1) House Wake - Up 2) Strength and Middle Strength Meeting
6:30 AM	1) House Wake - Up
6:50 AM	1) Women's Dorm Functions (Bathrooms closed) 2) Men's Dorm Functions (Bathrooms closed)
7:15 – 7:45	1) Breakfast
7:50 AM	1) Pop 2) Pre - Morning Meeting
8:00 AM	1) Grounds Run
8:30 -9:30	1) Morning Meeting
9:30 AM	1) Medical Run
10:00 -12:00PM	1) Static Group 2) Orientation Data Session (Staff Geared) 3) Domestic Violence Group 4) Work therapy in Departments
12:00 -12:45PM	1) Lunch
12:45 PM	1) Clean - Up
1:00 PM	1) Pop 2) Recreation Hour
2:00 PM	1) Medical Run 2) Men's Group/Seminar 3) Crime Victims
3:00 -4:00PM	1) Orientation Data Session (Client Geared) 2) Work therapy in Departments
5:00 -5:45PM	1) Dinner
5:45 PM	1) Pop 2) Clean - Up
6:00 PM	1) Medical Run 2) News Hour 3) Ladies Night
6:00 – 8:00PM	4) Static Group
6:45 PM	1) Night Man Off The Floor
8:00 PM	1) NA Meeting
9:00 PM	1) Evening House Meeting
10:00 PM	1) Medical Run 2) Last Clean-Up 3) Last Snacks
10:30 PM	1) Family Off The Floor

DAILY SCHEDULE - TUESDAY

6:00 AM	1) House Wake - Up 2) Strength and Middle Strength Meeting
6:30 AM	1) House Wake – Up
6:50 AM	1) Women’s Dorm Functions (Bathrooms closed) 2) Men’s Dorm Functions (Bathrooms closed)
7:15 -7:45AM	1) Breakfast
7:50 AM	1) Pop 2) Pre - Morning Meeting
8:00 AM	1) Grounds Run
8:30 -9:30AM	1) Morning Meeting
9:30 AM	1) Medical Run
10:00 -12:00PM	1) Work Therapy in Departments 2) Orientation Data Session (Geared by Staff)
12:00 -12:45PM	1) Lunch
12:45 -1:00PM	1) Clean-Up
1:00 PM	1) Pop 2) Recreation Hour
2:00 PM	1) Medical Run 2) Departmental Groups
4:00 PM	1) Orientation Data Session (Geared by Residents) 2) Study Hour
5:00 -5:45PM	1) Dinner
5:45 PM	1) Pop 2) Clean - Up
6:00 PM	1) Medical Run 2) News Hour 3) School
6:45 PM	1) Night Man Off The Floor
8:30 PM	1) Evening House Meeting
9:00 PM	1) NA Meeting
10:00 PM	1) Medical Run 2) Last Clean - Up 3) Last Snacks
10:30 PM	1) Family Off The Floor

DAILY SCHEDULE – WEDNESDAY

6:00 AM	1) House Wake - Up 2) Strength and Middle Strength Meeting
6:30 AM	1) House Wake - Up
6:50 AM	1) Women's Dorm Functions (Bathrooms closed) 2) Men's Dorm Functions (Bathrooms closed)
7:15 7:45AM	1) Breakfast
7:50 AM	1) Pop 2) Pre - Morning Meeting
8:00 AM	1) Grounds Run
8:30 -9:30AM	1) Morning Meeting
9:30 AM	1) Medical Run
10:00 -12:00AM	1) Static Group 2) Orientation Data Session (Staff Geared)
12:00 -12:45PM	1) Lunch
12:45 PM	1) Clean-Up
1:00 PM	1) Pop 2) Seminar 3) Treatment Team Meeting
2:00 PM	1) Medical Run 2) Community Meeting 2x month 3) Drug Dealers Component
3:00 PM	1) Orientation Data Session (Client Geared) 2) Recreation 3) Work therapy in Departments
5:00 -5:45PM	1) Dinner
5:45 PM	1) Pop 2) Clean-Up
6:00 PM	1) Medical Run 2) News Hour 3) Re-Entry Group (1306 Spring Garden, Phila., PA)
6:45 PM	1) Night Man Off The Floor
7:00PM	1) Wake Up and Want Recovery
8:00 PM	1) Evening House Meeting
8:30 PM	2) Ladies Primp/Pamper
10:00 PM	1) Medical Run 2) Last Clean-Up 3) Last Snacks
10:30 PM	1) Family Off The Floor

DAILY SCHEDULE - THURSDAY

6:00 AM	1) House Wake - Up 2) Strength and Middle Strength Meeting
6:30 AM	1) House Wake - Up
6:50 AM	1) Women's Dorm Functions (Bathrooms closed) 2) Men's Dorm Functions (Bathrooms closed)
7:15 AM	1) Breakfast
7:50 AM	1) Pop 2) Pre - Morning Meeting
8:00 AM	1) Grounds Run
8:30 9:30AM	1) Morning Meeting
9:30 AM	1) Medical Run
10:00 AM	1) Gender Specific Encounter Group
12:00 PM	1) Lunch
12:45 PM	1) Clean-Up
1:00 PM	1) Pop 2) Recreation hour 3) PM (Strength) Meeting & Request meeting
2:00 PM	1) Medical Run 2) Work therapy in Departments
3:00 PM	1) Study Hour
3:00 – 4:00PM	2) Orientation Data Session (Staff Geared)
5:00 PM	1) Dinner
5:45 PM	1) Pop 2) Clean - Up
6:00 PM	1) Medical Run 2) News Hour 3) School
6:45 PM	1) Night Man Off The Floor
7:00 PM	1) Orientation Data Session (Resident Geared) 2) Seminar
10:00 PM	1) Medical Run 2) Last Clean – Up 3) Last Snacks
10:30 PM	1) Family Off The Floor

DAILY SCHEDULE - FRIDAY

6:00 AM	1) House Wake - Up 2) Strength and Middle Strength Meeting
6:30 AM	1) House Wake - Up
6:50 AM	1) Women's Dorm Functions (Bathrooms closed) 2) Men's Dorm Functions (Bathrooms closed)
7:15 - 7:45AM	1) Breakfast
7:50AM	1) Pop
8:00 AM	1) Grounds Run
8:30 - 9:30AM	1) Morning Meeting
9:30 AM	1) Medical Run
9:30 – 11:30	2) Men/Women's Group (Self Esteem, Parenting, and Job Readiness)
10:00 AM	1) Orientation Data Session (Staff Geared) 2) Work therapy in Departments
12:00 – 12:45PM	1) Lunch
12:45 PM	1) Clean-Up
1:00 PM	1) Pop 2) Recreation Hour
2:00 – 4:00PM	1) Medical Run 2) Encounter Group
4:00 PM	1) Recreation/Study Hour
5:00 –5:45PM	1) Dinner
5:45 PM	1) Pop 2) Clean-Up
6:00 PM	1) Medical Run 2) News Hour
7:00 PM	1) Fun Family activity
7:45 PM	1) Night Man Off The Floor
8:00 PM	1) Evening House Meeting
9:30	2) Last Clean-up/snacks
10:00	1) Medical Run
10:30	1) Off the floor
10:30 PM	Strength Members Only -watch movies
12:30 MN	Strength Off The Floor

DAILY SCHEDULE – SATURDAY

7:00 AM	1) House Wake-Up 2) Strength and Middle Strength Meeting
7:30 AM	1) House Wake-Up
7:50 AM	1) Women's Dorm Functions (Bathrooms closed) 2) Men's Dorm Functions (Bathrooms closed)
8:15 AM	1) Breakfast
8:45 AM	1) Clean-Up
9:00 AM	1) Pop
9:00 – 10:00AM	2) Morning Meeting Fun
10:00 AM	1) Medical Run 2) House G.I.
12:00 PM	1) Orientation Data Session
1:00 PM	1) GI Declared Tight 2) Recreation hour (If GI is tight)
2:00 PM	1) Lunch 2) Medical Run
2:45 PM	1) Clean-Up
3:00 PM	1) Seminar
4:00 PM	1) Free time
6:00 PM	1) Dinner
6:45 PM	1) Clean-Up 1) Medical Run
7:00 PM	1) Evening House Meeting
7:45 PM	1) Night Man Off The Floor
8:00 PM	1) Coordinated fun activity
10:00 PM	1) Medical Run
10:30	1) Residents off the floor 2) Snacks/Recreation/Movies
12:30 AM	1) Family Off The Floor

DAILY SCHEDULE – SUNDAY

9:00 AM	1) House Wake - Up
9:30 AM	1) House Wake - Up
9:50 AM	1) Women's Dorm Functions (Bathrooms closed) 2) Men's Dorm Functions (Bathrooms closed)
10:00 AM	1) Medical Run
10:15AM	1) Breakfast
11:00 AM	1) Alcoholics Anonymous Meeting
12:00 PM	1) Request Meeting
1:00 PM	1) Recreation hour
2:00 PM	1) Lunch 2) Medical Run
2:45 PM	1) Recreation Time
5:00PM	1) Pop
6:00 – 6:45PM	1) Dinner 2) Medical Run
6:45 PM	1) Night Man Off The Floor
7:00 PM	1) Evening House Meeting
8:00 PM	1) Week End Wrap - Up
10:00 PM	1) Medical Run 2) Last Clean – Up 3) Last Snacks
10:30 PM	1) Family Off The Floor

DAILY SCHEDULE - SUNDAY FAMILY DAY- EVERY 1ST AND 3RD
SUNDAY OF THE MONTH

9:00 AM	1) Dorm Wake - Up
9:30 AM	1) Dorm Wake - Up
9:50 AM	1) Women's Dorm Functions (Bathrooms closed) 2) Men's Dorm Functions (Bathroom closed)
10:00 AM	1) Medical Run
10:15AM	1) Breakfast
10:50AM	1) Pop
11:00 AM	1) Alcoholics Anonymous Meeting
12:00 PM	1) Request Meeting 2) Visiting Family Orientation Meeting
1:00PM	1) Lunch 2) Visiting Family Seminar
2:00 PM	1) Family Visits 2) Medical Run
3:45 PM	1) Family Visits End 2) Pop
4:30 PM	1) Recreation Time
6:00PM	1) Dinner 2) Medical Run
6:45 PM	1) Night Man Off The Floor
7:00 PM	1) Evening House Meeting
8:00 PM	1) Week End Wrap - Up
9:00 PM	1) Last Clean – Up
10:00 PM	1) Medical Run 2) Last Snacks
10:30 PM	1) Family Off The Floor

PRIVILEGES

Privileges are earned by the resident based on their progress in treatment. Progress in treatment is determined by viewing the manner in which the resident is working through clinical issues as well as house involvement. All privileges are granted through the request process. Requests are submitted to the Primary Counselor on Monday morning. The Primary Counselor reviews each request and based on an individual's assessment will either grant or deny the request. The requests are then collected and brought to the weekly Request Meeting that is held every Thursday. One staff member and all the Department Heads facilitate this meeting. The final decision on each request is determined by input and feedback regarding the resident's participation in house activities, job function and behavior, which is provided by the Strength Team (Department Heads). The residents are informed of the outcome of their request on Friday night. Privileges are granted in the following order and must be written on a request form. The resident may request:

Between 10 - 30 days	1.	Permanent Writing Privileges
	2.	One phone call with strength aware
	3.	Visit from Significant Other
Between 30- 45 days	1.	Permanent Phone Calls (Number of phone calls permitted will increase as resident progresses in all areas of treatment).
	2.	Personals
Between 45 - 60 days	1.	Community Visit with Escort - 5 hours
Between 60 - 75 days		Visit Home - 10 hours with Escort N/A Corrections clients
Between 75 - 90 days		Visit Home - 10 hours alone
90 days +		Visit Home – 12 or 23 hours alone (special pass)

Community Visits and Home Visits will begin on Saturday or Sunday. A community visit is not a home visit nor is it a time for you to have family or significant others meet you somewhere. A Community Visit is designed for you to become re-acquainted with the community. A community visit is a time for you to get out in the community to relax, have fun, do something that you have not done before. Community Visits are to the museums, parks, mall, movies, a fellowship meeting and/or to community activities.

A home visit means just that, a Visit Home. It is not a time to visit others, go shopping, go to the movies, etc. A home visit is designed for you to spend time at home rebuilding relationships with your family. It is a time for you to make amends and to let your families know what you've learned about yourself and future aspirations as well as gaining understanding of them

NO ONE MAY SUBMIT A REQUEST WHILE THEY ARE IN ORIENTATION or OPERATIONS DEPARTMENTS.

IF A RESIDENT MAKES AN ERROR IN FILLING OUT THE REQUEST FORM, THEY ARE ONLY PERMITTED ONE ADDITIONAL FORM TO COMPLETE. If the Request Form is not filled out properly then the request will be denied.

If a resident is on a Learning Experience as a result of a staffing or Conscious Awareness they may not submit a request. In addition, if a resident has been on a Learning Experience and comes off of the Learning Experience they must wait until the following week to submit a request.

If a resident does not have an appropriate home to visit they need to make this known to their Primary Counselor to discuss other arrangements; i.e., visit the home of a peer. go on additional community visits. If this is the case the resident must identify the Current Request, then explain where they wish to go instead and the reasons why.

NOTE: REQUESTS ARE GRANTED ONLY IF THEY ARE DESERVED.

The procedure for any exception to this is for the Primary Counselor to present the extenuating circumstances to the Program Director. The final decision will be made by the Program Director.

RESIDENT PERSONAL FUNDS (HANDLING)

POLICY

Residents' personal monies will be maintained and kept in individually marked envelopes in a locked safe within a locked office. The Administrative Coordinator and Director are the only two with access to the safe. No resident is allowed to have more than \$100.00 dollars in the facility at any time. Resident's are notified of all deposits via written receipt, signed by the resident and staff member. Account balances are provided upon request or whenever monies are pulled from their account.

PROCEDURE

All new admissions will be brought to the Staff Quad (S.Q.) where their monies and/or valuables are counted, verified, receipted, sealed in an envelope, dated and signed by the staff and resident. The resident immediately places the monies/valuables in the drop safe with staff as witness. The same procedure is followed when residents return monies from a request, receive monies in the mail, and when it is brought to the facility by a significant other. When the Administrative Assistant opens the safe, all envelopes are checked against the receipt book to ensure that the amount of money or valuables recorded on the envelope matches the amount on the receipt. **RESIDENTS ARE TO RECEIVE SIGNED RECEIPTS FOR ALL MONEY EXCHANGES AND/OR VALUABLES.**

RESIDENT PERSONAL FUNDS (DEPOSITS)

Money is received for residents in a number of ways:

MAIL

In the presence of the counselor, residents are given their mail. Any monies received are processed according to the above procedure.

DIRECT

Residents are not permitted to carry personal monies at any time. Monies brought here from a significant other must be handed to the Staff On Duty. On Family Day, families should be instructed to give all money/valuables to Staff On Duty and not the residents. The Staff On Duty must follow the steps according to the procedures for handling money. (brought to the Staff Quad (S.Q.) where their monies and/or valuables are counted, verified, receipted, sealed in an envelope, dated and signed by staff and resident. The resident immediately places the monies/valuables in the drop safe with staff as witness.)

BROUGHT BACK FROM REQUEST

When a resident brings back money from a request it must be turned in to the Staff On Duty. This includes any additional monies that they were given. Receipts for any approved purchases must be accompanied with the change. The Staff On Duty will bring monies/valuables to the Staff Quad (S.Q.) where their monies and/or valuables are counted, verified, receipt given, sealed in an envelope, dated, and signed by staff and resident. The resident immediately places the monies in the drop safe with staff as witness. The Administrative Assistant will retrieve the monies/valuables from the safe. The Administrative Assistant will verify the contents of each envelope and record the amount on the resident's money on a transaction sheet. Requests and Communication Slips will be kept on file for approximately one year in the event that there are any discrepancies that need to be investigated.

NOTE: ALL MONIES SENT TO THE RESIDENT MUST BE IN THE FORM OF CASH OR POSTAL MONEY ORDER - NO PERSONAL CHECKS OR OTHER TYPES OF MONEY ORDERS WILL BE ACCEPTED.

WITHDRAWALS

Request for monies to be withdrawn, must be submitted in writing by the resident. This is done on either a Request Form or Communications Slip and approved by the Primary Counselor. The Administrative Assistant reviews the Request Form or Communication Slip, documents the withdrawn amount on the individuals envelope, the date, purpose, and new balance. The Administrative Assistant will initial the Request Form or Communication Slip. The residents monies will be placed in an envelope with their name, amount enclosed, purpose and balance. Upon completion of the above tasks, a copy of the Communication Slip is stapled on top of the Requests, and money is given to the client. The resident will open the envelope in the presence of the Administrative Assistant to verify the amount written is the same as the amount enclosed and sign the Request Log and the Administrative Assistant also signs.

REQUESTS

PROCEDURE

A Request Form must be filled out properly or it will be denied. The resident submitting the request is responsible for payment of the request. The amount of money that a resident may request depends upon the activity. If you need in excess of \$20.00 the reason must be discussed and approved by your Primary Counselor prior to submitting it. When filling out your requests you **MUST BE SPECIFIC** and be very clear about where you are going, how you are getting there and back, exactly what you'll be doing while you are gone and the time that you'll be leaving from here and returning back to the facility. You must pay for any approved escort. If for **ANY REASON** there is a change of plans while you are on request you must call the Staff On Duty to explain the situation and get approval. You may not accept money, gifts, etc. while on request nor can you take any non-prescribed medications such as Tylenol, cough syrup, something your relative/friend thinks is ok, etc. unless you get approval from your Primary Counselor or the Staff On Duty

1. **Community Visit with Escort - \$20.00**
Usually to Painters Crossing, which will cover the cost of a movie @ \$6.00 per person and food. However, if there is something in the local area that you hear of and prefer to do then you may request it. For example: miniature golf roller skating, a show at West Chester University, etc. (5 hours is the maximum amount of time you may be gone). House vehicle provides transportation. You are required to pay all expenses for your escort.
2. **Visits Home - Amount varies between \$10.00 and \$20.00**
The amount depends on the cost of transportation, whether or not an escort is going and the length of your visit home (**A VISIT HOME IS JUST THAT - A VISIT HOME; PARTICULARLY YOUR 12 HOUR VISITS, IT DOES NOT MEAN GO SHOPPING, GO TO THE MOVIES OR GO VISITING, ETC.) A VISIT HOME MEANS THAT YOU ARE GOING HOME TO SPEND QUALITY TIME WITH YOUR FAMILY**

COMMUNICATIONS

A communication slip is used for the following reasons:

1. When you **ARE NOT** going out on a request but need items purchased on a personals run, funds transferred, account balance, need phone call money, etc.
2. When you are going on a request plus need items purchased on a personal run, need to transfer money, require a balance on your account, phone money, etc.
3. Only one communication slip will be accepted by the Administrative Office per week with reference to money. This includes balance on account, personal use, transfer monies to another's account for work done; i.e., typing, haircut, etc.
4. All monies requested must be identified, itemized and totaled. For example:

Cigarettes-	\$10.00
Phone Calls-	\$2.00
<u>NA Dance-</u>	<u>\$7.00</u>
Total-	\$19.00
5. If any resident requires clothing/personal items to be purchased, a female staff member must accompany a female, and a male staff member must accompany males during the week. No money will be given for a resident to shop for clothing while on request.

RESIDENTS ARE RESPONSIBLE FOR PAYMENT OF ANY AND ALL MEDICAL EXPENSE'S WHICH THEY INCUR, SUCH AS PRESCRIPTIONS, CO-PAYMENTS, EMERGENCY ROOM CHARGES, IF THEY ARE NOT COVERED BY MEDICAL ASSISTANCE.

TOOLS OF THE ENVIRONMENT

A carpenter uses his tools to perform his tasks; we at Gaudenzia use the following to help us grow emotionally, spiritually, physically, and intellectually.

CARDINAL RULES

1. No unauthorized use of drugs or alcohol
2. No physical violence or threats of the same

DATA SESSIONS

Sessions used to reinforce or teach the meaning of terms, procedures and theories pertaining to the Therapeutic Community at Gaudenzia House West Chester. Data sessions are educational and also incorporate experiential learning. Data sessions are held to teach members how to perform a specific skill, and to communicate why that skill is necessary. For example; a new family member would be given a new job. A data session would be used to teach the new member how to perform the job, the relevance of the job to his/her recovery and the opportunity to practice performing the job.

ORIENTATION SESSIONS

Sessions used to teach, inform, describe and explain the rules and regulations, as well as the meaning of certain terms, procedures and theories pertaining to the West Chester program as it relates to the new family members.

SEMINARS

Sessions, usually lasting one hour designed to stimulate, educate, broaden and exchange ideas and opinions about a wide range of topics. Seminars are held almost daily to address areas that are relevant to one's recovery and education. Seminars can be about HIV infection, relapse & prevention, addictions, etc. to give members new information.

EXERCISE

Physical exercise sessions are held daily and all residents are required to participate, if physically capable. All residents must be cleared by the medical doctor prior to physical exercise.

MORNING MEETING

Morning Meeting is designed to gear your day in a positive and inspirational way. It is a time for family members to share their thoughts, emotions, commitment to the process, and heighten their awareness. This also provides an opportunity for stimulating and motivating residents to correct and improve upon unacceptable behavior and continue appropriate behavior and attitudes. The meeting concludes on a more relaxed note, when someone in the family sings a song, tells a joke or reads a paper/poem.

WORK THERAPY

During the course of treatment at West Chester, work therapy plays an intricate role in the Therapeutic Community. Residents are assigned to various job functions within the facility that is reflective of their progress and status in the community. Work therapy provides residents with actual work experience, and teaches them the meaning of responsibility towards themselves and other family members with whom they work. All jobs positions are connected to the well being of the environment and teach members the importance of taking care of the community where they live, promote a socialization process, and earned pride in taking part in the growth of themselves and the community. Work in the therapeutic community is designed to teach life and coping skills as well as a positive value system.

INDIVIDUAL COUNSELING

All residents will receive one individual counseling session per week. All problems should be discussed with your Primary Counselor, as he/she will be the staff member most intimately involved with your treatment. He/she will assist you in recognizing your strengths and weaknesses, as well as developing and implementing your individual treatment plan. The primary counselor will also encourage you to use the community as the training ground to help you work through your issues.

PULL-UP

A Pull –Up is used to make a community member or group of members aware of an inappropriate behavior or attitude. A Pull-Up is a verbal reminder of the acceptable form of behavior. Pull-Ups are immediate, behavior related, and short. A Pull-Up should be performed when the behavior occurs, should be related directly to the unacceptable behavior, and should generally be only one sentence.

DEALT-WITH

A Dealt-With is a more serious Pull-Up. A Dealt-With should be used when a member has already been pulled up yet still has failed to change. Should be immediate, behaviorally oriented, and maybe longer than just one sentence.

CONSCIOUS AWARENESS

A Conscious Awareness (CA) is a severe verbal reprimand, usually given by staff and peers. A Conscious Awareness is related to a specific inappropriate behavior or attitude engaged in by the member. A Conscious Awareness is done by accentuating or exaggerating the behavior. The individual member should be given the opportunity to change his or her behavior through education pull-ups, and Dealt-Withs' before a CA is booked.

During the CA, residents point out the logical consequences and hypothetical risks of the clients negative or destructive actions. They continue by addressing possible reasons for the behavior, methods to correct it, and the means to prevent it in the future.

LEARNING EXPERIENCE

A demand to change inappropriate behavior by performing tasks specifically designed to help an individual work through problem areas.

HOUSE MEETING

A House Meeting in which the entire family is called together to be informed of an outstanding event, activity, or problem occurring within the environment. The House Meeting can have a positive or negative focus. The basic difference between a House Meeting and a General Meeting (GM) is that the GM focuses on individual members while the House Meeting addresses issues pertaining to the entire family and can sometimes be viewed as a business meeting.

GENERAL MEETING

A General Meeting (GM) is a meeting with all family members and staff. During which one or more members are confronted regarding a severe violation of a rule or extreme negative behavior. During the GM the offending family member(s) stand in front of the family and respond to the challenges and confrontations of the family. A GM addresses a behavior which has seriously jeopardized the welfare of the offending member and possibly the family as a whole. An example would be if someone brought drugs into the facility.

DROPPING SLIPS

A process by which a resident requests the attendance of another person or persons in a group situation to deal with a specific concern. Dropping slips is a term that is used for encounter groups.

UNIQUE SITUATIONS

In the event of any situation seeming improper or inappropriate, it is your responsibility to relay it to a staff member and/or your immediate supervisor.

EDUCATION

Gaudenzia offers GED/ABE classes within the facility for residents to obtain a GED, or to better their education. School attendance is mandatory if you have not received your high school diploma or GED. GED tests are given throughout the year.

DEPARTMENTS WITHIN THE FACILITY

Each Department is responsible for maintaining some aspect or area needed for the total functioning of the facility. All residents are assigned to a specific department. They are:

1. Maintenance and grounds
2. Kitchen
3. Orientation/Operations
4. Warehouse
5. Business Office
6. Expediting
7. Supply
8. Transportation

CHAIN OF COMMAND

Each resident in the facility must address his/her concerns and problems to that individual who is his/her immediate supervisor. The chain of command is as follows:

Orientation
Worker
Ram Rod
Expediter
Department Head
Senior Expediter
Shingle Expediter
Chief Expediter
Re-Entry
Staff

Challenging - to question a decision, someone's behavior, or situation that is perceived to be unsatisfactory.

Confronting - an in-depth verbal face-to-face expression of dissatisfaction regarding a decision, a situation, or some problem that a resident is having in the environment. This is directed at the individual or individuals perceived as being responsible for the situation.

GROUPS

Encounter or Slip Group - A process that enables a resident to explore himself and his relationship with others through an expression of feelings in a controlled setting. Through this process, a person's attitudes that underlie his behavior are pointed out, and demands are placed on the individual to change that behavior which is determined by him, with the aid of others, to be negative and self-defeating.

Ethnic Group - this a group which enables individuals to explore various cultural, social, and radical issues and problems, including prejudices, misconceptions and the resulting feelings incurred by members of these various ethnic groups.

Women's/Men's Group - a group held exclusively for women/men, in order to examine such issues as sexual identity, role expectations, sex discrimination, and other concerns of women/men. Each gender would have their own separate group.

Criminal Offender Group - is held specifically for the population of residents who are stipulated by the Department of Corrections. The purpose is to help them in their transition from a correctional facility, which is punitive in nature; to our environment that is designed to help a person change their negative behavior patterns and become productive.

Static Group - these sessions are held with the same group of residents over a specific time period. It is designed to relax residents and hopefully, build trust by allowing them to freely express themselves and their concerns.

Department Head Group - an encounter group for supervisors of specific department or areas. A staff member is in attendance to observe the overall progress of these individuals, especially pertaining to leadership ability and group interaction.

Departmental Group - designed to provide information about the specific department, i.e., responsibilities, purpose and expectations. Also it is the proper arena to deal with friction and problems that effect the efficient operation and interaction with a particular department.

Special - an urgent request by a resident to stage a group when he/she feels that he/she cannot possibly wait for the scheduled time.

Extended Group - designed to help identify underlying issues and aid in bonding group
Members - 8 hours.

Probe - a long non-confronting group process designed to probe areas of particular concern to participate - 12-16 hours.

Marathon - a group designed for in-depth self-examination, lasting anywhere from 18 to 30 hours.

For effective treatment to occur, a resident must be appropriate for the program; be willing and able to participate in treatment and be motivated to allow for changes in attitude and behavior. Gaudenzia believes that a formal process, which precisely describes reasons for terminating a resident from treatment, may be useful to that person for future treatment experiences. This allows the resident to put into effect the adage of learning from one's mistakes.

CRITERIA FOR TREATMENT TERMINATION

1. Threats of violence or acts of violence.
2. Use of mood altering substances.
3. Sexual acting out.
4. Leaving the facility against staff advice.
5. Incarceration
6. Destructive behavior to Gaudenzia House property.
7. Stealing
8. Failure to respond to the treatment process.
9. Medical problems that prohibit the resident from full participation in the treatment process.

Termination/discharge is an extremely serious measure and as such is utilized as a therapeutic tool with the utmost of care. Treatment will be terminated if a resident demonstrates destructive behavior toward another resident and/or property. While Gaudenzia is governed by a strict set of regulations, we do not superimpose a single corrective model for infractions. Due to our belief in individualized treatment; each case of agency rule breaking *is* handled on an individual basis.

When a resident's treatment is terminated they are notified immediately, in writing (**Treatment Termination Notice**). The resident may appeal the decision in writing to the Division/Regional Director within 30 days of the termination.

PROCEDURE FOR RESIDENT APPEAL

Whenever a resident's treatment is terminated at any facility, he/she must be notified immediately in writing of such a decision (**Discharge Summary and Treatment Termination Notice**), which is sent to the last known address. The resident does have the right to an appeal meeting and may request this meeting by contacting the Regional Director either in writing or by phone within 30 days following receipt of the notice. The Regional Director will contact the Director and the staff member directly involved in the decision, to arrange a meeting time convenient for the resident, staff and any program witnesses that the resident may bring to speak on his/her behalf. The resident may request that this meeting occur prior to leaving the facility.

When the individuals uphold the original decision, the Treatment Termination Notice shall stand. The former resident may seek readmission, with the understanding that he/she will accept loss of status and/or other consequences stemming from the termination.

If the decision is reversed the resident will be reinstated in the program with no penalties or consequences stemming from the termination.

If the appeal cannot be resolved, the matter will be turned over to the Executive Director who will make the final decision.

CLIENT BILL OF RIGHTS

The Board of Directors and staff of Gaudenzia endorse the civil and legal rights and liberties of residents with the expectation that observance of these rights will contribute to more effective care and greater satisfaction for the residents and staff. The staff and residents share responsibility for the recovery process. It is in recognition of this shared responsibility that the following rights are affirmed:

1. The resident has the right to considerate and respectful care without regard to age, race, creed, sex, ethnic background, national origin, marital status, sexual orientation, handicap or religion.
2. The resident has the right to obtain from the staff, complete and current information concerning his/her diagnosis or treatment.
3. The resident has the right to receive from the staff, information necessary to give informed consent prior to the start of treatment of any type. Except in emergencies, such information for informed consent should include, but not be limited to, the specific nature of treatment. When significant alternatives for treatment exist, or when the resident requests information concerning alternatives, the resident has the right to information.
4. The resident has the right to refuse treatment to the extent permitted by law, and to be informed of the consequences of his/her action.
5. The resident has the right to every consideration of his/her privacy concerning treatment. Case discussion, consultation, examination and treatment are **STRICTLY** confidential. Those not directly involved in the treatment program must have the written permission of the resident to receive any information.
6. The resident has the right to expect that, within our capacity, we will be a reasonable response to the request for a service. The staff must provide an evaluation, service or referral as indicated by the nature of the case.

7. Residents shall receive complete information, prior to a transfer, concerning the need for the transfer.
8. The resident has the right to know that in the interest of the resident's continued recovery, we may try to contact him/her following discharge.
9. The resident has the right to expect reasonable continuity of care. He/she has the right to know what appointment times and services are scheduled and where, both in our program and in the community. The resident has the right to expect to be informed of the health, treatment and other service requirements following discharge.
10. The resident has the right to examine and receive an explanation of his/her bill, regardless of the payment source.
11. The resident has the right to know facility rules and regulations as they apply to his/her conduct.

**ALL RESIDENTS RECEIVE A COPY OF THEIR RIGHTS AT THE TIME OF
ADMISSION**

All residents shall have access to inspect and review their case file/record. This review is subject to the limitations and conditions set forth in the Client Rights section of this manual. The following procedure shall be utilized for the implementation of the client inspection of case record policy.

1. The resident requesting to inspect his/her file shall formally do so in writing to the Program Director.
2. The Program Director shall review the resident's request with the Clinical Supervisor and may temporarily remove portions of the case record prior to the inspection by the resident if it is determined that the information may be detrimental to the resident. Reasons for removing information shall be documented and be kept on file.
3. All information shall be returned to the resident's file by the Program Director after being reviewed by the resident.
4. The resident may submit rebuttal data or memoranda to his/her record to the Program Director

RANDOM SEARCHES

Situations arise when we suspect a resident of having contraband and/or in the possession of a controlled substance or weapon. At such time we will conduct a search of the individual, their living quarters and/or the area in which we suspect that the resident has been. In addition, we may facilitate a random search of the entire facility.

PROCEDURES

A team of staff will convene to develop a strategy and identify the individual/area is isolated/cordoned off so that no tampering can occur and/or the individual can involve another resident.

INDIVIDUAL

The resident is confronted by a staff member as to the suspicions about them and informed that they will be searched to see if they have on their possession the contraband, controlled substance, and/or weapon. Two staff members then escort the resident to one bathroom where they are instructed to disrobe. Both staff members will screen the resident's clothing by hand and give the garments back to the resident so that they can get dressed.

AREA IN THE FACILITY

With the exception of the designated staff members conducting a search and the residents whose room is being searched, all residents will be removed from the area. The staff conducting the search will screen every piece of furniture in the room, as well as the drop ceiling and floor coverings. They will check the closets and dressers as well, being careful not to damage any personal belongings or facility property.

OUTCOME

A general meeting will be held for the residents involved and/or arrangements will be made for the resident(s) to be placed on a Learning Experience or be discharged.

NA/AA MEETINGS

Over the years we have come to realize the significance that 12-Step Program involvement has for our residents. We believe that making meetings on a consistent basis, having a sponsor and being involved with other recovering addict's plays an important part in our residents continued recovery.

Our facility has two in-house NA meetings and one AA meeting weekly. The NA meetings are held on Monday from 8pm to 9pm and Tuesday from 9pm to 10pm. The AA meeting is held on Sunday morning from 11am to 12noon.

All residents who are in the facility while these meetings are in progress must attend.

Outside NA and AA meeting trips are scheduled and determined by the staff on duty.

UNWRITTEN PHILOSOPHIES

Truths, sayings, expressions, or words of wisdom frequently heard or displayed in the environment. The following unwritten philosophies are used and displayed in the program. They are meant to give you a motto to live by and reflect upon during each day and they are used as themes for each day's Morning Meeting.

**HONESTY
ACT AS IF
BLIND FAITH
NO FREE LUNCH
COMPENSATION IS VALID
TRUST IN YOUR ENVIRONMENT
TO BE AWARE IS TO BE ALIVE
RESPONSIBLE LOVE AND CONCERN
WHAT GOES AROUND COMES AROUND
NOTHING IS CONSTANT BUT CHANGE
YOU GET WHAT YOUR HAND CALLS FOR
YOU CAN'T KEEP IT UNLESS YOU GIVE IT AWAY
HANG TOUGH, FOR ONE DAY THERE WILL BE HAPPINESS
IT IS BETTER TO UNDERSTAND, THAN TO BE UNDERSTOOD
BE CAREFUL WHAT YOU ASK FOR, YOU JUST MIGHT GET IT
IF YOU THINK YOU'RE LOOKING GOOD, YOU'RE LOOKING BAD**

HOUSE RULES

Each resident is expected to take responsibility for his/her fellow residents' recovery. When you become aware of any activity, issue or situation that violates program rules, is detrimental to a resident's treatment, or is contrary to program philosophy, you have a responsibility to communicate immediately to a staff member, so the problem can promptly be corrected.

Discussing past drug experiences in a positive light is strongly discouraged. If you feel the need to tell war stories, then discuss it with your primary counselor or another staff member.

1. Physical violence or threats of the same are cause for immediate discharge.
2. Any action that has the potential to harm others or destroy property is cause for immediate discharge.
3. Any resident who uses drugs or alcohol or brings substances on the property or in the facility may be discharged or referred elsewhere.
4. Anything brought into the facility by residents or visitors must be screened and approved by staff before the resident may have the item(s). Visitors must give all packages, money, etc. to staff, **NEVER** to a resident.
5. Residents must attend all program activities, unless excused by staff
6. Residents cannot leave the premises of the West Chester facility unless authorized by staff
7. All residents are required to submit urine drug samples upon request from staff.
8. You are responsible for maintaining cleanliness in your quarters and the facility. You are also responsible for your personal hygiene. All dormitories are cleaned daily during the scheduled time. Laundry day is scheduled.
9. Telephone calls may be made/received only when you have earned telephone privileges or have special permission from staff to make a call. All calls are made/received on the pay phone. You may call collect or purchase a phone card. Telephone calls may be made/received between 6:00pm and 11pm. You may never leave a group activity to make/accept a call. Phone calls may not exceed 15 minutes.
10. You may never give the name of a resident to anybody calling in. Staff members will not answer the telephone.
11. When riding in an agency vehicle, you **MUST WEAR A SEATBELT.**

FIRE DRILL/EVACUATION PLAN

GENERAL POLICY

The physical safety of our residents is of the utmost concern to the entire Gaudenzia staff. To this end, fire drills will be conducted at least twice a month so that all staff and residents will be familiar with the necessary actions to be taken in the event of a fire or other disaster.

PRECAUTIONARY MEASURES

1. A designated person shall once every hour inspect the entire facility for indications of fire or imminent danger.
2. A log of these inspections (**fire runs**) shall be kept on file at the facility for a minimum of two years.
3. Fire drills will be conducted at least twice per month.

ANNOUNCED FIRE DRILL

The Staff On Duty sounds the alarm from a predetermined fire station by activating the fire station box and documents the time. The Staff On Duty or person in charge must check the horn alarm and detectors on all floors to see that they are ALL working properly.

EVACUATION PROCEDURES

The following steps shall be taken during a drill as well as upon notification of an impending or actual emergency/disaster either by alarm or verbal announcement:

1. An attempt should be made to close all windows and doors as you begin to evacuate the building.
2. The Staff on Duty will go immediately to the point to motivate family members out of the house. Staff will also if permissible make a run through the dorm areas and ADA bedroom to ensure that everyone has responded to the alarm. Staff should ensure that all residents are safe and secure.
3. The Staff On Duty will ensure that the census sheets, scratch sheet, visitors log and other logs are gathered and immediately evacuate the premises. **YOU MUST NOTE THE TIME THE ALARM SOUNDED.**
4. The staff while proceeding to the nearest exit will motivate family members out of the house from their location at the time the alarm sounds or announcement is called. **(No Running)**

* All residents will exit the facility by the route designated on the Evacuation Plans that are posted throughout the facility. Persons with disabilities will utilize the ramp located at the back of the kitchen to exit the building. The Staff On Duty will assist the individual to exit.

5. The Staff on Duty or person in charge will go to the alarm box located in the DHO to verify the location that activated the alarm and then proceed immediately to the location to determine whether or not a fire is in progress.

* In the case of a fire the Staff on Duty or person in charge notifies the fire department by dialing 911.

* If the staff member feels capable of extinguishing the fire with the extinguisher then they may attempt it. Under no circumstances should a resident be allowed or expected to fight the fire or remain indoors to call the fire department.

* Leave the building immediately (no running) and proceed to the designated meeting area.

6. All staff, residents and visitors are to proceed immediately to the area across the driveway from the patio in **SILENCE** and should remain so until given further instruction. **NO ONE IS TO REMAIN ON THE BUILDING SIDE.**

* Once gathered together in one location a census will be called (**pop**) to account for the whereabouts of all residents.

7. Be aware of any inappropriate behaviors during the evacuation and census taking; i.e., stragglers, talking, etc. This should be communicated to the Staff on Duty or person in charge promptly.

* Incidents such as these need to be addressed immediately upon re-entering the facility in the form of a verbal reprimand.

8. If the evacuation time and roll call exceeds two minutes the family should be instructed to report to the dining room for a brief seminar on the seriousness of the situation.

9. If it is determined that the facility cannot be re-entered then the Program Director or person in charge will make arrangements to transport and house all residents at another Gaudenzia facility and/or notify the monitoring sources for further instructions.

EMERGENCIES THAT DO NOT ALLOW EVACUATION

In the case of an emergency which does not allow evacuation such as violent storm, all residents and staff will assemble in the downstairs living room. Staff On Duty or the person in charge will ensure that taking a census count assembles all residents.