

Luzerne Treatment Center

**600 E. Luzerne Street
Philadelphia, PA 19124
(215) 634-8960**

RESIDENT HANDBOOK

January 2006

I. Introduction

Welcome to the **Luzerne Treatment Center**, a residential treatment program providing drug and alcohol services 24 hours a day, seven days a week. The treatment program consists of groups, lectures and individual sessions that are designed to aid you in your efforts to abstain from drug and alcohol abuse and/or dependence. It is our hope that the time you spend here with us will prove to be the start of a new and fulfilling life for you and your loved ones.

The mission of the **Luzerne Treatment Center** is as follows:

- First, it is our objective to provide each resident with substance abuse treatment programs that offer the greatest opportunity to remain clean and sober while entering into long-term sobriety. We believe that effective substance abuse treatment will reduce criminal behavior, and, in turn, result in reduction of parole violations.
- Secondly, it is our objective to provide each resident with education and counseling programs designed to develop skills, values and behaviors which will lead to a productive and meaningful life within your family and community without criminal behavior and/or drug use.

To carry out this mission, new state-of-the-art buildings have been erected and staffed with experienced and qualified professionals. It is our responsibility to offer the highest quality treatment in the area. This mission cannot be accomplished without your commitment to the program.

This handbook's purpose is to help you understand the **Luzerne Treatment Center's** rules, regulations, and expectations and your responsibilities as a resident. It should serve as your reference guide as you strive to be a productive member of the Luzerne community.

II. Program Phases

Intake: Upon arrival, you will participate in the intake process at which time you will be given this handbook. A staff member will help you complete all required paperwork and will briefly discuss rules and regulations of the program. You will then be assigned a room, bed and locker and be provided with clean linens.

Orientation: You will participate in an orientation period for a minimum of two weeks after the intake process. The orientation counselor will meet you, assist in the completion of consent forms, and assign a resident buddy. This fellow resident will assist you in becoming more comfortable with the rules and regulations of the community, introduce you to the other members of the community and generally help you adapt to your new environment. You will be expected to attend all morning meetings and scheduled treatment activities. You will be given an orientation study guide, and folder for the timely completion of assignments. During orientation, you will complete a psychosocial

assessment and formulate a master treatment plan with a counselor. You and the counselor will sign the plan. Throughout your stay, the master treatment plan will be reviewed and revised. New strategies will be identified as other issues begin to surface and you will have the opportunity to set new goals.

Intensive Treatment Phase: After the successful completion of orientation as determined by the orientation counselor, you will be assigned a primary counselor, a regular (or “static”) group and residential job function. In this phase of treatment, you will meet with your primary counselor at least once per week, share openly and honestly with your static group twice per week and perform your work detail contingent on your job function on a daily basis. You will also earn privileges (such as home passes) and attend religious services at specified facilities of worship. At the conclusion of this phase, as **determined by your primary counselor**, you may be eligible to begin the job search process and attend 12 step meetings near your area of residence in order to sustain a home group. **No resident will be permitted to begin or sustain any form of employment while in the drug and alcohol program at the Luzerne Treatment Center.**

III. Resident Rights

You are afforded the following rights:

1. The right to be treated with dignity and respect.
2. The right to have your religious beliefs respected.
3. The right to nutritious food, safe and adequate lodging, physical exercise and personal hygiene needs.
4. The right to communicate by mail, telegram, phone and other forms of private communication, except when prohibition or modification is a documented part of a treatment plan.
5. The right to participate in counseling, education, and vocational training as far as resources are available and in keeping interest, needs and abilities.
6. The right to receive treatment without regard to race, creed, gender, affectional/sexual preference, religion, national origin, age, disability, political affiliation, color, ethnicity, marital status, previous criminal record or status with regard to public assistance.
7. The right to examine their own records subject to the following limitations:
 - i. The clinical supervisor may temporarily remove portions of the records prior to the inspection by the resident if he/she determine that the information may be detrimental if presented to the client. Reasons for removing sections shall be documented and kept on file.
 - ii. The resident shall have the right to appeal a decision limiting access to his records to the project director.
 - iii. The resident shall have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information from his records.

- iv. The resident shall have the right to submit rebuttal data or memoranda to his own records.
- 8. The right to know of any fees to be changed, the methods and schedules of payment, including the turning over of any monies from public assistance, grants, foodstamps, social security disability income, etc.
- 9. The right to discharge yourself from the program at any time.
- 10. The right to register complaints about the administration of rules, regulations, sanctions, disciplinary measures and modifications of rights through a resident's grievance procedure approved by MinSec's Board of Directors.
- 11. The right to be free from corporal punishment, physical abuse and involuntary physical confinement.
- 12. The right to have any information regarding their identification and participation in the program treated confidentially in accordance with all local, state and federal laws.

Each client, as part of their intake process, will sign a Resident Document Receipt and Signature Verification form to acknowledge receipt of this Resident Handbook and to document awareness of their resident rights. This will also be witnessed by a staff signature and a copy placed in the client's chart.

In addition, you are protected from physical and other abuse as follows:

The **Luzerne Treatment Center** shall maintain you in a safe environment providing proper discipline and control. The **Luzerne Treatment Center** staff shall have only the right of ordinary citizens to protect themselves from physical harm. The **Luzerne Treatment Center** shall report any use of physical force by staff on you to the Department of Corrections/Board of Probation and Parole. Under no circumstances shall you be subjected to inhumane treatment.

IV. In-House Rules and Regulations

Cardinal Rules: A cardinal rule differs from a general rule in that violation of a cardinal rule may result in your immediate discharge from the **Luzerne Treatment Center**.

- 1. No violence or threats of violence -** Fighting, threatening directly or indirectly to a fight, any physical force used against residents by a resident.
- 2. No sex or sexual acting out -** Sex between clients, sex between clients and staff, no sex acts of any nature with anyone in the facility, no pornographic material
- 3. No usage, possession or sales of – drugs and/or alcohol** Presence of illicit drugs or alcohol in the facility, a resident under the influence of drugs or alcohol in the facility.

General Rules/Regulations: Sanctions for breaking a general rule/regulation depend on factors such as clinical progress, severity of rule and number of times a specific rule is broken.

Respect for Staff, Residents, and Facility Property – **Luzerne Treatment Center** holds it essential that no person be shown less than full respect at all times in all places. Violation of this principle may result in administrative action up to and including discharge from the program. Residents are expected to show respect for the facility and the property contained within the facility by following the rules at all times, refraining from vandalism, and performing house duties as required.

Punctuality – Following the therapeutic schedule in a timely manner is crucial for growth of **Luzerne Treatment Center** residents. Residents are to attend all therapeutic functions on time as determined by the treatment schedule. Residents are to attend meals on time as determined by the treatment schedule. Residents are to awake/sleep on time as determined by the treatment schedule. Lateness from any of the afore mentioned activities will result in sanctions. **No resident is to be sleeping before lights out is called** other than those that are medically cleared to do so.

Smoke Breaks – Residents will be permitted to engage in tobacco smoking at scheduled times of the day. The smoke break schedule is as follows:

7:45 AM (*Grounds Run*)
6:00 PM – 6:15 PM
9:30 PM – 9:45 PM
1:00 PM (*Recreation Time*)

During the morning grounds run and recreation time, residents are also permitted to engage in tobacco smoking. In addition to this, treatment staff may permit other smoke breaks throughout the course of the day contingent on the schedule and behaviors/attitudes of the residents. **Cigarettes, tobacco products and/or fire starting equipment or devices** are permitted to be in the possession of any resident. However, **Luzerne Treatment Center** is a 100% smoke free building. Any person engaging in tobacco smoking inside the building will be met with immediate sanctions.

Possession of Food – **Residents are not permitted to store food or foodstuff of any kind in their rooms.** All food served in the cafeteria is to be eaten in the cafeteria and any snack/drink purchased from one of the vending machines is to be consumed in the kitchen/cafeteria. Residents are not permitted to receive outside foodstuff from family, friends or associates. No food is to be sold between residents. No gum is to be chewed at any time by any individual while in the facility. Usage of the facility microwave must be followed by immediate and thorough cleaning of the facility microwave.

Phones – Residents are permitted to use the pay phones in the drug and alcohol side of the **Luzerne Treatment Center: Building II** at scheduled times of the day and only if that resident has earned the privilege to use the phone. The phone schedule is as follows:

Mon. – Thurs..

1:00 PM – 2:00 PM

6:00 PM – 7:00 PM

9:00 PM – 11:00 PM

Fri.

1:00 PM- 2:00 PM

4:00 PM – 12:00 AM

Saturday and Sunday

1:00 PM – 12:00AM (*with the exception of core lecture*)

Residents are only allotted fifteen (15) minutes on the phone per day. No refunds will be given to lost money on any pay phone in the facility. Treatment staff may permit a resident to use an office phone but only while monitored by treatment personnel. Resident using office phones without staff's knowledge or consent is not permitted. Resident usage of hall phones is not permitted at any time day or night. *Hall phones* are the black phones hung on the walls throughout the facility. Residents are not permitted to carry or use beepers, pagers, or cellular phones at any time while in the facility.

Money – Residents are permitted to carry money in order to use the vending machines, laundry facilities or for other personal necessities. Residents are permitted to carry \$20.00 at a time. Any monies in the excess of \$20.00 are to be turned into treatment personnel upon admission into the facility. Any monies acquired by residents from outside sources are to be turned into the treatment personnel upon reception. Residents may request funds from their account on a weekly basis, with monies being distributed by staff on Thursdays. Residents who have no money will be put on indigent list order for them to clean clothes, sheets and other personal items. Borrowing of money amongst residents is to be done at the residents risk. **No betting or gambling is permitted at any time.** No resident is to offer money to any staff member and no resident is to accept any money from any staff member. Any money lost in any of the vending machines or pay phones is not refundable.

Visitors – Residents are encouraged to have family and friends visit you at the **Luzerne Treatment Center**. All visits to the center must be pre-approved by the resident's primary counselor prior to the visit. This is done through written authorization, not verbal. Visits outside of family day are to occur in the front lobby of the center. Visits must not interfere with any therapeutic function or activity as indicated on the schedule. All visits are to have start times and end times determined by the resident's primary counselor. All visits are to be monitored by staff members. Visitors must provide picture identification to staff and agree to a search of any bags brought into the facility. The resident is responsible for the behavior of the resident's visitor(s). Any behavior deemed inappropriate by staff will be grounds for immediate termination of the visit. Visitors are to be dressed appropriately as determined by staff. All items given to residents by visitors are subject to search and confiscation.

Family Day occurs every other Sunday of the month. Family Day is a day in which several visitors are permitted to visit with a resident for an extended amount of time.

Visitors are permitted to visit with residents in various areas of the building determined by staff on duty that day. In order to receive a visit on family day, a visitor request form must be completed and submitted 24 hours prior to family day. A maximum of four visitors are permitted to visit on any given family day. Any visitor not indicated on the visitor request form will not be permitted to visit on family day. All rules that apply to visitors on non-family days apply to visitors visiting on family day.

Entering/Leaving the Facility – A resident must sign out of the center during authorized times only to the location(s) which have been pre-approved by his primary counselor or the facility director in order to leave the facility. *Leaving the facility* is defined as passing through, over or under the fence that surrounds **Luzerne Treatment Center**. A resident must sign the “sign in/out” sheet at the front desk in order to leave the facility. A resident must also have an approved pass signed by himself and a staff member in order to leave the facility. No resident is to be in possession of white out or liquid paper at anytime. Passes excluding social services and/or medical appointments are to be signed by the resident’s primary counselor 24 hours prior to the departure time. The treatment staff determines emergencies while any staff in the building may authorize emergency passes. If a resident does not have car/bus fare, he is required to use the facility van. This is to be indicated on the residents pass by his primary counselor or the facility director. Sign in/out sheets must be legible and must contain the complete date, time address (including city, state, zip code) and telephone number for each destination. Upon a residents return he must sign in as soon as he arrives. Returning late from a pass is grounds for sanctions. Residents must phone the facility to receive permission from staff on duty or the facility director in order to extend times on passes. All residents are subject to urinalysis, Breathalyzer tests, and/or searches of person or belongings upon return to the facility. Residents are responsible for their own behaviors while on passes and are subject to arrest if any illegal activity occurs. Residents that do not return to the facility by their return time and do not call the facility for any time extension is regarded as a “leaving facility against staff advice.” *Leaving facility against staff advice* results in notification of the proper authorities, including case managers and/or parole agents, if applicable. Any violation of parole may lead to a resident’s arrest.

Escorting – Residents on certain passes may be assigned an escort. An *escort* is a resident or staff member that accompanies another resident when they leave the facility. His/her responsibilities are to keep the resident they are escorting in eyesight where appropriate. An escort is to accompany the resident to the predetermined destination as indicated on his pass and talk to the resident if he feels an urge to engage in drug use. An escort is to also accompany the individual back to the **Luzerne Treatment Center** by the return time as indicated on his pass. Deviating by either the escort and/or the resident being escorted is not permitted at any time. *Deviation* occurs when 1) any time at least one of the parties on the pass willfully and knowingly leaves the other/group, 2) any time at least one of the parties arrives at or enters into a location not pre-approved by his counselor or the facility director as indicated on his/their pass (es). A resident who deviates will face sanctions that may lead up to his discharge from the program. When two or more people are on a pass and one or more resident’s deviates, a phone call is to be made to the facility by the party not deviating immediately to report the deviation. Upon receiving the

phone call, the facility staff will provide the resident with instructions, which he is to follow explicitly. If a resident does not call the facility when a resident he is escorting or is being escorted by deviates, he will be considered to be deviating and subject to sanctions. Residents are responsible for memorizing the facility phone to call the facility. A resident who calls the facility immediately following the deviation incident will not be subject to any sanctions unless additional rules were violated in the process.

Passes are generally divided into two (2) categories: **Activity passes** and **Home passes**. Activity passes are passes in which residents are assigned to handle personal, religious, medical and legal business. They may occur any day however are generally done Monday through Friday of a given week. Escorts going out with those who have activity passes must be middle strength or higher, as dictated on the resident job tree. Home passes are passes in which a resident earns the right to go to a specific, designated place (usually the resident's house) to recreate and engage in sober, legal activities. Escorts going out with those who have home passes must have already been on a home pass themselves. That means that a worker that cannot yet escort residents on activity passes may qualify to escort residents on home passes if they have already gone a home pass themselves.

Resident Appearance/hygiene – Residents are to present themselves and their surrounding environment in a decent and respectable manner at all times while residing in the **Luzerne Treatment Center**. Residents are expected to maintain good personal hygiene through proper grooming, bathing/showering and proper dress attire. Residents are also expected to keep their room, bed and locker neat at all times. Beds are to be made firmly upon wake-up, lockers are to be organized properly and clothes/towels are to be folded neatly and stored into corresponding drawers. Nothing is to be hanging on a resident's bed or locker. No item of any kind should be placed on top of a resident's locker. Should a resident wish to decorate his locker/room, the decorations must be in good taste and with prior authorization from the clinical supervisor and/or facility director. Common area wall hangings must be submitted to the facility director for approval before they are affixed to the walls. There is to be no ironing in any dormitory and no foodstuff is to be brought into a resident's room. **Hair cutting is permitted on Fridays and Saturdays only as long as it does not interfere with any therapeutic function. Cutting hair is to be done in the individuals bedroom only and must be clear and clean upon completion of the haircut.** Residents must have only six sets of clothing in their locker. No scissors, hand tools or cutting tools are allowed in lockers. Residents must clean their room on a daily basis. No grooming products containing alcohol in the first three ingredients are allowed in the **Luzerne Treatment Center**. Only three pairs of shoes/sneakers and one pair of shower shoes are permitted for each resident. These shoes are to be placed neatly under the corresponding bed. Hats, scarves, rags, or any other garment excluding those that are worn for religious purposes are not to be worn on a resident's head at any time in Luzerne Treatment Center. No eyewear's excluding prescription contact lenses or glasses are to be worn at any time in **Luzerne Treatment Center**. **Shower shoes are not to be worn in the facility except for traveling to and from the shower.** All boots, sneakers, and shoes on your feet must tied, snapped or buckled at all times when they are on your feet. If you are wearing more than one shirt and the one underneath is longer than the one on top, the one underneath must be tucked in. **Walkmans are to be worn only in your room or outside during**

recreation. A resident promenading the facility with the absence of a shirt, pants or underwear is not permitted. No under shorts or towels are to be worn beyond your room or the bathroom at anytime. Sanctions will be issued to residents not keeping themselves or their surrounding environment clean.

School – Residents in **Luzerne Treatment Center** who do not have documented proof that they have attained a general education equivalent or a high school diploma are *required* to attend nightly classes held in the facility. Residents who are absent from school in the facility without the written consent of their primary counselor or the clinical director will be sanctioned. Rules for conduct; appearance and respect are to be applied while in school. All assignments given in school are to be done in a timely manner.

Medication – All residents who are admitted to the **Luzerne Treatment Center** are medically cleared to participate in the full range activities the facility has to offer. A resident who feels that he is not medically cleared or has overwhelming medical issues not noted or documented may not be suitable for this environment. In such cases discharge back to a state correctional institution or county correctional institution may transpire. A resident who is currently taking medication(s) is to submit all medications in his possession to the medical staff. No resident is permitted to be in possession of any medicine or drug at any time. Medication is distributed at the following times

8:10 AM - 8:45 AM

2:00 PM - 2:45 PM

5:45 PM - 6:15 PM

Residents who require additional times to receive medication must have written authorization to do so by the facility nurse or doctor. If that is the case then other treatment staff will be able to provide medication. All residents' medication (prescription or over-the-counter) will be kept in a locked medical cabinet in the medical office. Residents must take the medication in the presence of staff. Both the resident and the staff person are required to sign the medical log after medication is dispensed. Residents will not be reminded to take their medication. Residents are not permitted to consume any medication prescribed for someone else or to transport any medication belonging to another into or out the facility unless authorized by staff. Medications that are left after a resident is discharged from the facility will be kept a maximum of thirty days and then discarded.

Laundry – Washing of personal property will be done in the laundry room only. No clothes will be washed in the bathrooms, sinks or showers. In addition, no clothing will be left in the bathroom to dry. Use dryers located in laundry room. Clothing found in the bathroom will be confiscated by staff and discarded. Only laundry workers are permitted to work or be in the laundry.

Recreation – Use of equipment and participation in **Luzerne Treatment Center's** recreation activities is at your own risk. Residents will be held responsible for

recreational equipment and damage or destruction of recreational equipment through malicious intent will be considered destruction of facility property.

Personal Property – All necessary clothing and personal toiletry articles are to be brought with you or given to you by outside resources. Personal property left more than 7 days after discharge will become property of the **Luzerne Treatment Center**. The **Luzerne Treatment Center** does have limited supplies of items such as soap, toothpaste and deodorant. Residents not on blackout can be given permission to acquire personal items from stores in the neighboring areas contingent on afore mentioned rules regarding passes for leaving the facility. Residents are wholly responsible for their personal property. Staff inventories all resident's personal property the day of admission. **Luzerne Treatment Center** is not responsible for resident's personal property.

Searches – Searches of persons, personal areas and the facility as a whole may be conducted at any time without notice. All searches are to be conducted by at least one staff member in the presence of another staff member. Items that are not the property of the person being searched will be confiscated until such time as proper ownership may be determined. Any item deemed inappropriate by the treatment staff will be confiscated. Refusal of room searches and/or personal searches may constitute grounds for discharge.

Community Service – Most residents are required to participate in a community service program as stipulated by their parole officer. There are weekly opportunities through the managing directors office and the FIR program for participation in community service projects. Vans are provided to pick up residents at 8:30 AM and be brought back at 3:00 PM after they complete various projects in the communities.

Residents Right to Inspect Records – All residents in the **Luzerne Treatment Center** have a case record, which is kept by treatment personnel. Each record for each client contains basic consent forms to treatment, treatment plans and progress reports. Every resident has the opportunity to inspect and view his or her own case record through proper written consent.

Drug and Alcohol Testing/Urine Monitoring – Residents are subject to random urinalysis testing. Additionally if a staff member suspects that a resident has been consuming drugs an/or alcohol a urine and Breathalyzer test will be administered. A resident may drink only water after a urine sample has been requested. Residents must remain in full view of staff until he is able to provide the urine sample. Failure or refusal to take urine or Breathalyzer test is considered the equivalent of producing illicit substances or alcohol in a residents urine. Residents have a maximum of two hours to produce urine for a urine test and fifteen minutes to produce carbon dioxide/water vapor for a Breathalyzer test. If a resident is called to any part of the building by staff he is to report there immediately.

Counseling – Residents will be required to meet with their primary counselor on a weekly basis. These counseling sessions will revolve around the goals and strategies of the individuals master treatment plan. Residents are required to attend their scheduled individual and group sessions. These sessions will provide residents with the opportunity

to speak on issues they do not feel comfortable sharing with others. All individual counseling sessions are completely confidential.

Counts – Official counts are conducted at scheduled times of each day. All residents in the facility are to report to scheduled counts (or “pops”) when they are called. Failure to report to a count will result in sanctions. Deceiving the count taker into believing someone is present when they actually aren’t may result in individual discharge.

Funerals – Residents will be permitted to attend funerals if they are **for immediate family members only**. These include mothers, fathers, sisters, brothers and grandparents.

V. Treatment Components

The following section details the specific structure of the various program components offered at **Luzerne Treatment Center**. Please note that during scheduled recreation times, residents may be allowed to engage in tobacco smoking. The schedule for each day of the week is presented below:

Mon.		Tue.	
6:30 AM	Wake up	6:30 AM	Wake up
7:00 AM – 7:30 AM	Breakfast	7:00 AM – 7:30 AM	Breakfast
7:30 AM – 8:00 AM	Morning Clean	7:30 AM – 8:00 AM	Morning Clean
	up/grounds run		up/grounds run
8:00 AM	Pop/morning count	8:00 AM	Pop/morning count
8:15 AM – 8:30 AM	Pre-morning meeting	8:15 AM – 8:30 AM	Pre-morning meeting
8:45 AM – 9:45 AM	Morning meeting	8:45 AM – 9:45 AM	Morning meeting
10:00 AM	Static Group	10:00 AM	Vocational Group
12:00 PM	LUNCH	12:00 PM	LUNCH
1:00 PM		1:00 PM	
1:00 PM – 2:15 PM	Recreation Time	1:00 PM – 2:15 PM	Recreation Time
2:15 PM – 3:15 PM	Job Functions	2:15 PM – 3:15 PM	Job Functions
3:30 PM – 4:30 PM	Core Lecture	3:30 PM – 4:30 PM	Core Lecture
4:45 PM – 6:00 PM	DINNER	4:45 PM – 6:00 PM	DINNER
6:00 PM – 7:00 PM	Study hall/smoke break	6:00 PM – 7:00 PM	Study hall/smoke break
7:00 PM – 8:00 PM	Evening Seminar	7:00 PM – 8:00 PM	Evening Seminar
8:00 PM – 9:00 PM	Outside step meeting	8:00 PM – 9:00 PM	Outside step meeting
9:00 PM – 9:30 PM	Free Time	9:00 PM – 9:30 PM	Free Time
9:30 PM – 9:45 PM	Smoke break	9:30 PM – 9:45 PM	Smoke break
9:45 PM	Prep time for following morning/last clean up	9:45 PM	Prep time for following morning/last clean up
11:00 PM	Lights out	11:00 PM	Lights out

Wed.

6:30 AM Wake up
 7:00 AM – 7:30 AM Breakfast
 7:30 AM – 8:00 AM Morning Clean
 up/grounds run
 8:00 AM Pop/morning count
 8:15 AM – 8:30 AM Pre-morning
 meeting
 8:45 AM – 9:45 AM Morning meeting
 10:00 AM Static Group
 12:00 PM LUNCH
 1:00 PM
 1:00 PM – 2:15 PM Recreation Time
 2:15 PM – 3:15 PM Job Functions
 3:30 PM – 4:30 PM Core Lecture
 4:45 PM – 6:00 PM DINNER
 6:00 PM – 7:00 PM Study hall/smoke
 break
 7:00 PM – 8:00 PM Evening Seminar
 8:00 PM – 9:00 PM Outside step meeting
 9:00 PM – 9:30 PM Free Time
 9:30 PM – 9:45 PM Smoke break
 9:45 PM Prep time for
 following morning/last
 clean up
 11:00 PM Lights out

Thurs.

6:30 AM Wake up
 7:00 AM – 7:30 AM Breakfast
 7:30 AM – 8:00 AM Morning Clean
 up/grounds run
 8:00 AM Pop/morning count
 8:15 AM – 8:30 AM Pre-morning meeting
 8:45 AM – 9:45 AM Morning meeting
 10:00 AM Encounter Group
 12:00 PM LUNCH
 1:00 PM
 1:00 PM – 2:15 PM Recreation Time
 2:15 PM – 3:15 PM Job Functions
 3:30 PM – 4:30 PM Core Lecture
 4:45 PM – 6:00 PM DINNER
 6:00 PM – 7:00 PM Study hall/smoke
 break
 7:00 PM – 8:00 PM Evening Seminar
 8:00 PM – 9:00 PM Outside step meeting
 9:00 PM – 9:30 PM Free Time
 9:30 PM – 9:45 PM Smoke break
 9:45 PM Prep time for
 following morning/last
 clean up
 11:00 PM Lights out

Fri.

6:30 AM Wake up
 7:00 AM – 7:30 AM Breakfast
 7:30 AM – 8:00 AM Morning Clean
 up/grounds run
 8:00 AM Pop/morning count
 8:15 AM – 8:30 A Pre-morning meeting
 8:45 AM – 9:45 AM Morning meeting
 10:00 AM Study Hall
 12:00 PM LUNCH
 1:00 PM
 1:00 PM – 2:15 PM Recreation Time
 2:15 PM – 3:15 PM Job Functions
 3:30 PM – 4:30 PM Core Lecture
 4:45 PM – 6:00 PM DINNER
 6:00 PM – 7:00 PM Study hall/smoke
 break
 7:00 PM – 8:00 PM Evening Seminar
 8:00 PM – 9:00 PM Outside step meeting
 9:00 PM – 9:30 PM Free Time
 9:30 PM – 9:45 PM Smoke break

Sat.

8:30 AM Wake up
 8:45 AM – 9:45 AM Breakfast
 9:45 AM Morning meeting/Pop
 10:30 AM GI
 12:00 PM Lunch
 1:00 PM – 3:00 PM Recreation Time
 3:00 PM – 3:30 PM Study Hall
 3:30 PM - 4:40 PM Weekend Seminar
 4:45 PM – 6:00 PM Dinner
 6:00 PM – 12:00 AM Free Time
 12:00 AM Lights Out

9:45 PM – 11:00 P	Prep time for following morning/last clean up
12:00 AM	Lights Out

Sun.

8:30 AM	Wake up
8:45 AM – 9:45 AM	Breakfast
9:45 AM – 10:15 AM	Gratitude meeting
10:15 AM – 12:00 PM	Free Time
12:00 PM – 1:00 PM	Lunch
1:00 PM – 3:00 PM	Recreation Time
3:00 PM – 3:30 PM	Study Hall
3:30 PM – 4:30 PM	Weekend Seminar
4:45 PM – 6:00 PM	DINNER
6:00 PM – 11:00 PM	Study Hall/Prep time for following morning
11:00 Pm	Lights Out

On scheduled holidays, the daily schedule is “down” or more relaxed. On nights before holidays lights out is scheduled at 12:00 AM)

Grounds Run – *Grounds run* is an activity in which the entire resident population inspects the outside lot and grounds for trash and debris. Should any trash or debris be found, it is to be removed and thrown out. Security staff monitors grounds run. During grounds run, residents are permitted to engage in tobacco smoking. All cigarette butts are to be discarded in the appropriate trash receptacles.

Pre-morning Meeting – *Pre-morning meeting* is the weekday session in which strength members and orientation members gather to listen to communications brought by middle strength members. Pre-morning meetings are chaired (or run) by two senior members of the community who sit up front facing the audience. These individuals have with them all written pull-ups (see below) submitted the previous night. During pre-morning meeting, middle strength residents line up outside the meeting room door and await to be instructed to “light knock”. When one of the persons running the meeting calls for a “light knock”, the resident closest to the door knocks lightly on the door twice. When asked who is out there by one of the persons running the meeting, the “light knocker” enters the room and states his name and that he would like to attend pre-morning meeting. The resident will then be told to “spin) down to the front, say “good morning” to the audience (or “family”) and be asked a series of questions in succession:

“Do you have any communications for the family?”

(The resident brings forth verbal communications concerning residents in the facility.)

“Are you holding any guilt?”

(The resident communicates any guilt he is feeling for things he has done recently.)

“Are you holding anyone else’s guilt?”

(The resident communicates any guilt he has seen from another resident doing inappropriate things.)

“Why do you deserve to be in pre-morning meeting?”

(The resident explains what he has done to warrant an admission into pre-morning meeting.)

The strength members in the meeting then challenge the resident. A challenge is when a resident stands humble (hands together in front or in back of a person) and states, “_____ (First name, Last name of resident being challenged), I’d like to challenge you” This is then followed by a direct yes or no question. The resident being challenged must answer only yes or no to a challenge.

Examples:

“Joe B., I’d like to challenge you. Are you being grateful today?”

“Jack F., I’d like to challenge you. Can you be honest for two hours?”

“Jim H., I’d like to challenge you. Is it a fact that you do an outstanding job as an expediter?”

After answering all the challenges with a “yes” or a “no”, the resident is asked to bring his pull-up to the family. A *pull-up* is a means of raising one’s awareness. Pull-ups come in two forms: written and verbal. A written pull-up occurs when a resident writes down a pull-up on the appropriate slip of paper and submits it to the chief expediter during “prep time for following morning/last clean up” (see schedule). All written pull-ups start with “Who are the people who” and all residents must submit one written pull-up each night.

Examples:

“Who are the people who need to take recovery seriously.”

“Who are the people who have to learn patience.”

“Who are the people who haven’t started the journey yet.”

“Who are the people who are struggling in treatment.”

Written pull-ups should be recovery-based in subject matter and should not be used as a means to complain about the program or berate other residents. When a resident writes a pull-up, he must memorize it before turning it into the chief expediter. When one of the residents running the pre-morning meeting asks a “light knocker” to bring his pull-up to the family, the “light knocker” must recite his pull-up exactly word for word. The “light knocker” will have three tries to do this. If on the third try he fails to recite his written pull-up, word for word, he will be either given the pull-up and told to read it to the family (also known as “bringing it anyway”) or be dismissed from the pre-morning meeting (also known as “spinning on out of there”). If the “light knocker” successfully recites his pull-up or is told to “bring it anyway”, one of the residents running the

meeting will ask the audience if he should be allowed to stay. If the family agrees to let him stay the “light knocker” thanks the family and sits down in the audience. All “light knockers” are handled in this fashion until there is no more left waiting outside. Any “light knocker” that presents himself in a negative fashion or fails to answer any questions in less than a satisfactory manner is spun out of the meeting. At this time, the residents running the pre-morning meeting read off all written pull-ups to the family. The family votes as to which ones should be used for morning meeting by raising their hand after an agreeable one is read. The top three pull-ups are collected and the others are discarded. Based on the three pull-ups chosen, the residents running the table secretly selects a “Theme for the Day”. Pre-morning meeting ends with a courteous reminder that morning meeting starts at 8:45 AM.

Morning Meeting – *Morning meeting* is a daily session in which the purpose of it is to set the tone for the day. In morning meetings, pull-ups are read, songs are sung, announcements are made and a theme for the day is guessed by residents and elaborated on by staff. Typically morning meetings are chaired (or run) by the same residents who run the pre-morning meeting. Morning meetings begin at 8:45 AM every weekday and are attended by all residents present in the building, excluding the expediter at the point position. A staff member facilitates morning meetings, typically staff on duty but not necessarily. The residents running morning meeting prepare a sheet outlining all announcements and assignments that are to be presented for that morning. Morning meeting structure is as follows:

Introductions

(Residents running the meeting and staff say good morning)

Morning Meditation

(a pre-selected resident is called up to read a daily meditation from the morning meditation book)

Pull-ups

(The authors of the three selected pull-ups chosen at pre-morning meeting come forward one at a time and recite their pull-up to the family. After elaborating on his pull-up, three residents are called up to successfully recite the pull-up and elaborate on it themselves. This is done for each of the three totaling twelve (12) elaborations)

Theme for the Day

(Residents guess the theme for the day from the list of unwritten philosophies. If they guess correctly, they are required to elaborate on the theme in front of the family. After their elaboration, the staff member facilitating the meeting provides a “crystal clear” elaboration of the theme. The theme is also written on the chalkboard, which faces the audience.)

Current Event Paper

(A pre-selected orientation member communicates international, national, and local news to the family)

Funny Paper

(A pre-selected orientation member reads three jokes either pulled from the facility joke book or pre-approved by the staff to the family)

Kitchen Menu

(A kitchen worker/ramrod/department head reads the daily menu)

TC Philosophies/Life Unmanageable

(Any resident who has requested and been approved to attempt his TC philosophy or recite his life unmanageable does so at this time)

15 Seconds of Fame

(Residents who are attending their first morning meeting are required to sing a song to the family for a minimum of 15 seconds)

Announcements

(Communications that are vital to daily schedule, **not** complaining about the program or the facility)

If at any time morning does not follow this schedule the facilitating staff member will stop the meeting. Family members not called upon during the meeting are to be sitting quietly. If a resident wishes to use the lavatory, he must raise his hand and ask staff's permission. If the resident running the morning meeting (or "table") makes a mistake during the meeting, a resident may raise his hand and offer a pull-up. Residents disrupting the meeting in any form or fashion will be removed from the meeting. Any resident who refuses to participate in the meeting will be sanctioned heavily.

Static Group – *Static Group* is the group that meets Mondays and Wednesday at 10:00 AM in which the purpose of it is to share feelings/issues openly and honestly with group members. Residents assigned to a primary counselor and a specific group only meet with primary counselor and that specific group. Static group has rules that are to be reviewed before group begins. It is in this group that residents can express themselves to others and receive feedback. Static group supercedes all functions/activities in or out of the facility and is mandatory for all residents to attend. Medical or legal passes will not be given during static group times. Static groups should not be interrupted by anyone for any reason at anytime.

Vocational Group – *Vocational Group* is the group that meets Tuesdays at 10:00 AM in which the purpose of it is to discuss job related issues with workers in a given department. Vocational groups are separated by job department (i.e. kitchen, maintenance, and grounds, etc.) and are facilitated by a counselor. Schedules are made and ramrods and department heads in each group give assignments.

Encounter Group – *Encounter group* is the group that meets Thursdays from 10:00 AM to 12:00 PM in which the purpose of it is to express feelings to other residents and/or staff in an appropriate manner. The residents are seated in a circle around two empty chairs that face each other. Before group begins residents and staff reiterate group rules. The basic rules of encounter group are as follows:

No side conversation during encounters

No "rat packing" (ganging up on one resident)

No "red crossing" (coming to another residents rescue when inappropriate)

Residents must sit humble (hands together, placed in front of resident, no slouching when encountering or being encountered)
No eyes closed/sleeping

Once the rules are explained, residents are encouraged (one at a time) to sit down in one of the empty chairs in the middle and call another resident they would like to see. After the resident has taken the opposite seat, the other resident begins to express one of the five basic feelings (anger, pain, loneliness, fear, pleasure) in an appropriate manner without threatening, insulting or character assassinating. When finished, the other resident has the option of responding by stating, “The feelings are valid, the confrontation is valid/partially valid/invalid.” If the confrontation is valid, it means that everything that was said is true. If the confrontation is partially valid, it means some of what was said is true. If the confrontation is invalid, it means none of what was said is true. When the confrontation is invalid, a horse concept may be called. A *horse concept* is when a resident is called on a particular behavior through third party verification. For example, if resident A claims that resident B exhibits ungrateful behaviors in the facility, and resident B states that this is invalid (meaning not true at all), resident A will ask the rest of the group if they have witnessed ungrateful behavior. This is done by simple raising of the hands. If other residents raise their hands, resident B must respond to this. If no one raises their hands, the confrontation ends and another begins momentarily. Residents end their encounters by “reaching out”, or shaking hands/hugging before returning to their seats.

A variation of encounter group is called *the whole house encounter group*. The whole house encounter group differs from encounter group in that the whole family is in one group and residents are not allowed to respond after being encountered by another resident.

During the course of the week, residents drop slips on other residents they want to see in encounter group. *Dropping slips* is the process in which a resident completes a minimum of two encounter group slips on another resident when that resident has affected him in any kind of way. For example, if resident A is in line for dinner and resident B cuts in front of him, resident A would drop slips on resident B for anger. Residents are encouraged to drop many slips on each other. Because groups are broken up, the more slips a person drops on an individual, the more likely he is going to see him in encounter group. In essence, residents “buy” each other a seat in encounter group by dropping numerous slips. Residents are required to drop a minimum of two slips on two different residents, non-pleasure. Residents who do not drop slips on one another are met with immediate sanctions.

Core Lecture – *Core lecture* is a meeting held at 3:30 PM or 3:00 PM and is given by a staff member. Core Lecture focuses on recovery related issues and requires residents to listen attentively and actively participate. Core lecture is to be attended by all residents present at the facility with the exception of the expediter on point. Sometimes core lectures may be run by residents with staff facilitating.

Evening Seminar – *Evening seminar* is a meeting held every night at 7:00 PM and is generally run by a staff member. Evening seminar is identical to core lecture in terms of

the structure and set up. Evening seminar generally requires more participation from the residents than a core lecture.

12 Step Meetings – In house 12 step meetings are those that are facilitated and chaired by individuals that come from outside the facility. These are generally held on Monday, Tuesday, and Wednesday nights at 8:00 PM.

Privileges – Residents must earn privileges in order to fully benefit from what **Luzerne Treatment Center** has to offer. A description and order of achievement for each privilege is as follows:

Walking – to walk alone without one's resident buddy, earned after the resident successfully says the TC philosophy.

Writing – to write letters to people outside of facility

Phone – to be able to use facility pay phones at designated times

Personals – to collect and retrieve personal belongings stored away upon intake

6 hour home pass with escort – to visit outside of facility with resident escort

6 hour home pass without escort – to visit outside of facility alone without an escort

8 hour home pass alone – same as above with two hours added

10 hour home pass with 12-step meeting – same as above but with two hours added and attendance of a 12-step meeting

A resident receives one privilege per week. Home passes are granted every other week. A resident may not attain privileges past writing while orientation. A resident must wait at least 45 days (for DOC residents) or 60 days (for FIR residents) before becoming eligible for his first home pass. A privilege is requested through a privilege request form, which is submitted on Sundays. This form must be completed without error and initialed by the resident's ramrod(s) and department head(s). Any error found on a privilege request form after it has been initialed will result in that resident not receiving his privilege. Resident's behaviors and attitudes are objectively evaluated by strength (or senior) members in the community in weekly *strength meetings* which occur every Wednesday at 2:15 PM. Residents whose behaviors are good and whose attitude is positive will be granted their privilege. Residents whose behaviors are poor and attitudes are negative will be denied their privilege. When the strength team evaluates a resident's behavior, the number of haircuts the resident has accumulated for that week is taken into consideration. Staff facilitates strength meetings so that residents are not voting against other residents out of spite, revenge, dislike or any other means other than objective evaluation of behaviors and attitudes. Behaviors and attitudes are evaluated on a week-to-week basis, except when voting for home passes. In these cases, a resident's behavior and attitude is evaluated from two weeks ago. Also at the strength meeting, residents nominate and vote on a *worker-of-the-week* and a *middle strength-of-the-week*. A *worker-of-the-week* are two individuals in each respective status that have gone above the call of duty for a given week. The worker-of-the-week and the middle strength-of-the-week have earned the privilege to have off the floor for the weekend **except during scheduled therapeutic functions occur**. Furthermore, a chief and two shingles for the upcoming weekend may

be picked at a strength meeting if a chief and two shingles have not already been assigned for the upcoming weekend prior. The chief and shingles for a weekend are *not* the regular chief and shingles but must be strength members. The acting chief and shingles are responsible for monitoring, or “sitting on”, the house for their assigned weekend. The acting chief and shingles are not permitted to leave the facility for their weekend for any reason, barring emergencies. On any given weekend, approximately half of the strength team should be in the house.

Verbal Pull-ups/Haircuts – Residents raise each other’s awareness in the facility by employing verbal pull-ups as a tool of the environment. Verbal pull-ups are not commands or orders given by residents but simply reminders that make the recipient of a pull-up more aware. In this sense, a verbal pull-up helps individuals as opposed to harming them. Pull-ups can be given by anyone in the facility and anyone (staff included) may receive a pull-up. Recipients of pull-ups must respond, “Thanks for the pull-up”. Responding in a way other than this will result in consequences. The following are examples of appropriate and healthy pull-ups given by residents in the community:

“Resident A, let me pull you up. It is not appropriate to have your feet on the furniture while residing in the facility.”

“Resident B, let me pull you up. Leaking and dumping in the hall way is negative and not permitted in the community.”

“Resident C, let me pull you up. Everyday at 3:30 PM, there is core lecture that all resident are to attend”

Please note that at no time did any resident order another resident to do anything. Pull-ups are to be handled in this fashion.

Should a resident be engaging in the same inappropriate or negative behavior after an initial pull-up has been administered, a stern pull-up is employed. A *stern pull-up* is identical to a pull-up except it is more intense and direct. In order to be given a stern pull-up, a resident must have been given a pull-up prior. The response to a stern pull-up is still “Thanks for the pull-up”

Should a resident be engaging in the same inappropriate or negative behaviors after a stern pull-up has been administered, a haircut is employed. A *haircut* is a verbal reprimand that is given by residents of the community. Haircuts may be given without prior administration of a pull-up or stern pull-up if the behavior is blatant in nature. To book a haircut, a resident simply fills out slip supplied by the business office in appropriate fashion. At no time should the resident inform the recipient of the haircut that he is being booked. Once the haircut slip is correctly filled out, it is passed along the chain of command and logged into a book. The haircut is briefly investigated by a shingle expediter or the chief expediter and is determined if it is valid or not. The haircut book is brought to the clinical supervisor on a daily basis who initials the haircuts if he/she deems them valid. The book is returned and within 24 hours the resident who was booked a haircut is called into an office (called the DHO, or department head office) and given information by strength members of the community. At no time is the resident to talk or

give feedback to strength members and must listen and retain the information given. The haircut is logged in a book called the haircut book and brought to the strength meeting. Should a resident be engaging in the same inappropriate or negative behaviors after a haircut, a staff intervention is employed. A *staff intervention* is when staff gives information to another resident. Residents are not allowed to respond to staff during a staff intervention unless instructed to do so.

Should a resident be engaging in the same inappropriate or negative behaviors after staff intervention, shot downs, learning experiences or a possible discharge from the program may be implemented.

Job Tree – All residents are required to engage in work therapy while residing in **Luzerne Treatment Center**. Work therapy entails a job function and meeting once a week in the before mentioned vocational group. All residents in the community are given a job function, which is illustrated on the job tree. Each job assignment is clinically based and part of their overall treatment plan. For example, being assigned to the function of expediter would likely be due to the residents need to learn how to challenge and confront his peers and not accept their negative behaviors. A job tree is a visual tool created by the treatment staff that allows the community to see what position they hold in what department. A job tree is formulated once a week by the treatment team and is non negotiable. If a resident is not satisfied or confused with his progress (or apparent lack of thereof) he is to directly ask his primary counselor through chain of command. Though different positions in the job tree warrant different levels of responsibility, no resident has any real authority or power over another resident while in the community. The residential job departments of the community are as follows:

Kitchen – Preparation of meals, serving food, cleaning the kitchen

Laundry – Washing and drying of resident clothes and linen

Maintenance and Grounds – Custodial work around the facility

Orientation – Aiding new residents in the program

Business – Making copies and making available various forms and slips

Transportation – Compiling the trip log and washing the facility van

Expediter – Acting as the eyes and ears of the community, communicating, motivating family members

In each department (except expeditors) there are several positions. They are as follows:

Worker – One who directly does the work for that department. There are several workers in each department

Ramrod – One who directly supervises the workers and does work in the department where needed. There is typically one ramrod for each department.

Department Head – One who directly supervises the ramrod, oversees the department as a whole and brings communications from members of his department. He may also engage in direct work for his given department should the clinical staff deem it necessary.

The chain of command is derived from the residential job tree. The *chain of command* is the proper procedure a resident must take in order to satisfy wants and needs. Going

outside the chain of command is called shooting a curve and is not permitted. A resident must follow the chain of command with proper written request slips in order to achieve goals through staff. For example, if resident A is a worker in transportation and wants to speak to his counselor, he must complete a request slip and submit it to the ramrod of transportation. The ramrod of transportation then submits it to the department head of transportation who then submits it to the counselor.

Worker
Ramrod
Department Head
Senior Expediter
Shingle Expediter
Chief Expediter
Counselor
Clinical Supervisor
Deputy Director
Facility Director

All request deemed unsatisfactory by the resident must be submitted through chain of command. For example, if a resident is not satisfied with a response from his counselor concerning a request, he has the option of submitting the request to the clinical supervisor. He has the option of submitting the request to the deputy director, and so on and so on. **Request slips must first go through the resident's counselor before reaching the clinical supervisor.**

There are other positions on the job tree that do not fall in a specific job department: **Advisory Counsel** – residents who have served in a given department for a length of time and are responsible for assuring leadership in their given department is aware of their responsibilities and duties.

House Advisor – typically an ex-chief expediter whose job is to advise the DHO.

Learning Experience – residents who are on shot down and have lost their position in the community.

The house is generally supervised and run by the Department Head Office. Each department is considered a part of the DHO under leadership of the following positions:

Senior Expediter – residents who directly supervise the expediters and are responsible for accepting communications for them. There are typically two senior expediters.

Shingle Expediter – residents who directly supervise the senior expediters and other department heads as delegated by the chief expediter. There are typically two shingle expediters.

Chief Expediter – the resident who is responsible for supervising the shingle expediters, delegating responsibilities to other residents and generally making sure the daily program is running as it should. There is typically one chief expediter.

In addition to departments, positions and the chain of command, residential status is also derived from the job tree. A resident who is ramrod of any department or an expediter has achieved *middle strength* status, which allows him to leave the facility on an approved pass unescorted. Residents of middle strength status may also escort workers on weekday passes. A resident who is department head, advisory counsel, senior expediter, shingle expediter, chief expediter, or house advisor has achieved *strength* status. This enables him to escort workers on passes and attend the weekly strength meeting to vote on resident's privileges. Many factors are considered when assigning a resident to a department and a position. Some of these considerations include length of time in treatment and attitude in the environment. The job tree is typically done on Wednesdays of each week.

Shot Downs/Learning Experiences – When residents exhibit negative attitudes or behaviors, he may be put on shot down. *Shot Down* is when a resident loses all earned privileges in the community and his position in the house. For example, if a resident deviates while on pass, he may be put on shot down and given a learning experience. A *learning experience (or L.E)* accompanies a shot down. Various L.E's are described below:

Pan – Washing dishes in the kitchen.

Spare Parts – doing various tasks around the facility assigned by a resident P.O.

House Valet – Clearing plates and trays from residents during meals.

Learning experiences include but are not limited to these. It is the hope of the staff that when a resident is placed on shot down, he learns something from the experience. The behavior a resident is placed on shot down for is usually the behaviors that lead to the resident's incarceration. A resident on shot down is not permitted to leave the house unless it's a medical emergency. There is no specific length of time for each shot down. It depends on how the resident honors his shot down and how he is able to demonstrate what he learned from the experience.

Gratitude Meeting – Every Sunday morning residents attend a gratitude meeting.

Gratitude Meeting is a meeting in which residents gather together to express feelings of gratitude and thankfulness. Gratitude meetings are supposed to be positive and inspirational.

General Meetings – A *general meeting* is a meeting of the entire community (staff and residents) in which specific attitudes and behaviors are addressed which affect the entire family. General meetings are called by staff and are used as opportunities for residents to get honest and learn something about themselves. Every resident and staff member has the opportunity to speak at a general meeting. LE's may be assigned and conflicts may be resolved.

House Meetings – A *house meeting* is when residents gather to discuss house related issues and affairs among themselves. House meetings may or may not be attended by staff and can be called anytime day or night. Residents generally call a house meeting and

should communicate what happened at such meetings to staff afterwards. Residents do not need to seek approval for arranging house meetings unless they interfere with previously scheduled therapeutic functions. Residents are encouraged to resolve conflicts and draw attention to issues during house meetings. Remember: staff member's *work* at the **Luzerne Treatment Center** but residents *live* at the **Luzerne Treatment Center**.

GI – a GI is when the residents perform a facility wide cleaning of the building. All residents are to participate in the GI and are assigned various cleaning functions as delegated by the DHO. A GI ends after staff completes a through inspection and “calls the house tight.”

VI. Facility Management

Emergency evacuation drills will be conducted on a surprise basis at least once a month. All residents are required to participate. Posted in each room and around the facility are diagrams showing exits routes from the facility. Should the emergency alarm sound, residents must proceed immediately to the nearest exit, depart the facility and assemble in the parking area. Staff will give further instructions at this time.

Fire and Safety Regulations – No heating equipment, extension cords, electrical appliances or TV's are allowed in resident rooms. Walkmans or clock radios are allowed, if volume is low. Ironing is to be done only in the designated area. Residents are strictly prohibited from tampering with smoke detectors, fire alarms and fire extinguishers. At least one staff person on duty at all times is certified in first aid and CPR.

VII. Consequences for Rule Violations

Class I Charges-Category B

1. Fighting
2. Threatening another person
3. Engaging in sexual acts with others or sodomy
4. Wearing a disguise or mask
5. Failure to report an arrest for any violation of the PA Crimes Code
6. Refusing to obey an order
7. Possession of contraband, including money, implements of escape, non prescribed drugs or drugs which are prescribed for another, drug paraphernalia, poisons, intoxicants, materials used for fermentation, property of another, weapons or other items which may present a threat to self, others or the security of the facility.
8. Possession or use of a dangerous or controlled substance
9. Possession or use of intoxicating beverages
10. Extortion or blackmail
11. Any violation of the PA Crimes Code not in Category (specified)

Class I Charges – Category C

1. Tattooing or other forms of self-mutilation
2. Destroying, altering, tampering with, or damaging property

3. Indecent exposure
4. Engaging in or encouraging unauthorized group activity
5. Engaging in or encouraging others to refuse work
6. Breaking restriction or quarantine
7. Gambling or conducting a gambling operation
8. Unauthorized use of the mail or telephone
9. Possession or circulation of petition

Class I Charges – Category D

1. Using abusive behavior or obscene behavior to an employee
2. Failure to stand count or interfere with count
3. Violating a condition of a pre-release program (specified)
4. Violation of visiting regulations (specified)
5. Lying to an employee
6. Presence in an unauthorized area
7. Lending or borrowing property
8. Failure to report the presence of contraband

Class II Charges

1. Body punching or horseplay
2. Taking unauthorized food from the dining room or kitchen
3. Failure to report to work, or unexcused absence from work
4. Smoking in building
5. Possession of any item not authorized for retention or receipt by the resident not specifically enumerated as Class I contraband
6. Any violation of a rule or regulation in the Resident Handbook not specified as a Class I misconduct charge

VIII. Contraband

Contraband is defined as a product, substance material which illegal, immoral, or a violation of Department Of Correction, Pennsylvania Parole & Probation Board and Luzerne Treatment Center rules regulations. Examples of contraband:

Possession of a controlled substance
 Misc. Drug paraphernalia
 Weapon(s)
 Cell phone/beeper
 Prescription medicine
 Over the counter medicine
 Cigarettes
 Matches/Lighters
 Possession or use of intoxicating beverages
 Portable TV
 All sharp objects used for work or school
 Radios, cameras, VCRs, tapes, dice

Pornographic materials
Any items that staff identifies as being inappropriate

IX. Grievance Procedure

If a resident feels he has been dealt with unfairly or in an unjust manner, he has the opportunity to file a grievance if informal resolution has been attempted but failed. Procedures for filing a grievance are as follows:

1. Submit a statement outlining the incident and attempts at informal resolution to the facility director.
2. Within two working days the facility director will hold a meeting with you and other parties involved. A written summary of this meeting and any subsequent investigation will be given to you within four working days.