



Recovery Kentucky Guidelines - Revised June 2013



Table of Contents

Program Overview.....	6
Introduction	7
Program Description.....	7
<i>Mission Statement</i>	8
<i>Vision</i>	8
Component Outlines.....	9
Eligibility Criteria	10
Staff Job Descriptions.....	12
<i>Site Administrator</i>	12
<i>Social Worker</i>	12
<i>Phase 1 Coordinator</i>	13
<i>Motivational Track (1 or 1 and 2) Coordinator</i>	14
<i>Phase 2 Coordinator (Includes Housing/Employment Coordinator)</i>	14
<i>SOS Supervisor/Licensed Nurse</i>	15
<i>SOS Monitors/Case Workers/Associates</i>	16
<i>Office Assistant/Operations Coordinator</i>	17
<i>Peer Mentor (Non-Staff) Position</i>	17
<i>SOS Staff Training</i>	19
Suggested Organizational Chart.....	20
Peer-Driven Community Model	21
<i>Community Environment</i>	21
<i>Community Process</i>	21
<i>Community Meeting</i>	22
Client Job Descriptions.....	25
<i>Kitchen Duties</i>	26
<i>Housekeeping Duties</i>	28
<i>Laundry Duties</i>	30
<i>Clothes Closet Duties</i>	31
<i>Groundskeeper/Maintenance Duties</i>	32
<i>House Management Duties</i>	33
<i>Meeting Chairperson Duties</i>	35
Medication Information	36
<i>Prohibited Medications</i>	36

<i>Medication and Surgery</i>	37
<i>Allowed Medications</i>	37
Department of Corrections Partnership.....	39
<i>SOS Department of Corrections Waiting List Policy</i>	39
<i>Department of Corrections Discharge Policy</i>	40
SOS	42
<i>Overview</i>	42
<i>Client Responsibilities</i>	42
<i>SOS Items List</i>	43
<i>Daily Routine in SOS</i>	44
Motivational Tracks.....	45
<i>Overview</i>	45
<i>Client Responsibilities</i>	45
<i>Motivational Track Daily Schedule</i>	47
<i>Motivational Track Client Duties</i>	48
<i>Chart Order List</i>	49
<i>Role of the Sponsor</i>	49
Phase 1	50
<i>Overview</i>	50
<i>Client Responsibilities</i>	50
<i>Phase 1 Client Schedule</i>	53
<i>Chart Order List – Phase 1</i>	55
Suggested Open Classes	56
Life Skills Suggested Schedule.....	58
Advancing Past Phase 1	59
<i>Petitioning Process</i>	59
<i>Peer Mentor and Phase 2 Community Meetings</i>	59
Phase 2	60
<i>Overview</i>	60
<i>Client Responsibilities</i>	60
<i>7 and 7 Overview</i>	60
Peer Mentors.....	62
<i>Overview</i>	62
<i>Peer Mentor Duties</i>	62
Peer Mentor Application	65

Policies and Procedures.....	67
Community Meeting Policy	68
Kitchen Worker Policy	69
Menu Policy.....	69
Snack Policy.....	70
Key Access Policy	71
Cars on Property Policy	72
Client Restriction Policy	73
Data Collection Policy.....	74
Release of Information Policy	75
Discharge Policy.....	76
Client Drug Tests and Procedures Policy	77
<i>When to Drug Test.....</i>	<i>77</i>
<i>Prior to Tests</i>	<i>77</i>
<i>Testing Procedures.....</i>	<i>77</i>
Positive Drug Screens Policy.....	79
Staff Drug Screen Policy	80
Emergency Evacuation Policy	81
Incident/Accident Reporting Procedures Policy	82
Requests from Incarcerated Individuals Policy	84
SOS Waiting List Policy	85
Movie Guidelines Policy	86
Dual Relationship Policy	87
<i>Dual Relationship Policy Acknowledgement.....</i>	<i>88</i>
Program Records Request Policy.....	89
Bomb Threat Policy	90
On-Site Visitation Policy	91
Suicide Attempts/Intentional Bodily Self Harm Policy.....	92
Property Restriction Policies.....	93
<i>Restricted from Property</i>	<i>93</i>
<i>Restricted to Property</i>	<i>93</i>
Full Restriction Policy	94
Recovery Focus Policy	95
Laundry Policy.....	96
Client Use of Business Phone	97
Mail Policy	98

Dress Code Policies	99
<i>Staff Dress Code</i>	99
<i>Client Dress Code</i>	100
Vocational Rehabilitation Referrals Policy	101
Vocational Rehabilitation Possible Service Options	102
Policy and Procedures for Communication With Persons With Limited English Proficiency .	103
Meeting Verification Sheet Policy	105
Food Stamp Policy	106
Flu Outbreak Policy	108
Weekend Pass Policy.....	109
Forms	110
Special Occurrence/Incident Report Form	111
Client Personal Property Inventory	115
Sexual Acts/Contact Allegation Reporting Form	116
Pre-Admission Screening for Applicants	120
Screening Application (New or Re-Opened Status)	123
Intake Application	129
Medical Statement.....	133
Authorization for Release of Information.....	134
Permission to Drug Test	136
Life History	137
Consent for Drug/Alcohol Recovery Services	151
Client Rights Form.....	152
Emergency Contact List	153
Contract Against Self-Harm	154
Blood Pressure/Pulse Record Sheet	155
SOS Contract	156
SOS Medication Sheet	157
SOS Staff Notes	158
SOS Monthly Census	159
SOS Sobriety Activity Sheet	160
Motivational Track Orientation and Contract.....	161
Motivational Track Checklist.....	163
Motivational Track Client Record Sheet.....	164
Recovery Dynamics Assignment Record.....	165
Phase 1 Orientation and Contract.....	167

Weekend Pass Request170
Petition for Entry Into Phase 2171
Phase 2 Client Contract.....175
Phase 2 Continuing Care Plan177
Plan of Action for Off-Site Living.....178
Sponsorship180
Discharge Summary181
Required Training.....184
DAST Scoring.....185
DAST Questionnaire.....186
MAST Scoring187
MAST Questionnaire188

Program Overview

Introduction

This guidebook has been prepared by Kentucky Housing Corporation (KHC) to guide the development of the Recovery Kentucky Programs. The policies and procedures contained in this guidebook are the preferred model and should be implemented by the Recovery Kentucky Centers.

Due to individual program needs and resources, some modifications may be necessary as needs are identified. If your agency requires a deviation from the guidebook procedures or forms, please contact Mike Townsend toll-free in Kentucky at 800-633-8896 or 502-564-7630, extension 715; TTY 711; email mtownsend@kyhousing.org, or by U.S. Postal Service mail at Kentucky Housing Corporation, 1231 Louisville Road, Frankfort, Kentucky, 40601.

Program Description

Recovery Kentucky is a residential social recovery program for adults who are seeking recovery from alcohol and other drugs. The primary goal of the Recovery Kentucky Program is to reduce isolation addicted persons feel, from the community and from one another, by improving their support systems and providing comprehensive services for abstinence and recovery to become a new way of life. Each location serves at least 100 women or men at any given time, and has four program components.

The entry point for the program is **Safe, Off-the-Street Sobriety (SOS)**, a multi-bed unit that provides a supportive environment to help clients sober up. In SOS, clients are educated about the model that will help them live a sober life and introduced to others that are living a life in recovery. This is a time of center acclimation for the client.

The second program component is the **Motivational Tracks (MT 1 or 2)**, where each client's motivation to work on their recovery is assessed by their degree of participation in classes, Alcoholics Anonymous or Narcotics Anonymous (AA/NA) meeting attendance, and the willingness to change their behavior. Clients "trudge" to offsite locations in the Motivational Tracks.

Clients are advanced to **Phase 1** based on their willingness to work including class participation, steps in the program, lessons, change, and attitude. Clients generally reside in two-bed units when, and if, space is available. Length of time in Phase 1 is based on the individual client's progress. Clients complete 28 sessions of **Recovery Dynamics** (The Kelly Foundation), an intensive study of the principles of Alcoholics Anonymous, and written homework related to each class session. Classes in Critical Thinking, or similar classes, may be added in addition to the **Recovery Dynamics** classes, as space and time allows. Participants learn responsibility and accountability to the larger community by sharing household jobs, as well as by attending at least three weekly Community Meetings where they learn to share concerns and issues with one another in a caring environment. While in Phase 1, clients participate in Life Skills classes to learn about vocational and educational assistance, relapse prevention, housing opportunities, and financial literacy.

The final component of Recovery Kentucky is **Phase 2**, where those who have completed Phase 1 may become employed in the community or give back to the program by becoming

Peer Mentors and acting as role models, mentors, and teachers to the MT1, MT 2, and Phase 1 clients. Phase 2 clients (including Peer Mentors) reside in two-bed rooms. Due to space limitations in the centers, these clients are required to have roommates when necessary. Every effort is made to put clients working within the same program component together.

Total time in these various components depends upon both the motivation and needs of each client. **Recovery Kentucky is a zero-tolerance program.** Clients are prohibited from use of any drugs or alcohol during their stay in the program. The Recovery Kentucky program has a duty to maintain a safe and drug-free environment for all clients who participate in the program.

By observing the six Cardinal Rules of the program, clients will ensure their continued participation and success in the program. Failure to observe the Six Cardinal Rules may result in immediate termination from the program. These are considered serious behaviors and are to be considered as grounds for administrative discharges from the program. The Executive/Program Director has the final say.

Six Cardinal Rules:

1. No alcohol or drugs
2. No violence or threats of violence
3. No racial slurs or innuendo
4. No sexual acting out
5. No stealing
6. No gambling (including lottery)

Non-identifying information about Recovery Kentucky clients is collected in the Kentucky Homeless Management Information System (KYHMIS) and shared with other centers and partners. At no time will such information identify a Recovery Kentucky client by name. For more information about KYHMIS, please visit KHC's Web site, under Specialized Housing.

The Recovery Kentucky Program also partners with the University of Kentucky (UK) Recovery Center Outcome Study (RCOS). More information about this program is available in the [Data Collection Policy](#) and [Release of Information Policy](#). The most current study is also posted on KHC's Web site, under Specialized Housing, Programs, [Recovery Kentucky Program](#).

Mission Statement

The mission of Recovery Kentucky is to provide hope to the homeless, and those in fear of homelessness, who are suffering from alcohol and drug addiction, by using a program that integrates a peer-to-peer, self-help model.

Vision

Through education and a structured term recovery program, this opportunity assists people in reaching personal accountability, family re-unification (when possible), self-sufficiency, and the ability to re-enter society as productive and sober citizens.

Component Outlines

The activities and expectations for each component of the Recovery Kentucky Program are listed below.

SOS

- All activities on-site
- Recovery and support counseling
- AA/NA Meetings (in-house)
- Recovery mentoring
- Meditation
- Recovery Life History
- Assessment for mental health services and referral
- Physical health assessment and referral
- Crisis counseling, trauma, grief, etc.
- Start gathering information/documentation for food stamps/housing

MT 1 & 2

- Classes held off-site
- Client trudges to and from class
- Begin Recovery Dynamics classes/Steps 1-2-3
- Go to outside AA/NA meetings
- Begin addressing legal issues (DCBS)
- Bonding with fellow MT clients
- Peer support counseling
- Food stamp/housing applications
- Obtain a sponsor and build a support group
- Attend open classes
- Care for garden
- Support counseling

Phase 1

- Upkeep of grounds, facility, and community
- Individual peer counseling
- Join Phase 1 Peer-driven Therapeutic Community (3 times per week)
- Recovery Dynamics classes, based on 4-12 Steps of AA
- Open classes (Big Book Study, STDS, Self-Esteem, etc.)
- Must have sponsor, build support group, attend AA/NA
- Attend nutrition classes
- Money management/financial literacy guidance
- Domestic violence counseling/classes
- Building healthy relationships
- Anger management, relapse prevention, errors in thinking, and spirituality work
- Health education classes
- Begin work on GED, if appropriate

Phase 2

- Prepare for transition to off-site living or become peer mentor
- Attend Phase 2 Community
- Give and receive supportive counseling
- Connect with resources and referrals for future
- Individual peer counseling
- Commit to peer mentor status (3 month contract period)
- Housing/Employment Program/Vocational Rehabilitation/Education
- Check on future housing resources
- Formulate transition plan to address parenting issues, if applicable

Eligibility Criteria

All clients will be screened to determine appropriateness for the Recovery Kentucky Program. In general, the Recovery Kentucky Program serves men and women, 18 years of age and over, desiring to recover from drug and/or alcohol addictions, and who are homeless or at risk of being homeless.

- All clients desiring to enter the Recovery Kentucky Program **must** enter through SOS.
- All clients must be screened prior to being accepted into SOS. Requirements for acceptance are as follows:
 - Must need drug/alcohol recovery services.
 - Must be at least 18 years of age.
 - Must be medically and psychologically stable.
 - Clients are NOT medically stable if:
 - Blood pressure is over 180/110.
 - Blood pressure is under 85/55.
 - They are exhibiting severe withdrawal or delirium tremens at the time of admission.
 - Clients are NOT psychologically stable if they are suicidal or homicidal.
 - Must be income eligible for this program.
- **When the client is contacted to enter SOS, medical clearance may be required.**
- If currently on medications, the client must bring a 30-day supply. If a client and the referring professional are aware that the client may run out of their prescribed medicine, and still believe they can appropriately participate in the program, they **can** still be accepted.
- Clients coming from a psychiatric facility must bring enough psychiatric medications to last until their first appointment with their psychiatrist.
- Clients must not be taking medications listed in the [Medication Information Policy](#).
- Clients with legal issues should not have a scheduled court date appearance within 30 days of admission to SOS. Clients will need a statement that all charges are suspended, probated, or dismissed until completion of Recovery Kentucky. This can be dealt with on a case-by-case basis.
- Clients interested in entering the Recovery Program should also be informed of the need to meet the additional requirements for the tax credit program:
 - Client must meet income eligibility for the program and for the county of center residence.
 - Client **may not** have their name on an apartment lease elsewhere.

- If client is separated from their spouse, they must sign a certification of estrangement form.
- If a client is screened and does not enter SOS immediately, they must be re-screened prior to admission to SOS if more than 24 hours have passed from the original screening.
- Clients may enter SOS, as needed, unless there is documentation in the SOS chart denying future admissions, or they are on a restricted property list. The people on the restricted property list are those who have been barred from the property due to present or past behaviors that are unacceptable or dangerous to the property, staff, or clients in residence. Clients who have entered Recovery Kentucky twice without completing the program are not eligible to re-enter the same Recovery Kentucky center unless approval is given by the center's Site Administrator. They can regain their eligibility of entering Recovery Kentucky by completing another treatment/recovery program at a different center.
- All clients must observe the Six Cardinal Rules:
 1. No drinking or drugging.
 2. No violence or threats of violence.
 3. No racial slurs or innuendo.
 4. No sexual acting out.
 5. No stealing.
 6. No gambling (includes lottery).

Staff Job Descriptions

Site Administrator

(Some Recovery Kentucky centers title this position as Executive/Program Director)

Responsibilities

- Supervises all activities, services, and staff of the Recovery Kentucky Program location.
- Provides direct supervision of Management Team.
- Holds weekly staff meetings.
- Ensures both the agency and Recovery Kentucky policies and procedures are in place and observed to guide program operations and employee job performance.
- Collaborates with Program Management Team to monitor and direct program content.
- Ensures all operations are consistent with applicable laws, statutes, grants, and/or other requirements.
- Develops and implements process of data collection and program evaluation, including the KYHMIS and RCOS. Assigns and monitors collection and submission of this data.
- Supervises and directs staff development/training plan.
- Works with the Director of Operations to maintain the facility and grounds in optimal condition.
- Works with staff to maintain a safe environment.
- Builds community partnership to enhance program content, referral sources, resources, and fund development.
- Uses, coordinates changes, and implements the Recovery Kentucky model with center staff.
- Attends meetings related to the Recovery Kentucky Program and keeps Recovery Kentucky Program Staff updated on center's progress, projects, successes, and concerns.
- Performs other duties as assigned by the Site Administrator.

Qualifications: Degree in Social Work, Psychology, Counseling, or a related field preferred. Relevant license, certification for degree, or area of practice required. Minimum seven years' experience in management and/or program administration. Ability to work with persons in a manner that shows sensitivity to cultural diversity, sexual orientation, and racial/ethnic differences. If in recovery, must have maintained a minimum continuous sobriety of two years and work an active recovery program.

Social Worker

Reports to Site Administrator

Responsibilities

- Completes recovery life history assessments, provides interventions, and makes referrals, as appropriate, in collaboration with SOS staff and students.
- Provides general case management services to clients, including mental health issues, education, legal issues, parenting/child care issues, health care, relationships, domestic violence, and economic assistance.
- Acts as a liaison with Department for Community Based Services, Department of Corrections, and/or Drug Court, as applicable.
- Collaborates with community resources to assist clients in acquiring resources.

- Develops and provides programming to families to educate them about addiction and recovery.
- Acts as a liaison with Mental Health Mental Retardation (MH-MR) agencies.
- Provides education, individually and/or in groups, on topics such as relapse prevention, family dynamics, cognitive restructuring, etc.
- Provides individual counseling.
- Assists in coordinating and monitoring client's orientation and progression into and through each phase of the Recovery Program.
- Initiates and maintains complete and up-to-date client records (client files, shift logs, incident reports, discharge summaries, etc.)
- Assures maintenance of client information (information from other agencies, mental health issues, etc.) in secured files.
- Documents social work interventions.
- Conducts Phase 1 follow-up surveys, consulting with the Site Administrator on the process.
- Develops community resources for the program, which meet individual client needs.
- Works with police, courts, hospitals, etc., to promote optimal services to clients.
- Serves as member of Management Team, which creates and maintains a consistent and nurturing environment for all clients.
- Collaborates with other staff in program development and client consultation.
- Assists in developing and adhering to all policies and procedures.
- Attends and participates in all training, continuing education, and meetings, as required.
- Performs other tasks, as assigned by the Site Administrator.

Qualifications: B.A./B.S. in social work and social work license is required. Experience in mental health preferred. CADDC preferred. Ability to work with persons in a manner that shows sensitivity to cultural diversity, sexual orientation, and racial/ethnic differences. If in recovery, must have maintained a minimum continuous sobriety of two years and work an active recovery program.

Phase 1 Coordinator

Reports to Site Administrator

Responsibilities

- Supervises the MT Coordinators, Peer Mentors, and volunteers.
 - Develops orientation to roles, performance guidelines, and contracts.
 - Oversees job responsibilities and provides consultation.
- Coordinates, plans, and implements the program contents of Phase 1.
- Facilitates in-house program Community meetings.
- Obtains outside speakers for open classes, counsels with clients, acts as liaison with AA/NA community, monitors progress of each client, etc.
- Provides assistance and consultation regarding Phase 2 program content.
- Teaches open classes.
- Collaborates with other staff in program development and client consultation.
- Serves as member of Management Team, which creates and maintains a consistent and nurturing environment for all clients.
- Participates in recovery team discussions.
- Performs responsibilities and tasks of the Site Administrator in their absence

- Performs other responsibilities at the direction of Site Administrator.
- Coordinates or delegates the Transitional Ceremony, if one is hosted by center.
- Coordinates or delegates the Life Skills training.
- Participates in scheduled trainings and meetings.

Qualifications: High school diploma required. College experience or CADC preferred. Familiarity with various issues, including parenting, mental health, domestic violence, etc., and chemical dependency treatment/recovery preferred. Must have completed the Recovery Dynamics training within three months of hire date. Ability to work with persons in a manner that shows sensitivity to cultural diversity, sexual orientation, and racial/ethnic differences. If in recovery, must have maintained a minimum continuous sobriety of two years and work an active recovery program.

Motivational Track (1 or 1 and 2) Coordinator

Reports to Phase 1 Coordinator

Responsibilities

- Fulfills the responsibilities of the Peer Mentor, when necessary.
- Coordinates, plans, and implements the program content of Motivational Track (MT).
- Teaches open classes, directs MT clients in garden planning, planting, and harvesting.
- Serves as member of Management Team, which creates and maintains a consistent and nurturing environment for all clients.
- Collaborates with other staff in program development and client consultation. Provides counseling, feedback, and education to all clients in collaboration with other members of the Management Team.
- Performs other responsibilities at the direction of the Site Administrator or Phase 1 Coordinator.
- Participates in all scheduled trainings and meetings.

Qualifications: High school diploma required. College experience or CADC preferred. Familiarity with various issues, including parenting, mental health, domestic violence, etc., and chemical dependency treatment/recovery preferred. Must have completed the Recovery Dynamics training within three months of hire date. Ability to work with persons in a manner that shows sensitivity to cultural diversity, sexual orientation, and racial/ethnic differences. If in recovery, must have maintained a minimum continuous sobriety of one year and work an active recovery program. Peer Mentors may qualify for this position.

Phase 2 Coordinator (Includes Housing/Employment Coordinator)

Reports to Site Administrator

Responsibilities:

- Coordinates, plans, and implements the program content of Phase 2.
- Facilitates Phase 2 Community.
- Acts as a liaison with and makes client referrals to Vocational Rehabilitation to address employment/education needs.
- Teaches Life Skills and open classes.
- Acts as a liaison with Section 8 Housing and the KYHMIS to ensure clients are aware of the requirements of reporting changing and new information to the appropriate office.

- Responsible for collection of RCOS data from clients and submittal to UK (see [Data Collection](#) and [Release of Information Policies](#)).
- Works with after-care plans and clients regarding housing, education, and employment.
- Provides general case management services to clients, including mental health issues, education, legal issues, parenting/child care issues, health care, relationships, domestic violence, and economic assistance.
- Assists in coordination and monitoring client's orientation and progression into and through each phase of the Recovery Kentucky Program.
- Initiates and maintains complete and up-to-date client records (client files, shift logs, incident reports, discharge summaries, etc.)
- Assures maintenance of client information (information from other agencies, mental health issues, etc.) in secured files.
- Develops community resources for the program which meet individual client needs.
- Serves as member of Management Team, which creates and maintains a consistent and nurturing environment for all clients.
- Collaborates with other staff in program development and client consultation. Provides counseling, feedback, and education to all clients in collaboration with other members of the Management Team.
- Assists in developing and adhering to all policies and procedures.
- Attends and participates in all trainings and meetings, as required.
- Performs other tasks, as required by the Site Administrator.

Qualifications: High school diploma required. College experience or CADC preferred. Familiarity with various issues, including parenting, mental health, domestic violence, etc., and chemical dependency treatment/recovery preferred. Must have completed the Recovery Dynamics training within three months of hire date. Ability to work with persons in a manner that shows sensitivity to cultural diversity, sexual orientation, and racial/ethnic differences. If in recovery, must have maintained a minimum continuous sobriety of one year and work an active recovery program. Peer Mentors may qualify for this position.

SOS Supervisor/Licensed Nurse

Reports to Site Administrator

Responsibilities:

- Responsible for both clinical and administrative operations of the SOS center. May be separate positions providing health care and client intakes, or combined into one position.
- Coordinates with the Site Administrator to plan, coordinate, and evaluate all programmatic and administrative needs and responsibilities of SOS/Client Intakes/Admissions.
- Screens all clients for admission and maintains waiting list for center admissions.
- Coordinates service delivery efforts of the Site Administrator and SOS staff.
- Provides direct services to SOS clients, as well as other Recovery Program clients, as needed.
- Works regionally with police, medical personnel, and other community service agencies and individuals to provide and promote optimal health services to clients.
- Provides daily supervision of operations to ensure accurate, complete, and up-to-date records are kept in a secure location, and all clientele are receiving appropriate care.

- Facilitates SOS staff teamwork, documentation, and communication with other Recovery Kentucky Program staff.
- In cooperation with team, creates and maintains a consistent and nurturing environment for all clients.
- Collaborates with Site Administrator to schedule staff and handle on-call responsibilities and coverage, as needed.
- Attends and participates in all required meetings.
- Performs other tasks, as assigned by Site Administrator.

Qualifications: LPN, RN, or MSN degree/certification required. Minimum of one year supervisory experience and knowledge of issues in recovery preferred. Ability to work with persons in a manner that shows sensitivity to cultural diversity, sexual orientation, and racial/ethnic differences. If in recovery, must have maintained a minimum continuous sobriety of two years and work an active recovery program.

SOS Monitors/Case Workers/Associates

Supervised by SOS Supervisor/Licensed Nurse

Responsibilities:

- Ensures the safety of all clients in the facility.
- Maintains client confidentiality and privacy, and demonstrate ethical behavior.
- Adheres to all policies and procedures.
- Provides information to potential clients and referral sources/database inputs.
- Conducts initial screenings and maintains the waiting list.
- Initiates file on each new client upon admission. Keep file documentation up-to-date, including progress notes, census form, discharge sheet, and other documentation as necessary.
- Monitors SOS client's vital signs and documents them.
- Monitors the general health of clients, including distressed withdrawal, and refer to health services providers when necessary.
- Takes appropriate action in crisis situations (violence or threats of violence; suicide and threats of suicide; natural disasters; and health crisis situations when EMS or 911 is necessary.)
- Performs safety checks on all beds every hour.
- Participates in all scheduled trainings and meetings.
- Completes all required shift documentation.
- Performs other duties as directed by supervisor.

Qualifications: High school diploma or GED. Familiarity with various issues, including parenting, mental health, domestic violence, etc., and chemical dependency treatment/recovery preferred. Must have completed the Recovery Dynamics training within three months of hire date. Ability to work with persons in a manner that shows sensitivity to cultural diversity, sexual orientation, and racial/ethnic differences. If in recovery, must have maintained a minimum continuous sobriety of one year and work an active recovery program.

Office Assistant/Operations Coordinator

Reports to Site Administrator

Responsibilities:

- Provides receptionist services and answers incoming calls.
- Knowledgeable about program and services.
- Protects client confidentiality.
- Compiles and completes data for administrative and public reports, bulletins, questionnaires, KYHMIS input, DOC communications, and other documents.
- Compiles minor reports and submits recommendations to supervisor regarding the given subject.
- Coordinates meeting room and van schedules.
- Serves as a representative of their supervisor in contacts with other employees, officials or the general public, making administrative decisions regarding procedure or policy within prescribed limitations, when necessary.
- Relieves the management of minor administrative details.
- Designs forms and reports, maintains necessary records and files, and develops system modifications, as necessary. Also computes, tabulates, compares, records, indexes, and performs other complex office management tasks.
- May prepare or oversee the preparation, calculation, typing, proofreading, and recording of data, minutes, confidential correspondence, budget, technical/narrative reports, and related materials.
- May serve as agency purchasing coordinator; requisitions food, supplies, and equipment.
- Coordinates maintenance/contractor efforts. May coordinate food stamps, menus, and other kitchen equipment needs.
- Maintains office equipment (fax, copier, etc.)

Qualifications: This position may be one position or divided into two positions, with one having primarily administrative office responsibilities and the other dealing with the facility needs regarding operations. Bachelor's degree desirable; however, applicants may demonstrate requisite skills through experience. Candidate must have solid verbal, written organizational, and communication skills. Candidate must have computer knowledge and the ability to organize data. Ability to work with persons in a manner that shows sensitivity to cultural diversity, sexual orientation, and racial/ethnic differences. If in recovery, must have maintained a minimum continuous sobriety of one year and work an active recovery program.

Peer Mentor (Non-Staff) Position

Peer Mentor services are performed under the general supervision of the Site Administrator and Phase 1 Coordinator. Peer Mentors are given general instructions and are expected to provide services independently within established guidelines and specific to policies and procedures. This is considered on-the-job training and not a staff position.

Responsibilities:

- Initiates client program file and keeps the documentation up-to-date.
- Completes client's orientation.
- Reviews lessons with clients.

- Completes termination/departure program summary upon client's departure/movement of the program. Discharge will be coordinated by staff.
- Continues to evaluate the client's progress (or lack of) and document such.
- Maintains client confidentiality.
- Teaches recovery classes and grades client's homework.
- Completes all shift documentation including (but not limited to) logs, report of incidents to staff, client program file updates, and incoming program paperwork for clients.
- Attends all mandatory trainings and meetings.
- Takes appropriate action in the following situations, including notifying staff of:
 - Distressed withdrawal
 - Seizures
 - Client violence or threats of violence
 - Emetic episodes (vomiting)
- Acts as liaison with appropriate Recovery Kentucky Program staff to facilitate and ensure client/staff communication, interaction, and well being.
- Performs other tasks as required.

Qualifications: Completion of Phase 1 of Recovery Dynamics and six months of sobriety/clean time. Ability to work with persons in a manner that shows sensitivity to cultural diversity, sexual orientation, and racial/ethnic differences. Peer Mentors/Phase 2 coming from other recovery centers must enter through SOS, and then be transferred to appropriate phase at center supervisor's discretion. Peer Mentors must sign a three-month contract and be supervised with documented, on-the-job-training requirements completed in a timely manner.

SOS Staff Training

Below is a list of points Recovery Kentucky staff, particularly those in SOS, should learn upon joining the Recovery Kentucky center work force. Please note: This is not a complete list. Applicable policies covering SOS, medical guidelines, and all other aspects of Recovery Kentucky management are available in the [Policies and Procedures section](#) of this guidebook.

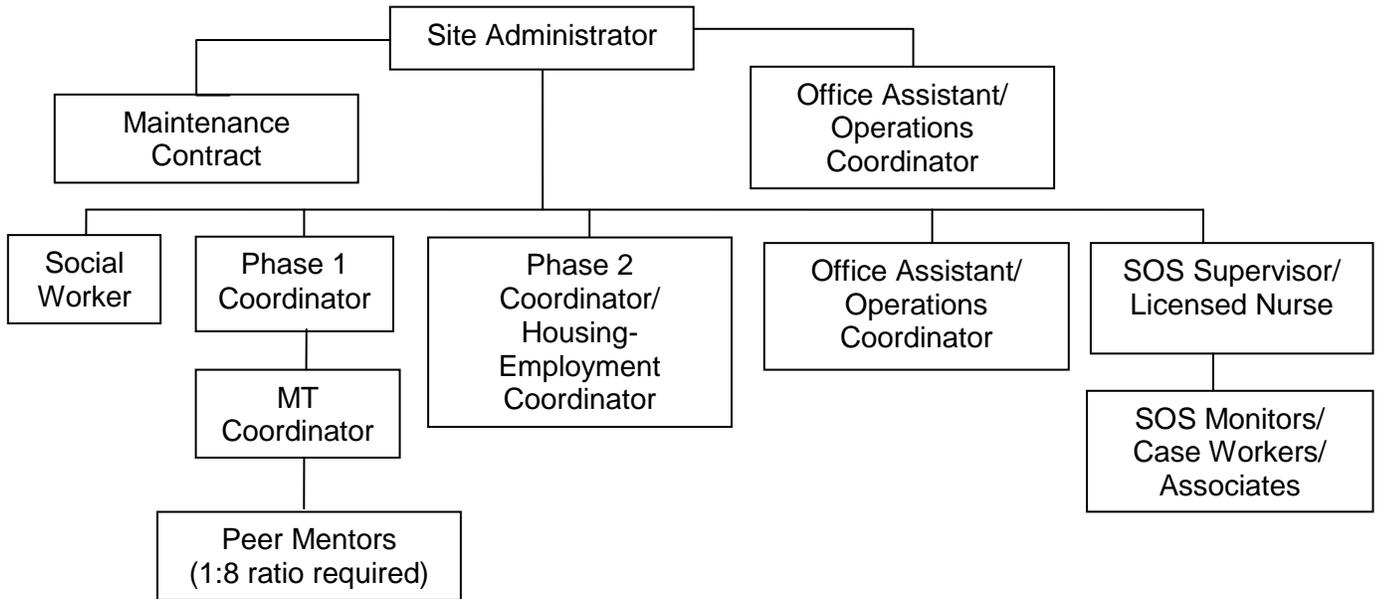
Staff Must Satisfactorily Complete:

- CPR Training
- First Aid Training

Training Points:

- Admission
- Agency intake
- Chart organization
- Confidentiality
- SOS board organization
- How to monitor blood pressure – take before client smokes or >30 minutes after smoking
- Drug screening process
- Observation of clients taking medications – document
- Daily charting – SOS notes each shift
- Staff Notes – important issues
- Do not use another client's name while charting
- Need general Release of Information for all referrals
- Make sure clients fill out and sign release for PO if DOC or court ordered
- SOS Guidelines/Rules
- Homework packet – purpose is to keep clients busy and begin to focus on Big Book
- SOS attends open classes
- Use of community volunteers to bring in classes such as yoga and aerobics
- Third shift SOS staff reads SOS homework, makes comments on paper, and documents in staff SOS homework log
- Notify SOS supervisor of any major issues
- Offers encouragement to SOS clients
- Train on how to complete Recovery Life History
- Train on how to complete Screening – must be eligible and appropriate (Review the policy)
- Make sure input information is given to the database input person on staff. Review the information prior to turning it in to make sure all information is filled in correctly and completely.
- Clients must test negative on drugs to move from SOS to the Motivation Tracks.

Suggested Organizational Chart



Other job responsibilities, such as Kitchen Manager, Housekeeping Coordinator, Food Stamp Liaison, Section 8 Housing Liaison, Outcome Data Collector/Input Coordinator, Volunteer/Donation Liaison, may be designated by the Site Administrator.

This is the preferred organizational model by KHC. The organizational chart and job descriptions may need modification based on local resources. *All programs are required to have a nurse on staff in the center.* Please contact the KHC Recovery Kentucky Program office to approve any major modifications to this structure.

Peer-Driven Community Model

Care and change are the underlying principles of the Recovery Kentucky peer-driven model. Clients are informed throughout the process that if they only want to stop their drug and alcohol use, they are in the wrong place. Throughout the process of recovery, clients will change the way they think, the way they feel, their emotions, how they relate to others, and experience their spirituality.

Many people initially do not know if they desire, or are capable of, such change. As they experience caring confrontation and feedback from their community of peers, and see others who have been like them change, they begin to desire to be different. The use of Peer Mentor as teachers and mentors who share their experiences, strengths, and hopes with other clients is a very powerful tool for change.

Community Environment

Creating a safe, respectful, loving environment is important for recovery. Clients will be trying on new behaviors and will be asked to follow the Twelve Step Principles to facilitate taking these risks.

The physical structure of the Recovery Kentucky program has been built with this in mind. A community living area and dining area supports communal areas for clients to communicate and support each other, while also holding each other accountable for doing the right thing for their recoveries.

Living quarters start as multi-bed units and eventually end in two-person rooms. When a client progresses in the program, their accommodations improve with more space, more amenities, and more perks. Room assignments are given as space allows.

A recovery message should permeate throughout the facility by posting recovery slogans, 12 Step messages, etc. in an organized, decorative fashion. The “12 Steps of AA” and “12 Traditions of AA” should be displayed in the room that community meetings are held, generally the dining room, and can also be in the classroom settings.

Community Process

In the Recovery Kentucky model, every client is a role model for the clients in the phase of recovery behind them. Staff are role models for Peer Mentors and Phase 2 clients; Phase 2 clients and Peer Mentors are role models to Phase 1 clients; Phase 1 clients are role models for Motivational Track clients; and Motivational Track clients are role models for the newly-admitted clients in SOS.

Clients entering this program are introduced to a culture of accountability for themselves and their peers. They are introduced to the concept of “loving each other to life, instead of death.” Many clients have lived by “street and prison rules” that say don’t tell on your buddy, or mind your own business. A community of accountability sends the message that we care enough to help you change; and therefore, we will love you by addressing your negative attitude, behaviors, etc. It is commonly referred to as “loving your sister (or brother) to life.”

The Recovery Kentucky model also supports the concept that change begins with the little things, and that the unaddressed little things lead to big things. Therefore, clients throughout the program hold each other accountable for little things, such as being one minute late for a

job, writing down the wrong time on the sign-in book, etc. By addressing little things, they lead to the real issues of being defocused, in or heading to a relapse mode, or old behaviors.

Community Meeting

Community meetings are held for all Phase 1 clients on Monday, Wednesday, and Friday from 9–10 a.m. Additional meetings can be held, if needed. Clients are already familiar with the Community process, as all clients (SOS, MT, and Phase 1) attend monthly Community Education classes prior to attending the actual Community Meeting. Community Meetings are also continued for Peer Mentors and Phase 2 clients.

The Phase 1 Coordinator teaches Community Education and all Peer Mentors should be in attendance. In the opening phase of a program, or when a new employee is hired, staff should attend Community Education. In Community Education, the purpose and guidelines are reviewed, as well as the structure of Community.

The Phase 1 Coordinator leads a role-play Community and stops to explain how the Community functions when it is at optimum functioning. Examples of written assignments are distributed. Clients are taught the benefits of both action and written consequences. It is reiterated to clients that they have signed a written contract when they entered Phase 1 to participate in the Community and hold their peers in Community accountable, so they can help them change. Clients are given a copy of the Community purpose and guidelines at their Phase 1 orientation.

The Community Meeting is usually facilitated by the Phase 1 Coordinator, and all staff attends whenever possible. Clients sit in a circle so they can maintain eye contact. The facilitator has the job of maintaining a respectful process, deciding which client will be addressed, and assuring that all suggestions for client change are appropriate.

It is suggested that staff say little in this meeting, as it is the desire to have a Community that is accountable and helps each other. If staff do the work, the clients will be unlikely to provide the accountability and feedback they are capable of. While it is necessary for staff to role model responsible behavior, clients must be given the opportunity and encouragement to demonstrate the new behaviors they are learning in the Community Environment and Meeting. The Community begins with the Community facilitator calling the role, making announcements, selecting someone to write on the board, and a recorder to write on paper. Community begins with two suggestions on the board: 1) Do nothing and 2) Leave the program.

The facilitator asks the Community to count off from the facilitator's left so they will know how many voters will be participating. Visitors sitting in are included in the Community process. Visitors are to understand that the Community process is confidential and that the Community is geared toward a peer-helping-peer process. They will be included in the voting process, but are encouraged to allow the clients to conduct the committee.

Clients are then asked to identify any issues and/or concerns that they have for themselves, or for any other community member. Issues and/or concerns vary from little items, such as being late, to bigger issues, such as inappropriate behavior, attitude, gossiping, etc. Clients with the higher number or more serious issues or concerns are usually the ones called to the board.

Once all the issues or concerns have been identified, the facilitator will select one client to have their issues addressed, which is referred to as "going on the board." The client's issues or concerns will be written on the board, and the Community is allowed to ask questions of the

client to try to determine what will best help them and to see if there are underlying issues or concerns that are not verbalized.

The Community has the power, authority, and obligation to help their peers. The Community facilitator can intervene if an issue is inappropriate for Community action. Some issues need to be addressed away from the Community process, such as references to staff or mental health issues. All issues that go to the board are addressed and acted on by the Community.

If a client that is being addressed has larger issues arise that would normally be dealt with by the administration, had they known about them prior to Community, a halt would be called to their board status. Their name would be erased from the board and the client would meet with the staff immediately following Community and their situation would be dealt with per guidelines. Another client would be chosen by the facilitator and Community would begin again.

The facilitator ends the questioning process by asking for suggestions. The clients then provide suggestions they think will help the client, in addition to the two above, which are already written on the board. This is not a set process; the Community may alter it, if needed, to pay attention to the little things, because little things lead to big things.

Once all suggestions end, the clients are asked to explain their suggestions. All Community participants, including visitors, are then asked to vote for the suggestion they think will help the client the most. The client receives the suggestion that gets the majority of the vote. All persons in attendance are a part of the Community and have one vote.

The client is asked if they will accept the suggestions. If they say "yes," they will receive a written copy of their suggestions after the meeting. If they say "no," they are asked to remain in the Community until the Community Meeting is finished. After the meeting, they will meet immediately with staff and, if their decision remains the same, be discharged.

Frequently, the client changes their mind after this cooling off period and some realization that the Community is trying to help. The Community facilitator always tries to make sure the Community lasts only one hour. Additional Community Meetings can be scheduled if the center needs them.

Clients are given two weeks to complete their written suggestions. If they are late, it is a broken consequence, and an issue that is taken back to the Community Meeting. The Phase 1 Coordinator may allow an extension of the two-week period, if there is a supportive reason. Clients will also receive a broken consequence if they do not complete an action consequence. Action consequences may vary in length of time.

Clients also vote on supervisors for the various jobs in the Community on a bi-weekly basis. Supervisors are voted for each of the posted jobs to promote leadership skills and boost self esteem. The objective is to elect a person who will benefit from the responsibility of being supervisor. The clients make nominations for each supervisor position.

Once nominations are ended, the nominator explains why they nominated the client for the position. This is very important. If a visitor or a staff member that has limited contact with the clients is in the Community that day, they may not be aware of why this client would be the best candidate for the particular job they are nominated for or why it may be important to this client to do a job, which will help them in their recovery. The nominator needs to stress this when

describing why they are nominating this particular person for this particular job. A vote is taken and the client who gets the majority vote wins the nomination.

Occasionally, when there is time at the end of the Community Meeting, an opportunity to express "Gratitudes" is allowed. The meeting is always closed as a group and they may be taken out by someone leading the "we" version of the "Serenity Prayer" or other favorite of the center.

Client Job Descriptions

Most jobs to maintain a Recovery Kentucky Center will be performed by the clients. This practice is helpful in terms of program expense, building a sense of community, and pre-vocational training. The jobs performed by the clients require skills they will need to maintain their own homes and increase their self-sufficiency.

Because clients are held accountable by peers if they are late or leave early, initiate conflict, don't perform a task adequately, etc., they are being prepared to enter the job market. At some point, all clients are in a supervisory role and this builds their organization and delegation skills.

Working together promotes communication, accountability, and relationship building. These are all skills that will support the client's sobriety. Because many of the duties needed to maintain the program are performed by the clients, a smaller number of professional staff is needed, therefore reducing overall program expense. A smaller number of professionals providing supervision and direction to Peer Mentors have the impact of increasing the effectiveness of the professional staff and increasing the number of recovery services available to individuals addicted to drugs and alcohol.

Client jobs include duties in:

- Kitchen
- Housekeeping
- Laundry
- Clothing Closet
- Grounds
- House Manager Assistant/Door Watch/Door Greeters

This guidebook contains descriptions for these jobs, as defined by Recovery Kentucky as a starting point. All Phase 1 clients should receive a copy of these Client Job Descriptions during their orientation to Phase 1, as well as copies of applicable policies.

Note: Clients are not staff and are not to be considered staff. Clients may not work a staff position. This includes answering the phone in the front office, working the reception desk, working in housing, any office job not associated with the Peer Mentor desk, and MT clients are not to work in the kitchen. All the jobs listed are for **Phase 1 clients**. Clients preparing for Phase 2 **cannot** work at the center as a staff member. If they are hired for a staff position, they must withdraw from the center as a client prior to assuming the position, and they cannot live on-site in client accommodations. Phase 2 clients may apply for a Peer Mentor position, but their status would still be a client. Peer Mentors, as repeatedly stressed elsewhere in the Guidelines, are clients and should not assume a staff role in the center either temporarily or on a permanent basis. Their on-the-job training program is based on their participation in the program as a client.

Job responsibilities may vary by center. Significant changes to the structure of any Recovery Kentucky center should be discussed with KHC Recovery Kentucky staff.

Kitchen Duties

Kitchen Supervisor

- Meets with the incoming supervisor and walks them through the whole kitchen supervisor process, including reviewing all guidelines and applicable policies.
- Assists Kitchen Manager in developing appropriate menus, and deciding what and how much food to prepare every week.
- Assigns kitchen personnel to job tasks. Kitchen personnel must be cleared by supervisor each shift before leaving the kitchen.
- Responsible for supervising daily meals.
- **Reports to assigned Recovery Kentucky Peer Mentors any problems with clients that are working in the kitchen.**
- Fills in for absent kitchen personnel. Not required to be on duty for the whole shift, but on call seven days a week.
- Receives, organizes, and stores food donations.
- Greets groups bringing in food donations and asks if they need help with food preparation, clean up, etc. Be sure to show gratitude for their efforts. This can be delegated to a kitchen assistant.
- Assigns one of the kitchen workers to be in charge when it is the supervisor's shift off.
- Changes needed to the schedule must be cleared by the Peer Mentor Supervisor.
- Ensures the grease from the deep fryer is discarded properly, by putting it in the empty soap buckets and **completely** sealing it. Then put the bucket in a trash bag and tie it off. The buckets should be placed in the **bottom** of the **empty** dumpster on Monday and Thursday mornings. If there is no deep fryer, or the center has an alternative acceptable method of discarding grease, this duty can be re-written by the individual center.
- Kitchen is responsible for cleaning grease spills around the dumpster, if any.

Kitchen Staff

- **Run Dishwasher**
 - Push black button to turn on.
 - Turn on, close the doors, fill, then reopen.
 - Rinse off dishes with hot water (sprayer inside the dishwasher).
 - After the dishes are sprayed off, drain the basket by lifting lever (down inside dishwasher).
 - Rinse out the basket and the filter.
 - After water is drained, replace filter and basket, lower the lever back to position.
 - Wipe off all excess water. No standing water can remain.
 - After the supper dishes are washed at the end of dinner meals, turn off dishwasher by pushing black button.
 - Make sure red numbers go off and the dishwasher is turned off.
- **Set Up the Dining Room** Before each meal, lightly spray each table with Rejuvinal and wipe down.
- Get plates, bowls, saucers, glasses, silverware, and napkins.
- **Do NOT serve food directly on the trays**, forgoing plates, bowls, or saucers, unless it is a divided tray set up for serving meals, such as one with separate compartments molded on the tray for different foods separating the food, similar to a school lunch tray.
- This is a dining room and should reflect a dining room setting.

- Silverware goes on the coffee counter.
 - Napkins go in the gray silverware holder.
 - Plates, bowls, and saucers go on the stainless steel counter.
 - Keep brown multifold towels in dining room at all times.
- **Clean-up**
 - Sweep and mop kitchen after every meal or daily. Mops and buckets must be put in the utility room after use.
 - Buckets must be emptied and mops must be wrung out and hung up to dry. Do not use bleach in the mop water as it takes the finish off the floors.
 - Change mop head on Wednesday and Saturday and more often as needed. Put dirty mop head in basket for laundry to wash.
 - Wipe off kitchen tables and put away the dishes.
 - Wipe off coffee counter – clean counter with a little bleach on Saturday deep clean.
 - Clean stainless steel sink with a little bleach and water or Ajax when it gets stained.
 - Sweep and mop storage and ice rooms (no bleach).
 - Wipe off all stainless steel including freezer and refrigerator.
 - Wipe down the stove, including the oven door.
 - Make sure big coffee pots get turned off by 8 p.m.
- **Daily Duties**
 - Kitchen staff must check in with kitchen supervisor at 8 a.m. Monday – Friday.
 - Refrigerator must be cleaned and food checked for shelf life and possible spoilage.
 - Clean sinks and Change Rhino filter, as needed – do not let get too full.
 - Sink in the dining room must be cleaned thoroughly after every meal.
 - Sanitize ice containers and scoops.
 - Pass out staff's plates or they may go through the line and obtain their own.
 - Clean grease trap under top of stoves and grill after each use.
 - Wipe down trash cans.
 - When taking out trash, take the can, not just the bag, to the dumpster.
 - Break down boxes before putting them in dumpster.
 - Do not drag bags of trash to the dumpster.
 - Crush cans and keep the crushing area cleaned up.
 - Spot sweep and mop dining room after breakfast and lunch.
 - Ensure the mop heads are wrung out – not dripping.
 - Ensure MTs wipe down chairs and tables in the dining room.
- **Weekly Duties/Saturday Clean Up**
 - Regular daily chores plus wipe down all cabinets.
 - Clean bottom of all shelves in the kitchen by moving **everything** off and wiping them down.
 - Clean bottles on the spice rack.
 - Wipe off metal on back of the stove. Pull vents above stove and clean them.
 - Wipe down ice machine.
 - Weekly inventory
 - Record contents of stock room, freezer, and content.
 - Make sure refrigerator does not have out-of-date items or spoiled items.

- **Wipe down all kitchen doors and serving doors.**
- Clean inside and outside of trashcans.
- Check under cabinet to make sure the drain cleaner bucket still has fluid in it.
- De-lime the dish tank.

Housekeeping Duties

- Jobs start at 8 a.m., unless cleaning off sidewalks in inclement weather for center entrance to be made accessible is needed.
- **Do not use bleach in mop water;** it takes the finish off the floors.

Housekeeping Supervisor

- **Duties (if a day is not specified, should be daily)**
 - Meets with the incoming supervisor and orients them to the housekeeping supervisor job duties.
 - Monitors clients who work in the housekeeping department.
 - Checks Community Room, and MT dorm 2 and 4 bedroom dorms or semi-private rooms at 8 a.m. Monday through Friday. Informs staff if these areas are not clean.
 - Clears each housekeeping area at 8 a.m. and 3:30 p.m., Monday–Friday and after deep cleaning on Saturday.
 - Checks house with HMA supervisor on Saturday deep cleaning.
 - Makes sure living room, bathrooms, and SOS trash are emptied on Sunday and confirm SOS has toilet paper.
 - Makes sure apartments are deep cleaned when client exits the program.
 - Alerts housekeeping staff of any broken or damaged property, such as the vacuum cleaners, shampooer, or towel and soap dispensers.
 - Keeps chemical room and ice machine room clean and in order.
 - Takes everything off shelves and wipe them down during Saturday deep clean.
 - Takes everything out of chemical room, sweeps and mops floor during Saturday deep clean. Check vacuums and shampooer each week to see if they are in working order. Changes bags, if needed
 - Ensures the toilet paper shelf is full at all times. Informs housekeeping staff at 8 a.m. Monday how much toilet paper is left.
 - Ensures the housekeeping order is put away the same day it comes in. Checks items against invoice to make sure everything is there. **The invoice should be placed in housekeeping staff's mailbox.** The invoice is taped on the side of the box. Break down boxes before putting them in dumpster.
 - Ensures a path is kept clear to the computer in the chemical room.
 - Keeps cleaning rags washed, as needed.
 - Washes and changes mop/dust mop heads, as needed.
 - Keeps cleaning bottles filled. Lets housekeeping staff person know when more bottles and/or triggers are needed.
 - Keeps 60 watt bulbs changed in hallways and living room.

Assistant Housekeeping Duties

- Lobby-Living Room Area
 - Clean glass on inside of doors, office area.
 - Vacuum living room carpet and entry rugs.
 - Dust all furniture.

- Empty trash at 8:00 a.m. and 3:30 p.m.
- Mop entry areas twice weekly or as needed.
- Keep fireplace area neat and clean – no buckets or fireplace debris.
- Whoever makes the fire cleans the ashes out. If staff requests the fire, housekeeping is responsible for cleaning the ashes out.
- Dust/clean window frames and sills. Move furniture and clean under it. Clean baseboard and door stops.
- Dust exit signs. Wipe down doors and spot clean walls.
- Hallway and Hallway Bathrooms
 - Clean and disinfect drinking fountain.
 - Vacuum from drinking fountain to Community Room stairs.
 - Clean toilets and sinks.
 - Clean bathroom mirrors.
 - Empty bathroom trash.
 - Keep four rolls of toilet paper in each bathroom.
 - Let housekeeping supervisor know if soap or towels are empty.
 - Sweep and mop bathroom floors (no bleach).
 - Wipe down vending machines from top to bottom, and vacuum carpet around vending machines.
 - Dust and clean glass on hallway/bathroom pictures.
 - Dust bench and vacuum under bench.
 - Dust door frames, door stoops, baseboards, exit signs.
 - Spot clean walls.
- Offices
 - Wipe down counters, table tops and desk tops from top to bottom.
 - Sweep and mop floors, vacuum carpets.
 - When sweeping, mopping, and vacuuming, get under and around things, including meeting boxes in staff hallway, under desks, corners, etc.
 - Dust furniture and office chairs from top to bottom.
 - Clean windows, window sills, and window blinds.
 - Empty trash twice a day.
 - Empty paper shredder and shelf under fax machine and put in the blue recycling bin.
 - Dust computer equipment, careful not to knock plugs loose.
 - Wipe down doors and door stops.
 - Staff bathroom (toilet, sink) cleaned and disinfected– sweep and mop floor, clean tub.
 - Keep 4 rolls toilet paper under sink.
 - Crush cans in Peer Mentor office, as needed.
 - Sweep and mop clinic.
- Dorm/Room Cleaning
 - Empty **all** trash daily.
 - Sweep floors daily.
 - Mop floors twice a week, or more often if needed.
 - Clean and disinfect dorm/private room bathrooms (toilet, sink, and tub).
 - Keep four rolls of toilet paper in bathroom at all times.
 - Clean and wipe down inside of refrigerators.
 - Move refrigerators and bunk beds out and clean behind and under them.
 - Clean window panes, sills, and frames; baseboards; doors; and door stops.
 - Organize, sweep, and mop water heater closet.
 - Wash rugs and shower curtain liners, as needed.

- Wipe down counters, table tops, and kitchen sink.
- Crush cans, as needed.

Please note:

- Kitchen is responsible for cleaning the ice machine and sweeping and mopping ice machine room floor.
- Housekeeping personnel must always be monitored by staff when cleaning any office areas or Health Clinic.

Laundry Duties

Laundry Supervisor

- Meets with the incoming supervisor and walks them through the whole procedures list.
- **Daily Duties**
 - Schedules laundry tasks to assistants and checks their jobs for thoroughness before clearing them from their duties.
 - Oversees that all laundry is washed and returned to appropriate areas in a timely manner.
 - Reports to staff any problems with laundry equipment.
 - Key designation responsibility will be set by center key policy.
 - Responsible for stripping beds, washing sheets, spraying down mattress covers with disinfectant, and remaking beds of clients who leave the program or change beds.
 - Checks with SOS for laundry.
 - Wipes off all washers, dryers, and countertops with disinfectant.
 - Cleans out lint filters.
 - Sweeps both laundry room floors.
 - Empties the laundry room trash.
 - Sweeps hallways leading to the laundry room.
 - Mops all laundry areas on Wednesday and Saturday, and as needed (no bleach).
 - Sweeps downstairs in the front hall.
 - Laundry workers should check with the laundry supervisor each morning before leaving their area to assure their area has been cleaned properly
 - All laundry workers are to report to the supervisor for assigned tasks at designated times.
 - Checks with SOS staff to see if the beds need changing
 - Takes all completed laundry to the appropriate places.
 - Puts all washed sheets and towels in the upstairs linen closet. Puts a top and bottom sheet in a pillowcase and stacks in linen closet, except for SOS laundry.

Please note:

- Laundry detergent will be kept in the toiletry closet along with the log. Clients will be able to sign in at the approved times and check out detergent when needed.
- Clients do not take their center provided linens, including comforters and pillows, with them when they move beds.

- **Saturday Deep Cleaning Duties**
 - Wipe off window ledges.
 - Use stepladder to clean window sills and windows.
 - Sweep hallways in all of the apartment areas.
 - Sweep down all stairs in apartment areas.
 - Mop all hallways and stairs in apartment areas. Do not use bleach in the mop water; it takes the finish off the floors.
 - Wipe off alcove in the second floor of the apartments.
 - Straighten the upstairs linen closet.
 - Assure that laundry products in toiletry closet are kept cleaned up and organized.
 - Dust exit signs, lights, door frames, and baseboards.
 - Dust, sweep, and mop water heater closets and exit stairway areas.
 - Spot check and clean any dirty spots on the walls in all areas that laundry is responsible for
 - Linen closet must be kept neat and organized at all times.
 - Inventory products weekly.

Clothes Closet Duties

- All clients assigned to the clothes closet must be on the job at center-designated days and times. Morning chores are not completed until you are cleared by supervisor.
- All donations must be cleared from the donation area immediately when brought in. Can be during morning chores, afternoon chores, or before all evening in-house meetings.
- Clothes from the donation area should be bagged and taken to the laundry immediately.
- **All clothes from the donation area must be gone through before being sent out!** No exceptions! Gloves must be worn when sorting clothing donations.
- The clothes closet is open to clients at center designated times.
- Keep clothes closet and toiletry closet locked when not in use.

Supervisor Duties

- Meets with the incoming supervisor and walks them through the whole procedures list.
- Assures all clothing donations are sorted before being sent out. Stress that gloves must be worn and that all donated items are bagged at first opportunity, and items to be kept in-house are taken to the laundry. Screen for lice, bedbugs, roaches, etc.
- Spot-checks assistants who are going through clothing to make sure they are using good judgment on what to keep or send out, i.e., seasonal clothing, damaged clothing, etc.
- Supervises organization of clothes closet.
- Assigns specific tasks to each assistant, including schedules for when the clothes closet is open.
- Reports to staff any issues or concerns regarding the closets or assistants.
- Assures the toiletry closet is kept neat, clean, and organized. When the toiletry closet is overstocked, ask staff what items should be bagged and sent out.

Clothes Closet Staff Daily Duties

- **Go through all donations**
 - Do not keep damaged or stained items, only keep seasonal-appropriate clothing.
 - Mildewed, stained, or torn clothing can go in the dumpster.
 - Bag and label clothes to go out. Do not keep clothing that is inappropriate for the center, such as short shorts, torn jeans, wife-beater type shirts, spaghetti strap

tops, mini-skirts/dresses, tops that show midriffs, low-cut tops, and clothing with inappropriate logos or language.

- Put the clothes in the clothing closet in an organized manner.
- Sweep and/or mop closet if needed.

- **Deep Clean Duties**

- Go through clothing on tables – decide what needs to go or stay.
- Inventory toiletry closet items and give list to Peer Mentor who is in charge of the clothes closet or put it in their mailbox.
- Pull everything out of the toiletry closet, wipe down shelves, sweep, and mop.

Seasonal Exchange

- During February, March, and April, begin collecting spring/summer clothes. Thin out fall/winter clothes, keeping enough winter clothes to get through the remainder of cold days.
- During August, September, and October, begin collecting fall/winter clothes. Thin out spring/summer clothes, keeping enough summer clothes to get through the warm fall days.

Groundskeeper/Maintenance Duties

- **Groundskeeper/Maintenance Supervisor**

- Meets with the incoming supervisor and walks them through the whole procedures list.
- Works with clients to ensure that (1) the outside of building is kept clean, neat, and maintained attractively and safely at all times, and (2) the inside of the building is maintained per directions of staff.
- Assigns tasks to clients doing grounds keeping/maintenance inside and outside.
- Supervises all mowing, gardening, painting, etc., to make sure it is done neatly and safely.
- Monitors upkeep of all equipment. Assures that all grounds crew know how to operate equipment correctly and safely.
- Maintains and gives staff a weekly inventory of any supplies and equipment that should be purchased, repaired, or replaced, i.e. light bulbs.
- Reports to staff any problems with clients working in grounds keeping/maintenance.
- Holds crew members accountable if not doing their job.
- Assigns someone to water all trees, shrubs, and flowers on an as-needed schedule.
- Does weekly inventory of equipment in the garden shed. Equipment is not to be loaned out.
- Report any improper maintenance or use of equipment.
- Assigns crew members to fill in during any absence.
- Checks each area before crew member can be cleared.

- **Groundskeeper/Maintenance Crew**

- Empty and clean ashtrays and take out and replace trash bags underneath.
- Clean outside glass on all doors.
- Sweep outside mats and walkways in front of all outside doors.
- Police grounds for trash and fallen branches and throw in the dumpster.
- Check curb areas, gutters, sidewalks and cemented areas for debris and sweep as needed.

- Side porches should be cleaned from top to bottom, inside and out. Hose area down when weather permits.
- Keep areas around dumpsters clean.
- Police sidewalks, parking lot, and patio area and clean when necessary.

Additional Summer Maintenance Duties

- **Use the two-cycle can only for the weed eater and leaf blower. Do not fill the gas tank unless staff is present.** Let staff know when gas or oil needs to be purchased.
- Mow, edge, and rake grass as needed.
- Trim shrubs as needed.
- Weed mulched areas around shrubs and trees.
- Once a month, turn top mulch with a hand spade around shrubs and trees.
- Use weed eater around large trees, poles, fences, and pond area.
- Water all shrubs/flowers, as needed.
- Hose down area around dumpster on Saturday and as needed.

Additional Fall and Winter Maintenance Duties

- Rake up the leaves, bag, and throw them in the dumpster.
- Weed all bare areas.
- Keep all walkways, sidewalks, and parking lots clear of snow and ice. Let staff know when running low on salt.
- Assess need for painting and develop painting plan in consultation with staff.

House Management Duties

House Manager Supervisor

- Meets with the incoming supervisor and walks them through the whole procedures list.
- Assigns senior Phase 1 clients to be buddies to new clients during their entry into Phase 1. The buddy system is 72 hours.
- Checks the bedroom dorms and community room for cleanliness, in collaboration with a worker from housekeeping, Monday through Friday, before 9 a.m.
- Holds clients accountable and reports to staff any areas that are dirty or messy.
- Reports to staff any problems concerning upkeep of the building, i.e., stopped up toilets, leaky faucets, damaged furniture, etc.
- Always ensures there are AA/NA speakers lined up a minimum of two weeks in advance for each of the three in-house AA/NA meetings. Due to the traditions of AA/NA, there cannot be any persons from other fellowships speaking.
- Ensures there are supplies for the meetings: cups, coffee, creamer, sugar, sobriety chips, envelopes, pamphlets, etc. If items are out, replaces these items and makes sure the supplies are stocked for incoming supervisors. Checks on these items daily with Peer Mentor.
- Organizes a door schedule for the entire House Manager Assistant (HMA) team.
- Performs house-checks on Saturday mornings after deep cleaning with the Housekeeping Supervisor and the Peer Mentor on call.
- Makes minor corrections to the meeting chairperson's schedule for the noon meeting and for the evening in-house meetings. If a client is no longer there and is scheduled to

chair a meeting on that, or the next day, notifies the Peer Mentor/HMA supervisor of any changes that were made, if they were not present in the facility to make the change.

- Calls the scheduled speaker to give them at least 24 hours notice before the date they are scheduled to speak.
- Meets with housekeeping to discuss dining room floor maintenance, including buffing dining room floor during Saturday mornings during deep cleaning.

House Manager Assistant (HMA)

The client(s) assigned to HMA duty must follow the rules and responsibilities listed below.

- All HMAs are responsible for setting up for Phase 1 community.
- All HMAs are responsible for deep cleaning the dining room on Saturday.
- All HMAs are responsible for buffing dining room floor the second Saturday of each term.
- Do not wear headphones during your shift, even if you are just sitting at the door to cover for a break.
- Ensures the double doors to the apartments are closed when working the door during house meetings.
- No visitors during shift, including sponsors.
- Stays aware of clients who break curfew by monitoring doors and the Sign In and Out Book (SIOB).
- Reports any clients who are not in by curfew to staff.
- Logs any unusual or suspicious behavior around the facility.
- Logs all incoming donations.
- Calls weather station and records temperature every shift.
- Reports to staff any clients they know are leaving the facility without being discharged.
- Maintains and uses walkie-talkies to keep contact with staff on duty in SOS.
- Checks the front of the HMA Log Book to see if visitors are allowed to be on property. There are some who are not allowed on the property.
- If an in-house meeting is missed because of “door duty,” that meeting must be made up with an additional outside meeting. A minimum of seven meetings per week is required.
- The only way another Phase 1 client can work the entire shift, or part of this shift, on the door (as backup coverage), is if they have extra duty, or are also on the HMA team. This extra duty must be approved by a Peer Mentor. Absolutely all changes pertaining to door duty must be pre-approved by the House Manager Supervisor and the Peer Mentor.
- All HMAs are allowed one, 10-minute break per hour. If a smoke break is needed, HMAs may request a staff member, via phone call or a “runner,” to allow a Phase 1 or 2 or another staff member to temporarily relieve the worker so they may smoke.
- The only phone calls allowed, other than to staff for assistance or emergency instructions, are to the client’s sponsor while working door duty position. All other calls must be made during breaks. As noted above, sponsor cannot visit during the shift.
- When any articles come in for other clients, it is the HMA’s responsibility to give it to the staff on duty and report it in the HMA Log Book.
- Ensures someone is available to answer lobby doorbell on evenings and weekends in rotating shifts. Only open the door to those known and allowed on the premises. (See note below.)
- Maintains and uses walkie-talkies when assigned to door to stay in contact with staff.
- Ensures batteries are charged and both the HMA on duty and staff have them turned on.
- The client phone must be returned to SOS staff at 10 p.m.

Please note: If the person at the door is unknown, **do not** open the door. Use the telephone intercom system to inquire what they need. If an unknown person is at the door, or a person who has been banned, notify the HMA immediately for assistance. Only the HMA on duty is allowed to answer the door. This is EXTREMELY IMPORTANT to protect the safety of clients and staff.

Meeting Chairperson Duties

- Ensures coffee is made by kitchen staff and cups, cream, and sugar are out.
- Ensures all the AA/NA literature, chips, and Seventh tradition basket are ready for the meetings no later than 6:15 p.m. on Tuesdays, Thursdays, and Saturdays.
- Ensures all the chairs are set up and literature is out by 11:50 a.m. for the Never Too Late meetings, Monday through Sunday.
- Ensures the Seventh tradition money is given to the SOS staff on duty.
- Ensures the AA/NA information sheet is filled out with the date of meeting, chairperson's name, number of attendance, amount of money collected, etc.
- Signs all meeting verification sheets, except their own. Please note: The noon meeting **does not** count towards the mandatory seven weekly meetings for Phase 1 clients.
- Ensures all AA/NA supplies are put away neatly, the dining room is clean, mopping the floor if needed, the coffeepot is turned off, emptied, and cleaned, and the meeting box returned to the Peer Mentor hallway after the meeting.
- All Phase 1 clients must put down the chairs before all the in-house meetings and clean up after the meeting, putting chairs back under the tables, throwing away trash, etc.
- Ensures the Community room is properly setup prior to the meeting, including chairs set out in a circle.
- Makes sure SOS clients are escorted to the meeting before noon.

Medication Information

These medication guidelines are based on the premise that alcoholism and other chemical dependencies are symptoms of very similar and perhaps the same disease process. People who have developed dependence on alcohol and other drugs have a peculiar susceptibility to any type of mind or mood-altering medication. This means that a sober alcoholic who takes other mood changing drugs is very likely to become dependent on the new drug and/or return to alcohol, the original "drug of choice." Similarly, a person who has a history of addiction to a drug, such as a sedative, tranquilizer, or narcotic, who stops the drug abuse but begins or continues to drink alcohol could become addicted to alcohol and may also return to the original "drug of choice."

It is important that clients recognize this risk for cross-addiction as they build their life in recovery. In addition to "street drugs" and narcotics, there are over-the-counter and prescription medications that have mind- and mood-altering side effects which may jeopardize recovery.

Clients should avoid any self-medication, because alcoholics and addicts have a strong tendency to overuse even the most common over-the-counter medications, such as aspirin, Tylenol, Ibuprofen, and nose drops. These guidelines have been prepared with guidance from well-respected addiction specialists.

Clients are required to obtain approval from the nurse, or nurse practitioner, before taking any new prescription or over-the-counter medications. Clients must discuss the medication's purpose, implications for recovery, and possible alternatives. Any medication, whether prescription or over-the-counter, must be initialed by the Nurse Practitioner, SOS Supervisor, or their designee.

Medications hazardous to sobriety are prohibited at Recovery Kentucky.

Prohibited Medications

May not be an exhaustive list. Please check with the center's Nurse Practitioner or the Recovery Kentucky Program Director at KHC.

- **ALL SEDATIVES**
 - Barbiturates: Nembutal, Seconal, Tuinal, and Phrenlin
 - Synthetic sedatives: Doriden, Quaalude, Dalmane, and Placidyl
- **ALL NARCOTICS**
 - Opium derivatives: codeine, morphine, and heroin
 - Synthetic narcotics: Demerol, Leritine, Fentanyl, Oxycontin, Lortabs, Buprenorphine, and Percocet
 - Other analgesics: Darvon, Darvocet, Fiorinal, Talwin, Ultram, and Ultracet
- **ALL TRANQUILIZERS/ANTI-ANXIETY MEDS** including benzodiazepines, sedating antihistamines, herbal preparations, and Reserpine compounds.
 - Benzodiazepines: Xanax, Librium, Klonopin, Tranxene, Valium, Dalmane, Paxipam, Ativan, Versed, Serax, Cetrax, Doral, Restoril, and Halcion
 - Sedating Antihistamines
 - NonBenzodiazepines: Vistaril, Atarax, Sonata, and Ambien
 - Herbals: Kava Kava

- Reserpine compounds prescribed for hypertension should be used with caution and only when other alternatives are exhausted: Hydropres
- Over-the-counter medications: Benadryl, Compoz, Tylenol PM, Nytol, and Sominex
- **ANTI-EMETICS**
 - Example: Phenergan
- **MUSCLE RELAXANTS:** Flexeril, Soma, Skelaxin, Robaxin
- **STIMULANTS** (Including amphetamine compounds)
 - Examples: Ritalin, Adderall (Schedule II Amphetamine)
- **ANTIDEPRESSANTS** (Unless prescribed by a psychiatrist in conjunction with 12-Step Program.)
 - Examples: Elavil (Amitriptylline), Desyrel (Trazodone)
- **OVER-THE-COUNTER MEDICATIONS** (OTC) for coughs, colds, allergies and/or sleep problems that contain alcohol, antihistamines, narcotics, scopolamine, dextromethorphan, phenylpropanolamine, or pseudoephedrine in dosage greater than 30 mg.
 - Examples: Contac, Dristan, Tylenol PM, Benadryl
- **WEIGHT CONTROL PRODUCTS/ENERGY DRINKS/PRODUCTS** especially those containing ephedra, caffeine, ephedrine, and phenylpropanolamine.
- **MOUTHWASHES** that contain alcohol.
- **NASAL SPRAYS** that contain alcohol.
- **STREET DRUGS**
 - Marijuana
 - Other “street drugs,” including Spice/Bath Salts.

Medication and Surgery

If a situation, such as major surgery, arises that will require use of a medication that puts a client’s recovery at risk, they must work closely with the Recovery Kentucky Program and their health care professionals to make responsible decisions. A precise dosing plan, supervised time in SOS while under the influence, and adequate time to detox from the mind- and mood-altering side effects of the medication, will help preserve recovery.

If clients follow these guidelines, they will learn an important part of self-care: the proper use of approved medications and staying in touch with health professionals that are sensitive to recovery issues and who will guide them through the maze of decisions.

Allowed Medications

If taken as prescribed.

- **PAIN KILLERS**
 - **Over the Counter (OTC)**
 - Tylenol/acetaminophen
 - Bayer/aspirin
 - Advil/Motrin/ibuprofen
 - Aleve/naproxen
 - **Prescription**
 - Lodine (NSAID)
 - Celebrex (NSAID)

- **CONGESTION: Sinus, colds, flu, coughs**
 - Sudafed—maximum 30 mg
 - Chlortab—maximum 4 mg
 - Tylenol Sinus
 - Tessalon Perles (prescription)
 - Waltussin (Walgreens cough medicine)
 - Robitussin
 - Plain saline nose drops or spray
 - Mucinex (Guaifenesin)
 - **Avoid these ingredients:**
 - All multi symptom cold relievers
 - Phenylephrine >5mg
 - Penylpropanolamine
 - Phenyltoloxamine
 - Pseudoephedrine
 - Alcohol
 - Codeine
 - Ephedrine
 - Pseudoephedrine >30mg
 - Hydrocodone antihistamines
 - Dextromethorphan >30mg
 - Vick's Formula 44, Delsym, Alka Seltzer Cold and Flu, Contact, Dristan
- **OTC ALLERGY DRUGS**
 - Sudafed - max. 30 mg
 - Loratadine (generic for Claritin)
 - Chlortab – max 4 mg
- **PRESCRIPTION ALLERGY DRUGS**
 - Allegra
 - Claritin
 - Zyrtec
 - Nasal sprays without alcohol
 - Seldane
 - Hismanal
 - **Avoid:**
 - Clartin D, Allegra D, Zyrtec D, products containing alcohol, Benadryl, sedating antihistamines

Avoid any product with alcohol, such as mouthwash; any weight control products containing caffeine or ephedra; any sleep aides, such as Tylenol PM; herbs such as Kava Kava and Ginseng; and muscle relaxants.

Department of Corrections Partnership

Recovery Kentucky and the Department of Corrections (DOC) have formed a partnership to provide drug and alcohol recovery services to parolees and/or probationers. Approximately 60 of the Recovery Kentucky beds may be filled by referrals from the DOC (including Drug Court clients) and the program will receive a daily reimbursement (per diem) fee from the DOC per parolee or probationer. The program shall bill the DOC monthly in a procedure defined by the DOC.

Before a Recovery Kentucky Program can receive DOC clients, an application must be submitted to the DOC and approved. After a contract is signed between the DOC and the program, referrals will come from the “gatekeeper” at the DOC. These referrals could include clients from the prisons, probation and parole offices, and drug courts.

If a referral is appropriate for admission, the DOC designee arranges the admission per center availability. To receive reimbursement, the referral must be authorized by DOC personnel. Clients referred by the DOC receive first preference on each center’s waiting list.

Daily reports are submitted to the DOC detailing the number of beds available and the number of beds occupied by DOC clients. DOC counts are made multiple times during each day. DOC clients blend into the Recovery Program and abide by the same guidelines, rules, policies, and procedures as all other clients, plus some. Each center has an individual contract with the DOC. At least two DOC inspections will be conducted annually to insure the standards required by the DOC contract are being met. A separate clinical inspection of each center is also conducted on a yearly basis by DOC.

Parole/probation officers, drug court liaisons, and/or judges, must be informed when a client is discharged, terminated, or requests a pass for a temporary visit away from center (an Authorization for Release of Information is obtained upon admission). It is suggested that the parole/probation officer be invited to attend a joint meeting with staff if a client is resisting change, and discharge/termination is being considered. This meeting provides the program and the appropriate officer the opportunity to present a unified effort to promote a positive change for the client. Pass requests must be approved by the appropriate officer prior to the client submitting the pass request to the Community.

Extraordinary occurrences, terminations, and letters showing dismissal and the “right to appeal” are also required for DOC clients. If a sexual abuse or harassment event occurs, that too must be documented and submitted to the DOC representative handling Prison Rape Elimination Act (PREA). DOC clients must remain in the Recovery Kentucky Program a minimum of 183 days, but no more than 192 days under the current contract. If DOC clients stay past this time, they will no longer be on the per diem payment for the center.

SOS Department of Corrections Waiting List Policy

All DOC clients will be screened to determine appropriateness for the Recovery Kentucky Program, utilizing the DOC assessment packet. DOC clients will be placed on a separate waiting list after the referral is made to the center, if there are no beds available upon initial review.

Procedure:

- All DOC clients must be approved and directed to the center by the DOC “gatekeeper” prior to admission.

- Individuals deemed appropriate for the Recovery Kentucky Program are placed on a waiting list, maintained by the designated center's personnel. Clients must be eligible for the Recovery Kentucky Program. The DOC "gatekeeper" screens clients for eligibility, including income eligibility, prior to making the referral to the center.
- When a bed becomes available, the center designee will contact the referring "gatekeeper" or parole/probation officer notifying them of the vacancy, and to set a date and time for the DOC's waiting list client's admission.
- DOC client admissions must have a signed Authorization of Release of Information to the appropriate parole/probation officer.
- Clients should have at least a 30-day supply of their prescription medications, whenever possible.
- If a serious physical or mental health issue exists that the center is not equipped to handle, the client shall be referred back to DOC.
- The center designee shall coordinate the center's waiting list with the DOC designee.
- The DOC information concerning DOC clients that are not admitted to the center will be kept in a separate file by the SOS Supervisor (or in a center-designated location) and shredded after one month, if not accepted prior to that time. The assessment packet for DOC clients admitted to the center must be added to the client's SOS file. This is a confidential file kept in a secured designated area, with approved staff access only. Pre-sentence investigation documentation must be kept in a secure location and accessed by only director-designated staff, as needed.

Department of Corrections Discharge Policy

Clients may be discharged, or terminated, by staff, or they may voluntarily leave the program. Appropriate documentation must be completed by staff.

Procedure:

- When clients are discharged, the staff and Peer Mentors will document the circumstances surrounding the discharge or termination in the client's file on the shift the discharge occurs. They must also list the name of the discharged client on the bed log sheet in the Daily Log.
- The staff member should also make every effort to contact the identified agency in the client file if the client is DOC referred or court-ordered to the Recovery Kentucky Program. Court-ordered or DOC clients can be identified by looking at the front of the client's file.
- Staff should document their efforts to contact and whether they were able to make contact with the identified agency in the client file.
- Client's probation/parole officer should be notified immediately. DOC clients should not be discharged until the probation/parole officer has been contacted and provides instruction to the center on where the client should go. This could include the probation/parole officer picking up the client from the center or requesting an arrest warrant if the client has already left. Those who have yet to complete the program and are inside of their required days may possibly be returned to jail or prison at the probation/parole officer's discretion.
- Staff should then place the client file in the appropriate staff mailbox in a secure location.
- The appropriate staff will complete the discharge paperwork and place a copy in the Administrative Assistant's mailbox. Information on discharges should be given to the database input person to update client's status in the database every day, Monday through Friday.

- Clients who have been set back to start the program all over again at the beginning will be considered discharges and then readmitted. They do not physically leave the property, but are regressions from whatever stage they were in, back to the SOS beginning stage of the program. Permission must be given by the probation/parole officer, DOC, or court prior to setting back a DOC or court-referred client.
- Clients who are temporarily sent back to another stage are not considered discharges and should be treated as consequences. These consequences are usually a result of the Community's decision and should, on the average, last no longer than two weeks.
- Clients who progress to the next upward stage of the program are not discharges, but progressions in the program.
- Clients that complete the program are discharges with completion statuses.
- Clients that walk away, leaving on their own accord, are discharges. They did not have an active termination in progress, but left against center's advice, or without notifying the center of their decision to leave prior to leaving. The discharge can be voided if the client returns to the center within 24 hours and passes a drug/substance abuse panel test when re-entering the center. The client will spend approximately one to three days in SOS and then return to the phase of the program they previously were in. DOC and court-referred clients that return must have permission from the applicable officer.
- If the client returns and does not pass the drug screen, they will have the option, at the center Site Administrator's discretion, to be discharged and readmitted to the center at the SOS stage of the program. If a client is a DOC or court-referred participant, permission to restart the program must be given by that agency. If they are approved for re-admittance, they must start completely over, as if a new client, going through each stage of the program.
- A client is either admitted or discharged. A client cannot be still active in the program and be off-site in a remedial time out. Program liability does not allow for an active client to spend time off-site in a shelter and still maintain active status in the program. However, a Peer Mentor may live off site after they have completed their first contract and still be counted as an active client. For more information about Peer Mentors, please review the [Peer Mentor section](#).

SOS

Overview

This component offers a safe and supportive environment for the client to withdraw from mood/mind altering drugs or decide on a plan of recovery. Here, the substance-dependent person can allow their body to become alcohol and drug free.

This phase allows the person to assess their condition and determine whether they want to begin to recover from their addiction. There are three expected outcomes from this component:

1. Abstinence from mind/mood altering drugs.
2. Interest in continuing abstinence.
3. Renewed hope for recovery and change.

The program is staffed by professional staff, as well as Peer Mentors, who are clients who have demonstrated their commitment to their own long-term sobriety within the program.

After initial participation in this program, some clients return to their previous lifestyle, some will seek another program of recovery, and some find the inspiration to move to the next phase of the program – The Motivational Tracks.

Client Responsibilities

- If needed, during the first 24 hours after admission, clients may rest. They are not obligated to participate in classes, AA/NA meetings, or any activities at this time.
- Must ask SOS staff for permission to smoke. Generally, SOS clients will be allowed to smoke hourly. Phase 1 clients may take SOS clients out to smoke anytime they go out to smoke. When Phase 1 clients are unavailable, SOS staff may allow SOS clients to smoke at staff discretion. All SOS clients must go outside together and return together. Smoking is allowed only in designated areas.
- Must attend all meetings, classes, and meals, as a group.
- Must adhere to the [SOS schedule](#).
- Not allowed to go to vending machines except when going to/from meals or class, unless given special permission.
- No food or drinks allowed in bed.
- No leisurely reading. All reading material must be based on Recovery Focus.
- No board or card games, unless recovery related.
- Must attend all open classes.
- Must meet with SOS staff individually for one-on-one support counseling at least once daily, or more often if needed.
- Must participate in morning and evening meditation.
- Must participate in all group activities.
- Must be escorted by staff or Phase 1 clients, when given permission from staff, to and from meals and class.
- Must not enter any other parts of the building, unless they are being escorted by staff or Phase 1 clients.
- Must attend all in-house AA/NA meetings.
- May not participate in the 15-minute visitation before or after AA/NA meetings.
- Must be escorted to the in-house AA/NA meetings immediately prior to the start of the AA/NA meeting, and return to SOS immediately after the meeting.

- May only fellowship with other Recovery Kentucky Program clients at AA/NA meetings.
- Lights out at center designated times.
- When being discharged from the program, clients will be escorted to pack their belongings by staff. The discharged client will be escorted off the grounds immediately and not allowed to converse with other clients. Belongings will be retained for a period of 45 days. If not picked up in that timeframe, the Recovery Kentucky center can dispose of those items as they see fit.

Please note: SOS clients are expected to show signs of motivation, completing daily chores and following all guidelines set forth by the Recovery Kentucky Guidelines and the center. Another sign of motivation is getting up at 5:30 a.m. and staying up. A requirement for MTs is getting up at 5:30 a.m., eyes open, feet on the floor (absolutely no return to bed). Clients unable to do this in SOS may not be ready for MT. All of this will be considered when making a decision about program progression.

SOS Items List

Please note: **All centers must adhere to the [Client Personal Property Inventory list](#) for clients, provided by the DOC.** SOS clients should not bring anything to the center that is not on the

SOS clients may bring their own clothes to the program, providing they adhere to the [center dress code](#) and the limits outlined in the Client Personal Property Inventory. If the client is a smoker, they are permitted 20 cigarettes and 1 lighter when entering the center. SOS clients may bring their items to the center in one small tote bag. SOS clients are allowed seven “toiletry” items, to include shampoo, conditioner, toothpaste, toothbrush, hair brush, comb, and soap. If the client does not have these items, the center will provide them.

SOS clients may bring a limited amount of cash and change to the center. The center’s staff will know what the cash limit is for that center. Snack and drink vending machines are on-site.

If court-ordered, the center **must** receive a copy of the order before the client arrives. All clients should provide a verification of their Social Security card and birth certificate at entry.

Items not allowed:

- Makeup
- Nail Polish
- Jewelry, except a wedding band and plain watch
- Perfume/Cologne (including body spray)
- Mouthwash
- Curling iron or rollers (hot or sponge)
- Radio, CD player, pager, cell phone, or any related electrical device
- NO RAZORS

Daily Routine in SOS

Monday-Friday

5:30 a.m.	Wake up
5:30-7:30 a.m.	Eat breakfast Take morning medications Complete showers
7:30-9 a.m.	Morning meditation
9:00 a.m.	Recovery Focus
10:15 a.m.	Open classes
11:30 a.m.	Lunch
12 noon	AA/NA Meetings MANDATORY
1:00 p.m.	Work on assignments
2:30 p.m.	Open class
4:00 p.m.	Free time
4:45 -5:30 p.m.	Dinner
5:30-6:30 p.m.	Clean-up duties
6:30-7:30 p.m.	In house AA/NA meeting (Three nights will be determined by center)
7:30-9:30 p.m.	Evening meditation
10:00 p.m.	Lights out

Weekends/Holidays

7:30 a.m.	Wake up
7:30-9:00 a.m.	Eat breakfast Take morning medications Complete showers
9:00-11:30 a.m.	Morning meditation
11:30 a.m.	Lunch
12 noon	AA/NA Meetings MANDATORY
1:00 p.m.	Work on assignments
2:30 p.m.	Open class
4:00 p.m.	Free time
4:45 -5:30 p.m.	Dinner
5:30-6:30 p.m.	Clean-up duties
6:30-7:30 p.m.	In house AA/NA meeting (Three nights will be determined by center)
7:30-9:30 p.m.	Evening meditation
10:00 p.m.	Lights out

Motivational Tracks

Overview

This component gives clients a very low-pressure environment to commit to the process of changing from drinking/drugging to a sober life. The homeless and addicted populations have spent many years failing to function in society. These steps give them the opportunity to succeed in a structured environment and to begin to experience the hope of change. Classes are held off-site and clients are required to “trudge” (walk) to their destinations. They are asked to show at least the same motivation for their recovery as they did their addiction.

Motivational Track 1

Motivational Track 1 puts the responsibility on the individual to demonstrate their desire to change by accomplishing assigned tasks. Clients are expected to attend self-help, alcohol, and drug education meetings and classes, as well as complete written assignments. They are required to observe curfew and maintain abstinence to stay at this level. Outcomes include abstinence, functioning within a structure, re-socialization, and orientation to the recovery process.

Motivational Track 2

Clients who have expressed an interest in long-term recovery, demonstrated an ability to follow instruction, and functioned within the structure, move on to Motivational Track 2.

Clients in this phase receive additional privileges, including attending self-help meetings off campus accompanied by an “older” client or sponsor (see [Role of the Sponsor](#)), as well as free time, visitations, and phone calls, all as designated by the center. Outcomes include abstinence, compliance with structure, active participation in program activities, and demonstrated willingness to invest in change.

Client Responsibilities

- Must follow the approved MT schedule (page XX.)
- Must attend and document at least five AA/NA outside meetings weekly. If on-site for noon meeting, MT clients should attend, if duties allow.
- Must attend and document five days of classes at the Motivational Center, Monday through Friday. Attendance will be taken at the beginning of class; half credits will not be given.
- Must complete the first lesson of Recovery Dynamics, including all 13 group sessions. Client homework must be turned in on center-designated days, at morning class.
- Must comply with all Motivational Track and Recovery Kentucky Program rules at the Motivational Center.
- Must demonstrate motivation by exceeding the minimum meetings each week. Motivation is the key to advancement.
- Must be on time for all meetings.
- Must not exhibit any threatening behavior, whether physical or verbal, including racial or sexual orientation slurs. Stealing will not be tolerated. Violence or threats of violence will result in immediate discharge from the Recovery Kentucky Program. Stealing may result in immediate discharge from the Recovery Kentucky Program. Gambling is prohibited. Review the Six Cardinal Rules.
- Must turn in weekly documentation sheets and AA/NA meeting sheets.

- Must check in by 4 p.m. every evening, or for scheduled classes, and must not leave the property until 8 a.m. the next morning.
- Must use a lock box for storage of valuables, medications, etc. The Recovery Kentucky Program will not be responsible for anything lost or stolen.
- Must not bring in radios, tape or CD players, cell phones, pagers, or any other items not permitted to the center.
- May not have vehicles on property or drive any vehicle.
- Must trudge to class, when possible.
- Must be mindful of how they spend their time on weekends. While in MT, weekends are the client's responsibility. If an MT client would like to stay on the property during the weekend, they may do so; MT clients may leave on weekends, but must return by the designated hour.
- May not leave the property after 4 p.m. for any reason. MT2 clients are allowed to go to meetings after this time with Phase 1 clients or sponsor.
- All food and drinks, including vending machine snacks, are to be eaten in the cafeteria, not the lobby/living room. No food, including snacks, is allowed in any sleeping area.
- Smoking is only permitted in the designated area. Smoking in the building may result in discharge.
- May not get body piercing or tattoos while they are participating in the Recovery Kentucky Program.
- May not have things dropped off without prior authorization. These items are subject to a search by staff prior to being distributed to the client.
- May do laundry at center-scheduled times.
- May participate in recreational activities based on center-scheduled times.
- IDs, Social Security cards, birth certificates, food stamp applications, and police reports (if required by center) must be obtained and/or completed before moving into MT2.
- When being discharged from the program, clients will be escorted to pack their belongings by staff. The discharged client will be escorted off the grounds immediately and not allowed to converse with other clients. Belongings will be retained for a period of 45 days. If not picked up in that timeframe, the Recovery Kentucky center can dispose of those items as they see fit.

Moving into the Phase 1 Recovery Kentucky component is a privilege. Clients can earn this privilege if they are motivated and willing to change.

Motivational Track Daily Schedule

Monday-Friday

5:30 a.m.	Wake up	7:30-10:00 p.m.	Free Time.
5:30-7:00 a.m.	Take morning medications Complete showers Chores	9:30-9:45 p.m.	Evening meditation.
7:00-7:30 a.m.	Breakfast; must be in dining room before 7:15 a.m. to be served	10:30 p.m.	Lights out
7:30-7:45 a.m.	Morning meditation	Weekends/Holidays	
8:00 a.m.	Leave facility	7:30 a.m.	Wake up
9:30-10:30 a.m.	Recovery Dynamics Class; trudge off-site	7:30-9:00 a.m.	Eat breakfast Take morning medications Complete showers
11 a.m.-12 noon	MT1 clients back to facility eat lunch and attend noon meeting	9:00-11:30 a.m.	Morning meditation
11:30 a.m.	Business calls only	11:30 a.m.	Lunch
12 noon	AA/NA Meetings	12 noon	AA/NA Meetings
1:30-2:30 p.m.	Recovery Dynamics Class	1:00 p.m.	Work on assignments
3:00 p.m.	MT2 Support Group Time	2:30 p.m.	Open class
4:00 p.m.	All MT clients back in center	4:00 p.m.	Free time
5:00-5:45 p.m.	Dinner	4:45 -5:30 p.m.	Dinner
6:30-7:30 p.m.	In-house AA/NA meeting; may meet with sponsor 15 minutes before the meeting and 15 minutes after the meeting; in the dining room only.	5:30-6:30 p.m.	Clean-up duties
		6:30-7:30 p.m.	In house AA/NA meeting (Three nights will be determined by center)
		7:30-9:30 p.m.	Evening meditation
		10:30 p.m.	Lights out

Clients may leave property on Saturday morning after deep cleaning work has been cleared.

Motivational Track Client Duties

All MT clients are responsible for making their own bed and cleaning up their own space, as well as assist with the duties outlined below, as assigned by designated staff.

- I. MT Dorm
 - a. Sweep and mop floor (entry and bathroom)
 - b. Vacuum carpet
 - c. Clean bathroom
 - d. Dust tables and counters

- II. Community Room
 - a. Sweep floor daily and mop floor weekly
 - b. Vacuum carpet weekly
 - c. Clean bathroom – empty trash, clean sink, and toilet
 - d. Set-up for Community on Mondays, Wednesdays, and Fridays
 - e. Sweep stairwells and areas between inside and outside doors at the bottom of the stairs
 - f. Dust stair banisters (along the top of white ledges above the stairs) and wipe off all tables weekly
 - g. Wash off all window ledges weekly
 - h. Spot clean walls (wash any dirt and marks off) weekly
 - i. Vacuum short hallway outside four bedroom and two bedroom dorms weekly
 - j. Clean glass inside and outside on all four doors at the bottom of the stairs weekly
 - k. Check to see that there are at least five rolls of toilet paper and feminine hygiene products (women's program) under the bathroom sink

- III. Dining Room (after dinner only---Note: MTs do NOT work in the kitchen)
 - a. Clean tables, counters
 - b. Sweep and mop floors
 - c. Straighten chairs

- IV. Garden
 - a. Plant
 - b. Maintain (water and hoe)
 - c. Harvest

Chart Order List

Below is the suggested order for the MT client's forms in their file.

Left Side – Back To Front

- Program material check out Sheet (Big book, 12&12 tapes, videos, other books, etc.)

Right Side – Back To Front

- [Recovery Dynamics Assignment Record](#)
- [Signed MT Client Contract](#)
- Homework
- Sponsor Sheet

Please note: All other client information that may be related to identity, criminal/legal history, medical, or other confidential documentation **must** be in a file accessible only to staff and kept in a secure location. Please see the [Release of Information Policy](#).

Role of the Sponsor

Recovery Kentucky Program clients are required to have a same-sex sponsor who has at least one year of sobriety, before transitioning out of Motivational Track 1. Clients must maintain a sponsor, or a temporary sponsor, at all times through Phases 1 and 2.

The role of a sponsor from the AA/NA community is to help the client learn about themselves and their problems associated with alcohol and drugs. This is a vital part of recovery. The sponsor helps the clients build a network of people who are living life on life's terms without the use of drugs or alcohol.

After they have built these relationships, they will have support when they complete the program. While opposite-sex support can be useful, it is strongly suggested that clients utilize members of the same sex who are also in recovery for means of support while in the program.

The sponsors must realize that the Recovery Kentucky Program is not affiliated with AA/NA in any way. Their role as a sponsor is voluntary and they must follow the progression of the Recovery Kentucky Program with the clients they sponsor. Sponsors may give extra assignments for the clients to work on along with the step work they are engaging in at the center.

Sponsors must sign a Sponsorship form (page XX) to be a Recovery Kentucky Program client sponsor. If the client and their sponsor agree to allow the center to contact the sponsor about the client, they must indicate such on the Sponsorship form. When such contact is allowed, the sponsor will be a part of the decision-making process for the client concerning weekend pass requests, petitions, and off-site living arrangements. Sponsors will also have the opportunity of doing step work with the clients throughout the client's stay in the program.

Clients having difficulty understanding the concept of sponsorship are often given a community suggestion to read and write a paper of the AA Sponsorship brochure. This brochure is available from the Recovery Kentucky center staff.

Phase 1

Overview

This component of the program offers an effective solution to the problems of addiction and alcoholism. Program goals are recovery from addiction, social wellness, and economic independence. This component is a process of recovery that places the burden of work on the client with support from Peer Mentors and professional staff.

Clients are actively involved in services that include kitchen, grounds, laundry, housekeeping, clothing closet, and house managers, which empowers them to succeed in a safe environment, while practicing working and living skills.

Recovery remains the focal point and recovery tasks take priority. Clients continue to complete written exercises from the Recovery Dynamics curriculum. They are required to complete the 28 lessons of Recovery Dynamics, which works the client through the 12 steps of AA/NA. Clients are not allowed to work outside the program, as their job at this time is to work their plan of recovery.

Throughout the program, clients hold themselves, and one another, accountable for their behaviors and attitudes. Change is encouraged and supported. Role models, working as Peer Mentors, are also an essential part of this environment. The Peer Mentors are persons recovering from substance dependence who share their experience, hope, and strength with clients to help them recover. These men and women, who themselves are newly recovering, work with the clients in the manner described in the book *Alcoholics Anonymous*. They lead classes, show relevant videos, and share their experiences. More information about Peer Mentors is available in the [Peer Mentor section](#).

Client Responsibilities

1. Must adhere to all Recovery Kentucky Program policies and procedures, as well as any additional policies and procedures of the client's assigned center.
2. Must adhere to Phase 1 Client Schedule.
3. Must have a **minimum** of seven documented AA/NA meetings per week. The three mandatory evening in-house meetings count toward this seven. However, the noon meetings held every day will not be mandatory, but will not count toward the seven required meetings.
4. Must observe the Six Cardinal Rules throughout the program.
5. Must maintain a formal protocol in the living room where our guests enter.
6. Must be respectful to their instructor and other clients.
7. May only read recovery-related material between the hours of 8 a.m. – 4 p.m., **including during lunch**.
8. May not be in dorm areas during recovery hours.
9. May smoke in designated areas only. Smoking anywhere in the building may result in discharge.
10. Must only perform personal hygiene tasks in the personal room or the dorms.
11. Must keep room door open at all times when there is someone other than the assigned client(s) in the room. Non-residents are not allowed to visit in rooms (possible exception of sponsors, if allowed by staff). **Doors may not be locked at any time.**

12. May visit with non-residents in the dining room, living room, or outside, during designated hours.
13. Must perform deep cleaning on Saturdays.
14. May not accept anything from the MT or SOS clients, i.e., cigarettes, money, or food.
15. May not enter SOS dorm without staff permission.
16. Must have another client with them when they are outside after dark.
17. May not go outside before 6 a.m.
18. Must list destination and the time, including a.m. and p.m., when signing in and out.
19. If late for curfew, without a valid reason, Phase 1 clients will return to SOS for a time period to be determined by staff.
20. Must be up to say "good morning" to the kitchen staff and helpers by 7 a.m., Monday through Friday.
21. May not enter the dining room before 6 a.m. on any day.
22. May not receive any personal phone calls between 8 a.m. and 4 p.m., Monday through Friday, or before deep cleaning is complete on Saturday. For full details, review the [Client Use of a Business Phone Policy](#).
23. May obtain approval and pass from staff if an outside appointment occurs between 8 a.m. and 4 p.m. on weekdays. Approval for such instances must be done one week prior. If it is an emergency situation, staff may make special accommodations. No outside appointments should be scheduled during Community, unless approved by staff in advance.
24. No knives, guns, or other deadly weapons are permitted on the premises. All weapons brought onto the Recovery Kentucky Program property will be confiscated. Clients found with deadly weapons are subject to immediate discharge from the program and possible criminal prosecution.
25. No horseplay, excessive noise, running, or disruptive behavior inside the building.
26. May not enter staff offices without permission.
27. Sponsors may visit during center-designated hours.
28. Must attend Recovery Focus in center designated time and place with two breaks, one 10 minute in the a.m., and one 10 minute in the p.m. and lunch. Clients can talk only during breaks and lunch.
29. May not get body piercings or tattoos while in the program.
30. No food or drinks, except bottled water, are allowed in client rooms.
31. May not have things dropped off without prior authorization. These items are subject to a search by staff prior to being distributed to the client.
32. When being discharged from the program, clients will be escorted to pack their belongings by staff. The discharged client will be escorted off the grounds immediately and not allowed to converse with other clients. Belongings will be retained for a period of 45 days. If not picked up in that timeframe, the Recovery Kentucky center can dispose of those items as they see fit.

The Community votes Phase 1 clients into **supervisory** positions on every other Wednesday during Community Meeting. The supervisor jobs rotate every two weeks. Supervisors may be re-elected once, for a total term of four weeks in that same position. Phase 1 clients must be in the component for at least two weeks before being nominated for supervisor positions.

Remaining clients are assigned jobs by the Peer Mentor team, subject to designated staff approval. Clients keep their jobs for two weeks and are then subject to reassignment after the next supervisory change has been made. Full details are available in the [Community Meeting Policy](#).

Each client's current job assignment and the date they started that job is kept posted on the Big Board next to their name. Also noted on the Big Board is the next date the Community votes for supervisor jobs.

The duties of supervisors and workers are available under [Client Job Descriptions](#).

Jobs types

- Kitchen
- Housekeeping
- Laundry
- Clothing Closet
- Grounds/Van Maintenance-Cleaning
- HMA/Surveillance
- Floor
- Other

Phase 1 Client Schedule

- House curfew is 10:30 p.m., on any day.
- Lights out at 11 p.m. Clients may read or study in bed, on any day.
- NO roaming after 11:00 p.m., on any day.

Monday-Friday

6:00 a.m.	Wake up
6:15 a.m.	Kitchen workers report to kitchen to begin breakfast preparations
6:30-7:15 a.m.	Personal hygiene time/get dressed in appropriate day clothes and shoes
7:00 a.m.	Say "Good Morning Kitchen!" (all Phase 1 to greet kitchen workers)
7:00-7:30 a.m.	Breakfast
7:30-8:00 a.m.	Clean up personal areas of rooms/dorms. Make beds, hang up clothes, pick up items from floor, chests, tables, empty waste baskets, etc.
8:00-9:00 a.m.	Report to assigned job supervisor for your daily tasks
9:00-10:00 a.m.	Community meeting in Community Room
10:15-11:15 a.m.	Education classes
10:45 a.m.	Kitchen workers report to kitchen to begin lunch preparations
11:30 a.m.-12 noon	Lunch
12 noon-1:00 p.m.	Never Too Late Meeting/In-House AA/NA Meeting (Happy Hour)
1:00-1:30 p.m.	Work on assigned tasks
1:30-2:15 p.m.	Homework due Tuesdays and Thursdays/Study time
2:00-2:30 p.m.	Snacks available
2:30-3:30 p.m.	Classes
4:15 p.m.	Kitchen workers report to kitchen to start dinner preparations
4:30 p.m.	Visiting hours begin
5:00-5:45 p.m.	Supper/Dinner
6:30-7:30 p.m.	AA/NA Meetings
6:00-11:00 p.m.	Homework and free time
7:30-7:45 p.m.	Clean up Dining Room after AA/NA meetings
7:30-10:00 p.m.	Snacks available
7:45-11:00 p.m.	Homework and free time
10:00 p.m.	Visiting hours end

Saturday-Sunday

Visiting hours on the weekend are 12 noon to 10 p.m.

7:00 a.m.	Wake up
7:00-8:00 a.m.	Personal hygiene time/get dressed in appropriate day clothes and shoes
8:00 a.m.-?	Saturday deep clean duties according to assignment. No client may leave, go back to their room, or use the phone, until the HMA and Housekeeping Supervisors say that the house is clear.
9:00 a.m.	In dining room by 9 a.m. to greet the kitchen workers and join the Community for breakfast.
9:00-9:45 a.m.	Breakfast
10:45 a.m.	Kitchen workers report to kitchen to begin preparing lunch
11:30 a.m.	Lunch
12 noon-1:00 p.m.	Noon meeting (optional), kitchen crew cleans kitchen
1:00-11:00 p.m.	Personal time, if other duties not assigned

Saturday Afternoons/Evenings

4:00 p.m.	Kitchen workers report to kitchen to begin preparing dinner
4:45-5:30 p.m.	Dinner
6:00-6:30 p.m.	Set up dining room for AA/NA meeting
6:30-7:30 p.m.	AA meeting in dining room
7:30-7:45 p.m.	Clean up dining room after AA/NA meetings
7:45-11:00 p.m.	Personal time

Sunday Afternoons/Evenings

4:15 p.m.	Kitchen workers report to kitchen to begin preparing dinner
5:00-6:00 p.m.	Dinner
6:00-11:00 p.m.	Personal time

Chart Order List – Phase 1

Below is the suggested order for the Phase 1 client's forms in their file.

- Program materials check out sheet (Big Book, 12&12 tapes, videos, other books, etc.)
- Signed Client Contract
- Peer Mentor Notes
- Assignment Record (for Recovery Dynamics Assignments)
- Signed Orientation Checklist
- Homework, returned to client after it is checked off
- Sponsor Sheet
- Consequences
 - Initial and date consequence, make a copy, give one to client, and place the other in file.
 - Highlight to ensure consequences are fulfilled by the client.
 - Initial and date each consequence after it is completed on the file sheet.
 - When client completes the program, return all consequences.
 - If a client leaves before completion, shred all consequences.

Whenever a client exits the Recovery Kentucky Program, whether to SOS or out of the facility, do a discharge summary.

Please note: All other client information that may be related to identity, criminal/legal history, medical, or other confidential documentation **must** be in a file accessible only to staff and kept in a secure location. Please see the [Release of Information Policy](#).

Suggested Open Classes

To supplement Recovery Dynamics classes, Peer Mentors, staff, and community partners provide educational classes on other topics to support the clients' effort for recovery and their ability to stay in the recovery process. Listed below are examples of classes that would benefit clients and should be taught on a consistent basis.

- Anger Management
- Spirituality
- Relapse Prevention
- Healthy Relationships
- Cognitive Behavioral Interventions (*Thinking For A Change*)
- Nutrition
- Health Education
- Family Education – held one time per month (All clients are required to have one family member attend this class before they can go on an overnight pass. The program coordinator can make exceptions.)
- Exercise and Fitness

Community partners may also provide education and assistance on the following topics after Step 8, or about the same time Life Skills classes are taught. These are topics that generally require a series of classes and the topic is one that does not need to be presented until the client has their recovery coping skills in place, and is not as likely to become de-focused.

- Domestic Violence Education
- Parenting – Nurturing Parent curriculum
- Financial Literacy

The following are some examples of the curriculum that can be used for these topics:

Healthy Relationships Group

- Module 1: Healthy Relationships
 - Defining Healthy vs. Unhealthy Relationships
 - Setting Boundaries in Relationships
 - Honesty
 - Coping with Social Triggers
 - Asking for Help/Getting Support
 - Getting out of Abusive Relationships
 - Review Module 1
- Module 2: Interpersonal Effectiveness
 - Introduce Interpersonal Effectiveness/Goals
 - Myths about Effectiveness/Cheerleading Statements
 - Objectives Effectiveness
 - Relationship Effectiveness
 - Self-respect Effectiveness
 - Factors Reducing Effectiveness
 - Review Module 2

Family Education Class

- Introductions
- Overview of Recovery Program/DVD Handouts
 - Educational material/resource lists
 - Addiction is a Disease
 - Effects of Addiction on the Family
 - 12 Step and Other Support Groups for Family Members
- Finding a Balance in Recovery Questions and Concerns
 - Close with invitation to tour facilities, dinner, and an AA meeting

Life Skills Suggested Schedule

Week 1

	Monday	Tuesday	Wednesday	Thursday	Friday
10:15-11:15	Money Management	Parenting	Center-Designated Classes	Introduction to Phase 2	Self Esteem
1:15-2:15	Family Education	Domestic Violence	Center-Designated Classes	Self Esteem	Vocational Rehab
2:30-3:30		Change		Relapse Prevention	

Week 2

	Monday	Tuesday	Wednesday	Thursday	Friday
10:15-11:15	Money Management	Parenting	Supportive Housing Opportunities	Domestic Violence	Change
1:15-2:15	Peer Mentor	Domestic Violence	Résumé Writing/Interviewing	Relapse Prevention	Center-Designated Classes
2:30-3:30					

*Please note: This schedule is only a suggestion. Each client is unique and will progress differently, as well as have different needs as they pursue recovery.

Advancing Past Phase 1

Petitioning Process

To move out of Phase 1, clients must petition to advance. To be considered for progression to the next component, clients must follow the points below. The [Petition to Enter Phase 2](#) is available on page 172.

1. Fill out the petition completely, answering all questions.
2. Review and discuss the petition with the Peer Mentor and all center staff, having each person initial it. If a staff member has a concern with the petition, those concerns should be discussed with the clients and their Peer Mentor or sponsor before moving on to the next staff member.
3. After all necessary signatures are obtained, clients must submit the petition to the Peer Mentor by Tuesday afternoon on the week scheduled to petition.
4. On the date of petition, clients will meet with the center staff and be questioned about the petition, short and long-term goals, and feelings about personal recovery progress. The client's family and/or AA/NA sponsor may attend, with prior approval by center management, and have an opportunity to offer feedback.
5. The voting process will be explained to all in attendance. There must be a unanimous vote to proceed. Anyone who does not vote in favor of the petition must provide a plan of action that will satisfy their concerns.
6. Clients who successfully advance may proceed to Phase 2 or Peer Mentor status.

Peer Mentor and Phase 2 Community Meetings

After completion of Phase 1, clients transition into either the Peer Mentor role or Phase 2. Though the clients have moved to the next phase of their development, they must continue to work on their personal recovery. They are still considered clients and accountable to the Community Process.

The Peer Mentor and the Phase 2 Community Meetings are held separately. The Community Meeting is another form of support for the clients who are still on-site and who are living life on life's terms. It gives clients an opportunity to share experiences, strengths, and hopes to others.

The Peer Mentor and Phase 2 Community Meetings are conducted just as Community Meetings for Phase 1 clients.

Consequences assigned by Community for Peer Mentors and Phase 2 clients can include moving the client back to Phase 1. Completed suggestions are due within a two-week period. Clients are to attend a specified number of meetings per week, as well as other responsibilities. See the [Peer Mentor](#) and [Phase 2 Guidelines](#) and [Client Responsibilities](#) for more information.

Phase 2

Overview

This component of the program allows the client to become a Peer Mentor for clients in the MT or SOS components, or they may seek outside employment in the community.

Clients begin to pay rent, work on maintaining sobriety, attend self-help meetings, and participate in follow-up.

Clients in Phase 2 receive additional privileges, including overnight and weekend passes. As they progress, clients petition to move off-site and describe their plan of action for living as sober, productive members of society.

Client Responsibilities

As Phase 1 clients reach Step 10 and meet the requirements of Recovery Dynamics, they are considered for petition into Phase 2. These clients have demonstrated they can face responsibilities and are willing to continue to enhance their sobriety.

Phase 2 clients have a few additional responsibilities they are expected to uphold **in addition to the guidelines of Phase 1.**

1. Must continue to work on the required assignments, weekly classes, and meetings.
2. Must attend, vote, and participate in the Phase 2 Community Meetings. If the center does not have a Phase 2 Community, issues will be addressed in the Phase 1 Community.
3. Must complete 7 and 7 (see below.)
4. If a Phase 2 client is moved back to a step lower than Step 10 as a Community consequence, they will be removed from the Phase 2 status and must repetition for Phase 2 when appropriate.
5. Must adhere to the Phase 2 Client Schedule (page XX.) If adjustments are needed due to employment or special circumstances, approval of the Phase 2 Coordinator and the Site Administrator must be obtained.
6. Must include "PH2" to signature when signing in and out so those checking the books and working security to know which clients are identified with PH2 status.

7 and 7 Overview

The 7 and 7 is the beginning of **Working with Others**. It is a chance for clients to give back what has been so freely given to them. This step consists of working with the SOS and Motivational Track clients on an individual basis.

Guidelines:

- 7 and 7 is to be done Monday through Friday only.
- Phase 2 clients will begin with SOS clients and move on to Motivational Track clients.
- Working with SOS clients:
 - Phase 2 clients should contact SOS staff to be assigned a client for the day.
 - Phase 2 clients must meet with their assigned client before lunch and escort them to the dining room.
 - Phase 2 clients spend the lunch period talking with the SOS client.

- Phase 2 clients escort the SOS client to the Never Too Late meeting, or a class of the Phase 2 client's choice.
- Take client on a tour of the facility, both inside and outside (including the garden), and use the time to get to know them, discussing what they learned at the meeting, as well as sharing experience, strength, and hope.
- Phase 2 clients should spend two to three hours with the SOS client.

Phase 2 clients must follow this procedure for seven days. If there are less than seven SOS clients at that time, Phase 2 clients should work with however many they can before moving on to MT clients. If additional SOS clients come into the program, the Phase 2 clients may then work with them until they complete their seven.

- After SOS client work is complete, Phase 2 clients should contact the Motivational Track Assistant to be assigned a client for the day.
- **Please note:** Phase 2 clients **cannot** meet with SOS and MT clients on the same day. The procedure of seven SOS followed by seven MT must be observed, unless such clients are not available.
- Working with MT clients:
 - Spend a minimum of one hour with the individual clients discussing what they are learning from the Motivational Track, outside AA meetings, and other program lessons, as well as sharing experience, strength, and hope.
 - Escort the client to an outside meeting.
 - After the meeting, if the MT client was not given a tour of the facility, the Phase 2 client should do so.
- At the end of each day working with the SOS and MT clients, the Phase 2 client must write an account, at least 2-3 pages, detailing the time spent with their 7 and 7 clients. This account should include their background information, where they are currently in the program, their plans for the future, and what they got out of the classes they attended, as well as your experience, strength, and hope.

Peer Mentors

Overview

A key component of the Recovery Kentucky program is the role of Peer Mentors to act as mentors, counselors, and teachers to the program participants.

Peer Mentors are clients who have completed Phase I and have made a decision to help others in the earlier recovery process, beyond the 7 and 7 responsibilities of regular Phase 2 clients. They deliver a powerful message that those who are addicted to drugs and alcohol can make changes and live a life of recovery.

As the teachers of the Recovery Dynamics classes, Peer Mentors provide both information and model how the program works. The following instructions are a written guide for how Peer Mentors work with clients in completing the SOS, Motivational Tracks, Phase I, and the Recovery Dynamics assignments. This is considered an on-the-job training program for clients, but is **not** a staff position.

Peer Mentors must remember they are still clients; therefore, they must continue to work on their personal recovery.

All Recovery Dynamics materials are copyrighted and can be purchased through the [Kelly Foundation](#).

Peer Mentor Duties

- I. New Client Orientation Process
 1. Orient clients entering each component with the corresponding information (SOS, MT1, MT2, and Phase 1.)
 2. Go over every form the client must sign, making sure they understand what they are signing and why. Confidential information is only to be handled by staff and kept in the client's private file. If clients give Peer Mentors any confidential information, the Peer Mentor must immediately give the information to center staff.
 3. For SOS clients:
 - a. Mark the inside cover of their file in large, red letters for those clients who have a probation or parole officer with "PO"; are court-ordered with "CO"; or if referred by the DOC with "DOC."
 - b. Give the client an AA/NA meeting sheet and explain its importance.
 - c. After all forms are complete, give the client their bed assignment.
 4. Make sure all documents are signed.
 5. Read aloud the guidelines and the contract for that client's component. Make sure the client understands everything reviewed.
 6. Assign each client with a 72-hour buddy. A buddy is a client who has been in that component of the program a little longer than the new client. They show the new client where classes and meetings are located, including outside classes if they're "trudging." The buddy represents hope for the new client.
 7. Give client a copy of their contract, orientation checklist, guidelines, schedule of daily activities, and client rights. Make sure they understand their responsibilities.

II. Peer Mentor Day-to-Day Activities

A. Monitoring and Updating the Board

1. Count the number of clients on the board every morning.
2. After orientations for new clients, make notations on the board next to client's name if additional intake information is still needed, i.e., ID, Social Security number, birth certificate, or probation/parole officer or court order.
3. Document clients' attendance at meetings and classroom sessions on the board. Tabulate those numbers on Fridays.
4. All bed moves are recorded on the board as they happen. This information is shared with the staff database input operator immediately.
5. All outside scheduled client appointments, not governed by the facility, are documented on the board several days prior to the appointment. Clients are responsible for giving notice of outside appointments in advance.
6. The date clients were orientated into the component is documented on the board next to that client's name.

B. Client Assistance

1. At 7:30 a.m., Monday through Friday, a Peer Mentor should be on the floor for half an hour prior to clients leaving the facility, if applicable, to answer questions and facilitate client outside appointments.
2. Check with the SOS Supervisor and find out the number of new clients to be orientated.
3. Teach Recovery Dynamics classes at the MT site and open the center when doing so.
4. Set out the client attendance sign-in sheet and future appointments list immediately after arriving at MT site. If a client is missing and cannot be accounted for, inform the center immediately.
5. Before leaving for the MT site, check the clean-up list for any supplies that might be needed from the center for the site location. Recovery Kentucky clients and Peer Mentors are responsible for clean-up.
6. Clients' class meeting sheets should be turned in to staff or Peer Mentors on Monday at 7:55 a.m. and they should pick up a new class sheet at that time. Old class meeting sheets will be returned at the 9:30 a.m. class. Staff or Peer Mentors will sign those meeting sheets in the appropriate place before returning them to the client.
7. At the beginning of each classroom session, the office should be notified of the clients who are not present. Peer Mentors will record class completion on the MT board.
8. Clients return to the facility and attend the 3 p.m. open class. Prior to the start of class, the staff or Peer Mentors collect all class meeting sheets. They will sign them and return them to the client:
 - a. Making appropriate changes on the MT board and on their meeting sheets, if necessary.
 - b. Filing the client sign-in sheets from the off-site facility in the class sign-in book and recording the appointments on the board from the off-site facility future appointment list.
 - c. Verify any absences from off-site facility classes with appointments written on the board.

9. At 4 p.m., the MT clients return to the dorm and remain in their dorm areas until dinner time.
10. Every Friday, MT clients should be given new AA/NA meeting sheets. Old AA/NA meeting sheets should be given back to the MT client once they have been reviewed and meeting attendance recorded.
11. Whenever Peer Mentors work with a client's file, i.e., give consequences, inserts documents, etc., they should remember to always make notations in the note section for that client regarding the nature and/or results of that work.
12. Other duties as outlined by center staff.

Peer Mentor Application

Requirements

Completion of Phase 1 and commitment of three months to the Peer Mentor position, including abiding by the Peer Mentor guidelines outlined below.

First Term (3 months) – No outside work, unless assigned by the Recovery Kentucky center. Required to live on-site for the first contract unless there is a need for the Peer Mentor to move off-site and it is approved by the center's Site Administrator and the KHC Recovery Kentucky Program Director.

Second Term (3 months) – Allowed **16 hours maximum work outside the Recovery Kentucky Center** and may live off property with planned and safe housing approved by staff. Still considered an active client, even when living off site. Peer Mentors living off site will be discharged from housing, but not from the program.

Supervision

Peer Mentors are considered clients on a job training program. They are not Recovery Kentucky staff members, and therefore, not entitled to any staff member privileges or benefits. Peer Mentors work under the general supervision of the program staff, as appropriate. Staff or program issues that cannot be resolved through direct dialogue should be discussed with the Site Administrator.

Peer Mentors work collaboratively with Recovery Kentucky center staff and are encouraged to express their opinions and ideas. However, in the event of differing ideas, Recovery Kentucky center staff make final decisions. Centers supervise peer mentors under job training contract requirements, which is filed by the center and copied to the KHC Recovery Kentucky Frankfort office.

Guidelines

- Must abide by the policies and procedures of the Recovery Kentucky Program at all times.
- Must maintain boundaries with Phase 1, MT, and SOS clients. Any infraction of this guideline will result in disciplinary action.
- Must be on the job when scheduled Monday through Friday, 8 a.m. to 4 p.m., unless time off or variance is approved by the Site Administrator or Phase 2 Coordinator.
- Must schedule all outside appointments with Site Administrator or Phase 2 Coordinator as early as possible to allow time to schedule appropriate coverage of duties.
- Must attend and participate in Phase 2 Community meetings.
- Must attend the regular Peer Mentor meetings.
- Must review and understand the Recovery Program Guidelines, SOS policy, and Resource Book.
- Must attend the noon AA/NA in-house meetings (Happy Hour), but such meetings will **not** count towards required meetings.
- Will be subject to random drug tests.
- Can have same-sex visitors in room, except partner in a same-sex relationship. Visitors must leave by 10 p.m. Please be respectful of others.
- Must abide by Phase 2 Client Schedule.

Responsibilities

- Teach Recovery Dynamics and educational classes. Check with supervisor for materials used in open class. Prepare lessons ahead of time.
- Check files weekly for accuracy.
- Make sure appropriate documentation is transferred from one phase to the other.
- Assign Recovery Dynamics lessons.
 - First read all answers for correctness. Do not be concerned with spelling, punctuation, or proper English. Do they understand the material?
 - After checking written material, ask the individual to verbally answer the same questions. Follow the Counselor Manual for all Recovery Dynamics classes.
- Do not assign any extra work or behavior contract without instruction from the Site Administrator. In their absence, check with the Phase 2 Coordinator.
- Record all meetings attended and all work accomplished by clients in their personal file and on the board, as completed. Only note progression through the phases of the program in the files.
- While attending outside AA/NA meetings, meeting sheets must be signed by the chairperson.
- Get a minimum of five AA/NA meetings documented weekly, and follow Petition Plan.
- Assign jobs in the community, advise clients of their responsibilities, and evaluate work done.
- Follow up and report on MT clients to MT Coordinator.
- Update all boards and client files as work is done or changes are made.
- Act as “Supervisor” to Client Job Supervisors (kitchen, housekeeping, laundry, etc.) Make sure they have completed their tasks as assigned.
- Complete random room checks for Phase 1 clients once a week.
- Monitor phone on Peer Mentor desk. The telephones on the Peer Mentor desk and in SOS are for Recovery Kentucky center use only. Personal calls should be made only during lunch. Peer Mentors do not answer incoming calls on a routine basis.
- Orient new clients into the program.
- Assist in SOS, helping with client orientation and escorting SOS clients, as needed.

Incentives

- May have, at client expense, television/radio, laptop/computer, DVDs, VCRs, MP3s, etc.
- Personal cell phones.
- Allowed use of refrigerator and microwave

Application is binding from:

_____ to _____

Peer Mentor: _____ Date: _____

Coordinator: _____ Date: _____

Policies and Procedures

Community Meeting Policy

The purpose of Community is to show love and concern for clients in a caring manner. It is also important to give people the opportunity to be responsible for themselves and to one another. Community is not to be taken as a punishment, or to be taken lightly. Clients should hold one another accountable for the actions they take. Suggestions should be given to help clients to change their behaviors and their way of thinking.

Community is a Privilege!

Guidelines:

1. Clients should hold one another accountable in Community.
2. Clients should not use profanity in Community.
3. Clients are not to argue or get verbally abusive in Community.
4. Clients are to be on time for Community meetings and stay throughout the process.
5. Clients cannot put their own suggestions on the board.
6. Clients cannot have their suggestions changed after the vote has been taken.
7. **Clients must vote for the suggestions that will help their brothers/sisters the most.**
8. **Everyone attending Community must vote!**
9. Clients should keep bringing themselves, or others, up until the concerns are addressed in Community.
10. Clients can petition for a weekend pass in Community after completing their Step 5 and 45 AA/NA meetings. The pass will be voted on in Wednesday Community. If the majority votes favorably, the pass is granted. Full details about weekend passes is available in the [Weekend Pass Policy](#).
11. Clients do not have to raise their hands to be heard in Community, but should be respectful of the client on the board, as well as the others in Community.
12. Clients should act in a helpful and caring manner, giving suggestions that will help the one on the board.
13. **Community is serious.**
14. Clients can suggest that another client be setback to any phase of the program for a temporary movement. Staff will have the ultimate decision on setbacks in the program.
15. **Remember: Community is about loving our brothers/sisters to life, not to death. So when giving suggestions, please give ones that will help your brothers/sisters. Taps on the hands will not change the behavior. Staff will intervene if the suggestions do not fit the behavior.**

Kitchen Worker Policy

Clients assigned to kitchen jobs, including the assigned supervisor, should adhere to these guidelines.

- Must follow the Meal and Snack Policies.
- Only clients assigned kitchen duties are allowed in the kitchen.
- Must report to kitchen 45 minutes before next meal is served.
- **Gloves and hair nets must be worn at all times when working in the kitchen.**
- No open toed shoes, flip-flops, or sandals are to be worn while working in the kitchen.
- Wash hands before preparing or serving food or when returning to the food preparation area or serving line after leaving for **any** reason.
- Do not use or prepare any food other than what is on the assigned menu for meals or snacks.
- Do not put grease or food particles in sink.
- Serve food on plates, not trays, unless it is a divided tray meant for that purpose, such as in an elementary school.
- Only one entrée per person. Clients, staff, and guests may have seconds if leftover food is available after everyone has been served once.
- Kitchen workers eat after everyone else is served, but kitchen workers may prepare a plate at the beginning of the meal.
- Styrofoam cups are reserved for AA meetings or SOS.
- All kitchen workers must remain in the kitchen **until all cleaning is done**. This means kitchen workers are **not** to go outside for smoke breaks until clean up is complete. However, if a kitchen worker chooses to not eat the meal, they may have a smoke break while everyone is eating, before returning to the kitchen to assist in clean up.
- **Do not** put broken glass in the trashcans. Place broken glass in a box or bag and take it out to the dumpster immediately.

Menu Policy

- **All meals must be approved by a licensed dietician and follow DOC standards.**
- No food may be prepared that is not on the assigned meal plan.
- If a light lunch is served, a large dinner should be prepared, and if a large lunch is served, a light dinner should be prepared.
- Donated food may be substituted for a menu item. Donated food that is already cooked should be used first.
- If bread is to be part of the meal, it must be put out before the meal begins.
- Tea may be made as needed, usually at lunch time.
- Coffee should be made in the morning prior to breakfast, with sugar and cream made available in a kitchen-monitored setting.
- Milk should be available at all meals. Must be in refrigerated cooler or iced bowl/pitcher.
- Kitchen workers should sweeten tea, Kool-Aid, lemonade, or other drinks with sugar before serving them. Sugar is not to be set out unmonitored.

Snack Policy

- When snacks are available, they will be served at the discretion of kitchen staff.
- If snacks are provided, they should be available at 2 p.m. and 7:30 p.m. and put away between 9:45 and 10 p.m., unless otherwise designated by the center.
- Snacks are not to be used as a reward or punishment. If provided, must be offered to all clients.
- No unplanned kitchen-prepared snacks are allowed, unless the client requesting the snacks furnishes the ingredients and staff gives permission.

Key Access Policy

Certain areas of the Recovery Kentucky center are determined to be limited-access areas. Staff are expected to monitor the security of these areas while limiting access. Keys are available to private areas and client rooms to allow staff to respond to unusual or emergency situations. Other areas identified as limited access areas will remain locked, but staff will have individual keys to such areas.

1. All SOS, MT, and Phase 1 client rooms and areas are to remain unlocked.
2. Peer Mentors and other Phase 2 clients will be issued keys and allowed to lock their rooms.
3. A master key to client rooms will be maintained in the SOS area, in case of an emergency or official center business. Staff is required to document in the log the circumstances that result in the use of these keys. Staff should check daily to make sure emergency keys are located in the SOS desk drawer when they arrive at work to ensure responsiveness to an emergency on that shift.
4. All staff either possess or have access to a key that unlocks the case managers' offices, the clothing room, and the front office. These areas are to remain locked between 4 p.m. and 8 a.m., Monday through Friday, and at all times on weekends, during holidays, or at center-designated hours. If an area is being used and a staff member is present, these doors may remain unlocked after hours. However, a client should **never** be in one of these areas unsupervised.
5. If staff do not carry these keys on their person, a locked key box in the center containing the keys, and the lock opened only with a key held by staff members, is acceptable.

Cars on Property Policy

The Recovery Kentucky Program does not allow clients to have cars on property until they have completed the Step 10. After reaching Step 10, if the client is in good status on their program, they may present the following documents to the Site Administrator or Phase 1 Coordinator for permission to keep a car on property.

1. Valid driver's license.
2. Proof of current insurance.
3. Current vehicle registration.
4. If the car is not registered in the client's name, they must provide written permission from the owner of the car.
5. Vehicle must be in operating condition.
6. If the client has previously reported zero income, they must report to the housing office how they plan to maintain the car, provide gas, and pay for the insurance required to drive. If there is a car payment attached to the car; that too must be addressed.

Client Restriction Policy

All staff will be knowledgeable of the client restriction plan. Staff will follow this guideline when clients have been placed on restriction from the Recovery Kentucky Program due to their inappropriate behaviors.

1. Clients who have been discharged from this program due to behavior that is threatening will be on restriction from the property for a time period to be determined by the staff.
2. Clients will not be able to attend the AA/NA meetings at the Recovery Kentucky center.
3. Clients who are still in the program are not to have any affiliation with clients who have been placed on restrictions. No exceptions.
4. Clients who have been restricted from the Recovery Kentucky Program will be listed as [Restricted from Property](#) in the staff daily logbook, in the House Manager's Assistant logbook, and identified as ineligible to be on property.
5. A current list, in alphabetical order, of banned clients or other people restricted from the property should be made available to any person assigned to check in visitors. Any person who is not staff or a current client is considered a visitor and must sign in and out of the property.

Data Collection Policy

The Recovery Kentucky Program will collect client data for the Kentucky Homeless Management Information System (KYHMIS) to measure services provided, assist in program evaluation, and meet requirements of funding sources. Information that specifically identifies clients in the center will not be released by Recovery Kentucky without written client consent or order of the court (see the [Release of Information Policy](#).) All centers are required to obtain the necessary information from the client and have designated staff at their centers assigned to input the data on a daily basis. Failure to maintain data in a satisfactory manner may result in program funds being withheld until the center has achieved satisfactory compliance.

1. The Agency Intake must be completed on all clients entering SOS. The staff member completing the intake with the client will place it in a secure location once it is completed. The intake information will be included in the KYHMIS and provide demographics of clients who are receiving services at the center.
2. SOS will maintain a running log of SOS client screenings, waiting lists, entries, and discharges. This log will be given to the database input operator daily to be entered into the KYHMIS.
3. A copy of all admissions, discharges, moves, progressions, room information, income, assets, roommate information, room inspection information, client criminal history, client substance abuse history, etc., will be given to the database input operator when completed to be entered in the KYHMIS. This provides information concerning the client while in the center for demographic and program reports run on this program's activities and to reconcile the information with the center's files in house. **Refusal to complete these forms may result in dismissal from the Recovery Kentucky Program.**
4. The Recovery Kentucky Program conducts program evaluation by the Recovery Kentucky follow-up survey, which is administered six months and one year after completion of the program. Data analysis is completed on all responders.
5. Consent to participate in the Recovery Center Outcome Study (RCOS) Survey should be kept in-house and entered in the system. The UK Center or Drug and Alcohol Research (CDAR) conducts an Outcome Study that tracks the outcomes of Recovery Kentucky and other similar programs. Surveys are conducted and either entered straight into the system or completed on paper and entered into the system by the RCOS-identified administrators within three days of the client's entry into Phase 1. Six months later, the client is called and a poll is conducted over the phone. The poll is given again one year after the client has left the program. The outcome of these surveys is shared with the centers by the UK CDAR, showing the successes or failures of the centers and the clients' outcomes. Copies of these survey results are available on KHC's Web site, www.kyhousing.org, under Specialized Housing, Programs, Recovery Kentucky Program.
6. Prior to the client leaving the program, the designated staff member will review the locator information sheet with the client to update any changes. It is preferred that all clients leaving the center provide an address and/or phone number to locate the client for follow-up or if needs arise. Changes will be accompanied by a date and the initials of the person recording the change.

Release of Information Policy

Clients have a right to expect that their information will be maintained in a confidential manner. All client information is maintained in compliance with 42 CFR Part 2.

1. Clients are required to complete an [Authorization for Release of Information](#).
2. All client information is confidential and shall not be released unless it is approved by the client on the Authorization for Release of Information or otherwise authorized by center policy in cases of an emergency or life-threatening situation.
3. Client information may be disclosed to medical personnel for the purpose of treating a condition which poses an immediate threat to the health of the client and requires immediate medical intervention.
 - a. If a client is sent to the emergency room, the [Medical Statement form](#) and the [Authorization for Release of Information](#) must be sent with the client.
 - b. If the client is able to complete these forms prior to the emergency room visit, they should do so.
4. When seeking medical or psychiatric treatment outside the Recovery Kentucky center, client information will be maintained in a confidential manner and a system of information exchange will be established to support appropriate care.
5. Clients may approve release of their information to friends or family they list on the Authorization for Release of Information.
6. Information may be released to comply with mandated reporting as indicated in KRS 610 Adult Abuse reporting law and KRS 620 Child Abuse reporting law. Staff should consult with their supervisor when they secure information regarding adult or child abuse.
7. Staff will not disclose more client information than is necessary to comply with the law.
8. Clients are required to provide information for the KYHMIS. All client information provided will be reported with the client ID number and not the client name. Most information reported will be in demographic count totals, not identifying the client by name or number. Recovery Kentucky centers will be able to review specific client information by name, only for their own clients, for reports needed for that center.
9. Clients are encouraged to participate in the UK RCOS. If a client declines participation, they may do so in writing on the RCOS survey, stating their refusal, and are not required to participate further.

Discharge Policy

Clients may be discharged by staff or voluntarily leave the program. Appropriate documentation must be completed by staff. **If the client is DOC or court-ordered to the Recovery Kentucky Program, staff must follow the Department of Corrections Discharge Policy, available on page 40.**

1. When clients are discharged, the staff and Peer Mentors must document the circumstances surrounding the discharge in the client's file on the shift the discharges occur. They must also list the name of the discharged client on the bed log sheet in the Daily Log.
2. After a client has been discharged, staff should place the client's file in the appropriate staff mailbox.
3. The appropriate staff will complete the discharge sheet and place a copy in the Office Assistant's mailbox. Information on discharges should be given daily to the database input person to update the client's status in the KYHMIS.
4. Clients that have been set back in the program to the SOS level are starting the program all over again at the beginning and should be considered discharges and then readmitted. They do not physically leave the property.
5. Clients that are temporarily sent back to another stage are not considered discharges and should be treated as consequences. These consequences are usually a result of the community's decision and should last no longer than two weeks.
6. Clients that progress to the next upward stage, or phase, of the program are not discharges but progressions in the program.
7. Clients that complete the program are discharges with completion status.
8. Clients that walk away, leaving on their own accord, are discharges. The discharge can be voided if the client returns to the center within 24 hours and passes a drug/substance abuse panel test when re-entering the center. The client will spend approximately three days in SOS and then returned to the phase of the program they were in previously.
9. If the client returns and does not pass the drug screen, they will have the option to be discharged and readmitted into the center at the SOS beginning stage of the program. Staff must approve these returns prior to allowing the client to be readmitted.
10. A client is either admitted or discharged. A client cannot still be active in the program and be off-site in a remedial time out. Program liability does not allow for an active client to spend time off-site in a shelter and still maintain active status in the program. Peer Mentors in their second or third term are exceptions to this rule. See the Peer Mentor section for more information.

Client Drug Tests and Procedures Policy

Recovery Kentucky will administer drug/alcohol tests to maintain a safe, drug and alcohol free environment and assist clients in being accountable for their actions.

When to Drug Test

Drug testing is initiated in the following situations:

1. When a client first enters the SOS component of the Recovery Kentucky Program.
2. Before a client will be discharged from SOS to MT. If they are positive, they may not enter MT.
3. If a client has left the program temporarily and returned, whether on leave or within 24 hours of walking out, they must go to SOS and pass a drug test prior to returning to the program.
4. When any client is suspected of being under the influence of any substance, at the discretion of staff or Peer Mentors.

Prior to Tests

1. Assemble all supplies needed to perform the drug test, i.e., drug test, urinal cups, paper towels, and gloves, prior to beginning the testing process.
2. Must get the client's permission for drug testing with their signature and the date of the drug test prior to obtaining a urine sample. If a client refuses testing, they will be discharged from the program.
3. Client must document all medications they are taking, including over-the-counter drugs and any vitamins, on the [Permission for Drug Test form](#).
4. Alcohol saliva test strips should be used to test clients if alcohol use is suspected.
Clients may not eat, drink, or place anything in their mouth for at least 10 minutes prior to testing!

Testing Procedures

Saliva Testing

1. Tear open the pouch and saturate the reactive pad on the end of stick with saliva in mouth for 10 seconds.
2. Remove stick from mouth.
3. After exactly 2 minutes, match the color on the pad to the color chart.

Urine Testing

1. Obtain a urine sample from the client in the cup provided in the test. As indicated on the container, a minimum of 30 mL of the client's urine must be obtained (there is a line on the cup).
2. Staff must be present in the bathroom with the client **at all times**.
3. If the client is having difficulty giving a sample, staff may run the faucet.
4. To test the urine specimen:
 - a. Remove test card from foil pouch
 - b. Pull plastic cap from device
 - c. Dip revealed sample pads into urine sample for 15 – 30 seconds, making sure each pad is dipped into the urine without touching the plastic card.
 - d. Remove the test card from the urine and replace the plastic cap. Make sure it is lying flat while it is developing.

- e. Read test results at 5 minutes. Do not interpret results after 10 minutes, as false results may occur. Complete instructions are also included with the testing kit.
5. On the Permission for Drug Test form, document positive/negative results with the staff person's signature, and date.
6. If the client is unable to give a specimen, the client must sit in the SOS room, under Peer Mentor or staff supervision, and drink one glass per half-hour of fluid (not water) for two hours, or until they are able to continue the test, whichever comes first. Then, follow the drug test procedures.
7. At discretion of staff and with client consent, arrangements will be made to submit a urine sample to an external lab.
8. All program staff must be trained in the proper administration of the drug screen.

If a test is positive, the [Positive Drug Screens Policy](#) must be followed. If the client is a DOC or court-referred client, **the DOC drug testing policy must be adhered to**. The only exception is if a DOC client signs a self-admit form, supplied by their probation/parole officer.

Any deviations from this policy must be obtained in writing from the Recovery Kentucky Program Administrator and added to the Recovery Kentucky Guidebook as an approved alternative.

Positive Drug Screens Policy

The Recovery Kentucky Program will administer drug tests to maintain a safe, drug- and alcohol-free environment, and assist clients in being accountable for their actions. Staff will respond to clients with positive drug screens in a fair and consistent manner.

Clients showing a positive drug screen will be handled in one of the following manners:

1. If a client acknowledges use of drugs or alcohol, they will go to SOS.
2. If a client demonstrates characteristics or symptoms of use, or if staff assesses that client needs close observation, they will go to SOS.
3. If a client denies use despite a positive drug test, and they demonstrate no obvious sign of use, they will be placed on property restriction until a second drug test is performed. If the second test is negative for drugs, the client is returned to previous status. If the second test is positive for drugs, center management will intervene to determine the client's status.
4. Staff may make a decision to send a client's positive drug screen out for confirmation. If so, the client will remain on property restriction until the results are received.
5. Staff will inform client of the result of laboratory tests.
6. If the drug screen is positive, the management team will make decisions regarding clients.

Staff Drug Screen Policy

The Recovery Kentucky Program will administer drug tests to maintain a safe, drug-free environment. Staff are included in this policy and also held accountable for their actions. Random drug testing may occur per the center policy. Staff members suspected of abusing drugs or alcohol will be requested to submit to an offsite drug test at a neutral facility.

1. If a staff member displays physical or mental symptoms of drug or alcohol usage onsite, they must be immediately separated from clients and asked to submit to a drug or alcohol screening to determine whether or not they are under the influence. If they refuse to be tested, they could be subject to immediate termination of employment.
2. If the test is negative, no further action will be taken, unless extenuating circumstances indicate a follow-up is needed.
3. If the test is positive, the staff member will be placed on administrative leave, paid or unpaid, as determined by center management, until the situation has been resolved.
4. Staff members are required to be drug-free for a required period of time prior to employment. Those that are determined to have relapsed or test positive for substance abuse have lost their credibility at that center and should not be allowed to maintain a position at the center that involves direct client involvement.
5. The testing request and results must be kept confidential. Staff members or management not involved are on a “need-to-know basis” and should not be given information or details concerning the staff member’s testing and outcomes.
6. Staff should never discuss personal or personnel matters in front of or with a client. This includes Peer Mentors. The only exception is if the client reported the staff member. In this case, the information would be taken from the client with the understanding that it would now be followed up by management. The reporting client is not to be updated on the staff member’s status.

Emergency Evacuation Policy

All staff must know of the Emergency Evacuation Policy. Staff will plan and participate in regular fire drills and drills should be conducted as if they are reality. The following procedure should be followed for drills and true emergencies.

1. When the fire alarm sounds, staff orders an immediate evacuation to the center's designated outdoor area.
2. All staff, clients, and guests must exit the building in an orderly manner.
3. No one should leave the property before reporting to the designated area. If people have not signed out and do not report in, they may be considered missing and possibly still be thought to be within the building. All staff, clients, and guests must report to the designated area if they were in the building or on the grounds when the alarm sounded.
4. If it is safe to do so, staff must secure the employee and client sign-in books and the SOS census clipboard prior to exiting building.
5. Staff must call roll in the designated area and identify clients, staff, visitors, or volunteers that are signed in but not present. If it is an actual emergency, staff should notify the fire department if someone who is signed in is not present.
6. Fire drills will be held periodically on all shifts. The Site Administrator will plan them.
7. The smoke alarms are on a separate system and will sound when smoke is in a particular area. Staff will respond to the area to determine if evacuation is indicated or containment is possible.
8. All staff and Peer Mentors must be trained to use the fire extinguisher.

Incident/Accident Reporting Procedures Policy

An incident report is to be filled out immediately following incidents or accidents involving clients or staff in the Recovery Kentucky Program. Examples of such situations requiring incident reports are: client violence, medical emergencies, fire, theft, vehicle accidents, safety accidents, and any incidents which require staff intervention. If in doubt, an incident report is to be written.

1. All incident reports must be completed, signed, and dated before the end of the shift during which the incident occurred.
2. These reports must be completed by the staff person involved with the incident, or the staff member who has the most relevant information concerning the incident.
3. If the incident involves an SOS client, the report should be reviewed by the SOS Supervisor after it is complete. All SOS incident reports must be placed in the SOS Supervisor's mailbox. All other incident reports should be placed in the mailbox of the Phase 1 Coordinator. The Phase 1 Coordinator will review all reports with the Site Administrator.
4. If an incident involves life threatening situations, the police and EMS should be called first. The Site Administrator should be notified immediately afterwards. If the Site Administrator cannot be reached, their designee should be notified; however, there should be continued attempts to contact and notify the Site Administrator.
5. The Frankfort Recovery Kentucky Program staff must be informed immediately of any incidents involving life-threatening situations and updated about the situation until it is resolved.
6. If the situation is serious and involves a DOC or court-referred client, the authority assigned to the client involved must be notified immediately by center management and updated about the situation until it is resolved. If in doubt, notify them.
7. **Statements to the press must come from center management staff only.** Non-management personnel or clients should refrain from speaking with the press and refer them to center management for all official comments.
8. The [Special Occurrence/Incident Report form](#) should be used as a written report of the incident.
9. When completing the Special Occurrence/Incident Report, multiple reports must be completed if more than one client is involved. **Any report added to a client's file CANNOT have another client's name listed.** Centers may complete a master copy of the report for center records, but at no time may that file be copied into a client's file. Reports in client files may name the client whose file it is, but any other client involved must be identified as Client 2, 3, 4, 5, etc.
10. Final reports should be typed. Witness statements attached to the master report may be handwritten, but any copies submitted should be typed and reviewed by management prior to final submission for clarity, accuracy, and descriptive completion. Immediately after the incident, send copies of the report, marked with "draft," to the appropriate

persons. Final copies will be sent after the report has been approved and signed or initialed by management. Distributing drafts prior to final submission insures two things: (1) the report has been reviewed and is acceptable for submittal and (2) management has been notified of the incident.

Requests from Incarcerated Individuals Policy

Detention center inmates, not referred by the DOC, may apply for admission to the Recovery Kentucky Program. They must complete the initial application and screening, just as every other non-DOC client. Recover Kentucky centers may establish additional screening procedures for these clients, as they see fit. If the inmate contacts the Recovery Kentucky center by letter, the following form letter should be sent in response.

NAME
ADDRESS
CITY, STATE ZIP

Date

Dear Mr./Ms. NAME:

We received your letter dated (DATE) expressing your interest in the Recovery Kentucky Program. We understand your difficulties and feel we may be in a position to help you.

To be put on our waiting list, you must call our entry unit, Safe Off the Streets Sobriety (SOS), and complete a phone screening. No one can make this call for you; we must speak to you directly to better understand your individual circumstances. By speaking with a staff member, you can also learn more about the Recovery Kentucky Program. Phone screenings are available 24 hours a day, seven days a week, and only take about 20 minutes.

After the initial screening, you will be placed on the waiting list and admitted when space permits. You must keep Recovery Kentucky updated of any changes in your contact information. If staff tries to contact you when space becomes available, it is assumed the contact information provided at the initial screening is current and they proceed with that information. If Recovery Kentucky cannot contact you, you will lose your place on the waiting list.

Again, to proceed, we must talk with you personally. Our phone number is NUMBER and we look forward to hearing from you soon. **Please note: We cannot accept collect calls.**

Sincerely,

NAME
TITLE
CENTER NAME
CITY, STATE ZIP

c: File

SOS Waiting List Policy

All potential clients will be screened to determine appropriateness for the Recovery Kentucky Program. Clients will be placed on the waiting list if there are no beds available upon initial screening.

- All clients entering SOS must be screened prior to acceptance into SOS. The client must be interviewed using the [Pre-Admission Screening form](#). A pre-sentencing investigative report (PSI) may be substituted. If the original screening occurred more than 24 hours prior to admission, the client must be rescreened.
- Appropriate applicants are placed on the waiting list, maintained by SOS staff.
- Potential clients on the waiting list should contact SOS, either by phone or letter, if their contact information changes prior to their admission to Recovery Kentucky. Potential clients will be informed that they must mail or fax an Authorization for Release of Information to allow anyone other than the potential client to be contacted regarding bed availability.
- If anyone other than a potential client makes contact regarding the SOS waiting list, staff will make note of the call. However, staff will not confirm or deny the potential client's presence or place on the waiting list.
- When a bed becomes available, individuals will be called starting with the first person on the waiting list. If a message is left, that person has one hour to call back before staff calls the next name on the list. If staff is unable to contact the person with the first phone call, a second attempt should be made within one hour, then move to the next person on the list.
- Any person the center is unable to contact will have their name removed from the waiting list and will be required to apply at a later time.
- Those persons contact on the waiting list will have up to 48 hours to report to the Recovery Kentucky center. If they fail to appear, the next person on the list will be called.
- Individuals who are no longer eligible will be dropped from the waiting list.
- An SOS staff member will update the waiting list on a weekly basis.
- Past screenings will be filed, by month, in the SOS cabinet for one year.

Movie Guidelines Policy

- Recovery Kentucky clients may watch approved, non-recovery related movies during their free time.
- Movies must be approved by staff.
- Only movies rated PG or PG13 are allowed. Exceptions to the ratings may be allowed if approved by staff, and if the movie is determined to have a message that could be beneficial to recovery.
- Movies that contain excessive violence, cursing, or glamorize drug use or violence toward women will **not** be allowed on Recovery Kentucky property.
- Staff must preview all movies prior to allowing them to be viewed.
- If there are any questions regarding movie ratings, staff should review the screenit.com Web site for acceptability and to make the ultimate decision of whether or not to allow the center clients to view the movie.

Dual Relationship Policy

Affiliated persons of the Recovery Kentucky Program must adhere to the professional guidelines established in the Dual Relationship Policy. An affiliated person is anyone who is connected to Recovery Kentucky as an employee, director, officer, contractor, Peer Mentor, or volunteer. A dual relationship is a situation in which an affiliated person has a relationship with a client both personally and through their connection to Recovery Kentucky.

For purposes of this section, an individual is a client of Recovery Kentucky during the time he or she is receiving services from Recovery Kentucky and for a period of 12 months following the last date of delivery of such services. Please note: DOC boundaries are considerably longer in cases of dual relationships, due to the position of authority between a client and an affiliated person. If a client becomes an employee of the center, the one-year prohibition of social contact with staff does not apply.

- All affiliated persons must read the Dual Relationship Policy when they are employed or begin their volunteer service at the Recovery Kentucky center.
- Affiliated persons must sign the written statement below that they have received this policy.
- Recovery Kentucky center management is required to ensure all affiliated persons understand the Dual Relationship Policy.
- Affiliated persons should consult with Recovery Kentucky center management regarding any situation which appears to violate this policy.
- Unacceptable dual relationships are strictly prohibited.
 - Romantic or sexual relationship with a client.
 - Taking a client into an affiliated person's home as a resident.
 - Exchanging money with a client.
 - Buying or selling items with a client.
 - Borrowing or lending items with a client.
 - Individual gifting between a staff member and a client.
 - Hiring or allowing a client to perform work for the affiliated person's personal business, home, or family, such as housekeeping, babysitting, yard work, etc.
 - Managing or controlling a client's funds, with the exception of a Payee Program or Recovery Kentucky's banking services for deposits and withdrawals.
- The following are examples of dual relationships that may or may not be acceptable and require a written report to the affiliated person's supervisor requesting approval:
 - Lending money to a client for an **emergency** need.
 - Engaging a client to perform casual labor as part of a Recovery Kentucky-approved project, such as a fundraising event.
 - Bringing a client into an affiliated person's home as a resident on an **emergency** basis.
 - Allowing a client to work for an affiliated person if the affiliated person has a business involved in an accepted business or day labor program available for center clients.
 - Accepting gifts from a client group for a special occasion.
 - Social contact with a client that is outside the affiliated person's professional responsibilities, during any non-compensated hours, or is not appropriate for documentation in the Recovery Kentucky Program's client records. This includes **all** forms of social media. Affiliated persons **may not** be connected to clients through Facebook, Twitter, LinkedIn, YouTube, Instagram, or any other source.

Dual Relationship Policy Acknowledgement

I have received and read a copy of the Recovery Kentucky Dual Relationship Policy. I have discussed any questions or concerns regarding this policy with my supervisor. If situations arise related to my interactions with Recovery Kentucky clients or a person who has been a client in the past year, I will discuss the situation with my supervisor. I am aware that this statement will be retained in my personnel record.

Affiliated Person: _____ Date: _____

Print Name: _____

Supervisor Signature: _____ Date: _____

Program Records Request Policy

The Recovery Kentucky Program will maintain confidential client records. Clients requesting copies of their records will be provided documents that record their progression and participation in the Recovery Kentucky Program.

1. When records are requested, the Recovery Kentucky Program will provide the following documents that indicate progress and participation in the program:
 - SOS Discharge Sheet
 - MT Discharge Sheet
 - Phase 1 Discharge Sheet
 - Phase 2 Discharge Sheet
 - Recovery Dynamics Assignment Record Sheet
 - Drug Screens
 - Recovery Life History (if requested)
2. The discharge sheets indicate either the completion, or non-completion, of each program component.
3. The Recovery Dynamics Assignment Record documents completion of the 28 lessons of Recovery Dynamics and related homework.
4. The Recovery Life History may also be requested. However, this does not provide any information related to participation in the Recovery Kentucky Program. It is information related to client events prior to entering the program.
5. A signed Authorization for Release of Information must accompany **each** written record request.
6. Clients may receive one copy of their record free of charge. Additional copies will cost 25 cents per sheet. Recovery Kentucky centers may adjust this fee, as necessary, to mitigate that center's applicable costs in meeting document requests.
7. This policy must be reviewed with clients when they are discharged from SOS.

Bomb Threat Policy

All bomb threats are to be treated as serious threats. **Any** Recovery Kentucky employee who receives such a threat, by whatever means, is responsible for immediately carrying out the procedures listed below:

Pull the nearest fire alarm.

1. Notify 9-1-1, and give a detailed description of the threat.
2. Notify the Recovery Kentucky center management.
3. **Do not** announce there has been a bomb threat where clients or guests may hear. This will only serve to create panic.
4. Whenever the fire alarm sounds without prior notification, it is considered a test and all staff will assist in evacuating the building according to the Emergency Evacuation Policy. In the case of a test, bomb threat, or any other emergency, management and staff should instruct everyone to move to the center's designated area quickly.
5. Unless assistance is requested by the police and fire authorities, no staff member should reenter the building until the police and fire authorities have given the all clear. **Under NO circumstances will clients reenter the building until the all clear is given.**

On-Site Visitation Policy

The Recovery Kentucky Program encourages visitation by family, friends, and other support that provides a positive influence, in accordance with which component the client is currently in (see below). Visits will take place in a common area and at specific times. The areas for visitation are the lobby, living room, dining room, and outside areas. The areas allowed increase as the client progresses in the program.

- **SOS Clients**
 - No visitation unless the SOS client has an approved sponsor.
 - Sponsors may meet with clients 15 minutes before and after in-house AA meetings.
 - Visits from the client's children may be arranged through the Department for Community-Based Services and coordinated through the center staff. These visits may be held in the dining room.

- **Motivational Tracks 1 and 2**
 - Visitation in the dining room only, at times specified for that component. See the [MT Client Schedule](#).

- **Phase 1**
 - Visitation in the dining room, living room, lobby, or outside, at times specified for that component. See the [Phase 1 Client Schedule](#).

- **Peer Mentors/Phase 2**
 - Peer Mentors and Phase 2 clients may have visitation according to the Recovery Kentucky center's individual policy. Clients should speak with center management to learn about their options.

Suicide Attempts/Intentional Bodily Self Harm Policy

Recovery Kentucky clients who attempt suicide or otherwise intentionally do bodily harm to themselves, including attempts to do such harm, by any method or means, will be immediately sent by police or ambulance to a hospital for appropriate care. Such individuals are not deemed healthy for participation in the Recovery Kentucky Program and will be placed on the Property Restriction List. Exceptions may be made on a case-by-case basis, at the discretion of the Site Administrator.

1. When a client's suicide or bodily harm attempt becomes known to any staff member, that staff member must immediately call for police and ambulance assistance to transport the client to a local hospital for appropriate care.
2. When the client is safe, the staff member must immediately notify the Site Administrator.
3. Unless otherwise directed by the Site Administrator, the staff member must then make the appropriate log and Property Restriction List entries to permanently restrict the client from the Recovery Kentucky center.
4. All clients must be notified of this policy when they enter the Recovery Kentucky Program.
5. An incident report must be filed immediately and the Incident Report Policy followed.

Property Restriction Policies

Restricted from Property

The people on the Restricted from Property list are those who have been barred from the property due to present or past behaviors that are unacceptable or dangerous to the property, staff, or clients in residence.

Restricted to Property

Clients may have consequences assigned to be Restricted to Property, regardless of which component they are in. When they are Restricted to Property, the following guidelines apply. When clients have completed their consequence and are cleared by Community, the guidelines for their component are again in effect.

- Clients can only leave the facility to attend an AA/NA meeting with a client on Step 5 or above, or Sponsor.
- Client's sponsor must sign the client in and out of building.
- Clients must attend the meeting and return to the facility immediately.
- Client's who are doing their Step 5 work are permitted to leave the property with their sponsor only; however, they must return immediately upon completion of Step 5. If sponsors are not available, the Recovery Program Coordinator must approve other arrangements.
- Clients who have cars on the property cannot drive the car.

Full Restriction Policy

If a client is placed on full restriction as a consequence in Community, the following guidelines must be adhered to. When clients have completed their consequence and are cleared by Community, the guidelines for their component are again in effect.

- May not leave the facility.
- If the restriction falls on a weekend, the client must sit in the dining room from 8 a.m. to 4 p.m. after deep cleaning is complete.
- No phone calls, except to or from sponsors. Calls must be made in the office.
- No visitors, except sponsors.
- Must attend every noon meeting.
- May not watch TV, listen to the radios, etc. Only games or videos that are recovery focused are allowed.
- Clients who are on Step 5 are allowed to leave the facility with sponsor to complete that step, but must return immediately after completion. If sponsors are not available, other arrangements must be approved by the Site Administrator.

Recovery Focus Policy

Recovery Focus may be assigned to a whole center or to individual clients by staff or Community. This is a time for the clients to spend time contemplating their recovery and the process. When used as a center-wide process, it may be when the house is considered "sick." When used individually, it may be because a client has not responded to other suggestions regarding their status in the Community. Clients who are assigned Recovery Focus are required to adhere to the guidelines below.

- Recovery Focus is in the dining room from 8 a.m. to 4 p.m., every day.
- For clients who smoke, one smoke break is allowed between 8-11:30 a.m. and one between 12:15-3:30 p.m.
- One 30-minute break for lunch.
- Do not talk to other clients.
- Must attend the noon AA meeting.
- Must only work on and read recovery-related material.
- May not receive any donations.
- If clients have any questions, they must talk to staff during breaks or between 3:30-4 p.m.

Note to Clients: If you don't know....ASK!

Laundry Policy

Depending on which component a client is in, different laundry policies apply.

- House laundry always has first claim to the washers and dryers.
- SOS clients' laundry will be done by the laundry staff.
- MT clients may use the washers and dryers on Monday, Wednesday, and Friday, from 4-9 p.m. Clients in other components may not use the washers or dryers at these times
- All laundry must be out of washers and dryers by 10 p.m., every day.
- Clients may not leave the center property while their clothes are in the washers and dryers.
- Clients assigned jobs, i.e., kitchen, maintenance, clothes closet, etc., may not wash personal laundry while on the job.
- At no time may any client remove another's laundry from the washers or dryers. If a machine has stopped, clients must look in the Laundry Sign In and Out book, and politely inform the appropriate client the machine has stopped.
- Only house laundry is permitted before 4 p.m. on weekdays.
- No personal laundry may be done on Saturday until all house laundry is completed.
- Clean dryer filters after use.
- Clients may only use **two machines at a time**, meaning two loads of laundry, per person, at any time on center property **TOTAL**. If clients have three or more loads of laundry anywhere in the building, they have created an issue and will be reprimanded. This rule does not apply to clients washing house laundry.

Client Use of Business Phone

Clients who are given permission to use the Recovery Kentucky center phones must adhere to the following guidelines.

- Calls are limited to ten minutes.
- No family or support group members can be called between 8 a.m. - 4 p.m.
- No phone calls after 11 p.m.
- Long-distance calls are prohibited. If clients need to call long distance, they must speak to Recovery Kentucky center staff.
- Clients are not to call Information; they must use the phone book.
- To dial out of the center, 99 must be dialed first.
- Clients must enter their name, name of the person called, number called, date, and time, including a.m. and p.m., in the phone log.
- If clients are using a center cell phone, they must turn the phone back in to the office after use so it can be charged.
- The House Manager Assistant on door duty must retrieve the phone log from the front office to turn it in to SOS staff every day at 10 p.m.
- Office phones are for business use only, i.e., doctor's appointments, social workers, sponsors, etc. All calls made on these phones must have staff approval and be monitored by staff.

Mail Policy

Client mail must be addressed to the client, in care of the center's address. Mail may be opened and searched or reviewed at any time. If evidence of wrongdoing is found by such review, the client responsible for wrongdoing will be subject to consequences and possible dismissal from the Recovery Kentucky Program.

Dress Code Policies

Each Recovery Kentucky center must strictly enforce the dress code policy within their establishment. This policy must be posted in a prominent place and copies provided to staff and new clients, upon arrival.

Staff Dress Code

Recovery Kentucky Center Staff are to dress in business casual attire while on duty in the center. If working on projects that require dress down attire, a waiver of the normal dress code may be granted by the Site Administrator.

1. **Clothing must be presentable and clean, without tears or holes, unwrinkled, and odor free.**
2. Blue jeans and denim capri pants may be worn on designated dress down days, but must in compliance with rule #1. Dress down clothes are blue jeans, tennis shoes, sweat shirts (without hoods), shorts, wind breaker suits, and tee shirts.
3. Business casual clothes are slacks, capri dress pants, dresses, skirts, dress shirts, polo shirts, tops with at least a three inch strap, sandals, and dress shoes. Men may wear khaki-style, knee-length shorts, if approved by the Site Administrator.
4. If pants have belt loops, a belt must be worn.
5. No flip flops, beach sandals, or tennis shoes on business casual dress days. Sandals or tennis shoes may be worn on dress down days.
6. **No cleavage.**
7. Dresses, skirts, and shorts should be no more than three inches above the knee (finger-length rule).
8. **No obvious bra straps showing.**
9. Hair to be clean, combed, and presentable.
10. Ear jewelry is limited to three earrings per ear. Nose jewelry is limited to one small ring or stud. No other facial jewelry allowed.
11. No sweat suits.
12. **No spaghetti strap tops or “wife-beater” shirts.**
13. All tops must cover the top of the skirt, or pant, they are worn with. **No belly-baring tops.**
14. All pants must cover the bottom area, not showing underclothes, nor sexually suggestive. **No Sagging.**
15. **No offensive, drug- or alcohol-related, sexually-suggestive, or biker-style (skull and crossbones, gang-related, or suggestive) clothing may be worn.**
16. Make-up (if worn) must be appropriate for an office setting. The Site Administrator has final say of whether or not style and amount of make-up is appropriate for that center.
17. Offensive tattoos must be covered.

Client Dress Code

1. **Clothing must be presentable and clean, without tears or holes, unwrinkled, and odor free.**
2. Blue jeans and sweat suits may be worn, but must adhere to rule #1.
3. Flip flops and tennis shoes are permitted.
4. **No house shoes, slippers, or pajama attire are to be worn between the hours of 8 a.m. and 6 p.m. in class, office, or community areas.**
5. **No offensive, drug- or alcohol-related, sexually-suggestive, or biker-style (skull and crossbones, gang-related, or suggestive) clothing may be worn.**
6. No suggestive pajama attire outside the bedroom. Pajamas off the floor area must be covered by a robe, or be considered acceptable by staff.
7. No low-cut or suggestive clothing to be worn.
8. **No cleavage.**
9. **No spaghetti strap tops or “wife-beater” shirts.**
10. **No obvious bra straps showing.**
11. All tops must cover the top of the skirt, or pant, they are worn with. **No belly-baring tops.**
12. All pants must cover the bottom area, not showing underclothes, nor sexually suggestive. **No Sagging.**
13. Facial jewelry, when allowed by the phase of the program, is limited to three earrings per ear. Nose jewelry is limited to one small ring or stud. No other facial jewelry allowed.
14. Dresses, shorts, and skirts must be no more than three inches above the knee. Shorts may be worn at the Site Administrator’s discretion during hot weather.
15. Body must be clean and clients are to make every effort to not be odor offensive, including overuse of perfume or cologne.
16. Hair must be clean and combed or styled appropriately.
17. Offensive tattoos must be covered.

Vocational Rehabilitation Referrals Policy

The Recovery Kentucky Program will collaborate with the Department of Vocational Rehabilitation to provide education and services to assist clients to gain employment and improve their employment situations.

- Vocational Rehabilitation will present information about their services during Life Skills.
 - After completion of Phase I, clients will contact a Vocational Rehabilitation counselor.
 - Staff will assist the client as needed.
 - See possible service options on page 101.
- The center's Social Worker will work with clients to provide disability documentation that determines eligibility for Vocational Rehabilitation services. Clients going to Comprehensive Care Center (CCC) will use their records from CCC for eligibility. A Certified Alcohol and Drug Counselor (CADC) or Licensed Clinical Social Worker (LCSW) working with the Recovery Kentucky Program will provide a diagnosis for all other clients.
- The Phase 2 Coordinator and social worker will communicate with Vocational Rehabilitation regarding client's progress.
- Clients wishing to attend school full-time and remain in the center during Phase 2, **must** have a referral from Vocational Rehabilitation on file referring them to school and student status prior to school application. Unless this is obtained, full-time students are not allowed to live at the center and remain as active clients on the program.

Vocational Rehabilitation Possible Service Options

The mission of Vocational Rehabilitation is to help people with disabilities get back to work.

- I. Programs that may be available at the Recovery Kentucky centers:
 - a. Job preparedness classes, i.e., Prepare Adults for Competitive Employment (PACE) - \$4.40/hr x 135 hours
 - b. Basic computer training
 - c. Job club
 - d. Six weeks/ready for a job
 - e. Steps Program/UK Job Placement
 - f. Bus passes, money towards rent-after working for 90 days/\$252 and you are homeless, and uniforms if necessary for the job
- II. Find a job on your own
 - a. Bus passes
 - b. Money towards rent – after 90 days (if you are homeless)
 - c. Uniforms for jobs
- III. Direct Job Placement
 - a. Go to job readiness classes – 4 days/12 hours
 - b. Go for career assessment/aptitude testing
 - c. Bus passes/rent (if homeless)/uniforms
- IV. OWL – Opportunity for Work & Learning - \$5.15/hr – Transition Program
 - a. Assembly/industrial
 - b. Have huge building for test, job search, etc.
 - c. Contract with manufacturer to assemble things
 - d. Cannot have any physical problems
 - e. Job search after about two – three months
 - f. Bus passes
 - g. After obtaining a regular job: rent assistance if homeless, uniforms if necessary
- V. College – Long Term Training – if appropriate
 - a. Must be stable/six months in society
 - b. Living and working on your own or in Phase 2
 - c. No default on student loans
 - d. College – 12th grade math/reading on TABE (assessment)
 - e. Voc School – 10th grade math/reading on TABE (assessment)
 - f. Must apply for all other financial aid, loans/grants before Vocational
 - g. Rehabilitation will help pay.
 - h. Usually 50-75% of tuition paid by Vocational Rehabilitation
 - i. Can go to vocational training, college, or technical school – Will only pay for one.

If the client already has a Vocational Rehabilitation counselor, they must continue working with the current counselor. If the client plans to move to another county or areas other than the Recovery Kentucky area, they must wait to apply for services in that county. To expedite services, clients should take their Recovery Kentucky records with them.

Policy and Procedures for Communication With Persons With Limited English Proficiency

This Recovery Kentucky center will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs, and other benefits. The policy of this center is to ensure meaningful communication with LEP clients and their authorized representatives involving their participation in this Recovery Kentucky Program. The policy also provides for communication of information contained in vital documents, including but not limited to, release of information and consent to treatment forms. All interpreters, translators, and other aids needed to comply with this policy will be provided to the person being served, without cost, and clients and their families will be informed of the availability of this free assistance.

Language assistance will be provided through use of competent staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

This Recovery Kentucky center will conduct a regular review of the language access needs of our clients, as well as update and monitor the implementation of this policy and these procedures, as necessary.

1. Identifying LEP Persons and Their Language

This center will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card or "I speak cards," available online at www.lep.gov, or posters to determine the language. In addition, when records are kept of past interactions with clients or family members, the language used to communicate with the LEP person will be included as part of the record.

2. Obtaining a Qualified Interpreter

The Site Administrator, or assigned designee, for this center shelter is responsible for:

- a. Maintaining an accurate and current list showing the name, language, phone number and hours of availability of staff interpreters.
- b. Contacting the appropriate staff interpreter, if an interpreter is needed.
- c. Obtaining an outside interpreter if an appropriate staff interpreter is not available.

This center will use locally-available interpretation services whenever possible, including those available through local colleges and universities, local refugee organizations, churches, non-profit agencies, etc. In the event these services are unavailable, this center will use Language Translation, Inc.'s Speakeasy Telephonic Interpreting services, when necessary. Speakeasy Telephonic Interpreting services are available 24-hours a day and provide interpreting for 150 languages. The phone number is (800) 655-3397, but management must provide the access codes for this service.

Some LEP persons may request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood an interpreter is available from the facility at no charge. Such an offer and the response must be documented in the person's file. If the LEP person chooses to use a family

member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest must be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other clients will **not** be used to interpret, to ensure confidentiality of information and accurate communication.

3. Providing Written Translations

- a. When translation of vital documents is needed, each unit in the center will submit documents for translation into frequently-encountered languages to the Site Administrator or LEP designee. Original documents submitted for translation must be in final, approved form, with updated and accurate legal and medical information.
- b. Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

4. Providing Notice to LEP Persons

This center will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including, but not limited to, the center. Notification will also be provided through one or more of the following: outreach documents and/or community-based organizations.

5. Monitoring Language Needs and Implementation

On an ongoing basis, this Recovery Kentucky center will assess changes in demographics, types of services, or other needs that may require reevaluation of this policy and its procedures.

This center's LEP policy and procedures is based on information from the U.S. Department of Health and Human Services (HHS) *Example of a Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency* (http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/exampleofapolicyandprocedureforlep.html). This center will update the LEP policy and procedures annually to insure that it is consistent with HHS best practices.

Meeting Verification Sheet Policy

Clients will attend 12-Step meetings every week. Clients must have the chairperson of the meeting document the date, time, and the name of the meeting, as well as the chairperson's signature. Clients will be responsible for turning in their signed sheet on time to the Peer Mentor. Meeting sheets will be returned to the client after the meetings are documented in the clients' file and on the board in the Peer Mentor office.

The purpose of 12-Step meetings is to allow the clients to start building relationships with others who are trying to find a better way to live without the use of drugs or alcohol. Clients share their experience, strength, and hope with each other so they might solve their common problem during these meetings.

Food Stamp Policy

Treatment centers have the following responsibilities:

- A. **Monthly Reports** - Each treatment and rehabilitation center provides the local office with a list of residents who are currently receiving SNAP benefits on a monthly basis. This list must be submitted by the center by the 5th of each month and it must include a statement signed by a responsible center official attesting to the validity of the list. This list is then checked each month against any active cases to ensure no overissuance occurs. This list should also be used by the staff member who is designated to do the quarterly visits. The designated staff member should compare the list to the EBT cards that the center has on file. This will ensure that the center is either giving the EBT cards to the clients as they leave or returning the cards to the local office. If the center fails to provide the list of currently participating residents, contact the Nutrition Assistance Branch (NAB) at CHFS DCBS DFS Food Benefits Policy Inbox.
- B. **Use of Benefits** - The treatment center must debit the participant's EBT card twice per month for half each time. For example, if the participant's monthly allotment is \$200, the center must debit the card for \$100 before the 16th of the month and debit it again on or after the 16th of the month for \$100.
- C. **When the Participant Leaves the Center**
 1. If the participant leaves the treatment center before the 16th of the month and the benefits have already been issued, the recipient is entitled to one half of their monthly allotment and the EBT card is returned to the recipient.

If the participant leaves on or after the 16th of the month and the benefits have already been issued, no benefits are required to be returned to the EBT card; however, the recipients EBT card must be returned to them.]
 2. If the participant applied for benefits after the 15th of the month, and was issued the initial or prorated month's benefits AND the second month's benefits in the application month, the following procedures apply:
 - a. If the participant leaves the treatment center prior to the 16th of the second month and a portion of the benefits for the second month have been used on behalf of the individual, the treatment center provides the household with one-half (1/2) of the second month's allotment.
 - b. If the participant leaves the treatment center on or after the 16th of the application month but before the first day of the second month, and the benefits for the second month have been issued but not used, the household receives the full allotment for the second month.
 - c. If the participant leaves the treatment center without notifying the center and the center is unable to locate the participant, the EBT card is returned to the local office in accordance with Item D of this section.
 3. After the participant leaves the treatment center, the center can no longer act as the participant's representative.

4. If possible, the treatment center provides the participant with a change report form. The participant uses the form to report their new address and other circumstances after leaving the center. The center advises the participant to return the form to the appropriate SNAP benefits office in accordance with the participant's reporting requirements. If the center reports that a participant has left the center but the participant does not provide a new address, discontinue the case.
- D. **Reporting Changes** - The treatment center notifies the local office of changes in accordance with change reporting requirements.
 - E. **Returning Benefits** - The treatment center returns the participant's EBT card to the local office if it is received after the participant has left the center. The EBT card is logged on form EBT-5, Affidavit of Destruction, and immediately destroyed. The case remains active and the participant has to request a new EBT card.
 - F. **Center Liability** - As a representative, the organization or institution must be knowledgeable about resident circumstances and review those circumstances with residents prior to applying on their behalf. The organization or institution is liable for all losses or misuse of SNAP benefits held on behalf of residents and for all overissuances which occur while the participants are residents of the treatment center.
 - G. **Center Penalties and Disqualifications** - The organization or institution authorized by FNS as a retail food store can be penalized or disqualified if it is determined administratively or judicially that benefits misappropriated or used for purchases that did not contribute to a certified participant's meals. The local office promptly notifies the NAB by memorandum when it has reason to believe that an organization or institution is misusing benefits. NAB notifies FNS upon receipt of the memorandum from the local office. NAB takes no action against the organization or institution prior to FNS action.
 - H. **Claims for Overissuance** - The treatment center is liable for repayment of SNAP benefits held on behalf of resident recipients if any over issuance is discovered during an investigation or hearing procedure for redemption violations. Claims against treatment centers cannot be collected by benefit reduction.
 - I. **Disqualified Treatment Center** - If FNS disqualifies a treatment center as an authorized retail food store, DCBS suspends the center representative status for the same period and its residents are no longer eligible to participate. Staff will enter "Y" to living in an "Ineligible Facility". The residents are not entitled to a notice of adverse action but do receive a KAMES generated notice explaining the termination and stating the period for which it is in effect.

Please note: Some centers now have the ability to apply for Food Stamps online, without requiring a trip to the Food Stamp office. The Recovery Kentucky Program encourages all centers to work toward using this feature, as it will save time and gas.

Flu Outbreak Policy

- All personnel and clients are required to wash their hands frequently.
- Cover your mouth and nose when sneezing or coughing.
- Report any fever greater than 100.
- Disinfect all surfaces, entrance/exits daily.
- Disinfect all office/pay phones after each use.
- Use the hand sanitizer and disinfectant wipes available.
- Any person that presents with high fever, cough, or body aches will be provided with medical treatment.
- Any infectious person will be quarantined. Airborne precaution will be implemented. Mask, gowns and gloves will be provided.
- **The SOS Staff will monitor any client that is quarantine.**
- Meals will be served by the SOS staff.
- SOS staff are to glove, gown, and mask, at all times, when in contact with the quarantined client.
- Vital signs must be monitored during each shift and documented. Notify the nurse with any concerns.
- Thermometer and blood pressure equipment must stay inside the quarantine room.
- Paper plates and cups will be provided during meal and snack times to quarantined clients.
- The client will be encouraged to wash hands and increase fluids during quarantine and follow medication instructions.
- The client is to remain in quarantine for up to seven days after onset of the illness.
- Once the client is discharged from quarantine, the room and equipment must be cleaned with a mixture of 10 percent bleach and 90 percent water. Staff must wear mask, gloves, and gown while cleaning.
- Staff and clients must wash hands thoroughly when entering or leaving the quarantine area.

Weekend Pass Policy

- After completing Step 5 in the program and having a minimum of 45 outside AA/NA meetings, clients may petition the Community for a weekend pass.
- If Family Education is offered at the center and the client is enrolled, they must have had a family member attend a session before applying for a pass. If this requirement is excused by staff, it must be documented.
- Client must be actively participating in the Community.
- The client must complete the petition, have it signed by one of their Peer Mentors, job supervisor, sponsor, and other designated staff, then turn it in to the Site Administrator by 4 p.m. on the Tuesday before the requested weekend. If DOC or court-ordered, the parole/probation officer must give written permission for the pass **prior** to the petition being presented to the Community for vote.
- Clients are required to list everything they will do on the weekend, phone numbers of where they can be reached, who they will be with, and attendance documentation for outside AA/NA meetings.
- The pass will be voted on in Wednesday's Community, and if the majority votes favorably, the pass is granted.
- Clients may only take one pass per month (30 days).
- No weekend passes are accepted from clients who have been given community suggestions that are incomplete.
- Only 10 percent of the Community is allowed to be on pass at one time. During program-designated holidays, 20 percent of the Community is allowed to be on pass.
- Clients must make sure job responsibilities are covered for the time they are gone.
- Upon returning from the pass, immediately after signing in, the client must report to SOS and submit to a drug test and breathalyzer.
- Clients receiving suggestions from the Community for the duration of their stay in Phase 1, must have approval by the management team before a pass can be submitted.

Forms

Special Occurrence/Incident Report Form

Client Name: _____

DOC Identification #: _____ Date of Report: _____

Employee Completing Report Name: _____

Employee Title: _____

Check Appropriate Incident: Employee Participant Property/Facility Volunteer

Critical Incident

- Possession of deadly weapon
- Assaultive behavior
- Serious injury requiring professional medical attention (check all that apply)
- Injured by another resident
- Self-inflicted injury
- Accidental injury
- Cut or laceration
- Fall on facility grounds
- AWOL or failure to report following proper procedures for an adult AWOL
- Suicide attempt requiring professional medical attention
- Criminal activity/notified law enforcement
- Sexual acting out
- Physical violence and/or danger of harm reported
- Facility burglary or break in
- Agency owned vehicle damage
- Facility damage
- License revocation or suspension of license
- Placement of a hold on referral
- Request for corrective action resulting from investigation

Non-Critical Incident

- Threatening Behavior
- Injury not requiring professional medical attention
- Major illness (professional attention required)
- Drug/Alcohol related incident
- Weapon related incident
- Severe acting out (beyond treatment expectations)
- Medication issues
- Other: _____

For Kentucky Mandatory Reporting Laws, give date and time of the report, name, and title of who took the report:

- Abuse allegations are made involving employee and individual served? Yes No
- Child abuse hotline need to be called? Y/N
- Allegations of child abuse/neglect pertaining to client? Y/N

Cabinet's Child Abuse Hotline: (877) 597-2331

Report Completed By: _____

Report Number: _____

Date: ____ / ____ / ____ Time: ____ : ____ a.m./p.m.

DOC: _____

P&P: _____

Drug Court: _____

Referring Judge: _____

Local/State Law Enforcement: _____

Other Referral Source: _____

1. Describe in detail what actually happened. Please indicate time, specific place, precipitating factors, and person(s) involved. If multiple clients were involved, they must have separate reports and cannot be listed by name in any other report other than their own report.

Name of Individual Involved: _____

Date of Incident: _____ Time: _____ a.m./p.m. (circle one)

Location: _____

Other relevant facts: _____

2. Extent of injury, if applicable: _____

3. Describe, specifically, what immediate actions were taken by any employee(s) present:

4. If applicable, what intervention or remediation was provided?

5. Will the incident be addressed on the individual's recovery plan? Yes No

6. If applicable, does the individual in question have a history of the behavior(s) described?

Yes No

If yes, please give a brief explanation: _____

7. What steps, if any, were taken to avoid this incident?

8. How could similar incident be avoided in the future?

9. Those notified immediately at the time of the incident:

Notified Parties	Date and Time Notified
<input type="checkbox"/> Case Manager	
<input type="checkbox"/> Program Coordinator	
<input type="checkbox"/> Department Director	
<input type="checkbox"/> DCBS	
<input type="checkbox"/> Hospital/ER/Clinic	
<input type="checkbox"/> Guardian	
<input type="checkbox"/> Police	
<input type="checkbox"/> Other: Name:	
<input type="checkbox"/> Department of Corrections	
<input type="checkbox"/> PREA (If PREA applies, please complete PREA form and submit immediately, making sure all PREA requirements of actions/notifications are made.	
<input type="checkbox"/> KHC Recovery Kentucky Staff	

10. Signatures

Employee Making Report	Date
Program Coordinator	Date
Department Director	Date

IMMEDIATELY REPORT CRITICAL INCIDENTS

Submit to: Department Director/DOC (if DOC client)

Copy: KHC Recovery Kentucky Administrative Staff

11. Follow Up: This section is used to provide document feedback provided to employees on the incident, as appropriate, and to comment on the resolution to the incident that occurred.

Feedback was provided to employee, as appropriate:

Supervisor's Signature Date

Supervisor's Comments:

Additional Comments:

Are there attachments to this form? Yes (*If Yes, how many?* _____) No

Please describe:

Client Personal Property Inventory

Client Name (printed): _____ Date: _____

An inventory will be carried out upon a client's arrival. Each item in the client's possession will be included on the initial inventory and the client and staff will sign the form verifying such. Any additions/deletions to the items included on the initial inventory will be documented on additional inventory forms and maintained in the client's file. Both the client and staff member will sign all inventory forms. Any legal items not allowed in the Recovery Kentucky center will be returned to the client upon their completion of or dismissal from Recovery Kentucky.

Clothing	Personal Items	Items Not Allowed
Sweatpants (2) _____	Photo Frames (1) _____	Towel (0) _____
Sweatshirts (2) _____	Wallet (1) _____	Washcloths (0) _____
Shorts (2) _____	Eyeglasses (1) _____	Shower Curtain (0) _____
T-Shirts (2) _____	Watch (1) _____	Sheets (0) _____
Pants/Jeans (3) _____	Sunglasses (1) _____	Blankets (0) _____
Pajamas (1) _____	Jewelry (1) _____	Pillow Case (0) _____
Bras (4) _____	Laundry Bag (1) _____	Cup/Glass (0) _____
Underwear (5) _____	Clock (1) _____	Cosmetics (0) _____
Socks (5 pairs) _____	Mirror (1) _____	Bowl/plate (0) _____
Slippers (1 pair) _____	Nail Clippers (1) _____	Radio (0) _____
Shower shoes (1 pair) _____	Hair Dryer (1) _____	Compact Discs (0) _____
Hat/Cap (1) _____	Photo Album (1) _____	Headphones (0) _____
Raincoat (1) _____	Papers/Letters/Stamps _____	Cell Phone (0) _____
Robe (1) _____	Cigarettes (20) _____	Pager (0) _____
Shoes (2 pairs) _____	Lighter (1) _____	Power Adapter (0) _____
Gloves/Scarves _____	Pens/Pencils _____	Wall Pictures (0) _____
Jackets (1) _____	Toiletries (7) _____	Irons (0) _____
Tote bag (1) _____	Books _____	Sewing Kit (0) _____
Other (please list) _____		

ITEMS CONFISCATED? Yes No If yes, complete confiscated inventory list.

I do not hold the Recovery Kentucky Program, this Recovery Kentucky center, or its employees, responsible for any item not included in the above list. I further understand they are not responsible for the loss of other authorized items resulting in my being negligent in properly securing my property through available means. I also understand if I do not retrieve my belongings within 45 days of leaving the center, they will be discarded.

Client: _____ Date: _____

Staff: _____ Date: _____

RETURN OF PROPERTY

I, the undersigned, am collecting and have checked the property of the client named on this form, and accept it as being complete, as each item indicated above is present and in acceptable condition.

Client: _____ Date: _____

Agent Name: _____ Relationship: _____

Agent: _____ Date: _____

Sexual Acts/Contact Allegation Reporting Form

Recovery Kentucky Location: _____

Date of Occurrence: _____ Date Reported: _____

Staff Involved: _____

Client Involved: _____

**Client refers to any Recovery Kentucky participant. This can include clients not referred by the Department of Corrections (DOC), but were involved in an incident with a client referred by the DOC, including parolees, probationers, and Drug Court participants referred by the DOC.*

Summary of Allegation/Incident: _____

1. Was the sexual incident:

- Participant to Participant
- Participant to Staff
- Staff to Participant

2. Was the victim:

- Male
- Female

3. Was the perpetrator:

- Male
- Female

4. Was the sexual incident:

- Consensual sexual act
- Non-consensual sexual act
- Abusive sexual contact
- Staff sexual misconduct
- Staff sexual harassment

5. Was the sexual incident:

Completed

Attempted

6. Where did the sexual incident occur?

Victim's cell/room

Perpetrator's cell/room

Common area within living unit (shower, dayroom)

Program area (yard, gym, library)

Work area

Multiple areas

Other (explain): _____

7. Were the state police notified?

Yes

Time contacted: _____ : _____ a.m./p.m. (circle one)

Contact name:

Response:

No

If no, please explain why:

8. Was a rape kit completed (if reported within 48 hours)?

Yes

No

If no, please explain why:

9. Location of examination:

- Local hospital
- Institution medical department
- Not done

10. Was the inmate seen by a mental health professional within 24 hours?

- Yes
- No

If no, please explain why:

11. Were victim and perpetrator separated?

- Yes
- No

If no, please explain why:

12. If the incident was non-consensual, was the sexual act:

- Substantiated – event determined to have occurred
- Unsubstantiated – insufficient evidence to make determination
- Unfounded – determined not to have occurred

13. If the incident was non-consensual and substantiated, list sanctions taken against perpetrator:

14. If the incident was unfounded, list sanctions taken against claimant:

15. If the act was consensual, list the sanctions taken against the participants:

Final Review

PREA Administrator: _____ Date: _____

Deputy Commissioner, Adult Institutions: _____ Date: _____

Pre-Admission Screening for Applicants

To be completed by center staff while talking to potential applicants by phone.

Name: _____ Social Security #: _____

Referred from/by: _____

County of referral: _____

Do you have a drug or alcohol abuse or addiction/problem? Yes No

If yes, which one? Drug Alcohol Both

Do you realize that this program could be long-term? Yes No

Are you on the National/State Sex Offender list? Yes No

Have you ever been convicted of a sex offense? Yes No

Have you ever committed a violent crime? Yes No

If yes, please explain: _____

Have you ever committed arson? Yes No

If yes, please explain: _____

Do you have income?

Yes

No

Income Information

Include all income anticipated for the next 12 months. Other income includes payments from the Veteran's Administration, unemployment insurance (cannot draw unemployment while in the center), pensions, settlements (insurance), lottery winnings, inheritances, real estate income, educational grants or scholarships, other student benefits, court-ordered child support (or are you entitled to child support; should not be getting while in the center), regular gifts or payments from anyone outside of household, military income and from any other source not listed above. Please specify source in the table below.

Household Member Name Who Has Income	Income Source (Employment, Child Support, SS, SSI, K-TAP, Self-Employed, Other)	Name, Address, and Telephone Number of Source	Gross Amount Earned Per Month

Does anyone buy things for you, or on your behalf on a regular basis, or pay bills on your behalf on a regular basis? Yes No

If yes, please specify:

Item	Amount	Source
	\$	
	\$	
	\$	
	\$	
	\$	

Examples of Informal Support which count as income: Parent, or friend, pays your car payment, or insurance, for you, someone buys you cigarettes every week on a regular basis, someone is paying your bills for you while you are in the center on a regular basis.

To the applicant: If you receive child support payments or food stamps based on your family life prior to entering the center, the child support should be re-directed to the person actually having guardianship or custody of the children and the food stamp office should be notified that you are no longer in the household. You can, and probably will, apply for food stamps while in the center. Your card will be applied toward food costs at the center while you are in residence. Also, if you are drawing unemployment, you are not eligible to be "job seeking" at admittance and will therefore not be eligible for these benefits while in the center.

Asset Information

Include all assets held and the income earned from each asset by ALL household members – including minors. Assets to be reported are: Checking, Savings, C.D.'s, Money Market accounts/bonds.

Please specify:

Asset	Income Earned	Source
	\$	
	\$	
	\$	
	\$	
	\$	

Acceptance to Program

- Is this applicant/caller appropriate for this facility? Yes No
- If yes, is there a waiting list? Yes No
- Is there current bed space available? Yes No
- Will applicant/caller be referred for admittance? Yes No
- Refer applicant/caller to waiting list? Yes No

Program Denial

Reason: _____

The applicant/caller has been determined to be not be appropriate for this program and has been notified of this. Yes No

Additional Comments: _____

Staff Signature: _____ Date: _____

Screening Application (New or Re-Opened Status)

This form is to be completed by a representative of the Recovery Kentucky Center.

I have advised the potential client/caller that I am required to report child abuse, adult abuse, domestic violence and potential suicides to the proper authorities should I receive this information during this interview.

Representative Name: _____

Representative Signature: _____

Client Name: _____

Age: _____ Social Security Number: _____

Where are you calling from today? _____

Phone Number: (_____) _____

Is this a safe environment? Yes No

Do you feel threatened? Yes No

If yes, please explain: _____

Income

To be eligible for the Recovery Kentucky Program, you must meet certain income guidelines.

The maximum income for this center is: \$_____. Income is all sources of funds or services that you receive on a regular basis to pay for your expenses, bills you are responsible for, services and goods bought or paid for on your behalf or that of your family. It includes, wages, salaries, disability payments, welfare assistance, educational benefits, informal support from a friend or relative, pensions, asset income from bank accounts or property (including real estate such as land purchases or homes owned by you, or your spouse, if you are married), certificates of deposit, etc.

If you are currently receiving K-Tap, child support, or unemployment, you will not qualify for such assistance while are in residence at this center. Child support should be re-directed to the guardian/custodian of the minor or dependent children. Your admittance to the center will be reported and your K-Tap and/or unemployment will stop. You may, however, qualify for Food Stamps, which will be re-directed to the center to help offset your food costs while in residence.

If it is determined that you have income, you could possibly be required to pay up to 30 percent of your adjusted income to the center for your portion of rent if you are accepted in this program.

Would you be willing to do so should you be required? Yes No

Do you have income? Yes No

Amount	Source
\$	
\$	
\$	
\$	
\$	

Is client over the income limit? Yes No

Marital Status

Are you: Married Separated/Estranged Divorced Widowed
 Single/Never married

Definition of Estrangement:

Separated and living apart from one's spouse, by choice, prior to your admittance to this center. This is considered a hostile relationship. You have no plans to re-establish a relationship (includes spousal visits both inside and outside the center) with your spouse during your participation in this program.

Legal

Have you been court ordered to this program? Yes No

If yes, please explain: _____

Are you on probation or parole? Yes No

If yes, what is your Probation/Parole Officer's name? _____

Probation/Parole Officer's Phone Number: (____) _____ - _____

Are you Department of Corrections (DOC) referred? Yes No

Are there any active warrants on you? Yes No

Do you have any legal issues at this time? Yes No

Do you have any upcoming court dates? Yes No

If yes to any of the above, please explain: _____

Are you physically violent?

Yes No

Are you a registered sex offender?

Yes No

Have you ever been arrested for a misdemeanor?

Yes No

If yes, please list all arrests: _____

Have you ever been convicted of a felony?

Yes No

If yes, please list all arrests/convictions: _____

Medications

Are you taking any medications at this time?

Yes No

If yes, please list: _____

Do you have legal prescriptions for these medications?

Yes No

Are you prescribed or ordered to take medication that you do not have or are not taking at this time?

Yes No

If yes, why are you not taking the medication? _____

If you are accepted to this center, you must bring a 30-day supply of your approved medication. Do you agree?

Yes No

Substance Abuse Assessment

I use/abuse drugs I use/abuse alcohol I use/abuse both

Complete the following in order of preference:

Drugs Abused/Used	Method Taken/Used	Age of First Use	Date Last Used
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Medical History

Have you ever experienced any of the following:

Delirium Tremens (DTs)? Yes. *If yes, when?* _____ No

Seizures? Yes. *If yes, when?* _____ No

Do you have:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Hepatitis (A, B, C) | <input type="checkbox"/> Liver Problems |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Migraines | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Arthritis |

Do you have any current physical problems? Yes No

If yes, please describe: _____

Do you have any disabilities? Yes No

Can you care for yourself without physical assistance? Yes No

Do you need special accommodations? Yes No

If yes, please explain: _____

(Females Only)

When was your last menstrual cycle? _____ Are you pregnant? Yes No

Mental Health Assessment

Have you ever been treated for any mental health problems, or been diagnosed with a mental health problem, or condition? Yes No

If yes, please explain: _____

Have you ever been hospitalized for this condition? Yes No

If yes, when? _____ Where? _____

Have you ever attempted suicide? Yes No

If yes, when? _____ How? _____

Do you currently have thoughts of hurting yourself? Yes No

(If yes, get location of caller, continue to talk to caller while having other staff member contact authorities, if intervention is needed, or encourage caller to go to safe place.)

(Staff) Did you have to do this? Yes No

Results: _____

Children

Do you have dependent children? Yes No

If yes, what ages? _____

Are they safe? Yes No

Where are they? _____

Who has guardianship/custody of the children? _____

Fees

Are there any fees associated with your program? Yes No

If yes, inform client upfront.

Acceptance to Program

Is this applicant/caller appropriate for this facility (if no, go to Program Denial Section below)?

Yes No

If yes, is there a waiting list?

Yes No

Is there current bed space available?

Yes No

Will applicant/caller be referred for admittance?

Yes No

Refer applicant/caller to waiting list?

Yes No

Program Denial

Reason: _____

The applicant/caller has been determined to be not be appropriate for this program and has been notified of this.

Yes No

Additional Comments: _____

Staff Signature: _____ Date: _____

Date of First Screening: _____ Time: _____ a.m./p.m.

Staff initials _____

Date of Second Screening: _____ Time: _____ a.m./p.m.

Staff initials _____

Date of Third Screening: _____ Time: _____ a.m./p.m.

Staff initials _____

Intake Application

This form is to be completed by the applicant to the Recovery Kentucky Center.

Date: _____ Time: _____ a.m./p.m. (Circle one)

Client ID# _____

Personal Information

Name: _____
Last First M.I.

Maiden/Other Names: _____

Social Security Number: _____ DOB: _____

Place of Birth: _____
City County State Country

Permanent Address: _____

Housing Background

Where are you currently living?

- | | | | |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Rental | <input type="checkbox"/> Apartment | <input type="checkbox"/> On the Street | <input type="checkbox"/> Couch surfing |
| <input type="checkbox"/> Car | <input type="checkbox"/> Own Home | <input type="checkbox"/> Boarding Home | <input type="checkbox"/> Family |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Mission | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Alcohol/Drug Treatment Facility | | <input type="checkbox"/> Mental Health Facility | |
| <input type="checkbox"/> Jail/Prison-Federal or State | | <input type="checkbox"/> Other: _____ | |

Have you been homeless in the past year? Yes No

Past 3 years? Yes No How many times? _____

Racial Background

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Eskimo | <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Other: _____ | |

Veteran Status

Are you a veteran? Yes No If yes, what branch of service? _____
Served in War time? Persian War Gulf War Vietnam War
 Other: _____

Type of discharge: Honorable Dishonorable Medical

Eligible for V.A. Benefits? Yes No Receiving V.A. Benefits? Yes No

Marital Status

Are you: Married Separated/Estranged Divorced Widowed
 Single/Never married

Definition of Estrangement:

Separated and living apart from one's spouse, by choice, prior to your admittance to this center. This is considered a hostile relationship. You have no plans to re-establish a relationship (includes spousal visits both inside and outside the center) with your spouse during your participation in this program.

Children

Do you have dependent children? Yes No

If yes, how many and what ages? _____

Are they safe? Yes No

If not, why? _____

Where are they? _____

Who has guardianship/custody of the children? _____

Legal

Have you ever been arrested for a misdemeanor? Yes No

If yes, please list the charges: _____

Have you ever been arrested for a felony? Yes No

If yes, please list the charges: _____

How did you find out about the Recovery Kentucky Program? _____

Were you referred to the Recovery Kentucky Program and if so, by who? _____

Education

Do you have a High School Diploma/GED? Yes No

If no, what was the highest grade you completed in school? _____

Do you have a college degree? Yes No

If no, have you acquired any college credit? Yes No

What other educational background do you have? _____

Do you have a professional license? Yes No

If yes, in what? _____

Domestic Violence

Are you currently in a violent relationship? Yes No

Have you had a previous violent relationship? Yes No

Are you safe now? Yes No

Income

Income includes funds or goods and services earned, received, or given in kind. Income can be wage, pension, welfare assistance, informal support, interest from a bank account, asset income from property owned, life insurance cash value, someone paying your bill on your behalf, or buying an item for you on a regular basis, such as cigarettes, etc. If you receive child support or unemployment, you will receive neither while in the center. Child support should be directed to the person(s) caring for your dependent children and you will not be eligible to legally draw unemployment while a client of this center. If you are married and not estranged, **all family income** must be reported. Because this program has restrictions based on client income, all income must be revealed, reviewed, and verified. Failure to report truthful income could result in dismissal from the program and a repayment or fraud charges.

Do you have income? Yes No

If yes, what is the monthly gross amount, prior to taxes and other deductions? \$ _____

What is the source of your income? _____

Will you still have this income when you enter the recovery center? Yes No

Are you disabled? Yes No

If yes, do you receive a benefit or pension for this disability? Yes No

If yes, how much monthly? \$ _____

Insurance

Do you have health or dental insurance? Yes No

If yes, what is the source? _____

Do you have life insurance? Yes No

Does it have cash back allowances? Yes No

Substance Abuse History

I use/abuse drugs I use/abuse alcohol I use/abuse both

Complete the following in order of preference. Include all drugs ever used. Method would be inhalation, oral, injection, smoking, etc.:

Drugs Abused/Used	Method Taken/Used	Age of First Use	Date Last Used
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Medical Statement

If a client was referred but does not qualify for admission to the Recovery Kentucky center, the form letter below must be sent to the referring person/agency with a copy of the Authorization for Release of Information.

DATE

Client Name: _____

Social Security Number: _____

Date: _____

To Whom It May Concern:

The Recovery Kentucky center is a **non-medical unit**, and unable to keep the client named above. Clients who need medical attention we cannot provide will be referred to the medical facility of their choice.

Recovery Kentucky cannot accept any clients on medications for withdrawal symptoms. We do not accept clients who are on Librium, Valium, Serax, or their substitutes. If this client is referred back to the Recovery Kentucky Program, they must be medically stable and no longer require any of these or other addictive medications.

Medications for blood pressure or seizures are allowed (except Klonopin), if the client has a seven-day supply when returning to the center. Any client with blood pressure of 180/110 or higher or 85/55 or lower will not be admitted to the Recovery Kentucky center. If the client is prescribed a psychotropic medication, they must have a 30-day supply of medications.

Please fill out the attached Authorization for Release of Information so we may obtain information pertaining to the client's medical diagnosis so our facility can determine if the client is medically stable and able to function in a non-medical facility. Please send the original forms back with the client.

Thank you for your assistance in this matter. If you have any questions regarding this request, please call me.

Sincerely,

Staff Name
Staff Title
Telephone Number
Address

Authorization for Release of Information

Client Name: _____

Date of Birth: _____ Social Security Number: _____

I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment of psychiatric disorders/mental health, as well as drug and/or alcohol use, from the Recovery Kentucky Program, as well as any other such agency or medical practice from which I have received services. If I have been tested, diagnosed, and/or treated for psychiatric disorders, mental health, or drug and/or alcohol use, I specifically authorize the release of all health care information relating to such testing, diagnosis, and/or treatment to/from the person or entity listed below.

I am giving this consent voluntarily and have been informed of the type of information requested. Information may be released in either written or verbal format. The benefits and disadvantages of releasing information have been explained to me. I understand that provision of service does not depend on my decision concerning the release of information. However, in certain limited circumstances, due to legalities of some service providers, I may be denied services if necessary consent is not given.

TIME LIMITATION OF RELEASE: This consent is valid until I complete or am discharged from the Recovery Kentucky center. I may revoke this consent at any time by signing the revocation section at the end of this document, except to the extent that information has already been released based upon it. I understand that if I am participating in the program as a formal condition of my parole, probation, or order of the court, I cannot revoke this authorization until the confinement, parole, or probation, is formally released on my behalf by such authority.

Information To Be Released

- Evaluation/Assessment
- Medication/Laboratory Reports
- Recovery Life History
- Drug Screens
- Progress Report/Notes
- Immunization Record
- Treatment/Service Plans
- Discharge Information
- Assignment Record Sheet
- Waiting List/Bed Availability
- Other: _____
- Other: _____

Purpose of Release

- At the request of the client
- Continuity of care
- External quality/utilization review
- Compliance with court-ordered recovery services
- Other: _____
- Other: _____

This information should be:

Disclosed to: _____

Received from: _____

Name of Person/Agency: _____

Address: _____

Phone number: _____

Please check one:

I agree to the person/entity above being informed that I am no longer in the program, in the event that I am discharged or discharge myself from the program. This information will be given only if the above person contacts this facility.

I do not agree to the person/entity identified above being informed that I am no longer in the program, in the event I am discharged or discharge myself from the program.

Signatures

Client Signature: _____

Date Signed: _____

Witness/Staff Signature: _____

Date Signed: _____

Notice to the Recipient: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). Federal rules prohibit any party from making further disclosure of this information “unless further disclosure is expressly permitted by the written consent of the person to whom it pertains” or is otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute an alcohol or drug abuse patient.

Revocation of Authorization

I hereby revoke the authorization of any information noted on this document to the person or entity listed. I understand that if I am participating in the program as a formal condition of my parole, probation, or order of the court, I cannot revoke this authorization until the confinement, parole, or probation, is formally released on my behalf by such authority.

Client Signature: _____

Date Signed: _____

Permission to Drug Test

Client Name: _____

I give permission for the Recovery Kentucky Program to perform alcohol and drug testing on me. I realize that by giving my permission for this testing, I will stand liable for any consequences that might result from a positive test. I also understand that refusal to submit may result in my eviction from the property.

Client Signature: _____ Date: _____

	Positive	Negative
Benzodiazepines test results	_____	_____
Cocaine test results	_____	_____
Marijuana test results	_____	_____
Methadone test results	_____	_____
Methamphetamine test results	_____	_____
Opiate test results Oxycodone test results	_____	_____
Alcohol test results	_____	_____
Creatinine	_____	_____
Nitrite	_____	_____
Glutaraldehyde	_____	_____
pH	_____	_____
Specific Gravity	_____	_____
Oxidants/PCC	_____	_____
Other: _____	_____	_____

Staff Signature: _____

Print Name: _____

Title: _____

Date: _____ Time: _____ Temperature: _____

Please list any medications for which there is any reason to believe a test will read positive:

Comments: _____

Life History

If you need assistance filling out this form, please ask a Recovery Kentucky center staff member.

Client Name: _____

Social Security Number: _____

Birth Date: _____ Age: _____ Race: _____

Please answer the following questions. Some answers only require selecting the best response or all that apply. A staff member will then review this assessment with you.

Family History

Who did you live with growing up? Mother Father Other relatives
 Foster care Other: _____

Please explain: _____

Where were you raised? Rural Urban area Other: _____

Parent's occupation: _____

My mother was: Good Religious Smart Loving Critical
 Demanding Cold Warm Bad
 Sick Absent Inadequate Kind Harsh
 Other: _____

My father was: Good Religious Smart Loving Critical
 Demanding Cold Warm Bad
 Sick Absent Inadequate Kind Harsh
 Other: _____

How many times did you move before turning 18? _____

What is/was your family's beliefs/orientation to alcohol and drug use? _____

Current Family Situation

Are you: Single Married Separated/Estranged Divorced
 Widowed Cohabiting

How long? _____

How many times have you been married? _____

How many children do you have? _____

How would you describe your family life? Peaceful Fighting Loving
 Angry Warm Distant Caring Selfish Calm
 Tense Enjoyable Difficult Rewarding Irritating
 Other: _____

Do you have any relatives who have or had alcohol or drug problems? Yes No

If yes, who? _____

Do you have family/friends who can attend a family education session? Yes No

If yes, who? _____

Where were you living before admission? House Apartment Trailer
 Mission Car Street Rented room Halfway house
 Jail/prison Other: _____

How long have you lived there? _____

Before that, where were you living? House Apartment Trailer
 Mission Car Street Rented room Halfway house
 Jail/prison Other: _____

How many times have you moved in the past two years? _____

Who are you currently living with? Spouse Parent(s) Friend Partner
 Children Other: _____

Do any of the people you live with consume: Alcohol Drugs Both
 Nothing

Do the people you live with know you are entering a recovery program? Yes No

Where do you plan to live after this program? _____

Staff notes: _____

Employment/Financial History

Are you currently employed? Yes No

If yes, how long? _____

Employer: _____

Job title or duties: _____

Were job changes in some way related to your alcohol/drug use? Yes No Maybe

If so, how? _____

Do you have a job to return to after this program? Yes No Maybe

Check all problems that applied to your last job: Absenteeism Tardiness
 Arguments Decreases in job performance

Did your employer suggest or insist that you come to treatment? Yes No

What is your main source of income? Employment SSI AFDC
 Family Other: _____

Explain: _____

Has your income changed during the past two years? Yes No

How has it changed? Increased Decreased Remained the same

Are you experiencing financial difficulties? Yes No

Explain: _____

Staff notes: _____

Legal History

How many times have you been arrested in the last two years? _____

What were the charges? _____

How many DUIs have you received in the past five years? _____

Date of last DUI: _____

Have you ever been in jail or prison? Never Once More than once

Length of last sentence: _____ Charges: _____

Are you currently on probation/parole? Yes No

Beginning date: _____ Ending Date: _____

If yes, name of probation/parole officer: _____

How often do you report to the officer? _____

Have you signed an Authorization for Release of Information to your probation/parole officer?
 Yes No

Do you have any pending court dates? Yes No

Date: _____ Pending charges: _____

Please explain: _____

Date: _____ Pending charges: _____

Please explain: _____

Date: _____ Pending charges: _____

Please explain: _____

Do you have any outstanding warrants? Yes No

Please explain: _____

What is your attorney's name: _____

Do you have any peace bonds, restraining orders, or no-contact petitions?
 Yes No

If yes, what is your relationship to the person involved? _____

Was Child Protective Services (CPS) involved? Yes No

Sexual History

Are you currently in a one-partner (monogamous) relationship? Yes No

If yes, how long have you been in the relationship? _____

Are you sexually active? Never Yes No

Are you currently involved with more than one person? Yes No

If yes, how many people are you involved with? _____

What is your sexual orientation? Heterosexual Homosexual Bi-Sexual

Has your sexual behavior been affected in some way by drinking and/or drugging?
 Yes No

How so? _____

Staff notes: _____

Spiritual History

What was/is your family's religious denomination? _____

What is your current religious denomination? _____

What, if anything, does the term "Higher Power" mean to you? _____

Do you ever pray or meditate? Yes No

Do you think there is a difference between a religious person and a spiritual person?
 Yes No

Please explain: _____

Has your spiritual/religious involvement been affected in some way by drinking and/or drugging?
 Yes No

How so? _____

What do you depend on most in times of crisis or despair? _____

Does this thing help you? _____

Are you open to believing in a "Higher Power"? Yes No

Please explain: _____

Staff notes: _____

Chemical Use History

To get the desired effect, have you increased or decreased the amount of drugs/alcohol used?
 Increased Decreased

Have you had memory losses during drinking/drugging? Yes No

Have you tried to quit or cut back? Yes No

Have you switched from your usual chemical? Yes No

What do you usually use? _____

How do you use it? _____

Have you ever had Delirium Tremens (DTs)?
 Yes, more than once Yes, once No

Have you ever had any withdrawal symptoms? Yes No

If yes, which ones? Shakes Sweats Cramps No appetite
 Nausea Other: _____

Have you ever had withdrawal seizures? Yes, more than once Yes, once No

How have you supported your habit? _____

How would you describe your chemical use?

A problem for me A problem for others Both

Do you have any relatives with addictions to drinking/drugging?

Yes No

Do you have any problems with family members related to your use of alcohol or drugs?

Yes No Maybe

Chemical Dependency Assessment

Marijuana/Hash/OTHER

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

Alcohol (beer, wine, liquor)

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

Inhalants (gas, glue, rush)

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

Speed (meth, uppers, crank, etc.)

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

Downers (barbs, tranqs, etc)

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

Hallucinogens (LSD, peyote, etc.)

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

PCP (alone or on pot, dust, etc.)

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

Narcotics (opium, heroin, codeine, oxycontin, etc.)

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

Cocaine (snow, crack)

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

Cigarettes

Age of first use? _____ Used in last 3 months? _____

Frequency of use? _____ When did you last use? _____

Any other substances not listed (including prescription drugs)? Yes No

Please explain: _____

Staff notes: _____

Have you ever had chemical dependency treatment? Yes No

If yes, was it: In-Patient Out-Patient Both

In-Patient Treatment History

Treatment #1

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Treatment #2

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Treatment #3

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Out-Patient Treatment History

Treatment #1

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Treatment #2

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Treatment #3

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

After your last treatment, how long did you stay sober/clean? _____

Why do you think treatment did not work for you previously? _____

Have you ever attended AA/NA? Yes No

If yes, how many times? Once A few times Often

Do you know anyone in the AA/NA programs? Many Several One None

Do you currently have a sponsor? Yes No

If no, have you had one previously? Yes No

Do you have a home group? Yes No

If no, did you have one previously? Yes No

When did you attend your last AA/NA meeting? Last week Last month
 Within the past year Over a year ago

Staff notes: _____

Psychiatric/Emotional History

Have you ever had psychiatric/emotional treatment? Yes No

If yes, what were you mainly treated for? _____

If yes, was it: In-Patient Out-Patient Both

In-Patient Treatment History

Treatment #1

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Treatment #2

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Treatment #3

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Out-Patient Treatment History

Treatment #1

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Treatment #2

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Treatment #3

Where? _____

When? _____

Reason? _____

MD/Counselor Name? _____

Have you ever attempted suicide? Yes No

If yes, how many attempts? _____ When? _____

What happened? _____

Has anyone in your family attempted or committed suicide? Yes No

What happened? _____

Have you ever been physically abused? Yes No

Have you ever been sexually abused? Yes No

Are you taking medication(s) for psychiatric or emotional problems? Yes No

If no, have you previously? Yes No

What were the medications? _____

Has anyone in your family ever been treated for a psychiatric or emotional disorder?
 Yes No Don't know

Who? _____

Staff notes: _____

Military History

Have you ever served in the military? Yes No

Are you currently serving in the military? Yes No

What branch? _____

Are you: Active Reserve

Have you been discharged? Yes No

If yes, was it: Honorable Dishonorable Other

When? _____

Please explain: _____

Did you have problems in the military? Yes No

Were those problems related to your alcohol/drug use? Yes No

Please explain: _____

Staff notes: _____

Strengths/Limitations

List three of your strengths:

- 1. _____
- 2. _____
- 3. _____

List three of your limitations:

- 1. _____
- 2. _____
- 3. _____

Initial Staff Reviewer: _____

Print Name: _____ Date: _____

Reviewed by nurse practitioner or social worker before transfer to MT.

Nurse Practitioner/Social Worker: _____

Print Name: _____ Date: _____

Follow-up recommendations: _____

Consent for Drug/Alcohol Recovery Services

Client Name: _____

I request admission to the Recovery Kentucky Program for drug and alcohol recovery services and give consent to the staff and peer mentors to provide services to me. I understand that my alcohol and substance abuse records are protected by Federal regulations as defined in 42 CFR Part 2 and cannot be disclosed without my written consent, except as provided for in these regulations.

Limitations on Confidentiality: I understand my rights of confidentiality apply to all communications with any member of the staff subject to the limitations as described below. Specifically, I understand that while mental health/substance abuse information is confidential, there are exceptions.

Staff are required to disclose confidential information without my consent under certain circumstances that include, but are not limited to, the following:

1. Any instance of child neglect, exploitation, or abuse is reported to the Department of Social Services and/or the police.
2. Any instance of adult or spouse abuse/neglect is reported to the Department of Social Services.
3. If any danger is posed to myself, others, or the security of the agency.
4. If I need emergency hospitalization or medical intervention.
5. If I introduce personal mental health or substance abuse issues in court.
6. If a court orders the Authorization for Release of Information from the Recovery Kentucky Program.

I further understand that, while every effort will be made to guard my confidentiality, because of the nature of group services, absolute confidentiality cannot be guaranteed.

Nature of Recovery Services: I understand that the Recovery Kentucky Program is providing recovery services to me. I understand that there are no certain outcomes from these services and that individual experiences with recovery services may vary. I also understand that this is a drug- and alcohol-free environment and that I may be discharged if I bring drugs or alcohol on-site.

Duration of Consent: I am aware that I may withdraw my consent at any time with appropriate written notice. However, I agree that this authorization will remain in effect for the duration of all substance abuse services rendered at Recovery Kentucky Program, or until I terminate the program.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Client Rights Form

Client Name: _____

Date of Birth: _____

As a client of the Recovery Kentucky Program, you have the right to expect your constitutional, human, and civil rights to be protected. If, at any time, you feel these rights are being violated, please discuss the matter with the staff person on duty.

You have the right to:

- Submit grievances, recommendations, and opinions regarding your services without fear of reprisal. Clients may submit grievances to the Site Administrator of the Recovery Kentucky center.
- Be free from discrimination and be treated with consideration and respect.
- Be free from any physical, verbal, and mental abuse.
- Expect individual recovery services, planning and supportive counseling.
- Expect Confidentiality
 - The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal and State laws and regulations (42CFR Part 2 for Federal regulations).
 - The program may not inform a person outside the program that a client attends the program or disclose any information identifying a client as an alcohol or drug abuser, unless:
 - The client consents in writing by completing the Authorization for Release of Information naming the inquiring person or entity.
 - The disclosure is allowed by a court order
 - The disclosure is made for emergency medical personnel or, in certain instances, for internal program evaluation.
 - The client commits or threatens to do harm to themselves or others.
 - In cases of suspected child abuse or neglect or abuse/neglect of an adult or spouse abuse, as mandated by Kentucky statute.

Violation of the Federal law and regulations by a program is a crime. Suspected violation may be reported to the United States Attorney in the district where the violation occurs.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Emergency Contact List

Client Name: _____

Social Security Number: _____

We **must** have the name, address, and phone number of at least one next of kin or someone else you designate to notify in case of an emergency. This person will **only** be contacted if you have a medical emergency.

Contact #1:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (_____) _____

Contact #2:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (_____) _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Contract Against Self-Harm

Client Name: _____

I state that I do not have any intention of harming myself or anyone else. Should I begin to have serious thoughts of hurting myself or someone else, I agree to do the following:

1. Tell someone immediately by seeking out SOS staff or other staff person on-site and talk to that staff person.
2. I will not isolate myself.
3. Under no circumstances will I do harm to myself or anyone else. I know there is help for me.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

SOS Contract

Client Name: _____

Date of Admission: _____ Time: _____ a.m./p.m.

I do hereby consent to be admitted voluntarily in this non-medical SOS unit. I understand that my admission is indicated because of my condition and I will adhere to all rules and services recommended by the SOS staff personnel.

I agree to respect the rights of other clients and staff, I am aware that I will be responsible for my personal hygiene, and I must wear hospital scrubs at all times until I am discharged from the SOS unit.

I am aware that I may have in my possession one small bag of personal effects, excluding makeup, curling irons, perfumes, or electronic/battery media devices and any items of value brought in the SOS unit are my own responsibility. I understand that the staff cannot accept any money or other valuables for storage. I understand that any personal belongings, including any approved medications, left on the premises after my dismissal or discharge may be discarded. I know that I will be accountable for taking my own medications, under supervision by an SOS staff person. I also give my permission for the SOS unit, if needed, to contact my doctor regarding any prescription medications.

In the event I need medical attention due to any medical conditions, I understand that the SOS staff will refer me to an outside medical facility of my own choice and at my own expense. I have been informed that if I refuse any needed medical attention, the SOS unit has the right to discharge me.

I am aware that I can only make one personal phone call per stay in the SOS unit and business calls may be allowed at the discretion of SOS staff.

I understand that SOS staff has the right to search my personal belongings at any time, including upon admission, while I am here, and at the time of discharge.

I understand that SOS staff has the right to discharge me at any time for refusal to comply with rules, and that misuse of this service can affect my future admissions.

I understand that smoke breaks are generally hourly. However, SOS staff may allow SOS clients to smoke at staff discretion. I know that I may enter and exit through approved locations only.

I, in no way, hold SOS staff responsible for any accident, illness, or injury occurring during my stay here.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

SOS Staff Notes

Client Name: _____

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

Did client spend shift in bed? Yes No

If no, why? _____

Did client eat a meal this shift? Yes No

Did client eat a snack this shift? Yes No

Did client have plenty of fluids? Yes No

Did client attend Recovery Dynamics class today? Yes No

If no, why? _____

Has client read the big book this shift? Yes No

If no, why? _____

Did client isolate this shift? Yes No

Did client attend an AA/NA meeting this shift? Yes No

If no, why? _____

Behavior (Check all that apply): Cooperative Uncooperative Confused
 Anxious Manipulative Agitated Depressed

Did client identify any consequences of her drinking/drug use? _____

If no, why? _____

Blood Pressure/Pulse Rate Staff notes: _____

Staff Signature: _____

Motivational Track Orientation and Contract

A Staff Member or Peer Mentor must go through each item with the client, ensuring each item is checked off, put the original in the client's file, and give client a copy.

Client Name: _____

Date of Admission: _____ Time: _____ a.m./p.m.

Room Number: _____ Bed: _____

I have had the following documents/procedures explained to me:

- Client contract
- Meetings verification sheet
- Client schedule
- Progression through the program
- Client boards
- History of Alcoholism
- Participation in program evaluation
- Job assignment procedure

I have completed or received each of the following documents:

- Drug Information Sheet
- History of Alcoholism
- Copy of Contract
- Client Schedule
- AA Verification Sheet
- Check list to complete within two weeks
- Problem Sign In Sheet
- Clothing Limit Sheet

As a client of the Motivational Track (MT) component, I agree to:

- Observe the Six Cardinal Rules:
 1. No drinking or drugging
 2. No violence or threats of violence
 3. No racial slurs or innuendo
 4. No sexual acting out
 5. No stealing
 6. No gambling (including lottery)
- Participate in all daily educational classes
- Participate in all in-house AA/NA meetings
- Complete all written homework, as assigned
- Perform job tasks, as assigned
- Observe curfew
- Get **PRIOR** approval for all new prescription medications from health care professional

I understand that the only acceptable absence from any of the above requirements is if I have a court or medical appointment with documented written approval by the MT Coordinator (or any available staff in their absence) 24 hours prior to the appointment.

I understand that to complete the MT component, I must:

- Complete all written requirements, according to Recovery Dynamics.
- Attend all required AA/NA meetings with 60 percent of those being outside the center.
- Find a sponsor before entry into Phase I.
- Provide required ID, Social Security card, birth certificate, or other accepted documentation necessary for housing/food stamps, as required.
- Have an overall assessment by the staff to evaluate the strengths of my recovery program, which includes:
 - My participation in meetings and classes.
 - Quality of my recovery program.
 - Assessment of longevity of my sobriety

As a participant in the MT component, I promise I will:

- Be responsible. I will attend, participate in, and be on time for all scheduled activities, including all housekeeping tasks.
- Meet with visitors in only approved visitor areas.
- Abide by the phone policy
- Abide by the Six Cardinal Rules, and I understand failure to do so may result in my immediate dismissal from the program.
- Smoke only in designated areas outside the facility. I understand that there is absolutely no smoking inside the facility.
- Confront other clients if they violate these guidelines, and I will make staff aware of any violations, or suspected violations, of these guidelines.
- I understand that my program records and reports are confidential. However, my progress in the program will be posted on status boards along with all other clients in the program.

Statement of Understanding

By signing below, I acknowledge that I have been oriented to the MT component and have received a copy of the program schedule. Also, I confirm that I have read this contract, guidelines, and responsibilities, and I agree to follow them. I understand that violation of any of these guidelines will result in consequences, which may include discharge from the Recovery Kentucky Program. In addition, I understand any injury or other consequence suffered by me, another client, or a third person, as a result of any violation of these guidelines and responsibilities will be my responsibility. I also understand that the Recovery Kentucky Program can seek indemnification (damages) from me if I am found liable of inflicting harm on property or person in this facility.

Client Signature: _____ Date: _____

Peer Mentor Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Motivational Track Checklist

Client Name: _____

Must be completed before entry into MT2

Needed	Date Completed	Staff Initials
Identification Card		
Social Security Card/Allowed Substitution		
Birth Certificate/Allowed Substitution		
Sponsor		
Food Stamp Application (if qualified)		
Meet with staff for Housing		

Turn this form in to MT Staff when every item is checked off and dated.

Date all must be completed and turned in: _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Motivational Track Client Record Sheet

Client Name: _____

Class time: _____

Date	Signature of Instructor

Class time: _____

Date	Signature of Instructor

Class time: _____

Date	Signature of Instructor

Clients must turn their sheet in weekly at the time and place designated by the center.

Recovery Dynamics Assignment Record

Client Name: _____

ASSIGNMENT	DATE COMP.	ASSIGNMENT	DATE COMP.
Step1:Mark All Step 1 in Green			
MT 1 Orient Date		Bill's Story **Keep	
MT 2 Orient Date		Test - Dr. Op./Bill Story *T/A	
History of Alcoholism *T/A		Drinking Case History/Self Evaluation**Keep	
Doctor's Opinion *T/A		Total Meetings in MT	
Step 2: Mark in Blue		Test-5 th Step *T/A	
Test -There is a Solution and page 569 *T/A		Hold Self Evaluation after 5th Step is done with Sponsor /5 proposals *T/A	
Test – More about Alcoholism *T/A		Step 5 Self Evaluation (after Step 5 is done with Sponsor)/5 proposals **Keep	
Test – We Agnostics *T/A		Must have the first Action II before Step 6	
Self Evaluation- *T/A		Step 6 & 7 Mark in yellow	
Fellowship Synopsis **Keep		Test-Step 6 & 7 (1 week)**Keep	
		Character Defects /Self Evaluation *T/A	
Step 3		Steps 8 & 9	
		Complete Job History **Keep	
Test on Step 3 **Keep		Complete Family History **Keep	
Self Evaluation *T/A		Test-Step 8 & 9 (1 week)*T/A	
Self Will Synopsis**Keep		Transitioning Phase 2 Petition given	
Sponsorship Synopsis **Keep		5 Amends completed (verifiable)	
Must have the first Action I Class Before Starting Homework on Step 4. Mark in Red		(No more homework until petition and amends completed)	
Step 4		Transitioning Phase 2 Petition completed	
4 th Step Test/Directions **Keep		Client must have Test on Step 9 and 4 Action II classes completed to start Life Skills Mark in black	
Completion of Resentments		Steps 10,11,& 12	
Completion of Fears		Working with Others Synopsis	
Completion of Sex Conduct		Working with Others *T/A (Initial, then toss)	
		a. SOS start date *T/A	
Completion of Harms To Others		b. Complete SOS date *T/A	
		c. MT start date *T/A	
		d. MT complete date *T/A	
Hold Evaluation until after Step 4		10 th Step Inventory (10 days)**Keep Can drive after 10 th step	
4 th Step Self Eval *T/A		11 th Step Inventory (10 days)** Keep	

Step 5		To The Wives Synopsis *T/A	
Step 5 (Have 72 hours to complete signed off by sponsor and dated)		The Family Afterwards	
Court order (yes or no)		To Employers Synopsis	
G.E.D. needed		A Vision For You Synopsis	
Money Management completed		Life Skills Started	
Domestic Violence completed		Life Skills completed	
Healthy Relationships completed		Returned homework to client	
Relapse Prevention completed		Number of meetings in and out	
		Discharge Summary	

*T/A—documents should be noted on this form that they were received by dating and staff initialing next to the name of the assignment, and then the assignment is thrown away.

**Keep—documents should be noted on this form that they were received by dating and staff initialing next to the name of the assignment, and then the assignment is either placed in the client’s file or returned to the client.

Requirements for Phase I Orientation:

1. MAST
2. Client Schedule
3. Client Rights
4. Phase 1 Orientation
5. Client Contract

Phase 1 Orientation and Contract

A Staff Member or Peer Mentor must go through each item with the client, ensuring each item is checked off, put the original in the client's file, and give client a copy.

Client Name: _____

Date of Admission: _____ Time: _____ a.m./p.m.

Room Number: _____ Bed: _____

I have had the following documents/procedures explained to me:

- Client contract
- Meeting verification sheet
- Client schedule
- MAST/DAST
- Which Caseworker/Casework Team they are assigned to
- Explain progression through the program
- Explain client boards Explain Peer Mentor
- Explain their participation in program evaluation
- Explain weekend pass procedure
- Job assignment procedure
- Community Meeting Guidelines

I have completed or received each of the following documents:

- Drug Information Sheet
- Client Rights
- Copy of Contract
- Solution Sign In Sheet
- AA Verification Sheet
- Client Schedule
- Community Meeting Guidelines
- Clothing Limit Sheet

As a client of the Recovery Kentucky Program, I agree to:

- Observe and abide by the Six Cardinal Rules.
 - No drinking or drugging
 - No violence or threats of violence
 - No racial slurs or innuendo
 - No sexual acting out
 - No stealing
 - No gambling (includes lottery)
- Participate in all community meetings
- Participate in all daily educational classes

- Participate in all in-house AA/NA meetings
- Complete all written homework, as assigned.
- Perform job tasks, as assigned.
- Not drive (at any time) until I have completed Step 10. At that time, if I have verification of a valid driver's license, current insurance, and permission to drive that vehicle if not owned by me, I may have driving privileges granted. I also acknowledge that to have my driving privileges reinstated, I must also be in good standing in my recovery program.
- Attend and document seven meetings per week.

I understand that the only acceptable absence from any of the above requirements between 8 a.m. and 4 p.m., Monday through Friday, is if I have an approved court or medical appointment, with documented written approval by designated staff prior to the appointment. I know that I may have a maximum of two appointments per week and that any exception must be approved by the center staff.

I understand that to complete the Phase 1 component, I must:

1. Complete the written requirements for Steps 4-12 of AA, according to Recovery Dynamics.
2. Attend 90 AA/NA meetings (50 percent must be outside meetings).
3. Develop an active sponsor relationship and support.
4. Complete Life Skills

As a participant in the Phase 1 component, I promise I will:

1. Be responsible. I will attend, participate in, and be on time for all scheduled activities, including all housekeeping tasks.
2. Abide by the Recovery Kentucky Program visitation policy inside the building,
3. Abide by the Six Cardinal Rules.
4. Not leave the Recovery Kentucky Program grounds until 4 p.m., Monday through Friday, and after deep cleaning on Saturday.
5. Return to the center by the designated curfew time. Any exception must have **prior** approval from staff.
6. Allow myself to be drug tested if I am late for curfew. I acknowledge that if I test positive for drugs or alcohol, I may be sent to SOS for a designated period until approved to return to my previous status, or may be discharged from the program.
7. Not engage in recreational activities or non-recovery related reading between 8 a.m. and 4 p.m., Monday through Friday, unless it is a center-approved activity.
8. Be respectful of other people's belongings and property, including that of the Recovery Kentucky Program. If I damage any property, I will notify staff immediately.
9. Smoke only in assigned area. I will not smoke in the restricted areas, nor while in any meetings. I understand that smoking in the building may result in discharge.
10. Help keep areas of the building clean, inside and out, by putting paper and other trash in the trash cans, wiping up coffee spills, using ash trays for cigarettes, and keeping them emptied.
11. Take care of my belongings and I understand that the Recovery Kentucky Program is not responsible for damage due to the storage of my belongings if I leave with, or without notice. I understand my property will be kept for a minimum of 45 days after I am discharged, at which time it may be disposed of without notice to me.

If I observe violations of these guidelines by other clients, I am my sister's/brother's keeper and will confront them with my observations, as well as make staff aware. I know I will have the opportunity to address my concerns in a community meeting. However, if the violation is of a

serious or life threatening nature, I will go directly to staff and let them handle the matter in its entirety.

I understand that my program records and reports are confidential. However, I know my progress in the program may be posted on status boards along with all other clients in the program. I understand that data is kept on each client's progress, but the data reporting for the program will not include my personal name or identification.

I understand that I can be discharged for: (a) breaking provisions of this agreement or (b) poor motivation as assessed by the staff.

I understand that the "Twelve Step" tradition is when the client spends a center-determined amount of time in SOS, dressed in scrubs, and re-visits their beginning in the recovery process. I know this act of humility reinforces where I as a client came from and where I am now. It is not a mandatory procedure, but is highly suggested for each center to invoke.

Statement of Understanding

By signing below, I acknowledge that I have been oriented to the Phase 1 component and have received a copy of the program schedule. Also, I confirm that I have read this contract, guidelines, and responsibilities, and I agree to follow them. I understand that violation of any of these guidelines will result in consequences, which may include discharge from the Recovery Kentucky Program. In addition, I understand any injury or other consequence suffered by me, another client, or a third person, as a result of any violation of these guidelines and responsibilities will be my responsibility. I also understand that the Recovery Kentucky Program can seek indemnification (damages) from me if I am found liable of inflicting harm on property or person in this facility.

Client Signature: _____ Date: _____

Peer Mentor Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Weekend Pass Request

Client Name: _____

After you complete Step 5 in Phase 1 and are an active participant in the Community setting, you are eligible for weekend passes, if you wish. You must submit to a urine test upon returning to the center. You must follow your pass as presented. Please complete the following items to request a weekend pass.

Where are you going? _____

Why are you going? _____

If you are on probation or parole, do you have a signed copy of the Travel Permit on file with the center? Yes No

Do you have alternate transportation for the return trip back to the center? Yes No

How/from whom? _____

List two contact names and numbers that will know your whereabouts in case of emergency:

_____ (____) _____

_____ (____) _____

List the AA/NA meetings you will attend while away:

Meeting Name: _____ Time: _____

You may leave at (date/time): _____

You must return at (date/time): _____

Report to SOS when you return to the center and have staff on duty sign below. Please note, you **must** submit to a drug test when you return. Return this sheet to your caseworker by 9 a.m. on the Monday after your pass.

Date Client Returned: _____ Time: _____

Staff Signature: _____

Petition for Entry Into Phase 2

Client Name: _____ Date: _____

Date admitted to Phase 1: _____

For the next six months, **one day at a time**, I will:

Attend _____ AA _____ NA _____ AL-ANON _____ ACOA meetings per week.

My home group will be: _____

It meets at: _____

Dates and times of meetings: _____

My sponsor is: _____

Their phone number: (_____) _____

I understand and agree that I will attend Phase 2 Community meetings every Wednesday at 5:30 p.m., until I leave the property. I also agree that I will continue to attend Phase 2 Community meetings for 30 days after I leave the property. I agree that if I move out of the Recovery Kentucky Program area, I will make arrangements with my Phase 2 Coordinator.

I agree to discuss future living plans after Phase 2 with staff members, other Phase 2 members, my sponsor, and at two or more Phase 2 Community Meetings prior to moving out of the program.

Will you need assistance seeking employment? Yes No

How many hours per week will you spend with new friends, i.e., support group and sponsor, for leisure activities in an **Alcohol- and Drug-Free Environment**? _____

I will turn in all Recovery Kentucky property when I leave the grounds. Yes No

I will read daily meditation. Yes No

How many minutes daily will you spend in Prayer and meditation? _____

How many pages will you read daily from the BIG BOOK or the 12 and 12? _____

How many times will you talk with your sponsor per week? _____

I have: GED HS Diploma Vocational School College
 An open Vocational Rehabilitation case
 Other _____

I may need help with the following legal issues: _____

I may need help with the following medical/dental issues: _____

I may need help with the following Parenting/Child Development issues: _____

I have discovered the following concerns about me, my family, and/or my children, that may influence or affect my recovery: _____

I am currently receiving mental health services: Yes No

I will need assistance in addressing mental health issues: Yes No

In the next phase of my recovery, I believe I will need: _____

I will do the following to meet those needs: _____

The main fears I have are: _____

I will do the following to overcome them: _____

The following three items do not have to be answered until you are ready to petition for off-site living.

When I am allowed to live off-site, I plan to live at (address): _____

Phone: (____) _____

I have discussed these living arrangements with my: Sponsor Peer Mentor

Other _____

Describe how you have changed in Phase 1: _____

What problems do you foresee in your continuing recovery? _____

Ways of handling these problems: _____

My Relapse Prevention Plan is: _____

Client Signature: _____ Date: _____

Peer Mentor: _____ Date: _____

Site Administrator: _____ Date: _____

Printed names and signed initials of staff who agree with this petition:

_____	_____	Date: _____

Phase 2 Client Contract

The Phase 2 component of the Recovery Kentucky Program allows the client to prepare to reenter the community. The Recovery Kentucky Program provides services designed to counsel, train, and support the client's transition to give maximum opportunity for success.

The Recovery Kentucky Program uses two primary tools as a preparatory device for a successful reentry. Parenting and Family Education deals primarily with the social issues clients must face as they try to reunite with their families, relatives, and friends. Life Skills deals with the concrete issues, such as the client's skill levels, nutrition, money management, housing, and more. Based on the success of other programs that used the Recovery Kentucky model, it was found the most successful clients are those who continue to follow the Alcohol Anonymous path by maintaining a positive support system by maintaining AA/NA sponsorship and support groups and attending meetings. The Recovery Kentucky Program fits into this support structure by providing services to Phase 2 clients while in transition and beyond.

As a participant in the Phase 2 component, I promise I will:

- Attend Phase 2 Community until I leave the property, as well as for 30 days after I leave, if possible. If it is not possible for me to keep attending Community, I understand arrangements must be made for an approved alternative plan prior to petitioning for exit.
- Attend Phase 1 Communities, if I am on property and I have not worked the night before.
- Comply with random drug testing. I understand that if I relapse, staff will develop a contract for compliance. If I relapse after I leave, I must verbally petition before the Phase 2 Community.
- Request overnight and weekend passes in Phase 2 Community. I understand that I am only allowed two requests per month, and they are given at staff discretion.
- Sign in and out of building, every time I enter or leave property.
- Document which AA/NA meetings I attend each week on my AA/NA Documentation Sheet and I will put the sheet in the Site Administrator's mailbox. I understand that the noon AA/NA onsite meeting will not count towards my required meetings.
- Observe curfew hours and be considerate of others, while entering and leaving the building for smoke breaks, etc. I understand that I may go out of the building to smoke at any time.
- Not have visitors of the opposite sex in my room, nor those of the same sex if I am in a same-sex relationship. I understand that visitors must leave by 10 p.m. and I will be respectful of others.
- Seek work and find a job within two weeks. I understand that I must meet with my case manager daily during this two-week period, unless otherwise approved by my case manager. I understand that if I do not meet this expectation, staff will meet with me and if I do not make a consistent effort to seek employment, I may face discharge. I understand that after finding employment, I may work outside the Recovery Kentucky center for a maximum of 40 hours per week.
- Notify Section 8 when I become employed.
- Deep clean my room every week and before exiting the program. I understand that if this is not done, I will not be in compliance with this program. I know that my deep clean duties must be checked by a Peer Mentor, the Phase 2 Coordinator, or the Housing Program Coordinator.

I understand that I will not be able to attend Phasing Ceremony if I am not in compliance or I am currently working towards achieving compliance with the program.

I understand that to complete the Phase 2 component, I must:

- Submit my Plan of Action for off-site living
 - Present my plan of action to the Phase 2 Community.
 - Make any changes or additions suggested by the Community, and then resubmit my Plan of Action one week prior to exiting the program.
 - After I resubmit, a Community vote is taken and if the majority agrees with my Plan of Action, I may move out of Phase 2 in full compliance.
- Meet the conditions of completion, i.e., be in compliance
 - Rent must be current
 - Rooms must be left in a clean and orderly appearance.
 - All work assignments must be turned in to the case manager.
 - All consequences received in Phase 2 Community prior to exiting Transitional must be completed or arrangements made.
- The Recovery Kentucky Program transitional team will maintain a non-compliance/compliance list to work with any former client who wants to become compliant.

I understand that even after becoming a Phase 2 Alumni, I will still be:

- Provided with support services for my family.
- Welcomed back for non-residential activities/services and support.
- Helped in the event of relapse by working with staff who will assist me to get my recovery back on track and reconnect to the fellowship.

Client Signature: _____ Date: _____

Phase 2 Coordinator: _____ Date: _____

Site Administrator: _____ Date: _____

Phase 2 Continuing Care Plan

Client Name: _____ Date: _____

Date admitted to Phase 2: _____

Case Manager Name: _____

The Phase 2 component of the Recovery Kentucky Program allows the client to prepare to reenter the community. The Recovery Kentucky Program provides services designed to counsel, train, and support the client's transition to give maximum opportunity for success.

As clients continue to focus on their recovery, they begin a parallel process of moving off property and finalizing aftercare plan. Generally, living on property during Phase 2 will be limited to a maximum of six months.

Each client's Phase 1 petition indicates their initial plans for Phase 2.

All clients are encouraged to use Vocational Rehabilitation to set up a plan to find employment. Vocational Rehabilitation provides an array of services to assist them in returning to the workforce. Clients will learn about Vocational Rehabilitation resources in Life Skills class and must make an appointment, with the help of staff, with a Vocational Rehabilitation Counselor after completion of Phase 1.

Clients who have custody or will obtain custody of their children must describe their plan to address parenting responsibilities. Staff will assist in identifying possible parenting resources.

As clients enter Phase 2, they have two options:

1. Employment Program
2. Peer Mentor

Any exceptions to the above options **must** be discussed with and approved by the case manager. Final approval is required by the management team.

This client is approved for option: _____

Action steps to implement this Continuing Care Plan: _____

Client Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Plan of Action for Off-Site Living

Client Name: _____ Date: _____

Date admitted to Phase 2: _____

Planned moving date: _____

New Address: _____

Will you be sharing these living arrangements? Yes No

Phone: _____ Cell phone: _____

Where do you work? _____

Work phone: (_____) _____

Are you current with your present rent payments? Yes No

Have you discussed this move with your:
 Sponsor Support Group In at least two Phase 2 Communities

If living in the Recovery Kentucky area or surrounding counties, do you understand you must attend at least one Phase 2 Community per week for 30 days after you leave the property?
 Yes No

What is your Home Group? _____

Where/when does it meet? _____

List five meetings you attend regularly:

Meeting Name: _____ Time: _____

What are your plans for the future? _____

What are your back-up plans? _____

Client Signature: _____ Date: _____

Phase 2 Coordinator: _____ Date: _____

Site Administrator: _____ Date: _____

Sponsorship

As a client of the Recovery Kentucky Program, it is a requirement to have an active sponsor.

The sponsor **must** sign below with their **first name, last initial, and telephone number**. Also, the sponsor is requested to indicate their willingness to be contacted regarding the client by completing the information below:

Sponsor's Phone Number: (_____) _____

Please check one of the following:

- I **am willing** to have Recovery Kentucky staff call me regarding this client.
 I **am not willing** to have Recovery Kentucky staff call me regarding this client.

Client Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____

Caseworker Signature: _____ Date: _____

Discharge Summary

Client's Name: _____ Date: _____

Date of First Admission: _____ Length of Stay: _____

Date of Last Admission: _____ Length of Stay: _____

Number of Admissions to this Center: _____

Discharged Reasons (check all that apply):

- Completed the Recovery Kentucky Program
- SOS-Restarted the program
- DOC Client, 192 days expired, did not complete the Recovery Kentucky Program
- DOC Client, 192 days expired, completed the Recovery Kentucky Program
- DOC Client, not expired, did not complete the Recovery Kentucky Program
- Terminated from the program (see below)

Reason for Discharge

- Planned Discharge/Completion of DOC Requirements
- Left Against Professional Advice
- Returning Curfew Violation
- Drinking/Using Away While On Leave (AWOL)
- Drinking/Using on Premises
- Refused/Did not complete Community Contract
- Discharged for Misconduct
- Other detailed explanation: _____

Has client obtained employment? Yes No Unknown

Has client obtained housing? Yes No Unknown

Address/Phone: _____

Number of lessons completed: _____ Number of classes attended: _____

Steps Completed: _____

Number of in-house AA meetings attended: _____

Number of outside AA meetings attended: _____

Readmission Plan

Based on the client's nature of discharge, are they recommended for readmission without conditions? Yes No

If no, what recommendations must be met at the time of the next request for admission?

Staff Completing Discharge

Staff Signature: _____

Printed Name: _____ Date: _____

Staff Signature: _____

Printed Name: _____ Date: _____

CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

Sam Client

has successfully completed the substance abuse recovery program requirements at the

Transitions Grateful Life Center for Men

December 4, 2012

Certified by the Kentucky Department of Corrections

David W. Davis, MSW, CADC,
Program Director
Grateful Life Center - Transitions, Inc.

Required Training

All Recovery Kentucky centers are required to have their key employees trained in Recovery Dynamics, as taught by the Kelly Foundation, prior to a Recovery Kentucky center opening. Employees that participate in the groundwork of teaching Recovery Dynamics should be re-certified in this training every two years. Peer Mentors may attend the training and certification if the center has funds available for them to do so.

This comprehensive program follows the 12 steps of Alcoholics Anonymous (AA). Clients work their steps as they progress through the program.

This training consists of:

1. Recognition of the Problem – Powerlessness
2. Solutions
3. Decisions and Self-Will
4. Actions and Personal Inventory
5. Continuous Growth

This training is an effective tool used in helping to guide clients in the Recovery Kentucky Program. By breaking down the 12 steps involved in AA, each participant works their way through the chapters with the help of their instructors, which are usually Peer Mentors, and the “Alcoholics Anonymous” book, also referred to as the “Big Book.” The contact information for the Kelly Foundation, Inc. is:

Kelly Foundation, Inc.
2801 West Roosevelt,
Little Rock, AR 72204
Toll-Free: (800) 245-6428
Phone: (501) 663-6553
Fax: (501) 663-6577
E-mail: kellyadm@kellyfdn.com

Each Recovery Kentucky center must sign a contract with the Kelly Foundation for the initial training. Start up funds are available for the centers to help meet the costs of the training.

For more information about this training, contact Kentucky Housing Corporation’s Mike Townsend toll-free in Kentucky at (800) 633-8896 or (502) 564-7630, extension 715; TTY 711; or e-mail mtownsend@kyhousing.org.

DAST Scoring

The Drug Abuse Screening Test (DAST) is scored with one point given for every scored response. In general a “yes” response is scored, however there are three “no” responses which are also scored. The no-responses scored are questions 4, 5, and 7. An overall score of five or more is considered reason to do further assessment for a drug-related problem (Skinner, 1982). If a person answers “no” to the first two DAST questions, the person should not continue with the rest of the instrument. This is because the remaining questions would be irrelevant if the first two were truthfully negative.

Score: _____ Date: _____

Client Name: _____

Client Signature: _____

Staff Name: _____

Staff Signature: _____

DAST Questionnaire

Client Name: _____ Date: _____

1. Have you used drugs other than those required for medical reasons?
 Yes No
2. Have you abused prescription drugs? Yes No
3. Do you abuse more than one drug at a time? Yes No
4. Can you get through the week without using drugs (other than those required for medical reasons)? Yes No
5. Are you always able to stop using drugs when you want to? Yes No
6. Do you abuse drugs on a continuous basis? Yes No
7. Do you try to limit your drug use to certain situations? Yes No
8. Have you had "blackout" or "flashbacks" because of drug use?
 Yes No
9. Do you ever feel bad about your drug use? Yes No
10. Does your spouse (or parents) ever complain about your involvement with drugs?
 Yes No
11. Do your friends or relatives know or suspect you abuse drugs?
 Yes No
12. Has drug abuse ever created problems between you and your spouse?
 Yes No
13. Has any family member ever sought help for problems related to your drug use?
 Yes No
14. Have you ever lost friends because of your use of drugs? Yes No
15. Have you ever neglected your family or missed work because of your use of drugs?
 Yes No
16. Have you ever been in trouble at work because of drug abuse? Yes No
17. Have you ever lost a job because of drug abuse? Yes No
18. Have you gotten into fights when under the influence of drugs? Yes No
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?
 Yes No
20. Have you ever been arrested for driving under the influence of drugs?
 Yes No
21. Have you engaged in illegal activities to obtain drugs? Yes No
22. Have you ever been arrested for possession of illegal drugs? Yes No
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?
 Yes No
24. Have you ever had medical problems as a result of your drug use?
 Yes No
25. Have you ever gone to anyone for help for a drug problem? Yes No
26. Have you ever been in a hospital for medical problems related to your drug use?
 Yes No
27. Have you ever been involved in a treatment program specifically related to drug use?
 Yes No
28. Have you ever been treated as an outpatient for problems related to drug abuse?
 Yes No

MAST Scoring

The following is the Michigan Alcoholism Screening Test (MAST). Scoring is simple. "Yes" or "no" answers receive between 0 and 5 points each, depending on the significance of the question.

The test and scoring key are below. Total scores will be evaluated as follows:

0-5	No diagnosis of addiction
5-7	Possible addiction
7-15	Early addiction
16-25	Acute (middle) phase of addiction
26+	Severe (chronic) addiction

These scores represent generalizations. Their accuracy depends upon the reliability of the answers given. Spouses or close friends of the alcoholic can take the test for the alcoholic with a 90 percent accuracy rating.

Scoring Key:

1.	Yes 0	No 2	14.	Yes 2	No 0
2.	Yes 2	No 0	15.	Yes 2	No 0
3.	Yes 1	No 0	16.	Yes 1	No 0
4.	Yes 0	No 2	17.	Yes 2	No 0
5.	Yes 1	No 0	18.	Yes 2	No 0
6.	Yes 0	No 2	19.	Yes 5	No 0
7.	Yes 2	No 0	20.	Yes 5	No 0
8.	Yes 0	No 5	21.	Yes 2	No 0
9.	Yes 1	No 0	22.	Yes 2	No 0
10.	Yes 2	No 0	23.	Yes 2	No 0
11.	Yes 2	No 0	24.	Yes 2	No 0
12.	Yes 2	No 0	25.	Yes 2	No 0
13.	Yes 2	No 0			

Score: _____ Date: _____

Client Name: _____

Client Signature: _____

Staff Name: _____

Staff Signature: _____

MAST Questionnaire

Client Name: _____ Date: _____

1. Do you feel you are a normal drinker (By normal, we mean you drink less than or as much as other people)? Yes No
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening before? Yes No
3. Does your wife, husband, or parents ever worry or complain about your drinking? Yes No
4. Can you stop drinking without a struggle after one or two drinks? Yes No
5. Do you ever feel bad about your drinking? Yes No
6. Do friends or relatives think you are a normal drinker? Yes No
7. Do you ever try to limit your drinking to certain times? Yes No
8. Are you always able to stop drinking when you want to? Yes No
9. Have you ever attended a meeting of Alcoholics Anonymous (AA)? Yes No
10. Have you gotten into fights when drinking? Yes No
11. Has drinking ever created problems with you and your wife or husband? Yes No
12. Has your wife or husband (or other family member) ever gone to anyone for help about your drinking? Yes No
13. Have you ever lost friends or a girlfriend or boyfriend because of your drinking? Yes No
14. Have you ever gotten into trouble at work because of drinking? Yes No
15. Have you ever lost a job because of drinking? Yes No
16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking? Yes No
17. Do you ever drink before noon? Yes No
18. Have you ever been told that you have liver trouble or cirrhosis? Yes No
19. Have you ever had Delirium Tremens (DTs), severe shaking, heard voices, or seen things that weren't really there after heavy drinking? Yes No
20. Have you ever gone to anyone for help about your drinking? Yes No
21. Have you ever been in a hospital because of your drinking? Yes No
22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem? Yes No
23. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking has played a part? Yes No
24. Have you ever been arrested, even for a few hours, because of drunken behavior? Yes No
25. Have you ever been arrested for drunk driving or driving after drinking? Yes No