

# Policy and Procedures Manual

Another Sunrise Non-Profit

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# **Chapter I: Introduction**

## **Section I.A: Purpose and Scope**

### **1.1 Purpose**

The purpose of the Another Sunrise Non-Profit's (herein referred to as ASNP) Residential Child Care Facilities (RCCF) and Quality Residential Treatment (QRTP) Policy and Procedure Manual (the "Manual") is to codify the operations and operational system of the ASNP. The Manual is a mandated guide for all staff members, outlining how we function as an organization to provide superior care and meet best practice standards within residential treatment services for at-risk youth.

### **1.2 Scope**

The Manual covers everything throughout the ASNP systems of operation. This includes administrative processes, clinical interventions, resident management, safety protocols, and state/federal regulations that must be met for compliance. The Manual applies to all employees, volunteers, interns, and contractors who work under the umbrella of ASNP. It is important that everyone reading this takes their time to understand its contents so they can stay in line with what's expected of them.

## **Section I.B: Mission Statement and Vision**

### **1.3 Mission Statement**

ASNP is resolute in its mission to give comprehensive and trauma-informed mental health care services within a safe residential environment. Our target population are boys aged 12-18 years who are placed out of their homes and need intense therapeutic interventions. We are dedicated to instigating change, promoting healing, and providing these young people with the knowledge they need so as to reintegrate back into their communities successfully.

### **1.4 Vision**

We aim to be the leading center for residential treatment services setting a standard for quality and novelty. We want to expand our coverage by offering transformative care to marginalized groups, particularly the minority and rural communities. Through strategic alliances and community engagement, we also see ASNP's future as a place where every vulnerable teenager has access to all necessary support systems that would help them achieve their full potential.

## **Section I.C: Program Philosophy and Approach**

## **1.5 Philosophy**

At Another Sunrise Nonprofit (ASNP), our philosophy is built on our belief that every child has the potential to overcome adversity that they face in life. We run on a trauma-informed care model which acts as a foundation for our treatment philosophy—and is supported by Cognitive Behavioral Therapy (CBT) and utilizing Perception, Association, Evaluation, Decision (P.A.E.D.) techniques—as we believe these two combined form the centerpiece of our therapeutic approach.

## **1.6 Trauma-Informed Care (TIC)**

### **1.6.1: TIC Framework**

The cornerstone of our TIC framework is that trauma has widespread effects and implications. Our approach is holistic, taking into account that trauma influences the whole experience of a person, their contacts with others, behavior patterns, and perceptions.

### **1.6.2: TIC Practices**

Combining TIC procedures, we endeavor to establish a safe space, both physically and emotionally, to cultivate trust and a feeling of security among the residents. This approach influences all elements of our care, from clinical interventions down to day-to-day interactions.

## **1.7 Cognitive Behavioral Therapy (CBT)**

### **1.7.1: CBT Integration**

CBT is integrated into our clinical programming to deal with the complex mental health requirements of our residents. The trained therapists implement CBT to help the residents comprehend the dynamic relationship between their thoughts, emotions, and behaviors, thereby encouraging them to make healthy changes.

### **1.7.2: CBT Techniques**

To address many different kinds of psychological problems ranging from mood disorders to behavior patterns, we utilize therapeutic methods such as cognitive restructuring, behavioral activation, or exposure therapy.

## **1.8 Perception, Association, Evaluation, Decision (P.A.E.D.)**

### **1.8.1: P.A.E.D. Implementation**

The P.A.E.D. process is a unique therapeutic tool that allows residents to trace their behaviors back to their perceptions. Through analyzing the process of perception to decision making, residents get an understanding of their behavioral patterns and also acquire strategies to make healthier decisions.

### **1.8.2: P.A.E.D. Application**

Staff is trained in the P.A.E.D. model to ensure its use is uniform across all programs. This model does not only apply in therapeutic sessions but in everyday interactions and it is a pervasive instrument for self-awareness and self-development among our residents.

### **1.8.3: P.A.E.D. Outcomes**

P.A.E.D is created to allow our residents to be in a position of empowering themselves through a reflective process that sees to it that they make better decisions which in turn improve their lives.

## **Chapter 2: Licensing and Compliance**

### **Section II.A: Colorado State Licensing Requirements**

#### **2.1 Licensing Overview**

This manual sets out the standards and requirements that ASNP follows to maintain state licensing as a Residential Child Care Facility (RCCF) and Qualified Residential Treatment Program (Q RTP). ANSP has adopted a comprehensive system that adheres to the Colorado State Licensing Requirements to offer the youth they serve the highest level of care and protection.

#### **2.2 Facility Licensing**

##### **2.2.1: Initial Licensing Process**

ASNP undertook a rigorous initial licensing process, which entailed the submission of detailed operational plans, facility inspections, and staff background checks. The intention was to make the environment habitable for the physical, psychological, and emotional welfare of the residents.

##### **2.2.2: Renewal and Monitoring**

The facility's license is in effect until renewed at regular intervals, as well as subjected to unscheduled inspections to make sure the facility observes all health, safety, and welfare standards in accordance with the rules set forth by the Colorado Department of Human Services (CDHS).

#### **2.3 Staff Licensing**

##### **2.3.1: Staff Qualifications and Training**

All staff members are mandated to qualify for state-mandated qualifications in the areas of education, skills, knowledge and experience,

and special training pertinent to their positions within the organization.

### **2.3.2: Continuous Professional Development**

Continuing professional development is mandatory in ensuring that the level of competence in meeting the residents' fluctuating needs is high. The modules are designed to conform to the stipulations of the latest industry standards and regulatory updates.

## **Section II.B: Compliance with Colorado Regulations**

### **2.4 Adherence to State Regulations**

ASNP is committed to full compliance with all applicable Colorado regulations, specifically, those detailed in the Colorado Code of Regulations (CCR), including but not limited to 12 CCR 2509-8, which pertains to the operation of RCCFs and QRTPs.

### **2.5 Regulatory Compliance Structure**

#### **2.5.1: Compliance Officer**

The organization has appointed a compliance officer responsible for overseeing all aspects of compliance, including implementing policies and responding to regulatory inquiries and inspections.

#### **2.5.2: Compliance Protocols**

A robust compliance program is in place to ensure compliance with federal regulations, including documentation, reports, employee training, and internal audits

### **2.6 Reporting Requirements**

#### **2.6.1: Mandatory Reporting**

Pursuant to Section 7.701.12 of the Colorado Constitution, ASNP adheres to strict reporting procedures for any suspected case of child abuse, neglect, or other serious matters

#### **2.6.2: Incident Reporting and Documentation**

State legislation has implemented a flexible system of incident reporting and correspondence to ensure timely and accurate communication with relevant authorities.

### **2.7 Quality Assurance**

#### **2.7.1: Quality Assurance Program**

The organization's quality assurance program plays an important role in the monitoring and evaluation of service delivery and compliance with



national regulations. This plan includes regular review of clinical supervision, environmental safety, and established compliance programs.

### **2.7.2: Continuous Improvement**

The ethos of continuous improvement requires the organization to continuously refine its compliance systems, ensuring that the highest standards of care and compliance are met.

## **2.8 Collaborative Compliance Efforts**

### **2.8.1: Collaboration with State Agencies**

In collaboration with state agencies and regulatory bodies, ASNP strives to stay abreast of legislative and regulatory changes affecting RCCF-QRTP implementation.

### **2.8.2: Stakeholder Engagement**

Regular engagement with stakeholders, including residents, families, staff, and community members, is central to an organization's compliance strategy, which ensures that all voices are heard and reflected in its actions in operations.

## **Section II.C: Reporting Requirements**

### **2.9 Introduction to Reporting Protocols**

ASNP maintains a strict reporting policy that is consistent with the legal framework established by the Colorado Department of Human Services and establishes legal mandates. These policies are designed to ensure accountability and transparency in our practices to maintain the safety, rights, and welfare of all residents.

### **2.10 Mandatory Reporting of Abuse and Neglect**

#### **2.10.1: Abuse and Neglect Identification**

All employees are mandatory reporters, trained to recognize and respond to any signs of child abuse, neglect, or abuse as defined by state law. This duty extends beyond suspicion to knowledge or any evidence of such circumstances.

#### **2.10.2: Immediate Reporting Procedures**

Where abuse or neglect is suspected, staff must immediately report to the appropriate authorities following the procedures in Colorado Code of Regulations section 7.701.12. This ensures prompt protection for resident (resident) affected by the transaction.

## **2.11 Reporting Critical Incidents**

### **2.11.1: Definition and Documentation**

Critical incidents include a broad range of events, including, but not limited to, medical emergencies, escapes, and any situation that presents an immediate threat to the health or safety of occupants. All such cases should be properly documented and reported in accordance with state guidelines.

### **2.11.2: Internal Notification System**

The facility maintains an internal events system that triggers a series of events to ensure that all relevant administrative and supervisory personnel are notified and that appropriate action can be taken immediately.

## **2.12 Compliance with Reporting Laws**

### **2.12.1: Adherence to State Laws**

The ASNP policy is structured in strict compliance with all relevant state laws regarding the reporting of abuse, neglect and serious incidents, and embodies our commitment to the highest standards of care and legal responsibility.

### **2.12.2: Training and Refreshers**

Regular training and updates are provided to all staff to ensure they fully understand reporting responsibilities, including changes to regulations and internal reporting procedures.

# **Chapter 3: Admissions and Intake**

## **Section III.A: Admissions Overview**

### **3.1 Admissions Philosophy**

The admissions process at ASNP is a pivotal moment that sets the tone for the therapeutic journey ahead. We approach this phase with care, ensuring that every step from initial assessment to final admission is conducted with the utmost respect for the individual needs and rights of prospective residents and their families.

### **3.2 Admission Protocol**

Our admission protocol is a comprehensive process that balances the clinical needs of the program with the individual care needs of each applicant. This is a process designed to ensure fairness, transparency and

compliance with the regulatory standards governing the RCCF and QRTP facility.

## **Section III.B: Detailed Admissions Process**

### **3.3 Eligibility Requirements**

The eligibility for admission is determined based on:

#### **3.3.1 Age Criteria**

Candidates seeking admission must be between the ages of 12-18, to ensure program services and peer groups are age appropriate and appropriate for group development and individual therapy programs.

#### **3.3.2 Diagnostic Criteria**

Applicants must provide a diagnosis of a mental illness as defined by the DSM (Diagnostic and Statistical Manual of Mental Disorders), indicating the need for specialized services provided by the RCCF/QRTP.

**3.1.2.a: Service Match:** Evaluating if ASNP's offerings align with the individual's expressed needs.

**3.1.2.b: Population Suitability:** Confirming if the individual falls within ASNP's service demographic, including age and specific care requirements.

**3.1.2.c: Capacity Assessment:** Ensuring ASNP has the requisite resources and space to provide high-quality care without impacting current residents.

**3.1.2.d: Referral Coordination:** For individuals not eligible, providing alternative organizations that may offer the needed care, treatment, or services.

### **3.4 Formal Application**

#### **3.4.1 Application Submission**

Interested parties are provided with a standardized application form, which they must complete and submit the required documentation for a candidate to be considered for acceptance. The form entails:

**3.4.1.a: Personal Identification:** Gathering name and age to establish a personal connection and ensure age-appropriate care.

**3.4.1.b: Service Inquiry:** Understanding the type of care, treatment, or services sought to determine suitability and potential pathways within ASNP.

**3.4.1.c: Presenting Concerns:** Identifying the reason for seeking ASNP's services, whether it be a referral or an emergent need, to tailor the initial response effectively.

### **3.11 Initial Screening and Comprehensive Assessment**

Our team is committed to conducting a thorough initial evaluation and assessment for each person we serve upon their entry to our organization or within a predefined period after their arrival. This commitment extends to periodic reassessments to ensure the continuity and appropriateness of the care, treatment, or services provided.

#### **Definitions**

**Assessment:** This term refers to the methodical procedure ASNP implements to gather essential, clinically pertinent details about individuals seeking our behavioral health support, interventions, or other services. The data collected plays a critical role in ensuring an individual's requirements are perfectly aligned with the most fitting service environment, program, or therapeutic intervention. Specifically, within the context of opioid treatment programs, this evaluation process delves into determining the specific characteristics and scope of an individual's substance use challenges, alongside any concurrent medical, psychological, or social issues, laying the groundwork for crafting a comprehensive treatment strategy.

**Reassessment:** This is the continuous process of gathering data, initiated at the first assessment, and involves comparing the latest information with previously collected data to monitor progress and adjust care plans, as necessary.

**Screening:** This procedure is designed to identify individuals who exhibit particular risk indicators related to physical or behavioral health concerns that necessitate a more thorough evaluation.

#### **3.11.1 Purpose of Screening**

Our initial screening process is designed with a dual focus: firstly, to assess the compatibility of our program with the needs and circumstances of prospective residents, and secondly, to confirm that we can adequately meet their requirements. This procedure is rooted in a profound respect for the individuality and diverse backgrounds of the young people we encounter. By establishing a systematic protocol for evaluation, assessment, and periodic reassessment, we commit to not only identifying the immediate fit but also to ensuring the continuous development and adjustment of a personalized care, treatment, or service plan. This dynamic plan is meticulously crafted to reflect and adapt to the changing needs, goals, and preferences of each individual under our care, underlining our dedication to providing tailored and responsive support.

#### **3.11.2 Screening Protocol**

The assessment begins with an initial screening of youth applications, which includes a thorough examination of their character, education and psychological background. This is through an initial interview with our

admissions team to assess needs immediately and possibly appropriate in our community to increase it.

### **3.11.2.2 Comprehensive Assessment Framework**

#### **Initial Assessment Overview**

**3.11.2.2.1 Time-Sensitive Evaluation:** ASNP's trained professionals undertake an expedient initial assessment in accordance with our established guidelines. This is particularly critical for entrants to specialized programs such as those for opioid treatment, necessitating completion within a 30-day window post-admission, or sooner based on the urgency of the individual's situation.

#### **Detailed Assessment Components**

**3.11.2.2.2 Broad-Spectrum Evaluation:** The assessment includes an array of evaluations to form a comprehensive understanding of each individual, involving:

- i. **Medical and Physical History Assessments:** This initial step involves a thorough review of the individual's past and current medical conditions, surgeries, hospitalizations, and any physical disabilities or limitations. This foundational assessment enables a comprehensive understanding of the person's overall health status and medical background, setting the stage for a more targeted evaluation.
- ii. **Analyses of Pain History and Current Status:** Following the medical history review, we focus on the individual's experiences with pain. This involves documenting the onset, duration, intensity, and characteristics of pain, as well as its impact on daily activities. Understanding pain history and its current status is vital for identifying both acute and chronic pain issues that may require specialized management strategies.
- iii. **Assessments of Health Literacy:** Early evaluation of health literacy is critical for tailoring communication throughout the assessment process. This step assesses the individual's ability to understand health information and make informed health decisions, ensuring that all subsequent diagnostic findings and care plans are presented in an accessible and comprehensible manner.
- iv. **Medication Reviews and Reconciliations:** At this juncture, we examine all current and past medications, including prescription drugs, over-the-counter treatments, and supplements. This review aims to identify any discrepancies, prevent drug interactions, and ensure that medication regimens are optimal for the individual's health conditions.
- v. **Diagnostic Clarifications:** With a solid understanding of the individual's health history, pain experiences, and medication use, we proceed to clarify existing diagnoses. This crucial step involves

synthesizing information gathered thus far to accurately define the health issues at hand, guiding the development of a targeted care plan.

- vi. **Diagnostic Test Analyses, Inclusive of Imaging:** Leveraging the insights gained from the initial assessments, we analyze results from various diagnostic tests, such as blood tests, MRIs, X-rays, and CT scans. This detailed examination helps uncover the nuances of the individual's condition, providing a clear picture of their health status and informing our intervention strategies.
- vii. **Lifestyle and Health Risk Behavior Evaluations:** The final component of our assessment encompasses a review of the individual's lifestyle choices and behaviors that may pose risks to their health, such as smoking, alcohol use, nutrition, exercise, and stress management. This comprehensive evaluation integrates all preceding findings into a holistic view of the individual's health, highlighting areas for lifestyle interventions that can enhance treatment outcomes and promote overall well-being.

### **Subsequent and Targeted Evaluations**

**3.11.2.2.3 Tailored Follow-up Assessments:** Following the initial findings, our team undertakes supplementary evaluations to delve deeper into specific areas such as mental status, psychological state, psychiatric conditions, and intellectual and cognitive functions.

### **In-Depth Data Gathering**

**3.11.2.2.4 Holistic Data Collection:** Our assessments extend to collecting critical data that influence care, treatment, and service provision, covering family circumstances (e.g., incarcerations, divorce, drug use, bereavement, etc.) living environments, hobbies, cultural and spiritual beliefs, childhood histories including traumas, and language preferences, self-care ability, among others.

### **3.11.2.3 Evidence-Based Assessment Utilization**

**3.11.2.3.1 Application of Specialized Tools:** Leveraging evidence-based tools like the ASAM Criteria, Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), and Child and Adolescent Needs and Strengths (CANS) we ensure the placement and care level determination aligns with each individual's needs, supported by policy and regulatory frameworks.

### **3.11.2.4 Individualized Assessment Outcomes**

**3.11.2.4.1 Comprehensive Individual Profiles:** The culmination of these assessments provides a full spectrum view of each individual's mental health, medical conditions, and substance use history, forming the basis for personalized care planning. Candidates are expected to communicate their goals, preferences, strengths, and needs, and it is the responsibility of the staff to document these in the candidates' own words.

### **3.11.2.5 Collaborative Engagement and Documentation**

**3.11.2.5.1 Inclusive Assessment Process:** Emphasizing a participatory approach, we involve the individual—and where suitable, their family or guardians—in the assessment, ensuring plans reflect their voiced needs, strengths, preferences, and aspirations. This process is critical as it helps determine the candidate's individual needs including: nutritional, communication, spiritual, cultural, psychosocial, behavioral, emotional, pain management, and clinical needs.

**3.11.2.5.2 Rigorous Documentation:** Every aspect of the assessments, including family involvement and decision-making processes, is meticulously documented, ensuring transparency and a tailored treatment pathway.

### **3.11.2.6 Addressing Strengths and Barriers**

**3.11.2.6.1 Adaptive Strategies:** Identifying and documenting each individual's potential strengths and barriers enables us to implement effective interventions, ensuring full participation in their care, treatment, or services, guided by ASNP's policies and community resources.

## **3.11.3 Comprehensive Assessment and Reassessment**

After screening, a multidisciplinary team conducts a comprehensive inspection. This assessment included psychological testing, behavioral monitoring, and consideration of outside observers. The cognitive, emotional and social needs of young people can be mapped to create a personal profile that will guide their individual treatment plan. Further, the well-being and progression of our residents are monitored through a structured reassessment process. This crucial framework ensures that each individual receives care that is both dynamic and responsive to their evolving needs.

### **3.11.3.1. Initial and Periodic Evaluations**

**3.11.3.1.1** ASNP's skilled team conducts initial assessments promptly upon admission, followed by regular reassessments to align with each individual's care plan. This ongoing evaluation process is sensitive to specific organizational timelines and is particularly attentive to changes in clinical status, pain levels, and any new needs or observations reported by our residents.

### **3.11.3.2 In-depth Reassessment Criteria**

#### **Monitoring Changes and Interventions**

**3.11.3.2.1** Reassessments are meticulously scheduled in response to:

- i. Variations in the resident's clinical condition.
- ii. Adjustments in pain levels or the status of the individual.
- iii. Newly identified needs or reported changes by the resident.
- iv. Observable impacts of medications or therapeutic interventions.
- v. Any additional clinical or relevant data essential for conducting thorough reassessments.

#### **Collaborative Process**

**3.11.3.2.2** Our assessment process is inherently collaborative, actively involving the resident and, where fitting, their family members or guardians. This inclusive approach ensures that care plans are reflective of the resident's personal journey and aspirations.

### **3.11.3.3 Documentation and Review**

**3.11.3.3.1:** All information gathered during reassessments is meticulously documented in the resident's clinical or case records, ensuring a transparent and accessible account of their care journey.

**3.11.3.3.2:** Each reassessment's findings are reviewed and verified with the resident, fostering an environment of open communication and mutual understanding of care goals and strategies.

### **3.11.3.4 Ensuring Dynamic and Responsive Care**

#### **Adaptive Care Planning**

**3.11.3.4.1:** ASNP's Comprehensive Assessment and Reassessment process is foundational to our mission of providing personalized, attentive care. By regularly evaluating and adjusting care plans based on detailed



reassessments, we ensure that each resident's treatment remains aligned with their changing needs and circumstances.

## **Engagement and Empowerment**

**3.11.3.4.2:** Encouraging resident and family participation in these assessments not only empowers them but also enhances the effectiveness of the care provided. This approach underpins our commitment to fostering growth, healing, and positive outcomes for all individuals within our community.

### **3.12.1 Decision-Making Criteria**

The Admission Decision and Process at ASNP are meticulously designed to ensure a seamless integration of potential residents into our program, aligning their needs with the capabilities and resources available at ASNP. This comprehensive approach ensures that all individuals are assessed fairly and accurately, with a focus on their well-being and successful integration into the program.

## **Admission Evaluation**

### **3.12.2 Preliminary Treatment Planning**

Based on the initial screenings, a preliminary treatment plan is developed focusing on:

**3.12.2.1: Immediate Safety:** Addressing any risks identified during screening to ensure the safety of the individual and the ASNP community.

**3.12.2.2: Emergency Needs:** Implementing interventions for any urgent care requirements, including placement or immediate medical attention.

### **3.12.3 Notification Process**

Once eligibility criteria are met and approved by the Admissions Committee, the applicant and family are notified and an admission date is set. The process for this is as follows:

**3.12.3.1.** Eligible individuals are informed of their acceptance into ASNP, guided through the next steps of the admissions process, and introduced to ASNP's comprehensive care approach. A full documentation is then shared entailing ASNP's program philosophy, expectations, and the rights and responsibilities of the person in our care.

**3.12.3.2:** Ineligible individuals are provided with referrals and support to ensure they receive the necessary care elsewhere.

### **3.12.4 Admission Formalization**

Formalizing admission is a structured process that includes:

**3.12.4.1:** All relevant admission documentation is completed, ensuring clarity on the rights, responsibilities, and expectations from both ASNP and the eligible individuals. The candidate and guardian are therefore asked to sign consent forms, take a medical history, and orientation meetings that introduce clients to our facility's ethos, staff, and daily activities

**3.12.4.2:** An orientation to ASNP's facilities, programs, and policies is provided, laying the foundation for a successful residency. The personalized orientations are conducted prior to admission to familiarize clients with the facility, staff, residents, and program expectations.

### **3.13 Referral and Intake Procedure**

#### **3.13.1 Referral Sources**

Referral to the ASNP may come from a wide variety of sources, including, but not limited to, child welfare agencies, mental health professionals, and educational institutions. Each referral is treated with confidentiality and urgency and a standardized assessment is conducted to determine the appropriateness and urgency of admission.

#### **3.13.2 Intake Coordination**

Upon referral, our program director meets with the treatment team to schedule an intake screening to ensure the youth is eligible and ready for the program. This level is essential to ensure that ASNP youth have the most conducive environment for their development and rehabilitation.

#### **3.13.3 Integration into the Program**

Once intake is approved, youth are seamlessly integrated into the program through collaboration between their legal guardians, the referral agency and our in-house team. The goal of this multifaceted collaboration is to ensure stable changes that respect residents' needs and maximize their ability to succeed in our program.

### **3.1.4 Policy for Admission to Maintenance Policy**

#### **3.1.4.1 Policy Statement**

ANSP is committed to using a well-defined set of criteria for transitioning patients from interim to comprehensive maintenance treatment, ensuring a continuum of care that aligns with patient needs and regulatory compliance.

This policy is applicable to all individuals seeking maintenance treatment within ANSP, encompassing both interim and comprehensive maintenance treatment phases. It also extends to all qualified ANSP staff members tasked with decision-making regarding the transfer of patients between maintenance treatment levels.

#### **3.1.4.2 Definitions**

**3.1.4.2.1 Comprehensive Maintenance Treatment:** A holistic maintenance treatment approach that incorporates a wide range of appropriate medical and rehabilitative services, including but not limited to, the development of an initial and ongoing treatment plan, assignment of a primary counselor, potential eligibility for take-home doses, and rehabilitative and other services as outlined in federal guidelines.

**3.1.4.2.2 Interim Maintenance Treatment:** Provision of maintenance treatment at an opioid treatment program, accompanied by appropriate medical services, during the period a patient awaits transfer to a comprehensive maintenance treatment program.

**3.1.4.2.3 Maintenance Treatment:** The administration of an opioid agonist treatment medication in stable dosage levels for a duration exceeding 21 days, aimed at treating individuals with opioid use disorder.

**3.1.4.2.4 Medical Director, Opioid Treatment Program:** A physician licensed to practice within the jurisdiction of the opioid treatment program's location, responsible for overseeing all medical services offered by the program, either directly or through delegation to authorized professionals under direct supervision.

#### **3.1.4.2 Responsibilities**

**3.1.4.2.1:** The medical director is tasked with maintaining and implementing this policy, establishing criteria for patient admission to comprehensive maintenance treatment, and ensuring compliance with legal and regulatory standards.

**3.1.4.2.2:** Qualified staff members are expected to adhere to this policy in accordance with their job responsibilities, with qualifications determined by relevant licensing authorities.

#### **3.1.4.3 Procedures**

**3.1.4.6.1** A designated staff member or program sponsor is responsible for gathering patient information, assessing eligibility for care according to ANSP policies and legal regulations, determining care appropriateness

based on individual care and treatment needs, current organizational capacity, and specific population focus.

**3.1.4.6.2** The medical director or designated program physician utilizes accepted medical criteria listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) for addiction or dependence diagnosis, considers the patient's addiction history, and identifies eligibility for care. This process includes the potential waiver of the one-year addiction history requirement under specific circumstances, such as recent penal institution release in the last six months and those under the opioid agonist treatment medication.

**3.1.4.6.3** Comprehensive maintenance treatment admission is prioritized for eligible patients based on a variety of factors, including organizational resources, patient needs, and geographic proximity. Priority admission is granted to those boys currently in interim maintenance treatment, with detailed documentation of the admission process and eligibility assessments.

## **Chapter 4: Resident Rights and Responsibilities**

Within the supportive environment of ASNP, every resident inherently deserves respect and should be treated with unwavering dignity. This principle is the cornerstone of communication in the workplace, assuring that everyone is respected and valued.

### **Section IV.A: Comprehensive List of Rights**

#### **4.1 Resident Rights**

##### **4.1.1 Right to Respect and Dignity**

Every resident inherently deserves respect and should be treated with unwavering dignity. This principle is the cornerstone of communication in the workplace, assuring that everyone is respected and valued.

##### **4.1.2 Right to Personal Privacy**

The program is committed to protecting residents' privacy in their daily lives, medical participation, and communication. The confidentiality of personal and health information is a major concern, and disclosure is permitted only under strict legal provisions or with explicit consent

#### **4.1.3 Right to Freedom of Thought, Conscience, and Religion**

Acknowledging the sources of our residents, the facility ensures freedom of thought, conscience and religious belief. Residents are provided with options to observe their cultural and religious practices within the facility's capacity in accordance with institutional policies and legal guidelines.

#### **4.1.4 Right to Comprehensive Medical and Psychological Care**

Residents have the right to appropriate medical and psychological care, provided by qualified health professionals. This type of care is individualized, taking a holistic approach to the health and mental well-being of each resident.

#### **4.1.5 Right to Education and Recreational Activities**

The facility provides access to tailored educational programs and recreational activities that promote intellectual development and personal enrichment, essential to the full development of residents.

#### **4.1.6 Right to Participation in Care Decisions**

Residents are empowered to actively participate in their own care and participate in planning and decision-making processes, thereby fostering a sense of self-determination and self-advocacy

#### **4.1.7 Right to Accessible Grievance Redressal**

An accessible and transparent complaints procedure is in place, allowing residents to raise concerns or complaints about any aspect of their stay, assuring prompt and appropriate response.

### **Section IV.B: Responsibilities**

#### **4.2 Resident Responsibilities**

##### **4.2.1 Responsibility to Maintain Hygiene**

Residents are primarily responsible for their own hygiene and sanitation, with staff providing assistance and guidance as needed.

##### **4.2.2 Responsibility to Engage in Treatment**

Active participation in a planned treatment plan is a primary responsibility of every resident, and is critical to their progress and treatment outcomes.

### **4.2.3 Responsibility to Uphold Mutual Respect**

Mutual respect is the cornerstone of community life. Residents are expected to treat others with dignity and respect.

### **4.2.4 Responsibility to Contribute to Personal Development**

Staff shall encourage residents to participate in their own development by using available resources and supports to achieve their rehabilitation and personal goals.

### **4.2.5 Responsibility to Comply with Facility Rules**

Compliance with workplace rules is important. Policies in place must be known and followed to ensure a safe and orderly community.

## **Chapter 5: Program Structure and Services**

### **5.1 Development of Care, Treatment, and Services Plan**

#### **5.1.1 Policy Overview**

At ASNP, the foundation of our service provision is a carefully constructed, individualized plan that addresses the unique needs, strengths, preferences, and aspirations of each person we serve. This plan is not merely a procedural requirement but a commitment to delivering personalized, effective care, treatment, or services that truly resonate with and benefit the individual.

#### **5.1.2 Purpose**

The aim of this policy is to outline a structured approach for crafting tailored plans for care, treatment, or services. This process is designed to ensure the delivery of coordinated and optimal care, advocating for the individual's well-being and progress through specifically aligned interventions and supports.

#### **5.1.3 Scope**

This policy is applicable across the entire spectrum of services offered by ASNP, touching all departments and staff involved in the delivery of care, treatment, or services. It underscores our organization-wide dedication to the individuals we serve, ensuring that every team member is aligned with our mission of providing exemplary care.

## **5.1.4 Procedures**

### **5.1.4.1 Inclusive Planning Activities**

Qualified personnel must ensure the individual's participation in crucial planning stages, including:

- i. Initial and follow-up screenings
- ii. Comprehensive assessments and reassessments
- iii. Developing and modifying treatment plans
- iv. Planning for discharge and subsequent care

### **5.1.4.2 Family Engagement**

For minors, legal guidelines dictate the involvement of family members in the planning process. In the case of adults, consent must be obtained from the individual before involving family members in the planning.

## **5.1.5: Treatment Plan Formulation**

### **5.1.5.1 Initial Review and Collaboration**

Staff members must review initial screening and assessment outcomes with the individual and, where applicable, their family, ensuring all information accurately reflects the individual's situation.

### **5.1.5.2 Development of the Treatment Plan**

The treatment plan is developed collaboratively, focusing on:

- i. The individual's reasons for seeking services
- ii. Clinical assessments and medical needs
- iii. The individual's strengths, needs, preferences, and objectives
- iv. Utilization of evidence-based practices and diagnostic outcomes

### **5.1.5.3 Goal Setting and Planning**

Goals are set in the individual's own words, focusing on their strengths and including:

- i. Detailed objectives for each goal
- ii. Required interventions, settings, and services, including frequency
- iii. Time-bound targets
- iv. Measurable outcomes and potential barriers, alongside strategies for overcoming these barriers
- v. Available resources to aid in goal attainment
- vi. Criteria for successful goal achievement and discharge planning

#### **5.1.5.4 Educational Support**

Individuals are provided with educational resources tailored to their communicative needs, ensuring they understand their care, treatment, or service plans.

#### **5.1.5.5 Documentation**

All planning activities, including the individual's direct quotes, are documented in the clinical or case record.

### **5.1.6: Treatment Plan Evaluation and Adjustment**

#### **5.1.6.1 Continuous Collaboration and Assessment**

Ongoing collaboration with the individual to evaluate their progress, with adjustments made to the treatment plan based on:

- i. Achievement of objectives and goals
- ii. Results from any diagnostic testing
- iii. Any changes in the individual's needs, strengths, preferences, and goals

#### **5.1.6.2 Reevaluation and Documentation**

The treatment plan is regularly reviewed and revised to reflect the current status and needs of the individual. All amendments to the treatment plan are documented in the individual's record, prioritizing the use of the individual's own language.

### **5.1.7 Additional Procedures**

#### **5.1.7.1 Procedures for Opioid Treatment Programs**

##### **5.1.7.1.1 Management of Concurrent Drug Abuse**

**5.1.7.1.1.1:** Our qualified staff employs foundational principles to construct management strategies for individuals encountering concurrent abuse of other substances, ensuring a comprehensive treatment approach.

##### **5.1.7.1.2 Identification of Repeat Withdrawal Episodes**

**5.1.7.1.2.1:** We pinpoint individuals experiencing two or more unsuccessful withdrawal attempts within a 12-month frame, directing them to a program physician for an evaluation of alternative treatment avenues.



#### **5.1.7.1.3 Tobacco Use Assessment**

5.1.7.1.3.1: Tobacco users are identified, with smoking cessation strategies seamlessly integrated into their personalized treatment plans.

#### **5.1.7.1.4 Disease Reporting and Management**

5.1.7.1.4.1: Individuals diagnosed with communicable diseases mandated for public health reporting, such as tuberculosis and sexually transmitted diseases, are identified. Our plans incorporate treatment within our capacity or, alternatively, referral to specialized facilities.

#### **5.1.7.1.5 Immunization Status and Accessibility**

5.1.7.1.5.1: The immunization status of each individual is ascertained, promoting access to CDC-recommended vaccines either onsite or through referral to capable providers.

#### **5.1.7.1.6 HIV/AIDS Support Services**

5.1.7.1.6.1: Individuals with HIV/AIDS are provided with comprehensive information regarding available community support, treatment, and prevention services.

### **Section V.B: Team Meetings**

#### **5.2 Multi-Disciplinary Team Meetings**

The structural integrity of our program is anchored in the Multi-Disciplinary Team (MDT) session. These sessions are not only planning but also a container where collaborative knowledge is used to refine and modify resident care strategies.

##### **5.2.1 Structure and Frequency**

MDT meetings are convened on a regular basis, reflecting our prioritized position on resident-centered care. Participants include but are not limited to mental health professionals, teachers, medical professionals and legal guardians – each brings a unique perspective to the discussion.

##### **5.2.2 Focus and Function**

These meetings are forums to review the progress of residents, engage them, and ensure that each resident's ISP remains relevant to their current and future needs

### **5.2.3 Documentation and Accountability**

Meticulous records shall be kept of each MDT meeting, to ensure that decisions are documented and that the rationale for any changes to a resident's care is clear and appropriate.

## **5.3 Program Services**

### **5.3.1 Therapeutic Services**

Our therapeutic services are structured to be comprehensive. From individual counseling to group therapy, the methods used are chosen to best address the variety of issues our residents face.

### **5.3.2 Educational Services**

The provision of educational services is the foundation of our holistic approach to residential development. Matching these services to individual educational needs is key to developing a sense of what it is like and what happens in the lives of our community members.

### **5.3.3 Health and Wellness**

Our residents' physical health is just as important as their mental wellbeing. Health care services, nutritional planning, and physical exercise are all designed to promote optimal health and wellness.

## **5.4 Quality Assurance**

### **5.4.1 Continuous Improvement**

The core of our design process is the philosophy of continuous improvement. Regular audits, staff training and system reviews ensure that our services not only meet but exceed standards set by regulators.

### **5.4.2 Feedback Integration**

Feedback mechanisms have been incorporated into our policy framework to ensure that the voices of residents and their families are heard and taken into account in the development of our services.

## **5.5 Compliance and Ethics**

### **5.5.1 Regulatory Adherence**

Compliance with local, state, and federal laws is not just a legal obligation but a moral obligation. Our program is structured to comply with the many legal and ethical standards that govern RCCF/Q RTP activities.

### **5.5.2 Ethical Decision-Making**

Moral judgment is the cornerstone of our service delivery. Every action, every initiative, is weighed against the high ethical standards we have set for ourselves as a caring beacon in the community.

## **Section V.C: Transition**

### **5.6 Transition Planning and Follow-Up**

#### **5.6.1 Objective of Transition Planning**

Transition planning at ASNP aims to positively prepare residents for a smooth transition from QRTP to unrestricted status, ensuring continued care and integration into the community.

#### **5.6.2 Process of Transition Planning**

##### **5.6.2.1 Initial Assessment**

Each youth's transition program begins with a comprehensive assessment at admission, focusing on their specific developmental, emotional and social needs.

##### **5.6.2.2 Collaborative Strategy Development**

Adjustment strategies are developed together with youth, their families or caregivers, and the treatment team, to ensure that each program is tailored to the individual's goals and needs.

##### **5.6.2.3 Implementation of Transition Plan**

A transition plan with clear milestones and regular reassessment is used to ensure that young people adapt to changing circumstances and developments.

##### **5.6.2.4 Continuous Support and Follow-Up**

Following the reform, the organization promises to continue supporting young people, including accessing education, employment and medical services to help them stabilize and grow

## **Section V.D: Education**

## **5.7 Education Requirements for Children/Youth in Out-of-Home Placement**

### **5.7.1 Ensuring Educational Stability**

#### **5.7.1.1 Collaboration with Educational Institutions**

The organization partners with schools to ensure educational stability, minimizing disruption to young people's academic journeys.

#### **5.7.1.2 Individualized Education Plans (IEPs)**

IEPs are developed and administered in collaboration with educational professionals to support individuals for those with special educational needs.

### **5.7.2 Promoting Academic Achievement**

#### **5.7.2.1 Academic Support Services**

The organization provides teaching and educational support tailored to each youth's individual learning needs.

#### **5.7.2.2 School Transition Assistance**

In terms of school transition, the organization provides comprehensive support to ensure young people are seamlessly integrated into the new educational environment.

## **Section V.E: Care and Treatment**

### **5.8 Emphasis on One-on-One Care, Mentoring, Treatment**

#### **5.8.1 Personalized Care Approach**

The organization emphasizes the individual care of each youth, providing a nurturing environment focused on personal growth and self-care.

#### **5.8.2 Mentorship Program**

##### **5.8.2.1 Youth Advocacy**

There is a mentoring program where each youth is assigned a dedicated mentor to guide them through their personal growth journey.

##### **5.8.2.2 Skill Development Focus**

Counselors work with teens to develop the essential life skills needed to make a successful transition to adulthood.

## **5.8.3 Comprehensive Treatment Services**

### **5.8.3.1 Therapeutic Modalities**

Treatments are tailored to each young person's mental health needs, ensuring an integrated approach to their overall well-being.

### **5.8.3.2 Monitoring and Adjustments**

The effectiveness of treatment is continuously evaluated, and adjustments are made to maintain and respond to the benefits of medical interventions.

# **Chapter 6: Staffing and Training**

## **Section VI.A: Qualification and Training**

### **6.1 Staff Qualifications**

#### **6.1.1 Minimum Requirements**

All personnel must possess the requisite educational background, certifications, and experience relevant to their role. Positions that require direct care or clinical intervention necessitate at least a Bachelor's degree in a related field (social work, psychology, etc.) or equivalent professional experience. Advanced roles may require a Master's level education or higher.

#### **6.1.2 Background Checks**

Prior to employment, a comprehensive background check, including criminal records, is mandatory to ensure the safety and well-being of the clientele.

#### **6.1.3 Staff Qualifications Verification**

##### **6.1.3.1 Purpose**

The aim of this protocol is to implement a uniform method for the recognition and confirmation of staff credentials relevant to their roles within ASNP. This ensures the safety of individuals receiving services and adherence to regulatory standards.

##### **6.1.3.2 Scope**

This policy applies to all employees at ASNP engaged in delivering care, treatment, or services, guaranteeing that staff are competently equipped for their designated duties.

### 6.1.3.3 Definitions

- i. **Credentials:** Formal documentation proving a person's qualifications, such as licenses, degrees, certifications, and professional experience.
- ii. **Credentials Verification Organization (CVO):** An entity that offers detailed reports on a professional's credentials. ASNP relies on the reliability of information from CVOs, necessitating initial and ongoing evaluations of these entities based on ten key principles.
- iii. **Designated Equivalent Source:** Recognized entities providing credential information equivalent to that from the primary source. They include organizations like the ACGME (Accreditation Council for Graduate Medical Education), AMA (American Medical Association), ABMS (American Board of Medical Specialties), ECFMG (Educational Commission for Foreign Medical Graduates), AOA (American Osteopathic Association), FSMB (Federation of State Medical Boards), AAPA (American Academy of Physician Assistants), and NCCPA certification (National Commission on Certification of Physician Assistants).
- iv. **Licensure:** Official permission from a regulatory body for professional practice or operation within a healthcare setting.
- v. **Primary Source:** The original issuing source of a credential, capable of verifying the accuracy of qualifications reported by a practitioner.
- vi. **Primary Source Verification:** The process of validating a practitioner's reported qualifications directly from the original source or an authorized agent.

### 6.1.4 Responsibilities

Within ASNP, a clear framework outlines the responsibilities across various levels of leadership and staff, ensuring the effective implementation and maintenance of staffing policies.

#### 6.1.4.1 Leadership Obligations

- a. **Policy Maintenance:** Leadership holds the primary duty of upholding and executing the staffing policy.
- b. **Staffing List Collaboration:** Working in tandem with managers, leadership is tasked with the creation and ongoing refinement of the Staffing List, ensuring it accurately reflects the organization's needs.

#### 6.1.4.2 Governance and Designated Officials

- a. **Staffing List Approval:** This responsibility involves the formal endorsement of the Staffing List and verifying its adherence to the prescribed standards.

- b. **Verification Oversight:** Governance ensures that any third-party entities (e.g., Credential Verification Organizations) engaged for credential verification align with legal, regulatory, and organizational policy requirements.

#### 6.1.4.3 Human Resources Responsibilities

- a. **Application Processing:** This includes the initial review and processing of employment applications.
- b. **Information Collection and Documentation:** HR is tasked with gathering necessary details from candidates and systematically documenting this information.
- c. **Verification Activities:** Conducting thorough checks to verify the authenticity of the information provided by applicants.
- d. **File Maintenance:** Keeping detailed records of applicants, including all relevant documentation.

#### 6.1.5 Procedures

The procedures section delineates the systematic approach to defining job responsibilities, qualifications, and the process for creating and approving the Staffing List.

##### 6.1.5.1 Job Responsibilities and Staff Qualifications

###### 6.1.5.1.1 Staffing List Development

**Collaborative Creation:** Leadership and management jointly develop a detailed Staffing List, categorizing job roles within ASNP, encompassing both direct care providers and those offering administrative and clinical oversight.

###### 6.1.5.1.2 Detailed Role Descriptions

For each role identified in the Staffing List, the following elements are defined:

- i. **Role Duties:** Outline of the specific responsibilities and duties associated with each job type.
- ii. **Qualification Standards:** Minimum criteria for each position, adhering to legal and regulatory standards, which may include:
  - a. Educational background and training.
  - b. Professional credentials.
  - c. Licensure requirements.
  - d. Certifications and registrations.

- iii. **Competency Requirements:** Specification of skills, knowledge, and experience necessary to perform job duties safely and effectively, in compliance with legal and regulatory mandates.
- iv. **Health Requirements:** Any health-related prerequisites for the position, as dictated by law and regulation.

#### **6.1.5.1.3 Staffing List Approval**

**Submission and Approval:** The meticulously compiled Staffing List is then submitted to governance or designated officials for review and endorsement, ensuring it meets the organization's standards and regulatory requirements.

#### **6.1.5.2 Receiving Applications for New Staff Members**

At ASNP, the process of welcoming new talents begins with a thorough and systematic approach to receiving and reviewing applications. Our Human Resources (HR) team, alongside the hiring managers and designated personnel, is tasked with the initial steps of this journey.

**6.1.5.2.1: Application Review:** The HR team diligently reviews incoming applications through our online portal. Each application is examined to ensure it meets the basic criteria for the positions available.

**6.1.5.2.2: Initial Communication:** Promptly upon application review, the HR team reaches out to the applicant. This communication serves to acknowledge receipt of the application and to initiate further engagement.

**6.1.5.2.3: Required Documentation:** Applicants are informed about the specific documents needed, tailored to the role they are applying for. These documents typically include but are not limited to:

- a. Government-issued photo identification (e.g., driver's license, passport)
- b. Relevant professional credentials, certifications, and registrations
- c. Educational background details
- d. Health screening results, as mandated
- e. Criminal background check consent and information
- f. Proof of professional liability insurance, where necessary

**6.1.5.2.4: Further Instructions:** Applicants are guided on how to obtain any required health screenings and are provided with the necessary forms to complete. Clear deadlines for submission are communicated to ensure timely processing.



**6.1.5.2.5: Review of Submitted Materials:** The HR team reviews all materials submitted by the applicant to confirm completeness and adherence to the submission timeline.

**6.1.5.2.6: Request for Additional Information:** If further information or clarification is needed, the HR team reaches out to the applicant promptly.

**6.1.5.2.7: Verification Process:** ASNP conducts a rigorous verification process, including:

- i. Primary source verification for licensure/certification
- ii. Checks with designated equivalent sources or the Credential Verification Organization (CVO)
- iii. For applicable roles, query the National Practitioner Data Bank (NPDB)
- iv. Verifying credentials with any Joint Commission-accredited organizations the applicant may be affiliated with.

**6.1.5.2.8: Background Checks:** A comprehensive criminal background check is performed in alignment with legal requirements and organizational policies.

**6.1.5.2.9: Documentation and Record Keeping:** The HR team meticulously documents each step of the process, including:

- a. The original application submitted online
- b. All provided applicant information
- c. Verification outcomes
- d. Health screening results
- e. Background check results
- f. Any licensure or certification issues encountered

**6.1.5.2.10: Handover:** Once the review process is complete, the applicant's file, inclusive of all pertinent documentation, is handed over to the appropriate manager for further consideration.

**6.1.5.2.11: File Maintenance:** ASNP ensures that all documentation related to the applicant's qualifications and background is securely stored in their personal file.

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